

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

MINUTES

December 13, 2018

The South Carolina Commission on Disabilities and Special Needs met on Thursday, December 13, 2018, at 10:00 a.m. at the Department of Disabilities and Special Needs Central Office, 3440 Harden Street Extension, Columbia, South Carolina.

The following were in attendance:

COMMISSION

Present:

Eva Ravenel, Chairman

Gary Lemel – Vice Chairman

Vicki Thompson – Secretary – Via Skype

Sam Broughton, Ph.D.

Chris Neeley

Lorri Unumb

DDSN Administrative Staff

Mrs. Mary Poole, State Director; Mr. Pat Maley, Deputy Director; Mr. Rufus Britt, Associate State Director, Operations; Ms. Lisa Weeks, Interim Associate State Director, Administration; Mrs. Susan Beck, Associate State Director, Policy; Ms. Sandra Delaney, Administrative Coordinator (For other Administrative Staff see Attachment 1 – Sign In Sheet).

Guests

(See Attachment 1 Sign-In Sheet)

Coastal Regional Center (via videoconference)

(See Attachment 2 Sign-In Sheet)

Pee Dee Regional Center (via videoconference)

(See Attachment 3 Sign-In Sheet)

Whitten Regional Center (via videoconference)

(See Attachment 4 Sign-In Sheet)

Pickens County DSN Board
(See Attachment 5 Sign-In Sheet)

News Release of Meeting

Chairman Ravenel called the meeting to order and Commissioner Thompson read a statement of announcement about the meeting that was distributed to the appropriate media, interested persons, and posted at the Central Office and on the website in accordance with the Freedom of Information Act.

Adoption of the Agenda

On motion of Commissioner Neeley, seconded by Commissioner Unumb, the Commission adopted the December 13, 2018 Meeting Agenda. (Attachment A)

Invocation

Commissioner Neeley gave the invocation.

Approval of the Commission Meeting Minutes

On motion of Commissioner Lemel, seconded by Commissioner Broughton, the Commission approved the minutes of the November 15, 2018 Commission Meeting.

Public Input

The following individual spoke during Public Input: Deborah McPherson.

Commissioners' Update

Chairman Ravenel spoke of an event she attended in her district and a constituent of Commissioner Unumb's district, Ms. Tanya LeBoeuf, shared her experience in trying to find placement for her son.

Policy Committee Update

Committee Chairman Thompson reported that after the Committee met and obtained input on *Directive 535-07 Obtaining Health Care Consent*, the Committee presented their best version of the directive. Discussion followed. On motion of Committee Chairman Thompson, seconded by Commissioner Neeley, the Commission voted all in favor of passing the directive as presented. (Attachment B)

State Director's Report

Director Poole reported on various topics. (Attachment C):

High Management Homes Accountability Plan

Director Poole presented an Accountability Plan for Mentor stating she was not asking to lift the freeze on Mentor, that the plan is a purpose to set measurable goals for improvement, which, if met, will allow Mentor to once again admit residents into their high management vacant beds. Discussion followed as to what the consequences would be if Mentor does not maintain the objectives. Commissioner Lemel moved to approve the Accountability Plan for Mentor as presented and to instruct staff to develop this plan for all high management providers. The motion was seconded by Commissioner Neeley and passed. A vote was called and the outcome was one opposed and four approved. (Attachment D)

Camera Usage in Regional Centers

Mr. Britt shared a PowerPoint presentation which provided information whether to install surveillance video cameras at the Regional Centers. The information included stakeholder input from families. Policy Committee Chairman Thompsom stated the directive is ready to send out for public comment. Discussion followed regarding the video retention cycle of thirty days and to look at the cost if it is necessary to increase the cycle. Commissioner Neeley moved to issue the directive for public comment and then submit to the Policy Committee. The motion was seconded by Commissioner Lemel and passed. (Attachment E).

Personal Care and Respite Assessments for ID/RD, CS and HASCI Waiver Enrollees

Mrs. Beck presented information on the revised assessments. Mrs. Beck stated because they are waiver services, they will need to be approved by SCDHHS. Commissioner Thompson motioned to approve the assessments as presented and submit to SCDHHS for approval. The motion was seconded by Commissioner Lemel and passed. (Attachment F)

Financial Update

The Financial Report was reviewed and discussed. Mr. Maley stated there was better reporting on the revenue side and projections would be provided in January. (Attachment G)

Executive Session

An Executive Session was not held.

Next Regular Meeting

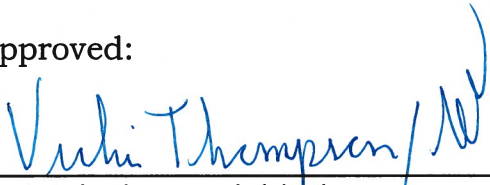
January 17, 2019.

Submitted by,



Sandra J. Delaney

Approved:



Commissioner Vicki Thompson
Secretary

SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS

Commission Meeting

December 13, 2018

Guest Registration Sheet

(PLEASE PRINT)

Name and Organization

1. Nancy Hall, DDSN-District One
2. Deborah + Heather McPherson Richland County
3. John Hitchman SCDDSN
4. Ben Orner SCDDSN
5. Randy Davis DDSN - Whitten Chr.
6. Rebecca D. Hill DDSN - Coastal Center
7. CHUCK NORMAN DDSN
8. KATHLEEN ROBERTS WHITTEN CENTER PARENTS CLUB
9. ROY ROBERTS " "
10. Alfredia Stevenson Chester Lancaster DSNB
11. Mike Moss Calhoun DSNB
12. Daniel Davis Antim
13. Donna H Hall Babcock Center Inc
14. Melissa Ritter DDSN
15. Kathleen Warthen PTA
16. Reyhan Miller SCDD Council
17. Lynn Siagg SCDDSN
18. Sherry Pressley LSC
19. Beth Fra PAROASE
20. Angela Wright Midlands Center

SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS

Commission Meeting

December 13, 2018

Guest Registration Sheet

(PLEASE PRINT)

Name and Organization

- 21. SARAH BROWNSON SC SCIA
- 22. Beth Bunge Bright Start
- 23. Bob Jones Newberg PENTIS
- 24. Tanya LeBoeuf Individual
- 25. Cameron Heckman Individual
- 27. Joyce Davis BIASC
- 28. Ralph Cannon TIC/ACBD
- 29. Scott Tanner JHHS
- 30. Debi Reno CCRDS
- 31. Elizabeth M. Base BIASC
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SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS
Commission Meeting
December 13, 2018

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

- 21. Evelyn Turner DBCC
- 22. Joan Todd Path Finders
- 23. Suzanne Johnson Coastal Center Parent
- 24. Nestor Annamaker DII Phön
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SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS

Commission Meeting

December 13, 2018

Guest Registration Sheet

(PLEASE PRINT)

Name and Organization

1. Deborah K. Smith District II Office
2. Mike Keith Marion-Dillon DSN
3. Clara Faye Dozier Williamsburg DSN Board
4. Amy McLean Pee Dee/Saleeby
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SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS
Commission Meeting

December 13, 2018

Guest Registration Sheet

(PLEASE PRINT) Name and Organization

1. Jason Taverna, LCDSRB

2. ANTHONY WISE, SC MENTOR

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SC COMMISSION ON DISABILITIES AND SPECIAL NEEDS

Commission Meeting

December 13, 2018

Guest Registration Sheet

(PLEASE PRINT)

Name and Organization

1. *Elaine M Thena* *PCBDSW*

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SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

A G E N D A

**South Carolina Department of Disabilities and Special Needs
3440 Harden Street Extension
Conference Room 251
Columbia, South Carolina**

December 13, 2018

10:00 A.M.

1. Call to Order *Chairman Eva Ravenel*
2. Welcome - Notice of Meeting Statement *Commissioner Vicki Thompson*
3. Adoption of Agenda
4. Invocation *Commissioner Chris Neeley*
5. Introduction of Guests
6. Approval of the Minutes of the November 15, 2018 Commission Meeting
7. Public Input
8. Commissioners' Update *Commissioners*
*Commissioner Unumb – Illustration of a Lack of Community
Supports for Children, A Family Story*
9. Policy Committee Report *Committee Chairman Vicki Thompson*
Directive 535-07 Obtaining Health Care Consent
10. State Director's Report *Director Mary Poole*
11. Business:
 - A. High Management Homes Accountability Plan *Director Mary Poole*
 - B. Budget Amendments *Mr. Pat Maley*
 - C. Camera Usage in Regional Centers *Mr. Rufus Britt*
 - D. Personal Care and Respite Assessments for
ID/RD, CS and HASCI Waiver Enrollees *Mrs. Susan Beck*
 - E. Financial Update *Mr. Pat Maley*
12. Executive Session
13. Next Regular Meeting (January 17, 2019)
14. Adjournment

Text highlighted yellow indicates Policy Committee accepted changes.

Reference Number: 535-07-DD

Title Document: Obtaining Health Care Consent for Minors and Adults with Intellectual Disability **and** Related Disability (ID/RD), Which Includes Autism

Date of Issue: January 20, 1989

Effective Date: January 20, 1989

Last Review Date:

Date of Last Revision: **(REVISED)**

Applicability: Providers Rendering Health Care to Those Who Reside in a ICF/IID or a Facility Providing Residential Habilitation who also have ID/RD

PURPOSE

This directive establishes procedures to identify persons required to give legally valid consent for health care for people, including minors, receiving residential services from the South Carolina Department of Disabilities and Special Needs (DDSN) under the categories of Intellectual Disability/Related Disability (ID/RD). Based on the definition of health care as defined in the Adult Health Care Consent Act (AHCA) found at S.C. Code Ann. § 44-66-10 (2018). DDSN, Disabilities and Special Needs (DSN) Boards and qualified providers render health care in the following ways:

- 1) Medical/diagnostic care;
- 2) Medical/diagnostic procedures;
- 3) Administration of medication; and
- 4) Intermediate Care Facilities for Individuals with Intellectual Disability (ICF/IID): admissions, placement, programming, and discharge.

PHILOSOPHY

People who have Intellectual Disability or Related Disability are fully entitled to all the human and legal rights available to other citizens. The presence of a disability is not, in and of itself, a reason to assume the person is unable to consent. Because, however, a person's disability may adversely impact his/her decision making ability, scrutiny must be given when health care consent from a person with a disability is required.

The level of scrutiny to be given to someone's ability to consent to health care must be balanced by the risks associated with the proposed health care, the person's ability to understand his/her condition, and the health care proposed. In all cases where consent for health care is required, the person with a disability must give the consent, **unless one of the following criteria is met:**

- 1) Legal guardian has been appointed and authority to give health care consent is within the scope of the guardianship;
- 2) **A Power of Attorney, which related to health care, has been properly executed and the authority to consent is within the scope of the Power of Attorney;**
- 3) The person is a minor under age 16;
- 4) The person's inability to consent has been certified by two physicians;
- 5) The person is a minor 16 or 17 years of age being asked to consent to an operation.

DEFINITIONS

The following definitions are consistent with definitions included in the Adult Health Care Consent Act S.C. Code Ann. § 44-66-10 (2018):

Adult: In South Carolina, a person 18 years of age or older is an adult. For health care consent, an adult is anyone over 16 years of age who is proposed any health care, except an operation. Adults must be 18 years of age or older to consent to an operation.

Adult Health Care Consent Act: This statute provides a legally recognized method of obtaining valid consent from an authorized person when the person is unable to consent on his/her own behalf. The Act is found at S.C. Code Ann. § 44-66-10 (2018).

Authorized Person: An "authorized person" is a person listed in the priority of consent givers for minors and adults pursuant to S.C. Code Ann. § 44-26-60 (2018) and § 44-66-30 (2018) in conjunction with S.C. Code Ann. § 44-26-50 (2018) and S.C. Code Ann. § 44-26-60(2018).

Consent: As used in this directive, "consent" means the voluntary agreement to proposed health care by a person or authorized person with sufficient mental ability to make an **intelligent informed** choice.

Emergency: In context of the Adult Health Care Consent Act, an “emergency” is a situation where a person is in immediate need of specific health care to prevent death, permanent disfigurement, loss or impairment of the functioning of a bodily member/organ, or other serious threat to the health of the person. The immediate need for such care would override any delay caused by attempting to locate an authorized person to give consent for the proposed health care and/or in locating two physicians to certify the person as unable to consent.

Guardian: A “guardian” is a person appointed by a court to act and make decisions on behalf of another (ward).” The court order appointing the guardian should be read carefully to determine if any limitations have been placed on the guardian as to making decisions about health care. It should be noted that a “conservator” is not the same as a “guardian.” A “conservator” is a person appointed solely to conserve and protect the ward’s estate and property. A conservator does not have authority to make health care decisions for the ward.

Health Care: As described in the Adult Health Care Consent Act, “health care” means a procedure to diagnose or treat a disease, ailment, defect, abnormality or complaint, whether of physical or mental origin. It includes the provision of intermediate or skilled nursing care; services for the rehabilitation of injured, disabled, or sick persons; and includes if indicated by this directive the placement in or removal from a facility that provides these forms of care.

For the purpose of this directive, health care is grouped into four (4) categories:

- 1) Medical/diagnostic care;
- 2) Medical/diagnostic procedures;
- 3) Administration of medication; and,
- 4) Admissions/placement/programming/discharge to or from an ICF/IID.

Health Care Power of Attorney: A person designated by another person to make health care decisions on their behalf. The Healthcare Power of Attorney must be on a form as authorized by S.C. Code Ann. § 62-5-504 (2017).

Health Care Professional: A person who is licensed, certified or otherwise authorized by the laws of this State to provide health care to members of the public. For DDSN, DSN Boards and DDSN qualified providers, the following staff members fall within the definition:

- Physicians;
- **Physician Assistants;**
- Nurse Practitioners;
- Registered Nurses (RNs);
- Licensed Practical Nurses (LPNs);
- **Board Certified Behavior Analysts;**
- **Licensed Psychologists, Licensed Professional Counselors;**

- **Licensed Physical Therapists;**
- **Licensed Occupational Therapists; and**
- **Licensed Speech Therapists.**

Health Care Provider: A person, health care facility, organization, or corporation licensed, certified or otherwise authorized or permitted by the laws of this State to administer health care. For DDSN, DSN Boards and DDSN qualified providers, the following are considered health care providers:

- Physicians;
- **Physician Assistants;**
- Nurse Practitioners;
- Registered Nurses (RNs);
- Licensed Practical Nurses (LPNs); and
- ICFs/IID.

Minor: A person under the age of 18 is considered a “minor” in South Carolina, excluding a person who has been legally married or emancipated as decreed by the family court, S.C. Code Ann. § 63-1-40 (1) (2010). A minor under the age of 16 is deemed unable to give consent for health care by virtue of the status of his/her age. A minor who has reached the age of 16 may consent to any health service except operations, unless the operation is essential to the health or life of the minor in the opinion of the attending physician and a consultant physician, if one is available, S.C. Code Ann. § 63-5-340 (2010) and § 63-5-350 (2010).

Patient: An individual 16 years of age or older who presents or is presented to a health care provider for treatment. In this Directive, “person” “minor” and “patient” will be used interchangeably to describe the person with an Intellectual Disability or Related Disability receiving services from DDSN, a DSN Board or a DDSN qualified provider.

Physician: An individual who is licensed to practice medicine or osteopathy pursuant to S.C. Code Ann. § 40-47-5 et seq. (2011).

Reasonable Accommodations: Will include, but not be limited to, using technology and devices, receiving assistance with communication; having additional time and focused discussion to process information; providing tailored information oriented to the comprehension level of the alleged incapacitated individual; and accessing services from community organizations and governmental agencies.” (As defined in S.C. Code § 62-5-101 (23)(b)(1) Supp. 2017)

Supported Decision Making: The process by which an individual with a disability, with capacity, uses designated “Supporters” to assist in explaining information, weighing various options and communicating decisions, to the extent needed by the individual. The Supporter does not have any decision-making authority and services only to assist the individual in making informed decisions.

Treatment: The broad range of emergency, outpatient, intermediate, and inpatient services and care that may be extended to a patient to diagnose and treat a human disease, ailment, defect, abnormality or complaint, whether of physical or mental origin. Treatment includes, but is not limited to psychiatric, psychological, substance abuse, and counseling services.

Unable to Consent: The inability of someone to appreciate the nature and implications of his/her health condition and proposed-health care, to make a reasoned decision concerning the proposed health care, or to communicate that decision in an unambiguous manner.

INITIAL PROCESS

The health care provider **for each individual event** will raise the question of a person's ability to give valid consent for health care. The issue would not arise in isolation, but in connection with an identified health care need for which specific health care services are proposed such as the following:

1. Medical/diagnostic care (e.g., physical examinations, prescribing medications, x-rays, swallowing studies, etc.);
2. Medical/diagnostic procedures (e.g., surgery/operation, colonoscopy, etc.);
3. Medication administration; or
4. Admission/placement/programming/discharge to or from an ICF/IID.

When health care is proposed, valid consent must be obtained prior to initiation and implementation of the health care.

The staff person responsible for developing the service/support plan, the ICF/IID interdisciplinary team or the health care provider who is employed by DDSN, a DSN Board or contracted provider must ensure that the requirements of this directive are met. If the proposed health care is based on traditional medical activities such as treatment/diagnostic care and/or procedures, then the health care provider is responsible for the obtaining valid consent. However, if proposed health care involves the administering of medications, or the admission/placement/programming/discharge to or from an ICF/IID, then the staff person responsible for developing the service/support plan or the ICF/IID interdisciplinary team must ensure compliance with this directive. This does not negate a person's right to privacy under the Health Insurance Portability and Accountability Act (HIPAA).

ASSESSMENT OF ABILITY TO CONSENT

The process of obtaining consent involves a verbal dialogue that is reduced to a written consent form. With persons who have an Intellectual or Related Disability this dialogue must be tailored to the person's intellectual level **and the person must be provided any needed augmentative or**

alternative communication devices/technology to assist in that dialogue. The dialogue will focus on the following topics:

- 1) The person's current health condition or problem;
- 2) The intended or proposed health care;
- 3) The anticipated benefits of the health care;
- 4) The potential risks, adverse outcomes or side effects;
- 5) Possible alternative approaches and their risks and benefits; and
- 6) Risks/benefits of not having the proposed health care.

If the person cannot appreciate the nature and implications of his/her condition and the proposed health care, make a reasoned decision concerning the proposed health care, or communicate his/her decision in an unambiguous manner, ***even with reasonable accommodations and support***, then the person is suspected to be unable to give valid consent.

If suspected to be unable to give valid consent, the person shall be referred to two (2) ***physicians, one of whom is not employed by DDSN and not a DDSN contracted provider***. Each physician must examine the person and make a judgement about ability to consent. ***An individual may designate supporters to assist them in understanding information related to their healthcare, consistent with the Supported Decision Making Model.***

If the two (2) physicians based on their examination ***and knowledge of accommodations and support available to the individual*** determine that the person can give consent, then the person shall give consent for him/herself. This determination must be documented (see Attachment 3).

If the two (2) physicians determine that the person cannot give consent, an authorized person will be selected by the health care provider from the statutory list of priorities. The physicians must document their determinations and include their opinions regarding the cause and nature of the person's inability to consent, its extent, and probable duration. If the two (2) physicians, based on their examination, determine that the person cannot give consent, an authorized person will be selected from the person's Supported Decision Making Agreement. If no agreement is in place, then a personal representative will be selected by the health care provider from the statutory list of priorities. The physicians must document their determinations and include their opinions regarding the cause and the nature of the person's inability to consent, its extent, and probable duration.

If, in the opinion of the two (2) physicians, the person is unable to consent, but the person's inability to consent is temporary, and the health care professional responsible for the care of the person determines that the delay occasioned by postponing treatment until the person regains the ability to consent will not result in significant detriment to the person's health, then no authorized person will be selected and the proposed health care will be postponed until the person is able to provide consent.

AUTHORIZED PERSONS

I. Minors

In accordance with S. C. Code Ann. § 44-26-60 (2018), if a person is a minor under the age of 16 or is 16-17 years of age and in need of an operation, consent for his/her health care must be given by an authorized person selected by the health care provider based on the following order of priority:

1. Legal guardian with court order;
2. Parent;
3. Grandparent or adult sibling;
4. Other relative by blood or marriage who reasonably is believed by the health care professional to have a close personal relationship with the minor;
5. Other person who reasonably is believed by the health care professional to have a close relationship with the minor; or
6. Authorized designee of DDSN. "Authorized designees" include the State Director of DDSN, DDSN Regional Center Facility Administrators, DDSN Autism Division Director, Executive Directors of Boards of Disabilities and Special Needs, and Executive Directors/Chief Executive Officers of DDSN Qualified Provider Agencies (see Attachment 4).

Documentation of efforts to locate an authorized person identified in the priority listing shall be recorded in the minor's medical record (see Attachment 2).

Should persons of equal priority disagree on whether certain health care should be provided, the health care provider or any person interested in the welfare of the minor may petition the probate court for an order to determine what care is to be provided or for the appointment of a temporary or permanent guardian.

Priority should not be given to someone the health care provider determines is not reasonably available, or is not willing or unable to make health care decisions for the minor.

In an emergency, health care may be provided to a minor without consent under the same emergency provision applicable to adults, even where the inability of the minor to consent is based solely on his/her minority.

II. Adults

The Adult Health Care Consent Act, S.C. Code Ann. § 44-66-10 (2018), sets forth a process for obtaining consent when an adult is unable to consent for health care.

In accordance with S.C. Code Ann. § 44-66-30 (2018) and as re-ordered by the DSN Commission on July 20, 2017, when an adult has been determined by two (2) physicians to be unable to consent to proposed health care, then consent for the his/her proposed health care must be given by an authorized person selected by the health care provider based on the following order of priority:

1. A guardian appointed by the court, pursuant to Article 5, Part 3 of the South Carolina Probate Code, if the decision is within the scope of guardianship;
2. An attorney-in-fact appointed by the patient in a durable power of attorney executed pursuant to S.C. Code § 62-5-501 (Supp. 2017), if the decision is within the scope of his authority;
3. A person given priority to make health care decisions for the patient by another statutory provision;
4. A spouse of the patient unless the spouse and the patient are separated pursuant to one of the following:
 - a) Entry of a pendente lite order in a divorce or separate maintenance action;
 - b) Formal signing of a written property or marital settlement agreement; or
 - c) Entry of a permanent order of separate maintenance and support or of a permanent order approving a property or marital settlement agreement between the parties;
5. An adult child of the patient, or if the patient has more than one adult child, a majority of the adult children who are reasonably available for consultation;
6. A parent of the patient;
7. An adult sibling of the patient, or if the patient has more than one adult sibling, a majority of the adult siblings who are reasonably available for consultation;
8. A grandparent of the patient, or if the patient has more than one grandparent, a majority of the grandparents who are reasonably available for consultation;
9. Any other adult relative by blood or marriage who reasonably is believed by the health care professional to have a close personal relationship with the patient, or if the patient has more than one other adult relative, a majority of those other adult relatives who are reasonably available for consultation.
10. Authorized Designee of DDSN: “Authorized designees” include the DDSN State Director, DDSN Regional Center Facility Administrators, DDSN Autism Division Director, Executive Directors of Boards of Disabilities and Special Needs, or Executive

Directors/Chief Executive Officers of DDSN Qualified Provider Agencies (see Attachment 4).

