SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

MINUTES

May 20, 2021

The South Carolina Commission on Disabilities and Special Needs met on Thursday, May 20, 2021, 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 In-Person
Gary Lemel – Chairman
Barry Malphrus – Vice Chairman
Robin Blackwood – Secretary
Gary Kocher, M.D.
Stephanie Rawlinson
Eddie Miller
David Thomas

DDSN Administrative Staff

Constance Holloway, Interim State Director and General Counsel; Pat Maley, Interim Chief Financial Officer and Deputy Director; Rufus Britt, Associate State Director, Operations; Susan Beck, Associate State Director, Policy; Liz Lemmond, Human Resources Director; Robert McBurney, Program Manager for Emergency Operations and Special Projects; Kyla Schulz, Risk Management Director; Ann Dalton, Quality Management Director; Michael Mickey, Information Technology Director; Andrew Tharin, Director of Engineering; Randy Davis, Whitten Center Facility Administrator; Shannah Wyatt, DSP Supervisor at Whitten Center; Sallie Simmons, QIDP at Whitten Center; and Christie Linguard, Administrative Coordinator.

Notice of Meeting Statement

Chairman Lemel called the meeting to order and Secretary Blackwood 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.

Commissioner Gary Kocher was welcomed by everyone. He stated that he was glad to be a part of the commission.

Adoption of the Agenda

On a motion by Commissioner Rawlinson, seconded by Commissioner Malphrus, the commission unanimously adopted the May 20, 2021 meeting agenda as presented. (Attachment A)

Invocation

Chairman Lemel gave the invocation.

Approval of the Minutes from April 15, 2021 Commission Meeting

Commissioner Rawlinson made a motion to approve the April 15, 2021 meeting minutes as written, seconded by Commissioner Malphrus and unanimously approved by the commission members. (Attachment B)

Employee of the Year

Liz Lemmond and Randy Davis presented Ms. Shannah Wyatt with the Employee of the Year Award for the Regional Centers. Ms. Lemmond also read the names of the other nominees along with all employees who received their 10, 20 or 30 year service award.

Nominating Committee

Chairman Lemel appointed Commissioner Blackwood as chair of the Nominating Committee for the Commission. Other members appointed to the committee were Commissioner Malphrus and Commissioner Rawlinson.

Commissioners' Update

All commission members commended and thanked the staff for a wonderful Employee Appreciation Day at DDSN Central Office on yesterday. They enjoyed meeting and interacting with DDSN staff members. A special recognition was given to the human resources staff, especially Morgan Foster, for an exceptional job at planning everything.

Commissioner Malphrus urged all commission members to send in their picture and/or bio for the DDSN website. He applauded staff for the new look.

Public Input

There were six public input requests from Jason Tavenner, Ryan Way, Dana McConnell, Tyler Rex, Elizabeth Krauss and Nancy Dixon.

Commission Committee Business

A. Finance and Audit Committee

The Finance and Audit Committee met on May 4, 2021. The following topics were presented for review and approval by the Commission:

Process for Approving Non-Service contracts $200,000 or Greater – detailed discussion was held concerning the process by which the $200,000 or greater non-service contracts should be approved. Commissioner Thomas made a motion for the committee to revise their proposed draft procedures to include the fact that those contracts approved by the sub-committee will be presented to the full commission; and that at any time, they can be overridden by the full commission. Commissioner Rawlinson seconded the motion and asked that we put the amended procedure in place for the next sub-committee meeting and then actually vote on the procedure at the next commission meeting.
(Attachment C)

Financial Audit Planning – Commissioner Blackwood, Commissioner Malphrus and Interim Director Holloway met with staff at the State Auditor's Office (Director Sue Moss, George Gentry and George Kennedy) via a telephone conference earlier this month to discuss the benefits of an agency audit. The State Auditor's Office recommended that the agency not conduct a financial audit but rather ask for specific performance audit concerns to be addressed (i.e. review certain contracts or providers). Commissioner Thomas inquired about the State Auditor's Office assisting with the Legislative Oversight Committee's recommendations. Commissioner Miller asked that the recording be transcribed. Commissioner Blackwood asked that all specific financial concerns of the agency be submitted to the sub-committee for review and approval. As well, the executive staff should submit any of their concerns to the sub-committee for review.
(Attachment D)

B. Policy Committee

The Policy Committee met on May 18, 2021. The following topics were presented for review and approval by the Commission:

413-08-DD: Anti-Harassment – Chairman Lemel treated the approval from the subcommittee as a motion and second, the commission members unanimously approved this directive.
(Attachment E)

Commissioner Malphrus noted that there are approximately 14 other directives that are referred to either the Finance and Audit Committee or staff for comments/changes. The next Policy Committee Meeting will take place on June 8, 2021.

Old Business

A. Communications Update

Mr. Mickey briefed the Commission on the conference room and the new changes that will be occurring in the near future. He also announced that each member of the commission now have an agency cell phone. (Attachment F)

B. Intellectual Disability/Related Disabilities (ID/RD) Waiver Renewal Update

Ms. Beck provided a briefing on the status and timeline of the Intellectual Disability/Related Disabilities Waiver renewal. The public comment will begin in May, which, according to their website, has not begun yet. The one recommended change by SCDHHS is to increase the service limit for environmental modifications service to $15,000 per lifetime with a re-evaluation of utilization following waiver year one. Previously, the service limit was $30,000 per lifetime.
(Attachment G)

C. Waiver Enrollment Process Improvement Initiative

Ms. Manos briefed the Commission on specifics regarding waiver enrollment process changes including entrance to waiver waiting lists. With the new process, the Eligibility division will continue to add individuals to the waiting lists per usual; however, at least annually, the Agency will make contact with individuals to determine if he/she has a qualifying reason (i.e., consumer has passed away or moved out of state) to be removed from the waiting list. Six months before an individual reaches the top of the waiting list, staff will determine who has closed cases or has been determined ineligible. Then, three months from reaching the top of the waiver list, staff will contact each individual, move them to a processing status, assign case management and get them to sign the freedom of choice and financial clearance. Commissioner Miller made a motion to approve the new process for waiver enrollment, seconded by Commissioner Thomas. Chairman Lemel asked Ms. Manos to produce a written version of this process. Chairman Lemel also asked that the waiver list update be placed on the agenda for the June meeting.
(Attachment H)

D. Administrative Services Contract with SCDHHS

Interim State Director Holloway stated that both SCDHHS and DDSN are ready to sign this contract pending the Commission's approval. Commissioner Miller made a motion to approve the contract as presented, seconded by Commissioner Thomas and unanimously approved by the commission.
(Attachment I)

E. CMS Guidance on 10% Federal Medical Assistance Percentage (FMAP) Increase on Home and Community Based Services (HCBS)

Mr. Maley went over a one-page summary showing the $40 million a year increase due to the American Recovery Act. He has suggested that the agency coordinate with providers to get input in spending this $40 million. Parameters and reporting analysis were discussed and the fact that SCDHHS will submit the state's plan with our DDSN's input. The timeline may shift but right now we are looking at 30 days for submission. Commissioner Miller recommended that the commission further peruse the input from providers with a heavy concentration on long-term needs. Commissioner Rawlinson made a motion to set up district meetings throughout the state within the next few weeks to discuss strategies and get input from all stakeholders, as well as look at short and long-term needs, again with a heavy concentration of long-term needs; seconded by Commissioner Thomas and unanimously approved by the commission.
(Attachment J)

F. Annual Comprehensive Property Implementation Plan (CPIP) 5-Year Plan and Request for Approval for Year One Projects

Mr. Maley and Mr. Tharin presented the CPIP Plan for the agency as mandated by our state government. After several meetings with central office and regional staff, the Plan presented today are project specific plans that have been well thought out. Commissioner Rawlinson made a motion to approve year one of this 5-year plan, seconded by Commissioner Blackwood and unanimously approved by the commission.
(Attachment J)

G. B & I Conversion – Approval for Band G & H Swaps and Outliers

Mr. Maley noted that the agency has been examining providers with underfunded residential waiver individuals and will recommend increases, if appropriate, through the agency's existing outlier process. Commissioner Thomas made a motion to approve the 44 band swaps contained in Attachment A of the handout, and to also approve the one

band increase with an $18,561 annual increase contained in Attachment B; this motion was seconded by Commissioner Blackwood and unanimously approved by the commission.
(Attachment K)

H. Update on Community ICF Statewide Deficits

Mr. Maley discussed the statewide deficits in community ICF of approximately $4.0 million. This is an accounting issue and after making needed financial adjustments, the actual deficit is approximately $677,514. Mr. Britt discussed potential understaffing of these facilities, particularly at the current time due to availability of new hires and increased dollars for nurses. Commissioner Miller made a motion to propose a moratorium on imposing bed fees on our providers for a period of one year (from June 2021 to June 2022). Within this time period research on market rates will be reviewed as well as legal research on imposing bed fees will be done. The commission will be given the results of this research was completed. The motion was seconded by Commissioner Thomas and unanimously approved by the commission. [Commissioner Blackwood left the commission meeting at 1:52 p.m. and was unable to render a vote on this topic. She will rejoin the commission meeting via Microsoft Teams was she reaches her car].
(Attachment L)

I. Quarterly Incident Management Report

Ms. Dalton discussed the quarterly report for the agency. The report was received as information only.
(Attachment M)

J. Legislative Update

Interim State Director Holloway gave the update. Ms. McLeod is gathering written information from the comments shared during the public hearing. The Legislative session ended on May 13th. There will be conference committees and budget meetings held soon; but there has been no word yet from the House Ways and Means Committee on another agency budget presentation. The commission were provided a copy of all bills the agency has been tracking; however, since the Legislative session ended on May 13th, there has been no movement. Commissioner Rawlinson requested that providers should contact their local legislators regarding Senate Bill 743 and House Bill 4352.
(Attachment N)

New Business

A. Hurricane Season Planning

Mr. McBurney began by stating that the hurricane plans for all providers were due by May 28th. The Annual Emergency Preparedness Meeting will take place on Monday, May 24th at 1:00 PM featuring guest speaker Mr. Derek Becker from the South Carolina Emergency Management Division. Mr. Britt spoke about inland day and residential programs who have historically opened their facilities and provided staffing support for evacuees. Since these programs are now fee for service, our agency has been in constant contact with the provider network reiterating the importance of their continued support. The commission members stated that they will fully support any assist, via economic relief, any and all providers who are willing to assist during an evacuation.

B. Waiver Key Indicators

Ms. Beck spoke to the commission on the waiver key indicators as well as the tools used for contract compliance, non-waiver contract compliance and licensing review. The agency is currently in Phase 1 and have presented the indicators recommended. Commissioner Miller made a motion to conceptually approve Phase I of the key indicators standards and the process for revising the standards in Phase II; this motion was seconded by Commissioner Malphrus and unanimously approved by the commission. [Commissioner Blackwood rejoined the meeting and rendered a vote].
(Attachment O)

C. State of At-Home Day Services Recovery from COVID

Mr. Maley briefed the commission on at-home day services programs, which is one of our main service lines. Providers are losing approximately $1.5 million dollars collectively a month. He believes that in a couple of months, the commission will have to decide if they are going to consider funding the gap. Commissioner Miller asked if the agency could get feedback from providers on what can be done to assist. This can also be done at the upcoming stakeholders meetings.
(Attachment P)

D. Financial Update

Mr. Maley announced that the agency continues to be well below budget on the expenditure side by approximately 6%. Commissioner Miller made a motion to approve the financial update as presented, seconded by

Commissioner Malphrus and unanimously approved by the commission. (Attachment Q)

Executive Session

At 2:40 p.m., Chairman Lemel requested a motion to begin executive session to discuss an update on contractual and personnel matters to include matters related to fiscal agent services provided by The Charles Lea Center and the search for a new executive director. On a motion by Commissioner Rawlinson, seconded by Commissioner Miller and unanimously approved by the Commission; executive session will begin at 2:50 p.m. following a 10-minute break.

Upon rising out of executive session at 3:34 p.m., Chairman Lemel announced that no motions or decisions were made and no votes were taken during executive session. Commissioner Thomas made a motion to approve the emergency procurement with The Charles Lea Center (CLC) after amending the contract to state precisely what we are expecting; this motion was seconded by Commissioner Miller and unanimously approved by the commission.

Commissioner Rawlinson made a motion to hold a special-called commission meeting on Thursday, May 27, 2021 at 3:30 p.m. to discuss employment issues. She also requested that an invitation be extended to Senator Peeler's office, Representative Murrell Smith's office and the Governor's office for a designated person to be present for the review of candidates for the executive director position. This motion was seconded by Commissioner Miller and unanimously approved by the commission.

Next Regular Meeting

June 17, 2021

Adjournment

On a motion by Commissioner Thomas, seconded by Commissioner Kocher and unanimously approved by the commission, the meeting was adjourned at 3:40 p.m.

Submitted by:

Christie D. Linguard
Administrative Coordinator

Approved by:

DocuSigned by:
Robin Blackwood
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Commissioner Robin Blackwood
Secretary

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 (SKYPE)
Columbia, South Carolina

May 20, 2021 **10:00 A.M.**

1. Call to Order — *Chairman Gary Lemel*
2. Notice of Meeting Statement — *Commissioner Robin Blackwood*
3. Welcome
4. Adoption of Agenda
5. Invocation — *Commissioner Gary Lemel*
6. Approval of April 15, 2021 Commission Meeting Minutes
7. Employee of the Year Award — *Ms. Liz Lemmond*
8. Appointment of Nominating Committee for Election of Officers — *Chairman Gary Lemel*
9. Commissioners' Update — *Commissioners*
10. Public Input
11. Commission Committee Business

    A. Finance and Audit Committee — *Committee Chair Robin Blackwood*

    1. Process for Approving Non-Service Contracts $200,000 or Greater
    2. Financial Audit Planning

    B. Policy Committee — *Committee Chair Barry Malphrus*

    1. 413-08-DD: Anti-Harassment
    2. Committee Updates

12. Old Business:

    A. Communications Update (Microphones) — *Mr. Michael Mickey*
    B. ID/RD Waiver Renewal Update — *Ms. Susan Beck*
    C. Waiver Enrollment Process Improvement Initiative — *Ms. Lori Manos*
    D. Administrative Services Contract with SCDHHS — *Ms. Constance Holloway*
    E. CMS Guidance on 10% FMAP Increase on HCBS Services — *Mr. Pat Maley*
    F. Annual Comprehensive Property Implementation Plan (CPIP) 5-Year Plan and Request for Approval for Year One Projects — *Mr. Pat Maley*
    G. B & I Conversion – Approval for Band G & H Swaps and Outliers — *Mr. Pat Maley*
    H. Update on Community ICF Statewide Deficits — *Mr. Pat Maley*
    I. Quarterly Incident Management Report — *Ms. Ann Dalton*
    J. Legislative Update — *Ms. Constance Holloway*

13. New Business:

A. Hurricane Season Planning	*Mr. Rufus Britt/Mr. Robb McBurney*
B. Waiver Key Indicators	*Ms. Kyla Schultz/Ms. Susan Beck*
C. State of At-Home Day Services Recovery from COVID	*Mr. Pat Maley/Mr. Rufus Britt*
D. Financial Update	*Mr. Pat Maley*

14. Executive Session

    A. Contractual Matter
    B. Personnel Matter

15. Enter into Public Session

16. Next Regular Meeting (June 17, 2021)

17. Adjournment

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

MINUTES

April 15, 2021

The South Carolina Commission on Disabilities and Special Needs met on Thursday, April 15, 2021, 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 In-Person
Gary Lemel – Chairman
Barry Malphrus – Vice Chairman
Robin Blackwood – Secretary
Stephanie Rawlinson
Eddie Miller
David Thomas

DDSN Administrative Staff

Constance Holloway, Interim State Director and General Counsel; Pat Maley, Interim Chief Financial Officer and Deputy Director; Rufus Britt, Associate State Director, Operations; Susan Beck, Associate State Director, Policy; Kim McLeod, Legislative Liaison & Public Information Officer; and Christie Linguard, Administrative Coordinator.

Others Present

Karli Riviello, Legal Extern from the University of South Carolina School of Law.

Notice of Meeting Statement

Chairman Lemel called the meeting to order and Secretary Blackwood 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

Chairman Lemel requested that "Legal Matters" be stricken from the Executive Session portion of the agenda as this topic has no new discussion. On a motion by Commissioner Thomas, seconded by Commissioner Rawlinson, the

Commission unanimously adopted the April 15, 2021 Meeting Agenda with the aforementioned deletion requested by Chairman Lemel. (Attachment A)

Invocation

Commissioner Thomas gave the invocation.

Approval of the Minutes from March 18, 2021 Commission Meeting and March 23, 2021 Emergency Meeting

Commissioner Miller made a motion to approve the March 18, 2021 and March 23, 2021 meeting minutes as written, seconded by Commissioner Blackwood and unanimously approved by the commission members. (Attachment B)

Commissioners' Update

Commissioner Blackwood noted that she and Commissioner Rawlinson visited and met with staff at central office on yesterday. They thanked each staff member they spoke with for their hard work and dedication to the agency. Lynn Branham was recognized by the Commission as she is embarking on her 53rd year with the agency. Commissioner Blackwood presented her with a flower and a small cake.

Commissioners Thomas and Miller will plan on visiting providers in the community to interact and assist with any needs they may have. Commissioner Thomas extended an invitation to all providers listening in on the broadcast to contact any member of the Commission if they are in need of anything.

Commissioner Malphrus reminded members who have not done so already to send their bios and/or headshot to Kimberly McLeod as soon as possible. He also strongly encouraged the agency to begin live video. The request was made that someone from the IT division be placed on the agenda for next month's meeting to give an update on when live video can resume.

Public Input

There was no public input requests.

Commission Committee Business

A. Finance and Audit Committee

The Finance and Audit Committee met on April 6, 2021. The following topics were presented for review and approval by the Commission:

Capital Purchases – Regional Center Vehicle Replacement – the subcommittee approved the purchase of 10 ADA compliant wheelchair vans and busses for our Regional Centers for the approximate expenditure of $674,650. The agency will purchase these 10 new vehicles will replace 10 existing fleet vehicles. Chairman Lemel stated that the Commission will treat the approval of the vehicle purchase as both a motion and second coming out of the subcommittee. There was no further discussion. The Commission members unanimously approved the purchase of 10 ADA compliant wheelchair vans and buses. (Attachment C)

Third Quarter Provider Contracts Summary – the general summary was presented to the Commission members as information only. (Attachment D)

Financial Audit Discussion – the benefits of having a financial audit was discussed in the subcommittee meeting, especially since the removal of the executive director and the resignation of the chief financial officer. The last financial audit was done in 2015. Commissioner Miller made a motion for the agency to proceed with a financial audit, seconded by Commissioner Rawlinson and unanimously approved by the commission.

B. Policy Committee

The Policy Committee met on April 13, 2021. The following topics were presented for review and approval by the Commission:

133-02-DD: Freedom of Information Act (FOIA) Requests – Commissioner Malphrus reminded the members that this directive was approved in an emergency situation at the March Commission meeting, and then it was sent out for external review. There were no changes requested; and therefore, no reason to accept a motion. This was received as information.

Commissioner Thomas noted that the agency's IT division should work on getting the agency an upgraded microphone system. Chairman Lemel asked if this item can be placed on next month's agenda and have someone from the IT division present.

800-03-CP: SC Commission on Disabilities and Special needs Executive Limitations Policy – Ms. Beck went through the directive and made note of all recommended changes. The subcommittee approved all the changes, which Chairman Lemel treated as a motion and second; the commission members unanimously approved all recommended changes as presented. (Attachment E)

103-01-DD: Federal Grant Application and Change Policy – since the motion to mark this directive obsolete was approved by the subcommittee, Chairman Lemel asked if there was any further discussion and there was none. The commission members unanimously approved marking this directive obsolete. (Attachment F)

535-11-DD: Appeal and Reconsideration - Chairman Lemel treated the approval from the subcommittee as a motion and second, the commission members unanimously approved this directive. (Attachment G)

535-17-DD: Conflict Free Case Management - Chairman Lemel treated the approval from the subcommittee as a motion and second, the commission members unanimously approved this directive. (Attachment H)

603-03-DD: Safety Precautions for Medical and Dental Treatment – Chairman Lemel treated the approval from the subcommittee as a motion and second, the commission members unanimously approved this directive. (Attachment I)

334-02-DD: Short-Term Use of DDSN Regional Center Property by the Public – Chairman Lemel treated the approval from the subcommittee as a motion and second, the commission members unanimously approved this directive. (Attachment J)

Ms. Beck noted that two (2) policies have been referred to the Finance and Audit Committee and internal revisions have already begun. Commission Malphrus reminded the commission that the Anti-Harassment directive will be coming to the Commission in May.

Old Business

A. Intellectual Disability/Related Disabilities (ID/RD) Waiver Renewal Update

Ms. Beck provided a briefing on the status and timeline of the Intellectual Disability/Related Disabilities Waiver renewal. Commissioner Blackwood made a motion for conceptual approval of the staff recommended ID/RD Waiver service changes, future amendment service changes and performance measures changes, seconded by Commissioner Rawlinson and unanimously approved by the commission. (Attachment K)

B. Legislative Update

Ms. McLeod gave an overview of several House and Senate bills that are relative to the agency. Senate Bill 264 – Disabled Self-Employment Development trust Fund, is currently in the Medical Affairs Committee. The Senate version of this bill names DDSN and the House version names Vocational Rehabilitation as the lead agency assisting individuals with disabilities to pursue entrepreneurship. Commissioner Thomas made a motion to recommend to the subcommittee to conform this Senate bill to read as the House's version does, which would give Vocational Rehabilitation the authority to oversee the duties and responsibilities of this bill, seconded by Commissioner Malphrus and unanimously approved by the commission.

Commission Thomas requested that Ms. McLeod keep commission members aware of the dates and times of subcommittee meetings. Commissioner Rawlinson made a motion for Ms. McLeod to request a meeting with the sponsors of Senate Bill 743 (Senators Alexander, Shealy, Peeler, Hutto, Verdin, Massey and Scott) and possibly include Senator Shane Martin and at least three (3) commission members to provide them with a clear understanding of the direction the commission intends to take the agency, seconded by Commissioner Miller and unanimously approved by the commission. Commissioner Malphrus asked for an update on this motion as well as the aforementioned S.743 bill at the May meeting. Commissioner Rawlinson suggested that Ms. McLeod's legislative report include the dates and times of upcoming meetings.

Ms. McLeod announced that Dr. Gary Kocher, once approved by the Senate, will become the newest commission member. (Attachment L)

New Business

A. Administrative Services Contract with SCDHHS

Mr. Maley discussed the Administrative Service Contract with the SC Department of Health and Human Services (DHHS). Essentially, this contract is to stop the agency's split rate approach to generating administrative costs and allow providers to direct bill for services. DHHS's legal team is reviewing the contract one more time. Commissioner Rawlinson had some specific questions from a staff member and asked that all questions be verified before signing the contract. Chairman Lemel asked that this item be placed on May's agenda for approval. (Attachment M)

B. Community Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Deficits and Rate

Mr. Maley announced that there is a provider with two (2) ICFs, each containing eight (8) individuals, who will no longer operate these ICFs as of June 30, 2021. DDSN will analyze and evaluate the deficits and rates and update the Commission as well as provide recommendations at the May meeting.

C. Financial Update

Mr. Maley announced that the agency continues to be well below budget on the expenditure side by approximately 6%. He briefly discussed the 6.2% FMAP, Appendix K 90-day retainer and the 10% Home and Community Based Services (HCBS) revenue. Commissioner Thomas made a motion to approve the financial update as presented, seconded by Commissioner Blackwood and unanimously approved by the commission. (Attachment N)

Executive Session

At 12:04 p.m., Chairman Lemel requested a motion to begin executive session to discuss an update on personnel matters to include matters related to hiring a new executive director and a legal matter to discuss the Internal Audit Director. Thirty minutes after the regular commission meeting, the commission will be taking public comment. Executive session will begin after a ten minute break. On a motion by Commissioner Miller, seconded by Commissioner Malphrus and unanimously approved by the Commission; executive session will begin at 12:15 p.m.

Upon rising out of executive session at 3:40 p.m., Chairman Lemel announced that the commission received information from outside attorneys; however, there were no motions made and no votes taken. Commissioner Thomas made a motion to approve the Agency Director Profile submitted by Find Great People with three (3) noted changes, seconded by Commissioner Malphrus and unanimously approved by the commission.

Chairman Lemel reminded everyone that 30 minutes after adjournment of this meeting, the commission will listen to public comment on the proposed regulations published in the February 26th edition of the South Carolina State Register.

Next Regular Meeting

June 17, 2021

Adjournment

On a motion by Commissioner Thomas seconded by Commissioner Blackwood and unanimously approved by the Commission, the meeting was adjourned at 3:45 p.m.

Submitted by:	Approved by:
_____	_____
Christie D. Linguard Administrative Coordinator	Commissioner Robin Blackwood Secretary

Date: 4/30/2021

To: Commissioners on the Finance & Audit Committee

From: Pat Maley

Re: Pending Non-Service Contract Awards $200,000 or Greater

At the current time, the Procurement Division has three pending non-service contracts awards pending, which are $200,000 or greater in amount. These three are:

Solicitation# 5400019196: A fixed priced bid contract was solicited on 1/15/2021 for Direct Support Professionals. It was a five year contract with a contract ceiling value of $250,000. On 4/9/21, four providers were qualified and awarded a contract. At the current time, one additional vendor, Consolidated Medical Staffing, has applied to be qualified and awarded a fixed price bid contract. The award is scheduled for 5/3/21, but this date can slip based on MMO's workload. The contract essentially qualifies vendors to perform the service at a fixed price, and then DDSN purchases services at its discretion from any qualified vendor with a $250,000 contract limit of aggregated purchases during a five year period.

Solicitation# 5400020880: An invitation for bid contract was solicited on 2/18/21 for Retherm Equipment used to keep meals at the proper temperature after cooking while being transported to residential buildings on the Midlands Regional Center Campus. It is a DDSN and DMH joint solicitation to seek bid, because each has their own needs. This bid closed on 4/27/21 with an award date of 5/03/21. DDSN has requested the bid tab to determine the potential target value of the contract, however the Procurement Officer hasn't produced this document as of today. Prior to the solicitation the estimated value for this project exceeds the $200,000 threshold. The total value will be determine once the bid tab is obtained.

Solicitation# 540020743: A fixed priced bid contract was solicited on 3/24/21 for specialized medical rehabilitation services for approved residents of South Carolina, who have sustained a traumatic brain injury (TBI) and/or traumatic spinal cord injury (SCI) and are uninsured or unable to access sufficient post-acute rehabilitation through private health insurance or other payers. DDSN has offered this state funded service for many year through its Post-Acute Rehabilitation Initiative (PARI). This is the first time these services have gone through a competitive solicitation process. The deadline for offer submissions is 5/11/21 with an award date of 5/21/21. The contract essentially qualifies vendors to perform the service at a fixed price, and then DDSN purchases services at its discretion from any vendor with a $3.6 million contract limit of aggregated purchases annually during a five year period.

DDSN and State Auditor's Office Meeting
Conference Call
Monday, May 3, 2021 @ 2:00 PM

Attendees from State Auditor's Office: Sue Moss, George Gentry and George Kennedy

Attendees from DDSN: Commissioner Barry Malphrus, Commissioner Robin Blackwood, Constance Holloway and Christie Linguard

Commissioner Blackwood

But I don't think he's on yet. Hey Constance, I don't think Barry on yet.

Holloway

No, I don't think so.

Commissioner Blackwood

Constance, I just texted Barry. So hopefully he'll either call in or text me back. He texted me back and said that he's trying to do that. So hopefully he'll be able to without too much problem.

Holloway

Christie is going to try to see if she can talk with him.

Commissioner Blackwood

Okay. Reach has a voicemail box, but has not been set up yet. Please try your call again, later. Goodbye.

Linguard

Everybody's still on the line. I just tried to conference him in and I got his voicemail.

Commissioner Blackwood

He's probably trying to call at the same time. And that's what the problem.

Moss

Hey Robin while we are waiting, you and Barry make up. I mean, there's a special section of the commission that's right?

Commissioner Blackwood

Um, um, yeah, yeah, yeah. It's um, it's called, it's called a finance and audit committee. Yes. And I'm the chair of that committee and Barry is on that committee as well.

Moss

Okay. And that's all that's on the committee is two people?

Commissioner Blackwood

Um, Ed Miller. Yeah. He's another commissioner.

Moss

Okay.

Commissioner Blackwood

Yeah. While we wait for Barry, I have a question that I wanted to ask you, um, Sue, while we wait, um, how often or state agencies, um, audited by an outside entity?

Moss

Um, it's not very often, it's rare unless they are required, to have a financial statement audit for some reason.

Commissioner Blackwood

Okay.

Moss

Because every state agency is included in the state annual financial report.

Commissioner Blackwood

Right.

Moss

We come along and we do agreed upon procedures at most state agencies. There's a few that get an outside audit each and every year, like department transportation and housing authority. Um, and it is because they have the right to issue debt. They have to have their own financial statements.

Commissioner Blackwood

Gotcha. Okay. Okay. I was just curious about that.

Moss

Were you on the board in 2015?

Commissioner Blackwood

No. No, I was, I've only been on the board two years.

Moss

Okay. Okay. That 2015 engagement was unusual, but it was at, um, I think the finance committee requested that audit be done.

Commissioner Blackwood

Right. Yeah. Green, Finley and Horton I believe did that. Um, do y'all have a copy of that, um, that audit by chance.

Moss

Yeah

Commissioner Blackwood

Okay.

Moss

Everything has to run through us, the procurement codes.

Commissioner Blackwood

Okay. Yeah. Okay. Just want to make sure you saw it, but you have it, I guess

Linguard

Commissioner Malphrus asked me to give him a call. So, if you hold on?

Commissioner Blackwood

Okay. Okay. Okay.

Linguard

Is everybody here? Commissioner Malphrus? Okay. Commissioner Blackwood?

Commissioner Blackwood

Yeah.

Linguard

Sue Moss?

Moss

Just to make it clear, I have George Kennedy, who is the state auditor with me, and I have George Gentry, who is the senior manager who typically does your agency's engagement each year, um, with me as well.

Commissioner Malphrus

Well, who else is with us? So I'll know

Holloway

That's it, Commissioner Malphrus…Constance and Christie

Malphrus

Okay. So commissioner wise, it's just me and you Robin.

Commissioner Blackwood

Yes. Yes.

Commissioner Malphrus

Okay. All right, good.

Holloway

Um, I spoke with Ms. Moss, um, last week and she was very helpful, but I thought it was a good idea for her. So I wouldn't be trying to interpret what she said and didn't relay incorrectly, I thought it was a good idea for, um, members of the finance and audit committee to speak to them directly. Um, and then ha ask them directly any questions, um, that we may have, what I've, what I've shared with Ms. Moss so far is that the commission has requested a financial audit. Um, Ms. Moss then had some questions for me about, um, what kind of financial audit we were looking for and what, what year timeframe. Um, and some of those questions were not questions that I could answer. So that's why I thought it was best for me to just have her connect with the commissioners so you could ask her those questions.

Commissioner Blackwood

Okay. Okay.

Moss

Well, um, well the first question is why do you want a financial statement audit?

Commissioner Malphrus

Well, what we were saying is, as I understand it, and Robin correct me if I'm wrong, cause you are, um, more diplomatic than me, but what I, what we understand is if we have to do a financial statement audit first in order to do any kind of define any findings in order to dig deeper. But, um, but I'm concerned that I don't even know if, uh, we don't know what kind of audit we're actually looking for is the problem. Because as far as I understand it, we're trying to find out, we don't think there's anybody stealing any money, we're just trying to figure out if

the money is being allocated properly. Um, and, and if people aren't, you know, receiving services and things of that nature, they should not receive. Is that correct Robin?

Commissioner Blackwood

Yeah. That's what we discussed in that, in our, uh, in our committee meeting. Um, right.

Commissioner Malphrus

And so we don't know if the audit is what we're looking for and what kind of audit if we are, it's not just a general audit. They did a general audit five years ago. It's not that the general audit is a bad thing. It's just that they did a general audit five years ago and they basically found out nothing. So they wasted money basically five years ago. Um, what I was told I wasn't here five years ago, but that's what I was told.

Kennedy

Yeah. This is George Kennedy. I was involved in and that I told the commission at that point that, that a lot of it was not going to tell them what they wanted from that. Um, they wanted to know basically where the money was hidden and why it wasn't going to where it needed to go.

Commissioner Malphrus

They wanted to know what?

Kennedy

They wanted to know where the money was being hidden and why, why wasn't it going to pay for services? Um, and you know, uh, so I think when they got the audit, they were disappointed that it didn't tell them what we told them to begin with, that wasn't going to tell them. So that's partly, today's call is to say, Hey, we don't think a financial audit is really what you're looking for. So let's figure out what you need and figure out if there's a way to get it for you.

Commissioner Malphrus

Yeah. I'm not sure if financial audits what we're looking for. I'm, I'm not personally.

Commissioner Blackwood

Well, we had some, um, people recommend that when a CFO, um, leave a state agency, um, semi abruptly, um, and was a little bit controversial and how he left and some of his actions afterwards, um, that we felt that it might be good to take a look, um, and see what, what kind of state, you know, he left us is, is that, is that not good thinking? Is that not sound?

Kennedy

I think if you have reason to believe that there was something done improperly, then we would want to maybe not do it an audit as much as some procedures, uh, that might allow us to dig a little deeper than that. I don't think that any, I mean, because agency directors leave under various circumstances, agency finance personnel leave under different circumstances, unless we have reason to believe that there's, you know, um, something that we should have a concern about, um, going on or was going on, we probably will just automatically come in and do an audit. Have you spoken to Pat Maley?

Commissioner Blackwood

I'm sorry. I'm sorry, what was your question again?

Kennedy

Have you spoken to Pat Maley on this subject?

Commissioner Blackwood

Yes. We talked to, um, Pat about it and he, he, um, at first was hesitant, I think, but, um, at the last commission meeting, he said he was supportive of that. So, um, that's kind of, I mean, he, he thought it was, it would be good to do it. Um, he supported it, um, I don't know if he gave us additional explanation that I can recall, uh, to the matter. Constance, do you recall his comment comments on that?

Holloway

I think that he said that he thought it was, um, he didn't go as far as to say that he thought there was some improper conduct in regards to the last CFO. Um, I think Pat's stance was that he just thinks it's prudent just to, um, because the last one we had was five years ago, so I think that's, he kept, we kept it that simple. I don't, I don't recall him elaborating and going any further. I think he just went with what the commission expressed because some commissioner members were saying we don't have a new director coming in. Um, we just want to make sure our financial financial situation is where it should be, so that that director could have a clean slate. Um, and I think Pat agreed that that was a prudent thing to do.

Commissioner Blackwood

Right. Yeah. That's how I recall it too.

Commissioner Malphrus

What can we specifically do, if anything, to get to where we're trying to go more specifically, meaning if there was any, um, not if there was any money that, that was wrongly given, uh, wrongly allocated to services or something like that, is there any, there is no kind of audit that you can do for that? Is it because, like I tell you, I don't think there's any money stolen. I think there's just, if there's anything it's not allocated properly, like people are receiving services, they shouldn't, or things of that nature.

Kennedy

You're you're. Yeah. All right. So the purpose of the financial audit is to assure accuracy of financial reporting. So it's designed to give assurance that things are being done right. Not to find out if things are being done incorrectly. Does that make sense?

Commissioner Blackwood

Yeah, it does.

Commissioner Malphrus

And there really is no way to find out if things are being done incorrectly

Kennedy

In the course of the financial audit, if it becomes evident to the auditor, that there is what we would call a material misstatement, um, a financial statement item. So in other words, if it has to rise to a level that that was so significant to the financial statement, that it would impact the reader's opinion of DDSN, um,

Commissioner Malphrus

Well, then, but then that goes to how much our budget is and all of that. So if you're a $700 million agency, and you're only missing a million dollars, that's no big deal.

Kennedy

And that sounds really strange, but yeah, that's how financial statement audits work. We would bring that to the attention of governance. Um, but it doesn't necessarily mean that, that, you know, would, um, assuming that we found it, but, uh, there's also,

Commissioner Malphrus

That's fine. We understand that, but I'm just saying, hypothetically speaking in, furthermore, isn't it also a big problem in this agency that we don't really have an audit as such because it's because we have a much larger, because we're just really part of the state budget and we really don't have a separate audit completely as, um, some agencies would have it, is that true? I don't think I'm not an accountant, but I mean, I'm just saying that's the way it is.