NOTE: DDSN is given the priority to make health care decisions for adults under S.C. Code Ann. § 44-66-30 (A)(3)(2018) because there is another statutory provision which gives DDSN that right. The statutory authority that permits DDSN to make health care decisions for adults is found at S.C. Code Ann. § 44-26-50 (2018), which gives DDSN the priority at number eight (8) in the list of persons who may make health care decisions under S.C. Code Ann. § 44-66-30 (2018). DDSN has requested an opinion from the Office of the Attorney General on the priority of the agency. The South Carolina Office of the Attorney General issued an opinion on June 21, 2018 that authorizes DDSN to be listed last (#10) in list of those given the authority to consent for those persons with ID/RD unable to consent to health care pursuant to the AHCA **(see Attachment 5)**.

In keeping with DDSN's values and philosophy, DDSN will exercise the authority given by S. C. Code § 44-60-30 (2018) and S.C. Code § 44-26-50 (2018) only in situations in which the person is unable to consent for needed health care and he/she either has no relatives or no relatives are willing or able to make health care decisions. Therefore, when health care decisions cannot be made by the person and he/she does not have an authorized person or persons as listed in Numbers 1 through 9, then an authorized designee of DDSN will serve as the authorized person to consent to health care.

Documentation of efforts to locate an authorized person identified in the priority listing must be recorded in the person's medical record (see Attachment 2).

Priority must not be given to an authorized person who the health care provider determines is not reasonably available, is not willing to make health care decisions for the patient, or is unable to consent.

EXCEPTIONS

For those unable to consent, health care for the relief of pain and suffering may be provided without consent at any time an authorized person in the priority list is unavailable.

In an emergency, the person's inability to consent may be certified by a health care professional responsible for the care of the person if the health care professional states in writing in the person's record that the delay occasioned by obtaining certification from two (2) physicians would be detrimental to the person's health. The health care professional shall give an opinion regarding the cause and nature of the inability to consent, its extent and its probable duration. This opinion must be documented.

For those unable to consent, in emergency situations, health care may be provided without consent if no person on the priority list is immediately available, and in the reasonable medical judgment of the health care professional responsible for the care of the person, the delay occasioned by attempting to locate an authorized person to make the health care decision would present a substantial risk of death, permanent disfigurement, impairment of a bodily member/organ, or other serious threat to the health of the person.

Health care decisions on behalf of a person who is unable to consent may be made by an authorized person identified by the priority list if no other authorized person having a higher priority is available immediately, and in the reasonable medical judgment of the health care professional responsible for the care of the person, a delay occasioned by attempting to locate an authorized person having a higher priority presents a substantial risk or serious threat to the health of the person.

For those unable to consent, health care may be provided without consent where there is no authorized person who is reasonably available and willing to make the decision, and in the reasonable medical judgment of the health care professional responsible for the care of the person, the health care is necessary for the relief of suffering, restoration of bodily function or to preserve the life, health or bodily integrity of the person.

ADDITIONAL NOTES

The Adult Health Care Consent Act does not authorize the provision of health care where the attending physician or other responsible health care professional has actual knowledge that the health care is contrary to the religious beliefs of the person, unless the person, while able to consent, stated contrary intent to the physician or health care professional.

The Adult Health Care Consent Act does not authorize health care to a person unable to consent if the attending physician or responsible health care professional has actual knowledge that the proposed health care is contrary to the person's unambiguous and un-contradicted instructions expressed at the time when the person was able to consent.

A person who in good faith makes a health care decision as provided in the Adult Health Care Consent Act is not subject to civil or criminal liability on account of the substance of the decision.

A person who consents on behalf of a person unable to consent does not by virtue of that consent become liable for the costs of the health care provided to the person.

A health care provider, who in good faith relies on a health care decision made by an authorized person is not subject to civil and criminal liability or disciplinary penalty on account of reliance on the decision.

Gary Lemel
Vice Chairman

Eva Ravenel
Chairman

To access the following attachments, please see the agency website page "Current Directives" at <http://www.ddsn.sc.gov/about/directives-standards/Pages/CurrentDDSNDirectives.aspx>.

Attachment 1	Health Care Consent Instructions
Attachment 2	Health Care Consent - Identification and Selection of Authorized Person
Attachment 3	Health Care Consent - Physician Certification
Attachment 4	Establishment of Authorized Designees of DDSN for Health Care Decisions and Responsibilities

Attachment 5: SC Attorney General's Opinion dated June 21, 2018

Health Care Consent Instructions

Thoroughly read DDSN [Directive 535-07-DD: Obtaining Health Care Consent for Minors and Adults \(the Directive\)](#)

If someone who, by virtue of their age and competency status, would be able to consent for their health care is suspected to be unable to give valid consent for the health care proposed, the person shall be referred to two (2) physicians who will determine the person's ability to do so. **NOTE:** Exceptions to this requirement are explained in the "Exceptions" section of the directive.

When referred, each physician should be provided an **Adult Health Care Consent Certification Form** (535-07-DD Attachment 3) with the person's name and date of birth (DOB) entered. Additionally, Section I must be completed on each form. **NOTE:** Examination and certification by two (2) physicians is required; therefore, two (2) **Adult Health Care Consent Certification Forms** shall be completed.

Section II of the **Adult Health Care Consent Certification Form** is completed by the physician. The physician's determination of the person's ability to consent should be documented in Section II.A.

If the two (2) physicians agree that the person "is able" to consent, no further action is needed. The person will make his/her own health care decision.

If the physician determines the person "is temporarily not able" or "is not able," then questions B, C, and D in Section II must be answered by the physician. The form must be signed and dated by the physician.

If the two (2) physicians agree that the person "is temporarily not able," then the health care professional responsible for the care of the person must determine if the delay occasioned by postponing the proposed treatment will result in significant detriment to the person.

If the two (2) physicians agree that the person "is not able" to consent, then the health care provider proposing the health care must identify and select an authorized person to consent or refuse the proposed health care. The **Health Care Consent Identification and Selection of an Authorized Person Form** (Identification and Selection, 535-07-DD Attachment 2) should be used for this purpose.

If the two (2) physicians disagree, the person is considered able to give valid consent.

Section I of the "**Identification and Selection**" Form (535-07-DD Attachment 2) requires that the name(s) and, as appropriate, relationship(s) of those identified by the "Priority Category" be entered. When no one is identified, "not applicable" or "n/a" should be entered. The person's record must reflect all efforts to locate anyone identified by a priority category on the "**Identification and Selection**" Form (535-07-DD Attachment 2).

Once all authorized persons have been identified, then the authorized person who will make the health care decision must be selected/contacted by the health care provider proposing the health care.

The Priority Categories are listed in priority order with “1. Guardian appointed by the court...” having the highest priority and “10. Authorized designee of DDSN” having the lowest priority.

The authorized person(s) who may consent to or refuse the proposed health care is/are the one(s) who, among all listed, is:

- Identified in the highest priority category;
- Reasonably available;
- Willing to make the health care decision; and
- Him/herself able to consent.

If more than one authorized person is identified in the highest priority category, the health care decision will be made by the majority of those identified.

The name(s) of the selected authorized person(s) must be entered into Section II of the “**Identification and Selection**” Form (535-07-DD Attachment 2) along with the priority category in which he/she was identified and his/her address and phone number.

If an authorized person identified by a higher priority category than the selected authorized person’s category was not selected (i.e., if #5 is selected before #4), his/her priority category, name and the reason he/she was not selected (e.g., not reasonably available, not willing, unable to consent) must be noted.

The health care provider making the selection must enter his/her name and title, then sign and date the completed form.

**Health Care Consent
Identification and Selection of Authorized Person**

Name: _____

DOB: _____

I. Identification of Authorized Persons

For each priority category listed below, enter the names(s) of each person identified by the priority category and, as appropriate, the person's relationship to the person who is unable to consent to the proposed health care. If the priority category does not identify anyone, enter "not applicable" or "n/a". All efforts to locate those identified by the priority category must be documented in the person's record.

Priority Category	Name(s)/Relationship
1. Guardian appointed by the court, pursuant to Article 5, Part 3 of the South Carolina Probate Code, if health care decisions are within the scope of guardianship.*	
2. An attorney-in-fact appointed by the person in a durable Power of Attorney executed pursuant to S.C. Code Ann. § 62-5-501 (Supp. 2017), if the decision is within the scope of his authority.*	
3. Person given priority to make health care decisions for the patient by another statutory provision.	
4. The spouse of the person, unless the spouse and the person are separated pursuant to one of the following: a) Entry of a pendente lite order in a divorce or separate maintenance action; b) Formal signing of a written property or marital settlement agreement; or c) Entry of a permanent order of separate maintenance and support or of a permanent order approving a property or marital settlement agreement between the parties.	
5. Adult child or children of the person.	
6. Parent(s) of the person.	
7. Adult sibling(s) of the person.	
8. Grandparent (s) of the person.	
9. Adult relative(s) by blood or marriage who reasonably is believed by the health care professional to have a close personal relationship with the person.	
10. Authorized Designee of DDSN.	

**The person's record must contain legal documents supporting the authority of the person named in the priority category*

II. Selection of the Authorized Person

When an adult is certified by two (2) physicians to be unable to consent to health care, an authorized person must be selected from the statutory list of priorities established by S.C. Code Ann. § 44-66-10, et. seq. (2018) and DDSN Directive 535-07-DD: Obtaining Consent for Minors and Adults. The Priority Categories in Section I of this document are listed in priority order, 1- 10. When the person has been certified by two (2) physicians to be unable to consent to the proposed health care, the person, among all who are listed, who is identified in the highest priority category and who is reasonably available, willing to make the health care decision for the person and is him/herself able to consent, will be considered the authorized person who can make the decision regarding the proposed health care.

The selected **Authorized Person(s)**:

Name(s): _____

Relationship (priority category) to the person: _____

Address: _____

Phone Number: _____

If someone from any higher priority category was not selected as the authorized person, enter the person's name, the priority category, and the reason he/she was not selected (*e.g., not reasonably available, not willing, unable to consent*).

Priority Category	Name	Reason Not Selected

Printed Name of Health Care Provider

Title of the Health Care Provider

Signature of the Health Care Provider

Date of Completion

ADULT HEALTH CARE CONSENT

Physician Certification

Patient's Name: _____

DOB: _____

Section I. Proposed Health Care and Timeframe for Initiation

Section II. Certification by Physician

A. Based on examination, it is my professional opinion that the person named above (*choose one*):

Is able to give valid consent for the proposed health care.

Is **temporarily not** able to consent for the proposed health care.

Is **not** able to give valid consent for the proposed health care.

B. This person is noted to be: **temporarily not** able or **not** able to give valid consent (*indicate why*)
He/she: (*check all that apply*):

Is unable to appreciate the nature and implications of his/her conditions and the proposed health care;

Is unable to make a reasoned decision concerning the proposed health care; or

Is unable to communicate a decision concerning the proposed health care in an unambiguous manner.

C. This person is noted to be: **temporarily not** able or **not** able to give valid consent and the following facts and observation that support this medical opinion and conclusion include:

1. The **cause** of the person's inability to consent is: _____

2. The **nature** of the person's inability to consent is: _____

3. The **extent** of the person's inability to consent is: _____

4. The **probable duration** of the person's inability to consent is: _____

D. **If noted to be temporarily unable to consent, will a delay in rendering** the proposed health care beyond the time noted present a substantial risk of death, impairment of functioning of a bodily organ or other serious threat to the health and safety of the person named?: Yes No N/A

I, the undersigned, hereby state that I am a licensed physician and have personally examined the above named person and my opinion and conclusions are stated above.

Signature of Physician

Printed Name of Physician

Date: _____

Establishment of Authorized Designees of DDSN for Health Care Decisions and Responsibilities

When a person who is eligible for DDSN services under the categories of Intellectual Disability/Related Disability (ID/RD) and is receiving DDSN-sponsored residential services is, in accordance with the Adult Health Care Consent Act, certified to be unable to consent to or refuse health care and when no other authorized person identified by the statutory list of priorities is reasonably available, willing, or able to make the health care decision, an authorized designee of DDSN may do so.

Authorized designees of DDSN include:

- DDSN State Director,
- DDSN Regional Center Facility Administrators,
- Executive Directors of DSN Boards
- Executive Director/CEO of DDSN Qualified Provider Agencies

In keeping with S.C. Code Ann. § 44-26-50 (2018), when making a health care decision, the authorized designee of DDSN shall be informed of:

- The need for the health care,
- The alternative treatments, and
- The nature and implications of the proposed health care.

The authorized designee of DDSN shall consult with the attending physician or the health care professional proposing the health care before making the decision and, when feasible, shall observe or consult with the person who has been certified to be unable to consent to or refuse the proposed health care.

The authorized designee of DDSN shall document their compliance with the requirements noted herein and shall include the name of the attending physician or health care professional proposing the health care with whom the authorized designee of DDSN consulted and the date of the consultation. Documentation of the consultation shall be in the person's record.



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SCDDSN
STATE DIRECTOR'S OFFICE

ALAN WILSON
ATTORNEY GENERAL

June 21, 2018

Mr. Patrick J. Maley
Interim State Director
South Carolina Department of Disability and Special Needs
P.O. Box 4706
Columbia, SC 29240

Dear Director Maley:

Attorney General Alan Wilson has referred your letter to the Opinions section. Your letter states the following:

South Carolina Department of Disability and Special Needs (DDSN) provides services for person with Intellectual, Related Disabilities, Autism and Head and Spinal Cord Injuries. Many of the consumers that receive services also have health care concerns that must be addressed. Therefore, DDSN is requesting an opinion concerning the Adult Health Care Consent Act, S.C. Code Ann. § 44-66-10 et Seq. (2018), as it relates to S.C. Code Ann. § 44-26-50 (2018).

There was a change that occurred in the statute in 2016 that removed one of the listed priorities of persons that can give consent, when a person is determined by two licensed physicians to be unable to consent on their own behalf to health care. The change removed S.C. Code Ann. § 44-66-30(8) which stated "a person given authority make health care decision for the patient by a different statutory provision." However, there remains S.C. Code Ann. §44-66-30(3) (2018) which states a person given priority to make health care decisions for the patient by another statutory provision. For DDSN, the statutory provision that gives the agency priority and authority is S.C. Code Ann. § 44-26-50 (2018). This refers back to S.C. Code Ann. § 44-66-30 (8) (2018) which now is listed as grandparents.

...

DDSN would like an opinion from your office to clarify the issue of the agency's authority to make health care decisions.

Law/Analysis

As stated in the request letter, the Adult Health Care Consent Act lists the order of priority of persons who may make health care decisions when a patient is unable to consent. S.C. Code Ann. § 44-66-30. As originally adopted, the listed order of priority was as follows:

(A) Where a patient is unable to consent, decisions concerning his health care may be made by the following persons in the following order of priority:

(1) a guardian appointed by the court pursuant to Article 5, Part 3 of the South Carolina Probate Code, if the decision is within the scope of the guardianship;

(2) an attorney-in-fact appointed by the patient in a durable power of attorney executed pursuant to Section 62-5-501, if the decision is within the scope of his authority;

(3) a person given priority to make health care decisions for the patient by another statutory provision;

(4) a spouse of the patient unless the spouse and the patient are separated pursuant to one of the following:

(a) entry of a pendente lite order in a divorce or separate maintenance action;

(b) formal signing of a written property or marital settlement agreement;

(c) entry of a permanent order of separate maintenance and support or of a permanent order approving a property or marital settlement agreement between the parties;

(5) a parent or adult child of the patient;

(6) an adult sibling, grandparent, or adult grandchild of the patient;

(7) any other relative by blood or marriage who reasonably is believed by the health care professional to have a close personal relationship with the patient;

(8) a person given authority to make health care decisions for the patient by another statutory provision.

1990 Act No. 472, § 1.¹ In 1992, DDSN was given authority to make health care decisions for a client that is “found incompetent to consent or refuse medical treatment” by 1992 Act No. 366, § 1. This authority is codified at Section 44-26-50 of the South Carolina Code of Laws as follows:

If the client is found incompetent to consent to or refuse major medical treatment, the decisions concerning his health care must be made pursuant to Section 44-66-30 of the Adult Health Care Consent Act. An authorized designee of the department may make a health care decision pursuant to Section 44-66-30(8) of the Adult Health Care Consent Act. The person making the decision must be informed of the need for major medical treatment, alternative treatments, and the nature and implications of the proposed health care and shall consult the attending physician before making decisions. When feasible, the person making the decision shall observe or consult with the client found to be incompetent.

S.C. Code Ann. § 44-26-50 (Supp. 2017) (emphasis added).² This statute granted DDSN the final listed priority after any relative of the patient by blood or marriage.

However, following the enactment of Section 44-26-50 and its 2011 amendment, S.C. Code Ann. § 44-66-30 was amended by 2016 Act No. 226 (H.3999), § 1 (the “2016 Act”). The act is titled as follows:

AN ACT TO AMEND SECTION 44-66-30, CODE OF LAWS OF SOUTH CAROLINA, 1976, RELATING TO PERSONS WHO MAY MAKE HEALTH CARE DECISIONS FOR PATIENTS WHO ARE UNABLE TO PROVIDE CONSENT, SO AS TO MAKE CHANGES TO THE ORDER OF PRIORITY, TO ADD CLASSES OF PERSONS WITH THE AUTHORITY TO MAKE THESE HEALTH CARE DECISIONS, AND FOR OTHER PURPOSES.

Id. As the stated intention in the act’s title is to make changes to the order of priority, Section 44-66-30 was amended to list the order of priority as follows:

(A) Where a patient is unable to consent, decisions concerning his health care may be made by the following persons in the following order of priority:

¹ S.C. Code Ann. § 44-66-30 was subsequently amended by 1992 Act No. 306, § 4, but this act did not affect the order of priority.

² SC Code Ann 44-26-50 was subsequently amended by 2011 Act No. 47, § 6, but this act did not affect the order of priority.

- (1) a guardian appointed by the court pursuant to Article 5, Part 3 of the South Carolina Probate Code, if the decision is within the scope of the guardianship;
- (2) an attorney-in-fact appointed by the patient in a durable power of attorney executed pursuant to Section 62-5-501, if the decision is within the scope of his authority;
- (3) a person given priority to make health care decisions for the patient by another statutory provision;
- (4) a spouse of the patient unless the spouse and the patient are separated pursuant to one of the following:
 - (a) entry of a pendente lite order in a divorce or separate maintenance action;
 - (b) formal signing of a written property or marital settlement agreement; or
 - (c) entry of a permanent order of separate maintenance and support or of a permanent order approving a property or marital settlement agreement between the parties;
- (5) an adult child of the patient, or if the patient has more than one adult child, a majority of the adult children who are reasonably available for consultation;
- (6) a parent of the patient;
- (7) an adult sibling of the patient, or if the patient has more than one adult sibling, a majority of the adult siblings who are reasonably available for consultation;
- (8) a grandparent of the patient, or if the patient has more than one grandparent, a majority of the grandparents who are reasonably available for consultation;
- (9) any other adult relative by blood or marriage who reasonably is believed by the health care professional to have a close personal relationship with the patient, or if the patient has more than one other adult

relative, a majority of those other adult relatives who are reasonably available for consultation.

S.C. Code Ann. § 44-66-30 (Supp. 2017) (emphasis added). The 2016 Act removed the priority description which DDSN was assigned at former subsection (8). Subsection (8) now assigns priority to “a grandparent of the patient, or if the patient has more than one grandparent, a majority of the grandparents who are reasonably available for consultation.” It is also important to note that subsection (8) is no longer the final listed priority. Subsection (9) now lists “any other adult relative by blood or marriage who reasonably is believed by the health care professional to have a close personal relationship with the patient” as the final priority.

This opinion will give this Office’s analysis of what authority DDSN has to make health care decisions under the Adult Health Care Consent Act as amended after the 2016 Act according to the rules of statutory interpretation. Statutory interpretation of the South Carolina Code of Laws requires a determination of the General Assembly’s intent. Mitchell v. City of Greenville, 411 S.C. 632, 634, 770 S.E.2d 391, 392 (2015) (“The cardinal rule of statutory interpretation is to ascertain and effectuate the legislative intent whenever possible.”). Where a statute’s language is plain and unambiguous, “the text of a statute is considered the best evidence of the legislative intent or will.” Hodges v. Rainey, 341 S.C. 79, 85, 533 S.E.2d 578, 581 (2000). The Supreme Court of South Carolina has stated, however, that where the plain meaning of the words in a statute “would lead to a result so plainly absurd that it could not have been intended by the General Assembly... the Court will construe a statute to escape the absurdity and carry the [legislative] intention into effect.” Duke Energy Corp. v. S. Carolina Dep’t of Revenue, 415 S.C. 351, 355, 782 S.E.2d 590, 592 (2016); Wade v. State, 348 S.C. 255, 259, 559 S.E.2d 843, 845 (2002) (“[C]ourts are not confined to the literal meaning of a statute where the literal import of the words contradicts the real purpose and intent of the lawmakers.”). “A statute as a whole must receive a practical, reasonable and fair interpretation consonant with the purpose, design, and policy of lawmakers.” State v. Henkel, 413 S.C. 9, 14, 774 S.E.2d 458, 461 (2015), *reh’g denied* (Aug. 5, 2015). Where statutes deal with the same subject matter, it is well established that they “are in *pari materia* and must be construed together, if possible, to produce a single, harmonious result.” Penman v. City of Columbia, 387 S.C. 131, 138, 691 S.E.2d 465, 468 (2010) (quoting Joiner ex rel. Rivas v. Rivas, 342 S.C. 102, 109, 536 S.E.2d 372, 375 (2000)); see also Busby v. State Farm Mut. Auto. Ins. Co., 280 S.C. 330, 335, 312 S.E.2d 716, 719 (Ct. App. 1984) (“The sections here are part of the same statute, thereby presenting an even stronger case that they be construed together and reconciled.”).

Yet, there are instances where the terms and purposes of statutes cannot be reconciled harmoniously. In such instances, the Supreme Court of South Carolina has stated that the law clearly provides, “the latest statute passed should prevail so as to repeal the earlier statute to the extent of the repugnancy.” Hair v. State, 305 S.C. 77, 79, 406 S.E.2d 332, 334 (1991); Penman, 387 S.C. at 138, 691 S.E.2d at 468 (“[W]here two statutes are in conflict, the more recent and specific statute should prevail so as to repeal the earlier, general statute.”). However, it is equally

clear that the Court has consistently found the law disfavors this method of repeal by implication. Mullinax v. J.M. Brown Amusement Co., 333 S.C. 89, 95-96, 508 S.E.2d 848, 851 (1998) (“Repeal by implication is disfavored and is found only when two statutes are incapable of reconciliation.”); Mims v. Alston, 312 S.C. 311, 313, 440 S.E.2d 357, 359 (1994); City of Rock Hill v. South Carolina Dept. of Health & Env’tl. Control, 302 S.C. 161, 167, 394 S.E.2d 327, 331 (1990) (“[T]he repugnancy must not only be plain, but the provisions of the two statutes must be incapable of any reasonable reconciliation; for if they can be construed so that both can stand, the [c]ourt will so construe them.”); In Interest of Shaw, 274 S.C. 534, 539, 265 S.E.2d 522, 524 (1980) (“If the provisions of the two statutes can be construed so that both can stand, this Court will so construe them.”). The South Carolina Court of Appeals explained the basis for disfavoring implied repeal as follows, “It must be presumed that the legislature intended to achieve a consistent body of law. In accord with this principle, subsequent legislation is not presumed to effectuate a repeal of existing law in the absence of expressed intent.” Busby, 280 S.C. at 334, 312 S.E.2d at 719; see also Justice v. Pantry, 330 S.C. 37, 43-44, 496 S.E.2d 871, 874 (Ct. App. 1998), *aff’d as modified sub nom. Justice v. The Pantry*, 335 S.C. 572, 518 S.E.2d 40 (1999) (“It is presumed that the Legislature [is] familiar with prior legislation, and that if it intend[s] to repeal existing laws it would ... expressly [do] so ...” (quoting State v. Hood, et al., 181 S.C. 488, 491, 188 S.E. 134, 136 (1936))). With these principles in mind, we turn back to the relevant statutes and legislative acts to determine whether there is a conflict and, if so, how our state courts would likely resolve such a conflict.

It is this Office’s opinion that a court would likely find the 2016 Act did not create a conflict between S.C. Code Ann. § 44-66-30 and S.C. Code Ann. § 44-26-50 such that the two statutes are incapable of being reconciled. While legislative clarification is warranted to resolve the ambiguity with finality, a court would likely construe the statutes in a way that would allow both statutes to remain operative. There are several different ways of interpreting DDSN’s resulting priority under S.C. Code Ann. § 44-66-30.

First, one could interpret DDSN to retain priority at S.C. Code Ann. § 44-66-30(8) in the 2016 Act even though the former description in that subsection was struck through and replaced with a separate description, namely the priority given to a patient’s grandparents. However, even accepting such an unsuitable description, such an interpretation would give DDSN priority ahead of “any other adult relative by blood or marriage who reasonably is believed by the health care professional to have a close personal relationship with the patient” in subsection (9). It is this Office’s opinion that a court would not find the General Assembly intended to grant DDSN an order of priority between degrees of familial relations without a clearer statement of legislative intent.

Second, one could interpret DDSN to have the priority listed at S.C. Code Ann. § 44-66-30(3). Subsection (3) grants priority to “a person given priority to make health care decisions for the patient by another statutory provision.” Indeed, DDSN was statutorily granted authority to act on behalf of a patient according to another statute, S.C. Code Ann. § 44-26-50. However, the description in subsection (3) existed prior to the 2016 Act and Section 44-26-50 continues to

designate DDSN's priority at subsection (8). Had the General Assembly intended such a result, it likely would have included a conforming amendment to Section 44-26-50 in the 2016 Act. It is this Office's opinion that a court would not find the General Assembly intended to grant DDSN an order of priority higher than that explicitly listed in Section 44-26-50 and higher than that of all familial relations without a clearer statement of legislative intent.

Third, DDSN's priority designation could be interpreted to have been repealed entirely by the 2016 Act because the former priority description which DDSN was assigned at S.C. Code Ann. § 44-66-30(8) was removed from the statute. However, S.C. Code Ann. § 44-26-50, which directs DDSN to make decisions for clients "pursuant to Section 44-66-30," was not repealed or even addressed in the 2016 Act. As discussed above, our state courts presume subsequent legislation does not "effectuate a repeal of existing law in the absence of expressed intent." Busby, *supra*. If possible, a court will endeavor to reconcile S.C. Code Ann. § 44-66-30 and S.C. Code Ann. § 44-26-50 so that they both remain effective. City of Rock Hill, *supra*. It is this Office's opinion that a court would not construe S.C. Code Ann. § 44-26-50 as having been repealed by the 2016 Act, but would instead reconcile the statutes in the manner described below.

It is this Office's opinion that a court would reconcile S.C. Code Ann. § 44-66-30 and S.C. Code Ann. § 44-26-50 by construing DDSN's priority to come after "any other adult relative by blood or marriage" of the patient under Section 44-66-30(9). As discussed above, prior to the 2016 Act, DDSN was assigned the final listed priority after any relative of the patient by blood or marriage. S.C. Code Ann. § 44-66-30 (Supp. 2015). Without a clearer statement of legislative intent, it is this Office's opinion that a court would resolve the ambiguity created by the 2016 Act's removal of former subsection (8) description by maintaining DDSN's priority relative to the rest of the listed classifications. While the 2016 Act altered the listed order of priority, none of the listed priority classifications were moved to a higher priority. Rather, the classes of persons within the same order of priority were split to simplify the determination of which persons would exercise priority. See, e.g., S.C. Code Ann. §§ 44-66-30(5) (Supp. 2015) ("a parent or adult child of the patient"); 44-66-30(5) (Supp. 2017) ("an adult child of the patient, or if the patient has more than one adult child, a majority of the adult children who are reasonably available for consultation"); 44-66-30(6) (Supp. 2017) ("a parent of the patient"). Therefore, rather than interpret DDSN's status as being repealed or given a higher priority, it appears more consistent with legislative intent to construe DDSN's priority to remain at the relative position within the order of priority when S.C. Code Ann. § 44-26-50 was last amended. Although this conclusion is not free from doubt, it is this Office's opinion that a court would likely adopt this interpretation of placing DDSN's priority after that of all other listed priorities.

Conclusion

It is this Office's opinion that a court would likely find the 2016 Act did not create a conflict between S.C. Code Ann. § 44-66-30 and S.C. Code Ann. § 44-26-50 such that the two statutes are incapable of being reconciled. While legislative clarification is warranted to resolve the ambiguity with finality, a court would likely construe the statutes in a way that would allow both statutes to remain operative. It is this Office's opinion that a court would reconcile S.C. Code Ann. § 44-66-30 and S.C. Code Ann. § 44-26-50 by construing DDSN's priority to come after "any other adult relative by blood or marriage" of the patient under Section 44-66-30(9). As discussed above, prior to the 2016 Act, DDSN had the final listed priority after any relative of the patient by blood or marriage. S.C. Code Ann. § 44-66-30 (Supp. 2015). Rather than interpret DDSN's status as being repealed or given a higher priority, it appears more consistent with legislative intent to construe DDSN's priority to remain at the relative position within the order of priority when S.C. Code Ann. § 44-26-50 was last amended.

Sincerely,



Matthew Houck
Assistant Attorney General

REVIEWED AND APPROVED BY:



Robert D. Cook
Solicitor General

Director's Report

December 13, 2018

- So happy to be here with ya'll this morning getting to talk about some directional pivots and exciting possibilities!
- This months report we will talk about:
 - Planning and Collaboration
 - – anyone who knows me- knows I am a planner - short term plans, long term plan, contingency plans –
 - But what I love more than planning is executing those plans and actually doing something
 - After a couple of months of researching, asking questions and reviewing, we have begun down a charted course of change and collaboration.
 - We are very unique in that we get to be a single mission agency supporting great folks at the regional centers and in the community
 - but just because we are a single mission agency does not mean we are in this alone
 - our folks are also served by other agencies and it is important that we form strong partnerships with those agencies so we can provide effective and timely supports.
 - It is hoped that we can be more innovative with how we approach service deliver in the future with these new partnerships – streamlining processes and procedures to make them more easily understood and accessible.
 - Innovation number one – is that the live screening skype link to the commission meetings will be posted on the web site – in the commission meeting section. This will start with the January meeting

Planning

Management Strategy Session on the 4th

- Provide direction so we can move the agency's strategic plan forward
- Communicate and act with:
 - Clarity
 - Consistency
 - Connectivity
- Core Functions:
 - Policy and Regulation
 - Oversight and Monitoring
 - Assessing and Planning
 - Education and Training

These efforts will help us position the structure of the agency in the best position to implement the core functions and provide a clearer message and stronger supports to our customers.

DSP Career Development

Project: to develop a DSP Certification in
High Schools and

- Steering Committee met to work on the presentation to Department of Education
- Met with .Angel Malone who is the Director of the Office of Career and Technology for the Department of Education.
- She will be presenting the proposal for a High School Career Curriculum titled DSP Certificate which will be based on our required orientation curriculum and in addition to the curriculum as it is now, we will add:
 - Introduction to Disabilities
 - Providing Effective Skills Training
 - Person Centered Thinking
 - 40 hours of clinical work.
- We are looking at this Fall term starting the pilots
- We now need 2 high schools and 2 agencies who would be willing to work with the schools are far as clinical studies go.
- Develop a “DSP Aide” track for special services students and current consumers.

DSS Collaboration

- Met with Joan Meacham and her staff.
- Committed to provide training for Foster parents and for agency staff
- DSS is working to get information to DDSN with regards to the children in foster care who will be needing residential supports.
- Agreed to staff specific APS cases
- DSS is interested in joining our effort to develop the 12 triage beds.

Provider Collaboration

Establish working provider/DDSN committees

- Working with providers to form three working committees for EI, CM and Finance to tackle upcoming issues in a collaborative method
- EI agenda includes:
 - Transitioning the Boards to fee for service
 - Training
- Finance Committee agenda includes:
 - Band A's turn to fee for service
 - Band B's and I's fee for service
 - Transfer of property
- CM Committee agenda includes:
 - Rollout of WCM
 - Rate changes
 - Intake - overhaul
 - Waiver enrollment overhaul

Budget Presentations

FY2020

- Presented our budget at the Senate Health and Human Services Subcommittee Budget Hearing.
- We included notice of the need for additional beds to include beds for juveniles.
- We are requested 12 and crisis stabilization beds for midlands center.
- We have not been given an new information regarding our house ways and means subcommittee chairperson

Regional Centers

Updates

- Happy to say that staff from this building have been and are still going caroling at the regional centers.
 - The Central Office team is going to the Midlands Center on to Midlands on the 19th.
 - Susan is leading a team to Whitten tomorrow
 - Rufus is leading a team to the coastal center next week
 - I am heading to Pee Dee and Saleeby next Friday.
- We have begun the process of purchasing needed equipment and furniture for the centers. New dining equipment and liners for the shower tables have been purchased
- Larger projects requiring expenditures from the CPIP account will commence but not be so complicated. The effort is to break the projects down to make them easier to bid out and give control of the process back to the regional center

Commission

Based on the recommendation #5 from the Oversight Committee

- On 11/30/18 the first weekly information bulletin was sent to commission members.
- I included a survey in the information bulletin asking for areas the commissioners would like additional information, training or discussion – I don't have any takers at the moment – but I hope that changes.

conclusion

- Being that we are in the holiday season, I would like to end this meeting with a thought – maybe it is actually my hope but I know that definitely it is my prayer
- That we enter the new year with a tone of civility, truthfulness in content and collaboration as the road best traveled. Let partnerships and thoughtful dialogue help us set the course for the best outcomes for those we support.
- I want to wish everyone a blessed holiday season.

Accountability Plan for Mentor Inc.

Purpose: To set measurable goals for improvement which, if met, will allow Mentor Inc. to once again admit residents into their high management vacant beds.

Timeframe: 6 months of data collected

Objectives:

1. Mentor will provide staffing at or above minimum required levels for high management facilities (as stated in the contract):
 - a. 25% sample of timesheets for each HM home will be reviewed in February for a random 3 month pay period.
 - b. 25% sample of timesheets for each HM home will be reviewed in April for a random 3 month pay period.
 - c. 25% sample of timesheets for each HM home will be reviewed in June for a random 3 month pay period.
 - d. Mentor will receive a 25% random review of timesheets for each HM for a random 3 month pay period annually thereafter at the time of their Contract Compliance Review.
2. Mentor will provide assessments for all HM residents to show:
 - a. The individual's need for continued high management placement.
 - b. Supervision levels – in the home, on an outing, sleeping, dining and bathing.
 - c. These assessments will be due:
 - i. 25% of HM residents in February
 - ii. 50% of HM residents in March
 - iii. 75% of HM residents in April
 - iv. 100% of HM residents in May
 - v. 100% of HM residents annually thereafter
3. Mentor will have all HM BSPs in the proper format and current (*refer to CCR RF2 key indicators*).
 - a. 100% of HM residents by the end of February
 - b. Review will be completed by SCDDSN by the end of March
4. Mentor will redesign HM individual residential plans to include the following:
 - a. A person residing in a HM residence should be receiving skills training to diminish the frequency and intensity of behaviors that require HM setting.
 - b. The plan will contain information about triggers, signs of agitation and staff response to both.
 - c. Plan updates to be 100% compliant by March 2019.
5. Mentor will demonstrate that they have a risk management system in place that closes the loop and addresses the incident on all critical incidents and ANE reports.
 - a. System in place by January 31st 2019
 - b. SCDDSN to monitor the system every other month through June starting in February by:
 - i. Pulling all critical and ANE reports to check corresponding Mentor RM review.
 - ii. Ensuring that the actions stated CI and ANE have indeed been completed.
6. Staff working in HM homes will receive specialized training in any secondary mental health condition based on the individuals they are charged with supporting.
 - a. Training needs identified by Mentor Behavioral Staff by February 2019.
 - b. Plan submitted to outline the training needs and plans for implementation by March 2019.
 - c. Staff has received needed training by June 15, 2019.



Video Surveillance Project

Summary of Progress

December 13, 2018



Video Surveillance Pilot-Coastal Center

- Seven State Approved Security & Access Control Vendors

A3 Communications (Columbia)

Allied Universal Security Systems (Charlotte, NC)

Convergint Technologies, LLC (Charleston)

Codelynx LLC (Charleston)

Johnson Controls Fire Protection (Columbia)

Myrtle Beach Communications (Horry)

Technology Solutions of Charleston (Charleston)



Vendor Presentations

- A3 Communications-11-14-18
- Codelynx-11-19-18 (demonstration of cameras and software-12-17-18)



Stakeholder Input

– from families at the regional centers

Pros

- Strong Parental/Guardian Support (Polled members of Parent Clubs, Councils at Whitten, Coastal, & Pee Dee Center)
- Organizational Readiness
- Enhanced Accountability & Safety
- Training
- LAC Recommendation

Cons

- Perceived “distrust” of workforce-leading to resignations
- Rights/Privacy Issues
- Initial Cost Estimates



Decision Points:

- Policy & Procedural Guidelines
- Training
- Specifications (i.e., server size, network integration, camera resolution, compression format, motion activated, audio)
- Placement of cameras
- Ancillary Buildings (i.e., day program buildings, vacant dorms used for temporary housing/emergencies)
- Contingency for non-consent
- Pilot Timeline & Migration to other Centers
- Costs-Preliminary estimates \$67,262 (approximately \$1,600 to \$1,800 per camera)
- Explore non-state contract vendor options for savings
- You have a draft policy – please review it thoughtfully since this is not a decision to be taken lightly.



Reference Number: 535-16-DD

Title Document: Use of Surveillance Video Cameras in DDSN Regional Center ICFs/IID Settings

Date of Issue: December 13, 2018
Effective Date: December 13, 2018
Last Review Date: December 13, 2018
Date of Last Revision: December 13, 2018 (NEW-1ST REVIEW)

Applicability: DDSN Regional Center ICFs/IID

PURPOSE

This directive outlines required standardized requirements for surveillance video camera usage in the South Carolina Department of Disabilities and Special Needs (DDSN) Regional Center ICFs/IID.

The regulatory foundation for this policy is found at 42 CFR 483.420 the Condition of Participation: Client protections, which requires that the facility must ensure the rights of all clients, referred to in the DDSN system as “individuals supported.” Specifically, the ICFs/IID must:

- Ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment - § 483.420(a)(5);
- Provide each client with the opportunity for personal privacy and ensure privacy during treatment and care of personal needs -§483.420(a)(7); and
- Ensure clients the opportunity to communicate, associate, and meet privately with individuals of their choice -§483.420(a)(9).

PHILOSOPHY

There may be instances in which the use of surveillance video cameras may be helpful reviewing the behavior of staff and individuals supported by DDSN to verify that services are being provided in environments free from physical, verbal, sexual or psychological abuse, mistreatment or punishment. However, great care must be exercised to prevent any unintended violation of an individual's rights and privacy when such equipment is used in the setting.

Consistent with the regulations which require that the provider protect the privacy and rights of the individuals supported in the facility, surveillance video cameras may only be used in the common areas or shared spaces of the facility where individuals supported have lower expectations of privacy and where, in the normal course of their day, they may encounter visitors, staff, other clients, or medical personnel.

Conversely, surveillance video cameras may never be used in areas where the individuals supported have the highest expectations of privacy, such as bathrooms, bedrooms, or areas where residents meet privately with visitors or make personal phone calls.

REQUIRED SAFEGUARDS

- 1) To ensure that any use of surveillance video cameras comply with regulatory requirements that individuals supported rights are fully protected, and any use of surveillance video cameras in the facility must be approved by the Specially Constituted Committee (SCC) of the facility as constituted per § 483.440(f)(3). This is referred to as the Human Rights Committee (HRC) in the DDSN system.
- 2) Affected individuals supported and their families or guardians must be informed of the SCC/HRC's approval to use surveillance video cameras in a specified area. Written informed consent must be obtained (Attachment 1) by the individual and review/approval of the Human Rights Committee. It must be obtained from every individual supported living in the physical unit prior to the implementation of surveillance video cameras or from his/her designated guardian. If a facility consists of several physically separate living units, and the individuals supported (and guardians if applicable) of a single unit have consented to the implementation of surveillance video cameras, it is not required that the individuals supported residing in the other units (and their guardians as applicable) provide informed consent, since they would be considered guests when visiting this unit. However, the facility administration should still inform all individuals supported living on the grounds (and their guardians if applicable) that surveillance video cameras are in use in this specific unit and appropriate signage should be in place to reflect this use.
- 3) To ensure the confidential use of the surveillance video camera recordings, the following must be followed:
 - a) Facility Administrators and their designees; Administrators on Duty (AOD), and entities with investigative authority will be the only persons provided access to surveillance video camera viewing or use of the surveillance video;

- b) All staff with authorized access to surveillance video camera recordings are properly trained in DDSN policies and the protection of individuals supported rights before accessing the footage. This training should be documented in the personnel file; and personnel/staff with surveillance video camera viewing access must be properly trained in polices and protection of individuals supported rights.
- c) All staff with authorized access to the surveillance video camera recordings must comply with the surveillance video camera policy monitored by the Facility Administrator or his/her designee. Risks or breeches of the policy must be promptly reported to the Chief Information Security and Privacy Office (risk@ddsn.sc.gov).
- 4) The DDSN Regional Center may not utilize surveillance video cameras in lieu of adequate staffing or supervision protocols. The use of surveillance video cameras must not replace or otherwise substitute for trained and available direct care staff at a sufficient level to provide active treatment
- 5) The DDSN Regional Centers must incur the entire cost of any surveillance video camera usage in the facility. Individuals supported or their families may not be charged.

Commented [HC1]: Schedule of training should be decided.

PROCEDURES

1) Signs

Facilities employing surveillance video cameras will prominently display postings that recording is in progress. Signs will be posted in the facilities. Surveillance video camera recording will occur within common areas 24 hours per day.

2) Consent

Prior to admission, individuals supported or their legal guardians must consent to surveillance video cameras recording in common areas.

3) Video Recording Overwrite Requirements

The surveillance video camera recordings must be retained for 30 days. Surveillance video cameras will be professionally installed and serviced by state approved vendors.

Commented [HC2]: Commission may wish to discuss retention/costs.

4) Recording Associated with Critical Injury or Allegations of Abuse, Neglect or Exploitation

Surveillance video camera recording affiliated with injury or allegations of Abuse, Neglect or Exploitation will be retrieved and preserved until 30 days after the final disposition of any review or legal action.

5) DDSN Review of Requirements

Recorded images will not be routinely checked and will only be reviewed in the event DDSN has a need to review the recorded images for limited purposes of implementing necessary and required internal reviews, safety and quality improvement, internal education and training activities. The Surveillance Video Camera Recording Review Record (Attachment 2) will be completed in its entirety and stored in a confidential location.

6) Release of Recording

DDSN staff viewers of the surveillance video camera recordings will not take any recordings or images off campus. The following purposes for release of footage would be acceptable as ordered by the DDSN State Director or her designee and documented on the Surveillance Recording Release Record (Attachment 3) as follows:

- Administrative Review
- Investigative entities as defined by S.C. Code Ann. § 43-35-3 et. seq. (2015)

7) Tampering/Breach or Misuse of Cameras or Recordings

Tampering with surveillance video cameras, to include unauthorized removal, or relocation is strictly prohibited. Any tampering will be subject to disciplinary action and/or criminal prosecution. Any breach or misuse will be reported to the DDSN Chief Information Security and Privacy Office at risk@ddsn.sc.gov and is strictly prohibited.

Gary Lemel
Vice Chairman

Eva Ravenel
Chairman

Reference: July 29, 2011 Memo from CMS in Regard to Use of Video Cameras in ICF/MRs

Reference: LAC Recommendations, 2014

To access the following attachments, please see the agency website page “Current Directives” at <https://www.ddsn.sc.gov/about-us/directives/current-directives>.

Attachment 1	Informed Consent and Human Rights Approval Regarding Surveillance Cameras
Attachment 2	Surveillance Video Camera Recording Review Record
Attachment 3	Surveillance Video Camera Recording Release Record

**INFORMED CONSENT AND HUMAN RIGHTS APPROVAL
REGARDING CAMERA SURVEILLANCE VIDEO CAMERAS**

NAME: _____

- The primary purpose for the camera surveillance in state operated ICFs/IID is to assist with assuring:
 - The accountability of staff; and,
 - The prevention of abuse and/or neglect.
- Cameras will be located only in common areas of the facility, (i.e., living/dining areas, hallways, etc.)
- Cameras will never be located in private/personal areas of the facility (i.e., bedrooms, bathrooms, etc.)
- The confidentiality of the information recorded will be maintained. Only the Facility Administrator and their designees; Administrators on Duty (AOD), and entities with investigative authority will be provided access to video viewing, use of the video, or receive copies. Any breach or misuse will be reported to the DDSN Chief Information Security and Privacy Office and is strictly prohibited.