Kennedy

But you are also included in the statewide financial safe, you receive an audit, you just don't receive what we call a standalone audit, where you can see the activity of DDSN in and of itself. Um, the only agencies really that have a standalone audit are those that are specifically mentioned in the code of laws for specific reasons. And I can't remember if you were on the call or not when we discussed this, but, um, we talked about the department of transportation, for example, state housing authority. For example, both of those agencies have the ability to issue debt. And for that reason, they have to have a standalone financial audit. Um, most agencies do not have a standalone financial audit.

Commissioner Malphrus

What, what would you have the biggest thing? And I don't mean to interrupt Robin, please tell me to hush and say something if you need to. But, but I think the biggest thing is what we're trying to figure out is what would have been better for the people to do five years ago, then what they did, because if we're going to start by doing something that they did five years ago, ended up with the same results, we're going to be more upset than they were, because, because we're a stronger commission and a more concerned commission than I think any commissions ever been in this agency and is it for this agency? And so we don't want to go down the same rabbit hole we were in is why we're on the call now and end up with just a bunch of flowery words that say, everything's fine. When in reality we don't know. So what would you have recommended differently before?

Kennedy

Um, I think I would want to know more about specifically what you're looking for. So I've heard two things, one, you want to make sure that the finances are in order for the next agency head.

That that's one issue I hear. The second issue I hear is that you have a CFO who left abruptly and his actions were somewhat suspect after he left. And therefore you have suspicion that there may be some financial wrongdoing. Um, to me, those are two separate reasons for having some sort of investigation or our audit. Is that accurate?

Commissioner Malphrus

It may be that we want an investigation and not an audit though is what I'm, what I'm getting at is the question is what, what the, what the, um, and I'm, I'm not trying to speak to the committee. I'm just trying to speak for myself and talk to the committee at another time. But, but, but it may be an investigation, maybe more like it, because it seems like an investigation and that's the right word. Um, cause I was trying to think of it a minute ago, but the right word would be investigation. I think in order to figure out if there was some impropriety in, in how people were being served or people, or for example, people were, I mean, just hypothetically being paid double for their services as opposed to singly, because, you know, our, for example, our former executive executive director had, has like eight young people that she serviced through agency. And so it would just be interesting to know if all of what she was receiving was what she should have been receiving. But I, I don't know how we would find that out if, if there is a way to find it out. And that would just be an example of what I was getting at. It's not, w that's not what we're getting at, but that would be, if I'm not mistaken, Robin, that would be an example of what we'd be trying. Right.

Commissioner Blackwood

Yeah. And, and also, I mean, we, we have been kind of looking into, um, contracts that the agency has with, with, um, past, um, uh, employees of DDSN just to make sure that there is a legitimacy to the contracts that have been formed with, with individuals that, uh, used to work for the agency. Um, and, um, are now, um, somehow in some type of contract with DDSN. And there were some questions around that. And we did ask for Pat Maley to, um, to, um, to give us some reassurance on that. And he did provide a list that, of contracts to us that he, um, he said were vetted. Um, I don't know. I think they were vetted in like two years ago. Um, in terms of, you know, who owns the contract, how much is the contract for, um, is it legitimate, um, the services legitimate. Um, and so that was another area that we were, we were somewhat, um, suspect of and in the last few weeks, um, but, um, it appears that what's happened to us, um, on that topic, um, you know, seems to be, um, up and on the up and up and things were, were, um, the contracts were, um, uh, dissolved not long after the, the, the formal, um, evaluation that he did two years ago. Um, so I think we're okay with that, but that was just another example of something that we were trying to kind of follow the money to, so to speak. So, um,

Commissioner Malphrus

What Robin's really speaking of is consulting contracts that we once had or have now that's what, that's, what it's, what is provided. I mean, that's what it's sectioned under as far as I know.

Commissioner Blackwood

Yeah. Um, but, um, I don't, I don't necessarily think that that's something, I mean, um, something that needs to be looked at, I mean, Pat kind of gave us reassurances that, that, that, that those things have been evaluated terminated and no longer exist. So that was just another thing that we were, when it comes to money. We were talking, we were kind of looking at so,

Commissioner Malphrus

And I don't, I don't think we've actually gotten the contract back to see what we think of them in the last month or so half a year and a half weeks.

Commissioner Blackwood

We've gotten a list of them yeah. From, from Pat, but, you know, it's just the name of the organization, the amount, um, it doesn't really have a lot of detail to them. Um, but according to him they've been vetted and they've been, he assures that they are, you know, the contracts that we currently have or are valid on the up and up and not questionable. So,

Commissioner Malphrus

Well then the next question I would have for, for the people, the audit people we have on the line here he is. Do you think it'd be prudent for us to ask for an executive summary of those contracts to see if we can get a summary of what they are and whether we think they are proper?

Kennedy

Sure, as a commissioner, I think that's okay.

Commissioner Malphrus

Again, that's not really audit related, right? That's not, that would really,

Kennedy

That's a form of auditing. That's, that's not, specifically the form of auditing that we would perform. I think what I would ask maybe as they go get together and come up with a list of your concerns being as specific as you can be and let, um, let us look at that listing. Um, we may be able to perform what we call some agreed upon procedures that would be, uh, sort of like maybe what Pat did with the contract is, Hey, we have a, we have a concern about consulting contracts. You know, Pat apparently went through those contracts and made sure that they have been properly vetted. Um, um, you know, be that type of thing that we would do, we could do, or we could contract out for someone to do. Um, but it would be very specific to the concerns that you have. Could you do that?

Commissioner Blackwood

Yeah. Yeah. We can certainly do that. Yeah

Commissioner Malphrus

I think that's what, uh, what would y'all call that a, um, uh, investigation?

Commissioner Blackwood

We would call it an agreed upon procedures engagement. That means that you, you kind of help us outline the procedures that we need to perform. We perform them, and we tell you what our findings are. So if we find nothing, we'll tell you that we didn't find anything, but if we find things we'll outline it and compose a report, um, we can use that as a first step. And this was, this should be a fairly inexpensive, um, engagement as compared to a financial statement

audit. Um, we could use this as a first step, if that doesn't get you to where you need to be, then we can decide, you know, are there items within those agreed upon procedures or other items that we need to drill down more deeply?

Commissioner Malphrus

Is there, if, if I said that I wanted us to check for at least randomly checked to see if people were being, um, served at twice for the same person or something like that, you know, double paid or something like that, would that be, or if they were, in other words, they had seven people thinking they're actually getting paid for nine or whatever it was. What, what, when we, when we talk about our concerns, what would, what would we call that? What would be the proper word to call that? I mean, obviously the contract is not that, but this is not a consultant contract. So what would you call it

Commissioner Blackwood

Medicaid fraud, right.

Moss

Duplicate payments or overpayments for a service.

Commissioner Malphrus

Yes. So would that be, that would be Medicaid fraud. I mean, it would be Medicaid fraud and people to be put under the jail, but I'm just trying to figure out what, what, um, what y'all would call it so we can put that in the list and how and specific we'd have to be.

Moss

Yeah, yeah. Over payments or payments in excess of contracts or duplicate payments, something along those lines

Kennedy

Or just call it unauthorized

Moss

Right, unauthorized payments. Right. Cause if they got it paid once,

Commissioner Malphrus

But if we said unauthorized and unauthorized payment, how many payments does that mean you would look for it? You wouldn't look for all of them. right? I mean, you couldn't look for all of them. So which one would you choose to look for? And which ones would you not? Or if we need to tell you which ones we want you to look for?

Kennedy

As specific as you can be as helpful, if you've got certain contracts that you're concerned about, then we can, we can be that specific. If you say, I want you to look at every payment of ABC Consulting during fiscal years, 2019 and 2020, that's exactly what we'll do.

Commissioner Malphrus

Okay. All right. Well, that makes sense to me.

Commissioner Blackwood

Yep, it does to me too.

Moss

And don't worry about naming names to us. Everything we have is confidential. I mean, don't, I mean, don't be shy about saying who it is. We treat everything confidential in our office.

Commissioner Malphrus

I mean, this is what y'all do all day for the state, right? Well, all right. Well then that's pretty much all. That's part of it, what is another part, Robin? I'm sure you have something else to ask them.

Commissioner Blackwood

No, I don't. I am good. I think this is exactly what we, um, what, um, what, this is the input we need based on what direction they need to go in. And I think, um,

Commissioner Malphrus

I, I'm thankful that we had this call then, because I didn't realize y'all could get specific enough if we wrote down specific things that y'all could actually go specifically to these things. I thought you, I thought you had to do a financial audit first and then get these specific things. But you're saying you can go say the specific thing.

Moss

Yeah, you're right. It would be expensive for you guys. And not only that you'd have to have a consultant to help you as well, to pull together the financial statements. I don't know your financial staff, they're not accustomed to pulling together financial statements and note disclosures. So this could be definitely the best.

Commissioner Blackwood

Yeah. Got it.

Commissioner Malphrus

Yeah. I really, I really do think that if we just got to get specifically what we want you to look for and then just kind of see if we get anywhere from there. And then if, if y'all have concerns, then you'll come back to us with those concerns and we can dig deeper into those concerns. Is that right?

Kennedy
Yeah, exactly.

Commissioner Blackwood

Okay. Great. Well, thank you so much for your time today. Really appreciate it. And I think that's, that's all we have.

Moss

Okay. Good. Thanks. Bye-bye.

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THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS (DDSN). THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. DDSN RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

PURPOSE

The purpose of this directive is to define specific prohibited workplace conduct and to outline the protocols in place for reporting and investigating discrimination and harassment, sexual harassment, retaliation, and hostile work environment.

I. STATEMENT OF POLICY

The South Carolina Department of Disabilities and Special Needs (DDSN) is committed to maintaining a work environment that is free from all forms of discrimination and harassment, sexual harassment, retaliation, and hostile work environment. DDSN prohibits any workforce

member from engaging in the acts and/or behaviors categorized by this directive, including all forms of discrimination and harassment, sexual harassment, retaliation, and hostile work environment, with respect to employment.

Federal and state laws prohibiting discrimination include but are not limited to: Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1975 (ADEA), and the Americans with Disabilities Act of 1990 (ADA) and the South Carolina Human Affairs Law. This directive is intended to be consistent with federal and state discrimination laws. Discrimination in violation of this directive is subject to appropriate discrimination laws.

Any unacceptable, unprofessional, offensive, discriminatory, harassing, sexually harassing, or retaliatory conduct that violates this directive or this directive's intent, even if not considered unlawful, is wholly prohibited. This directive applies to all employees, contracted personnel, and volunteers, and all conduct in DDSN workplaces, and at all DDSN sponsored events occurring outside of the workplace.

II. GENERAL PROVISIONS

A. **Definitions**: For purposes of this directive, the following definitions shall apply:

1. **Hostile Work Environment** – Situation in which one employee's behavior within a workplace creates an environment that is difficult or uncomfortable for another person to work in due to discrimination and harassment, sexual harassment and/or retaliation.

2. **Protected Activity** – Employee's opposition to any practice made an unlawful practice by Title VII or employee's participation in an investigation, proceeding, or hearing under Title VII.

3. **Workplace** – Any area in which employees work or work-related activities occur to include travel, field sites, state buildings, other facilities, and vehicles or other conveyances used for travel while on department business.

B. **Anti-Discrimination Training**: In an effort to ensure all DDSN employees understand the severity of the issue of harassment and discrimination, all employees shall complete initial Anti-Harassment and Anti-Discrimination training within 90 days of employment with DDSN and no less than annually thereafter. Existing DDSN employees, contracted personnel and volunteers must receive this training within 90 calendar days of approval of this directive.

III. PROHIBITED WORKPLACE CONDUCT

Prohibited conduct in the workplace includes, but is not limited to, the following:

A. Discrimination and Harassment

1. Discrimination is any unfair treatment or harassment because of race, color, religion, sex, gender, age, disability, pregnancy (including childbirth or related medical conditions), or national origin.

2. Harassment consists of substantial and unreasonable words, gestures, or actions that are intended to frighten, alarm, or abuse another person, and/or cause a reasonable person mental or emotional distress. Harassment includes conduct by an employee that creates an intimidating, hostile or offensive work environment or interferes with an employee's work performance. Harassing conduct is characterized as unwanted, unwelcome, and non-consensual.

3. The discriminatory and/or harassing conduct may be between, but is not limited to: employee to employee, employee to supervisor, supervisor to employee, employee to non-employee or non-employee to employee. An employee is prohibited from harassing anyone by use of the employee's position or state-owned equipment.

4. Examples of discriminatory and/or harassing conduct includes, but is not limited to, the following:

    a. Use of "hate speech," slurs, negative stereotyping, threatening and/or intimidating words or gestures, yelling, or any hostile conduct related to one of the protected characteristics described above; and/or,

    b. Distribution, display or discussion of any written, graphic or sexually explicit material that ridicules, denigrates, insults, belittles or shows hostility or aversion toward an individual or group. This includes e-mail, text messages, and social media posts.

    c. Physically threatening or intimidating actions like pushing, shoving, and blocking another's path with intent to intimidate.

B. **Sexual Harassment**

Sexual harassment in any form is prohibited under this directive. Sexual harassment is a form of discrimination and is unlawful under Title VII of the Civil Rights Act of 1964. According to the Equal Employment Opportunity Commission (EEOC), sexual harassment includes unsolicited and unwelcome sexual advances, requests for sexual favors and/or other verbal or physical conduct of a sexual nature, when such conduct is:

(a) Made explicitly or implicitly a term or condition of employment;
(b) Is used as a basis for an employment decision; and/or
(c) Unreasonably interferes with an employee's work performance by creating an intimidating, hostile or otherwise offensive working environment.

1. Examples of sexual harassment include, but are not limited to, the following:

    a. Sexual innuendoes, suggestive comments, jokes and/or questions of a sexual nature, sexual propositions, lewd remarks or threats, references to gender-specific traits, or requests for any type of sexual favor, including repeated and unwelcomed requests for dates;

b. The distribution, display or discussion of any written or graphic material, physical or digital, that is sexually suggestive or shows hostility toward an individual or group because of sex, suggestive or insulting sounds, leering, staring, whistling, obscene gestures or content in letters; and/or,

c. Unwelcome, unwanted physical contact like touching, tickling, pinching, patting, brushing up against, hugging, cornering, kissing, fondling, forced sexual intercourse or assault.

C. **Retaliation**

No hardship, loss of benefit and/or other penalty may be imposed on an employee as punishment for filing or responding to a bona fide complaint of discrimination/harassment, sexual harassment or hostile work environment, appearing as a witness in the investigation of a complaint, or serving as an investigator. Retaliation or attempted retaliation is a violation of this directive and anyone who does so is subject to appropriate action, up to and including termination. Lodging a valid complaint will in no way be used against the employee or have an adverse impact on the complainant's employment status.

D. **Hostile Work Environment**

1. A hostile work environment exists where any harassing conduct creates an offensive and/or unpleasant working environment. Anyone in the work place is capable of creating a hostile work environment including, but not limited to, supervisors, other employees, or supported individuals.

2. Harassment which creates a hostile work environment may include, but is not limited to, unwanted sexual or discriminatory verbiage, unwelcome distribution of sexually explicit or discriminatory materials, and/or nonconsensual physical contact.

IV. WORKPLACE RELATIONSHIPS

A. Supervisors may not have a romantic or sexual relationship with a subordinate, nor may they threaten or imply that an employee's response to sexual advances or any other harassing behaviors will, in any way, influence that employee's continued employment or career development.

B. If a romantic relationship exists between peers, the parties must be aware that one or both may be moved to a different work unit or other actions may be taken. Although having a consensual romantic relationship with another employee is not harassment, harassment may occur if either person in the relationship engages in conduct in the workplace that is inappropriate or unwelcome.

C. Employees may not provide DDSN sponsored services to family members or to individuals with whom they have a romantic or sexual relationship.

V. MANAGEMENT/SUPERVISORY ACTION

Managers and supervisors shall:

A. Take appropriate measures to prevent, identify, and stop discrimination and harassment, sexual harassment, retaliation, and hostile work environment, and/or retaliation;

B. Take all reasonable steps to protect the person/people targeted by discrimination and harassment, sexual harassment, retaliation, and hostile work environment, and/or retaliation; and

C. A manager or supervisor who becomes aware of an incident of alleged discrimination and harassment, sexual harassment, retaliation, and hostile work environment, and/or retaliation shall forward the information regarding the incident to the DDSN Office of Human Resources.

VI. REPORTING PROHIBITED WORKPLACE CONDUCT

DDSN encourages the reporting of all perceived incidents of prohibited workplace conduct including unacceptable and offensive conduct, regardless of the offender's identity or position within DDSN. If any employee believes he/she is being treated in an unlawful, discriminatory manner or is being harassed, sexually harassed, is subject to a hostile work environment or is the target of retaliation, the employee should inform the individual/offender that such conduct is unwelcome and immediately report the conduct to their supervisor, the DDSN Office of Human Resources, or another member of management.

This directive is not intended to limit in any way the right of an employee to report incidents perceived as unlawful to an appropriate policing authority.

A. Complaint Procedures

A complaint may be made verbally or in writing. If made in writing, the employee should use the Formal Complaint Form available on the DDSN's Application Portal and submit it to DDSN's Office of Human Resources. If the complaint is made verbally, the employee will be strongly encouraged to complete the Formal Complaint Form to assist DDSN in its investigation of the alleged violation within ten (10) calendar days. The Formal Complaint Form will be held confidential as allowed by law. All supervisors and other management-level employees having knowledge of complaints or allegations of harassment or discrimination are required to contact DDSN's Office of Human Resources immediately. Any workforce member who witnesses a violation of this directive should report the violation in the same manner as outlined above. Failure by a knowledgeable or witnessing party to report a violation of this directive will result in appropriate action, up to and including that party's termination.

B. Investigations and Confidentiality

DDSN will take all necessary action to promptly and impartially complete an investigation into all complaints of prohibited conduct. An appropriate DDSN official will normally conduct the investigation, but another impartial investigator may be designated in certain circumstances.

DDSN will maintain confidentiality in its investigation to the extent possible. However, DDSN cannot guarantee complete confidentiality of the prohibited conduct allegation and the identity of the complainant. Nor, can DDSN guarantee complete confidentiality of the alleged perpetrator.

Employees are expected to cooperate both with internal investigations and external investigations conducted by appropriate policing authorities. Refusal to cooperate during an investigation will result in appropriate action, up to and including termination. Upon completion of the investigation, DDSN will communicate the findings to the complainant and any other necessary and appropriate parties.

To effectively investigate and resolve complaints associated with violations of this directive, DDSN requests and advises that those with knowledge of such violations report them within 120 calendar days of the occurrence of the alleged conduct.

VII. CORRECTIVE ACTIONS

A. Disciplinary Action

In accordance with DDSN directive 413-01-DD: Standards of Disciplinary Action, a finding of discrimination, harassment, and/or sexual misconduct will be addressed on a case by case basis. Consequences for violating this directive will depend upon the facts and circumstances of each particular situation. The severity of the corrective action will depend on the frequency and/or severity of the offense and any history of past discriminatory, harassing and/or sexual misconduct. An employee found to have engaged in prohibited conduct may be subject to disciplinary action, up to and including, termination.

B. False Reports

Filing groundless and malicious complaints is an abuse of this directive and is strictly prohibited. Such actions are subject to appropriate action, up to and including termination.

Barry D. Malphrus	Gary C. Lemel
Vice Chairman	Chairman

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS (DDSN). THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. DDSN RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

Attachment F

COMMISSION MEETING IT DISCUSSION

- Michael Mickey, MBA

CONFERENCE ROOM CHALLENGES

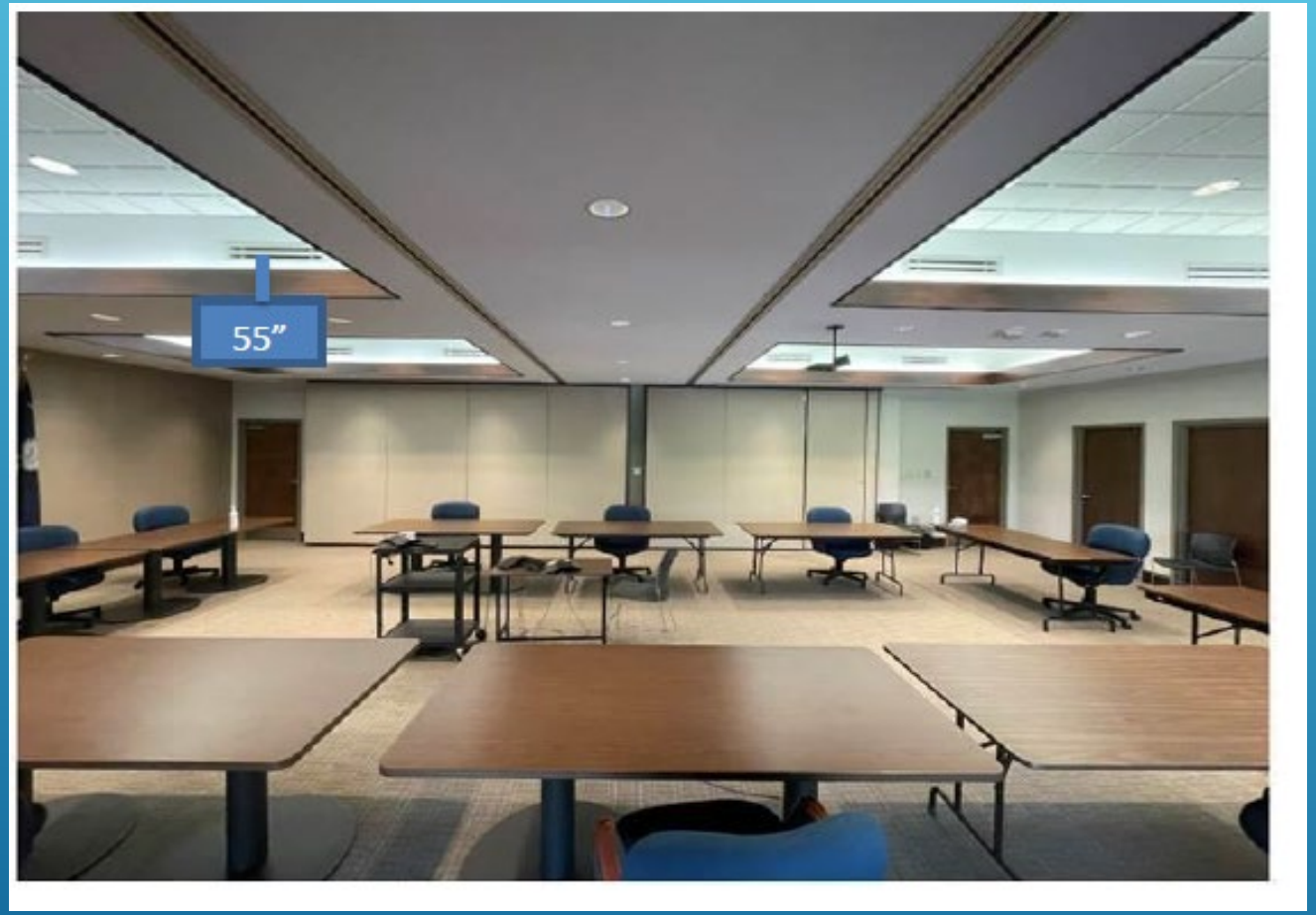
- Lack of updated Technology
- Wire management
- Video Quality/Performance/Availability
- Room Dynamics/Professional Look
- Audio Quality
- Visual Requirements

General Room Layout Notes

AV Rack Location

Ceiling Mic Locations

- *Microphone in Each Acoustic Tile Cloud*
- *Microphone in Sheetrock Soffit*


55”


55”


86”

CONFERENCE ROOM GOALS

- Limit use of conference room between meetings
- Provide quality audio and video for the public and inside the room
- Professional Look and Feel
- Recommend purchase of Executive Board Room table/seating

EXECUTIVE CONFERENCE ROOM

SKYPE VS TEAMS

- July 2021 Skype sunset
- Teams is the replacement product
- Teams provides the same functionality as SKYPE apart from Mobile app (Live video)

QUESTIONS??

South Carolina Department of Health and Human Services
Medical Care Advisory Committee
Item for Committee Advisement

PREPARED BY: Margaret Alewine, Program Manager, Community Options

PRESENTED BY: Janelle Smith, Deputy Director, Health Programs

DATE: May 11, 2021

SUBJECT: Proposed changes to Intellectually Disabled and Related Disabilities 1915(c) waiver.

OBJECTIVE: To incorporate changes at time of renewal for the Intellectually Disabled and Related Disabilities home and community-based services waiver.

BACKGROUND: The Intellectually Disabled and Related Disabilities (ID/RD) waiver is scheduled to expire Dec. 31, 2021. As part of the waiver renewal process, a full review of the waiver applications is being conducted. The following are proposed changes.

- Modification of respite care service to include:
  - A daily rate for group respite in a licensed residential facility.
  - Tiered rates for service provision when delivered to multiple participants residing within the same household requiring respite services at the same time.
  - The option for participant/representative direction of respite care service.
- Addition of in-home support service as a new participant/representative-directed service.
  - In-home support will replace adult attendant care.
- Remove adult attendant care.
  - A transition plan for participants currently receiving adult attendant care is required.
- Increase the service limit for environmental modification service.
  - Current limit is $7,500 per lifetime and there has been no increase since the original waiver application.
  - Analysis shows that of the ID/RD waiver participants with environmental modification expenditures from July 2016 through February 2021, 50% were either equal to or closely approaching the current cap.
  - Recommendation is to increase to $15,000 per lifetime with a re-evaluation of utilization following waiver year one.

BUDGETARY IMPACT: In its application and each year during the period that the waiver is in operation, the state must demonstrate that the waiver is cost neutral. The average per participant expenditures for the waiver and non-waiver Medicaid services must be no more costly than the average per person costs of furnishing institutional (and other Medicaid State Plan) services to persons who require the same level of care.

EXPECTED OUTCOME: Waiver is renewed prior to expiration date.

EXTERNAL GROUPS AFFECTED: Waiver participants, stakeholders, service providers.

RECOMMENDATION: Issue public notification of proposed waiver changes to allow for public input in accordance with 42 CFR 441.304(f).

EFFECTIVE DATE: On or after Jan. 1, 2022.

Waiver enrollment process improvement Overview

Current process

- Each eligible individual is added to appropriate Waiver waiting lists at eligibility
- People remain on waiting list until their name reaches the top
- Slots are allocated when names reach the top of the WL
- Once a slot is allocated, the person has to be contacted, make a decision about waiver participation, be financially cleared through Medicaid, have a plan completed and LOC must be completed before he/she can be enrolled in a Waiver.
- What we have learned is that this approach has ended up in bottle necks because of delays at each stage and ultimately causes gaps in number of funded vs. enrolled slots

New process was developed to prepare people on WL as they names reach the top of the WL so that we can bring minimize those gaps and provide services more quickly to the people who are ready to receive them.

- People will continue to be added to waiver waiting lists at eligibility
- People on WLs will receive annual contact – will be informed of their place on the waiting list and will be removed if necessary (death, moved out of state, etc)
- 6 months from reaching top of WL – DDSN staff will identify anyone closed or ineligible to get them routed to eligibility more quickly
- 3 months from reaching top of WL – DDSN will approve active CM and place the person in processing status – we will provide notice to the case manager to complete pre-enrollment activity of FOC. Once FOC is signed showing intent to accept the waiver slot, 118a will be completed to ask Medicaid to financially clear the person
- Slots will be allocated once a person signs FOC and is financially cleared.

Outcome:

- Annual contact will help us have more accurate waiting lists and more accurate information about people on those lists. Will also allow us to encourage application for Medicaid yearly.
- Processing status will prepare people for enrollment and keep people blocking waiver slots
- People receiving slots will actually be ready to enroll (only need completion of LOC and transition date)
- Steps at 6 and 3 months will prepare for enrollment so there are no delays related to Medicaid eligibility

CONTRACT

BETWEEN

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

AND

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

FOR THE PURCHASE AND PROVISION OF

ADMINISTRATIVE SERVICES

DATED AS OF

JULY 1, 2020

INDEX

CONTRACT

BETWEEN

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

AND

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

FOR THE PURCHASE AND PROVISION OF ADMINISTRATIVE SERVICES

This Contract is entered into as of the first day of July 2020, by and between the South Carolina Department of Health and Human Services, 1801 Main Street, Post Office Box 8206, Columbia, South Carolina, 29202-8206, hereinafter referred to as "SCDHHS" and the South Carolina Department of Disabilities and Special Needs , 3440 Harden Street Extension, Columbia, SC 29203, hereinafter referred to as "SCDDSN."

RECITALS

WHEREAS, SCDHHS is the single state agency responsible for the administration in South Carolina of a program of Medical Assistance under Title XIX of the Social Security Act and makes all final decisions and determinations regarding the administration of the Medicaid Program.

WHEREAS, the United States Department of Health and Human Services has allocated funds under Title XIX of the Social Security Act to SCDHHS to perform certain administrative functions.

WHEREAS, SCDDSN represents and warrants that it meets applicable standards to receive such funds for certain administrative functions as specified by Title XIX of the Social Security Act, federal regulations promulgated pursuant thereto, and the South Carolina State Plan for Medical Assistance.

WHEREAS, SCDDSN desires to provide such administrative functions as outlined in this Contract.

NOW THEREFORE, the parties to this Contract, in consideration of the mutual promises, covenants, and stipulations set forth herein, agree as follows:

ARTICLE I

CONTRACT PERIOD

This Contract shall take effect on July 1, 2020 and shall, unless sooner terminated in accordance with Article VIII, continue in full force and effect through June 30, 2025.

ARTICLE II

DEFINITION OF TERMS AND ACRONYMS

As used in this Contract, the following terms shall have the following defined meanings:

ANE: Abuse, neglect, and exploitation

APPLICANT: A person who has applied for SCDDSN CS, HASCI and/or ID/RD waiver services

Beneficiary: A person who has been determined eligible to receive services as provided for in the South Carolina State Plan for Medical Assistance.

CMS: Centers for Medicare and Medicaid Services

CPCA: Children's Personal Care Aide

CPDN: Children's Private Duty Nursing

CS: Community Supports

DSN Board: Disabilities and Special Needs Board

Federal Financial Participation (FFP): Any funds, either title or grant, from the Federal Government.

GAO: Government Accountability Office

HASCI: Head and Spinal Cord Injury

HCBS: Home and Community Based Services Final Regulation, CMS 2249-F

HIPAA: Health Insurance Portability and Accountability Act of 1996, as amended, along with its attendant regulations.

ICF/IID: Intermediate Care Facility for Individuals with Intellectual Disabilities

ID/RD: Intellectual Disability and Related Disabilities

IMS: SCDDSN Incident Management System

LTL: Long Term Living

LOC: Level of Care

MAA: Medicaid Administrative Activities

MCC: Medically Complex Children

MTCM: Medicaid Targeted Case Management

NCI: National Core Indicators
NF: Nursing Facility

Participant: Medicaid Beneficiary receiving services authorized, overseen or operated by DDSN

PASRR: Pre-Admission Screening and Resident Review

Policies: The general principles by which SCDHHS is guided in its management of the South Carolina State Plan for Medical Assistance, as further defined by SCDHHS promulgations and by state and federal rules and regulations.

Program: The method of provision of Title XIX services to South Carolina Beneficiaries as provided for in the South Carolina State Plan for Medical Assistance and SCDHHS regulations.

QIO: Quality Improvement Organization

Social Security Act: Title 42, United States Code, Chapter 7, as amended.

SCDDSN: South Carolina Department of Disabilities and Special Needs

SCDHHS: South Carolina Department of Health and Human Services

SCDHHS Appeal Regulations: Regulations promulgated in accordance with S.C. Code Ann. §44-6-90, 10 S.C. Code of State Regs. §126-150 et seq. (2012, as amended) and S.C. Code Ann. §1-23-310 et seq. (1976, as amended).

South Carolina State Plan for Medical Assistance (State Plan): The comprehensive written commitment by SCDHHS, submitted under section 1902(a) of the Social Security Act, to administer or supervise the administration of the Medicaid Program in accordance with federal requirements.

TEFRA: Tax Equity and Fiscal Responsibility Act
Title XIX (Medicaid): Title 42, United States Code, Chapter 7, subchapter XIX, as amended (42 U.S.C. §1396 et seq.).

USDHHS: United States Department of Health and Human Services

ARTICLE III

SCOPE OF SERVICES

For and in consideration of the promises herein made by SCDHHS, SCDDSN agrees to provide administrative services related to the operation of the CS, HASCI, and ID/RD Waiver Programs, ICF-IID LOC determinations, ICF-IID operations for Community Programs and Level II PASRR.

SCDDSN agrees to provide services in a manner consistent with Medicaid policy and agrees to maintain documentation in support of services and functions delivered for the proper and efficient administration of the Medicaid State Plan and waiver programs. SCDDSN shall abide by all waiver assurances, waiver documents and SCDHHS policy.

As necessary, SCDDSN shall participate in one-time or regularly-scheduled interagency meetings/telephone calls with SCDHHS staff; provide information; provide notice to stakeholders about public meetings; prepare and submit policies/procedures to SCDHHS for its review and approval prior to implementation; implement SCDHHS-approved policies/procedures; and, contribute as requested to the submission of CMS 372 reports, waiver amendments, waiver renewals and evidentiary reports.

As part of SCDDSN's administrative activities, qualified personnel will complete the following:

1. Performance of the following Medicaid LOC determinations according to SCDHHS policy, criteria and the appropriate waiver document:

    a. Initial ICF/IID LOC determinations for CS, HASCI, and ID/RD Waiver applicants.

    b. ICF/IID LOC determinations for individuals seeking or receiving Medicaid-sponsored services in an ICF/IID.

    c. Annual ICF/IID or NF LOC re-determinations for CS, HASCI, and ID/RD Waiver Participants.

    d. New LOC determinations for CS, HASCI, and ID/RD Waiver Participants when their LOC has expired.

2. Facilitation of Medicaid eligibility determinations including:
    - Explaining the Medicaid program and eligibility process to Applicants.

3. Performance of Level II Pre-Admission Screening and Resident Reviews

(PASRR).

4. Performance of ICF/IID LOC determinations for individuals that may qualify for Medicaid through TEFRA. Transmission or issuance of information necessary for an ICF/IID LOC determination or re-determination for TEFRA individuals.

5. Completion of all Medicaid-required waiver enrollment activities not otherwise reimbursable under Medicaid fee-for-service payment options.

6. Development of written materials explaining the waiver programs. Sharing of this information with potential and current Participants.

7. Identification and timely reporting of inappropriate Medicaid provider claims including, but not limited to, fraudulent billing, billing lacking documentation for the service provided, and, billing in excess of service authorization.

8. Overseeing, compiling, preparing, reviewing, submitting, and monitoring Medicaid administrative claims in support of the Medicaid State Plan and Medicaid waivers.

9. Administration and operation of an Incident Management System for reporting of ANE and critical incidents as approved in the waiver applications and in policy by SCDHHS for the SCDDSN network of qualified providers. This will include development of procedures for reporting for Participants receiving at-home services.

10. Provision of technical assistance to DSN Boards/waiver service providers within the SCDDSN network.

11. Reconsideration of adverse decisions when requested by Participants. After reconsideration, issuance of a written decision to the participant/family within ten (10) business days of receipt of the written request for reconsideration with a copy to SCDHHS.

12. Develop a work plan jointly with SCDHHS to explore development of a periodic quality assurance review process for the SCDHHS direct-enrolled Behavior Support provider type.

13. Maintenance of accurate waiver waiting lists for the CS, HASCI, and ID/RD Waiver Programs.

14. Communication annually with Applicants on the above-referenced waiting lists to:

a. confirm interest in the waiver
b. provide information regarding current placement on the list
c. obtain updated demographic information

15. Sending of correspondence to new Applicants regarding their placement on the waiver waiting list within ten (10) business days of addition to the list.

16. Responding to inquiries regarding an Applicant's placement on waiver waiting list(s) (after obtaining written release as necessary).

17. Submission of information to SCDHHS in preparation for an appeal hearing. Provision of testimony/evidence at appeal hearings as requested by SCDHHS.

18. Posting of SCDHHS-approved documents on the SCDDSN website.

19. Dissemination of SCDHHS-approved policies and procedures to staff/supervisors in a timely manner.

20. Coordination and timely submission of waiver enrollment and termination forms to SCDHHS. Submission of a monthly report to SCDHHS showing waiver enrollments and terminations for all waiver programs.

21. Provision of administrative oversight to participants who decline Waiver Case Management services.

22. Monitoring the provision of annual training to waiver case managers using the SCDHHS-created modules on the following topics:
    a. Procedures for Reporting Abuse, Neglect or Exploitation of People
    b. Confidentiality of Personal Information
    c. Person-Centered Planning
    d. Level of Care (including annual ICF-IID and NF LOC re-determination training for all case managers/supervisors who conduct such LOC re-determinations for waiver Participants).
    e. Assessments and Plans of Support
    f. Programmatic changes (as required)
    g. One topic of the provider's choosing

23. Provision of technical assistance to providers in the SCDDSN network of qualified providers focused on the transformation necessary for compliance with the HCBS Final Regulation.

24. Performance of SCDDSN's required quality assurance activities for SCDDSN network of qualified providers in accordance with SCDHHS policy and the waiver documents. These include:

a. Provider reviews: SCDDSN shall ensure a QIO performs reviews of SCDDSN network of qualified waiver service providers per the SCDHHS-approved schedule. The QIO shall gather the needed waiver key indicator data. SCDDSN will not be reimbursed for costs related to the QIO's gathering of other data, unless SCDHHS approves this in advance.

   SCDDSN will ensure the full report of findings for initial and follow-up QIO SCDDSN network of qualified provider reviews, as well as SCDDSN network of qualified provider corrective action plans, are made available to SCDHHS within an agreed upon time frame based on the QIO system used. SCDDSN will ensure data on the QIO Portal is accurate, complete and up-to-date.

b. Waiver key indicator implementation: SCDDSN shall utilize the waiver key indicators required by SCDHHS. SCDDSN shall seek annual written approval from SCDHHS of the waiver key indicators. Waiver key indicators may not be revised, added or deleted without SCDHHS approval. Revisions to the key indicators will be enacted in the next fiscal year unless other arrangements are approved by SCDHHS.

c. Corrective action plan monitoring and follow-up: SCDDSN shall ensure provider corrective action plans are implemented and ensure the targeted outcomes are achieved on schedule. As necessary, SCDDSN shall provide technical assistance to providers.

d. Recoupment payments: As warranted by QIO findings, SCDDSN will reimburse SCDHHS for Medicaid payments it received that are determined to be recoupable. These reimbursements must be submitted to SCDHHS using the void/replace methodology per Medicaid policy utilizing appropriate documentation. If it is not possible to use void/replace methodology, SCDDSN will otherwise initiate the necessary adjustments according to Medicaid policy. If needed, future payment will be withheld from SCDDSN in order to resolve outstanding discrepancies.

e. Deficiency reporting: SCDDSN will notify SCDHHS within 24 hours of discovering a Class I deficiency involving Participants, as outlined in SCDDSN Directive 104-01-DD and individual waiver documents.

f. Personal property monitoring: SCDDSN will ensure residential

habilitation providers manage participant personal assets, funds and property in accordance with federal/state regulations. SCDDSN will ensure controls are in place to properly protect Participant personal assets, funds and property.

25. Activities of the Waiver Administration Division including approval of all case management plans and plan amendments with service levels for waiver participants.

26. Administration of the ID/RD, CS and HASCI Environmental Modifications service to include on-site visits, construction plan development and project coordination.

27. Development and editing of Waiver Manuals with final approval from SCDHHS.

28. Provision of training on Policy changes to the SCDDSN provider network of qualified providers.

29. Administration of Residential Habilitation assessment of need.

30. Provision and management of statewide electronic health record system.

31. As of implementation date, completion of national, standardized measures to assess the support needs of Participants and outcomes of services provided to Participants and families. Administration of the National Core Indicators pre-survey.

32. Distribution and certification of delivery of itemized Personal Protective Equipment to at-home waiver participants.

33. Administration of ICF-Community program.

ARTICLE IV

FISCAL ADMINISTRATION

1. Appropriation Transfer of State Match

a. SCDHHS agrees to transfer State matching funds for Medicaid State Plan services to SCDDSN by appropriation transfer for those individuals who were Medicaid eligible prior to entering the CS, HASCI or ID/RD waiver programs. This transfer will be made during the fourth (4^{th}) quarter of the State fiscal year for individuals entering the waiver during the preceding four (4) quarters. Then, in the first (1^{st}) quarter of the following State fiscal year, the transfer of State matching funds will be made on a permanent basis for those individuals through the

annual budgetary process.

b. For the purposes of determining the annual appropriation transfer amount from SCDHHS to SCDDSN, the following shall occur:

    i. SCDDSN shall prepare an excel spreadsheet with accurate data for the current appropriation request.
    ii. The spreadsheet must contain all CS, HASCI or ID/RD waiver enrollees with ESTABLISHED Medicaid eligibility, who enrolled between dates 4/1/xx and 3/31/xx. Each appropriation transfer request must be specific for the time frame in question each year. Retro-active requests for appropriation transfers will not be considered.
    iii. The spreadsheet must contain accurate enrollee names (first and last names), Medicaid identification numbers, social security identification numbers, and enrollment dates.

c. The enrollment list should NOT include any previous CS, HASCI or ID/RD established waiver enrollees as those individuals are not eligible for duplicate appropriation transfer amounts. If the spreadsheet submitted to SCDHHS includes the names of previously enrolled CS, HASCI or ID/RD established waiver individuals, those names will be removed.

d. The enrollment list should not include any CS, HASCI or ID/RD Waiver participants who terminate from the waiver without receiving waiver services. No appropriation transfer will be made for these participants.

e. In order to ensure a timely appropriation transfer, the spreadsheet must be submitted during the month of April each year to staff at SCDHHS, Community Options.

For the purposes of determining the annual appropriation transfer from SCDHHS to SCDDSN, “Additional Waiver Slots for the Year Filled by Persons Who were Medicaid Eligible Prior To Entering the Waiver” shall include: individuals living at home prior to entering the waiver, individuals living in other (non-ICF/IID) community settings, or individuals living in ICF/ IID’s whose movement to the waiver from an ICF/ IID resulted in an ICF/ IID bed being permanently vacated. The permanently vacated bed could occur in the particular ICF/ IID from which the individual moved, or could occur in another ICF/ IID, such as a residence at a regional center. SCDDSN shall provide to SCDHHS at the time of requesting the appropriation transfer a listing of all individuals coming into the waiver from an ICF/ IID who meet the criteria. Upon request from SCDHHS, SCDDSN shall provide

supporting records to substantiate the individual's movement resulted in a permanently vacated ICF/ IID bed.

f. The determination of the appropriation transfer of State match funds to SCDDSN for Medicaid State Plan services shall be computed by SCDHHS in accordance with Appendix C. (see attached)

g. Should the CS, HASCI or ID/RD Waiver program not be renewed by CMS, SCDDSN agrees to transfer back as a permanent one-time appropriation transfer, all State matching funds previously transferred in accordance with this Agreement and SCDDSN will no longer be responsible for payment of Health Connections Medicaid state plan services.

h. The annual appropriation transfer of State matching funds from SCDHHS to SCDDSN is subject to appropriation from the legislature.

ARTICLE V

SCDHHS RESPONSIBILITIES

For and in consideration of the promises made herein by SCDDSN, SCDHHS agrees to:

1. Provide technical assistance to SCDDSN as needed related to the operation of waiver and State Plan programs including waiver applications, amendments, renewals, evidentiary reports, compliance reviews, and direct enroll/direct bill providers.

2. Serve as official liaison with CMS and communicate pertinent information to SCDDSN in a timely fashion.

3. Ensure MMIS entry of waiver enrollments and terminations.

4. Participate in quarterly ICF-IID LOC Meetings with the SCDHHS QIO and SCDDSN staff.

5. Participate in waiver appeals and hearings as needed with designated SCDDSN staff and provide appropriate notification to SCDDSN of such events.

6. Review and approve all SCDDSN-proposed policies, rules and regulations in a timely manner related to waivers and/or waiver participants prior to issuance and implementation.

7. Participate in staff meetings between SCDHHS and SCDDSN to discuss relevant topics, Medicaid policy and/or participant concerns.

8. Provide SCDDSN with needed information regarding current Medicaid enrollment status of waiver service providers.

ARTICLE VI

CONDITIONS FOR REIMBURSEMENT BY SCDHHS

SCDHHS agrees to purchase from SCDDSN and to pay for the services provided pursuant to this Contract in the manner and method herein stipulated:

A. SCDDSN shall submit a monthly reimbursement invoice to SCDHHS for the services provided under this Contract. Bills shall be submitted to:

Accounting Operations/Accounts Payable
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

B. Non-Federal Share of Costs

SCDDSN agrees to incur expenditures from state appropriated funds and/or funds derived from tax revenue in an amount at least equal to the non-federal share of the allowable, reasonable and necessary cost for the provision of administrative services to the Medicaid Program under this Contract prior to submitting invoices for payment under this Contract. Documentation of the non-federal expenditures necessary to support the invoices for reimbursement must be maintained by SCDDSN and are subject to audit by SCDHHS. SCDHHS may withhold and/or recoup reimbursements if Certified Public Expenditures (CPE) are not adequately documented. The required total estimated state appropriated funds and/or funds derived from tax revenue to be expended by SCDDSN as a CPE are Nine Million Three Hundred Thirty Thousand Five Hundred Dollars ($9,330,500) per year (See Appendix A). As required by 45 CFR Part 95.13 (2019, as amended) all funds expended for the non-federal share of this Contract must be in compliance with 42 CFR Part 433 Subpart B (2019, as amended). Such non-federal funds must be actually expended for the provision of services to be provided under this Contract.

C. Cost Report

Throughout the contract period, SCDDSN shall submit interim monthly reimbursement requests which will incorporate the following certification statement:

> I do solemnly swear (or affirm) that I have examined the information contained in this request or report. That all information has been prepared from the books and records of SCDDSN. That the aforesaid information is true and correct to the best of my knowledge and belief; and, that no other request for reimbursement from other federal and/or state funds has been made nor has any other reimbursement been received, applied for, nor will they be applied for, for the services herein described. That SCDDSN has on file the proper documentation to support this request for reimbursement. And, that the costs represented are true costs incurred during the period of this request.

This statement must be signed and dated by a finance staff member duly authorized by SCDDSN.

The SCDDSN will be required to submit an annual cost report reflecting the SCDDSN Central Office operating costs on a FYE June 30th basis. This cost report will be due at the same time in which the annual FYE June 30th waiver services and state plan services cost reports are due and will include the CMS approved cost allocation methodology used to allocate SCDDSN Central Office costs among Medicaid state plan, Medicaid waiver, and other services/activities not funded by the SC Medicaid Program. Based upon the submission of the SCDDSN Central Office cost report, the SCDHHS will determine the actual Medicaid allowable reimbursable costs incurred in the operation of the SCDDSN waiver programs and reconcile the interim payments made during the contract. If an overpayment occurs, then SCDDSN will be responsible for returning the federal share of the overpayment. If an underpayment occurs, then SCDHHS will reimburse SCDDSN the federal share of the underpayment.

D. Public Funds as the State Share of Federal Financial Participation

To be considered as the state's share in claiming FFP, public funds must meet the conditions specified in accordance with 42 CFR §433.51 (2019, as amended).

E. Donations (If Applicable)

SCDDSN agrees to comply with 42 CFR Part 433 Subpart B (2019, as amended) regarding any and all donations made by SCDDSN pursuant to this Contract.

ARTICLE VII

RECORDS AND AUDITS

A. Accuracy of Data and Reports

SCDDSN shall certify that all statements, reports and claims, financial and otherwise, are true, accurate, and complete. SCDDSN shall not submit for payment any claims, invoices, statements, or reports which it knows, or has reason to know, are not properly prepared or payable pursuant to federal and state law, applicable regulations, this Contract, and SCDHHS policy.

1. Maintenance of Records

SCDDSN must maintain an accounting system with supporting fiscal records adequate to assure that claims for funds are in accordance with this Contract and all applicable laws, regulations, and policies. SCDDSN further agrees to retain all financial and programmatic records, and supporting documents, and statistical records and other records of Beneficiaries relating to the delivery of care or service under this Contract, and as further required by SCDHHS, for a period of four (4) years after last payment made under this Contract (including any amendments and/or extensions to this Contract). If any litigation, claim, or other actions involving the records has been initiated prior to the expiration of the four

(4) year period, the records shall be retained until completion of the action and resolution of all issues which arise from it or until the end of the four (4) year period, whichever is later. This provision is applicable to any subcontractor and must be included in all subcontracts.

2. Inspection of Records

At any time during normal business hours and as often as SCDHHS, the State Auditor's Office, the State Attorney General's Office, GAO, and USDHHS, and/or any of the designees of the above may deem necessary during the contract period (including any amendments and/or extensions to this Contract) and for a period of four (4) years after last payment under this Contract, SCDDSN shall make all program and financial records and service delivery sites open to the representatives of SCDHHS, GAO, the State Auditor, the State Attorney General's Office, USDHHS, and/or any designees of the above. SCDHHS, the State Auditor's Office, the State Attorney General's Office, GAO, USDHHS, and/or their designee(s)shall have the right to audit, review, examine, and make copies, excerpts or transcripts from all records, contact and conduct private interviews with SCDDSN's Beneficiaries and employees, and do on-site reviews of all matters relating to service delivery as specified by this Contract. If any litigation, claim, or other action involving the records has been initiated prior to the expiration of the our (4) year period, the records shall be retained until completion of the action and resolution of all issues which arise from it or until the end of the four (4) year period, whichever is later. This provision is applicable to any subcontractor and must be included in all subcontracts.

B. Audits

In the event an audit is performed and the audit report contains audit exceptions or disallowances, it is agreed by the parties hereto that the following procedures shall be used in making the appropriate audit adjustment(s):

1. Notice of Exceptions and Disallowances

Upon completion of an audit, SCDDSN shall be furnished a written notice containing the adjustment for each exception and a statement of the amount disallowed for each exception. SCDHHS, the State Auditor's Office, CMS, or their designee shall make this determination. Such notice shall further state the total sum disallowed as a result of the audit and that payment is due to SCDHHS in the full amount of the sums disallowed. Notice will be sent to SCDDSN by certified mail.

2. Disallowances - Appeals

In the event SCDDSN disagrees with the audit exceptions and disallowances, it may seek administrative appeal of such matters in accordance with the SCDHHS appeals procedures. Judicial review of any final agency decision pursuant to this Contract shall be in accordance with S.C. Code Ann. §1-23-380 (1976, as amended) and shall be the sole and exclusive remedy available to either party except as otherwise provided herein. Provided, however, any administrative appeal shall be commenced

by written notice as required by SCDHHS appeals procedures.

Thirty (30) days after mailing of the notice of disallowance, all audit disallowances shall become final unless an appeal in accordance with SCDHHS appeals procedures has been filed. Payment shall be due and should be made upon notice of disallowance regardless of the filing of an appeal. Should the amount of the disallowance be reduced for any reason, SCDHHS will reimburse SCDDSN for any excess amount previously paid. Additionally, any issue which could have been raised in an appeal shall be final and not subject to challenge by SCDDSN in any other administrative or judicial proceeding if no appeal is filed within thirty (30) calendar days of the notice of determination.

3. Disallowed Sums, Set-off

Any provision for appeal notwithstanding, SCDDSN and SCDHHS agree that, should any audit(s) result in disallowance to SCDDSN all funds due to SCDHHS are payable upon notice to SCDDSN of the disallowance. SCDHHS is authorized to recoup any and all funds owed to SCDHHS by means of withholding and/or offsetting such funds against any and all sums of money for which SCDHHS may be obligated to SCDDSN under any previous contract and/or this or future contracts. In the event there is no previous contractual relationship between SCDDSN and SCDHHS, the disallowance shall be due and payable immediately upon notice to SCDDSN of the disallowance.

ARTICLE VIII

TERMINATION OF CONTRACT

A. Termination for Lack of Funds

The parties hereto covenant and agree that their liabilities and responsibilities, one to another, shall be contingent upon the availability of federal, state, and local funds for the funding of services and that this Contract shall be terminated if such funding ceases to be available. SCDHHS shall have the sole responsibility for determining the lack of availability of such federal, state, and local funds.

B. Termination for Noncompliance with the Drug Free Workplace Acts

In accordance with S. C. Code Ann. §44-107-60 (Supp. 2000, as amended), and 2 CFR Part 182 (2018, as amended), this Contract is subject to immediate termination, suspension of payment, or both if SCDDSN fails to comply with the terms of the State or Federal Drug Free Workplace Act.

C. Termination for Breach of Contract

This Contract may be canceled or terminated by either party at any time within the contract period whenever it is determined by such party that the other party has materially breached or otherwise materially failed to comply with its obligations hereunder.

D. Termination for Breach of Previous Contracts or Non-Payment of Previous Audit Exceptions

This Contract may be canceled or terminated by SCDHHS at any time within the contract period if SCDDSN, after exhaustion of all administrative and judicial appeals, has failed to make payment in full to SCDHHS for audit disallowances pursuant to any previous contract between the parties or if SCDDSN has failed to comply with the maintenance and inspection of records requirements of any previous contract between the parties.

E. Termination for Loss of Licensure or Certification (If applicable)

In the event that SCDDSN loses its license to operate or practice from the South Carolina Department of Health and Environmental Control or the appropriate licensing agency, this Contract shall terminate as of the date of delicensure. Further, should SCDDSN lose its certification to participate in the Title XVIII and/or Title XIX program, as applicable, this Contract shall terminate as of the date of such decertification.

F. Termination by Either Party

Either party may terminate this Contract upon providing the other party with thirty (30) days written notice of termination.

G. Notice of Termination

In the event of any termination of the Contract under this Article, the party terminating the Contract shall give notice of such termination in writing to the other party. Notice of termination shall be sent by certified mail, return receipt requested. If this Contract is terminated pursuant to Sections C, D and/or F of this Article, termination shall be effective thirty (30) days after the date of receipt unless otherwise provided by law. If this Contract is terminated pursuant to Sections A, or B, of this Article, termination shall be effective upon receipt of such notice. If this Contract is terminated pursuant to Section E of this Article, termination shall be effective upon the date listed in the notice.

ARTICLE IX

APPEALS PROCEDURES

If any dispute shall arise under the terms of this Contract, the sole and exclusive remedy shall be the filing of a Notice of Appeal within thirty (30) days of receipt of written notice of SCDHHS' action or decision which forms the basis of the appeal. Administrative appeals shall be in accordance with SCDHHS' regulations 10 S.C. Code of State Regs. §126-150, et seq. (2012, as amended), and in accordance with the Administrative Procedures Act, S.C. Code Ann. §1-23-310, et seq., (1976, as amended). Judicial review of any final SCDHHS administrative decisions shall be in accordance with S. C. Code Ann. §1-23-380, (1976, as amended).

ARTICLE X

COVENANTS AND CONDITIONS

In addition to all other stipulations, covenants, and conditions contained herein, the parties to this Contract agree to the following covenants and conditions:

A. Applicable Laws and Regulations

SCDDSN agrees to comply with all applicable federal and state laws and regulations including constitutional provisions regarding due process and equal protection of the laws and including, but not limited to:

1. All applicable standards, orders, or regulations issued pursuant to the Clean Air Act of 1970, as amended (42 U.S.C. §7401, et seq.) and the Federal Water Pollution Control Act, as amended (33 U.S.C. §1251, et seq.).

2. Title VI of the Civil Rights Act of 1964, as amended (42 U.S.C. §2000d et seq.) and regulations issued pursuant thereto, (45 CFR Part 80, 2019, as amended), which provide that SCDDSN must take adequate steps to ensure that persons with limited English skills receive free of charge the language assistance necessary to afford them meaningful and equal access to the benefits and services provided under this Contract.

3. Title VII of the Civil Rights Act of 1964, as amended (42 U.S.C. §2000e) in regard to employees or applicants for employment.

4. Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicap in programs and activities receiving or benefiting from federal financial assistance, and regulations issued pursuant thereto 45 CFR Part 84 (2019, as amended).

5. The Age Discrimination Act of 1975, as amended (42 U.S.C. §6101 et seq.), which prohibits discrimination on the basis of age in programs or activities receiving or benefiting from federal financial assistance.

6. The Omnibus Budget Reconciliation Act of 1981, as amended P.L. 97-35, which prohibits discrimination on the basis of sex and religion in programs and activities receiving or benefiting from federal financial assistance.

7. The Americans with Disabilities Act (42 U.S.C. §12101 et seq.), and regulations issued pursuant thereto.

8. The Drug Free Workplace Acts, S.C. Code Ann. §44-107-10 et seq. (Supp. 2000, as amended), and the Federal Drug Free Workplace Act of 1988 as set forth in 2 CFR Part 182 (2019, as amended).

9. Section 6002 of the Solid Waste Disposal Act of 1965 as amended by the Resource Conservation and Recovery Act of 1976 (42 U.S.C. §6962).

B. Employees of SCDDSN

No services required to be provided under this Contract shall be provided by anyone other than the SCDDSN or with the prior approval of SCDHHS in accordance with Section Q., the SCDDSN subcontractor.

C. Information on Persons Convicted of Crimes

SCDDSN agrees to furnish to SCDHHS or to the USDHHS information related to any person convicted of a criminal offense under a program relating to Medicare (Title XVIII), Medicaid (Title XIX), the Social Services Block Grant program (Title XX) or the State Children's Health Insurance Program (Title XXI) as set forth in 42 CFR §455.106 (2018, as amended). Failure to comply with this requirement may lead to termination of this Contract.

D. Safeguarding Information

SCDDSN shall safeguard the use and disclosure of information concerning applicants for or Beneficiaries of Title XIX services in accordance with 42 CFR Part 431, Subpart F (2019, as amended), SCDHHS' regulations at 10 S.C. Code of State Regs. §126-170, et seq. (2012, as amended), and all other applicable state and federal laws and regulations and shall restrict access to, and use and disclosure of, such information in compliance with said laws and regulations.

E. Political Activity

None of the funds, materials, property, or services provided directly or indirectly under this Contract shall be used for any partisan political activity, or to further the election or defeat of any candidate for public office, or otherwise in violation of the provisions of the "Hatch Act".

F. Restrictions on Lobbying

In accordance with 31 U.S.C. §1352, funds received through this Contract may not be expended to pay any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with any of the following covered federal actions: the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement. This restriction is also applicable to all subcontractors.

G. Reporting of Fraudulent Activity

If at any time during the term of this Contract, SCDDSN becomes aware of or has reason to believe by whatever means that, under this or any other program administered by SCDHHS, a Beneficiary of or applicant for services, an employee of SCDDSN or SCDHHS, and/or subcontractor or its employees, has improperly or fraudulently applied for or received benefits, monies, or services pursuant to this or any other contract, such information shall be reported in confidence by SCDDSN directly to SCDHHS.

H. Integration

This Contract shall be construed to be the complete integration of all understandings between the parties hereto. No prior or contemporaneous addition, deletion, or other amendment hereto shall have any force or effect whatsoever unless embodied herein in writing. No subsequent novation, renewal, addition, deletion, or other amendment hereto shall have any force or effect unless embodied in a written amendment executed and approved pursuant to Section N of this Article.

I. Governing Law

It is mutually understood and agreed that this Contract shall be governed by the laws of the State of South Carolina and federal laws as they pertain to the performance of services provided under this Contract.

J. Severability

Any provision of this Contract prohibited by the laws of the State of South Carolina shall be ineffective to the extent of such prohibition without invalidating the remaining provisions of this Contract.

K. Non-Waiver of Breach

The failure of SCDHHS at any time to require performance by SCDDSN of any provision of this Contract or the continued payment of SCDDSN by SCDHHS shall in no way affect the right of SCDHHS to enforce any provision of this Contract; nor shall SCDHHS' waiver of any breach of any provision hereof be taken or held to be a waiver of any succeeding breach of such provision or as a waiver of the provision itself.

L. Non-Waiver of Rights

SCDHHS and SCDDSN hereby agree that the execution of and any performance pursuant to this Contract does not constitute a waiver, each to the other, of any claims, rights, or obligations which shall or have arisen by virtue of any previous agreement between the parties. Any such claims, rights, or obligations are hereby preserved, protected, and reserved.

M. Non-Assignability

No assignment or transfer of this Contract or of any rights hereunder by SCDDSN shall be valid without the prior written consent of SCDHHS.

N. Amendment

No amendment or modification of this Contract shall be valid unless it shall be in writing and signed by both parties hereto.

O. Amendment Due to The Unavailability of Funds

SCDHHS shall have the right to amend the total dollar amount reimbursed under this Contract, without the consent of SCDDSN, when the amendment is due to

the unavailability of funds and SCDHHS is responsible for providing the matching funds. SCDHHS shall have the sole authority to determine the percentage of any reduction in the dollar amount of this Contract. The amendment shall become effective thirty (30) days from the date of written notification from SCDHHS informing SCDDSN of the reduction/amendment or upon the signature of both parties thereto, whichever is earlier. SCDHHS shall have the sole authority for determining lack of availability of such funds.

P. Extension

Prior to the end of the term of this Contract, SCDHHS shall have the option to extend or renew this Contract upon the same terms and conditions as contained herein, so long as the total contract period, including the extension, does not exceed five (5) years; provided, however, that any rate adjustment(s) shall be negotiated and set forth in writing and signed by both parties pursuant to Section N of this Article.

Q. Subcontracts

Subcontracts under this Contract shall be in writing and shall be subject to the terms and conditions of this Contract. The Provider shall be solely responsible for the performance of any subcontractor.
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R. Copyrights

If any copyrightable material is developed in the course of or under this Contract, SCDHHS shall have a royalty free, non-exclusive, and irrevocable right to reproduce, publish, or otherwise use the work for SCDHHS purposes.

S. Safety Precautions

SCDHHS and USDHHS assume no responsibility with respect to accidents, illnesses, or claims arising out of any activity performed under this Contract. SCDDSN shall take necessary steps to insure or protect its Beneficiaries, itself, and its personnel. SCDDSN agrees to comply with all applicable local, state, and federal occupational and safety acts, rules, and regulations.

T. Procurement Code

When applicable, SCDDSN must comply with the terms and conditions of the South Carolina Consolidated Procurement Code.

U. Titles

All titles used herein are for the purpose of clarification and shall not be construed to infer a contractual construction of language.

V. Equipment (If applicable)

Equipment is defined as an article of tangible property that has a useful life of more than one year and an acquisition cost of Five Thousand Dollars ($5,000) or more. Title to all equipment purchased with funds provided under this Contract

shall rest with SCDDSN as long as the equipment is used for the program for which it was purchased. When the equipment is no longer required for the program for which it was purchased, SCDHHS shall be notified and instructions will be issued by SCDHHS pertaining to the disposition of the property.

W. National Provider Identifier

The HIPAA Standard Unique Health Identifier regulations (45 CFR §162 Subparts A & D) require that all covered entities (health plans, health care clearinghouses, and those health care providers who transmit any health information in electronic form in connection with a standard transaction) must use the identifier obtained from the National Plan and Provider Enumeration System (NPPES).

Pursuant to the HIPAA Standard Unique Health Identifier regulations (45 CFR §162 Subparts A & D), and if the Provider is a covered health care provider as defined in 45 CFR §162.402, the provider agrees to disclose its National Provider Identifier (NPI) to SCDHHS once obtained from the NPPES. The Provider also agrees to use the NPI it obtained from the NPPES to identify itself on all standard transactions that it conducts with SCDHHS.

X. Employee Education about False Claims Recovery

If the Provider receives annual Medicaid payments of at least Five Million Dollars $5,000,000, the Provider must comply with Section 6032 of the Deficit Reduction Act (DRA) of 2005, Employee Education about False Claims Recovery.

Y. Portable Devices

All Protected Health Information (PHI) stored on portable devices must be encrypted. Portable devices include all transportable devices that perform computing or data storage, manipulation or transmission including, but not limited to, diskettes, CDs, DVDs, USB flash drives, laptops, PDAs, BlackBerrys, cell phones, portable audio/video devices (such as iPods, and MP3 and MP4 players), and personal organizers.

Z. Debarment/ Suspension/Exclusion

The Provider agrees to comply with all applicable provisions of 2 CFR Part 180 (2019, as amended) as supplemented by 2 CFR Part 376 (2019, as amended), pertaining to debarment and/or suspension. As a condition of participation, the Provider should screen all employees and subcontractors to determine whether they have been excluded from participation in Medicare, Medicaid, the State Children's Health Insurance Program, and/or all federal health care programs. To make this determination, the Provider may search the LEIE website located at http://www.oig.hhs.gov/fraud/exclusions.asp. The Provider should conduct a search of the website monthly to capture exclusions and reinstatements that have occurred since the last search, and any exclusion information discovered should be immediately reported to SCDHHS. Any individual or entity that employs or contracts with an excluded provider cannot claim reimbursement from Medicaid for any items or services furnished, authorized, or prescribed by the excluded provider. This prohibition applies even when the Medicaid payment

itself is made to another provider who is not excluded; for example, a pharmacy that fills a prescription written by an excluded doctor for a Medicaid beneficiary cannot claim reimbursement from Medicaid for that prescription. Civil monetary penalties may be imposed against providers who employ or enter into contracts with excluded individuals or entities to provide items or services to Medicaid beneficiaries. See Section 1128A(a)(6) of the Social Security Act and 42 CFR 1003.102(a)(2).

AA. SCDDSN Responsibility

If under the terms of this Contract, SCDDSN makes any decisions, determinations or takes any actions on behalf of SCDHHS, then SCDDSN shall be responsible for evidentiary support of its decisions, determinations or actions in any proceeding or claim asserted against SCDHHS related to such decision, determination or action. If required by SCDHHS, SCDDSN shall be responsible for retaining legal counsel to diligently and capably provide such defense. This responsibility includes, but is not limited to, any appeals before the SCDHHS Division of Appeals and Hearings.

BB. Counterparts

This Contract may be executed in two or more counterparts, each of which shall be deemed an original, but all of which shall constitute the same instrument. The parties agree that this Contract may be delivered by facsimile or electronic mail with a copied signature having the same force and effect of a wet ink signature.

CC. Incorporation of Schedules/Appendices

All schedules/appendices referred to in this Contract are attached hereto, are expressly made a part hereof, and are incorporated as if fully set forth herein.

IN WITNESS WHEREOF, SCDHHS and SCDDSN, by their authorized agents, have executed this Contract as of the first day of July 2020.

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES "SCDHHS"	SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS "SCDDSN"
BY: _____	BY: _____
T. Clark Phillip	Constance Holloway
Chief Financial Officer	Interim State Director
	_____
	Print Name
DATE: _____	DATE: _____
WITNESSES:	WITNESSES:
_____	_____
_____	_____

APPENDIX A

BUDGET

South Carolina Department of Disabilities and Special Needs (SCDDSN)

July 1, 2020 - June 30, 2025

	STATE MATCHING FUNDS*	FEDERAL	TOTAL
SFY 2021	$9,330,500	$9,330,500	$18,661,000
SFY 2022	$9,330,500	$9,330,500	$18,661,000
SFY 2023	$9,330,500	$9,330,500	$18,661,000
SFY 2024	$9,330,500	$9,330,500	$18,661,000
SFY 2025	$9,330,500	$9,330,500	$18,661,000
TOTAL BUDGET			**$93,305,000**

APPENDIX B

HIPAA BUSINESS ASSOCIATE AGREEMENT

A. Purpose

The South Carolina Department of Health and Human Services (Covered Entity) and Business Associate agree to the terms of this Agreement for the purpose of protecting the privacy of individually identifiable health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) in performing the functions, activities, or services for, or on behalf of, Covered Entity as specified in the Contract between the parties.

B. Definitions

General Statement

The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required by Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

Specific Definitions:

(a) Business Associate. "Business Associate" shall generally have the same meaning as the term "business associate" at 45 CFR 160.103, and in reference to the party to this Agreement, shall mean [South Carolina Department of Disabilities and Special Needs (SCDDSN).

(b) Covered Entity. "Covered Entity" shall generally have the same meaning as the term "covered entity" at 45 CFR 160.103, and in reference to the party to this Agreement, shall mean SCDHHS.

(c) HIPAA Rules. "HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.

(d) Security incident. "Security incident" shall generally have the same meaning as the term "security incident" at 45 CFR 164.304.

C. Obligations and Activities of Business Associate

Business Associate agrees to:

(a) Not use or disclose protected health information other than as permitted or required by the Agreement or as required by law;

(b) Use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of protected health information other than as provided for by the Agreement;

(c) Submit system and program information to the Privacy Official, upon request, to document and verify compliance with federal and state privacy rules and regulations;

(d) Report to the Privacy Official of the Covered Entity any use or disclosure of protected health information not provided for by the Agreement of which it becomes aware, including breaches of unsecured protected health information as required at 45 CFR 164.410, and any security incident of which it becomes aware within 72 hours of discovery;

(e) Notwithstanding the requirements of 45 CFR 164.410, Business Associate shall notify the Privacy Official of the Covered Entity of potential breaches within 72 hours of discovery and keep the Privacy Official of the Covered Entity in their breach determination process;

(f) Unless otherwise directed by Covered Entity, Business Associate shall be responsible for breach notifications to individuals, the US DHHS Office of Civil Rights (OCR), the media, and Consumer Affairs, if applicable, on behalf of Covered Entity and shall include Covered Entity's designee as part of the breach response team;

(g) For breaches resulting from the action or inaction of the Business Associate, or its subcontractors, surrounding the use, receipt, storage, and/or transmission of PHI and PII under this Agreement, be responsible for any and all costs, damages, liabilities, expenses, fines and/or penalties;

(h) In accordance with 45 CFR 164.502(e)(1) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the Business Associate agree to the same restrictions, conditions, and requirements, to include reporting and notification requirements, that apply to the Business Associate with respect to such information;

(i) All reporting or notifications requirements pursuant to letters (d), (e), (f) and (g) and (h) above, should be submitted using the "Incident Reporting for Business Associates" form, addressed to the Privacy Official of the Covered Entity by email at privacyoffice@scdhhs.gov. Additional contact information for the Privacy Official is:

South Carolina Department of Health and Human Services
Privacy Office
Post Office Box 8206
Columbia, SC 29202-8206
Phone: (803) 898-2034
Fax: (803) 255-8276

(j) Make available protected health information in a designated record set to the Covered Entity as necessary to satisfy Covered Entity's obligations under 45 CFR 164.524;

(k) Make any amendment(s) to protected health information in a designated record set as directed or agreed to by the Covered Entity pursuant to 45 CFR 164.526, or take other measures as necessary to satisfy Covered Entity's obligations under 45 CFR 164.526;

(l) Maintain and make available the information required to provide an accounting of disclosures to Covered Entity, or an individual if directed by Covered Entity, as necessary to satisfy Covered Entity's obligations under 45 CFR 164.528;

(m) Notify Covered Entity within five (5) business days of receipt of any request covered under paragraphs (j), (k) or (l) above;

(n) To the extent the Business Associate is to carry out one or more of Covered Entity's obligation(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the Covered Entity in the performance of such obligation(s); and

(o) Make its internal practices, books, and records available to the Secretary for purposes of determining compliance with the HIPAA Rules.

D. <u>Permitted Uses and Disclosures by Business Associate</u>

(a) Business associate may only use or disclose protected health information as necessary to perform the services set forth in the Contract to which this Agreement is appended, including, if applicable, authorization to use protected health information to de-identify the information in accordance with 45 CFR 164,514(a)-(c); and follow additional guidance provided by US DHHS in "Guidance Regarding Methods for De-identification of protected health information in accordance with the Health Insurance Portability and Accountability Act (HIPPA) Privacy Rule" found at https://www.hhs.gov/hippa/for-professionals/privacy/guidance/index.html.

(b) Business Associate may use or disclose protected health information as required by law;

(c) Business Associate agrees to limit uses, disclosures, and requests for protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request according to the HIPAA Privacy Rule;

(d) Business Associate may not use or disclose protected health information in a manner that would violate Subpart E of 45 CFR Part 164 if done by Covered Entity;

(e) Business Associate may disclose protected health information for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate, provided the disclosures are required by law, or Business Associate obtains reasonable assurances from the individual to whom the information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the individual, and the individual notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

(f) Business Associate may not disclose or duplicate protected health information identified by Covered Entity as provided by the Social Security Administration (SSA) without written approval and permission from SSA. If the need for such disclosure and/or duplication arises, Business Associate must notify Covered Entity and work with Covered Entity to obtain approval and permission from SSA.