1. I have read and/or had the above information interpreted to me.
2. I understand that I can either give or refuse consent at this time.
3. If I give consent at this time, I am aware that with written notification I can withdraw my consent at any time.

Check the box that indicates your decision, and sign below.

- I GIVE** my consent for the use of video surveillance cameras in the center in which I live.
- I DO NOT GIVE** my consent for the use of video surveillance cameras in the center in which I live.

Signature of Individual Living in the center Date Guardian Date

Person Interpreting Date Witness Date

PHONE/VERBAL APPROVAL FROM FAMILY/GUARDIAN (if necessary):

Name of Family/Guardian Contacted:	Date/Time Contacted:	Name and Signature of Person Making Contact:

HUMAN RIGHTS COMMITTEE REVIEW/APPROVAL:

HRC REPRESENTATIVE	PHONE APPROVAL		INITIALS OF PERSON CALLING	HRC REPRESENTATIVE SIGNATURE	DATE HRC REP. SIGNED
	DATE	TIME			

Surveillance Video Camera Recording Review Record

The purpose of this document is to record the review of surveillance video camera recording. It must be retained in a secure location.

Camera ID Number/Location: _____

Date and Time of Footage Reviewed: _____

Purpose of Viewing (Check):

Administrative Review

Investigative Entity

Person Authorizing the Viewing: _____

Date of Authorization: _____

Signature of Person Reviewing the Footage and Assuming
Responsibility for its Safety and Confidentiality

Surveillance Video Camera Recording Release Record

The purpose of this document is to record the release of surveillance video camera recording. It must be retained in a secure location.

Camera ID Number/Location: _____

Date and Time of Footage: _____

Purpose of Viewing (Check):

Administrative Investigation

Criminal Entity

Safety and Quality Improvement, Internal Education and Training

Person Authorizing the Release: _____

Date of Authorization: _____

Signature of Person Receiving the Footage and Assuming
Responsibility for its Safety and Confidentiality

Date: _____

These are NOT Formal Bids



South Carolina State Contract

AV products and services 4400013027

Security, CCTV and Access Control 4400018261

4937 Fargo Street, North Charleston, SC 29418 Tel 843.266.2330 Fax 843.266.2333 www.codelynx.com

SC Dept of Disabilities & Special Needs

Prepared for	Project	Quote Number:	229
John Hitchman	Coastal Center Campus	Quote Date:	11/13/2018
jhitchman@ddsn.sc.gov		Rev. No.	1
(843) 495-3302		Rev. Date	
	Designer/Consultant	Prepared By:	Mike Byrd
	Sam Hocutt	Reviewed By:	Sam Hocutt

Proposed System Pricing Summary

Part Number	QTY	Description	Price Each	Total
Highlands 110				
2.0C-H4SL-DO1-IR	8	2.0 MP, WDR, LightCatcher, Day/Night, Indoor/Outdoor Dome, 3-9mm f/1.4, Integrated IR	\$ 326.04	\$ 2,608.32
Wire Drops	8	Wire Drops	\$ 150.00	\$ 1,200.00
Highlands 310				
2.0C-H4SL-DO1-IR	8	2.0 MP, WDR, LightCatcher, Day/Night, Indoor/Outdoor Dome, 3-9mm f/1.4, Integrated IR	\$ 326.04	\$ 2,608.32
Wire Drops	8	Wire Drops	\$ 150.00	\$ 1,200.00
Coastal Center Highlands 710				
12.0-H4F-DO1-IR	3	12.0 MP, Fisheye Camera, Day/Night, 1.45mm f/2.2, Integrated IR	\$ 677.16	\$ 2,031.48
Wire Drops	3	Wire Drops	\$ 150.00	\$ 450.00
Coastal Center Highlands 810				
12.0-H4F-DO1-IR	3	12.0 MP, Fisheye Camera, Day/Night, 1.45mm f/2.2, Integrated IR	\$ 677.16	\$ 2,031.48
Wire Drops	3	Wire Drops	\$ 150.00	\$ 450.00
Coastal Center Highlands 910				
12.0-H4F-DO1-IR	3	12.0 MP, Fisheye Camera, Day/Night, 1.45mm f/2.2, Integrated IR	\$ 677.16	\$ 2,031.48
Wire Drops	3	Wire Drops	\$ 150.00	\$ 450.00
Coastal Center Highlands 510				
12.0-H4F-DO1-IR	4	12.0 MP, Fisheye Camera, Day/Night, 1.45mm f/2.2, Integrated IR	\$ 677.16	\$ 2,708.64
Wire Drops	4	Wire Drops	\$ 150.00	\$ 600.00
Coastal Center Hillside 520				
12.0-H4F-DO1-IR	4	12.0 MP, Fisheye Camera, Day/Night, 1.45mm f/2.2, Integrated IR	\$ 677.16	\$ 2,708.64
Wire Drops	4	Wire Drops	\$ 150.00	\$ 600.00
Coastal Center Hillside 220				
12.0-H4F-DO1-IR	4	12.0 MP, Fisheye Camera, Day/Night, 1.45mm f/2.2, Integrated IR	\$ 677.16	\$ 2,708.64
Wire Drops	4	Wire Drops	\$ 150.00	\$ 600.00

		Coastal Center Hillside 620			
12.0-H4F-DO1-IR	4	12.0 MP, Fisheye Camera, Day/Night, 1.45mm f/2.2, Integrated IR	\$	677.16	\$ 2,708.64
Wire Drops	4	Wire Drops	\$	150.00	\$ 600.00
		Coastal Center Hillside 320			
12.0-H4F-DO1-IR	4	12.0 MP, Fisheye Camera, Day/Night, 1.45mm f/2.2, Integrated IR	\$	677.16	\$ 2,708.64
Wire Drops	4	Wire Drops	\$	150.00	\$ 600.00
		Coastal Center Hillside 420			
12.0-H4F-DO1-IR	4	12.0 MP, Fisheye Camera, Day/Night, 1.45mm f/2.2, Integrated IR	\$	677.16	\$ 2,708.64
Wire Drops	4	Wire Drops	\$	150.00	\$ 600.00
		NVR-Licenses			
HD-NVR4-STD-32TB-I	1	HD NVR4 STD 32TB 2U Rack Mnt, Windows 10 IoT LTSB	\$	10,295.34	\$ 10,295.34
48C-ACC6-ENT	1	ACC 6 Enterprise license for up to 48 camera channels	\$	8,367.32	\$ 8,367.32
1C-ACC6-ENT	1	ACC 6 Enterprise license for up to 1 camera channels	\$	210.05	\$ 210.05
MISC	49	MISC	\$	5.00	\$ 245.00

SUBTOTAL \$54,030.62

TAX: \$3,782.15

SOFTWARE & HARDWARE TOTAL: \$57,812.77

ENGINEERING, SURVEY, INSTALLATION & LABOR TOTAL: \$9,450.00

SHIPPING: \$0.00

SYSTEM TOTAL: **\$67,262.77**

NOTES:

Price Quotes are valid for 60 days

Scope of Work:

Codelynx will supply and install thirty-three (33) Fish-eye 12MP IP cameras, sixteen (16) 2MP IP cameras, and one (1) 32TB 2U Rack Mounted RAID 6 video server. The cameras will be programmed to record on motion, at 10 frames per/second for a minimum of 30 day of recorded video retention. The way the server is configured now it will give you 38 days of 20 frames per/second storage. Codelynx will set-up the system to be viewed on one customer provided work station. The system has the ability to download a mobile application to view recorded or live video for both apple and android mobile devices. This Video Management System has the ability for unlimited clients, and NO Software Service Agreement. This system comes with a 3 year warranty on parts, and 1 year on labor. Please see the camera layout for device placement.


Customer Responsibilities & Exclusions:

The customer will provide network connections, network connectivity, all network switches, all power needed, and a network rack where the video server will be installed. Codelynx assumes all buildings are connected via fiber and network, and that the customers network bandwidth is within the industry standards to support the above video management system. If Codelynx finds the above to not be the case additional parts, devices, and labor might be needed. If anything additional is needed to complete the installation of this system to get it to a fully operational state any additional cost will be passed to the customer in the form of a change order to this quote.



DDSN Executive Memo

**TO: EXECUTIVE DIRECTORS, DSN BOARDS
CEOS, QUALIFIED PROVIDER
CASE MANAGEMENT
HASCI CASE MANAGERS/SUPERVISORS**

FROM: SUSAN KREH BECK, ED.S., LPES, NCSP, ASSOCIATE STATE DIRECTOR-POLICY 

DATE: NOVEMBER 21, 2018

RE: Update on Service Assessments for Respite and Personal Care for Medicaid Waiver Services

Over the past several weeks we have been working hard to revise the service assessments for the waiver programs and incorporate your feedback as much as possible. We received some great feedback on these assessments and based on that feedback have made changes as outlined in Attachment A. The attached documents are the final drafts that will be presented to the SCDDSN Commission for approval in December.

Please take a moment to review them and if there are any glaring issues or problems please communicate with Lori Manos (lmanos@ddsn.sc.gov) or Melissa Ritter (mritter@ddsn.sc.gov) in order to ensure they are addressed.

We are hopeful that the revisions to the assessments have created tools that the provider community, waiver participants, and caregivers can support. Thank you for all your feedback and assistance in revising these tools.

Attachment A: Change Summary
Attachment B: Guidance for HASCI Waiver Attendant Care/Personal Assistance
Attachment C: Guidance for ID/RD and CS Waiver Personal Care/Attendant Care Assessment
Attachment D: Attendant Care/Personal Assistance Assessment - HASCI Waiver
Attachment E: Personal Care/Attendant Care Assessment - ID/RD and CS Waiver
Attachment F: Guidance for Respite Assessment for ID/RD, CS, and HASCI Waiver
Attachment G: Respite Assessment - HASCI Waiver
Attachment H: ID/RD and CS Waiver Respite Assessment

CHANGE SUMMARY

Personal Care/Attendant Care/Personal Assistance Assessment:

- We have updated guidance for clarity in many areas that need additional explanation or elaboration.
- We adjusted the labeling of the Personal Care Modifiers in order to help clarify the scoring.
- Where possible we adjusted the responses in the assessment to match the wording of the Case Management Annual Assessment.
- We corrected any typos and clarified unclear wording or responses.
- We added a response to the Meal Preparation question in order to give additional points if food had to be processed after preparation.
- We updated some scoring options to include additional scores and responses.
- We adjusted the responses to remove percentages.

Respite Assessment:

- We received an overwhelming response initially that a measure of caregiver stress should be incorporated; therefore, we have maintained the Caregiver Self-Assessment portion of the assessment. Additional guidance was added for this tool.
- We have updated guidance for clarity in many areas that need additional explanation or elaboration.
- Another item that was extensively requested was to combine the respite exception request with the respite assessment for the ID/RD Waiver. We have included this section in the new assessment, but the policy regarding the exception has not changed. Individuals must meet certain requirements to qualify for the exception.
- We added a Supervision Modifier that allows for the supervision score to be increased if the caregiver is unable to go out in the community or run errands.
- We added additional supplemental questions to add hours when a caregiver also cares for additional family members.
- Where possible we adjusted the responses in the assessment to match the wording of the Case Management Annual Assessment.
- Expanded the “Additional Justification” box to allow for more narrative to be visible.

We also received some feedback that did not result in changes. These included issues regarding the time that it would take when filling out the assessment and having to refer back to a different document for guidance. While there will be a learning curve associated with the use of the guidance, as Case Managers become familiar with the guidance and the assessment, the need to refer to the guidance should diminish.

We also had some concerns regarding the “age appropriate” response in some questions. We encourage the Case Managers to utilize the narrative portion of the assessments if there are situations where they give a score to something that may be generally considered an appropriate activity for someone of that age.

There were questions and concerns regarding the new Caregiver Stress Self-Assessment portion of the Respite Assessment. In order to most accurately measure caregiver stress we decided to utilize a third party tool developed by a reputable association. While this tool will be a form that we are unable to edit, it will be scored by the Case Manager, not the family, and will be verified during the plan review process which we hope will mitigate any confusion. We also added additional guidance to reflect that it should be scored based on a “typical” week rather than the “last” week. This tool is a general assessment that measures stress, it is not meant to be specialized for the DDSN service population. There are many other areas of the respite assessment that address specific needs related to disabilities.

We will not be developing abbreviated service assessments for use in emergencies as this is something that rarely occurs and should be handled on a cases to case basis with a call to Central Office. Additionally we had a question about the need to reassess services. Services always must be reassessed as a person’s life changes, including changes in the current service package.

South Carolina Department of Disabilities and Special Needs

Guidance for HASCI Waiver Attendant Care/Personal Assistance

This guide is designed to break down each question of the Attendant Care/Personal Assistance Assessment in a way that clearly states what each question is assessing and what the responses indicate.

Cueing is included as a component of Attendant Care/Personal Assistance Services. If the participant requires step by step direction/cueing, with the identified task, please mark the “requires cueing” to indicate the type of assistance necessary, and score the question based on the degree of cueing required.

Personal Care Tasks:

Directions: Put an X in the boxes below that correspond with the most appropriate answer. Use your professional judgement and answer as accurately as possible.

1. Bathing/Showering Task

Getting in and out of tub/shower, bathing

This question assesses the amount of support needed in order for the participant to maintain proper hygiene.

- The “0” response is for participants who are independent or only need prompts to complete their bathing.
 - Keep in mind that children under 6 may still need assistance with bathing. If a response higher than “0” is being given, the assessment should include how this support goes beyond that of individual of the same age without a disability.
- The “1” response indicates participants who have difficulty getting in and out of the bath/shower, but once they are in, they can bathe on their own.
- The “2” response indicates that the participant requires some hands on assistance. For example, the individual needs some hands on assistance washing body or hair but can wash a portion of his/her body independently.
- The “4” response indicates the participant needs complete, hands on assistance with bathing.

2. Dressing Task(s)

Requires assistance with ordinary clothing and application of braces, splints and/or support stockings

These questions assess how much assistance is needed with applying braces, splints, and/or support stockings or getting fully dressed. The use of these items, if applicable, must be clearly documented in the annual assessment.

- The “0” response indicates the participant is independent.
 - Keep in mind that children under 6 may still need assistance with dressing. If a response higher than “0” is being given the assessment should include how this support goes beyond that of individual of the same age without a disability.
- The “2” response indicates the participant needs physical assistance applying the item or clothes once in the morning and once at night (a typical number of clothing changes).

- The “4” indicates the item needs to be changed multiple times per day. Clear documentation as to why the items or clothes are being changed multiple times per day needs to be included in an assessment (annual or service assessment).

3. Feeding Tasks

Are they unable to chew and swallow without difficulty, do they need assistance in being positioned upright, do they need assistance in eating

This question assesses whether the participant needs assistance with the physical act of eating. This question is not assessing the need for meal preparation.

- The “0” response indicates the participant is capable of feeding himself/herself.
- The “1” response indicates the participants who are either partially independent with the physical task and/or at low risk for choking.
- The “2” indicates a participant who does not have a G-Tube but cannot complete the physical task of eating or is at a high risk of choking.

4. Medication Task - Medication Reminder

This question is assessing if any support is needed to ensure that the participant takes his/her medication in a safe, timely manner. Children under the age of 12 are expected to need assistance with this task.

- The “0” response indicates the participant is independent with medications or does not take medications on a regular basis.
 - Children under the age of 12 are included in this response. For a response greater than “0” information must be included in the annual assessment that clearly demonstrates how they need medical assistance that goes beyond the assistance that would be provided to a typical child of the same age.
- The “1” response indicates any assistance routinely provided such as setting out medications, providing reminders, opening bottles, etc.

5. Mobility/Ambulation/Locomotion Task

Unable to balance and bear weight reliably, Unable to ambulate

This question assesses the participant’s ability to walk or stand without hands on assistance from a caregiver. This is not assessing assistance with transferring.

- The “0” response indicates the participant can walk independently, is independently mobile with the use of a device (walker/wheelchair), or whose mobility is similar to their peers without disabilities. (If the participant is independently mobile once in the wheelchair, score zero)
- The “1” response indicates those who need some assistance navigating their environment. For example, they can navigate familiar environments such as the family home but need assistance in new settings or someone who needs assistance being pushed up ramps or hills.
- The “2” indicates the participant needs hands-on assistance to move everywhere or cannot operate their own wheelchair.

6. Meal Preparation

Are meals prepared for the participant

This question assesses the participant's ability to prepare their own meals.

The "0" indicates participants who are independent adults or children under 8.

The "1" indicates the participant requires hands on assistance with any portion of the task. For example, the participant is able to prepare cereal or assist with small portions of meal preparation however; they are unable to use the stove and/or oven to prepare a meal.

The "2" indicates all meal preparation is completed by another.

The "3" indicates the participant's food must be processed in addition to being completed by another (also includes chopping, dicing, blending, etc.).

7. Hygiene - Hair Care/Grooming Task

Styling of hair with standard hair products, to include drying, combing, and styling

8. Hygiene - Mouth Care Task

Basic Oral Hygiene and/or denture care

9. Hygiene - Shaving Task

Requires assistance with an electric or safety razor

These questions above assess the participant's ability to complete basic grooming tasks.

- The "0" indicates participants who are independent with the tasks, or the task is not needed.
- The "1" indicates any assistance provided including prompting.

10. Hygiene - Skin Care Task

Participant must have unbroken skin with no active chronic skin problems, requires preventative rather than therapeutic skin care, including the application of non-medicated, non-prescription skin products.

This question assesses how much preventative skin care is required.

- The "0" indicates the participant either does not require any skin care, is independent, or their level of independence matches their peers.
- The "1" indicates the participant requires some level of skin care once per day and is unable to complete it on their own.
- The "2" indicates participants who require some level of skin care more than once per day.
 - If this is occurring more than once per day and the reasoning needs to be documented in the annual assessment.

11. Toileting - Bowel Care

Task(s)

Requires assistance to and from the bathroom, Requires bedpan and/or commode to include pericare, Requires changing of clothing or pads.

The frequency of bowel movements for the individual is on average:

Participant requires assistance with bowel hygiene...

This 2 part question assesses the amount of bowel care needed based on how often the participant has a bowel movement and the level of assistance needed with hygiene after each bowel movement. This does not include skilled care.

Part A

- The “0” response indicates those who are independent regardless of how many bowel movement the participant has per day.
- The “1” response indicates those who are not independent and are having 1 to 4 bowel movements per day.
- The “2” response indicates those who are having four or more bowel movements per day.
 - The justification for marking this level of frequency needs to be documented in the annual assessment.

Part B

- The “0” indicates participants who are independent or whose independence matches their peers.
- The “2” indicates a participant who requires assistance with cleaning after a bowel movement.
- The “4” indicates the participant needs to be physically cleaned every time they have a bowel movement.

12. Toileting - Bowel Program _____ Requires Cueing

Requires ostomy bag and/or urinary collection devices emptied (not to include skilled care)

This question is directly asking if there is an ostomy or urinary collection needed for this participant.

- The “0” response indicates the participant who does not have these types of devices or does not need skilled care.
- The “1” response indicates the participant has an ostomy bag and does not require skilled care.

13. Toileting - Catheter Care

Requires emptying of urinary collection devices, such as catheter bags, Pericare if the client has an indwelling catheter

- a) Participant requires assistance with catheter care (not to include skilled care)
- b) Menses

This is a 2 part question which assesses the need for assistance with catheter care and menses.

Part 1

- The two "0" responses indicate participants who do not use a catheter and who do not need to document their urination for any purpose.
- The "1" indicates a participant who needs assistance with catheter care to include documentation.
 - If this care is being provided by an attendant it cannot be skilled care and must be clearly documented in the annual assessment.

Part 2

- The two "0" responses indicate the participant does not have menses or only needs occasional assistance with feminine hygiene products.
 - Participant's age and type of birth control needs to be taken into consideration.
- The "1" response indicates the participant needs physical assistance applying and disposing of feminine hygiene products.

14. Toileting - Bladder Care

Requires assistance to/from bathroom, requires bedpan and or commode, requires changing of clothing or pads, includes diaper changes or perineal care associated with diaper changes

This question assesses how much physical assistance is needed with the listed activities.

- The "0" response indicates those who are independent or are at the same independence level as their peers.
- The "1" indicates the participant occasionally needs to be physically assisted to the bathroom and toilet, assisted in removing clothing, and/or needs assistance with disposing of the items, etc.
- The "2" indicates the participant predominantly needs physical assistance with any of the listed tasks.

15. Mobility - Positioning Task

As age appropriate, is unable to independently change position as needed.

This question assesses the participant's ability to change position as needed.

- The "0" indicates the participant does not need assistance with changing positions
- The "1" indicates those who have occasional issues with positioning such as those who may forget that they have remained in one position too long.
- The "2" indicates those who have to be routinely repositioned to avoid skin break down.

16. Mobility - Transfer

Task(s)

As age appropriate requires assistance in transferring

This question assesses the participant's ability to get up from or down to a seated position or their ability to move themselves from one seated location to another such as moving from the bed to the wheelchair.

- The "0" indicates the participant requires no assistance
- The "2" indicates those who only need assistance in certain cases, such as when moving from the wheelchair to the car, or only from the bed to standing but once up are independent.
- The "4" indicates the participant needs help with transferring most of the time and in most situations.

17. Monitoring

Does the participant require monitoring of temperature or other vitals?

This question assesses the participant's need to have their vitals checked on a routine basis.

- The "0" response indicates those who do not require medical or vital monitoring.
- The "1" response indicates those who require monitoring 3 to 4 times per day
 - The need for this monitoring must be clearly stated in the annual assessment. A doctor's order for this need is recommended.
- The "2" response indicates those who require monitoring 5 or more times a day
 - The need for this monitoring must be clearly stated in the annual assessment. A doctor's order for this need is recommended.

Personal Care Modifiers (Part A)

How often does the participant's ability to express their thoughts, feelings, and needs when talking (or using their hands) affect the caregiver's (natural or paid) ability to meet their needs?

This question assesses the participant's ability to communicate with their caregiver (natural or paid).

- The "0" response indicates those who are able to communicate their wants and needs whether it is in a verbal or nonverbal form.
- The "1" indicates those who rarely have trouble communicating with their caregiver.
 - The reason for this difficulty must be clearly documented in the annual assessment in the Communication section.
- The "2" indicates those who regularly struggle to be understood by their caregiver
 - The reason for this difficulty must be clearly documented in the annual assessment in the Communication section.
- The "3" indicates those who have little to no ability to communicate with their caregiver.

How often does the participant's ability to cooperate and communicate safely affect the caregiver's ability to meet their needs?

This question assesses the participant's communication style and willingness to cooperate with the caregiver. "Communicating safely" means communicating without behaviors that might cause danger or problems to the caregiver. This is not assessing their overall ability to communicate and cooperate.