E. Term and Termination

(a) Term. The Term of this Agreement shall be effective as of and shall terminate on the effective and termination dates of the Contract to which this Agreement is appended, or on the date Covered Entity terminates for cause as authorized in paragraph (b) of this Section, whichever is sooner;

(b) Termination for Cause. Business Associate authorizes termination of this Agreement by Covered Entity, if Covered Entity determines Business Associate has violated a material term of the Agreement and Business Associate has not cured the breach or ended the violation within thirty (30) calendar days.

(c) Obligations of Business Associate Upon Termination.

(1) Upon termination of this Agreement for any reason, Business Associate shall return to Covered Entity, or, if agreed to by Covered Entity, destroy all protected health information received from Covered Entity, or created, maintained, or received by Business Associate on behalf of Covered Entity that the Business Associate still maintains in any form. Business Associate shall retain no copies of the protected health information;

(2) In the event that Business Associate determines that returning or destroying the protected health information is not practical or possible, Business Associate shall notify Covered Entity of the conditions and reasons return of the protected health information is not practical or possible. Upon concurrence by Covered Entity that return is not practical, Business Associate shall:

(i) Retain only that protected health information which is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities;

(ii) Return to Covered Entity or, if agreed to by Covered Entity, destroy the remaining protected health information that the Business Associate still maintains in any form;

(iii) Continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information to prevent use or disclosure of the protected health information, other than as provided for in this Section, for as long as Business Associate retains the protected health information;

(iv) Not use or disclose the protected health information retained by Business Associate other than for the purposes for which such protected health information was retained and subject to the same conditions set out at Section D of this Appendix.

(3) Business Associate shall obtain or ensure the destruction of protected health information created, received, or maintained by any subcontractors;

(4) Business Associate shall transmit the protected health information to another Business Associate of the Covered Entity at termination, upon receipt of a written request from the Covered Entity.

(d) Survival. The obligations of Business Associate under this Section shall survive the termination of this Agreement.

F. Miscellaneous

(a) Regulatory References. A reference in this Agreement to a section in the HIPAA Rules means the section as in effect or as amended.

(b) Interpretation. Any ambiguity in this Agreement shall be interpreted to permit compliance with the HIPAA Rules.

(c) Amendment. The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for compliance with the requirements of the HIPPA Rules and any other applicable law.

APPENDIX C
APPROPRIATIONS TRANSFER

The determination of the appropriations transfer of State match funds to SCDDSN for Medicaid State Plan Services shall be computed as follows:

Number of Additional Waiver Slots for the Year Filled by Individuals Who Were Medicaid Eligible Prior to Entering the Waiver

X

Annual Cost Factor

X

State Match Percentage

=

Amount of Appropriation Transfer

THE DRUG-FREE WORKPLACE ACT
S.C. Code Ann. §§44-107-10 through -90 (1990)

As provided by S.C. Code Ann. §44-107-30, no person (a partner, corporation organized or united for a business purpose, or a governmental agency) may receive a contract or grant "...for the procurement of any goods, construction, or services for a stated or estimated value of fifty thousand dollars or more..." from a state agency unless the person has certified to the agency that it will provide a drug-free workplace as set forth in the "Certification Statement for Person" set forth below.

S.C. Code Ann. §44-107-40 provides that no individual may receive a contract or grant "...for a stated or estimated value of fifty thousand dollars or more..." from a state agency unless the contract or grant includes the "Certification Statement for Individual" set forth below.

Please check the box beside the certification statement that applies to you and sign and date this form.

☐ **CERTIFICATION STATEMENT FOR PERSON**

I hereby certify to the South Carolina Department of Health and Human Services (SCDHHS) that I will provide a drug-free workplace by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of the prohibition;
2. Establishing a drug-free awareness program to inform employees about:
   a. the dangers of drug abuse in the workplace;
   b. my policy of maintaining a drug-free workplace;
   c. any available drug counseling, rehabilitative, and employee assistance programs; and
   d. the penalties that may be imposed upon employees for drug violations;
3. Making it a requirement that each employee to be engaged in the performance of the contract be given a copy of the statement required by item 1;
4. Notifying the employee in the statement required by item 1 that, as a condition of employment on the contract or grant, the employee will:
   a. abide by the terms of the statement; and
   b. notify me of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after the conviction;
5. Notifying SCDHHS within ten days after receiving notice under item 4. b. from an employee or otherwise receiving actual notice of the conviction;
6. Imposing a sanction on, or requiring the satisfactory participation in a drug abuse assistance or rehabilitation program by, any employee convicted as required by Section 44-107-50; and
7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of items 1, 2, 3, 4, 5 and 6.

I also agree that, in compliance with Section 44-107-50, I shall, within thirty days after receiving notice from an employee of a conviction pursuant to Title 44, Chapter 53, Article 3, Narcotics and Controlled Substances, of the South Carolina Code of Laws:

1. Take appropriate personnel action against the employee up to and including termination; or
2. Require the employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for the purposes by a federal, state, or local health, law enforcement, or other appropriate agency.

☐ **CERTIFICATION STATEMENT FOR INDIVIDUAL**

I hereby certify that I will not engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in the performance of this contract.

_____ _____
Date Authorized Signature

Revised 3/10

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions (To Be Supplied to Lower Tier Participants-Subcontractors)

By signing and submitting this lower tier proposal, the prospective lower tier participant, as described and required in 2 CFR Part 180 and 2 CFR Part 376, certifies to the best of its knowledge and belief that it and its principals:

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

(b) where the prospective lower participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal.

The prospective lower tier participant further agrees by submitting this proposal that it will include this clause entitled Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

_____

Authorized Signature

_____

Date

INSTRUCTIONS FOR COMPLETION OF THE CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENTS

The attached form must be completed by all Providers/Contractors who receive $100,000 or more in federal funds through a contractual agreement with the South Carolina Department of Health and Human Services (SCDHHS). The purpose of the attached form is to certify that none of the federal funds received through the contractual agreement will be used for any lobbying activities. This form is required by the Federal Government as a result of 31 U.S.C. 1352. A copy of this form must be completed and returned with all signed contractual agreements exceeding $100,000.

Additionally, should the Provider/Contractor enter into any subcontracts in coordination with the contractual agreement with SCDHHS, the Provider/Contractor is required to have on file a signed copy of this form for any and all subcontracts which exceed the $100,000 level. This requirement extends to all levels of subcontracting and sub-subcontracting.

Should the Provider/Contractor (or any of its Subcontractors/ Sub-subcontractors) use any funds for lobbying activities, an additional form (Standard Form - LLL) will be required. (See #2 on the attached form). It shall be the responsibility of the Provider/Contractor to notify SCDHHS of this activity and to request from SCDHHS a copy of this form for completion and proper filing.

Should there be any questions concerning this form or the Standard Form - LLL, contact should be made with the Division of Contracts at SCDHHS.

CERTIFICATION FOR CONTRACTS, GRANTS, LOANS,

AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions.

3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed under Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000.00 for such failure.

SIGNATURE: _____

TITLE: _____

DATE: _____

SOUTH CAROLINA HUMAN SERVICES PROVIDERS ASSOCIATION

Recommendations for COVID Gap Funding from the 6.2% FMAP money
May 14, 2021

Note: The SCHSPA identified gaps in funding specifically due to COVID. Below is a synopsis of the challenges and recommendations to fill some of those gaps. The gaps identified are **NOT** in a priority order, but in order of specific service area. *These FMAP funds should be allocated to the areas that are most in need from the COVID pandemic, which is unique to each provider. The desired outcome is a retro, but time-limited increase in gap funding across all provider service lines.*

1. **Residential Issues**
    - Increase in overtime costs in the Residential homes due to lack of staff's willingness to work COVID positive houses and consumers.
    - Increased costs in overtime in assuring health and safety of consumers who had to go to the doctor or emergency room during the pandemic as well as placing the consumer and staff at additional risk due to physical exposure to high COVID environments.
    - Hardship in recruitment and retention due to COVID and an incentive to get unemployment benefits by staying at home and not being exposed to COVID. Again, creating more overtime and burden on those staff in the system.
    - Retrofitting houses with HVAC ionization systems to insure appropriate ventilation due to COVID.
    - Additional cleaning and disinfecting procedures resulting in increased costs for cleaning supplies.
    - Additional costs of facial masks, gowns, gloves, personal protective equipment to ensure safety enhancements due to COVID.
    - Inability to fill vacant beds as consumers and families were unwilling to enter a congregate living situation during COVID and the inability for families to visit consumers who were newly transitioned to residential homes during the pandemic. The current residential vacancy allowance of 60 days created hardships as funding was lost due to the inability of filling the vacancies.
    - Total lock down of homes (stay-at-home orders) and the increase in behaviors due to frustrations by the consumers living in a congregate care setting. Thus, putting more stress on staff responsibilities, additional staffing coverage for high management consumers exhibiting behaviors related to COVID fatigue.
    - Staffing ratios drastically changed with stay-at-home orders and the ratio of providing support went from 1 staff to 7 consumers to 1 staff to 2-3 consumers. This created an extreme increase in residential costs.

RECOMMENDATION: Provide gap funding to address overtime, recruitment of staff, sign on bonuses, vaccination bonus, hero pay for existing staff (DSP's, Nurses, Day and Residential staff, Administration staff, Case Managers, Early Interventionists, etc.)

2. **Day Services Issues**
    - Community consumers not willing to attend day services due to concerns with congregate day supports.
    - Re-allocation of day support staff to the residential program day services consumers, thus resulting in a reduction in staff as well as a reduction in staff due to the community consumers not returning to programming.
    - Social distancing issues in many day service locations to insure 6 feet of social space created issues with providing supports to fewer consumers upon reopening.
    - Social spacing required on vans transporting consumers to the day program. This caused issues whereby additional routes would have to be run thus increasing the costs of gas, wear and tear on vehicles as well as overtime for the day staff.
    - Retrofitting day program locations with HVAC ionization systems to insure appropriate ventilation due to COVID.
    - Additional cleaning and disinfecting procedures resulting in increased costs for cleaning supplies.
    - Additional costs of facial masks, gowns, gloves, personal protective equipment to ensure safety enhancements due to COVID.
    - Hardship in recruitment and retention due to COVID and an incentive to get unemployment benefits by staying at home and not being exposed to COVID. Again, creating more overtime and burden on those staff in the system.

RECOMMENDATION: Provide gap funding to pay for increased costs of assuring social distancing, personal protective equipment, increased transportation costs, increased costs of cleaning and disinfecting supplies, retrofitting locations with HVAC ionization systems and incentivizing providers for reopening and incentivizing providers in expanding job coach to be more in line with the final rule. Return the claw back money to assist providers with reopening efforts and allow for gap funding to bring back or refill positions that were taken off-line either thru lay-offs or attrition.

3. **Case Management and Early Intervention Issues**
    - Significant loss of revenue due to receiving a lower rate of reimbursement for non - face to face contact- the primary form of contact during COVID.
    - Additional costs to secure a video-conferencing platform whereby CM and EI visits could be done virtually and still meet HIPAA compliance.
    - Additional costs with assuring Personal Protective Equipment was available for CM and EI staff, including masks, hand sanitizer, anti-bacterial wipes, disinfectant sprays and gloves.
    - Additional costs for working at home to assure HIPAA compliance to include furnishing staff with cell phones, laptops, wifi/hot spots, scanners, postage, paper, and envelopes.
    - Additional costs for administrative staff to supplant CM activities that could only be done in the office while CM's were working from home, as well as to fund duties such as disinfecting of office spaces, surfaces, and equipment.
    - Additional costs associated with EFMLA, increased absenteeism, employee mental health issues, and significant loss of productivity for a predominantly female workforce with primary responsibility for caring for school aged children while schools were closed.

- Hardship in recruitment and retention due to COVID fears of serving high risk populations and residents of LTC facilities during a global pandemic, as well as the need for a predominantly female workforce to stay home with school aged children while schools were closed.
- Increased costs and loss of productivity associated with training of new staff due to the need to provide socially distanced, and virtual platforms.
- Additional costs associated with higher turnover rates that are the result of increased workloads and increased stress due to the increased incidence of maladaptive behaviors and outbursts in service recipients.
- Additional costs of expanding services, to include overtime costs for existing staff, to assist and accept new clients from the 11 CM Providers who closed this past year.
- Increased unemployment insurance costs and claims, increased worker's comp claims, and increased costs of employer funded health insurance premiums.

RECOMMENDATION: Provide gap funding to pay for the loss of revenue as most contacts were a non- face to face contact as well as to pay for the additional costs of doing business during the pandemic.

4. **Capital Needs Issues**
    - Increased costs in overtime in assuring health and safety of consumers who had to go to the doctor or emergency room during the pandemic as well as placing the consumer and staff at additional risk due to physical exposure to high COVID environments.
    - Need for additional vehicles to assure social distancing for day supports community participants.
    - Technology upgrades that were needed to assure compliance with licensing and HIPAA regulations for staff who worked from home (type not specified - could be Tele-Health equipment, IT equipment for programs or upgrades to existing equipment, software upgrades, cybersecurity upgrades, cloud based financial management, purchase of systems to simplify family communication- similar to school notification systems).
    - Additional costs for ventilation upgrades in residential and day facilities.
    - Additional costs to purchase generators for day and ICF-IDD facilities considering evacuation needs and COVID considerations.

RECOMMENDATIONS: Provide gap funding for capital needs associated with COVID concerns and additional costs with provision of assuring health and safety during the pandemic. Provide gap funding for Tele-Health to ensure health needs are met without placing the consumer and staff in high-risk situations by physically going to the doctor and/or Emergency Room.

AGENCY NAME	South Carolina Department of Disabilities and Special Needs
AGENCY CODE	J16

Comprehensive Permanent Improvement Plan

PLAN SUBMISSION

This submission presents this agency's Comprehensive Permanent Improvement Plan and includes all permanent improvements as defined in Code Section 2-47-50 that are projected and proposed as of the date this document is signed. The submission of this Comprehensive Plan is authorized by the undersigned who certifies that the information presented is true and correct.

We certify that all funds available to this agency from its own sources or capabilities for financing permanent improvements have been applied to projects proposed in this plan. We certify that the funds projected for expenditure in Year 1 of this Plan are, or with reasonable certainty will be, available to this agency.

Indicate the number of project worksheets accompanying this submission. 46

Check here if the agency has no permanent improvement projects to be included in the plan. ☐

Identify your agency's contacts for this submission:

	Name	Phone	Email
PRIMARY CONTACT	Andrew Tharin	803-898-9423	atharin@ddsn.sc.gov
SECONDARY CONTACT	Shirley Wilson	803-898-9801	swilson@ddsn.sc.gov

I have reviewed and approved this submission, which is complete and accurate to the extent of my knowledge.

	Agency Director	Board or Commission Chair
SIGN/DATE		
TYPE/PRINT NAME	Constance Holloway, Interim State Direct	SCDDSN Commission Chair

This form must be signed by the department head — not a delegate.

FY 21-22 COMPREHENSIVE PERMANENT IMPROVEMENT PLAN
Request Commission Approval at the May 20, 2021 Meeting

1 Midland Center- Electrical Power Grid Conversion **$ 1,280,500.00**

The Midlands Center power grid is fed through an on campus substation that is owned by DDSN. The substation is approximately 51-years old. Power is provided through a network of overhead and underground lines at 8.32kV. This is an outdated voltage that Dominion Energy will not service, and replacement parts are difficult to find. The power grid upgrade proposes to upgrade the campus equipment to a 23.9kV system. This project will bring the Midlands Center grid up to current codes, and allow for the transfer ownership to Dominion Energy.

2 Coastal Center- Electrical Power Grid Conversion **$ 1,500,000.00**

The Coastal Center power gird is currently 53-years old. The cables that are trenched underground, which are original, only have a 40-year life. The system does not meet current Dominion Energy South Carolina's (DESC) standards. The condition of the equipment is poor and rapidly declining. The age of the system makes maintenance and repairs difficult due to phased out parts and equipment. This project will bring the Coastal Center grid up to current codes, and allow for the transfer ownership to Dominion Energy.

3 Pee Dee Center- Federal Pacific Panelboard Replacement **$ 125,000.00**

The project scope includes installation of new electrical panel boards at twelve (12) Pee Dee Center buildings. The existing Federal Pacific panels are known to not trip in the event of an electrical short, thus resulting in a fire. The replacement of these panels is a matter of life safety at these twelve facilities.

4 Coastal Center- Jasper- Generator for Special Needs Emergency Shelter- FEMA 18-04-(Y) **$ 200,000.00**

The project includes the installation of an emergency standby generator at Jasper Day Program facility. This facility will be used as an emergency shelter during emergency situations. The generator will provide a safe and familiar environment with power during extended power outages. FEMA will reimburse DDSN 75% of costs.

5 Coastal Center - Campus Wide- Fire Alarm Replacement **$ 500,000.00**

The project includes replacement of aging fire alarm (FA) panels in fourteen (14) buildings to integrate the entire campus into a single system. This process was begun in FY 2017-2018. This project will complete the change over for the remaining portions of the campus. Building codes require that all buildings provide fully addressable information in the event of an emergency so first responders can quickly locate the problem.

6 Coastal Center- Highlands 110 - Roof Replacement **$ 285,000.00**

The project scope includes roof structural evaluation, preparation of contract documents for repairs, and roof replacement at Coastal Center Highlands Dorm 110. It is recommended that a structural analysis should be performed on the existing over-framing, and modifications to the existing over-framed roof structure or possible complete demolition and replacement of the over-framed areas to meet current code loading and construction requirements. Replacement will assure the continued safety of the building occupants.

7 Whitten Center- Dorm 201 - Renovation **$ 300,000.00**

The project scope included general interior and exterior modification to improve the environment for the residents. These renovations will include roofing and building envelop modifications. Interior renovations such as new ceiling, doors, handrails, and floors. Building 201 is the Agency's oldest occupied dormitory.

Total **$ 4,190,500.00**

5-Year CPIP Plan Summary (2021-2022)

Year-1 (2021-2022)		
9913	MC: Electrical Power Gird Upgrade	$1,280,500.00
9930	CC: Electrical Power Grid Upgrade	$1,500,000.00
9931	PD: Federal Pacific Panelboard Replacement	$125,000.00
9929	CC: Jasper Program Building-FEMA Generator for Special Needs Emergency Shelter	$200,000.00
	CC: Campus Wide Fire Alarm Replacement	$500,000.00
	CC: Highlands 110 - Roof Replacement	$285,000.00
	WC: Dorm 201 Renovations	$300,000.00
	TOTAL:	**$4,190,500.00**

Year-2 (2022-2023)	
WC: Sloan Building Hallett, and Health Program Building - New Floor Covering	$225,000.00
WC: Campus Units 102, 103, 104, 105, 107, 108, 110 - Window Replacement	$249,000.00
CC: Central Kitchen - Renovation Equipment	$200,000.00
MC: Juniper & Walnut Generator Replacement	$180,000.00
WC: Building 204 - Generator Replacement	$135,000.00
WC: Renovation of Building 101	$300,000.00
CC: Highlands 710, 810, 910 - Roof Replacements	$900,000.00
PD: Campus Wide Fire Alarm Replacement	$500,000.00
MC: Pool infill/Demolition	$150,000.00
Magnolia Roof Replacement	$300,000.00
Palm Dorm Roof Replacement	$300,000.00
TOTAL:	**$3,439,000.00**

Year-3 (2023-2024)	
PD: Campus Wide Exterior Siding/Repairs	$249,000.00
WC: Buildings 202 - Relocation of Campus Communication Hub	$450,000.00
MC: Campus Wide Fire Alarm Replacement	$500,000.00
WC Walnut Bathroom Renovation	$249,000.00
MC: Walkway Covering and Fencing at Dormitories	$249,000.00
WC: Building 204 Boiler Replacement	$150,000.00
MC: Cedar - Roof Replacement	$300,000.00
PD: Kitchen - Equipment Replacement	$200,000.00
PD: Saleeby - Generator Replacement	$300,000.00
CC: Hillside 220 HVAC Replacement	$275,000.00
CC: Hillside 620 HVAC Replacement	$275,000.00
TOTAL:	**$3,197,000.00**

Year-4 (2024-2025)	
PD: Pecan 101 - Renovation	$350,000.00
CO: Central Office - Parking Lot Resurfacing	$500,000.00
WC: Building 202 - Demolition	$300,000.00
WC: Old Kitchen & Leisure Services Building - Demolition	$400,000.00
WC: Warehouse - Roof Replacement and Exterior Wall Repair	$400,000.00
SW: State-wide Rekeying and access Control Upgrades	$150,000.00
CC: Indoor Pool Building - Roof Replacement	$250,000.00
WC: Building 204 - Roof Replacement	$300,000.00
WC: Auditorium - Roof Replacement	$300,000.00
TOTAL:	**$2,950,000.00**

Year-5 (2025-2026)	
CC: Staff Development, Conference Center, Lakeside 330 & 530 - Demolition	$500,000.00
MC : Chestnut & Program Building - Generator Replacement	$136,000.00
WC: Dorms 102, 103, 104 & 105 - Generator Replacement	$180,000.00
WC: Rear Property Line - Security Fencing	$120,000.00
MC: Admin Building - Roof Replacement	$200,000.00
CC: Highland Developmental Building - Generator Replacement	$175,000.00
MC: Chestnut, Juniper, Walnut - Roof Replacement	$900,000.00
SW: State-wide window Replacements at Campus Dormitories	$500,000.00
TOTAL:	**$2,711,000.00**

MEMO

Date: May 14, 2021

To: DSN Commissioners

From: CFO Pat Maley

Re: Band B & I Project: Band G & H Swaps and Band Increase & Outlier Requests

Background

On 1/1/21, DDSN assumed liability to pay all at-home and Day service provider billings using a fee-for-service (FFS) model, which were formally paid through Board capitated band payments (Bands B & I). At the same time, DDSN ceased Bands B & I payments to Boards (26% of total Band revenue), which generated an estimated net $10,393,880 statewide annual reduction of revenue (Gap funds). This $10,393,880 statewide revenue decrease was offset with $6,363,650 pass-through Day and ICF rates, which left a net statewide revenue deficit of $4,030,230. This $4,030,230 hit Boards differently based on the size of their Day Programs and Community ICF portfolio. As a results, 17 Boards lost annual Band B & I revenue. However, as at-home Day service attendance rebounds from COVID-19, this $4,030,230 annual revenue deficit will improve.

Given DDSN absorbed two capitated bands normally generating surplus funds (B & I), it was determined to be fair that DDSN would examine providers with underfunded residential waiver individuals and recommend increases, if appropriate, through DDSN's existing outlier process. Outlier or band change requests are when a provider has incurred expenses for a resident substantially greater than the average monthly fixed payment. The minimum provider additional expenses for a Band H outlier is $26,733 ($127,347 outlier - $100,614 Band H), while the difference between a Band G to a Band H is $18,561. It should be noted, DDSN has not provided a residential outlier increase in three years due to financial issues.

However, before DDSN launched into increasing funding for residential band increases and outliers, it was only fair to request residential providers to self-identify any existing Band Gs or Band Hs which were either misclassified upon entering the system or have changed over time. DDSN has never used a comprehensive assessment tool for residential placement or re-assessed residents periodically to ensure adequate funding and taxpayer value.

Band G & H SWAP

Former State Director Poole requested providers self-identify Band G & H swaps prior to engaging in new funding requests. Nine of 38 (24%) residential providers using the capitated band payment system voluntarily self-identified 46 Band Gs and 46 Band Hs recommended for "swapping," as well as provided sufficient information to assess the providers' 46 recommendations.

Providers submitted primarily qualitative data to demonstrate a resident's increased costs to serve, which is the data DDSN incorporates into its initial funding band assignment for CTH II/CRCF. These cost factors generally pertained to each resident's behavior and medical circumstances. Inasmuch as the quality of provider data varied widely, DDSN deployed the HRST assessment tool to assist in processing provider data in a methodical and systematic approach.

The data associated with these 46 recommended band swaps, to include HRST assessments, were reviewed by Assistant State Director (ASD) Rufus Britt and his team. Some of the reviews required ASD Britt to call the provider for more granular information or context. Based on this review, 44 band swaps were approved and 2 were not approved.

The results of the HRST reviews for behavioral and medical cost factors (1 – low risk factors; 6 – high risk factors) and the preliminary staff funding decisions are contained on Attachment A to this memo.

Band Increase & Outlier Requests

On 4/5/21, DDSN initiated the Band Increase & Outlier Request Program with funding from the B & I Transition "gap" funds available. To date, DDSN received 24 requests for Band increases and requests for outlier funding. Every Friday, new requests are staffed by Operations and Finance Divisions and either approved, disapproved, or held in abeyance while additional data is collected to make a determination.

Attachment B to this memo contains a schedule itemizing all preliminary staff funding decisions for Band increases and outlier requests. As a result of efforts to date, DDSN has preliminarily approved 1 Band increases ($18,561 annualized). Five Band increase requests and two outlier requests were denied. Denials were generally based on provider not being able to document substantial additional costs as required by the Directive and set out clearly in the 4/5/21 DDSN program announcement. Ample opportunity was given for providers to send in additional information financial information to support the request.

Request of the Commission:

1) Approve the 44 band swaps contained on Attachment A.
2) Approve the one Band increase with an $18,561 annual increase contained on Attachment B.

Attachment A

Analysis & Recommendation for Band G &H Swaps

Provider	G to H		H to G		Staffing Decision	
	Individual	HRST Score	Individual	HRST Score	Approve	Disapprove
1	W.E	5	W.H.	2	X	
	A.M.	5	D.G.	2	X	
	G.W.	6	J.C.	3	X	
	K.H.	3	D.B.	2		X
	H.W.	2	V.N.	2		X
2	A.M.	4	D.W.	2	X	
	C.B.	5	G.B.	3	X	
	C.Ga.	4	P.C.	3	X	
	C.Gr.	4	S.R.	2	X	
	J.M.	6	L.L.	1	X	
	M.Q.	5	T.S.	3	X	
	B.T.	4	J.M.	2	X	
	K.C.	5	J.R.	2	X	
	I.D.	4	K.S.	3	X	
	A.A.	4	TJ.T.	3	X	
3	J.K.	5	C.G.	3	X	
	H.J.	5	J.M.	2	X	
4	K.M.	3	M.M.	1	X	
	C.G.	3	M.R.	1	X	
	I.J.	5	C.J.	2	X	
	T.B.	3	A.P.	2	X	
	H.B.	3	C.C.	2	X	
	K.M.	5	R.R.	2	X	
	R.N.	5	J.E.	2	X	
	J.L.	5	H.C.	2	X	
	L.Se.	4	C.H.	2	X	
	L.Si.	5	A.M.	2	X	
5	C.H.	3	C.B.	1	X	
	I.W.	4	J.W.	1	X	
	H.T.	4	A.M.	2	X	
6	K.S.	3	M.D.	1	X	
	D.B.	6	K.J.	3	X	
	F.H.	6	E.B.	3	X	
7	C.W.	5	B.G.	2	X	
	F.M.	4	T.C.	2	X	
	S.H.	5	C.T.	2	X	
	W.P.	3	J.B.	2	X	
	M.G.	5	G.B.	1	X	
	V.L.	5	D.L.	2	X	
8	M.A.	4	J.S.	2	X	
	C.H.	4	A.W.	2	X	
	P.F.	4	M.R.	2	X	
9	J.M.	4	R.B.	4 (COVID)	X	
	C.B.	4	C.C.	2	X	
	J.B.	6	C.H.	2	X	
	T.W.	4	G.F.	2	X	
Total		4.5 avg.		2.1 avg.	44	2

Attachment B

Analysis & Recommendation for Band Increases & Outliers

Band Increase Request				Outlier Request			Staffing Decision	
Individual	Band from/to	Annualized Increase Request	Annualized Increase Appoved	Individual	Amount Requested	Amount Approved	Approve	Disapprove
GB	G to H	$18,561	$ 18,561				X	
CH	Low to High	$18,561	$ -					X
DH	Low to High	$18,561	$ -					X
LH	Low to High	$18,561	$ -					X
RJ	Low to High	$18,561	$ -					X
BL	G to H	$18,561	$ -					X
				TH	$ 109,500	$ -		X
				ML	$ 112,099	$ -		X
			$ 18,561			$ -		

Analysis of FY20 Community ICF Medicaid Costs (19 Providers)	
Per Provider Financial Statements - Statewide Community ICF Revenues	$ 47,821,599
Per Provider Financial Statements - Statewide Community ICF Expenses	$ 51,810,271
Per Provider Financial Statements - Statewide Community ICF Net Deficit	$ (3,988,672)
Adjustments:	
Five Provider Financial Statements Understated ICF Revenues from DDSN	$ 1,329,516
Reverse Out OPEB Expense Accruals - not a Medicaid Cost	$ 106,009
Reverse Out Net Pension Liability Expense Accurals - not a Medicaid Cost	$ 1,875,633
Adjusted Statewide ICF Deficits	$ (677,514)

Analysis of FY 20 Community ICF Cost Reports

Provider	# of ICF Facilities	# of Individuals Served	FY20 Band Payments	Bed Fees Backed Out of Band Payments	Estimated Care/Maint. Backed Out of Payments	FY20 Net Band Payments	DDSN Revenue per Cost Report	Care/Maint. Per Cost Report	Other Revenue per Cost Report	Total Revenue per Cost Report	Adjustment for Revenue (Reasonable Test)	Expenses	Adjustment for OPEB	Adjustment for Net Retirement	Adjustment for Day Program Over-Allocation	Net Expenses with Adjustments	Profit (Loss) after Adjustments	Total Personnel Salary	% Personnel Salary per Resident
Newberry	1	12	$1,275,396	$37,102	$100,572	$1,137,722	$1,197,205	$100,572	$4,540	$ 1,302,317	$0	$1,302,273	$0	$85,160	$0	$1,217,113	$85,204	$549,525	$45,794
Darlington	2	16	$1,834,595	$48,801	$96,713	$1,689,081	$1,689,082	$96,714	$5,166	$ 1,790,962	$0	$1,787,981	-$4,914	$80,544	$0	$1,712,351	$78,611	$785,505	$49,094
Orangeburg	4	32	$3,400,284	$95,846	$134,444	$3,169,994	$3,169,996	$137,676	$10,266	$ 3,317,938	$0	$3,080,254	$3,616	$135,473	$0	$2,941,165	$376,773	$1,276,211	$39,882
Tri Development	4	32	$3,387,507	$98,566	$189,200	$3,099,741	$2,758,336	$186,200	$0	$ 2,944,536	$341,405	$3,308,327	$51,503	$0	$0	$3,256,824	$29,117	$1,635,295	$51,103
Charleston	1	8	$850,264	$24,734	$59,998	$765,532	$454,449	$59,998	$333	$ 514,780	$311,083	$845,879	$225	$0	$0	$845,654	-$19,791	$366,948	$45,869
Thrive	5	48	$5,088,517	$148,110	$370,057	$4,570,350	$4,545,675	$279,538	$19,585	$ 4,844,798	$0	$4,756,078	$2,731	$205,810	$0	$4,547,537	$297,261	$1,600,986	$33,354
Allendale/Barnwell	3	23	$2,530,273	$73,629	$136,273	$2,320,371	$2,320,373	$136,273	$20,854	$ 2,477,500	$0	$3,027,756	$6,126	$145,043	$0	$2,876,587	-$399,087	$1,312,215	$57,053
Florence	5	40	$4,199,631	$122,168	$155,604	$3,921,859	$3,119,460	$155,696	$10,565	$ 3,285,721	$636,138	$3,816,348	$25,737	$172,121	$0	$3,618,490	$303,369	$1,494,754	$37,369
Laurens	2	16	$1,700,528	$49,469	$122,675	$1,528,384	$1,657,037	$126,675	$8,997	$ 1,792,709	-$128,653	$1,776,224	$293	$138,594	$0	$1,637,337	$26,719	$903,840	$56,490
Babcock	6	47	$5,153,981	$147,764	$389,944	$4,616,273	$4,679,632	$253,285	-$291	$ 4,932,626	$0	$5,315,192	$0	$0	$0	$5,315,192	-$382,566	$2,275,845	$48,422
Charles Lea	1	12	$1,533,762	$36,544	$84,076	$1,413,142	$1,409,276	$92,254	-$64,311	$ 1,437,219		$1,709,856	$0	$0	$0	$1,709,856	-$272,637	$1,089,466	$90,789
Berkeley Citizens	2	16	$1,700,528	$49,469	$87,309	$1,563,750	$1,535,064	$115,291	$104	$ 1,650,459	$0	$2,202,984	$0	$0	$0	$2,202,984	-$552,525	$1,298,475	$81,155
Burton	7	48	$5,880,210	$166,052	$341,071	$5,373,087	$5,458,961	$335,866	$12,069	$ 5,806,896	$0	$6,193,113	$11,134	$262,429	$0	$5,919,550	-$112,654	$2,598,896	$54,144
Cherokee	2	16	$1,771,540	$49,224	$129,173	$1,593,143	$1,473,429	$129,174	$4,861	$ 1,607,464	$0	$1,947,804	$4,936	$104,369	$0	$1,838,499	-$231,035	$815,337	$50,959
Calhoun	4	32	$3,484,274	$98,777	$170,543	$3,214,954	$3,408,766	$170,543	$12,885	$ 3,592,194	-$193,812	$3,853,128	$1,418	$189,431	$0	$3,662,279	-$263,897	$1,738,804	$54,338
Chester-Lancaseter	2	16	$1,704,084	$51,234	$101,895	$1,550,955	$1,575,837	$101,475	$6,304	$ 1,683,616	$0	$1,861,318	-$460	$129,063	$0	$1,732,715	-$49,099	$864,286	$54,018
Sumter	3	26	$2,761,814	$80,387	$118,392	$2,563,035	$2,205,000	$118,392	$5,320	$ 2,328,712	$363,355	$2,416,749	-$2,584	$138,842	$0	$2,280,491	$411,576	$869,721	$33,451
Lee	2	16	$1,649,709	$47,990	$66,046	$1,535,673	$1,572,978	$67,650	$5,971	$ 1,646,599	$0	$1,703,846	-$5,796	$45,000	$0	$1,664,642	-$18,043	$669,964	$41,873
Union	1	8	$873,782	$24,734	$62,520	$786,528	$810,626	$50,420	$3,507	$ 864,553	$0	$905,161	$12,044	$43,754	$0	$849,363	$15,190	$415,686	$51,961
Total *	57	464	$50,780,679	$1,450,600	$2,916,505	$46,413,574	$45,041,182	$2,713,692	$66,725	$ 47,821,599	$1,329,516	$51,810,271	$106,009	$1,875,633	$0	$49,828,629	-$677,514	$22,561,759	$51,427

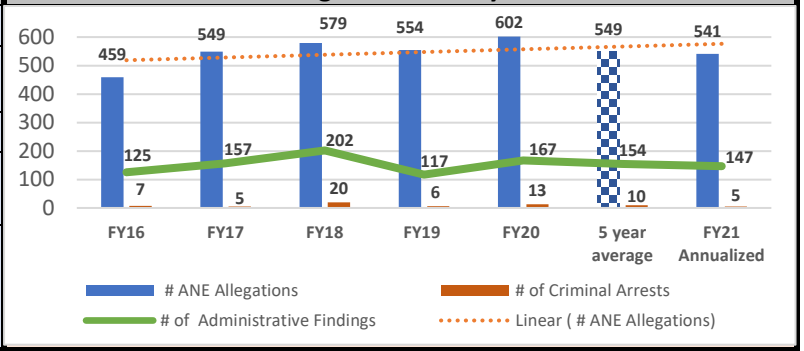
* One Board with 2 facilities and 16 residents was not included due to the unavailability of a FY20 Financial Statement

SCDDSN Incident Management Report 5-year trend data

for Community Residential Settings, Day Service Providers, and Regional Centers *Thru 3/31/2021*

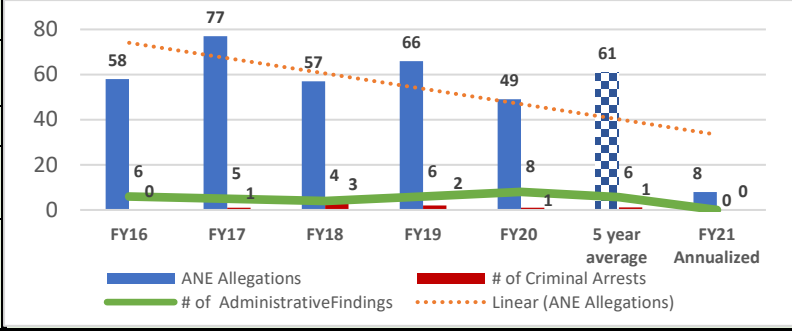
Community Residential	FY16	FY17	FY18	FY19	FY20	5 YEAR Average	FY21 Annualized (YTD)
# of Individual ANE Allegations	459	549	579	554	602	**549**	**541**(406)
# of ANE Incident Reports (One report may involve multiple allegations)	370	399	404	359	396	**386**	**338** (254)
Rate per 100	10.0	11.7	12.5	12.5	13.0	**12.0**	**12.0**
# ANE Allegations resulting in Criminal Arrest	7	5	20	6	13	**10.2**	**5** (4)
# ANE Allegations with Administrative Findings from DSS or State Long-Term Care Ombudsman	125	157	202	117	167	**154**	**147** (110)

ANE Allegations with Comparison to Arrest Data and Administrative Findings- Community Residential FY21Q3



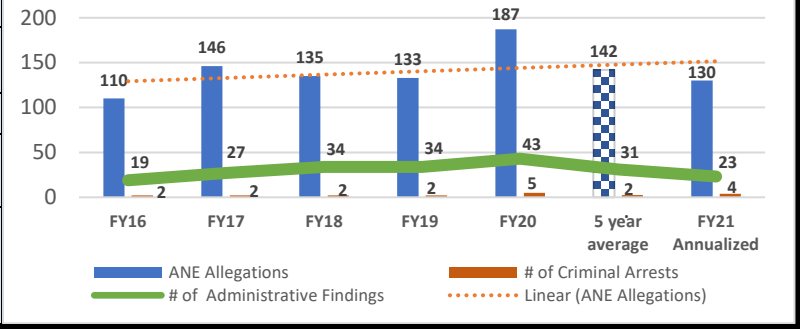
Day Services **	FY16	FY17	FY18	FY19	FY20	5 YEAR Average	FY21 Annualized (YTD)
# of Individual ANE Allegations	58	77	57	66	49	**61**	**8** (6)
# of ANE Incident Reports (One report may involve multiple allegations)	49	56	46	56	40	**49**	**7** (5)
Rate per 100	0.72	0.94	0.71	.89	.62	**0.78**	**.1**
# ANE Allegations resulting in Criminal Arrest	0	1	3	2	1	**1.4**	**0**
# ANE Allegations with Administrative Findings from DSS or State Long-Term Care Ombudsman	6	5	4	6	8	**5.8**	**0**

ANE Allegations with Comparison to Arrest Data and Administrative Findings- Day Services FY21Q3



Regional Centers	FY16	FY17	FY18	FY19	FY20	5 YEAR Average	FY21 Annualized (YTD)
# of Individual ANE Allegations	110	146	135	139	187	**143**	**130** (98)
# of ANE Incident Reports (One report may involve multiple allegations)	87	104	97	102	136	**105**	**106** (80)
Rate per 100	15.4	17.1	19.2	20.9	28.9	**20.7**	**20.1**
# ANE Allegations resulting in Criminal Arrest	2	2	2	2	5	**2.6**	**4** (3)
# ANE Allegations with Administrative Findings from DSS or State Long-Term Care Ombudsman	19	27	34	34	41	**30.4**	**25** (19)

ANE Allegations with Comparison to Arrest Data and Administrative Findings- Regional Centers FY21Q3



*** Most Day Service locations were closed/partially closed during FY20Q4 through FY21Q3 due to COVID-19.*

Report Date: 5/12/2021

Death Reporting	FY16	FY17	FY18	FY19	FY20	5 YEAR Average	FY21 Annualized (YTD)
# of Deaths Reported- Community Settings	63	78	73	78	86	**76**	**123** (92)
Rate per 100	1.4	1.7	1.6	1.6	1.9	**1.6**	**2.7**
# of Deaths Reported - Regional Centers	26	24	27	33	22	**26**	**47** (35)
Rate per 100	3.6	3.4	3.8	4.6	3.4	**3.9**	**7.0**

Community Setting - Age of Death		
Under 30	2	2%
30-39	5	5%
40-49	7	8%
50-59	19	21%
60-69	27	29%
Over 70	32	35%

Regional Center - Age of Death		
Under 30	1	3%
30-39	4	11%
40-49	1	3%
50-59	10	29%
60-69	12	34%
Over 70	7	20%

Community Setting - Cause of Death		
COVID 19	29	32%
RespiratoryFailure/Pneumonia	20	22%
Cardiac Failure/Event	12	13%
Natural Causes	9	10%
Terminal Illness/Disease	8	9%
Other (PE, Choking, Suicide)	7	8%
Sepsis	5	5%
CVA	2	2%

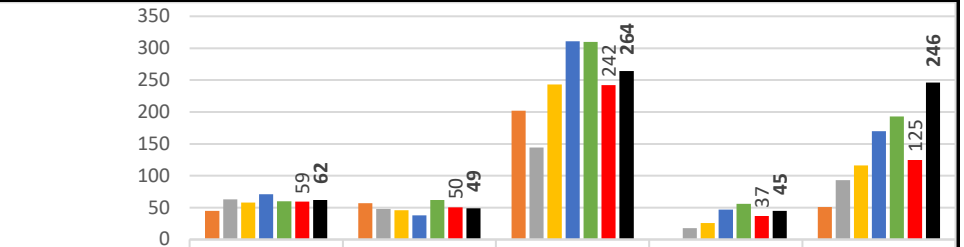
Regional Center - Cause of Death		
COVID-19	10	29%
Terminal Illness/Disease	3	9%
Cardiac Failure/Event	9	26%
RespiratoryFailure/Pneumonia	11	31%
Natural	2	6%
Sepsis	0	0%
Other	0	0%

Community Setting - Place of Death		
Home	13	14%
Hospital	62	67%
Hospice	17	18%

Regional Center - Place of Death		
Regional Center	3	9%
Hospital	27	77%
Hospice	5	14%

Critical Incident Reporting ***	FY16	FY17	FY18	FY19	FY20	5 YEAR Average	FY21 Annualized (YTD)
# Critical Incidents	902	918	1071	916	982	958	**901** (676)
Rate per 100	10.4	10.5	11.9	9.6	11.8	10.8	**9.5**
# Choking Events	45	63	58	71	60	59	**62** (47)
# Law Enforcement Calls	202	144	243	311	310	242	**264** (198)
# Suicidal Threats	51	93	116	170	193	125	**246** (185)
# Restraints	Not Reported	18	26	47	56	37	**45** (34)
# Critical Incidents	78	108	144	132	135	119	**117** (88)
Rate per 100	11.0	15.4	20.6	18.6	20.8	17.3	**17.2**
# Choking Events	2	7	5	6	3	5	**7** (5)
# Law Enforcement Calls	4	9	5	8	9	7	**5** (4)
# Suicidal Threats	0	0	16	60	56	26	**69** (52)
# Restraints	Not Reported	17	26	22	24	22	**13** (10)

5 Year Critical Incident Trend Report- Community Settings



	Choking	Elopement	Law Enforcement	Restraint	Suicidal Threats
FY16	45	57	202	0	51
FY17	63	48	144	18	93
FY18	58	46	243	26	116
FY19	71	38	311	47	170
FY20	60	62	310	56	193
5 year average	59	50	242	37	125
FY21	62	49	264	45	246

Note: Total CI Reporting numbers for FY16, and FY17 have been adjusted for comparison due to a change in the criteria for reporting implemented in FY18. Major Medical events, hospitalizations related to general health care and business/operational events are no longer reflected in this data. ****** Critical Incident totals exclude COVID-19 Reports for Community Residential and Regional Centers.***

5/12/21

124th Session of the South Carolina General Assembly
Legislative Report
Kim Corley McLeod
Updated: May 13, 2021

H. 3181 SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS
Sponsors: Taylor and W. Newton
Current Status: In Labor Commerce and Industry (no change from April)
Summary: Requires Commission members to complete training and est. qualifications.

H. 3216 ELECTRONIC VIDEO MONITORING SYSTEM FOR ICFS
Sponsors: Calhoon, Wooten, McDaniel
Current Status: In 3-M (no change from March)
Summary: Install, operate and maintain electronic video monitoring system at every exit and maintain recordings for 30 days.

H. 3516 FAMILY SUPPORT SERVICES PROGRAM
Sponsors: Robinson
Current Status: In 3-M. Subcommittee hearing was held on 2/24 held over. Sent suggested edits to Committee staff. No further changes.
Summary: Amendments relating to the intent of the Family Support Services Program.

H. 3731 PROFESSIONAL COUNSELORS, MARRIAGE AND FAMILY THERAPISTS, BEHAVIOR ANALYSTS, AND LICENSED PSYCHO-EDUCATIONAL SPECIALISTS
Sponsors: Erickson, Ballentine, Elliott, Bradley, Rose, Thayer, Trantham, Bennett, Caskey, Taylor, Allison, Burns, Bannister, Dillard, Herbkersman, Hixon, Kimmons and Hyde, Carter, M.M. Smith
Current Status: Subcomittee hearing was held
Similar: S. 630 filed on 3/2/2021 and referred to Labor, Commerce and Industry. No changes since being introduced.

H. 3876 ASSISTANCE WITH REGISTRATION AND ABSENTEE VOTING
Sponsors: Murray, McDaniel, Gilliard, Robinson, R.Williams, King, Henegan, Brawley, Carter, Bustos, M.M.Smith, Dabney, Howard, K.O.Johnson, McKnight and Tedder, J.L Johnson
Current Status: Referred to 3-M. No changes
Summary: Facilities will assist residents with registering to vote and vote absentee.

S. 264 DISABLED SELF-EMPLOYMENT DEVELOPMENT TRUST FUND
Similar: H. 3513

Sponsors: Matthews
Current Status: In Medical Affairs (no change from March)
Summary: Assist individuals with disabilities to pursue entrepreneurship by providing grants for businesses operated within the state. Senate version names DDSN and House names Voc Rehab.

S. 533 SUBMINIMUM WAGES TO INDIVIDUALS WITH DISABILITIES.
Sponsor: Shealy, Gambrell, Allen
Current Status: LCI found favorable. Referred to the Senate.
Summary: Prohibits the use of section 14c of the Fair Labor Standards Act to pay subminimum wages to individuals with disabilities.

H. 3244 EMPLOYMENT FIRST INITIATIVE ACT
Sponsors: Collins, Cobb-Hunter, Huggins, Thayer, Anderson, Caskey, Govan and S. Williams.
Current Status: 3rd read in the House and sent to Senate. Then referred to Labor Commerce and Industry. (No change since March)
Summary: Creates the SC Employment First Oversight Commission and establishes policies for competitive and integrated employment for individuals with disabilities.

H. 4034 SC STUDY COMMITTEE ON DIVERSITY OF STATE BOARDS AND COMMISSION
Sponsors: Govan, Gillard, King, J.L. Johnson, Hosey, Pendarvis, S. Williams, Clyburn and Hart
Current Status: Referred to Judiciary. No change from March.
Summary: Joint Resolution to create the study committee to address racial and gender composition on state boards and commission.

S. 177 A JOINT RESOLUTION TO PROVIDE THAT COVID-19 VACCINATIONS ARE PURELY VOLUNTARY
Sponsors: Corbin, Rice, Loftis, Verdin, Martin, Garrett and Gustafson
Current Status: Second Reading
Summary: Amendment-employee who is treating or caring solely for vulnerable populations may be required by his employer to undergo vaccination to prevent COVID-19.

S. 743 COMPOSTION AND GOVERNANCE OF DDSN
Sponsors: Alexander, Shealy, Peeler, Hutto, Verdin, Massey and Scott
Current Status: Referred to Medical Affairs
Summary: Bill would dissolve the DDSN Commission and make DDSN a cabinet agency.

Similar: H. 4352

H. 4352 COMPOSTION AND GOVERNANCE OF DDSN
Sponsors: May
Current Status: Introduced and referred to Judiciary 5/11/2021
Summary: Bill would dissolve the DDSN Commission and make DDSN a cabinet agency.
Similar: S. 743

S. 811 MEDICAL ETHICS AND DIVERSITY ACT
Sponsors: Kimbrell, Verdin, Garrett, Cash, M. Johnson, Talley, Shealy, Loftis and Martin
Current Status: Introduced and referred to Medical Affairs 5/12/2021
Summary: Authorizes medical practitioners and institutions and payers not to participate in health practices that violate the conscience and protects from civil, criminal or administrative liability.
Similar: H. 3518

H. 3518 MEDICAL ETHICS AND DIVERSITY ACT
Sponsors: Willis, McCravy, Gilliam, McGarry, Burns, V.S. Moss, Pope, Forrest, B. Cox, Haddon, Trantham, Oremus, Magnuson, J.E. Johnson, Bailey, Long, Huggins, G.R. Smith, Bennett, Thayer, Hiott, Taylor and Calhoon
Current Status: Introduced and referred to 3-M on 1/12/2021
Summary: Authorizes medical practitioners and institutions and payers not to participate in health practices that violate the conscience and protects from civil, criminal or administrative liability.
Similar: S. 811

S. 743

A BILL

TO AMEND SECTION 1-30-35 OF THE 1976 CODE, RELATING TO THE COMPOSITION AND GOVERNANCE OF THE DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS, TO PROVIDE THAT THE DEPARTMENT SHALL BE HEADED BY A DIRECTOR WHO IS APPOINTED BY THE GOVERNOR UPON THE ADVICE AND CONSENT OF THE SENATE; TO AMEND SECTION 44-3-210 OF THE 1976 CODE, RELATING TO THE CREATION OF THE COMMISSION ON DISABILITIES AND SPECIAL NEEDS, TO ELIMINATE THE COMMISSION AS THE GOVERNING BODY OF THE DEPARTMENT AND TO REENACT THE ESTABLISHMENT OF THE DEPARTMENT AND ITS POWERS AND DUTIES; TO AMEND SECTION 44-3-220 OF THE 1976 CODE, RELATING TO THE POWERS AND DUTIES OF THE COMMISSION, TO ELIMINATE THE POWERS AND DUTIES OF THE COMMISSION, TO PROVIDE THAT THE DEPARTMENT FALLS WITHIN THE GOVERNOR'S CABINET, AND TO PROVIDE THAT THE DEPARTMENT'S ADMINISTRATIVE HEAD IS A DIRECTOR APPOINTED BY THE GOVERNOR WITH THE ADVICE AND CONSENT OF THE SENATE; TO AMEND SECTION 44-3-230 OF THE 1976 CODE, RELATING TO THE POWERS AND DUTIES OF THE DIRECTOR, TO TRANSFER POWERS AND DUTIES VESTED IN THE COMMISSION TO THE DIRECTOR; TO AMEND SECTION 44-3-240 OF THE 1976 CODE, RELATING TO THE CREATION OF THE DEPARTMENT, TO TRANSFER FROM THE COMMISSION TO THE DEPARTMENT THE AUTHORITY TO PROMULGATE REGULATIONS; TO AMEND SECTION 44-20-320 OF THE 1976 CODE, RELATING TO POLICIES AND REGULATIONS RELATING TO THE ACCEPTANCE OF GIFTS BY THE DEPARTMENT, TO MAKE CONFORMING

CHANGES; TO AMEND SECTION 44-20-350 OF THE 1976 CODE, RELATING TO REIMBURSEMENT TO THE STATE FOR ITS FISCAL OUTLAY ON BEHALF OF THE DEPARTMENT, TO MAKE CONFORMING CHANGES; AND TO DEFINE NECESSARY TERMS.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Section 1-30-35 of the 1976 Code is amended to read:

"Section 1-30-35. (A) ~~Effective on July 1, 1993, the~~ The following agencies, boards, and commissions, including all of the allied, advisory, affiliated, or related entities as well as the employees, funds, property and all contractual rights and obligations associated with any such agency, except for those subdivisions specifically included under another department, are ~~hereby transferred to and~~ incorporated in and ~~shall be~~ administered as part of the Department of Disabilities and Special Needs, which was ~~to be~~ initially divided into divisions for Intellectual Disability, Head and Spinal Cord Injury, and Autism; provided, however, that the board of the former Department of Mental Retardation as constituted on June 30, 1993, and thereafter, under the provisions of Section 44-19-10, et seq., ~~shall be~~ is the governing authority for the department~~.~~:

~~(A)~~(1) Department of Mental Health Autism programs, formerly provided for at Section 44-9-10, et seq.;

~~(B)~~(2) Head and Spinal Cord Injury Information System, formerly provided for at Section 44-38-10, et seq.;

~~(C)~~(3) Department of Mental Retardation, formerly provided for at Section 44-19-10, et seq.

(B) The Department of Disabilities and Special Needs is headed by a director who is appointed by the Governor, upon the advice and consent of the Senate. The director may be removed from office by the Governor in the manner provided for in Section 1-3-240(B)."

SECTION 2. A.Section 44-20-30(7) of the 1976 Code is amended to read:

"(7) 'Director' means the ~~South Carolina Director~~ administrative head of the Department of Disabilities and Special Needs~~, the chief executive director appointed by the commission~~."

B. Section 44-20-30(3) of the 1976 Code is deleted.

SECTION 3. Section 44-20-210 through Section 44-20-240 of the 1976 Code is amended to read:

"Section 44-20-210. ~~There is created the South Carolina Commission on Disabilities and Special Needs. The commission consists of seven members. One member must be a resident of each congressional district appointed by the Governor upon the advice and consent of the Senate. They shall serve for four years and until their successors are appointed and qualify. Members of the commission are subject to removal by the Governor pursuant to the provisions of Section 1-3-240. A vacancy may be filled by the Governor for the unexpired portion of the term.~~ There is created the South Carolina Department of Disabilities and Special Needs, which has authority over all of the state's services and programs for the treatment and training of persons with intellectual disabilities, related disabilities, head injuries, and spinal cord injuries. This authority does not include services delivered by other agencies of the State as prescribed by statute. The department must be comprised of an Intellectual Disability Division, an Autism Division, and a Head and Spinal Cord Injuries Division. The department may be divided into additional divisions as may be determined by the director. The responsibility for all autistic services is transferred to the department from the Department of Mental Health.

Section 44-20-220. ~~The commission shall determine the policy and promulgate regulations governing the operation of the department and the employment of professional staff and personnel. The members of the commission shall receive subsistence, mileage, and per diem as may be provided by law for members of state boards, committees, and commissions. The commission shall appoint and in its discretion remove a South Carolina Director of Disabilities and Special Needs who is the chief executive officer of the department. The commission may appoint advisory committees it considers necessary to assist in the effective conduct of its responsibilities. The commission may educate the public and state and local officials as to the need for the funding, development, and coordination of services for persons with intellectual disability, related disabilities, head injuries, and spinal cord injuries and promote the best interest of persons with intellectual disability, related disabilities, head injuries, and spinal cord injuries. The~~

~~commission is authorized to promulgate regulations to carry out the provisions of this chapter and other laws related to intellectual disability, related disabilities, head injuries, or spinal cord injuries. In promulgating these regulations, the commission must consult with the advisory committee of the division for which the regulations shall apply.~~ The department is a member of the Governor's executive cabinet. The department's administrative head is a director who is to be appointed by the Governor with the advice and consent of the Senate. The director is subject to removal from office by the Governor pursuant to Section 1-3-240(B).

Section 44-20-230. (A) ~~Subject to the supervision, direction, and control of the commission, the~~ The director shall administer the ~~policies~~ department's programs and operations as established by law and regulations ~~established by the commission~~. The director may appoint and in his discretion remove all other officers and employees of the department ~~subject to the approval of the commission~~.

(B) The director, and his designees, shall educate the public and state and local officials as to the need for the funding, development, and coordination of services for persons with intellectual disabilities, related disabilities, head injuries, and spinal cord injuries and shall promote the best interest of persons with intellectual disabilities, related disabilities, head injuries, and spinal cord injuries.

(C) The director may appoint advisory committees as necessary to assist in the effective conduct of his responsibilities.

Section 44-20-240. ~~There is created the South Carolina Department of Disabilities and Special Needs which has authority over all of the state's services and programs for the treatment and training of persons with intellectual disability, related disabilities, head injuries, and spinal cord injuries. This authority does not include services delivered by other agencies of the State as prescribed by statute. The department must be comprised of an Intellectual Disability Division, an Autism Division, and a Head and Spinal Cord Injuries Division. The department may be divided into additional divisions as may be determined by the director and approved and named by the commission. Responsibility for all autistic services is transferred from the Department of Mental Health to the Department of Disabilities and Special Needs.~~ The department is authorized to promulgate regulations to carry out the provisions of this chapter and other laws related to intellectual

disabilities, related disabilities, head injuries, or spinal cord injuries. In promulgating these regulations, the department must consult with the advisory committee of the division for which the regulations shall apply, if the director has established an advisory committee for the division in question."

SECTION 4. Section 44-20-320 of the 1976 Code is amended to read:

"Section 44-20-320. The department or any of its programs may accept gifts, bequests, devises, grants, and donations of money, real property, and personal property for use in expanding and improving services to persons with intellectual disability, related disabilities, head injuries, and spinal cord injuries available to the people of this State. However, nothing may be accepted by the department with the understanding that it diminishes an obligation for paying care and maintenance charges or other monies due the department for services rendered. The ~~commission~~ director may formulate policies and promulgate regulations governing the disposition of gifts, bequests, devises, grants, and donations. If they are given to a specific service program of the department they must remain and be used for that program only or to its successor program."

SECTION 5. Section 44-20-350 of the 1976 Code is amended to read:

"Section 44-20-350. (A) Reasonable reimbursement to the State for its fiscal outlay on behalf of services rendered by the department or any other agency authorized by the department to offer services to clients is a just obligation of the person with intellectual disability, a related disability, head injury, or spinal cord injury, his estate, or his parent or guardian under the conditions and terms provided in this section.

(B) The department or an agency authorized by the department to offer services to clients may charge for its services. However, no service may be denied a client or his parent or guardian because of inability to pay part or all of the department's or other agency's expenses in providing that service. Where federal reimbursement is authorized for services provided, the department initially shall seek federal reimbursement. No charge or combination of charges may exceed the actual cost of services rendered. The ~~commission~~ director shall approve the procedures established to determine

ability to pay and may authorize its designees to reduce or waive charges based upon its findings.

(C) Parents, guardians, or other responsible relatives must not be charged for regional center or community residential services provided by the department for their child or ward. However, a person receiving nonresidential services or his parent or guardian may be assessed a charge for services received, not to exceed cost. The department ~~with the approval of the commission~~ may determine for which services it charges.

(D) The department shall establish a hearing and review procedure so that a client or his parent or guardian may appeal charges made for services or may present to officials of the department information or evidence to be considered in establishing charges. The department may utilize legal procedures to collect lawful claims.

(E) The department may establish by regulation charges for other services it renders."

SECTION 6. This act takes effect upon approval by the Governor.

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South Carolina General Assembly
124th Session, 2021-2022

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Summary: Not yet available

HISTORY OF LEGISLATIVE ACTIONS

Date	Body	Action Description with journal page number
5/11/2021	House	Introduced and read first time
5/11/2021	House	Referred to Committee on **Judiciary**

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VERSIONS OF THIS BILL

5/11/2021

A BILL

TO AMEND SECTION 1-30-35, CODE OF LAWS OF SOUTH CAROLINA, 1976, RELATING TO THE COMPOSITION AND GOVERNANCE OF THE DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS, SO AS TO PROVIDE THAT THE DEPARTMENT SHALL BE HEADED BY A DIRECTOR WHO IS APPOINTED BY THE GOVERNOR UPON THE ADVICE AND CONSENT OF THE SENATE; AND TO AMEND SECTIONS 44-20-30,44-20-210, 44-20-220, 44-20-230, 44-20-240, 44-20-320, AND 44-20-350, ALL RELATING TO THE DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS, SO AS TO PROVIDE FOR THE RESTRUCTURING OF THE DEPARTMENT TO BE HEADED BY A DIRECTOR APPOINTED BY THE GOVERNOR WITH THE ADVICE AND CONSENT OF THE SENATE, AND FOR OTHER PURPOSES.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Section 1-30-35 of the 1976 Code is amended to read:

"Section 1-30-35. (A) ~~Effective on July 1, 1993,~~ The following agencies, boards, and commissions, including all of the allied, advisory, affiliated, or related entities as well as the employees, funds, property and all contractual rights and obligations associated with any such agency, except for those subdivisions specifically included under another department, are ~~hereby transferred to and~~ incorporated in and ~~shall be~~ administered as part of the Department of Disabilities and Special Needs, ~~to be~~ which was initially divided into divisions for Intellectual Disability, Head and Spinal Cord Injury, and Autism; provided, however, that the board of the former Department of Mental Retardation as constituted on June 30, 1993,

and thereafter, under the provisions of Section 44-19-10, et seq., ~~shall be~~ is the governing authority for the department.

~~(A)~~(1) Department of Mental Health Autism programs, formerly provided for at Section 44-9-10, et seq.;

~~(B)~~(2) Head and Spinal Cord Injury Information System, formerly provided for at Section 44-38-10, et seq.;

~~(C)~~(3) Department of Mental Retardation, formerly provided for at Section 44-19-10, et seq.

(B) The Department of Disabilities and Special Needs is headed by a director who is appointed by the Governor, upon the advice and consent of the Senate. The director may be removed from office by the Governor in the manner provided for in Section 1-3-240(B)."

SECTION 2. Section 44-20-30(3) and (7) of the 1976 Code is amended to read:

"(3) ~~'Commission' means the South Carolina Commission on Disabilities and Special Needs, the policy-making and governing body of the Department of Disabilities and Special Needs~~ Reserved.

(7) 'Director' means the ~~South Carolina Director~~ administrative head of the Department of Disabilities and Special Needs~~, the chief executive director appointed by the commission~~."

SECTION 3. Sections 44-20-210 through 44-20-240 of the 1976 Code are amended to read:

"Section 44-20-210. ~~There is created the South Carolina Commission on Disabilities and Special Needs. The commission consists of seven members. One member must be a resident of each congressional district appointed by the Governor upon the advice and consent of the Senate. They shall serve for four years and until their successors are appointed and qualify. Members of the commission are subject to removal by the Governor pursuant to the provisions of Section 1-3-240. A vacancy may be filled by the Governor for the unexpired portion of the term~~ There is created the South Carolina Department of Disabilities and Special Needs, which has authority over all of the state's services and programs for the treatment and training of persons with intellectual disability, related disabilities, head injuries, and spinal cord injuries. This authority does not include services delivered by other agencies of the State as prescribed by statute. The department must be comprised of an Intellectual Disability Division, an Autism Division, and a Head and

Spinal Cord Injuries Division. The department may be divided into additional divisions as may be determined by the director. The responsibility for all autistic services is transferred to the department from the Department of Mental Health.

Section 44-20-220. ~~The commission shall determine the policy and promulgate regulations governing the operation of the department and the employment of professional staff and personnel. The members of the commission shall receive subsistence, mileage, and per diem as may be provided by law for members of state boards, committees, and commissions. The commission shall appoint and in its discretion remove a South Carolina Director of Disabilities and Special Needs who is the chief executive officer of the department. The commission may appoint advisory committees it considers necessary to assist in the effective conduct of its responsibilities. The commission may educate the public and state and local officials as to the need for the funding, development, and coordination of services for persons with intellectual disability, related disabilities, head injuries, and spinal cord injuries and promote the best interest of persons with intellectual disability, related disabilities, head injuries, and spinal cord injuries. The commission is authorized to promulgate regulations to carry out the provisions of this chapter and other laws related to intellectual disability, related disabilities, head injuries, or spinal cord injuries. In promulgating these regulations, the commission must consult with the advisory committee of the division for which the regulations shall apply~~ The department is a member of the Governor's executive cabinet. The department's administrative head is a director who is to be appointed by the Governor with the advice and consent of the Senate. The director is subject to removal from office by the Governor pursuant to Section 1-3-240(B).

Section 44-20-230. (A) ~~Subject to the supervision, direction, and control of the commission,~~ The director shall administer the ~~policies~~ department's programs and operations as established by statute and regulations ~~established by the commission~~. The director may appoint and in his discretion remove all other officers and employees of the department ~~subject to the approval of the commission~~.

(B) The director, and his designees, shall educate the public and state and local officials as to the need for the funding, development, and coordination of services for persons with intellectual disability, related disabilities, head injuries, and spinal cord injuries and shall

promote the best interest of persons with intellectual disability, related disabilities, head injuries, and spinal cord injuries.

(C) The director may appoint advisory committees as necessary to assist in the effective conduct of his responsibilities.

Section 44-20-240. ~~There is created the South Carolina Department of Disabilities and Special Needs which has authority over all of the state's services and programs for the treatment and training of persons with intellectual disability, related disabilities, head injuries, and spinal cord injuries. This authority does not include services delivered by other agencies of the State as prescribed by statute. The department must be comprised of an Intellectual Disability Division, an Autism Division, and a Head and Spinal Cord Injuries Division. The department may be divided into additional divisions as may be determined by the director and approved and named by the commission. Responsibility for all autistic services is transferred from the Department of Mental Health to the Department of Disabilities and Special Needs~~ The department is authorized to promulgate regulations to carry out the provisions of this chapter and other laws related to intellectual disability, related disabilities, head injuries, or spinal cord injuries. In promulgating these regulations, the department must consult with the advisory committee of the division for which the regulations shall apply, if the director has established an advisory committee for the division in question."

SECTION 4. Section 44-20-320 of the 1976 Code is amended to read:

"Section 44-20-320. The department or any of its programs may accept gifts, bequests, devises, grants, and donations of money, real property, and personal property for use in expanding and improving services to persons with intellectual disability, related disabilities, head injuries, and spinal cord injuries available to the people of this State. However, nothing may be accepted by the department with the understanding that it diminishes an obligation for paying care and maintenance charges or other monies due the department for services rendered. The ~~commission~~ director may formulate policies and promulgate regulations governing the disposition of gifts, bequests, devises, grants, and donations. If they are given to a specific service program of the department they must remain and be used for that program only or to its successor program."

SECTION 5. Section 44-20-350(B) and (C) of the 1976 Code is amended to read:

"(B) The department or an agency authorized by the department to offer services to clients may charge for its services. However, no service may be denied a client or his parent or guardian because of inability to pay part or all of the department's or other agency's expenses in providing that service. Where federal reimbursement is authorized for services provided, the department initially shall seek federal reimbursement. No charge or combination of charges may exceed the actual cost of services rendered. The ~~commission~~ director shall approve the procedures established to determine ability to pay and may authorize its designees to reduce or waive charges based upon its findings.

(C) Parents, guardians, or other responsible relatives must not be charged for regional center or community residential services provided by the department for their child or ward. However, a person receiving nonresidential services or his parent or guardian may be assessed a charge for services received, not to exceed cost. The department ~~with the approval of the commission~~ may determine for which services it charges."

SECTION 6. This act takes effect upon approval by the Governor.

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South Carolina Department of Disabilities & Special Needs

Administrative Indicators - Contract Compliance Review

Key Indicator Review Tool for FY2022

Attachment O

The Key Indicators are the QIO Review Tool, based on DDSN Service Standards, Agency Directives, and Medicaid Policy/Requirements. Each of these documents will state the applicability for different types of providers. In general, Administrative Indicators apply to all agencies, although there may be some indicators that only apply to particular service types.

The Guidance in this document is provided as a resource to assist agencies with understanding Key Indicators. The Guidance is not intended to be, nor should be, considered as the ultimate defining resource. It should be, as inferred by its title, GUIDANCE designed to assist. State and Federal standards including policies and procedures are the ultimate resources for establishing the requirements for an Indicator.

Program Administration

Indicator #	Indicator	Guidance
A-101	The Provider keeps service recipients' records secure and information confidential.	Source: DDSN Directive167-06-DD
A-102	The Provider has a Human Rights Committee that is composed of a minimum of 5 members and includes representation from a family member of a person receiving services, a person representing those receiving services or a self-advocate nominated by the local self-advocacy group, and a representative of the community with expertise or a demonstrated interest in the care and treatment of persons (employees or former employees must not be appointed). The Board/ Provider has a Human Rights Committee member list (which identifies the above), along with an attendance log for each Human Rights Committee meeting.	South Carolina Code Ann. 44-26-70 requires that each DDSN Regional Center and DSN Board establish a Human Rights Committee. Contract service providers may either use the Human Rights Committee of the local DSN Board or establish their own Committee. Contract providers must have formal documentation of this relationship. Source: South Carolina Code Ann. 44-26-70 and DDSN Directive 535-02-DD
A-103	The Human Rights Committee will provide a bi-monthly review of Provider practices to assure that consumer's due process rights are protected.	Bi-Monthly = every other month. Minutes shall be taken of each meeting and shall reflect the date and time of the meeting, those Committee members present and absent, and a record of decisions and recommendations in a manner that readily identifies the issues reviewed, the decisions reached, and the follow-up that is necessary. In addition to reviewing Behavior Support Plans and Psychotropic Medications, the provider must document the HRC's review of any use of emergency restraints. The HRC must also receive notification of alleged abuse, neglect, or exploitation. Each Human Rights Committee, in coordination with the Agency, may establish its own mechanism to receive such reports. The HRC should also advise the DSN Board or contract provider agency on other matters pertaining to the rights of people receiving services and other issues identified by the Human Rights Committee or Agency. The sharing of this information and related discussion must be documented in the HRC meeting minutes. Source: South Carolina Code Ann. 44-26-160 and DDSN Directive 535-02-DD
A-104	On an annual basis, the Provider follows SCDDSN procedures regarding developing contingency plan/disaster plan to continue services in the event of an emergency or the inability of a service provider to deliver services.	Source: DDSN Directives 100-25-DD.
A-105	Within the quarterly Risk Management Committee Meeting, the Provider follows SCDDSN procedures regarding Incident Management Reporting and the implementation of needed supports to consumers. The minutes of the meeting describe follow-up on all quality assurance/risk management activities identified in the individual reports.	Source: DDSN Directives 100-26-DD and 100-28-DD.
A-106	Within the quarterly Risk Management Committee Meeting, the Provider reviews trends found in the agencies Therap General Event Reports. The minutes of the meeting describe follow-up on quality assurance/risk management activities identified in the individual reports.	Source: DDSN Directives 100-09-DD, 100-26-DD, and 100-28-DD. This indicator applies only to Day, Employment, and Residential Service Providers.
A-107	Within the quarterly Risk Management Committee Meeting, the Provider follows SCDDSN procedures regarding the review of any restraints or restrictive procedures implemented. The minutes describe the review of documentation of less restrictive methods of behavior support that failed prior to the use of any restraints.	Review of any restraints or restrictive procedures used to ensure compliance with applicable directives. Source: DDSN Directives 600-05-DD,100-26-DD, and 100-28-DD. This indicator applies only to Day, Employment, and Residential Service Providers.