- The “0” response indicates those whose communication style does not pose a risk to themselves or others and they are willing to cooperate. This participant is not actively working against the primary caregiver when they are completing personal care tasks.
- The “1” response indicates those who occasionally are resistant to care and/or whose communication style poses a risk to themselves or others.
- The “2” response indicates those who routinely resist care and/or whose communication style poses a risk to themselves or others.
- The “3” response indicates those who consistently resist care.

How often does the participant’s ability to control their muscles when they are trying to move their body affect the caregiver’s ability to meet their needs?

This question assesses the participant’s ability to control their muscles and assist with moving their body during care. This is not assessing the participant’s willingness to cooperate just their ability to move their body. This question looks at the lack of ability to move one’s own muscles with reliability and accuracy. If this is hindered by seizures and there is medication being provided, include information about the medication’s effect on the seizure activity. Seizure activity is primarily measured in the next section and this question is geared toward active control of muscles when moving.

- The “0” response indicates those who have complete control over their body.
- The “1” response indicates those who have control over the majority of their body or have control over their whole body most of the most of the time.
- The “2” response indicates those who have some capacity to control either their total body for inconsistent amounts of time or who have control over a limited area of the body.
- The “3” response indicates those who have minimal to no control over their body.

Personal Care Modifiers (Part B)

How often does the participant’s ability to breathe when doing activities affect the caregiver’s ability to meet their needs?

This question assesses the participant’s ability to breathe and its impact on the caregiver’s ability to provide care. This is referring to someone who is short of breath, requiring additional time and effort to complete the task.

- The “0” response indicates those who have no concerns with breath or their breathing has no impact on the caregiver’s ability to provide care.
- The “1” response indicates those who have occasional breathing difficulties that would cause the caregiver to have to stop or slow down when performing personal care tasks.
- The “2” response indicates those whose breathing routinely prevents the caregiver from providing care or significantly increases the time needed to complete the task.
- The “3” response indicates those whose breathing regularly prevents the caregiver from providing care or significantly increases the time needed to complete the task.

How often does the participant's ability to hear what people say affect the caregiver's ability to meet their needs?

This question assesses the participant's ability to hear and its impact on the caregiver's ability to provide care. This is referring to someone who has hearing difficulties, which impact the time and effort to complete the task.

- The "0" response indicates those who have no concerns with hearing or their hearing has no impact on the caregiver's ability to provide care.
- The "1" response indicates those who have occasional hearing difficulties that would cause the caregiver to have to stop or slow down when performing personal care tasks.
- The "2" response indicates those whose hearing routinely prevents the caregiver from providing care or significantly increases the time needed to complete the task.
- The "3" response indicates those whose hearing regularly prevents the caregiver from providing care or significantly increases the time needed to complete the task.

How often does the amount of pain the participant experiences affect the caregiver's ability to meet their needs?

This question assesses the participant's pain and its impact on the caregiver's ability to provide care. The type of pain being assessed is chronic pain, pain from surgery/injury, or times the participant is in pain and this causes them to resist care. If it is due to a surgery a projected recovery date must be included. The pain and treatment plan must be clearly documented in the annual assessment.

- The "0" response indicates those who do not have any concerns with pain, whose pain is infrequent (1 to 4 times per year), or whose pain has no impact on the caregiver's ability to provide care.
- The "1" response indicates those who have pain on a monthly basis that prevents or impedes the caregiver from providing care.
- The "2" response indicates those who have pain on a weekly basis that prevents or impedes the caregiver from providing care.
- The "3" response indicates those who have pain on a daily basis that prevents or impedes the caregiver from providing care.

How often does the participant experience uncontrollable body shakes that affect the caregiver's ability to meet their needs?

This question is assessing the frequency of uncontrollable body shakes. The cause and frequency of these body shakes need to be clearly documented in the annual assessment.

- The "0" response indicates those who do not experience uncontrollable body shakes or it rarely happens
- The "1" response indicates those who have body shakes on a monthly basis that prevent or impede the caregiver from providing care.
- The "2" response indicates those who have body shakes on a weekly basis that prevent or impede the caregiver from providing care.
- The "3" response indicates those who have body shakes on a daily basis that prevent or impede the caregiver from providing care.

How often does the participant's vision affect the caregiver's ability to meet their needs?

This question assesses the participant's vision and its impact on the caregiver's ability to provide care. This is referring to someone who has vision difficulties, which impact the time and effort to complete the task.

- The "0" response indicates those who have no concerns with sight or it has no impact on the participant's ability to provide care (it is remedied with corrective lenses or is not significant enough to affect care).
- The "1" response indicates those who have occasional difficulties with their sight that would cause the caregiver to have to stop or slow down when performing personal care tasks.
- The "2" response indicates those who have difficulties with their sight and it routinely prevents the caregiver from providing care or significantly increases the time needed to complete the task.
- The "3" response indicates those who have difficulties with their sight that regularly prevents the caregiver from providing care or significantly increases the time needed to complete the task.

Personal Care Modifiers (Part B Add-On)

All of the following questions assess the ability for the participant to physically complete the task. For each question the frequency of the participant's ability to complete the task must be clearly documented in the annual assessment. The responses to these questions should not contradict the responses to previous questions about grooming, mobility, and transferring.

Are they able to recognize the need to move their body?

Are they able to keep their skin dry to prevent skin breakdown?

Are they able to move and walk around?

Are they able to move their body when they want to?

Are they able to eat without assistance?

How much assistance do they need when they change position(s)?

Home Support Tasks:

1. Cleaning

Does the participant require assistance with cleaning their room

This question assesses how much involvement the participant has with cleaning their living areas. This is not assessing for those who are capable of completing the task but do not because someone else does it for them. These participants still have the capability to complete the task.

- The "0" response indicates those who are either independent, can clean with the use of reminders, whose skills are comparable to individuals with developmentally typical personal care skills.
- The "1" response indicates those who occasionally need physical assistance with completing the task.
- The "2" response indicates those who are not capable of completing house cleaning tasks.

2. Laundry

The participant needs assistance in completing their laundry as well as putting it away when complete

This question assesses how much involvement the participant has with completing their laundry. This is not assessing for those who are capable of completing the task but do not because someone else does it for them. These participants still have the capability to complete the task.

- The “0” indicates those who are independent, only need prompts, or whose skills are comparable to individuals with developmentally typical personal care skills.
- The “1” response indicates hands on, physical assistance with any portion of the task.
- The “2” response indicates those who have no ability to complete their own laundry.

3. Shopping/Errands

Does the participant require assistance with shopping or running errands

This question assesses how much involvement the participant has with shopping or if their shopping creates a significant increase in the time spent shopping.

- The “0” response indicates those who can either complete their own shopping, can go with the caregiver and assist with shopping, or the shopping is completed at the same time as other shopping done for the family, or their shopping skill is comparable to individuals with developmentally typical personal care skills.
- The “1” indicates those who need assistance occasionally or who’s shopping has a significant impact on the amount of time needed to complete the errand.
- The “2” indicates those who cannot complete any shopping and whose shopping requires extra trips, stops, etc. on a regular basis causing a significant increase to the amount of time needed to complete the shopping.

South Carolina Department of Disabilities and Special Needs

Guidance for ID/RD and CS Waiver Personal Care/Attendant Care Assessment

This guide is designed to break down each question of the Personal Care assessment in a way that clearly states what each question is assessing and what the responses indicate.

Personal Care Tasks:

Directions: Put an X in the boxes below that correspond with the most appropriate answer. Use your professional judgement and answer as accurately as possible.

1. Bathing/Showering Task

Getting in and out of tub/shower, bathing

This question assesses the amount of support needed in order for the participant to maintain proper hygiene.

- The “0” response is for participants who are independent or only need prompts to complete their bathing.
 - Keep in mind that children under 6 may still need assistance with bathing. If a response higher than “0” is being given, the assessment should include how this support goes beyond that of individual of the same age without a disability.
- The “1” response indicates participants who have difficulty getting in and out of the bath/shower but once they are in they can bathe on their own.
- The “2” response indicates that the participant requires some hands on assistance. For example, the individual needs some hands on assistance washing body or hair.
- The “3” response indicates participants who need complete, hands on assistance with bathing.

2. Dressing Task(s)

Requires assistance with ordinary clothing and application of braces, splints and/or support stockings

These questions assess how much assistance is needed with applying braces, splints, and/or support stocking or getting fully dressed. The use of these items, if applicable, must be clearly documented in the annual assessment.

- The “0” response is for participants who are independent or only need prompts to apply the item or clothes.
 - Keep in mind that children under 6 may still need assistance with dressing. If a response higher than “0” is being given the assessment should include how this support goes beyond that of individual of the same age without a disability.
- The “2” response indicates participants who need physical assistance applying the item or clothes once in the morning and once at night (a typical number of clothing changes).
- The “4” indicates the item needs to be changed multiple times per day. Clear documentation as to why the items or clothes are being changed multiple times per day needs to be included in an assessment (annual or service assessment).

3. Feeding Tasks

Are they unable to chew and swallow without difficulty, do they need assistance in being positioned upright, do they need assistance in eating

This question assesses whether the participant needs assistance with the physical act of eating. This question is not assessing the need for meal preparation.

- The “0” response indicates participants who are capable of feeding themselves.
- The “1” response indicates participants who are either partially independent with the physical task and/or at a low risk of choking.
- The “2” indicates a participant who does not have a G-Tube but cannot complete the physical task of eating or is at a high risk of choking.

4. Medication Task - Medication Reminder

This question is assessing if any support is needed to ensure that the participant takes their medication in a safe, timely manner. For children under the age of 12, they are expected to need assistance with this task.

- The “0” response indicates the participant is independent with their medications or does not take medications on a regular basis.
 - Children under the age of 12 are included in this response. For a response greater than “0” information must be included in the annual assessment that clearly demonstrates how they need medical assistance that goes beyond the assistance that would be provided to a typical child of the same age.
- The “1” response indicates any assistance provided such as setting out medications, providing reminders, opening bottles, etc.

5. Mobility/Ambulation/Locomotion Task

Unable to balance and bear weight reliably, Unable to ambulate

This question assesses the participant’s ability to walk or stand without hands on assistance from a caregiver. This is not assessing assistance with transferring.

- The “0” response indicates the participant can walk independently, is independently mobile with the use of a device (walker/wheelchair), or whose mobility is similar to their peers without disabilities.
- The “1” response indicates those who need some assistance navigating their environment. For example, they can navigate familiar environments such as the family home but need assistance in new settings or someone who needs assistance being pushed up ramps or hills.
- The “2” indicates participants who need hands-on assistance to move everywhere or cannot operate their own wheelchair.

6. Meal Preparation

Are meals prepared for the individual

This question assesses the participant's ability to prepare their own meals.

The "0" indicates participants who are independent adults or children under 8.

The "1" indicates the participant requires hands on physical assistance with any portion of the task.

The "2" indicates all meal preparation is completed by another.

The "3" indicates the participant's food must be processed in addition to be completed by another (includes chopping, dicing, blending, etc)

7. Hygiene - Hair Care/Grooming Task

Styling of hair with standard hair products, to include drying, combing, and styling

8. Hygiene - Mouth Care Task

Basic Oral Hygiene and/or denture care

9. Hygiene - Shaving Task

Requires assistance with an electric or safety razor

These questions assess the participant's ability to complete basic grooming tasks.

- The "0" indicates participants who are independent with the tasks or the task is not needed.
- The "1" indicates any assistance provided including prompting.

10. Hygiene - Skin Care Task

Individual must have unbroken skin with no active chronic skin problems, requires preventative rather than therapeutic skin care, including the application of non-medicated, non-prescription skin products.

This question assesses how much preventative skin care is required.

- The "0" indicates participants who either do not require any skin care, are independent, or their level of independence matches their peers.
- The "1" indicates participants who require some level of skin care once per day and is unable to complete it on their own.
- The "2" indicates participants who require some level of skin care more than once per day.

If this is occurring more than once per day and the reasoning needs to be documented in the annual assessment.

11. Toileting - Bowel Care Task(s)

Requires assistance to and from the bathroom, Requires bedpan and/or commode to include pericare, Requires changing of clothing or pads.

The frequency of bowel movements for the individual is on average:

Individual requires assistance with bowel hygiene...

This 2 part question assesses the amount of bowel care needed based on how often the participant has a bowel movement and the level of assistance needed with hygiene after each bowel movement.

Part a)

- The “0” response indicates those who are independent regardless how many bowel movement the participant has per day.
- The “1” response indicates those who are not independent and are having 1 to 4 bowel movements per day.
- The “2” response indicates those who are having four or more bowel movements per day.
 - The justification for marking this level of frequency needs to be documented in the annual assessment.

Part b)

- The “0” indicates participants who are independent or whose independence matches their peers.
- The “2” indicates a participant who occasionally needs physical assistance with cleaning after a bowel movement.
- The “4” indicates a participant who needs to be physically cleaned every time they have a bowel movement.

12. Toileting - Bowel Program

Requires ostomy bag and/or urinary collection devices emptied

This question is directly asking if there is an ostomy or urinary collection needed for this participant.

- The “0” response indicates a participant who does not have these type of devices or does not need skilled care.
- The “1” response indicates a participant who does have an ostomy bag and does not require skilled care.

13. Toileting - Catheter Care

Requires emptying of urinary collection devices, such as catheter bags, Pericare if the client has an indwelling catheter

Individual requires assistance with catheter care (not to include skilled care)

Menses

This is a 2 part question which assesses the need for assistance with catheter care and menses.

Part 1

- The two “0” responses indicates participants who do not use a catheter and who do not need to document their urination for any purpose.
- The “1” indicates a participant who needs assistance with catheter care to include documentation.
 - If this care is being provided by a PCA it cannot be skilled care and must be clearly documented in the annual assessment.

Part 2

- The two “0” responses indicate the participant does not have menses or only needs occasional assistance with feminine hygiene products.
 - Participant’s age and type of birth control needs to be taken into consideration.
- The “1” response indicates someone who needs physical assistance applying and disposing feminine hygiene products.

14. Toileting - Bladder Care Tasks

Requires assistance to/from bathroom, requires bedpan and or commode, requires changing of clothing or pads, Includes diaper changes or perineal care associated with diaper changes

This question assesses how much physical assistance is needed with the listed activities.

- The “0” response indicates those who are independent, only need reminders or prompting, or are at the same independence level as their peers.
- The “1” indicates someone who occasionally needs to be physically assisted to the bathroom and toilet, assisted in removing clothing, and/or needs assistance with disposing of the items, etc.
- The “2” indicates someone who predominantly needs physical assistance with any of the listed tasks.

15. Mobility - Positioning Task

As age appropriate, is unable to independently change position as needed.

This question assesses the participant's ability to notify their caregiver when they need to be repositioned. This notification can be verbal or non-verbal.

- The "0" indicates the participant does not need assistance with changing positions
- The "1" indicates those who have occasional issues with positioning such as those who will forget that they have remained in one position too long.
- The "2" indicates those who have to be routinely repositioned to avoid skin break down.

16. Mobility - Transfer Task(s)

As age appropriate requires assistance in transferring

This question assesses the participant's ability to get up from or down to a seated position or their ability to move themselves from one seated location to another such as moving from the bed to the wheelchair.

- The "0" indicates those who require no assistance
- The "2" indicates those who only need assistance in certain cases such as moving from the wheelchair to the car, or only from the bed to standing but once up are independent.
- The "4" indicates individuals who need help with transferring most of the time and in most situations.

17. Monitoring

Does the individual require monitoring of temperature or other vitals?

This question assesses the participant's need to have their vitals checked on a routine basis.

- The "0" response indicates those who do not require medical or vital monitoring.
- The "1" response indicates those who require monitoring 3 to 4 times per day
 - The need for this monitoring must be clearly stated in the annual assessment. A doctor's order for this need is recommended
- The "2" response indicates those who require monitoring 5 or more times a day
 - The need for this monitoring must be clearly stated in the annual assessment. A doctor's order for this need is recommended

Personal Care Modifiers (Part A)

How often does the individual's ability to express their thoughts, feelings, and needs when talking (or using their hands) affect the caregiver's (natural or paid) ability to meet their needs?

This question assesses the participant's ability to communicate with their Caregiver (natural or paid).

- The "0" response indicates those who are able to communicate their wants and needs whether it is in a verbal or nonverbal form.
- The "1" indicates those who rarely have trouble communicating with their caregiver.
 - The reason for this difficulty must be clearly documented in the annual assessment in the Communication section.
- The "2" indicates those who regularly struggle to be understood by their caregiver
 - The reason for this difficulty must be clearly documented in the annual assessment in the Communication section.
- The "3" indicates those who have little to no ability to communicate with their caregiver.

How often does the individual's ability to cooperate and communicate safely affect the caregiver's ability to meet their needs?

This question assesses the participant's communication style and willingness to cooperate with the caregiver. "Communicating safely" means communicating without behaviors that might cause danger or problems to the caregiver. This is not assessing their overall ability to communicate and cooperate.

- The "0" response indicates those whose communication style does not pose a risk to themselves or others and they are willing to cooperate. This participant is not actively working against the primary caregiver when they are completing personal care tasks.
- The "1" response indicates those who occasionally are resistant to care and/or whose communication style poses a risk to themselves or others.
- The "2" response indicates those who routinely resist care and/or whose communication style poses a risk to themselves or others.
- The "3" response indicates those who are consistently resisting care.

How often does the individual's ability to control their muscles when they are trying to move their body affect the caregiver's ability to meet their needs?

This question assesses the participant's ability to control their muscles and assist with moving their body during care. This is not assessing the participant's willingness to cooperate just their ability to move their body. This question looks at the lack of ability to move one's own muscles with reliability and accuracy. If this is being caused by seizures and there is medication being provided, include information about the medication's effect on the seizure activity. Seizure activity is primarily measured in the next section and this question is geared toward active control of muscles when moving.

- The "0" response indicates those who have complete control over their body.
- The "1" response indicates those who have control over the majority of their body or have control over their whole body most of the most of the time.
- The "2" response indicates those who have some capacity to control either their total body for inconsistent amounts of time or who have control over a limited area of the body.
- The "3" response indicates those who have minimal to no control over their body.

Personal Care Modifiers (Part B)

How often does the individual's ability to breathe when doing activities affect the caregiver's ability to meet their needs?

This question assesses the participant's ability to breathe and its impact on the caregiver's ability to provide care. This is referring to someone who is short of breath, requiring additional time and effort to complete the task.

- The "0" response indicates those who have no concerns with breath or their breathing has no impact on the participant's ability to provide care.
- The "1" response indicates those who have occasional breathing difficulties that would cause the caregiver to have to stop or slow down when performing personal care tasks.
- The "2" response indicates those whose breathing routinely prevents the caregiver from providing care or significantly increases the time needed to complete the task.
- The "3" response indicates those whose breathing regularly prevents the caregiver from providing care or significantly increases the time needed to complete the task.

How often does their ability to hear what people say affect the caregiver's ability to meet their needs?

This question assesses the participant's ability to hear and its impact on the caregiver's ability to provide care. This question is referring to someone who has hearing difficulties which impact the time and effort required to complete the task.

- The "0" response indicates those who have no concerns with hearing or their hearing has no impact on the caregiver's ability to provide care.
- The "1" response indicates those who have occasional hearing difficulties that would cause the caregiver to have to stop or slow down when performing personal care tasks.
- The "2" response indicates those whose hearing routinely prevents the caregiver from providing care or significantly increases the time needed to complete the task.
- The "3" response indicates those whose hearing regularly prevents the caregiver from providing care or significantly increases the time needed to complete the task.

How often does the amount of pain they experience affect the caregiver's ability to meet their needs?

This question assesses the participant's pain and its impact on the caregiver's ability to provide care. The type of pain being assessed is chronic pain, pain from surgery/injury, or times the participant is in pain and this causes them to resist care. If it is due to a surgery a projected recovery date needs to be included. The pain and treatment plan must be clearly documented in the annual assessment.

- The "0" response indicates those who do not have any concerns with pain, whose pain is infrequent (1 to 4 times per year), or whose pain has no impact on the caregiver's ability to provide care.
- The "1" response indicates those who have pain on a monthly basis that prevents or impedes the caregiver from providing care.
- The "2" response indicates those who have pain on a weekly basis that prevents or impedes the caregiver from providing care.
- The "3" response indicates those who have pain on a daily basis that prevents or impedes the caregiver from providing care.

How often do they experience uncontrollable body shakes that affect the caregiver's ability to meet their needs?

This question is assessing the frequency of uncontrollable body shakes. The cause and frequency of these body shakes need to be clearly documented in the annual assessment.

- The “0” response indicates those who do not experience uncontrollable body shakes or it rarely happens
- The “1” response indicates those who have body shakes on a monthly basis that prevent or impede the caregiver from providing care.
- The “2” response indicates those who have body shakes on a weekly basis that prevent or impede the caregiver from providing care.
- The “3” response indicates those who have body shakes on a daily basis that prevent or impede the caregiver from providing care.

How often does their ability to see things affect the caregiver's ability to meet their needs?

This question assesses the participant's vision and its impact on the caregiver's ability to provide care. This question is referring to someone who has vision difficulties which impact the time and effort required to complete the task.

- The “0” response indicates those who have no concerns with sight or it has no impact on the participant's ability to provide care (it is remedied with corrective lenses or is not significant enough to affect care).
- The “1” response indicates those who have occasional difficulties with their sight that would cause the caregiver to have to stop or slow down when performing personal care tasks.
- The “2” response indicates those who have difficulties with their sight and it routinely prevents the caregiver from providing care or significantly increases the time needed to complete the task.
- The “3” response indicates those who have difficulties with their sight that regularly prevents the caregiver from providing care or significantly increases the time needed to complete the task.

Personal Care Modifiers (Part B Add-On)

All of the following questions assess the ability for the participant to physically complete the task. For each question the frequency of the participant's ability to complete the task must be clearly documented in the annual assessment. The responses to these questions should not contradict the responses to previous questions about grooming, mobility, and transferring.

Are they able to recognize the need to move their body?

Are they able to keep their skin dry in order to prevent skin breakdown?

Are they able to move and walk around?

Are they able to move their body when they want to?

Are they able to eat without assistance?

How much assistance do they need when they change position(s)?

Home Support Tasks:

1. Cleaning

Does the Individual require assistance with cleaning their room

This question assesses how much involvement the participant has with cleaning their living areas. This is not assessing for those who are capable of completing the task but do not because someone else does it for them. These individuals still have the capability to complete the task.

- The "0" response indicates those who are either independent, can clean with the use of reminders, whose skills are comparable to individuals with developmentally typical personal care skills.
- The "1" response indicates those who occasionally need physical assistance with completing the task.
- The "2" response indicates those who are not capable of completing house cleaning tasks.

2. Laundry

The individual needs assistance in completing their laundry as well as putting it away when complete

This question assesses how much involvement the participant has with completing their laundry. This is not assessing for those who are capable of completing the task but do not because someone else does it for them. These individuals still have the capability to complete the task.