A-108	Within the quarterly Risk Management Committee Meeting, the Provider reviews actions taken as a result of referrals for GERD/dysphagia consultation for choking events to ensure there has been follow-up on recommendations.	Review of any GERD/ Dysphagia Consultation reports to ensure there has been follow-up on recommendations. Source: DDSN Directives 100-26-DD, 100-28-DD, and 535-13-DD. This indicator applies only to Day, Employment, and Residential Service Providers.
A-109	Within the quarterly Risk Management Committee Meeting, the Provider follows SCDDSN procedures regarding Medication Error/ Event Reporting, as outlined in 100-29-DD.	Determine if the Board / Provider has developed an internal database to record, track, analyze, and trend medication errors or events associated with the administration of medication errors. The method for calculating medication error rate has been defined in DDSN Directive 100-29-DD. Source: DDSN Directives 100-26-DD,100-28-DD, and 100-29-DD.
A-110	The provider has an approved medication technician certification program, as outlined in 603-13-DD.	Source: DDSN Directive 603-13-DD If the provider has staff that participate in medication administration, there must be evidence that the medication technician certification program that staff are trained has been approved by DDSN. Programs are required to be submitted to DDSN every three years for approval. Review Procedure: The provider must show evidence that the medication technician certification program has been approved by DDSN. Acceptable evidence includes email or other written communication that includes an indication of approval and a date of approval. Individual staff training will be captured in the Staff Training section.
A-111	The provider conducts quarterly oversight as required by the medication technician certification program.	Source: DDSN Directive 603-13-DD Review Procedure: The provider must show evidence of the following: • Oversight occurred on at least a quarterly basis (4 times per year) • Documentation of the findings of the oversight including supporting evidence • Location, date, time of oversight • Content covered during oversight • Name of the RN, LPN or other medical professional performing the oversight
A-112	The Provider utilizes an approved curriculum or system for teaching and certifying staff to prevent and respond to disruptive behavior and crisis situations.	Source: DDSN Directive 567-04-DD In order to promote and protect rights and support people with challenging behavior all providers must demonstrate that staff have been appropriately trained in a crisis prevention curriculum. Appropriate training of a curriculum includes competency-based assessment of staff skills. Providers may only utilize a DDSN approved curricula for teaching and certifying staff to prevent and respond to disruptive behavior and crisis situations. A crisis prevention management curriculum is only approved once it has been determined that it aligns with DDSN philosophies and it has a strong focus of training in the area of interpersonal skills (e.g., active listening, problem solving, negotiation, and conflict management). In addition, DDSN does not approve training curricula that include techniques involving the use of force (such as chokeholds of any kind or other techniques that inhibit breathing etc.) for self-defense or control that entities such as law enforcement would utilize. Providers may not train staff on any aspect of an approved crisis prevention management curriculum that includes a DDSN prohibited practice. Review Procedure: The providers chosen curriculum will be compared against the approved list in DDSN directive 567-04-DD.
A-113	Upper level management staff of the Provider conduct quarterly unannounced visits on all shifts to all residential settings to assure sufficient staffing and supervision are provided.	Source: Administrative Agency Standards When a residential setting does not utilize a shift model for staffing (e.g. CTH I, SLPI, and live-in CTH II settings) visits need only to be conducted quarterly. The Provider shall conduct quarterly unannounced visits to all residential locations across all shifts excluding third shift in Community Training Home I and Supervised Living I Programs, including weekends, to assure sufficient staffing and supervision per the consumers' plans. Managers should not visit homes they supervise but should visit homes managed by their peers. Senior management may visit any/all of the homes. Documentation of the visit must include the date and time of the visit, the names of the staff/caregivers and consumers present, notation of any concerns and actions taken in response to noted concerns. SLP II should include visits to all apartments. **Please note**: It is not necessary to visit individual SLP II apartments, during 3rd shift, although 3rd shift checks to the complex/staff review are still required. CIRS and CTH I locations do not require unannounced 3rd shift checks. *Quarterly = 4 times per year with no more than 4 months between visits. Review Procedure: The Review Team will select a 10% sample of all residential locations to ensure quarterly unannounced visits have been completed as described above.
A-114	The Provider conducts all residential admissions /discharges in accordance with Directive 502-01-DD.	Source: DDSN Directive 502-01-DD
A-115	For those for whom outlier/enhanced funding status (High Management, Outlier, Specialized Setting) has been approved due to the need for enhanced staff support, the Board / Provider provides the additional support as outlined in the approved request.	250-11-DD requires that residential service providers must retain staff schedules that document the increased level of supervision is being provided. The QIO will verify the presence of additional staffing support as well as other supports (i.e., Behavior Support Plan and training [Habilitation] strategies) that are needed in order to decrease the need for outlier funding. Using the staffing schedule submitted by the provider and approved by SCDDSN, review the documentation that certifies that the enhanced staff support was provided (100% sample for the last quarter of the year in review) and compare with actual time sheets (showing hours actually worked) to determine if the enhanced staff support was provided. Source: DDSN Directive 250-11-DD

South Carolina Department of Disabilities & Special Needs

Case Management- Contract Compliance Review

Key Indicator Review Tool for FY2022

The Key Indicators are based on DDSN Service Standards, Agency Directives, and Medicaid Policy/Requirements.

The Guidance in this document is provided as a resource to assist agencies with understanding Key Indicators. The Guidance is not intended to be, nor should be, considered as the ultimate defining resource. It should be, as inferred by its title, GUIDANCE designed to assist. State and Federal standards including policies and procedures are the ultimate resources for establishing the requirements for an Indicator.

Program Administration

Indicator #:	Indicator	Guidance
CM-101	Case Management providers must have a system that allows access to assistance 24 hours daily, 7 days a week.	Source: SCDDSN Case Management Standards.
CM-102	The Provider demonstrates agency-wide usage of Therap for the maintenance of Case Management records according to the implementation schedule approved by DDSN.	Source: DDSN Therap Requirements. Review Therap documentation.

Provider Qualifications

Indicator #:	Indicator	Guidance
CM-201	Intake Staff meet the minimum education requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
CM-202	Intake Staff meet the criminal background check requirements for the position, prior to employment.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
CM-203	Intake Staff continue to meet the criminal background check requirements for the position, upon required recheck.	Source: DDSN Directive 406-04-DD. Re-check every 3 years.
CM-204	Intake Staff meet the CMS "List of Excluded Individuals/ Entities" check requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
CM-205	Intake Staff meet the DSS Central Registry check requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
CM-206	Intake Staff meet the Sex Offender Registry check requirements for the position.	Source: Intake Standards. Applies to new employees working less than 12 months.
CM-207	Case Management Staff meet the minimum education requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management.	Refer to SCDDSN Case Management Standards for educational, vocational, and credentialing requirements. Applies to new employees working less than 12 months.
CM-208	Case Management Staff meet the criminal background check requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management, prior to employment.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
CM-209	Case Management Staff continue to meet the criminal background check requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management, upon required recheck.	Source: DDSN Directive 406-04-DD. Recheck every 3 years.
CM-210	Case Management Staff meet the CMS "List of Excluded Individuals/ Entities" check requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
CM-211	Case Management Staff meet the DSS Central Registry check requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
CM-212	Case Management Staff meet the Sex Offender Registry check requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
CM-213	Case Management Staff meet the TB Testing requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management, prior to direct service contact.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
CM-214	Case Management Staff meet the annual TB Screening/ Testing requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management.	Annual TB Screening/Testing must be completed by the last day of the month in which it was due. Source: DDSN Directive 603-06-DD.

CM-215	New Case Management Staff have acceptable reference check requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
CM-216	Waiver Case Management Staff meet the education requirements for the position.	Refer to DDSN Directive 406-04-DD and WCM Standards for educational, vocational, and credentialing requirements. Applies to new employees working less than 12 months.
CM-217	Waiver Case Management Staff meet the criminal background check requirements for the position, prior to employment.	Refer to DDSN Directive 406-04-DD and WCM Standards for educational, vocational, and credentialing requirements. Applies to new employees working less than 12 months.
CM-218	Waiver Case Management Staff continue meet the criminal background check requirements, upon required recheck.	Refer to DDSN Directive 406-04-DD and WCM Standards for educational, vocational, and credentialing requirements. Recheck required every 3 years. Applies to new employees working more than 12 months.
CM-219	Waiver Case Management Staff meet the CMS "List of Excluded Individuals/ Entities" check requirements for the position.	Refer to DDSN Directive 406-04-DD and WCM Standards for educational, vocational, and credentialing requirements. Applies to new employees working less than 12 months.
CM-220	Waiver Case Management Staff meet the DSS Registry check requirements for the position.	Refer to DDSN Directive 406-04-DD and WCM Standards for educational, vocational, and credentialing requirements. Applies to new employees working less than 12 months.
CM-221	Waiver Case Management Staff meet the Sex Offender Registry check requirements for the position.	Refer to WCM Standards for educational, vocational, and credentialing requirements. Applies to new employees working less than 12 months.
CM-222	Waiver Case Management Staff meet the TB Testing requirements for the position, prior to direct service contact.	Source: WCM Standards and DDSN Directive 603-06-DD Applies to new employees working less than 12 months.
CM-223	Waiver Case Management Staff meet the annual TB Screening/Testing requirements.	Annual TB Screening/Testing must be completed by the last day of the month in which it was due. Source: WCM Standards and DDSN Directive 603-06-DD.
CM-224	New Waiver Case Management Staff have acceptable reference check requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.

Provider Training

Indicator ##	Indicator	Guidance
CM-301	Intake staff must pass mandatory, competency based ANE training, as required, during pre-service orientation.	Source: DDSN Directive 534-02-DD. Applies to new employees working less than 12 months.
CM-302	Intake Staff, when employed after 1 year, must pass mandatory, competency based ANE training within 12 month of their prior training date(s).	Source: DDSN Directive 534-02-DD. Applies to employees working more than 12 months. Training must be completed by the last day of the month in which the training was due.
CM-303	Intake Staff must complete new employee competency- based training requirements.	Applies to new employees working less than 12 months. Review training documentation in Therap.
CM-304	Intake Staff are made aware of the False Claims Recovery Act annually, that the Federal government can impose a penalty for false claims, that abuse of the Medicaid Program can be reported, and that reporters are covered by Whistleblowers' laws.	Evidence of staff being made aware of the false claims' recovery act must be provided. This activity must be completed by the last day of the month in which it was due. Source: Contract for … Capitated Model and Source: Contract for … Non-Capitated Model
CM-305	Case Management Staff must pass mandatory, competency based ANE training, as required, during pre-service orientation.	Source: DDSN Case Management Standards and DDSN Directive 534-02-DD. Applies to new employees working less than 12 months.
CM-306	Case Management Staff, when employed after 1 year, must pass mandatory, competency based ANE training within 12 month of their prior training date(s).	Source: DDSN Case Management Standards and DDSN Directive 534-02-DD. Applies to employees working more than 12 months. Training must be completed by the last day of the month in which the training was due.
CM-307	Case Management Staff are made aware of the False Claims Recovery Act annually, that the Federal government can impose a penalty for false claims, that abuse of the Medicaid Program can be reported, and that reporters are covered by Whistleblowers' laws.	Evidence of staff being made aware of the false claims' recovery act must be provided. This activity must be completed by the last day of the month in which it was due. Source: Contract for … Capitated Model and Source: Contract for … Non-Capitated Model
CM-308	Waiver Case Managers must pass mandatory, competency based ANE training, as required, during pre-service orientation.	Source: DDSN Directive 534-02-DD. Applies to new employees working less than 12 months.
CM-309	Waiver Case Management Staff, when employed after 12 months, must pass mandatory, competency based ANE training within 12 months of their prior training date(s).	Source: DDSN Directive 534-02-DD. Applies to employees working more than 12 months. Training must be completed by the last day of the month in which the training was due.
CM-310	Waiver Case Management Staff have successfully completed SCDHHS WCM training prior to delivery of WCM services.	Applies to new employees working less than 12 months.
CM-311	Waiver Case Management Staff, when employed for more than 12 months, must complete required DHHS training modules on an annual basis	Training must include the following topic areas: • Confidentiality of Personal Information (DDSN Directive 167-06-DD). • Person-centered planning. • Level of Care.

		• Annual Assessment and Plans of Support. Applies to employees working more than 12 months. Training must be completed by the last day of the month in which the training was due. Source: DDSN Directive 567-01-DD /WCM Standards
CM-312	Waiver Case Management Staff are made aware of the False Claims Recovery Act annually, that the Federal government can impose a penalty for false claims, that abuse of the Medicaid Program can be reported and that reporters are covered by Whistleblowers' laws.	Evidence of staff being made aware of the false claims' recovery act must be provided. This activity must be completed by the last day of the month in which it was due. Source: Contract for … Capitated Model and Source: Contract for … Non-Capitated Model

Intake

Indicator #	Indicator	Guidance
CM-401	Contact with the Intake service user is made within five (5) business days of the receipt of an authorization for Intake or reflects more than one (1) attempt to contact within five (5) business days.	Review documentation in Therap. Source: Intake Standards
CM-402	Documentation includes sufficient information to prove that a thorough explanation of the following was provided to the service user or his/her representative: • The process for Intake including next steps, • DDSN as an agency and how services through DDSN are provided. • Services potentially available through DDSN, including the criteria to be met in order for services to be authorized.	Review documentation in Therap. Source: Intake Standards
CM-403	Intake activities are documented within five (5) business days of the occurrence of the activity.	Review documentation in Therap. Source: Intake Standards
CM-404	Contact with or on behalf of the service user occurred, at a minimum, every ten (10) business days.	Review documentation in Therap. Source: Intake Standards
CM-405	If terminated, Intake was only terminated when, during a thirty (30) calendar day period, at least three (3) consecutive attempts to contact the service user/ representative were unsuccessful, or by request from the individual who is going through the Intake Process.	Review documentation in Therap. Source: Intake Standards

Non-Waiver Case Management

Indicator #	Indicator	Guidance
CM-501	The person's file contains approval for Case Management.	Review documentation in CDSS. SCDDSN Non-Waiver Case Management Standards.
CM-502	The person's file contains documentation that establishes the person in a target group, if receiving MTCM.	Review documentation in Therap. Source: SCDDSN Case Management Standards.
CM-503	An assessment of the person's needs is completed.	Review documentation in Therap. Source: SCDDSN Case Management Standards
CM-504	A face-to-face contact with the person in his/her residence is made at the time of initial/ annual assessment.	Review documentation in Therap. Source: SCDDSN Case Management Standards.
CM-505	A plan addressing the person's assessed needs is completed.	Review documentation in Therap. Source: SCDDSN Case Management Standards.
CM-506	The plan contains all required components.	Review documentation in Therap. Source: SCDDSN Case Management Standards.
CM-507	The plan is signed, titled, and dated by the Case Manager.	Review documentation in Therap. Source: SCDDSN Case Management Standards.
CM-508	The plan is signed by the person or his/her representative.	Review documentation in Therap. Source: SCDDSN Case Management Standards.
CM-509	The person must be provided a copy of the plan.	Review documentation in Therap. Source: SCDDSN Case Management Standards.
CM-510	Annually, people are provided information about abuse, neglect and exploitation and information about critical incidents.	Review documentation in Therap. Source: SCDDSN Case Management Standards.
CM-511	Contact (face-to-face, email or telephone) is made with the person, his/her family or representative or a provider who provides a service to the person at least every 60 days.	Review documentation in Therap. Source: SCDDSN Case Management Standards.
CM-512	The Case Management Assessment and Plan must be reviewed at least 180 days from the Date of the Plan.	Review documentation in Therap. Source: SCDDSN Case Management Standards.
CM-513	The 180 Day Plan Review must be completed in consultation with the person/his/her representative. Consultation must include a face-to-face visit in the person's natural environment.	Review documentation in Therap. Source: SCDDSN Case Management Standards. .
CM-514	Case notes are appropriately documented and include all Case Management activity on behalf of the person and justify the need for Case Management.	Review documentation in Therap. Source: SCDDSN Case Management Standards.

Waiver Case Management Activities

Indicator #	Indicator	Guidance
CM-601	For newly enrolled waiver participants, the first non-face-to-face contact is completed within the month of waiver enrollment.	Review documentation in Therap. Source: WCM Standards
CM-602	For newly enrolled waiver participants, the first quarterly face-to-face visit is completed within three months of waiver enrollment.	Review documentation in Therap. Source: WCM Standards
CM-603	Each month, except during the months when required quarterly face-to face visits are completed, a non-face-to-face contact is made with the participant or his/her representative and documented appropriately.	Review documentation in Therap. Source: WCM Standards
CM-604	At least one face-to-face contact must take place in the person's residence every six months.	Review documentation in Therap. Source: WCM Standards
CM-605	Quarterly face-to-face visits are appropriately documented.	Review documentation in Therap. Source: WCM Standards
CM-606	Participants receive two (2) waiver services every month, with the exception of the initial enrollment period (up to 60 days).	Review documentation in Therap. Source: WCM Standards
CM-607	Case notes intended to document Waiver Case Management activities are sufficient in content to support Medicaid billing and entered within 7 calendar days.	Review documentation in Therap. Source: WCM Standards

Waiver Activities

Indicator #	Indicator	Guidance
CM-701	The Plan is developed as required.	Review documentation in Therap. Source: Guidelines for the DDSN Planning Process, WCM Standards
CM-702	The plan includes Waiver service(s) name, frequency of the service(s), amount of service(s), duration of service(s), and valid provider type for service(s). *This indicator will not be calculated in the provider score.* *Data will be collected for Waiver Evidentiary Reporting only.*	Due to the SCDDSN Waiver Administration Division entering plan information, after 10/30/17, SCDDSN will be held responsible for recoupment and citation of this indicator. Source: Waiver Manual Review documentation in Therap.
CM-703	Service needs outside the scope of Waiver services are identified in Plans and addressed.	Review documentation in Therap. Source: Waiver Manual, HCBS Regulatory requirement.
CM-704	Needs in the Plan are justified by formal or informal assessment information in the record.	Review documentation in Therap. Source: Guidelines for the DDSN Planning Process, Waiver Manual
CM-705	Assessment(s) justify the need for all Waiver services included on the plan.	Review documentation in Therap. Source: Waiver Manual
CM-706	Services/ Interventions are appropriate to meet assessed needs.	Source: Waiver Manual
CM-707	The Plan identifies appropriate funding sources for services/interventions. *This indicator will not be calculated in the provider score.* *Data will be collected for Waiver Evidentiary Reporting only.*	Due to the SCDDSN Waiver Administration Division entering plan information, after 10/30/17, SCDDSN will be held responsible for recoupment and citation of this indicator. Review documentation in Therap. Source: Guidelines for the DDSN Planning Process for defined resources, Waiver Manual
CM-708	The Plan is provided to the participant/ representative within 3 months of completion.	Review Case Note documentation. Source: WCM Standards, HCBS Regulatory requirement.
CM-709	The plan is revised when warranted by a change in the person's needs or as requested by the person.	Review documentation in Therap. Source: Guidelines for the DDSN Planning Process and WCM Standards,
CM-710	The Support Plan is signed by the person or his/her representative within 3 months of completion.	Review Case Note documentation. Source: Waiver Case Management Standards, HCBS Regulatory requirement.
CM-711	The person/legal guardian (if applicable) will receive information on abuse and neglect annually.	Review Case Notes for documentation. Source: WCM Standards
CM-712	For ID/RD and CS Waiver: At the time of annual planning, all children enrolled in the ID/RD and CS Waiver receiving CPCA services must have a newly completed physician's order (Physician's Information Form – MSP Form 1), and assessment (SCDDSN Personal Care/Attendant Care Assessment). Physician's order and assessment are required annually.	Review documentation in Therap on Plan or Assessment. See MSP forms/attachments in the CPA section of the ID/RD and CS Waiver Manuals.
CM-713	Documentation is present verifying choice of provider was offered to the participant/family for each new Waiver service.	Review documentation in Therap. Source: Waiver Manual
CM-714	The Freedom of Choice Form is present.	Source: Waiver Manual
CM-715	The Initial Level of Care is present.	Review documentation in Therap. Review the initial LOC determination to verify it was completed within 30 days prior to or on the date of Waiver enrollment.
CM-716	The most current Level of Care Determination is completed appropriately and dated within 365 days of the last Level of Care determination and is completed by the appropriate entity.	Review documentation in Therap. Source: Waiver Manual

CM-717	For HASCI: The Acknowledgement of Choice and Appeal Rights Form completed prior to Waiver enrollment and annually.	If participant was a competent adult at time of Waiver initial enrollment or re-enrollment, but physically unable to sign, both the form and a Case Note should indicate why participant's signature was not obtained. Source: Waiver Manual
CM-718	For ID/RD and CS: Acknowledgement of Rights and Responsibilities is completed annually.	Source: Waiver Manual
CM-719	Waiver services are provided in accordance with the service definitions found in the Waiver document.	Source: Waiver Manual
CM-720	For ID/RD and HASCI Waiver: If Nursing Services are provided, an order from the physician is present and is consistent with the authorization form.	Source: Waiver Manual
CM-721	Authorization forms are properly completed for services as required, prior to service provision.	Review documentation in Therap for authorizations completed in Therap. Request copies of others. Source: Waiver Manual
CM-722	Authorized waiver services are suspended when the waiver participant is hospitalized, or temporarily placed in an NF or ICF/IID.	Review documentation in Therap. NOTE: Not intended for Institutional Respite cases. Source: Waiver Manual
CM-723	Waiver termination is properly completed.	Source: Waiver Manual
CM-724	The Participant/Legal Guardian (if applicable) was notified in writing regarding any denial, termination, reduction, or suspension of Waiver services with accompanying reconsideration/appeals information.	Review Case Notes documentation in Therap. Not required in the case of death. Source: Waiver Manual
CM-725	Information including the benefits and risks of participant/representative directed care is provided to the participant/representative prior to the authorization of Adult Attendant Care (ID/RD), Attendant Care (HASCI), or In-Home Supports (CS).	Source: Waiver Manual
CM-726	Before authorization of Adult Attendant Care Services (ID/RD), Attendant Care (HASCI), or In-Home Supports (CS), the absence of cognitive deficits in the participant that would preclude the use of participant/representative directed care is assessed and documented.	Source: Waiver Manual
CM-727	Before authorization of Adult Attendant Care Services (ID/RD), Attendant Care (HASCI), or In-Home Supports (CS), the participant/representative is provided information about hiring management and termination of workers as well as the role of the Financial Management System.	Source: Waiver Manual
CM-728	The non-availability of a Waiver service provider is documented and actively addressed.	Review documentation in Therap. Source: Waiver Manual
CM-729	For HASCI Waiver – Copies of Daily Logs for Self-Directed Attendant Care are received, and the service is monitored.	Source: HASCI Waiver Manual
CM-730	For individuals awarded a waiver slot within the review period, the waiver enrollment timeline was followed to receive the Freedom of Choice or the Waiver Declination form or to follow the Waiver Non-Signature Declination process.	Review documentation in Therap. Source: Waiver Manual
CM-731	For individuals awarded a waiver slot within the review period, the waiver enrollment timeline was followed to request the Level of Care or to follow the Waiver Non-Signature Declination process.	Review documentation in Therap. Source: Waiver Manual
CM-732	For individuals awarded a waiver slot within the review period, the waiver enrollment timeline was completed to get the individual enrolled in the waiver.	Review documentation in Therap. Source: Waiver Manual

South Carolina Department of Disabilities and Special Needs

LICENSING REVIEWS- DAY SERVICES INDICATORS

Effective July 1, 2009
Revised: Effective July 1, 2010 *Revised: Effective July 1, 2011*
Revised: Effective October 20, 2015 *Revised: Effective October 1, 2017*
Revised/Effective Date: July 1, 2021

South Carolina Code Ann. § 44-20-710 (Supp. 2014), authorizes DDSN to license day facilities for children and/or adults. The Code states:

"No day program in part or in full for the care, training, or treatment of a person with intellectual disability, a related disability, head injury, or spinal cord injury may deliver services unless a license first is obtained from the department. For the purpose of this article "in part" means a program operating for ten hours a week or more. Educational and training services offered under the sponsorship and direction of school districts and other state agencies are not required to be licensed under this article."

DDSN is authorized to establish minimum standards of operation and license programs as Adult Activity Centers; Work Activity Centers; and Unclassified Programs which are defined as follows:

- Adult Activity Center: A goal-oriented program of developmental, prevocational services designed to develop, maintain, increase, or maximize an individual's functioning in activities of daily living, physical growth, emotional stability, socialization, communication, and vocational skills. The minimum participant/staff ratio for an Adult Activity Center is 7:1.

- Work Activity Center: A workshop having an identifiable program designed to provide therapeutic activities for intellectually/developmentally disabled workers whose physical or mental impairment is so severe as to interfere with normal productive capacity. Work or production is not the main purpose of the program; however, the development of work skills is its main purpose. The program must have a certificate from the United States Department of Labor designating it as a Work Activity Program when applicable. The minimum participant/staff ratio for a Work Activity Center is 7:1.

- Unclassified Program: A program that provides a beneficial service and observes appropriate standards to safeguard the health and safety of individuals, staff, and the public. The minimum participant/staff ratio is 10:1.

A license will only be issued to programs which are in compliance with the standards noted in this document. A license may be issued for new programs or those found to be out of compliance upon receipt of an acceptable plan of correction for eliminating deficiencies identified in the official licensing survey. The plan must show that the deficiency will be corrected within a 30-day period. An extension may be granted for another 30 days when requested in writing and good cause shown. A license will be effective for up to a 12-month period, beginning with the date of issuance. DDSN will make a determination of which license to issue based on the services to be rendered through the facility. DDSN Directive 104-01-DD: DDSN Certification and Licensure of Residential and Day Facilities, explains the process for becoming licensed.

Definitions

Program:	Adult Activity Center, Work Activity Center, or Unclassified Program.
Service:	Support Center, Day Activity, Career Preparation, Employment Services, or Community Service.
Participant:	The individual with a disability who receives services through the program.

	Standard	Guidance
1	Each program must be operated in accordance with applicable state and federal laws.	
2	There will be at least the following minimum participant/staff ratio for each program: • Adult Activity Center - 7:1. • Work Activity Center - 7:1. • Unclassified Program - 10:1.	Note: This ratio is applicable to the entire program and staff who are not responsible for direct participant support may be included in this ratio.
3	A designated responsible staff member must be present and in charge at all times a participant is present. The staff member left in charge must know how to contact the director at all times.	
4	Supervision shall be provided in accordance with each person's service plan and need.	Please refer to DDSN Directive 510-01-DD: Supervision of People Receiving Services.
5	Each program shall have provisions for alternate coverage for staff members who are ill. Such policies shall require staff members with acute communicable disease, including respiratory infection, gastro-intestinal infection, and skin rash, to absent themselves during the acute phase of illness.	
6	A minimum participant/staff ratio of 10:1 must be maintained in each classroom, or program area, etc. at all times.	When determining staffing patterns within a program and within a classroom, workshop, program area, etc., the supervision needs of each participant must be considered including their need for "independent functioning" as defined in Standard #4.
7	When licensed as an Adult Activity Center, participants will be at least 18 years of age.	
8	When licensed as an Unclassified Program, participants will be at least 12-years of age.	
9	When licensed as an Unclassified Program, participants under age 18 are served in a program area apart/separated from adult participants.	
10	Each facility shall provide a minimum of 50 square feet of program space per participant.	Per participant present in the facility.
11	The provider demonstrates agency-wide use of Therap for the maintenance of Day Service documentation, according to the implementation schedule approved by SCDDSN.	
12	Each facility shall afford each participant adequate space for privacy including toileting facilities with securable stalls appropriate per gender.	Refer to: 42 CFR§441.301(c)(5)
13	Each facility shall afford each participant adequate space for privacy including but not limited to personal care and /or treatment areas.	Refer to: 42 CFR§441.301(c)(5)
14	Each facility shall afford each participant adequate space for privacy including but not limited to lockable storage for participant's personal belongings.	Refer to: 42 CFR§441.301(c)(5)
15	For facilities initially licensed on or after July 1, 2019, the setting must be free from qualities that may be presumed institutional.	Facilities that may have qualities that may be presumed to be institutional include: • Facilities in a publicly or privately-owned inpatient treatment facility; and • Facilities on the grounds of or adjacent to a public institution. Refer to: 42 CFR§441.301(c)(4)(i-v)
16	For facilities initially licensed on or after July 1, 2019, the setting must be free from characteristics that have the effect of discouraging integration of participants from the broader community.	Facilities that may have characteristics that have the effect of discouraging integration from the broader community include, but may not be limited to: • Settings completely enclosed by walls or fences with locked gates. • An additional setting added to an existing cluster (i.e., 2 or more) of DDSN-licensed residential or day settings. Refer to: 42 CFR§441.301(c)(4)(i-v)
17	Programs must be free from obvious hazards.	The focus is on identifying potential threats to the health, safety or welfare of program participants and barriers to participation. The threat should be realistic; citations should not be issued for superficial, cosmetic, or aesthetic shortcomings.
18	Programs must be clean.	The focus is on identifying potential threats to the health, safety or welfare of program participants and barriers to participation. The threat should be realistic; citations should not be issued for superficial, cosmetic, or aesthetic shortcomings.
19	Programs must be free of litter/rubbish.	The focus is on identifying potential threats to the health, safety or welfare of program participants and barriers to participation. The threat should be realistic; citations should not be issued for superficial, cosmetic, or aesthetic shortcomings.
20	Programs must be free of offensive odors.	The focus is on identifying potential threats to the health, safety or welfare of program participants and barriers to participation. The threat should be realistic; citations should not be issued for superficial, cosmetic, or aesthetic shortcomings.
21	Programs must have equipment in good working order.	The focus is on identifying potential threats to the health, safety or welfare of program participants and barriers to participation. The threat should be realistic; citations should not be issued for superficial, cosmetic, or aesthetic shortcomings.
22	Programs must be accessible to participants and staff.	The focus is on identifying potential threats to the health, safety or welfare of program participants and barriers to participation. The threat should be realistic; citations should

	Standard	Guidance
		not be issued for superficial, cosmetic, or aesthetic shortcomings.
23	Hot water temperature in the program area accessible to participants must never be more than 110 degrees Fahrenheit.	
24	The facility will meet the regulations of the appropriate standards for fire safety as set forth by the South Carolina Fire Marshal codes. Report of an approved fire safety inspection completed the Office of State Fire Marshal shall be maintained in the facility's records. There must be evidence of corrective action taken no later than 24 hours after the citation for any of the following: 1. Failure to maintain working smoke alarms. 2. Failure to maintain clear path of egress. 3. Combustibles inappropriately stored. 4. Failure to ensure that windows and doors are ~~fully~~ operable by ambulatory residents without the use of special tools. 5. Security devices (double-keyed locks) affecting means of egress are in use. 6. Failure to maintain emergency lighting, when installed. Failure to maintain documentation of fire drills in an accessible location for review.	See fire code requirements at: http://scfiremarshal.llronline.com/INSPECT/index.asp?file=main.htm Fire Safety Inspections, when required, must be made by a Fire Marshal employed by the State Fire Marshal's office. Initial fees ~~for this service~~ and annual fire inspections are pre-paid by DDSN, but inspections must be requested. Inspection requests are completed using the following link: https://firemarshal.llronline.com/Fire/appLogin.asp Providers must request the inspection with sufficient notice to schedule the annual inspection prior to the prier expiration date. If requests are submitted by the 15th of the month, the inspection will take place by the end of the following month. A copy of the most recent inspection report must be present on-site and available for review by DDSN and/or its licensing contractor. Sites that have fire sprinkler systems must be inspected in accordance with NVPA25 standards and DHEC requirements. To maintain certification: monthly, quarterly, semi-annual, annual and five (5) year inspections must be completed. All the inspections can be handled by day staff or maintenance staff, EXCEPT for the five (5) year inspection which must be performed by a certified sprinkler contractor. Documentation of all inspections must be maintained by the provider.
25	The provider shall formulate and post in each room and work area, in a place clearly visible, a diagrammatic plan for evacuation of the building in case of disaster.	
26	All employees shall be instructed and kept informed regarding their duties under the plan.	
27	The center shall hold fire/disaster* drills at least once each quarter. Each drill conducted shall be recorded as to time, date of drill, number of those participating, and the total time required for evacuation. The record shall be signed by the individual conducting the drill.	*Fire drills will be held quarterly. Additionally, disaster drills will be held annually. A copy of documentation from the prior 12 months must be present on-site and available for review by DDSN and/or its licensing contractor.
28	Passageways shall be free of obstructions at all times.	Immediate corrective action required when the obstruction prevents egress.
29	All staff shall be instructed in the proper use of fire extinguishers as documented in reports.	
30	The use of electrical extension cords is prohibited.	Immediate corrective action required when cited.
31	Programs serving individuals who are hearing impaired will develop a fire alarm system to assure the clients are alerted to the danger of fire.	
32	A safety check on electrical systems shall be made by a licensed/certified electrician/contractor and a written report kept on file at the facility at all times. A new inspection shall be made after any expansion, repair, renovation, or the addition of any major electrical appliances or equipment.	Sites that have emergency generators must perform complete and thorough inspections of them. Routine service by a qualified contractor is encouraged to ensure that generators are maintained in good operating condition. Service contracts generally include semi-annual and/or annual inspections. Providers must perform monthly checks of the generators. Documentation of all checks must be maintained by the provider. See DDSN Directive 300-03-DD: Annual Certification of Electrical, Mechanical, Fire Alarm and Sprinkler Systems for Renewal of Licensure, for sample forms which may be used to conduct monthly inspections. A copy of the most recent inspection must be present on-site and available for review by DDSN and/or its licensing contractor.
33	All staff shall be knowledgeable of utility cut-offs throughout the facility.	
34	The heating system shall be approved annually by a licensed/certified HVAC contractor and the report maintained on file at the facility. Floor furnaces shall have adequate protective coverings or guards to ensure that individuals coming into contact with them shall not be burned. If space heaters are used, they shall be vented properly, and screens or other protective devices shall be provided to prevent individuals from coming into contact with heaters.	
35	All cleaning equipment supplies, insecticides, etc., shall be in a locked cabinet or located in an area not accessible to unauthorized individuals.	
36	Furniture, equipment, and training materials shall be appropriate to the ages of the individuals in the program; shall be sturdily constructed without sharp edges; shall not be covered with toxic paint; and shall present minimal hazards to individuals.	
37	Stationary outdoor equipment shall be firmly anchored.	
38	When providing Support Center Services, the area in which services are	

	Standard	Guidance
	provided must have comfortable accommodations and materials for activities that are appropriate for the individuals who receive the service.	
39	The use of tools and equipment shall be supervised by staff.	Supervision will be provided in accordance with the individual's assessed need. As appropriate, independent use of equipment will be allowed.
40	In the presence of unusual hazards arising from certain work operations, appropriate safety precautions shall be taken to insure the protection of those present.	
41	Equipment and Materials for Learning, Recreational Experiences--Indoor and outdoor equipment and materials shall be provided in sufficient quantity and variety to meet the developmental need of the participants. The equipment will be age appropriate for the participants who use it.	
42	If the facility operates a transportation system, vehicles used for the transportation of participants shall ensure safety for the passengers.	This standard relates to passenger safety generally and should capture any factors that do not fall specifically under any of the related standards (43-47). For example, a vehicle accident where the staff driving was at fault, and for which the cause of the accident cannot be attributed to non-compliance with any of standards 43-47, would result in this standard being not met.
43	Vehicles shall be inspected daily, using a checklist. The driver shall sign a report which indicates that he/she has checked the lights, brakes, horn, wipers, and tires.	
44	Maintenance of vehicles shall be recorded and updated, as recommended by the manufacturer and/or contract for vehicle use.	
45	Each passenger shall have adequate seating space and shall use a seat belt or restraint system approved by the Highway Traffic Safety Administration Standards which is appropriate for his/her age while being transported.	
46	Each vehicle will have: • First aid kit which is replenished after each use and checked monthly for completeness. • Fire extinguisher which is in good working order and securely fastened in a manner which is easily accessible to the driver.	
47	Vehicle operators and all staff who transport individuals shall be licensed drivers and shall complete and have a current defensive driving course certificate prior to transporting individuals, which is on file with the provider.	This standard is applicable to all staff who appear as drivers on vehicle logs. Staff who do not operate vehicles are not subject to these requirements.
48	Medication to be administered shall be stored in a locked cabinet not accessible to unauthorized individuals.	
49	Prescribed medication shall be kept in the original containers bearing the pharmacy label which shows drug name, the prescription number, date filled, physician's name, directions for use, and the patient's name.	
50	Written authorization to administer any medication must be given.	If the participant is over age 18 and has not been adjudicated incompetent, he/she is considered his/her own guardian and therefore may authorize the administration of his/her medications. If a non-adjudicated adult is unable to authorize, authorization may be given by a parent/representative or surrogate. For those under age 18 or those adults who have been adjudicated incompetent, authorization must be given by parents or guardian. For ICF/IID residents, medications must be given in accordance with applicable ICF/IID regulations and standards.
51	Medications must be safely and accurately given.	Medications given to ICF/IID residents must be given in accordance with applicable ICF/IID Standards. The medication has not expired. There are no contraindications (i.e., no allergy for the drug); and The medication was administered at the proper time, prescribed dosage, and correct route. See DDSN Directive 603-13-DD: Medication Technician Certification.
52	Employees supervising the taking of medication will document that medication was taken by the participant as authorized by parents or guardian.	For participants not independent in taking their own medication/treatments, a medication/treatment log must be maintained to denote: a) The name of medication or type of treatment given. b) The current physician's order (and purpose) for the medication and/or treatment or authorization from the responsible party. c) The name of individual giving the medication. d) Time given; and e) Dosage given. The medication log must be reviewed at a minimum, monthly. If the reviews indicate error, actions must be taken to alleviate future errors. Entries must be made at the time the medication/treatment was given. Medication includes over-the-counter medications.
53	Outdated medications and discontinued medications are disposed of per provider policy.	

	Standard	Guidance
54	A first aid kit shall be maintained at each program site.	First Aid Kit is a collection of supplies which includes: mild hand soap or hand sanitizer liquid; cotton tipped applicators; gauze bandages, one (1) and two (2) inch widths; sterile gauze, three (3) inch by three (3) inch; band-aids; adhesive tape; scissors; disinfectant; and thermometer.
55	Each program will have a current activity schedule posted. The schedule will reflect the hours the facility is open and the hours the program offers supervised services. The schedule must reflect the scheduled activities of the day.	The schedule should reflect the hours the facility is open. If supervised services (e.g., second shift enclave) are offered, the schedule may reflect those times specifically, or may reflect that supervised services may be available as needed. A specific schedule for activities is not required, but instead the activity choices available should be listed.

South Carolina Department of Disabilities and Special Needs
Standards for Licensing Day Facilities: Reference Documents

Please refer to DDSN's Web site www.ddsn.sc.gov to view any of the below directives.
100-04-DD Use of Adaptive Behavior Scales
100-09-DD Critical Incident Reporting
100-12-DD AIDS Policy
100-17-DD Family Involvement
100-25-DD Disaster Preparedness Plan for DDSN and Other DDSN Providers of Services to Persons with Disabilities and Special Needs
100-26-DD Risk Management Program
100-28-DD Quality Management
100-29-DD Medication Error/ Event Reporting
101-02-DD Preventing and Responding to Suicidal Behavior
104-01-DD Certification and Licensure of Residential and Day Facilities and New Requirements for DHEC Licensed CRCF's
167-01-DD Appeal Procedure for Licensed Programs Serving Persons with Intellectual Disability
167-06-DD Confidentiality of Personal Information
250-08-DD Procurement Requirements for Local DSN Boards and Contracted Service Providers
368-01-DD Individual Service Delivery Records Management
503-01-DD Individuals Involved with Criminal Justice System
505-02-DD Death or Impending Death of Persons Receiving Services from DDSN
510-01-DD Supervision of People Receiving Services
534-02-DD Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contract Provider Agency
535-07-DD Obtaining Consent for Minors and Adults
535-08-DD Concerns of People Receiving Services: Reporting and Resolution
535-10-DD National Voter Registration Act (Motor Voter)
535-11-DD Appeal and Reconsideration Policy and Procedures
535-12-DD Advance Directives
536-01-DD Social-Sexual Development
567-01-DD Employee Orientation, Pre-service and Annual Training Requirements
600-05-DD Behavior Support, Psychotropic Medications, and Prohibited Practices
603-01-DD Tardive Dyskinesia Monitoring
603-06-DD Guidelines for Screening for Tuberculosis
603-13-DD Medication Technician Certification
604-04-DD Standard First Aid with Cardiopulmonary Resuscitation (CPR)
700-02-DD Compliance with Title VI of the Civil Rights Act of 1964, American's with Disabilities Act of 1990, Age Discrimination Act of 1975 and Section 504 of the Rehabilitation Act of 1975 and Establishment of a Complaint Process

South Carolina Department of Disabilities & Special Needs

Day Services On-site Review Tool- *July 2021 through June 2022*

Observations and other discovery methods such as interactions with participants and staff members, and record reviews should be used to determine if, on the date and time of the review, the noted requirements were "Met" or "Not Met." Each section below should be reviewed with people who receive services and their staff. Reviewers should be as specific as possible but adjust their language as necessary to ensure the service recipients and staff understand the questions.

Scoring: Questions in bold type are 4 points each. Other questions receive 2 points each. Maximum score= 100
When multiple participants are interviewed in one setting, their responses will be averaged.

Name of Location: _____ ***Date and Time of Review:*** _____

Time Spent On-site for Review: _____ ***Reviewer:*** _____

Services Provided On- site: ___ ***Group Employment*** ____ ***Career Prep*** ____ ***Day Activity*** ____ ***Community Services*** ____ ***Support Center***

Names of People Supported On-site in the Day Services Setting that were Interviewed/Observed during the Review:

Names of Staff Interviewed During the Observation Visit:

Services are provided in a manner that promotes dignity and respect.		
1. **Staff interactions with people supported are positive and encouraging.**	Met ☐	Not Met ☐
2. People are engaged in age-appropriate activities.	Met ☐	Not Met ☐
3. Participants and staff address each other in age appropriate and socially acceptable ways. (*Staff are not Mr. or Ms. X while participants are called only by first names).*	Met ☐	Not Met ☐
4. -People receive personal care/assistance in private (including medication administration).	Met ☐	Not Met ☐
5. People know how to make a complaint, if needed.	Met ☐	Not Met ☐
Services are provided in a setting that promotes health, safety, and well being.		
6. Staff can describe medical conditions/health risks as outlined in the support plan (self-injurious behavior, seizure activity, etc.)	Met ☐	Not Met ☐
7. Staff can describe their responsibilities in emergency situations.	Met ☐	Not Met ☐
Services are provided in a manner that promotes individual choice and responsibility.		
8. Staff can describe how they offer choices in services/supports.	Met ☐	Not Met ☐
9. Services are provided in the least intrusive manner at the level and frequency needed to optimize independence.	Met ☐	Not Met ☐
10. Participants are encouraged to exercise responsibility in making choices and selecting activities.	Met ☐	Not Met ☐
11. Participants can choose with whom they do activities.	Met ☐	Not Met ☐
12. Participants are not confined to one room all day.	Met ☐	Not Met ☐
Services are provided in a manner that promotes relationships and community connections.		
13. Staff are not congregated together and/or apart from participants.	Met ☐	Not Met ☐
14. Participants are appropriately interacting with each other.	Met ☐	Not Met ☐
15. Participants have opportunities to do activities in the community with people without disabilities (and are not paid staff).	Met ☐	Not Met ☐
16. Activities are planned based on participants' (collective) goals in their service plans.	Met ☐	Not Met ☐
Services are provided in a manner that promotes personal growth and accomplishments.		
17. Staff can describe how they support people in achieving their goals.	Met ☐	Not Met ☐
18. Participants are engaged in the activities.	Met ☐	Not Met ☐
19. Participants indicate they enjoy their training/activities.	Met ☐	Not Met ☐
20. Participants indicate they have gained a skill or accomplished a personal goal.	Met ☐	Not Met ☐

Services are person-centered.		
21. Participants indicate they choose who is invited to their Plan meetings.	Met ☐	Not Met ☐
22. Participants know and/or participate in the development of their goals.	Met ☐	Not Met ☐
23. Participants are able to change their goals and/or training/activities.	Met ☐	Not Met ☐
24. Participants receive supports, as needed, and in accordance with their preferences as detailed in their support plan.	Met ☐	Not Met ☐
25. Training/activities are strength-based and results-oriented and reflect participants' interests and preferences, and choices.	Met ☐	Not Met ☐
26. Staff are knowledgeable about participants' needs, interests, preferences and strengths and these are reflected in their personal goals.	Met ☐	Not Met ☐
Services are responsive, and staff demonstrate engagement and commitment to quality training/activities.		
27. Not all participants are doing the same activities at the same time.	Met ☐	Not Met ☐
28. There is a variety of choices of training/activities.	Met ☐	Not Met ☐
29. Communication methods exist for people that do not use words to communicate.	Met ☐	Not Met ☐
30. There is no simulated or "practice" work that is done over and over.	Met ☐	Not Met ☐
31. Staff state the training they receive is helpful in performing their work.	Met ☐	Not Met ☐
32. Participants' report their needs are addressed in a timely manner.	Met ☐	Not Met ☐
Services promote Community Inclusion.		
33. Calendars are available which provide opportunities for participants to interact with non-disabled, non-paid staff in the community.	Met ☐	Not Met ☐
34. Staff can describe recent opportunities for participants to engage in community-based activities.	Met ☐	Not Met ☐
35. Participants indicate their choices regarding volunteer work or other recent community-based activities.	Met ☐	Not Met ☐
36. Information on available public transportation is posted in a convenient location.	Met ☐	Not Met ☐
Staff know and implement the procedures for reporting allegations of ABUSE and people are supported to know what abuse is and how to report.		
37. Staff can describe the procedures for reporting allegations of abuse, neglect, and exploitation.	Met ☐	Not Met ☐
38. Staff received training on the implementation of Behavior Support Plans.	Met ☐	Not Met ☐
39. Staff received training regarding the use of crisis prevention/physical redirection techniques and restraints.	Met ☐	Not Met ☐
40. People can describe what abuse is and how to report.	Met ☐	Not Met ☐

Referral to SCDDSN For Follow-up

Follow-up related to Abuse/Neglect/Exploitation Referral to DSS Report initiated to DSS for allegation of ANE. Date and Time of Report to DSS: _____ Notification to Provider Management Staff: Name/Date/Time: _____	Yes ☐	No ☐
Follow-up Needed due to Medical Concerns Report initiated SCDDSN: _____ Notification to Provider Management Staff: Name/Date/Time: _____	Yes ☐	No ☐
Follow-up Needed due to environmental Safety Concerns Report initiated SCDDSN: _____ Notification to Provider Management Staff: Name/Date/Time: _____	Yes ☐	No ☐

Reviewer must Notify DDSN Quality Management within 24 hours if the aggregate results of this review require additional follow-up from District Offices. Any Health and Safety concerns or allegations of Abuse, Neglect, of Exploitation must be immediately reported. The telephone number to report allegations of ANE is 1-866-200-6066.

South Carolina Department of Disabilities & Special Needs

Day Services- Contract Compliance Review

Key Indicator Review Tool for FY2022

The Key Indicators are based on DDSN Service Standards, Agency Directives, and Medicaid Policy/Requirements.

The Guidance in this document is provided as a resource to assist agencies with understanding Key Indicators. The Guidance is not intended to be, nor should be, considered as the ultimate defining resource. It should be, as inferred by its title, GUIDANCE designed to assist. State and Federal standards including policies and procedures are the ultimate resources for establishing the requirements for an Indicator.

Providers must use designated modules in Therap to document service delivery.
Timelines for implementation of individual Therap Modules may be found at: https://help.therapservices.net/app/south-carolina/

Provider Qualifications (Includes anyone employed or contracted to provide Day Services)

Indicator #	Indicator	Guidance
DS-201	Day Services Staff meet the criminal background check requirements for the position, prior to employment.	Source: DDSN Directive 406-04-DD. Applies to new staff working less than 12 months.
DS-202	Day Services Staff continue to meet the criminal background check requirements, upon required recheck.	Source: DDSN Directive 406-04-DD. Re-check required every three years.
DS-203	Day Services Staff meet the CMS "List of Excluded Individuals/ Entities" check requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new staff working less than 12 months.
DS-204	Day Services Staff meet the DSS Central Registry check requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new staff working less than 12 months.
DS-205	Day Services Staff meet the TB Testing requirements for the position, prior to direct service contact.	Source: DDSN Directive 603-06-DD. Applies to new staff working less than 12 months.
DS-206	Day Services Staff meet the annual TB screening requirements, as outlined in DDSN Directive 603-06-DD.	Annual TB screening must be completed by the last day of the month in which it is due. Source: DDSN Directive 603-06-DD.
DS-207	New Day Services Staff have acceptable reference check requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new staff working less than 12 months.

Provider Training Requirements (Includes anyone employed or contracted to provide Day Services)

Indicator #	Indicator	Guidance
DS-301	Day Services Staff must pass mandatory, competency based ANE training, as required, during pre-service orientation.	Source: DDSN Directive 534-02-DD. Applies to new employees working less than 12 months.
DS-302	The Provider employs Day Services Staff who, when employed after 1 year, must pass mandatory, competency based ANE training within 12 month of their prior training date(s).	Source: DDSN Directive 534-02-DD. Applies to employees working more than 12 months. Training must be completed by the last day of the month in which it was due.
DS-303	The Provider employs Day Services Staff who must complete new employee competency- based training requirements, as required in 567-01-DD.	Source: DDSN Directive 567-01-DD. Does not include training covered in other Key Indicators (ANE, CPR, First Aid, Medication Technician, or Crisis Management). Applies to new employees working less than 12 months.
DS-304	The Provider employs Day Services Staff who must successfully complete CPR/First Aid certifications new employee training.	Source: DDSN Directive 567-01-DD. Applies to new employees working less than 12 months.
DS-305	The Provider employs Day Services Staff who, when employed after 1 year, continue to successfully complete CPR/First Aid certifications at the frequency required by the certifying entity.	Source: DDSN Directive 567-01-DD. Applies to employees working more than 12 months. Training must be completed by the last day of the month in which it was due.
DS-306	The Provider employs Day Services Staff who must successfully complete competency-based crisis management curriculum certification prior to working alone with service participants.	Source: DDSN Directive 567-01-DD and 567-04-DD. Applies to new employees working less than 12 months. Review Procedure: If staff received a certification, but it is discovered that the curriculum that was used has not been approved by DDSN, the non-compliance will be noted DS-113 only.
DS-307	The Provider employs Day Services Staff who, when employed after 1 year, continue to successfully complete approved crisis-management certifications at the frequency required by the certifying entity.	Source: DDSN Directive 567-01-DD and 567-04-DD. Applies to employees working more than 12 months. Training must be completed by the last day of the month in which it was due. Review Procedure: If staff received a certification, but it is discovered that the curriculum that was used has not been approved by DDSN, the non-compliance will be noted in DS-113 only.
DS-308	Day Services Staff, when employed for more than 12 months, must receive annual training on the following topics: • Confidentiality & HIPAA • OSHA Guidelines and Workplace Safety • Fire Safety/Disaster Preparedness • Rights/Due Process	Source: DDSN Directive 567-01-DD. Applies to employees working more than 12 months. Training must be completed by the last day of the month in which it was due. Review Procedure: The provider must be able to show evidence that training occurred for each topic listed. Training may be delivered through web-based formats, in person training sessions or other methods. There is no required format or specific content required by this standard provided that the content is accurate based on standards, communications, or training produced by the Department.

DS-309	Annually, the Provider employs Day Services Staff who are made aware of the False Claims' Recovery Act, that the Federal government can impose a penalty for false claims, that abuse of the Medicaid Program can be reported, and that reporters are covered by Whistleblowers' laws.	Evidence of staff being made aware of the false claims' recovery act must be provided. This activity must be completed by the last day of the month in which it was due. Source: Contract for … Capitated Model and Source: Contract for … Non-Capitated Model

Day Service Delivery

A "DDSN Day Service" includes Employment Services - Group through a Mobile Work Crew or Enclave, Career Preparation, Community Service, Day Activity, or Support Center.

Indicator #	Indicator	Guidance
DS-401	After acceptance into service but prior to the first day of attendance in a DDSN Day Service, a preliminary plan must be developed that outlines the care and supervision to be provided.	Source: Day Services Standards
DS-402	On the first day of attendance in a DDSN Day Service, the preliminary plan must be implemented.	Source: Day Services Standards
DS-403	Within thirty (30) calendar days of the first day of attendance in a DDSN Day Service and annually thereafter, an assessment will be completed.	Source: Day Services Standards
DS-404	The assessment identifies the: (1) abilities / strengths. (2) interests / preferences; and (3) needs of the consumer.	Employment Services - Group is required to use the Comprehensive Vocational Service Assessment. Source: Day Services Standards
DS-405	Based on the results of the assessment, within thirty (30) calendar days of the first day of attendance and within 365 days thereafter, a plan is developed with input from the consumer and/or his/her legal guardian (if applicable).	The Plan may be uploaded to the Individual Home Page in Therap. Employment Services – Group is required to use the Group Individual Plan of Supports for Employment (GIPSE). Source: Day Services Standards
DS-406	The plan must include: a) A description of the interventions to be provided including time limited and measurable goals/objectives when the consumer participates in Employment Services - Group Career Preparation, Community Services, and/or Day Activity; or b) A description of the care and assistance to be provided when the consumer participates in Support Center.	The Plan may be uploaded to the Individual Home Page in Therap. Employment Services – Group is required to use the Group Individual Plan of Supports for Employment (GIPSE). Source: Day Services Standards
DS-407	The plan must include a description of the type and frequency of supervision to be provided.	Employment Services – Group is required to use the Group Individual Plan of Supports for Employment (GIPSE). Source: Day Services Standards and DDSN Directive 510-01-DD
DS-408	Individuals participating in Employment Services – Group must be paid at or above minimum wage.	Employment Services – Group: Documentation can be found in Record of Employment in the Group Individualized Plan of Supports for Employment (GIPSE).
DS-409	For Support Center Services, the plan must include a description of the kinds of activities in which the consumer is interested or prefers to participate.	Goals and objectives are not required for Support Center Services. This Indicator is N/A for all other Day Services. Source: Day Services Standards
DS-410	As soon as the plan is developed, it must be implemented.	Documentation of activities should be found in Therap in the individual's ISP. Employment Services – Group: Documentation can be found in the Therap ISP: SC Group Employment Log. Source: Day Services Standards
DS-411	Data must be collected as specified in the plan and must be sufficient to support the implementation of the plan for each unit of service reported.	ISP data required in Therap as of September 1, 2016. Documentation of activities should be found in Therap in the individual's ISP. Employment Services – Group: Documentation can be found in the Therap ISP: SC Group Employment Log. Source: Day Services Standards
DS-412	At least monthly, the plan is monitored by the Program Director or his/her designee to determine its effectiveness.	ISP data required in Therap as of September 1, 2016. Documentation of monitoring should be found in Therap in the individual's ISP. Source: Day Services Standards Employment Services – Group: Documentation can be found: • by making a non-billable comment in their ISP • or making a comment on a monthly clinician report and saving the report in Therap.
DS-413	The plan is amended with input from the individual and/or his/her legal guardian (if applicable) when significant changes to the plan are necessary.	Documentation of changes should be found either by: • attaching the amendment to the Individual Home Page • or by making a non-billable comment entry in their ISP. Employment Services – Group: Amendments can be found in the ISP SC Group Employment Log by using the scoring method Amend and making a non-billable comment. NOTE: Amendments to paper plans must be made using a separate form identified as a plan amendment, indicating the date of the amendment, the name and date of birth, the individual's participation, the reason for the amendment, and description of how the plan is being amended. Source: Day Services Standards
DS-414	Planned Restraints are documented as a GER in Therap and reported according to DDSN Directive 600-05-DD. If an emergency restraint is required, or if an injury occurs during a restraint, a Critical Incident must also be submitted via IMS.	Determine whether DDSN reporting procedures for the use of restraints have been followed. A GER for restraint must be entered into Therap. When an approved BSP includes a planned restraint, a copy of the BSP and any amendments to the BSP must be provided to DDSN. After October 1, 2017, when a new BSP which includes the use of a planned restraint procedures (mechanical or manual) is approved for use or when any existing BSP is amended and approved to add planned restraint procedures, the BSPs must be submitted to DDSN within 20 days of approval. Copies of the BSPs and amendments must be submitted to DDSN via Therap's S-Comm system. Actual restraint use must be documented in a GER and also reported to DDSN on a quarterly basis. Source: Directives 567-04-DD and 600-05-DD, GER Requirements for DDSN providers

South Carolina Department of Disabilities & Special Needs
Early Intervention Services Review Tool – FY2022

The Key Indicators are based on DDSN Service Standards, Agency Directives, and Medicaid Policy/Requirements. Each of these documents will state the applicability for different types of providers.

The Guidance in this document is provided as a resource to assist agencies with understanding Key Indicators. The Guidance is not intended to be, nor should be, considered as the ultimate defining resource. It should be, as inferred by its title, GUIDANCE designed to assist. State and Federal standards including policies and procedures are the ultimate resources for establishing the requirements for an Indicator.

Early Intervention Program Administration

Indicator #	Indicator	Guidance
EI-101	The Provider keeps service recipients' records secure and information confidential.	Source: DDSN Directive 167-06-DD.
EI-102	Board / Provider implements a risk management and quality assurance program consistent with 100-26-DD and 100-28-DD.	Provider demonstrates implementation of risk management/quality assurance principles and signed, dated minutes from the Risk Management Committee quarterly reviews. The Risk Management Committee will have a written plan to address safety for participants and employees. In addition, the Risk Management Committee should coordinate the development of a contingency plan/disaster plan to continue services in the event of an emergency or the inability of a service provider to deliver services. Plan must be reviewed annually. Source: DDSN Directives 100-26-DD and 100-28-DD
EI-103	The Early Intervention Provider will have a Human Rights Committee or documented accessibility to a Human Rights Committee if consultation is needed regarding services and supports to a child and family.	Source: South Carolina Code Ann. 44-26-70 and DDSN Directive 535-02-DD.
EI-104	The Early Intervention Provider utilizes an approved curriculum for teaching and certifying staff to prevent and respond to crisis situations.	Source: DDSN Directive 567-04-DD Providers must determine appropriateness of curriculum used. Providers are encouraged to use a curriculum designed with young children in mind to address common issues such as hairpulling, biting, and eloping, and de-escalating difficult family situations. For curricula that is not on SCDDSN's currently approved list, included with 567-04-DD, an Exception must be approved prior to use.

Provider Qualifications

Indicator #	Indicator	Guidance
EI-201	Early Intervention Staff meet the minimum education requirements for the position.	See Early Intervention Manual for educational, vocational, and credentialing requirements. Applies to new employees working less than 12 months.
EI-202	Early Intervention Staff meet the criminal background check requirements for the position, prior to employment.	Source: DDSN Directive 406-04-DD. Fingerprint-based, Federal Background Check required prior to offer of employment. SLED Check included within the Federal Check. BabyNet standards also require American Databank background check. Applies to new employees working less than 12 months.
EI-203	Early Intervention Staff continue to meet the criminal background check requirements for the position, upon required recheck.	Source: EI Manual, DDSN Directive 406-04-DD Re-check required every 3 years.
EI-204	Early Intervention Staff meet the CMS "List of Excluded Individuals/ Entities" check requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
EI-205	Early Intervention Staff meet the DSS Central Registry check requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
EI-206	New Early Intervention Staff have acceptable reference check requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.

Provider Training

Indicator #	Indicator	Guidance
EI-301	Early Intervention staff must pass mandatory, competency based ANE training, as required, during pre-service orientation.	Source: Early Intervention Standards and DDSN Directive 534-02-DD. Applies to employees working less than 12 months.
EI-302	Early Intervention Staff, when employed after 1 year, must pass competency based ANE training within 12 months of their prior training date(s).	Source: Early Intervention Standards and DDSN Directive 534-02-DD. Applies to new employees working more than 12 months. Training must be completed by the last day of the month in which the training was due.

EI-303	Early Intervention Staff must complete CPR and First Aid training prior to working with children.	Source: DDSN Directive 567-01-DD. Applies to employees working less than 12 months.
EI-304	Early Intervention Staff, when employed for more than 12 months, must be current in CPR and First Aid.	Source: DDSN Directive 567-01-DD. Applies to employees working more than 12 months. Frequency of training must meet standard set by certifying entity (American Red Cross, American Heart Association). Training must be completed by the last day of the month in which the training was due.
EI-305	Early Intervention Staff must complete new employee competency- based training requirements, as required in 567-01-DD.	Source: DDSN Directive 567-01-DD. Does not include ANE, CPR or First Aid. Applies to employees working less than 12 months.
EI-306	Early Intervention Staff, when employed for more than 12 months, must receive an additional 10 hours of continuing education.	Source: DDSN Directive 567-01-DD. Applies to employees working more than 12 months. Does not include ANE, CPR or First Aid.
EI-307	Annually, Early Intervention Staff are made aware of the False Claims Recovery Act, that the Federal government can impose a penalty for false claims, that abuse of the Medicaid Program can be reported, and that reporters are covered by Whistleblowers' laws.	Evidence of staff being made aware of the false claims' recovery act must be provided. This activity must be completed by the last day of the month in which it was due. Source: Contract for … Capitated Model and Source: Contract for … Non-Capitated Model

Early Intervention Service Delivery

Indicator #	Indicator	Guidance
EI-401	Written Prior Notice is given to the family prior to six-month update and annual IFSP.	**Not Applicable to DDSN Only** Source: IDEA, BabyNet Manual
EI-402	Written Prior Notice is given to the family prior to a formal change review of the IFSP.	**Not Applicable to DDSN Only** Source: IDEA, BabyNet Manual
EI-403	The Parent/Caregiver is provided a copy of the Plan annually and at the 6-month review. DDSN only – The Parent/Caregiver is provided a copy of the Plan annually and at the 6-month review within 10 business days of completion.	Source: BabyNet Manual, DDSN EI Manual
EI-404	Individualized Family Service Plan (IFSP)/Family Service Plan (FSP) is completed annually.	If not met, document review period dates and date range out of compliance. IFSP must be current within one year, not to exceed 6 months from the last 6-month review, if applicable. The last page must be signed by the family and the EI. Source: IDEA, BabyNet Manual, DDSN EI Manual
EI-405	IFSP/FSP six-month review is completed within 6 months from the initial/annual review of the IFSP/FSP.	Source: IDEA, BabyNet Manual, DDSN EI Manual
EI-406	Documentation exists that the Early Childhood Outcomes (ECO) were assessed and documented on the Child Outcome Summary (COS) at entry.	**Not Applicable to DDSN Only** Source: IDEA, BabyNet Manual
EI-407	Documentation exists that the EI sought the input of other team members during the completion of the entry COS.	**Not Applicable to DDSN Only** Source: IDEA, BabyNet Manual
EI-408	Documentation exists that the Early Childhood Outcomes (ECO) were assessed and documented on the Child Outcome Summary (COS), if applicable, at exit.	**Not Applicable to DDSN Only** Note: If the child received six months or less of services, the ECO exit will not be required. No exit required if provider did not complete entry. Source: IDEA, BabyNet Manual
EI-409	Documentation exists that the EI sought the input of other team members during the completion of the exit COS.	**Not Applicable to DDSN Only** Source: IDEA, BabyNet Manual
EI-410	IFSP includes current developmental information.	**Not Applicable to DDSN Only** Source: IDEA, BabyNet Manual, DDSN EI Manual
EI-411	All BabyNet services are listed on the "Planned Services" section of the IFSP, to include intensity, frequency, length, and a start and end date.	**Not Applicable to DDSN Only** Note: Must have an end date from plan to plan. Source: BabyNet Manual
EI-412	If the child's IFSP/FSP indicates the need for more than 4 hours per month of family training, the service notes indicate that information has been sent to the Office of Children's Services for review. A Service Justification Form signed by staff from the Office of Children's Services must be present in the file.	Source: DDSN EI Manual
EI-413	All needs that are documented on the child's IFSP are provided within 30 days of identification unless there was a child/parent driven reason why the service wasn't provided.	**Not Applicable to DDSN Only.** If no provider available or the child is placed on a provider waiting list, EI should make monthly attempts to locate a provider. If monthly follow up is documented in service notes, do not cite. Delays in service provision at the request of the family should not be considered. Delays due to the inability to locate a family or their lack of attendance at scheduled appointments should not be considered. Source: BabyNet Manual
EI-414	Transition to other services or settings is coordinated.	Source: DDSN EI Manual, EI Services Provider Manual, BabyNet Manual
EI-415	The Transition referral is sent to the LEA by the time the child turned 2.6 years old.	**Not Applicable to DDSN Only** Source: EI Services Provider Manual, BabyNet Manual
EI-416	Transition Conference is held no later than 90 days prior to the child's third birthday.	**Not Applicable to DDSN Only** Source: EI Services Provider Manual, BabyNet Manual
EI-417	Outcomes/goals are based on identified needs and the team's concerns relating to the child's development.	Source: EI Services Provider Manual, BabyNet Manual, DDSN EI Manual
EI-418	Outcomes/goals are/have been addressed by the Early Interventionist.	Source: EI Services Provider Manual,

		BabyNet Manual, DDSN EI Manual
EI-419	DDSN Only - Curriculum Based Assessments are completed every 6 months or as often as changes warrant. BabyNet Only - Curriculum Based Assessments are completed annually.	Source: EI Services Provider Manual, BabyNet Manual
EI-420 W	Family Training is provided according to the frequency determined by the team and as documented on the IFSP "Planned Services" section of the IFSP or the "Other Services" section of the FSP.	If the parent/caregiver cancels the visit the EI does NOT have to offer to make the visit up. Source: EI Services Provider Manual, BabyNet Manual, DDSN EI Manual
EI-421	Family Training summary sheets include goals and objectives for each visit as well as follow-up objectives for the next visit. Follow up goals and objectives are not required for family training summary sheets which document only Service Coordination activities.	Source: DDSN EI Manual
EI-422	Entries for Family Training visits include how parent/caregiver(s) actively participated in visit.	Source: DDSN EI Manual, EI Services Provider Manual
EI-423	Family Training activities should vary. Activities planned must be based on identified outcomes on the IFSP/FSP.	Source: DDSN EI Manual
EI-424	Family Training activities correspond to outcomes on the outcome/goal section on the IFSP/FSP.	Source: DDSN EI Manual, EI Services Provider Manual
EI-425	If the Early Interventionist is unable to provide Family Training for an extended period of time (more than a month) the family is offered a choice of an alternate Early Interventionist.	Source: IDEA, BabyNet Manual, DDSN EI Manual
EI-426	Service Notes document why and how the Early Interventionist participated in meetings/appointments on the child's behalf.	Source: DDSN EI Manual
EI-427	If applicable, documentation in service notes indicates that the case was closed.	Source: DDSN EI Manual
EI-428	Medical Necessity form is completed prior to any services being delivered and/or reported.	Source: EI Services Provider Manual
EI-429	Service Agreement is signed and present in file once a need for a DDSN service has been identified.	**Not Applicable to BabyNet Only** Source: DDSN EI Manual
EI-430	The Choice of Early Intervention Provider is offered annually.	**Not Applicable to BabyNet Only** Source: DDSN EI Manual
EI-431	FSP "Other Services" section reflects the amount, frequency and duration of services being received. For the FSP, this section should reflect all current services.	**Not Applicable to BabyNet Only** Source: IDEA, BabyNet Manual, DDSN Manual
EI-432	**DDSN Only** – There is a signed Service Justification form in the file for any child 5 years of age or older being served in Early Intervention.	Source: DDSN EI Manual
EI-433	**DDSN Only** – When file is transferred from another Case Management/Family Training provider a new FSP is completed or the current plan is updated within 14 days.	Source: DDSN EI Manual
EI-434	**DDSN Only** – FSP includes current information relating to vision, hearing, medical and all areas of development to include health.	Source: DDSN EI Manual

South Carolina Department of Disabilities & Special Needs
Employment Services - Contract Compliance Review
Key Indicator Review Tool for FY2022

The Key Indicators are based on DDSN Service Standards, Agency Directives, and Medicaid Policy/Requirements. Each of these documents will state the applicability for different types of providers.

The Guidance in this document is provided as a resource to assist agencies with understanding Key Indicators. The Guidance is not intended to be, nor should be, considered as the ultimate defining resource. It should be, as inferred by its title, GUIDANCE designed to assist. State and Federal standards including policies and procedures are the ultimate resources for establishing the requirements for an Indicator.

Provider Qualifications (Includes anyone employed or contracted to provide Employment Services)

Indicator #	Indicator	Guidance
EMP-201	Employment Services Staff meet the minimum education requirements for the position.	Refer to SCDDSN Day Services Standards for educational and vocational requirements. Applies to new employees working less than 12 months.
EMP-202	Employment Services Staff meet the criminal background check requirements for the position, prior to employment.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
EMP-203	Employment Services Staff continue to meet the criminal background check requirements, upon required recheck.	Source: DDSN Directive 406-04-DD. Re-check required every three years.
EMP-204	Employment Services Staff meet the CMS "List of Excluded Individuals/ Entities" check requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
EMP-205	Employment Services Staff meet the DSS Central Registry check requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
EMP-206	Employment Services Staff meet the TB Testing requirements for the position, prior to direct service contact.	Source: DDSN Directive 603-06-DD. Applies to new employees working less than 12 months.
EMP-207	Employment Services Staff meet the annual TB screening requirements, as outlined in DDSN Directive 603-06-DD.	Annual TB screening must be completed by the last day of the month in which it is due. Source: DDSN Directive 603-06-DD.
EMP-208	New Employment Services Staff have acceptable reference check requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.

Provider Training (Includes anyone employed or contracted to provide Employment Services)

Indicator #	Indicator	Guidance
EMP-301	Employment Services Staff must pass mandatory, competency based ANE training, as required, during pre-service orientation.	Source: DDSN Directive 534-02-DD. Applies to new employees working less than 12 months.
EMP-302	Employment Services Staff, when employed after 1 year, must pass mandatory, competency based ANE training within 12 month of their prior training date(s).	Source: DDSN Directive 534-02-DD. Applies to employees working more than 12 months. Training must be completed by the last day of the month in which it was due.
EMP-303	Employment Services Staff must complete new employee competency-based training requirements, as required in 567-01-DD.	Source: DDSN Directive 567-01-DD. Does not include training covered in other Key Indicators (ANE, CPR, First Aid, Medication Technician, or Crisis Management). Applies to new employees working less than 12 months.
EMP-304	Employment Services Staff must successfully complete CPR/First Aid certifications new employee training.	Source: DDSN Directive 567-01-DD. Applies to new employees working less than 12 months.
EMP-305	Employment Services Staff, when employed after 1 year, continue to successfully complete CPR/First Aid certifications at the frequency required by the certifying entity.	Source: DDSN Directive 567-01-DD. Applies to employees working more than 12 months. Training must be completed by the last day of the month in which it was due.
EMP-306	Employment Services Staff must successfully complete competency-based crisis management curriculum certification prior to working alone with service participants.	Source: DDSN Directive 567-01-DD and 567-04-DD. Applies to new employees working less than 12 months. Review Procedure: If staff received a certification, but it is discovered that the curriculum that was used has not been approved by DDSN, the non-compliance will be noted in EMP-106 only.
EMP-307	Employment Services Staff, when employed after 1 year, continue to successfully complete approved crisis-management certifications at the frequency required by the certifying entity.	Source: DDSN Directive 567-01-DD and 567-04-DD. Applies to employees working more than 12 months. Training must be completed by the last day of the month in which it was due. Review Procedure: If staff received a certification, but it is discovered that the curriculum that was used has not been approved by DDSN, the non-compliance will be noted in the Administrative Indicators only.

EMP-308	Employment Services Staff, when employed for more than 12 months, must receive annual training on the following topics: • Confidentiality & HIPAA • OSHA Guidelines and Workplace Safety • Fire Safety/Disaster Preparedness • Rights/Due Process	Source: DDSN Directive 567-01-DD. Applies to employees working more than 12 months. Training must be completed by the last day of the month in which it was due. Review Procedure: The provider must be able to show evidence that training occurred for each topic listed. "Annual staff training" means training that is provided to staff with no more than 12 months lapse from last training. The "annual" training required does not have to be based on the person's date of hire. For example, if a staff person hired on November 1, 2019 receives their first annual training on April 1, 2020, then their next annual training must be completed by April 30, 2021. Subsequent annual trainings are based on the date of the first annual training. The provider may select the training year for calculation of the annual training requirements. The year may be the calendar year, the home's fiscal year, the staff's hire anniversary date, or another 12-month period as determined by the provider. The provider must be able to verify the training year used. Training may be delivered through web-based formats, in person training sessions or other methods. There is no required format or specific content required by this standard provided that the content is accurate based on standards, communications, or training produced by the Department.
EMP-309	Annually, Employment Services Staff are made aware of the False Claims' Recovery Act, that the Federal government can impose a penalty for false claims, that abuse of the Medicaid Program can be reported and that reporters are covered by Whistleblowers' laws.	Evidence of staff being made aware of the false claims' recovery act must be provided. This activity must be completed by the last day of the month in which it was due. Source: Contract for … Capitated Model and Source: Contract for … Non-Capitated Model

Service Delivery- Employment Services (Individual Placement)

Indicator #	Indicator	Guidance
EMP-401	Employment Services - Individual is provided at a 1:1 staffing ratio.	Source: Employment Services Standards
EMP-402	Within 30 calendar days of the service start date, the Comprehensive Vocational Service Assessment will be completed that identifies the abilities/strengths, interests/preferences, paid and unpaid work experience and needs/supports of the individual.	After 3/1/2020, the CVSA must be uploaded in the Employment History Module under Assessment section in Therap. Source: Employment Services Standards
EMP-403	Based on the results of the Comprehensive Vocational Service Assessment, within 30 calendar days of the service start date, an Individual Plan Supports for Employment (IPSE) is developed by the Program Director or his/her designee with participation from the individual and/or his/her legal guardian, if applicable.	After 3/1/2020, the IPSE must be uploaded in the Employment History Module under Assessment section in Therap. Source: Employment Services Standards
EMP-404	The IPSE must include the Employment Goal specific to the individual, based on his/her interests, preferences, strengths and experience, with the expected outcome of sustained independent employment, at or above minimum wage, in a community integrated setting among the general workforce, at a job that meets the individual's personal and career goals.	ISP data required in Therap as of September 1, 2016. The Employment Goal will be documented in Therap in the Employment History Module under the summary section of the Career Development Plan. Source: Employment Services Standards
EMP-405	Documentation of activities directly related to achieving independent, competitive integrated employment must be entered into the ISP/SC Individual Employment Log to support each unit of service reported. Documentation must be individualized, including date of the activity, contact type, location of activity and detailed description not cut and pasted or noted "same as above".	ISP data required in Therap as of September 1, 2016. Documentation of activities will be documented in Therap in the ISP titled SC Individual Employment Log. (see Clinician Report) Source: Employment Services Standards
EMP-406	When independent competitive integrated employment is secured for the individual, details regarding this job placement must be documented to include: start date, employer, location (address), wage, hours per week (schedule), transportation arrangements, wage reporting responsibility and, when the job ends, the date and reason.	Documentation of job placement, schedule (may vary), wage increases, and any changes, will be documented in the Therap Employment History Module as of March 1, 2020. This information can be updated as changes occur. If the schedule varies from week to week, this can be noted as "varies". Source: Employment Services Standards
EMP-407	The IPSE is amended with participation from the individual and/or his/her legal guardian (if applicable) when changes to the plan are necessary.	Amendments are documented in the ISP: SC Individual Employment Log in Therap. Source: Employment Services Standards

EMP-408	All Employment Services documentation must be available in Therap.
	• ISP the SC Individual Employment Log
	• Effective 3/1/2020 - The Employment History Module was implemented in Therap to include:
	  ○ Authorization
	  ○ Assessment (CVSA)
	  ○ Plan (IPSE)
	  ○ Job Detail (Job Placement) if job has been secured
		Employment Services documentation will be found in Therap either in the Employment History Module or the ISP: SC Individual Employment Log.