- The "0" indicates those who are independent, only needs prompts, or whose skills are comparable to individuals with developmentally typical personal care skills.
- The "1" response indicates that hands on, physical assistance is needed with any portion of the task.
- The "2" response indicates those who have no ability to complete their own laundry.

3. Shopping/Errands

Does the Individual require assistance with shopping or running errands

This question assesses how much involvement the participant has with shopping or if their shopping creates a significant increase in the time spent shopping.

- The “0” response indicates those who can either complete their own shopping, can go with the caregiver and assist with shopping, or the shopping is completed at the same time as other shopping done for the family, or their shopping skill is comparable to individuals with developmentally typical personal care skills.
- The “1” indicates those who need assistance occasionally or who’s shopping has a significant impact on the amount of time needed to complete the errand.
- The “2” indicates those who cannot complete any shopping and whose shopping requires extra trips, stops, etc. on a regular basis causing a significant increase to the amount of time needed to complete the shopping.

DRAFT

**South Carolina Department of Disabilities and Special Needs
Attendant Care/Personal Assistance Assessment
HASCI WAIVER**

Consumer Name: _____

Gender: _____

DOB: _____

DSN Board/Provider: _____

CM/EI: _____

Consumer's Primary Diagnosis: _____

If Other: _____

Additional Diagnoses (List all that apply):

Equipment currently used by/for this consumer:

Personal Care Tasks:

Directions: Put an X in the boxes below that correspond with the most appropriate answer. Use your professional judgement and answer as accurately as possible.

1. Bathing/Showering Task _____ Requires Cueing

Getting in and out of tub/shower

0	None, is independent, can verbally cued, or is age appropriate
1	Getting in and out of the tub/shower, independent in bathing/rinsing
2	Hands on, physical assistance needed with bathing/rinsing
3	Completed by another

2. Dressing Task(s) _____ Requires Cueing

Requires assistance with ordinary clothing and application of braces, splints and/or support stockings

a) Requires dressing assistance:

0	No assistance needed or age appropriate
2	Daily (one change of clothing in the morning and one at night)
4	Greater than once per day

b) Braces, Splints or Stockings applied...

0	N/A or None, is independent, or is age appropriate
1	Daily
2	Greater than once per day

3. Feeding Tasks _____ Requires Cueing

Are they unable to chew and swallow without difficulty, do they need assistance in being positioned upright, do they need assistance in eating

0	None, is independent with chewing and swallowing without difficulty, does not eat by mouth or is age appropriate
1	Hands on, physical assistance needed
2	Completed by another

Page Total
0

4. Medication Task - Medication Reminder _____ Requires Cueing
Includes: Asking if medications were taken, verbal prompting, cueing, providing assistance opening the marked medication container

0	None or Does not take medications regularly
1	Needs assistance or any kind

5. Mobility/Ambulation/Locomotion Task

Unable to balance and bear weight reliably, Unable to ambulate

0	N/A or None, is independent (with device), or is age appropriate
1	Must have personal assistance
2	Must be physically transferred

6. Meal Preparation _____ Requires Cueing

Are meals prepared for the participant

0	Is independent or is age appropriate
1	Hands on, physical assistance needed with any portion of the task
2	Completed by another
3	Requires processing in addition to being completed by another

7. Hygiene - Hair Care/Grooming Task _____ Requires Cueing

Styling of hair with standard hair products, to include drying, combing, and styling

0	Independent and/or age appropriate
1	Any assistance provided

8. Hygiene - Mouth Care Task _____ Requires Cueing

Basic Oral Hygiene and/or denture care

0	Independent and/or age appropriate
1	Any assistance provided

9. Hygiene - Shaving Task _____ Requires Cueing

Requires assistance with an electric or safety razor

0	Independent and/or not needed
1	Any assistance provided

10. Hygiene - Skin Care Task _____ Requires Cueing

Participant must have unbroken skin with no active chronic skin problems, requires preventative rather than therapeutic skin care, including the application of non-medicated, non-prescription skin products

0	No assistance, is independent or age appropriate.
1	Daily
2	Greater than once per day

11. Toileting - Bowel Care Task(s) _____ Requires Cueing

Requires assistance to and from the bathroom, Requires bedpan and/or commode to include pericare, Requires changing of clothing or pads (not to include skilled care)

a) The frequency of bowel movements for the individual is on average:

0	Independent in Toileting
1	1-3 times a day
2	4 or more times a day

Page Total
0

b) Participant requires assistance with bowel hygiene...

	0	None, is independent, or is age appropriate
	2	Hands on, physical assistance needed with any portion of the task
	4	Completed by another

12. Toileting - Bowel Program _____ Requires Cueing
Requires ostomy bag and/or urinary collection devices emptied (not to include skilled care)

	0	Does not have an ostomy or utilizes paid skilled care
	1	Has an ostomy and does not require skilled care

*Skilled care includes recording of outputs or digital stimulation, suppositories or enemas.

13. Toileting - Catheter Care _____ Requires Cueing
Requires emptying of urinary collection devices, such as catheter bags, Pericare if the client has an indwelling catheter

a) Participant requires assistance with catheter care (not to include skilled care)

	0	No Catheter or Independent
	0	Without recording or reporting output and/or breaking the tubing seal
	1	Hands on, physical assistance needed with any portion of the task

b) Menses

	0	Is male and/or does not have menses
	0	Hands on, physical assistance needed with any portion of the task
	1	Completed by another

14. Toileting - Bladder Care Tasks _____ Requires Cueing
Requires assistance to/from bathroom, requires bedpan and or commode, requires changing of clothing or pads, Includes diaper changes or perineal care associated with diaper changes

	0	Independent, requires only prompting, or age appropriate
	2	Hands on, physical assistance needed with any portion of the task
	4	Completed by another

15. Mobility - Positioning Task _____ Requires Cueing
As age appropriate, is unable to change position as needed

	0	Independent and/or age appropriate
	1	Hands on, physical assistance needed with any portion of the task
	2	Completed by another

16. Mobility - Transfer Task(s) _____ Requires Cueing
As age appropriate requires assistance in transferring

	0	Independent
	2	Hands on, physical assistance needed with any portion of the task
	4	Completed by another

17. Monitoring _____ Requires Cueing
Does the participant require monitoring of temperature or other vitals?

	0	None, or less than twice daily
	1	3-4 times daily
	2	5 or more times daily

_____ 0 Personal Care Tasks Total (from this and previous pages)

Page Total

_____ 0

Personal Care Modifiers (Part A)

Directions: Put an X in the boxes below that correspond with the most appropriate answer.

A-1) How often does the participant's ability to express their thoughts, feelings, and needs when talking (or using their hands) affect the caregiver's (natural or paid) ability to meet their needs?

	0	No Effect
	1	No more than on a monthly basis
	2	On a weekly basis
	3	On a daily basis

A-2) How often does the participant's ability to cooperate and communicate safely affect the caregivers ability to meet their needs?

	0	No Effect
	1	No more than on a monthly basis
	2	On a weekly basis
	3	On a daily basis

A-3) How often does the participant's ability to control their muscles when they are trying to move their body affect the caregiver's ability to meet their needs?

	0	No Effect
	1	No more than on a monthly basis
	2	On a weekly basis
	3	On a daily basis

Part A Total: 0

Personal Care Modifiers (Part B)

B-1) How often does the participant's ability to breathe when doing activities affect the caregiver's ability to meet their needs?

	0	No Effect
	1	No more than on a monthly basis
	2	On a weekly basis
	3	On a daily basis

B-2) How often does the participant's ability to hear what people say affect the caregiver's ability to meet their needs?

	0	No Effect
	1	No more than on a monthly basis
	2	On a weekly basis
	3	On a daily basis

B-3) How often does the amount of pain the participant experience affect the caregiver's ability to meet their needs?

	0	No Effect
	1	No more than on a monthly basis
	2	On a weekly basis
	3	On a daily basis

B-4) How often does the participant experience uncontrollable body shakes that affect the caregiver's ability to meet their needs?

0	No Effect
1	No more than on a monthly basis
2	On a weekly basis
3	On a daily basis

B-5) How often does the participant's vision affect the caregiver's ability to meet their needs?

0	No Effect
1	No more than on a monthly basis
2	On a weekly basis
3	On a daily basis

Part B Total: **0**

Personal Care Modifiers (Part B Add-on)

B-6) Are they able to recognize the need to move their body?

1	Always able (all the time)
2	Some ability, more than half of the time
3	Limited ability
4	Unable

B-7) Are they able their skin dry to prevent skin breakdown?

1	Always able (all the time)
2	Some ability, more than half of the time
3	Limited ability
4	Unable

B-8) Are they able to move and walk around?

1	Able to walk around whenever they want to
2	Some ability (walk occasionally but spend most time in bed/chair)
3	Limited ability (mostly in a chair with help)
4	Unable (always in bed)

B-9) Are they able to move their body when they want to?

1	Always able (all the time)
2	Some ability, more than half of the time
3	Limited ability
4	Unable

B-10) Are they able to eat without assistance?

1	Always able (all the time)
2	Some ability, more than half of the time
3	Limited ability
4	Unable

B-11) How much assistance do they need when they change position(s)?

1	Never need assistance
2	Usually need assistance
3	Total assistance

<9	0
10-12	1
13-14	2
15-18	3
19-23	4

Part B Add-On Total: **0** this score Adds **0** to the Part B Modifier (see table)

Home Support Tasks:

Directions: Indicate (using an X) the responses to the questions below. Keep in mind all Home Support Tasks are to support the participant only and not other family members.

1. Cleaning _____ Requires Cueing

Does the participant require assistance with cleaning their room

0	None, is independent, or is age appropriate
0	Individual is immobile, does not leave their bed and/or transfers directly to another room
1	Hands on, physical assistance needed with any portion of the task
2	Completed by another

2. Laundry _____ Requires Cueing

The participant needs assistance in completing their laundry as well as putting it away when complete

0	N/A or None, is independent, or is age appropriate
1	Hands on, physical assistance needed with any portion of the task
2	Completed by another

3. Shopping/Errands _____ Requires Cueing

Does the participant require assistance with shopping or running errands

0	None, is independent, completed by family, or is age appropriate
1	Hands on, physical assistance needed with any portion of the task
2	Completed by another

0 Home Support Tasks Total

Totals Page

Section Totals:

0 Personal Care Tasks Total Score

0 Modifier A Total Score

0 Modifier B Total Score (with Add-On)

0 Home Support Tasks Total Score

*Use scores above in charts on this page.

Home Support Modifier

Score	Recommended Time
1-3	0.5 Hours
4+	1 Hour

Total Score in Home Support: 0

Recommended time: 0 per day

Personal Care Tasks:

Score	Recommended Time
1-6	Up to 1 Hour
7-12	Up to 2 Hours
13-18	Up to 3 Hours
19-25	Up to 4 Hours
26-32	Up to 5 Hours
33+	Up to 6 Hours

Total Score in Personal Care Tasks: 0

Recommended time: 0 Hours Per day

Total Recommended Time (Hours per day)

0 Hours per day

*To justify additional hours see next page

Personal Care Modifiers:

Modifier A

Score	Recommended Time
1-4	0.5 Hours
5-8	1 Hour
9+	1.5 Hours

Total Score in Modifier A: 0

Recommended time: 0 per day

Modifier B

Score	Recommended Time
1-8	0.5 Hours
9+	1 Hour

Total Score in Modifier B: 0

Recommended time: 0 per day

Additional Information:

Directions: If there is additional information that could be useful in accurately justifying additional hours or that is necessary to get an accurate assessment please enter it below.

Number of Units Requested: _____ per _____

Name/Title of Individual Completing Assessment: _____

Date Completed: _____

**South Carolina Department of Disabilities and Special Needs
Personal Care/Attendant Care Assessment
ID/RD and CS Waiver**

Consumer Name: _____ Gender: _____

DOB: _____

DSN Board/Provider: _____ CM/EI: _____

Consumer's Primary Diagnosis: _____

If Other: _____

Additional Diagnoses (List all that apply):

Equipment currently used by/for this individual:

Personal Care Tasks:

Directions: Put an X in the boxes below that correspond with the most appropriate answer. Use your professional judgement and answer as accurately as possible.

1. Bathing/Showering Task

Getting in and out of tub/shower, bathing

0	None, is independent, can verbally cued, or is age appropriate
1	Getting in and out of the tub/shower, independent in bathing/rinsing
2	Hands on, physical assistance needed with bathing/rinsing
3	Completed by another

2. Dressing Task(s)

Requires assistance with ordinary clothing and application of braces, splints and/or support stockings

Requires dressing assistance:

0	No assistance needed or age appropriate
2	Daily (one change of clothing in the morning and one at night)
4	Greater than once per day

Braces, Splints or Stockings applied...

0	N/A or None, is independent, can verbally cued, or is age appropriate
1	Daily
2	Greater than once per day

3. Feeding Tasks

Are they unable to chew and swallow without difficulty, do they need assistance in being positioned upright, do they need assistance in eating

0	None, is independent with chewing and swallowing without difficulty, does not eat by mouth or is age appropriate
1	Hands on, physical assistance needed
2	Completed by another

Page Total _____

4. Medication Task - Medication Reminder

Includes: Asking if medications were taken, verbal prompting, cueing, providing assistance opening the marked medication container.

0	None or Does not take medications regularly
1	Needs assistance or any kind

5. Mobility/Ambulation/Locomotion Task

Unable to balance and bear weight reliably, Unable to ambulate

0	N/A or None, is independent (with device), or is age appropriate
1	Must have personal assistance
2	Must be physically transferred

6. Meal Preparation

Are meals prepared for the individual...

0	Is independent or is age appropriate
1	Hands on, physical assistance needed with any portion of the task
2	Completed by another
3	Requires processing in addition to being completed by another

7. Hygiene - Hair Care/Grooming Task

Styling of hair with standard hair products, to include drying, combing, and styling...

0	Independent and/or age appropriate
1	Any assistance provided

8. Hygiene - Mouth Care Task

Basic Oral Hygiene and/or denture care

0	Independent and/or age appropriate
1	Any assistance provided

9. Hygiene - Shaving Task

Requires assistance with an electric or safety razor

0	Independent and/or not needed
1	Any assistance provided

10. Hygiene - Skin Care Task

Individual must have unbroken skin with no active chronic skin problems, requires preventative rather than therapeutic skin care, including the application of non-medicated, non-prescription skin products.

0	No assistance, is independent or age appropriate.
1	Daily
2	Greater than once per day

11. Toileting - Bowel Care Task(s)

Requires assistance to and from the bathroom, Requires bedpan and/or commode to include pericare, Requires changing of clothing or pads (not to include skilled care)

The frequency of bowel movements for the individual is on average:

0	Independent in Toileting
1	1-4 times a day
2	5 or more times a day

Page Total

Individual requires assistance with bowel hygiene...

	0	None, is independent, or is age appropriate
	2	Hands on, physical assistance needed with any portion of the task
	4	Completed by another

12. Toileting - Bowel Program

Requires ostomy bag and/or urinary collection devices emptied

	0	Does not have an ostomy or utilizes paid skilled care
	1	Has an ostomy and does not require skilled care

*Skilled care includes recording of outputs or digital stimulation, suppositories or enemas,

13. Toileting - Catheter Care

Requires emptying of urinary collection devices, such as catheter bags, Pericare if the client has an indwelling catheter

Individual requires assistance with catheter care (not to include skilled care)

	0	No Catheter or Independent
	0	Without recording or reporting output and/or breaking the tubing seal
	1	Hands on, physical assistance needed with any portion of the task

Menses

	0	Is male and/or does not have menses
	0	Hands on, physical assistance needed with any portion of the task
	1	Completed by another

14. Toileting - Bladder Care Tasks

Requires assistance to/from bathroom, requires bedpan and or commode, requires changing of clothing or pads, Includes diaper changes or perineal care associated with diaper changes

	0	Independent, requires only prompting, or age appropriate
	1	Hands on, physical assistance needed with any portion of the task
	2	Completed by another

15. Mobility - Positioning Task

As age appropriate, is unable to change positions as needed.

	0	Independent and/or age appropriate
	1	Hands on, physical assistance needed with any portion of the task
	2	Completed by another

16. Mobility - Transfer Task(s)

As age appropriate requires assistance in transferring

	0	Independent
	1	Hands on, physical assistance needed with any portion of the task
	2	Completed by another

17. Monitoring

Does the individual require monitoring of temperature or other vitals?

	0	None, or less than twice daily
	1	3-4 times daily
	2	5 or more times daily

0 Personal Care Tasks Total (from this and previous pages)

Page Total

Personal Care Modifiers (Part A)

Directions: Put an X in the boxes below that correspond with the most appropriate answer.

How often does the individual's ability to express their thoughts, feelings, and needs when talking (or using their hands) affect the caregiver's (natural or paid) ability to meet their needs?

0	No Effect
1	No more than on a monthly basis
2	On a weekly basis
3	On a daily basis

How often does the individual's ability to cooperate and communicate safely affect the caregivers ability to meet their needs?

0	No Effect
1	No more than on a monthly basis
2	On a weekly basis
3	On a daily basis

How often does the individual's ability to control their muscles when they are trying to move their body affect the caregiver's ability to meet their needs?

0	No Effect
1	No more than on a monthly basis
2	On a weekly basis
3	On a daily basis

Part A Total: 0

Personal Care Modifiers (Part B)

B-1) How often does the participant's ability to breathe when doing activities affect the caregiver's ability to meet their needs?

0	No Effect
1	No more than on a monthly basis
2	On a weekly basis
3	On a daily basis

B-2) How often does the participant's ability to hear what people say affect the caregiver's ability to meet their needs?

0	No Effect
1	No more than on a monthly basis
2	On a weekly basis
3	On a daily basis

B-3) How often does the amount of pain the participant experience affect the caregiver's ability to meet their needs?

0	No Effect
1	No more than on a monthly basis
2	On a weekly basis
3	On a daily basis

B-4) How often does the participant experience uncontrollable body shakes that affect the caregiver's ability to meet their needs?

0	No Effect
1	No more than on a monthly basis
2	On a weekly basis
3	On a daily basis

B-5) How often does the participant's vision affect the caregiver's ability to meet their needs?

0	No Effect
1	No more than on a monthly basis
2	On a weekly basis
3	On a daily basis

Part B Total: **0**

Personal Care Modifiers (Part B Add-on)

B-6) Are they able to recognize the need to move their body?

1	Always able (all the time)
2	Some ability, more than half of the time
3	Limited ability
4	Unable

B-7) Are they able their skin dry to prevent skin breakdown?

1	Always able (all the time)
2	Some ability, more than half of the time
3	Limited ability
4	Unable

B-8) Are they able to move and walk around?

1	Able to walk around whenever they want to
2	Some ability (walk occasionally but spend most time in bed/chair)
3	Limited ability (mostly in a chair with help)
4	Unable (always in bed)

B-9) Are they able to move their body when they want to?

1	Always able (all the time)
2	Some ability, more than half of the time
3	Limited ability
4	Unable

B-10) Are they able to eat without assistance?

1	Always able (all the time)
2	Some ability, more than half of the time
3	Limited ability
4	Unable

B-11) How much assistance do they need when they change position(s)?

1	Never need assistance
2	Usually need assistance
3	Total assistance

<9	0
10-12	1
13-14	2
15-18	3
19-23	4

Part B Add-On Total: **0** this score Adds **0** to the Part B Modifier (see table)

Home Support Tasks:

Directions: Indicate (using an X) the responses to the questions below. Keep in mind all Home Support Tasks are to support the individual only and not other family members.

1. Cleaning

Does the Individual require assistance with cleaning their room

0	None, is independent, or is age appropriate
0	Individual is immobile, does not leave their bed and/or transfers directly to another room
1	Hands on, physical assistance needed with any portion of the task
2	Completed by another

2. Laundry

The individual needs assistance in completing their laundry as well as putting it away when complete

0	N/A or None, is independent, or is age appropriate
1	Hands on, physical assistance needed with any portion of the task
2	Completed by another

3. Shopping/Errands

Does the Individual require assistance with shopping or running errands

0	None, is independent, completed by family, can verbally cued, or is age appropriate
1	Hands on, physical assistance needed with any portion of the task
2	Completed by another

0 Home Support Tasks Total

Totals Page

Section Totals:	
0	Personal Care Tasks Total score
0	Modifier A Total score
0	Modifier B Total Score (with Add-On)
0	Home Support Tasks Total score
*Use scores above in charts on this page.	

Personal Care Tasks:

Score	Recommended Time
1-6	Up to 1 Hour
7-12	Up to 1.5 Hours
13-18	Up to 2 Hours
19-25	Up to 2.5 Hours
26-32	Up to 3 Hours
33+	Up to 3.5 Hours

Total score in Personal Care Tasks: 0

Recommended time: 0 Hours Per day

Total Recommended Time (Hours per day)
0 Hours per day

*To justify additional hours see next page

Home Support Modifier

Score	Recommended Time
1-3	0.5 Hours
4+	1 Hour

Total score in Home Support: 0

Recommended time: 0 per day

Personal Care Modifiers:

Modifier A

Score	Recommended Time
1-4	0 Hours
5-8	1 Hour
9+	1.5 Hours

Total score in Modifier A: 0

Recommended time: 0 per day

Modifier B

Score	Recommended Time
1-8	0.5 Hours
9+	1 Hour

Total score in Modifier B: 0

Recommended time: 0 per day

Additional Information:

Directions: If there is additional information that could be useful in accurately justifying additional hours or that is necessary to get an accurate assessment please enter it below.

Requested Amount of **HOURS** per week (can use decimals): _____ = _____ units

Name/Title of Individual Completing Assessment: _____

Date Completed: _____

**South Carolina Department of Disabilities and Special Needs
Guidance for Respite Assessment for ID/RD, CS, and HASCI
Waivers November 2018**

This Respite Assessment should be completed by the Case Manager with input from the Waiver Participant, Family/Caregiver, and other service providers.

This guide is designed to break down each question of the Respite assessment in a way that clearly states what each question is assessing and what the responses indicate.

Part 1: Amount of Supervision Necessary:				
Directions: to determine the level of supervision needed for the consumer find the column with his/her age and the row that on average most closely matches the amount of supervision necessary during awake hours				
What level of monitoring does the client typically require during awake hours?				
	Child 0-4	Child 5-11	Child 12-17	Adult 18+
Can be left unattended for extended periods of time			0	0
Can be left unattended for several hours at a time (2-4 hours) to engage in independent activities, but needs access to a support person daily for guidance or assistance			1	1
Can be left unattended for short periods of time (1-2 hours), provided that the environment is strictly structured and that a support person can respond quickly in an emergency situation			2	2
Can be left unattended for very short periods of time (while caregiver steps to a neighbors or checks the mail) but no longer than a 30 minutes.		2	3	3
Cannot be left unattended. Requires a support person on the property at all times, at least during awake hours.	1	3	4	4
Cannot be left unattended. Requires a support person within the room or within earshot of the client's location at all times during awake hours.	3	5	5	5

After entering the appropriate supervision level, the case manager must clearly justify the selected supervision level in the box provided.

For any of the supervision levels, when explaining the justification behind the supervision level, provide clear, concrete examples of behavioral or medical issues that require supervision. If medication is being provided to address a behavior or medical condition, provide information about the impact of the medication on the behavior or condition. For juveniles, clearly state how the amount of supervision required goes beyond that of their typically developing peers. Simply stating the participant's diagnosis does not constitute justification. The level of supervision that caregivers provide is a contributing factor when selecting a supervision level.

Can be left unattended for extended periods of time: Indicates those who need no supervision and would not require respite services

Can be left unattended for several hours at a time (2-4 hours) to engage in independent activities, but needs access to a support person daily for guidance or assistance: This participant can be left alone for long periods of time but needs someone to check in on them occasionally throughout the day.

Can be left unattended for short periods of time (1-2 hours), provided that the environment is strictly structured and that a support person can respond quickly in an emergency situation: This participant cannot be left unattended for more than a couple of hours at a time and would need a structured

environment. For example: The participant could be left at home alone with a movie playing or a clearly defined task to undertake.

Can be left unattended for very short periods of time (while caregiver steps to a neighbor’s or checks the mail) but no longer than 30 minutes: This indicates participants who can be left alone for short periods of time within the home. The participant can be left alone in their room for somewhere between 15 to 30 minutes without the caregiver checking on them.

Cannot be left unattended. Requires a support person on the property at all times, at least during awake hours: This individual cannot be left unattended for any reason and requires someone on the property during the time they are awake. This individual would need someone to visually check on them every 10 -15 minutes.

Cannot be left unattended. Requires a support person within the room or within earshot of the participant’s location at all times during awake hours: This participant would need constant direct supervision. This participant would need a caregiver within close proximity (same room or just outside the room) at all times. This participant requires intense supervision due to physical and/or behavioral issues.

Supervision Modifier:

Is the caregiver prevented from going on public outings or running errands due to the amount of care required by the participant (as age appropriate)?	_____	If Yes, add one point to the Supervision Score (max 5)
--	-------	--

This section allows for an adjustment to the Supervision score if a caregiver is prevented from going on public outings or running errands due to the amount of care required by the participant (as age appropriate). This would include, but is not limited to, eloping, behavioral issues, medical issues, etc.

Part 2: Degree of Care

A) Toileting Skills

	Child 0-4	Child 5-17	Adult (18+)
No assistance needed	0	0	0
Prompts, reminders or supervision needed	0	4	5
Hands on, physical assistance, or completed by another	1	6	8
Completely Incontinent or on Bowel Program	1	6	8
Inappropriate toileting skills (throwing waste, not using restroom, etc.)	3	8	8

Response 0: The participant is independent and does not require assistance with tasks around toileting.

Responses 0, 4, or 5: The participant needs some assistance such as occasional physical assistance with cleaning, redressing, is on a bathroom schedule or needs prompts in order to prevent accidents.

Responses 1, 3, 6, or 8: For all four possible responses, this indicates the participant either needs supervision while toileting due to behaviors, needs regular cleaning after using the restroom, or is not able to use the bathroom to relieve themselves.

B) Bathing Skills

	Child 0-4	Child 5-17	Adult (18+)
Bathes without assistance	0	0	0
Prompts, reminders or supervision needed	0	2	3
Hands on, physical assistance, or completed by another	1	5	5

Response 0: The participant is independent with bathing.

Responses 0, 2, or 3: Indicates a participant who needs prompts with completing bathing tasks, needs assistance getting into the shower, and needs to be checked prior to completing the task.

Responses 1 or 5: Indicates the participant needs to be physically bathed.

C) Grooming/ Hygiene Skills

	Child 0-4	Child 5-17	Adult (18+)
No assistance needed	0	0	0
Prompts, reminders or supervision needed	0	2	3
Hands on, physical assistance, or completed by another	1	5	5

Response 0: Indicates the participant does not need assistance with grooming.

Responses 0, 2, or 3: Indicates the participant needs to be reminded to complete their personal grooming and dressing tasks. This would be for a participant who needs to have their clothes picked out for them but is able to put them on or who needs assistance with a small tasks such as using buttons.

Responses 1 or 5: Indicates the participant needs to be physically dressed or have their personal hygiene/grooming task completed by a caregiver.

D) Eating Skills

	Child 0-4	Child 5-17	Adult (18+)
No assistance needed	0	0	0
Prompts, reminders or supervision needed	0	2	3
Hands on, physical assistance, or completed by another	6	6	6
Tube Fed	8	8	8

Response 0: This participant does not need assistance with eating. This does not include meal preparation.

Responses 0, 2, or 3: This participant needs to be reminded to eat, supervised to make sure they do not choke, and/or prompted to finish eating.

Response 6: This participant would need someone to physically feed them because they do not have the capacity to hold a utensil and successfully get food from the plate and to their mouth.

Response 8: This participant receives all their nutrition from a G Tube.

E) Mobility Skills (In the home)

	Under 50 lbs.	Over 50 lbs.
Walks independently or uses device for independent mobility	0	0
Requires minimal assistance	2	2
Needs constant supervision to ambulate safely (eloping/wandering)	3	6
Is not mobile/requires physical assistance with all tasks	8	8

Response 0: This participant has no concerns with mobility. They are able to use a device without the assistance of a caregiver to navigate their home. If a device is being used and another response is selected the times that assistance is needed must be clearly documented in the annual assessment.

Response 2: This participant needs help occasionally to navigate certain areas of the home such as assistance getting around a corner in a wheelchair.

Responses 3 or 6: Indicates the participant has an unsteady gait and is at a high risk for falls.

Response 8: This participant is unable to navigate the entire house without the assistance of the caregiver. This participant would be classified as immobile.

F) Mobility Skills (In the community)

	Under 50 lbs.	Over 50 lbs.
Walks independently or uses device for independent mobility	0	0
Requires minimal assistance	2	2
Needs constant supervision (eloping/wandering)	3	6
Is not mobile/requires physical assistance with all tasks	8	8

Response 0: This participant does not need assistance in the community. They are able to use a device without the assistance of a caregiver to navigate their community. If a device is being used and another response is selected the times that assistance is needed has to be clearly documented in the annual assessment.

Response 2: This participant needs minimal assistance such as being assisted up steep hills or on rough terrain.

Responses 3 or 6: This participant is an elopement risk or is at a high risk for falls.

Response 8: This participant is unable to navigate the community without the assistance of the caregiver. This participant would be classified as immobile.

G) Vision

No vision problem	0
Some visual impairment (cannot be corrected with lenses)	2
Legally Blind but some light/shapes	4
Completely Blind	6

Response 0: The participant has no concerns with vision or the concerns are corrected with lenses.

Response 2: There is some visual impairment but not classified as legally blind. If glasses are listed on the annual assessment, the assessment must document why they are not addressing the vision issues.

Response 4: This is someone who is classified as legally blind but is still able to discern some features of their environment.

Response 6: This is for the participant who has no vision of any kind.

H) Receptive Communication	
No problem hearing or understanding spoken language	0
Partial hearing loss; limited understanding of spoken language	2
Little or no understanding of spoken language	7

Response 0: This person has no concern with hearing and their ability to understand what is being said to them.

Response 2: This participant has some hearing loss or if due to their disability they are unable to understand what is being said to them. They may require consistent repetition.

Response 7: This participant has no discernable ability to understand what is being said to them.

I) Expressive Communication	
Uses speech	0
Primarily uses gestures, sign language, communication board etc	2
Little or no expressive communication/ cannot express wants and needs	6

Response 0: This participant can express themselves verbally. This participant can express themselves enough for the caregiver to be able to know what the participant needs or wants. This is not assessing their ability to carry on a conversation.

Response 2: This participant can express themselves through signs, gestures, facial expressions, or a device. This participant can express themselves enough for the caregiver to be able to know what the participant needs or wants. This is not assessing their ability to carry on a conversation.

Response 6: This participant has almost no ability to let the caregiver know what they need or want.

J) Behavior		
	Under 50 lbs.	Over 50 lbs.
No significant behavior problems	0	0
Has frequent but manageable behavior problems	5	10
Has frequent, aggressive, and/or dangerous behavior problems	15	20

When assessing behaviors, all maladaptive behaviors demonstrated by the participant should be considered including but not limited to: PICA, aggressive behaviors, smearing feces, and behaviors associated with cognitive impairments and/or memory concerns (such as poor safety awareness, inappropriate interactions with strangers, etc.). Weight plays a factor in this question due to the differences in controlling physical outburst for individuals who weigh more.

Response 0: This indicates situations where the participant or their primary caregiver report that they have no concerns about the participant’s behavior.

Responses 5 or 10: This indicates behaviors that are caused by the disability that cause significant disturbances in the household and does not include elopement/wandering as this is addressed under mobility skills (at home and in the community). These behaviors require time intensive intervention to address. If the behaviors are common among their typically developing peers such as talking too much or arguing with their siblings/parents these behaviors are not applicable to this section.

Response 20: This indicates behaviors that put the participant and their family in dangerous situations on a regular basis.

K) Seizures

No seizures, or completely controlled by medication	0
Occasional seizures, averaging about one per week	2
Frequent seizures, averaging more than one per week	5

Response 0: The participant does not have a diagnosed seizure disorder or it is controlled by medication.

Response 2: The participant has a seizure approximately once per week. If the participant is taking medication, its effect on the frequency of the participant’s seizures needs to be clearly documented in the annual assessment.

Response 5: The participant has a seizure more than once per week. If the participant is taking medication, its effect on the frequency of the participant’s seizures needs to be clearly documented in the annual assessment.

L) Medication

	Child 0-12	Child 13-17	Adult 18+
Takes no medication or is responsible for taking own medication	0	0	0
Takes own medication, but requires assistance	0	1	1
Medication must be administered for the participant	0	3	3

Response 0: This participant does not need assistance with opening bottles, remembering to take their medication, or is not regularly taking medication.

Responses 0 or 1: If the participant is able to willingly swallow their own medication but needs assistance with bottles or remembering to take their medication.

Responses 0 or 3: This participant has to have medication administered as they are not able to swallow the medication without assistance or the medication has to be administered via G-tube or other method.

M) Prompting and Cuing

	Child 0-8	Child 9-17	Adult 18+
Requires no cuing, prompting and or redirection on average day	0	0	0
Requires occasional cuing, prompting or redirection throughout the day	0	2	2
Requires constant cuing/ prompting or redirecting throughout the day	1	6	6

Response 0: This participant does not need assistance through the day to stay on task or to complete daily living and personal hygiene tasks.

Responses 0 or 2: This participant only needs assistance with one area of daily living or personal hygiene tasks. This participant only needs prompts to stay on task with a few tasks such as homework or eating.

Responses 1 or 6: This participant needs prompts with the majority of their daily living and personal hygiene tasks.

N) Medical Status (Mark "Yes" in last column for all that apply)

	Score	Yes/No
Frequent suctioning	7	
Ventilator dependent	8	
Feeding tube	6	
Wound care	5	
Catheter care / change	5	
Range of motion exercises	8	
Trach care	4	
Repositioning	3	
Diabetes care	5	

If any of these tasks have been selected the need for it has to be clearly documented in the annual assessment.

O) Physical Health: Requires Care by a nurse or physician...

Rarely	0
Less than monthly	1
Monthly	2
Weekly	3
Daily	4

If the response is higher than a 1 the reasoning needs to be clearly documented in the annual assessment.

Part 3: Determine Amount of Break Justified

Directions: Go to the column with the supervision level calculated in part 1 (chart A), and the row with the level calculated from part 2 to determine appropriate amount of rest needed for caregiver

Part 2 Level:	Supervision Level 0	Supervision Level 1	Supervision Level 2	Supervision Level 3	Supervision Level 4	Supervision Level 5
1	0%	2%	6%	9%	13%	17%
2	0%	4%	7%	11%	15%	19%
3	0%	6%	9%	13%	17%	21%
4	0%	7%	11%	15%	19%	24%

Calculated percentage:

Part 3 is where the percentage is calculated and has to be manually entered into the spreadsheet. To determine the correct percentage locate the supervision level and go down until it intersects with the Level of Care amount produced by Part 2. For Example, a Supervision Level of 2 and a Level of Care of 3 would result in 9%.

Part 4: Schedule

Directions: The justified amount of respite is affected by other services that provide a break to the primary caregiver. Fill out the consumer’s weekly schedule without showing the respite hours. Include all other services he/she receives. It has been pre-filled with common sleep times but those can be erased/expanded. Each cell should either be left blank if Natural Supports or respite are used that hour, or have a service/activity keyed

Leave times where the Primary Caregiver is responsible for care or where respite is delivered

From:	To:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12:00 AM	1:00 AM	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep
1:00 AM	2:00 AM	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep
2	3	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep
3	4	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep
4	5	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep
5	6	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep
6	7							
7	8							
8	9							
9	10							
10	11							
11AM	12PM							
12:00 PM	1:00 PM							
1	2							
2	3							
3	4							
4	5							
5	6							
6	7							
7	8							
8	9							
9	10							
10	11	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep
11:00 PM	12:00 AM	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep
Count of Blank Hours		16	16	16	16	16	16	16

Total Hours of Natural Supports _____ per week
 Percentage from Part 3 _____
 Total Hours Per Week of Respite _____ per week (=Natural Supports per week x Percentage from Part 3)

Total Hours per MONTH of Respite _____ per month (= Respite Per week x 4.33)
 *subject to adjustments in Part 5

The “Schedule” section of Part 4 is designed to be a visual representation of a typical week for the participant. All units of any personal care and day services on the support plan must be included on the schedule as the participant has the option to use those units. If the participant is of school age that time must be entered. If they are going to school for less than the typical hours the reason must be documented in the annual assessment. If the participant is home schooled the time spent on school work must be included along with the legal classification for their type of homeschooling. If the participant is on home bound the time the teacher is at the home must be included. If the parents are separated or divorced and have a visitation schedule that must be included in Part 6 and must note how respite will be used or split among the parents. Sleep is included on the schedule in order to make completion easier (so as not to have to enter in those hours). These hours can be adjusted but if the total amount of sleep has been significantly adjusted the reasoning must be documented in Part 6.

Caregiver Self Assessment

Enter an "X" into the correct cell to indicate a "yes" or "no" answer.

*** Attach a copy of the completed AMA Caregiver Self-Assessment Questionnaire with this form.**

Did the caregiver answer "Yes" to either or both Questions 4 and 11?	Yes	_____	No
Did the caregiver's total "Yes" scores equal 10 or more? (reverse #5 and #15)	<input type="checkbox"/>	Yes	_____ No
Was the caregiver's score on question 17 equal to 6 or higher?	_____	Yes	_____ No
Was the caregiver's score on question 18 equal to 6 or higher?	_____	Yes	_____ No

Total "Yes" Scores: _____	0 1 "Yes" score results in a 10% increase (min. 5), 2 "Yes" Scores result in a 15% increase (min. 5)
Percent Increase: _____	3 "Yes" Scores result in a 20% increase (min. 10), 4 "Yes" Scores result in a 25% increase (min 10).

Adjusted Total Hours per MONTH of Respite _____ per month

The Caregiver Self-Assessment section of part four is intended to assess the stress level of the caregiver(s). This assessment should consider a typical week experienced by the caregiver(s), rather than "the last week or so". To complete this section, the case manager should provide **page one** of the American Medical Association's "Caregiver Self-Assessment Questionnaire" to the waiver participant's caregiver for completion. The assessment can be completed over the phone (with the case manager marking the caregiver's responses on the form), during a home visit, by mail, etc. The completed assessment will assist with gauging the caregiver's level of stress.

Once the caregiver's responses have been recorded on page one, the **case manager** will follow the directions on **page two** of the questionnaire to score the Self-Assessment Questionnaire.

When determining the score:

1. Reverse score questions 5 and 15. (For example, a "No" response should be counted as "Yes" and a "Yes" response should be counted as "No")
2. Total the number of "yes" responses.

Next, the Case Manager should enter the results into this section of the Respite Assessment.

The amount of respite required will be adjusted based on the caregiver's self-assessed level of stress.

Part 5: Adjustments

Directions: Check the yes box, for all that apply to you and provide additional comments if desired.

	Yes	If Yes, Explain:
Is there only one caregiver?		
Is the caregiver 65+ years old?		
Does the work schedule of the caregiver impact the need for care and supervision? If yes, provide the work schedule below in Part 6: Additional Justification Section.		
Does the caregiver provide care to another individual with significant health issues?		
Is the caregiver responsible for another dependent that has special needs?		
Is the caregiver responsible for another dependent that does not have special needs/health issues? If Yes, indicate how many in the "Explain" box.		
Does the caregiver have significant health problems?		
Is the caregiver unable to sleep consistently due to the care of the participant?		

For every answer the caregiver answers yes to in Part 5, 5 additional hours per month can be added to calculated need (For IDR: Up to 68 hours which is the maximum).

Total Adjustments: _____ **0**

Adjusted Assessed Need: _____ **hours per month**

1. If there is only one caregiver the answer is yes. If there are two parents in the home and this question is marked as "yes" it must be documented that the other parent is not able to provide care or support.
2. If the caregiver is over 65 the answer is yes. The caregiver's age must be clearly documented at the top of the assessment.
3. If the caregiver's work schedule impacts the need for care and supervision the answer is "yes". Provide the caregiver's work schedule in section 6.
4. If the caregiver provides care to another individual with significant health issues, the answer is "yes". Provide specifics in the explanation box.
5. If the caregiver is caring for another child or dependent that has a diagnosed disability, the answer is "yes". Provide specifics in the explanation box.
6. If the caregiver is caring for another child or dependent that does not have a diagnosed disability, the answer is "yes". Provide specifics (quantity and ages of other dependents) in the explanation box.
7. If the caregiver has a health problem *that impedes their ability to provide care* the answer is "yes". The health concern must be included in the "If, Yes, Explain" section.
8. If the participant interrupts the caregiver's sleep due to behaviors or health monitoring then the answer is "yes".

**South Carolina Department of Disabilities and Special Needs
Respite Assessment for HASCI Waiver**

This Respite Assessment should be completed by the Case Manager with input from the Waiver Participant, Family/Caregiver, and other service providers.

Participant: _____
 DOB: _____
 DSN Board/Provider: _____ CM/EI: _____

Participant's Primary Caregiver(s):
 Name: _____ Age: _____
 Relationship: _____
 Name: _____ Age: _____
 Relationship: _____

Participant's Primary Diagnosis: _____
 If Other: _____

Additional Diagnoses (List all that apply):

Is this participant on the SCDDSN Critical Circumstances List for Residential Services? _____
 Is the primary caregiver being paid to provide personal care services to the participant? _____

Part 1: Amount of Supervision Necessary:

Directions: to determine the level of supervision needed for the participant find the column with his/her age and the row that on average most closely matches the amount of supervision necessary during awake hours

What level of monitoring does the client typically require during awake hours?

	Child 0-4	Child 5-11	Child 12-17	Adult 18+
Can be left unattended for extended periods of time			0	0
Can be left unattended for several hours at a time (2-4 hours) to engage in independent activities, but needs access to a support person daily for guidance or assistance			1	1
Can be left unattended for short periods of time (1-2 hours), provided that the environment is strictly structured and that a support person can respond quickly in an emergency situation			2	2
Can be left unattended for very short periods of time (while caregiver steps to a neighbors or checks the mail) but no longer than 30 minutes		2	3	3
Cannot be left unattended. Requires a support person on the property at all times, at least during awake hours	1	3	4	4
Cannot be left unattended. Requires a support person within the room or within earshot of the participant's location at all times during awake hours	3	5	5	5

Is the caregiver prevented from going on public outings or running errands due to the amount of care required by the participant (as age appropriate)? _____ If Yes, add one (1) point to the Supervision Score (max 5)

Supervision Level _____

Explain the indicated Supervision Level (Justify the number you chose above) **REQUIRED:**

**South Carolina Department of Disabilities and Special Needs
Respite Assessment for HASCI Waiver**

Part 2: Degree of Care

Directions: To determine the Degree of care for the participant, go to the column with the participant's age and the row that matches the participant's skill level and circle the score in that box. For part N, check all that apply. Add all of the circled scores together to determine degree of care score, use the score to determine degree of care level.

A) Toileting Skills

	Child 0-4	Child 5-17	Adult (18+)
No assistance needed	0	0	0
Prompts, reminders or supervision needed	0	4	5
Hands on, physical assistance, or completed by another	1	6	8
Completely Incontinent or on Bowel Program	1	6	8
Inappropriate toileting skills (throwing waste, not using restroom, etc.)	3	8	8

Score: _____

B) Bathing Skills

	Child 0-4	Child 5-17	Adult (18+)
Bathes without assistance	0	0	0
Prompts, reminders or supervision needed	0	2	3
Hands on, physical assistance, or completed by another	1	5	5

Score: _____

C) Grooming/ Hygiene Skills

	Child 0-4	Child 5-17	Adult (18+)
No assistance needed	0	0	0
Prompts, reminders or supervision needed	0	2	3
Hands on, physical assistance, or completed by another	1	5	5

Score: _____

D) Meal Preparation/Eating Skills

	Child 0-4	Child 5-17	Adult (18+)
No assistance needed	0	0	0
Prompts, reminders or supervision needed	0	2	3
Hands on, physical assistance, or completed by another	6	6	6
Tube Fed	8	8	8

Score: _____

E) Mobility Skills (In the home)

	Under 50 lbs.	Over 50 lbs.
Walks independently or uses device for independent mobility	0	0
Requires minimal assistance	2	2
Needs constant supervision to ambulate safely (eloping/wandering)	3	6
Is not mobile/requires physical assistance with all tasks	8	8

Score: _____

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F) Mobility Skills (In the community)

	Under 50 lbs.	Over 50 lbs.	
Walks independently or uses device for independent mobility	0	0	
Requires minimal assistance	2	2	Score: _____
Needs constant supervision (eloping/wandering)	3	6	
Is not mobile/requires physical assistance with all tasks	8	8	

G) Vision

No vision problem	0	
Some visual impairment (cannot be corrected with lenses)	2	Score: _____
Legally Blind but some light/shapes	4	
Completely Blind	6	

H) Receptive Communication

No problem hearing or understanding spoken language	0	
Partial hearing loss; limited understanding of spoken language	2	Score: _____
Little or no understanding of spoken language	7	

I) Expressive Communication

Uses speech	0	
Primarily uses gestures, sign language, communication board, etc.	2	Score: _____
Little or no expressive communication/cannot express wants and needs	6	

J) Behavior

	Under 50 lbs.	Over 50 lbs.	
No significant behavior problems	0	0	
Has frequent but manageable behavior problems	5	10	Score: _____
Has frequent, aggressive, and/or dangerous behavior problems	15	20	

K) Seizures

No seizures, or completely controlled by medication	0	
Occasional seizures, averaging about one per week	2	Score: _____
Frequent seizures, averaging more than one per week	5	

L) Medication

	Child 0-12	Child 13-17	Adult 18+	
Takes no medication or is responsible for taking own medication	0	0	0	
Takes own medication, but requires assistance	0	1	1	Score: _____
Medication must be administered for the participant	0	3	3	

M) Prompting and Cuing

	Child 0-8	Child 9-17	Adult 18+	
Requires no cuing, prompting and or redirection on average day.	0	0	0	
Requires occasional cuing, prompting or redirection throughout the day	0	2	2	Score: _____
Requires constant cuing/ prompting or redirecting throughout the day	1	6	6	

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N) Medical Status (Mark "Yes" in last column for all that apply)

	Score	Yes/No
Frequent suctioning	7	
Ventilator dependent	8	
Feeding tube	6	
Wound care	5	
Catheter care / change	5	
Range of motion exercises	8	
Trach care	4	
Repositioning	3	
Diabetes care	5	

Score: _____

O) Physical Health: Requires Care by a nurse or physician...

Rarely	0
Less than monthly	1
Monthly	2
Weekly	3
Daily	4

Score: _____

TOTAL SCORE FOR PART 2:	<input type="text"/>	Part 2 Level:	<input type="text"/>
Level 1: 0 – 10	Level 2: 11 – 30	Level 3: 31 – 40	Level 4: 41 – 80+

Part 3: Determine Amount of Break Justified

Directions: Go to the column with the supervision level calculated in part 1 (chart A), and the row with the level calculated from part 2 to determine appropriate amount of rest needed for caregiver

Part 2 Level:	Supervision Level 0	Supervision Level 1	Supervision Level 2	Supervision Level 3	Supervision Level 4	Supervision Level 5
1	0%	2%	6%	9%	13%	17%
2	0%	4%	7%	11%	15%	19%
3	0%	6%	9%	13%	17%	21%
4	0%	7%	11%	15%	19%	24%

Calculated percentage:

This percentage is the percentage of time that the family can have covered by Respite Services (in addition to the time in Part 4).
Example: If mom is responsible for Johnny’s care whenever he is not at school, not with the PCA, or sleeping then it may add up to 57 hours a week of care. If he was Supervision Level 3 and Part Two Score at Level 3 then he would get 13% of 57 hours a week of respite (57 x 13% = 7.4 hours a week or 32 hours a month).

South Carolina Department of Disabilities and Special Needs
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Part 4: Schedule

Directions: The justified amount of respite is affected by other services that provide a break to the primary caregiver. Fill out the participant's weekly schedule without showing the respite hours. Include all other services he/she receives. **It has been pre-filled with common sleep times but those can be erased/expanded. Each cell should either be left blank if Natural Supports or respite are used that hour, or have a service/activity keyed into them.**

Leave times where the Primary Caregiver is responsible for care or where respite is delivered BLANK.

From:	To:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12:00 AM	1:00 AM	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep
1:00 AM	2:00 AM	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep
2	3	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep
3	4	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep
4	5	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep
5	6	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep
6	7							
7	8							
8	9							
9	10							
10	11							
11AM	12PM							
12:00 PM	1:00 PM							
1	2							
2	3							
3	4							
4	5							
5	6							
6	7							
7	8							
8	9							
9	10							
10	11	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep
11:00 PM	12:00 AM	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep
Count of Blank Hours		16	16	16	16	16	16	16

Total Hours of Natural Supports _____ **per week**

Percentage from Part 3 _____

Total Hours Per Week of Respite _____ **per week** (=Natural Supports per week x Percentage from Part 3)

Total Hours per MONTH of Respite _____ **per month** (= Respite Per week x 4.33)

Caregiver Self Assessment

Enter an "X" into the correct cell to indicate a "yes" or "no" answer.

* Attach a copy of the completed AMA Caregiver Self-Assessment Questionnaire with this form.

Did the caregiver answer "Yes" to either or both Questions 4 and 11? _____ Yes _____ No

Did the caregiver's total "Yes" scores equal 10 or more? (reverse #5 and #15) _____ Yes _____ No

Was the caregiver's score on question 17 equal to 6 or higher? _____ Yes _____ No

Was the caregiver's score on question 18 equal to 6 or higher? _____ Yes _____ No

Total "Yes" Scores: _____	0 1 "Yes" score results in a 10% increase (min. 5), 2 "Yes" Scores result in a 15% increase (min. 5)
Percent Increase: _____	3 "Yes" Scores result in a 20% increase (min. 10), 4 "Yes" Scores result in a 25% increase (min 10).

Adjusted Total Hours per MONTH of Respite _____ **per month**

**South Carolina Department of Disabilities and Special Needs
Respite Assessment for HASCI Waiver**

Part 5: Adjustments

Directions: Check the yes box, for all that apply to you and provide additional comments if desired.

	Yes	If Yes, Explain:
Is there only one caregiver?		
Is the caregiver 65+ years old?		
Does the work schedule of the caregiver impact the need for care and supervision? If yes, provide the work schedule below in Part 6: Additional Justification Section.		
Does the caregiver provide care to another individual with significant health issues?		
Is the caregiver responsible for another dependent that has special needs?		
Is the caregiver responsible for another dependent that does not have special needs/health issues? If Yes, indicate how many in the "Explain" box.		
Does the caregiver have significant health problems?		
Is the caregiver unable to sleep consistently due to the care of the participant?		

For every answer the caregiver answers yes to in Part 5, 5 additional hours per month can be added to calculated need.

Total Adjustments: _____ 0

Adjusted Assessed Need: _____ **hours per month**

Part 6: Additional Justification (Optional)

**South Carolina Department of Disabilities and Special Needs
Respite Assessment for HASCI Waiver**

If you wish to request more respite units than this tool assigns, please provide additional justification for the need for more respite hours than the respite assessment demonstrated. Include (if necessary) the work schedule of the caregivers.

Part 7: Final Assessed Need

Assessed Respite Units (Hours): _____ per _____ *

Individual Completing the Form Name/Title: _____

Date Completed: _____

**South Carolina Department of Disabilities and Special Needs
ID/RD and CS Waiver Respite Assessment**

This Respite Assessment should be completed by the Case Manager with input from the Waiver Participant, Family/Caregiver, and other service providers.

Participant Name: _____

DOB _____

DSN Board/Provider: _____

CM/EI: _____

Participant's Primary Caregiver(s):

Name: _____ Age: _____

Relationship: _____

Name: _____ Age: _____

Relationship: _____

Participant's Primary Diagnosis: _____

If Other: _____

Additional Diagnoses (List all that apply):

Is this Participant on the SCDDSN Critical Circumstances List for Residential Services? _____

Is the primary caregiver being paid to provide personal care services to the consumer? _____

Part 1: Amount of Supervision Necessary:

Directions: to determine the level of supervision needed for the participant find the column with his/her age and the row that on average most closely matches the amount of supervision necessary during awake hours

What level of monitoring does the client typically require during awake hours?

	Child 0-4	Child 5-11	Child 12-17	Adult 18+
Can be left unattended for extended periods of time			0	0
Can be left unattended for several hours at a time (2-4 hours) to engage in independent activities, but needs access to a support person daily for guidance or assistance			1	1
Can be left unattended for short periods of time (1-2 hours), provided that the environment is strictly structured and that a support person can respond quickly in an emergency situation			2	2
Can be left unattended for very short periods of time (while caregiver steps to a neighbors or checks the mail) but no longer than a 30 minutes		2	3	3
Cannot be left unattended. Requires a support person on the property at all times, at least during awake hours	1	3	4	4
Cannot be left unattended. Requires a support person within the room or within earshot of the client's location at all times during awake hours	3	5	5	5

Is the caregiver prevented from going on public outings or running errands due to the amount of care required by the participant (as age appropriate)? _____ If Yes, add one point to the Supervision Score (max 5)

Supervision Level _____ ****Justify this Level in the next section.**

Explain the indicated Supervision Level (Justify the number you chose above) **REQUIRED:** (contains roughly 170 words/12 lines, attach additional info if needed)

**South Carolina Department of Disabilities and Special Needs
ID/RD and CS Waiver Respite Assessment**

Part 2: Degree of Care

Directions: To determine the Degree of care for the participant, go to the column with the participant's age and the row that matches the participant skill level and circle the score in that box. For part N, circle all that apply. Add all of the circled scores together to determine degree of care score, use the score to determine degree of care level.

A) Toileting Skills

	Child 0-4	Child 5-17	Adult (18+)
No assistance needed	0	0	0
Prompts, reminders or supervision needed	0	4	5
Hands on, physical assistance, or completed by another	1	6	8
Completely Incontinent or on Bowel Program	1	6	8
Inappropriate toileting skills (throwing waste, not using restroom, etc.)	3	8	8

Score: _____

B) Bathing Skills

	Child 0-4	Child 5-17	Adult (18+)
Bathes without assistance	0	0	0
Prompts, reminders or supervision needed	0	2	3
Hands on, physical assistance, or completed by another	1	5	5

Score: _____

C) Grooming/ Hygiene Skills

	Child 0-4	Child 5-17	Adult (18+)
No assistance needed	0	0	0
Prompts, reminders or supervision needed	0	2	3
Hands on, physical assistance, or completed by another	1	5	5

Score: _____

D) Eating Skills

	Child 0-4	Child 5-17	Adult (18+)
No assistance needed	0	0	0
Prompts, reminders or supervision needed	0	2	3
Hands on, physical assistance, or completed by another	6	6	6
Tube Fed	8	8	8

Score: _____

E) Mobility Skills (In the home)

	Under 50 lbs.	Over 50 lbs.
Walks independently or uses device for independent mobility	0	0
Requires minimal assistance	2	2
Needs constant supervision to ambulate safely (eloping/wandering)	3	6
Is not mobile/requires physical assistance with all tasks	8	8

Score: _____

**South Carolina Department of Disabilities and Special Needs
ID/RD and CS Waiver Respite Assessment**

F) Mobility Skills (In the the community)

	Under 50 lbs.	Over 50 lbs.
Walks independently or uses device for independent mobility	0	0
Requires minimal assistance	2	2
Needs constant supervision (eloping/wandering)	3	6
Is not mobile/requires physical assistance with all tasks	8	8

Score: _____

G) Vision

No vision problem	0
Some visual impairment (cannot be corrected with lenses)	2
Legally Blind but some light/shapes	4
Completely Blind	6

Score: _____

H) Receptive Communication

No problem hearing or understanding spoken language	0
Partial hearing loss; limited understanding of spoken language	2
Little or no understanding of spoken language	7

Score: _____

I) Expressive Communication

Uses speech	0
Primarily uses gestures, sign language, communication board etc.	2
Little or no expressive communication/ cannot express wants and needs	6

Score: _____

J) Behavior

	Under 50 lbs.	Over 50 lbs.
No significant behavior problems	0	0
Has frequent but manageable behavior problems	5	10
Has frequent, aggressive, and/or dangerous behavior problems	15	20

Score: _____

K) Seizures

No seizures, or completely controlled by medication	0
Occasional seizures, averaging about one per week	2
Frequent seizures, averaging more than one per week	5

Score: _____

L) Medication

	Child 0-12	Child 13-17	Adult 18+
Takes no medication or is responsible for taking own medication	0	0	0
Takes own medication, but requires assistance	0	1	1
Medication must be administered for the participant	0	3	3

Score: _____

M) Prompting and Cuing

	Child 0-8	Child 9-17	Adult 18+
Requires no cuing, prompting and or redirection on average day	0	0	0
Requires occasional cuing, prompting or redirection throughout the day	0	2	2
Requires constant cuing/ prompting or redirecting throughout the day	1	6	6

Score: _____

**South Carolina Department of Disabilities and Special Needs
ID/RD and CS Waiver Respite Assessment**

N) Medical Status (Mark "Yes" in last column for all that apply)

	Score	Yes/No
Frequent suctioning	7	
Ventilator dependent	8	
Feeding tube	6	
Wound care	5	
Catheter care / change	5	
Range of motion exercises	8	
Trach care	4	
Repositioning	3	
Diabetes care	5	

Score: _____

O) Physical Health: Requires Care by a nurse or physician...

Rarely	0
Less than monthly	1
Monthly	2
Weekly	3
Daily	4

Score: _____ 10

TOTAL SCORE FOR PART 2:	_____	Part 2 Level:	_____
Level 1: 0 – 10	Level 2: 11 – 30	Level 3: 31 – 40	Level 4: 41 – 80+

Part 3: Determine Amount of Break Justified

Directions: Go to the column with the supervision level calculated in part 1 (chart A), and the row with the level calculated from part 2 to determine appropriate amount of rest needed for caregiver

Part 2 Level:	Supervision Level 0	Supervision Level 1	Supervision Level 2	Supervision Level 3	Supervision Level 4	Supervision Level 5
1	0%	2%	6%	9%	13%	17%
2	0%	4%	7%	11%	15%	19%
3	0%	6%	9%	13%	17%	21%
4	0%	7%	11%	15%	19%	24%

Calculated percentage: _____ *

*This percentage is the percentage of time that the family can have covered by Respite Services (in addition to the time in Part 4). Example: If mom is responsible for Johnny’s care whenever he is not at school, not with the PCA, or sleeping then it may add up to 57 hours a week of care. If he was Supervision Level 3 and Part Two Score at Level 3 then he would get 13% of 57 hours a week of respite (57 x 13% = 7.4 hours a week or 32 hours a month).

**South Carolina Department of Disabilities and Special Needs
ID/RD and CS Waiver Respite Assessment**

Part 4: Schedule

Directions: The justified amount of respite is affected by other services that provide a break to the primary caregiver. Fill out the participant's weekly schedule without showing the respite hours. Include all other services he/she receives. It has been pre-filled with common sleep times but those can be erased/expanded. Each cell should either be left blank if Natural Supports or respite are used that hour, or have a service/activity keyed into them.

Leave times where the Primary Caregiver is responsible for care or where respite is delivered BLANK.

From:	To:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12:00 AM	1:00 AM	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep
1:00 AM	2:00 AM	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep
2	3	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep
3	4	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep
4	5	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep
5	6	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep
6	7							
7	8							
8	9							
9	10							
10	11							
11AM	12PM							
12:00 PM	1:00 PM							
1	2							
2	3							
3	4							
4	5							
5	6							
6	7							
7	8							
8	9							
9	10							
10	11	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep
11:00 PM	12:00 AM	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep

Count of Blank Hours 16 16 16 16 16 16 16

Total Hours of Natural Supports _____ **per week**

Percentage from Part 3 _____

Total Hours Per Week of Respite _____ **per week** (=Natural Supports per week x Percentage from Part 3)

Subtotal Hours per MONTH of Respite _____ **per month** (= Respite Per week x 4.33)

Caregiver Self Assessment

Enter an "X" into the correct cell to indicate a "yes" or "no" answer.

* Attach a copy of the completed AMA Caregiver Self-Assessment Questionnaire with this form.

Did the caregiver answer "Yes" to either or both Questions 4 and 11? _____ Yes _____ No

Did the caregiver's total "Yes" scores equal 10 or more? (reverse #5 and #15) _____ Yes _____ No

Was the caregiver's score on question 17 equal to 6 or higher? _____ Yes _____ No

Was the caregiver's score on question 18 equal to 6 or higher? _____ Yes _____ No

Total "Yes" Scores: _____	0 1 "Yes" score results in a 10% increase (min. 5), 2 "Yes" Scores result in a 15% increase (min. 5)
Percent Increase: _____	3 "Yes" Scores result in a 20% increase (min. 10), 4 "Yes" Scores result in a 25% increase (min 10).

Adjusted Total Hours per MONTH of Respite _____ **per month**

**South Carolina Department of Disabilities and Special Needs
ID/RD and CS Waiver Respite Assessment**

Part 5: Adjustments

Directions: Check the yes box, for all that apply to you and provide additional comments if desired.

	Yes	If Yes, Explain:
Is there only one caregiver?		
Is the caregiver 65+ years old?		
Does the work schedule of the caregiver impact the need for care and supervision? If yes, provide the work schedule below in Part 6: Additional Justification Section.		
Does the caregiver provide care to another individual with significant health issues?		
Is the caregiver responsible for another dependent that has special needs?		
Is the caregiver responsible for another dependent that does not have special needs/health issues? If Yes, indicate how many in the "Explain" box.		
Does the caregiver have significant health problems?		
Is the caregiver unable to sleep consistently due to the care of the participant?		

For every answer the caregiver answers yes to in Part 5, 5 additional hours per month can be added to calculated need (For IDR: Up to 68 hours which is the maximum).

Total Adjustments: _____ **0**

Adjusted Assessed Need: _____ **hours per month**

ID/RD WAIVER ONLY:

Does this individual qualify for the Respite Exception? _____ Yes _____ No

If Yes, which category of Respite Exception? Check the Waiver Manual for details about each category.
(Justify the selected category in next section)

_____ Caregiver hospitalized or receiving medical treatment

_____ Need for constant hands-on/direct care and supervision due to medically complex condition

_____ Need for constant hands-on/direct care and supervision due to severe disability

_____ Seasonal relief during the summer (June, July, August) for a school student over age 12

*Be sure the CM Annual Assessment (and/or other documents) clearly and specifically reflect the care and supervision needs of the person for whom respite is requested.

Total Requested Respite Units (Hours) after the exception: _____ (CM Enter total amount needed per month)

CS WAIVER ONLY:

Does this require additional supports due to Summer Break from School? _____ Yes _____ No

Total Requested Respite Units (Hours) for Summer months: _____ (CM Enter total amount needed per month for June/July/Aug)

South Carolina Department of Disabilities and Special Needs
ID/RD and CS Waiver Respite Assessment

Part 6: Additional Justification (Optional): about 500 words or 38 lines, attach additional info if needed

If you wish to request more respite units than this tool assigns, please provide additional justification for the need for more respite hours than the respite assessment demonstrated. Include (if necessary) the work schedule of the caregivers.

Part 7: Final Assessed Need

Assessed Respite Units (Hours): _____ per _____ *

*(For ID/RD Waiver: If over the limits in the Waiver then additional justification should be provided to show that institutionalization will take place without this service.)

Individual Completing the Form Name/Title: _____

Date Completed: _____

FY 18/19 Legislative Authorized & Spending Plan Budget VS Actual Expenditures (as of 11/30/2018)

Funded Program - Bud	Original Budget	Budget Adjustments	Current Budget	YTD Actual Expense	Balance
ADMINISTRATION	\$ 8,256,999.00	\$ 0.00	\$ 8,256,999.00	\$ 2,738,248.38	\$ 5,518,750.62
PREVENTION PROGRAM	\$ 657,098.00	\$ 0.00	\$ 657,098.00	-\$ 15,495.00	\$ 672,593.00
GREENWOOD GENETIC CENTER	\$ 13,185,571.00	\$ 0.00	\$ 13,185,571.00	\$ 6,543,840.00	\$ 6,641,731.00
CHILDREN'S SERVICES	\$ 16,302,094.00	\$ 3,477,000.00	\$ 19,779,094.00	\$ 12,517,878.89	\$ 7,261,215.11
BABYNET	\$ 5,587,500.00	\$ 0.00	\$ 5,587,500.00	\$ 0.00	\$ 5,587,500.00
IN-HOME FAMILY SUPP	\$ 89,589,626.00	\$ 797,612.00	\$ 90,387,238.00	\$ 25,249,230.52	\$ 65,138,007.48
ADULT DEV&SUPP EMPLO	\$ 81,402,958.00	\$ 0.00	\$ 81,402,958.00	\$ 36,512,122.31	\$ 44,890,835.69
SERVICE COORDINATION	\$ 22,656,140.00	\$ 0.00	\$ 22,656,140.00	\$ 9,621,897.56	\$ 13,034,242.44
AUTISM SUPP PRG	\$ 26,355,826.00	\$ 0.00	\$ 26,355,826.00	\$ 6,953,611.49	\$ 19,402,214.51
Pervasive Developmental Disorder (PDD) Program	\$ 0.00	\$ 0.00	\$ 0.00	\$ 14,208.30	-\$ 14,208.30
HD&SPINL CRD INJ COM	\$ 5,040,532.00	\$ 0.00	\$ 5,040,532.00	\$ 1,923,596.30	\$ 3,116,935.70
REG CTR RESIDENT PGM	\$ 84,032,118.00	\$ 150,263.00	\$ 84,182,381.00	\$ 30,609,626.60	\$ 53,572,754.40
HD&SPIN CRD INJ FAM	\$ 28,742,377.00	\$ 0.00	\$ 28,742,377.00	\$ 7,690,182.71	\$ 21,052,194.29
AUTISM COMM RES PRO	\$ 29,739,084.00	\$ 0.00	\$ 29,739,084.00	\$ 14,452,022.46	\$ 15,287,061.54
INTELL DISA COMM RES	\$ 317,799,720.00	\$ 2,649,142.00	\$ 320,448,862.00	\$ 140,869,294.09	\$ 179,579,567.91
STATEWIDE CF APPRO		\$ 3,121,104.77	\$ 3,121,104.77	\$ 0.00	\$ 3,121,104.77
STATE EMPLOYER CONTR	\$ 32,745,158.00	\$ 1,198,348.00	\$ 33,943,506.00	\$ 12,086,732.91	\$ 21,856,773.09
DUAL EMPLOYMENT		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Legislative Authorized Total	\$ 762,092,801.00	\$ 11,393,469.77	\$ 773,486,270.77	\$ 307,766,997.52	\$ 465,719,273.25
Legislative authorization capacity above actual spending plan budget			-\$54,952,953.77		
DDSN spending plan budget			\$ 718,533,317.00	\$ 307,766,997.52	\$ 410,766,319.48
Percent of total spending plan budget			100.00%	42.83%	57.17%
% of FY completed (expenditures) & % of FY remaining (available funds)			100.00%	41.67%	58.33%
Difference			0.00%	1.17%	-1.17%

REASONABLE

Carry Forward + Cash Flow Analysis Indicates Sufficient Cash to Meet FY 19 Estimated Expenditure Commitments: YES ; At-Risk ; NO

Expenditures categorized to provide insight into direct service consumers costs vs. non-direct service costs:

Expenditure	FY 18 - % of total	FY 17 - % of total
Central Office Admin & Program	2.37%	2.36%
Indirect Delivery System Costs	1.56%	1.42%
Lander University	0.00%	0.05%
Board & QPL Capital	0.14%	0.59%
Greenwood Autism Research	0.03%	0.10%
Direct Service to Consumers	95.90%	95.48%
Total	100.00%	100.00%

NOTE: Prior FY data will be calculated and presented to provide assurance as to the consistent pattern of direct service & non-direct service expenditures and explanation for increases/decreases

Methodology & Report Owner: Lisa Weeks