South Carolina Department of Disabilities & Special Needs

Residential Habilitation: Contract Compliance Review

Key Indicator Review Tool for FY2022

The Key Indicators are the QIO Review Tool, based on DDSN Service Standards, Agency Directives, and Medicaid Policy/Requirements.

The Guidance in this document is provided as a resource to assist agencies with understanding Key Indicators. The Guidance is not intended to be, nor should be, considered as the ultimate defining resource. It should be, as inferred by its title, GUIDANCE designed to assist. State and Federal standards including policies and procedures are the ultimate resources for establishing the requirements for an Indicator.

Providers must use designated modules in Therap to document service delivery.
Timelines for implementation of individual Therap Modules may be found at: https://help.therapservices.net/app/south-carolina/

Provider Qualifications

Indicator #	Indicator	Guidance
RH-201	Residential staff, employed or contracted by the provider, meet the minimum education requirements for the position.	Refer to SCDDSN Residential Habilitation Standards for educational and vocational requirements for all staff including those providing Intensive Behavioral Intervention.
RH-202	Residential staff, employed or contracted by the provider, meet the criminal background check requirements for the position, prior to employment.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
RH-203	Residential staff, employed or contracted by the provider, continue to meet the criminal background check requirements for the position, upon required recheck.	Source: DDSN Directive 406-04-DD. Re-check required every three years.
RH-204	Residential staff, employed or contracted by the provider, meet the CMS "List of Excluded Individuals/ Entities" check requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
RH-205	Residential staff, employed or contracted by the provider, meet the DSS Central Registry check requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
RH-206	Residential staff, employed or contracted by the provider, meet the TB Testing requirements for the position, prior to direct service contact.	Source: DDSN Directive 603-06-DD. Applies to new employees working less than 12 months.
RH-207	Residential staff, employed or contracted by the provider, meet the annual TB screening requirements, as outlined in DDSN Directive 603-06-DD.	Source: DDSN Directive 603-06-DD. Applies to existing employees with over 12 months of service.
RH-208	Residential staff, employed or contracted by the provider, have met acceptable reference check requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.

Provider Training

Indicator #	Indicator	Guidance
RH-301	Residential Staff must complete new employee competency- based training requirements, as required in 567-01-DD.	Source: DDSN Directive 567-01-DD. Does not include training covered in other Key Indicators (ANE, CPR, First Aid, Medication Technician, or Crisis Management). Applies to new employees working less than 12 months.
RH-302	Residential staff must pass mandatory, competency based ANE training, as required, during pre-service orientation.	Source: DDSN Directive 534-02-DD. Applies to new employees working less than 12 months.
RH-303	Residential Staff, when employed after 1 year, must pass mandatory, competency based ANE training within 12 months of their prior training date(s).	Source: DDSN Directive 534-02-DD. Applies to employees working more than 12 months. Training must be completed by the last day of the month in which it was due.
RH-304	Residential Staff must successfully complete CPR/First Aid certifications new employee training.	Source: DDSN Directive 567-01-DD. Applies to new employees working less than 12 months.
RH-305	Residential Staff, when employed after 12 months, continue to successfully complete CPR/First Aid certifications at the frequency required by the certifying entity.	Source: DDSN Directive 567-01-DD. Applies to employees working more than 12 months
RH-306	Residential Staff must successfully complete competency-based crisis management curriculum certification prior to working alone with service participants.	Source: DDSN Directive 567-01-DD and 567-04-DD. Applies to new employees working less than 12 months. Review Procedure: If staff received a certification, but it is discovered that the curriculum that was used has not been approved by DDSN, the non-compliance will be noted in the Administrative Indicator only.

RH-307	Residential Staff, when employed after 12 months, continue to successfully complete approved crisis-management certifications at the frequency required by the certifying entity.	Source: DDSN Directive 567-01-DD and 567-04-DD. Applies to employees working more than 12 months. Review Procedure: If staff received a certification, but it is discovered that the curriculum that was used has not been approved by DDSN, the non-compliance will be noted in the Administrative Indicator only.
RH-308	Residential Staff must successfully complete an approved Medication Technician Training Curriculum prior to administering medications.	Source: DDSN Directive 603-13-DD The General Assembly of the State of South Carolina has granted to DDSN the statutory authority for designated unlicensed healthcare personnel to provide selected prescribed medications to DDSN persons in community settings only when those designated unlicensed healthcare personnel have documented successful completion of medication training and skill competency evaluation. This training and competency are achieved by the successful completion of a DDSN approved Medication Technician Certification program. Review Procedure: If staff received a certification, but it is discovered that the curriculum that was used has not been reviewed and approved by DDSN, the non-compliance will be noted in the Administrative Indicator only.
RH-309	Residential Staff, when employed more than 12 months, must successfully complete a refresher course for the approved Medication Technician Training Curriculum in order to continue to administer medications.	Source: DDSN Directive 603-13-DD Review Procedure: If staff received a certification, but it is discovered that the curriculum that was used has not been reviewed and approved by DDSN, the non-compliance will be noted in the Administrative Indicator only.
RH-310	Residential Staff, when employed for more than 12 months, must receive annual training on the following topics: • Confidentiality & HIPAA • OSHA Guidelines and Workplace Safety • Fire Safety/Disaster Preparedness • Rights/Due Process • Consumer Supervision • Consumer Funds • Personal Property Inventory	Source: DDSN Directive 567-01-DD. Applies to employees working more than 12 months. Training must be completed by the last day of the month in which it was due. Review Procedure: The provider must be able to show evidence that training occurred for each topic listed. Training may be delivered through web-based formats, in person training sessions or other methods. There is no required format or specific content required by this standard provided that the content is accurate based on standards, communications, or training produced by the Department.
RH-311	Annually, Residential Staff employed or contracted by the provider, are made aware of the False Claims' Recovery Act, that the Federal government can impose a penalty for false claims, that abuse of the Medicaid Program can be reported, and that reporters are covered by Whistleblowers' laws.	Evidence of staff being made aware of the false claims' recovery act must be provided. This activity must be completed by the last day of the month in which it was due. Source: Contract for … Capitated Model and Source: Contract for … Non-Capitated Model

Residential Habilitation Service Delivery

Source document for all information in this section (unless otherwise indicated) is the Residential Habilitation Standards.

New Admissions

Indicator #	Indicator	Guidance
RH-401	For new residential admissions, prior to providing residential habilitation, a preliminary plan must be developed to ensure health, safety, supervision, and rights protection while the person is undergoing functional assessment for goal planning. At the time of admission, the preliminary plan for the person must be implemented.	Prior to admission, background information as well as current behavioral, health, social and nutritional information should be gathered from record reviews, interviews, etc. in order to establish a preliminary plan. The admission date is the person's first day living at the home. If the provider is supporting the person pending authorization of a service, the date of admission remains the person's first day living at the home regardless if a service is authorized/rendered. Providers may not begin to support a person without a preliminary plan in place. Preliminary plan is to be implemented on the day of admission. When assessments are completed and training needs/priorities have been identified with the participation and input of the person, the residential support plan will be completed and will replace the preliminary plan. If a person is admitted to a home operated by a new legal entity, a new preliminary plan must be done. In the event of a merger or takeover where there is no significant change in program staff, services or location, documentation should support that the current residential plan was reviewed by the program coordinator for accuracy to the current situation and if necessary, updated. If a person moves from one home to another within the same agency, the residential plan can be transferred with the person and reviewed by the program coordinator for accuracy. No new residential plan is required. Review Procedure: The reviewer will determine if the person is a new admission and if yes, determine if the date of the preliminary plan is prior to admission. If the date of completion of the preliminary plan is prior to the date of admission, compliance will be noted.
RH-402	An initial comprehensive functional assessment must be completed for the person.	The initial comprehensive functional assessment results must be shared with the person upon completion. A team meeting is not required to develop or conduct the skills assessment. The admission date is the individual's first day living at the home. If a person is admitted to a

		home operated by a new legal entity, a new skills assessment must be done. In the event of a merger or takeover where there is no significant change in program staff, services or location, documentation should support that the comprehensive functional assessment was reviewed by the program coordinator for accuracy to the current situation and if necessary, updated. If a person moves from one home to another within the same agency, the assessment can be transferred with the person and reviewed by the program coordinator for accuracy. No new assessment is required. Review Procedure: The reviewer will determine if the person is a new admission and if yes, determine if the initial comprehensive functional assessment is completed prior to the development of the residential support plan. If the date of completion of the initial comprehensive functional assessment is prior to the date of admission, compliance will be noted.
RH-403	Within 30 days of admission a residential support plan is developed.	Review Procedure: The reviewer will compare the date of admission with the date of the residential support plan. If the date of the residential support plan is within 30 days of the date of admission, compliance will be noted.
RH-404	The "Swallowing Disorders Checklist" is completed within 30 days of admission.	Source: DDSN Directive 535-13-DD Review Procedure: The reviewer will determine if the person is a new admission and if yes, determine if the swallowing disorders checklist was completed within 30 days of the admission date. If the date of completion of the swallowing disorders checklist is within 30 days of the date of admission, compliance will be noted.
RH-405	When prescribed anti-psychotic medication or other medication(s) associated with Tardive Dyskinesia, monitoring is conducted within one month of admission.	Source: DDSN Directive 603-01-DD If medication associated with Tardive Dyskinesia is prescribed at the time of admission, a baseline T.D. score is obtained within one month and every 6 months thereafter. Review Procedure: The reviewer will determine if the person is a new admission and if yes, determine if monitoring for tardive dyskinesia occurred within one month of the admission date. If the date of the tardive dyskinesia monitoring is within one month of the date of admission, compliance will be noted.

Comprehensive Functional Assessment

Review procedures for all items in this section (unless otherwise indicated) will generally include reviewing providers' records, staff interviews, discussions with individuals, and the review of documentation produced by a third party, e.g. medical records. Assessments will be cross-referenced with medical records and the residential plan to ensure accurate and consistent information. Source document for all information in this section (unless otherwise indicated) is the Residential Habilitation Standards.

Indicator #	Indicator	Guidance
RH-501	A comprehensive functional assessment is completed/updated for each person, as needed.	Review Procedure: The reviewer will determine if an assessment is present for the person and updated as needed to reflect current skills.
RH-502	The information in the comprehensive functional assessment must align with the information in the residential plan.	Inconsistent and inaccurate information in the record can lead to inconsistent/incorrect service delivery, rights violations, and harm. The team must ensure that information is consistent from one document to another. Review Procedure: Non-compliance will be noted when significant differences exist between the information in the comprehensive functional assessment and the residential support plan.

Residential Support Plan

Review procedures related to the residential plan are the following (unless otherwise indicated): reviewers will examine the residential support plan and compare it to information in the record to determine if all information is included in the residential support plan as appropriate. In addition, staff interviews, interaction/interviews with individuals, and observation of actual service provision may also occur to determine compliance.

Indicator #	Indicator	Guidance
RH-601	The residential support plan shall be developed every 365 days.	If a person is admitted to a home operated by a new legal entity, a new residential support plan must be completed. In the event of a merger or takeover where there is no significant change in program staff, services or location, documentation should support that the residential support plan was reviewed by the program coordinator for accuracy to the current situation and if necessary, updated. If a person moves from one home to another within the same agency, the residential plan can be transferred with the person and reviewed by the program coordinator for accuracy. No new residential support plan is required. Review Procedure: In order to determine compliance with this timeframe there will be a review the current year and previous years residential support plan completion dates. If the difference in time between the two documents is 365 days or less, compliance will be noted.
RH-602	The person participates in the development of his/her residential plan and identifies goals and training priorities.	The plan is completed by active solicitation of the person's interests, life goals and supports needed. The information is gathered from the person through direct observations/interactions and, if necessary, talking with someone who knows the person best. The person's preferences and goals must be the focus of the planning process.
RH-603	The Residential Support Plan must include the type and frequency of care to be provided.	Care: Assistance with or completion of tasks that cannot be completed by the person and about which the person is not being taught, such as regulation of water temperature, fire evacuation needs, transportation, medical/dental care, etc. To determine type and frequency of health care needed, the plan must contain all relevant medical information such as history, diagnoses, medications, etc.
RH-604	The Residential Support Plan must include the type and frequency of supervision to be provided.	Supervision: Oversight by another provided according to SCDDSN 510-10. Supervision must be specific and individualized as needed to allow freedom while assuring safety and welfare. Behavior exhibited that affects the level of supervision needed, should be included.

<table>
<tr><td></td><td></td><td>At a minimum, the residential support plan must include information about supervision needs in the following situations:
Awake hours
Home
Community
During Transportation
Work
Sleeping hours
Bathing/bathroom use
Dining-eating/drinking, meals/snacks</td></tr>
<tr><td>RH-605</td><td>The Residential Support Plan must include any other supports/interventions to be provided.</td><td>Any other supports/interventions: All supports needed, i.e. adaptive equipment, dietary monitoring, medical interventions, safety devices, etc.

<u>Review Procedure:</u> It is not possible to provide an all-inclusive list of things that may need to be listed in the residential support plan related to this indicator. Providers must consider the unique needs of each person supported when developing the residential support plan.

Non-compliance for this indicator will be cited when:
• The residential support plan does not include risk mitigation plans/strategies for health and safety risks as outlined in the comprehensive functional assessment or found in the person's record.
• The residential support plan does not include information about adaptive equipment, dietary monitoring, medical interventions, safety devices, etc. specific to the person's needs.</td></tr>
<tr><td>RH-606</td><td>The Residential Support Plan must include the functional skills training to be provided.</td><td><u>Skills Training</u>: Assists the person with acquiring, maintaining, or improving skills related to activities of daily living, social and adaptive behavior necessary to function as independently as possible. Training should focus on teaching the most useful skills/abilities for the person according to the person's priorities.

Skills training occurs in the confines of a training program which identifies specific objectives written with an observable, measurable single behavioral outcome, condition under which skill will be performed, criterion and duration. Training programs will include a task analysis of the skill to be learned, the method to be used, schedule for use of the method and type and frequency of data collection.

Skills training will also include behaviors targeted in a formal behavior support plan.

Training objectives must be based on the person's preferences, assessed abilities/needs and developmentally appropriate. The content of training objectives must support that the skills training aspect of residential habilitation is being delivered.

As a general rule, the minimum number of training objectives for a person is three. However, based on certain circumstances, a person may have less than the required minimum number of objectives. People that are experiencing significant health issues/treatments, are receiving hospice care etc. may decrease the amount and frequency of training objectives as appropriate to their needs. This change must be clearly documented in the residential plan.</td></tr>
<tr><td>RH-607 W</td><td>Training objectives (goals) are documented as required per the residential support plan.</td><td>Training objectives (goals) must align with the person's assessment and the residential plan. Documentation must be available to support the method and frequency of data collection is conducted per the residential plan for each training objective (goal).

<u>Review Procedure:</u> Data collection for all training objectives (goals) will be reviewed. A minimum of 3 consecutive months of data collection will be reviewed. If issues are discovered, the review may expand.

Non-compliance for training objectives will only be cited when the documentation is significantly non-compliant. For the purposes of this indicator, significantly non-compliant means that more than 1 month of the quarter reviewed is non-compliant.

The threshold for compliant with documentation for a training objective is 86%.
For example: A person has a training objective to learn to independently pack their lunch for work. The residential plan indicates that the training objective will be documented a minimum of 8 times per month. In order to satisfy the requirement, the documentation must show 7 or more instances of accurate documentation for the month.

<table>
<tr><td colspan="2">Example</td></tr>
<tr><td>Number Accurately Documented for the Month</td><td>Compliant vs. Non-Compliant with Indicator</td></tr>
<tr><td>8</td><td>100%-Compliant</td></tr>
<tr><td>7</td><td>87.5%-Compliant</td></tr>
<tr><td>6</td><td>75%-Non-Compliant</td></tr>
<tr><td>5 or below</td><td>Non-Compliant</td></tr>
</table>
</td></tr>
</table>

Quarterly Review of the Residential Support Plan

Review procedures for this section related to quarterly reviews are the following (unless otherwise indicated), will examine the quarterly review and compare it to information in the record to determine if all information is included on the quarterly review as appropriate. In addition, staff interviews, interaction/interviews with individuals, and observation of actual service provision may also occur to determine compliance. Source document for all information in this section (unless otherwise indicated) is the Residential Habilitation Standards.

Indicator #	Indicator	Guidance
RH-701	The effectiveness of Residential Habilitation is monitored, and the plan is amended when a new strategy, training, or support is identified.	
RH-702	A quarterly report of the status of the goals in the plan and the supports provided to achieve those goals must be completed with input from the person. The report must be available within 10 days of the end of the corresponding quarter.	At least every 3 months, beginning with the date of annual residential plan, the program coordinator shall complete and document a quarterly review of the residential plan. The three-month period starts from the date of the last review of the residential support plan and extends until the last day of the month of that same review. Three quarterly reviews plus the annual residential plan meeting over the course of one year is the minimum standard. For example: if the annual residential plan date is 5/10/2020 then the quarterly review schedule for the year would be: 1.1st Quarter-Between 8/10/2020 and 8/31/2020 2. 2nd Quarter-Between 11/10/2020 and 11/30/2020 3. 3rd Quarter-Between 2/10/2021 and 2/28/2021 4. Annual Review-On or before 5/9/2021.
RH-703	The effectiveness of Residential Habilitation is monitored, and the plan is amended when the person is not satisfied with the support.	The quarterly review of the residential support plan must include a discussion of the person's satisfaction with current services and supports. The discussion of satisfaction will vary from person to person. If a person expresses dissatisfaction with services and/or supports, the quarterly review must discuss the barriers to achieve satisfaction and an action plan to support the person to resolve the issue(s). The team must consider if the person needs support to file a formal complaint or grievance regarding the issue(s). The team must support the person to file a formal complaint even if the compliant is regarding one or more team members or the services associated with those members. Review Procedure The quarterly review of the residential support plan must include documentation of a discussion about the person's satisfaction with current services and supports. If a person is not satisfied or needs are not met by the current services and supports, the quarterly review must also reflect if an update to the residential support plan is needed.
RH-704	The effectiveness of Residential Habilitation is monitored, and the plan is amended when there is a change in health care or behavioral status.	Review Procedure The quarterly review of the residential support plan must include a review of medical information when there is a change in health care or behavioral status. If a person refused a medial appointment, the quarterly review must discuss the refusal and the plan to ensure the person receives medical care as needed. Consideration of health and safety risks, due to the refusal (and a plan to work towards supporting the person to attend the appointment), must be discussed on the quarterly review. If there were significant changes to the person's physical/mental health, the quarterly review must indicate if changes are needed to the residential support plan.
RH-705	The effectiveness of Residential Habilitation is monitored, and the plan is amended when no progress is noted on a goal. .	Review Procedure: The quarterly review of the residential support plan must include a summary of the person's performance and progress on training objectives. If a person consistently refused to participate in a training objective, the quarterly review must discuss the reason for the refusals (if known) and recommendations to modify or discontinue the training objective. If a person has shown no progress on a training objective, the quarterly review must discuss the need to modify or discontinue the training objective. In addition, the quarterly review must discuss the need to change the residential support plan based on performance/progress on training objectives.

Behavior Supports and Restrictive Interventions

Indicator #	Indicator	Guidance
RH-801	Behavior(s) that pose a risk to the person, (i.e. self-injury, elopement, etc.), others, (i.e. physical aggression, dangerous/inappropriate sexual behaviors, etc.), or the environment, (i.e., property destruction, etc.) are addressed. *DDSN is using the term "behavior guidelines" to describe the following from DDSN Directive 600-05-DD: "When, for those receiving Residential Habilitation, a Behavior Support Plan is not used in conjunction with psychotropic medication, the specific behavior/psychiatric symptoms targeted for change by the use of psychotropic medications must be clearly noted. Data must be collected on the occurrence of those behaviors/symptoms targeted for change."	Source: DDSN Directive 600-05-DD When a person is taking psychotropic medication(s) to treat the symptoms of a mental health diagnosis, there are two options to document the support that the person will receive: 1. Behavior support plan (BSP) 2. Behavior guidelines* As part of the person-centered planning process the team must assess the behavior support needs of the person and implement support strategies as appropriate. The use of data/documentation of behavior(s) frequency and intensity must be considered as part of the assessment process. Behaviors that can be categorized as both frequent and intense will require a behavior support plan. Behavior guidelines are only appropriate in cases where the person has achieved stability with behaviors and the person would not be considered a risk to themselves or others.

		1. A behavior support plan (BSP) is required when: • a medication(s) is prescribed to treat symptoms of a mental health diagnosis; and • the person is receiving residential habilitation in a DDSN licensed residential setting • psychotropic medication is given to address problem behavior that poses a significant risk to the person, others, or the environment. Examples of behaviors include but are not limited to physical aggression, self-injury, elopement, dangerous/inappropriate sexual behaviors, serious property destruction etc. 2. Behavior guidelines are allowed to be implemented for a person when <u>all</u> of the following apply: • a medication(s) is prescribed to treat symptoms of a mental health diagnosis. • the person is receiving Residential Habilitation in a DDSN licensed residential setting. • the person's mental health symptoms have been assessed to be effectively managed with the lowest effective dose of the medication(s) by the prescribing physician. • the person does not exhibit behavior that poses a significant risk to him/herself, others, or the environment; and • the person does not currently display symptoms of the mental health diagnosis that would require staff intervention outside of the general social, emotional, and environmental needs provided as part of general service delivery included in the person-centered plan. Behavior guidelines are part of the residential support plan to address the social, emotional, and environmental needs of the person related to the symptoms of a mental health diagnosis. They should include brief historical data regarding the individual's diagnosis and general techniques staff could utilize to assist the person if symptoms are displayed. Behavior guidelines are less formal than a behavior support plan and can be written and implemented by the team as part of the person-centered planning process. <u>Review Procedure</u>: The reviewer will determine if the person takes a psychotropic medication(s) for a mental health diagnosis. If yes, the reviewer will verify that the person has either a BSP or behavior guidelines that align with the use of the medication(s).
RH-802	The record reflects documentation and discussion of the person's due process rights and opportunity to present issues to the Human Rights Committee. Any Restrictions in the Service Plan have been approved by the HRC with a plan for continued review and/or discontinuation.	Source: Directive 535-02-DD Due process means human rights review of any restriction. The person must be offered the opportunity to attend the HRC meeting and have someone accompany them to assist in advocating for themselves if they so desire. <u>Review Procedures:</u> The record reflects documentation and discussion of the person's due process rights and opportunity to present issues to the Human Rights Committee (HRC). Acceptable evidence for this indicator includes HRC meeting minutes, meeting invites and meeting attendance sheets.
RH-803	Prior to the development of a behavior support plan there must be a documented functional assessment that yields a summary statement that identifies function of behaviors, antecedents, setting events and replacement behaviors.	Guidance when taking over new cases: A fully executed functional assessment is available: provider must determine the merit of past assessment. If relevant, the provider can use these results but must document this decision in the summary statement. A functional assessment is available, but there is doubt as to the validity of findings. (Assessment >5 years should also cast doubt on the findings as the person's motivations or behavior may have changed): The provider, through an abbreviated process of direct and indirect assessment, validates past findings. The actions should be documented in the Summary Statement, No functional assessment is available: Provider fully executes a Functional Assessment.
RH-804	Behavior Support Plans must contain Support Procedures that include each of the following: 1) Setting Event and Antecedent Strategies. 2) Teaching Strategies. 3) Consequence Strategies. 4) Crisis Management Strategies. 5) Data Recording Method; and 6) Data Collection Forms.	Collect behavioral data in accordance with the Residential Habilitation Standards.
RH-805 W	Training for DSPs must accompany the plan and must include names, dates, and signatures of DSPs trained and the name of the trainer and/or authorized secondary trainer. In addition, the following components must be included: 1) written and verbal instruction. 2) modeling. 3) rehearsal; and 4) trainer feedback.	Procedures for training DSP(s) must be documented in either the BSP, training materials, or training documentation. Documentation of DSP training must be present to indicate training prior to or on the effective date /implementation date of any addendum/amendment to the BSP. Documentation must specify: 1) training on observation and behavioral data collection system and on treatment procedures, and 2) retraining on #1 if needed. 90% of staff must have been trained for this indicator to be scored as "met."
RH-806	Fidelity procedures must occur quarterly by the plan author or authorized secondary trainer and must document direct observation of DSP(s) implementing procedures according to the plan. Documentation must include name(s) and date(s) of DSP(s) being	Note: N/A with explanation may be acceptable If opportunities to observe (a) antecedent, teaching, or consequence strategies for acceptable behavior, (b) response strategies to problem behavior, or (c) both are infrequent or not observed during a fidelity check, it would be sufficient to observe the DSP(s) practicing the BSP procedures by role-playing. At least 50% of the Fidelity Checks must be completed by the Plan Author.

	observed, description of observation, and signatures of DSP(s) and Observers.	If the BSP addresses more than one setting (e.g., Day Program, Home, etc.), then the fidelity check should, on a rotating basis, be conducted in each setting addressed by the plan. Source: Residential Habilitation Standards
RH-807	Progress monitoring must occur at least monthly and produce data-based progress summary notes. Details of future (planned) implementation must be described and include any barriers that need to be addressed (e.g., inaccurate implementation, incomplete data collection, etc.), and any changes that need to be made to the procedures based on lack of progress or deteriorating performance.	Progress monitoring must be completed by the end of the current month, for the previous month.
RH-808	If fidelity procedures reveal that the BSP is being properly implemented and data properly collected, yet no progress is observed for the problem behavior, replacement behavior, or desired behavior for 3 consecutive months, then the Functional Assessment and its summary must be revisited with input from program implementers to determine the benefits modifying or augmenting BSP procedures or enhancing DSP training	Note: If the fidelity procedures reveal that the BSP is not being properly implemented or data are not being properly collected, then re-training of the DSP(s) is sufficient, and no team meetings or plan modifications are required.
RH-809	As needed by the person, but at least quarterly, psychotropic medications (or any medications prescribed for behavioral control) and the BSP are reviewed by the prescribing physician, physician's assistant, or certified nurse practitioner; the professional responsible for behavioral interventions; and support team. The behaviors/psychiatric symptoms targeted, (i.e. target behaviors) for change will be identified and documented in the review process.	Source: DDSN Directive 600-05-DD Review documentation of quarterly psychotropic drug review for each person.
RH-810	The specific behaviors/psychiatric symptoms targeted for change by the use of the psychotropic medication, as identified in the quarterly psychotropic medication review process, are clearly noted in the Residential Support Plan and the quarterly psychotropic drug review team meeting document.	Source: DDSN Directive 600-05-DD Review documentation of quarterly psychotropic drug review for each person. Verify that data are being collected on all behaviors/psychiatric symptoms targeted for change with the use of medication.
RH-811	The Psychotropic Drug Review process provides for gradually diminishing medication dosages and ultimately discontinuing the drug unless clinical evidence to the contrary is present.	DDSN Directive 600-05-DD Review documentation of quarterly psychotropic drug review for each person. Clinical evidence: Currently unstable; or documented history of decompensation or decline in general functioning following a decrease in medication in the past. Source:
RH-812	Consent for restrictive interventions is obtained in accordance with 600-05-DD.	Source: Directive 600-05-DD Review documentation for each person to verify consent for all restrictions. This documentation may be maintained in the person's record. .
RH-813	When prescribed anti-psychotic medication or other medication(s) associated with Tardive Dyskinesia, monitoring is conducted.	Source: DDSN Directive 603-01-DD Note: If medication associated with Tardive Dyskinesia is prescribed at the time of admission, a baseline T.D. score is obtained within one month. This documentation may be maintained in the person's record.

Healthcare

Indicator #	Indicator	Guidance
RH-901	People actively participate in the management of their healthcare to the extent they are able. At a minimum, documentation reflects that people: • Are offered choice of healthcare provider. • Kept informed regarding appointments and purpose. • Have information regarding purpose/side effects of medications taken.	Review Procedure: The record reflects: • There is documentation to support the person was offered a choice of health care providers. • There is documentation to support the person was informed, in advance, of medical appointments and the purpose of the appointments. • There is documentation to support the purpose and side effects of medication have been explained to the person.
RH-902	People receive a health examination by a licensed Physician, Physician's Assistant, or Certified Nurse Practitioner who determines the need for and frequency of medical care.	The person has received an exam by a licensed physician, Physician's Assistant or Certified Nurse Practitioner.
RH-903	People receive a dental examination by a licensed dentist who determines the need for and frequency of dental care, and there is documentation that the dentist's recommendations are being carried out.	The licensed dentist will determine the frequency for which care is needed. Note: If a person has refused dental care, there must be documentation of this in the file. Additionally, how is the provider addressing the refusal? Review Procedures The dental examination shall include teeth cleaning, checking gums and dentures as applicable. A person who is edentulous may be checked by a primary care physician (PCP) or other appropriate healthcare practitioner of their choice.
RH-904	People receive coordinated health care follow-up when the licensed Physician, Physician's Assistant, or Certified Nurse Practitioner determines the need for additional treatment and/or referrals to other medical providers (i.e., specialty care).	This also includes prescribed equipment and procedures such as occupational therapy, physical therapy, glasses, hearing aids, medications, orthopedic equipment, seizure precautions, etc. Review Procedure: • Verify through record review: o the plan of care is being followed, i.e. recommended care provided, follow-up appointments made/kept, etc.

		○ the health care received is comparable to any person of the same age, group, and sex. i.e., mammogram for females 40 and above, annual, or as prescribed by a physician pap smears, prostate checks for males over 50, etc. ○ Health conditions such as dysphasia and GERD are ruled out before behaviors such as rumination, intentional vomiting, etc. are addressed behaviorally. ○ People with specific health concerns, such as seizures, people who are prone to aspirate, etc., receive individualized care and follow-up, as evidenced by referrals to specialists when needed or when chronic health concerns persist without relief/resolution. If the person has refused medical care, documentation of this must be in the file. Refusals need to be addressed if consistent and put the health and safety of the individual in jeopardy. How is the provider addressing refusals?
RH-905	Within 24 hours following a visit to a physician, Certified Nurse Practitioner (CNP), or Physician's Assistant (PA) for an acute health care need, all ordered treatments will be provided and any needed follow-up appointments are scheduled.	When the record includes documentation of an acute care medical visit, the provider has recorded any follow-up treatment and appointments with other health-care providers.
RH-906	The "Swallowing Disorders Checklist" is completed annually.	Source: DDSN Directive 535-13-DD Annual completion of the Swallowing Disorders Checklist is required for individuals receiving residential services. Staff can use the checklist for an individual receiving day services if there is an ongoing concern. The protocol must also be completed for any choking incident that occurs with residential participants while at the Day Program.
RH-907	If "yes" was noted as a response to any item on the "Swallowing Disorders Checklist", the "Swallowing Disorders Follow-Up Assessment" was completed and submitted with the "Checklist" to DDSN for review, in a timely manner. Appropriate follow-up documentation is available in the person's medical file.	Source: DDSN Directive 535-13-DD "Timely manner" means not more than ten business days after responding "yes" to an item on the "Swallowing Disorders Checklist". "Completed" means that responses are entered on the "Assessment" form and all required information (e.g., admission/discharge summaries, notes, testing results, etc.) is compiled. Note: It is possible that someone may have "yes" response(s) on the "Checklist" but, per instruction from DDSN, no "Follow Up Assessment" is required. If "yes" on the "Checklist" and instruction from DDSN that "Follow Up Assessment" is not needed, then the indicator should be considered met.
RH-908	All actions/ recommendations included in "Required Provider Follow-Up" on the Swallowing Disorders Consultation Summary, were added to the person's plan (residential, day services or case management) and implemented within 30 calendar days or reason for non-implementation was documented.	Source: DDSN Directive 535-13-DD The person's Plan (residential, day services or case management) should be amended to include any actions/recommendations noted in "Required Provider Follow-Up" resulting from the review of the "Checklist" and the "Assessment". All actions/recommendations noted in "Required Provider Follow-Up" must be implemented within 30 calendar days or there must be written justification for non-implementation.

Health/Safety/Welfare and Personal Growth

Indicator #	Indicator	Guidance
RH-1001	All categories of incidents/events are recognized and reported in order to protect and promote the health, safety, and welfare of people.	Source: DDSN Directives: 100-09-DD, 100-29-DD, 505-02-DD, 534-02-DD, 600-05-DD A strong incident management system begins with recognition and response to events. Providers must continuously monitor for possible incidents. For example, abuse, neglect, and exploitation may be a single event or a pattern of events over time. A single person may be a victim of Abuse, Neglect, Exploitation (ANE) but systematic failures within the provider that create conditions conducive to harm may also be considered ANE. In addition, an agency that fails to implement residential support plans, maintains inconsistent records about needs, and does not properly train its staff creates conditions where ANE could easily occur. DDSN expects providers to be diligently recognizing and reporting actual and alleged incidents. Incidents/events required to be recognized and reported: • Abuse, Neglect, Exploitation • Critical Incidents and Adverse Operations Events • Medication Errors • Death • Restraints Review Procedure: Individual records/documentation (T-logs, GER's, medical records, behavior documentation etc.) will be reviewed to ensure that any instance that may be an incident/event was recognized and reported properly by the provider. The documentation review will include restraint reports to ensure that each instance of a restraint followed DDSN standards. Restraints that were implemented improperly or are found to be unauthorized may need to be reported as abuse.

		In addition, for providers that have staff that administer medications, a sample of medication administration records (MARs) will be reviewed to ensure that medication errors are reported per requirements. The minimum number of MARs that will be reviewed as part of this indicator is 3 random months for the last 12 months. If significant issues are discovered, the review may expand. A non-compliance will be cited when the reviewer finds an incident/event that should have been recognized and reported to DDSN.
RH-1002	People are supported to learn about their finances.	Source: Directive 200-12-DD Management of Funds for Individuals Review Procedure: Review documentation of the person's access to spend their money. This access and support for managing their money may be included in the Residential Support Plan or in the person's Financial Plan. Information regarding financial independence may be included with training objectives if the person has a formal objective related to finances. The provider must review financial information with the person on at least a quarterly basis.
RH-1003	People receive training on what constitutes abuse and how and to whom to report.	Source: DDSN Directive 534-02-DD Review Procedure: Verify the person received quarterly training in what constitutes abuse and how and whom to report it.
RH-1004	People receive training about their rights and the process to report a complaint of a rights issue.	Review Procedure: Verify the person received quarterly training about their rights and the process to report a complaint of a rights issue.

South Carolina Department of Disabilities & Special Needs
LICENSING REVIEWS- RESIDENTIAL SERVICES INDICATORS
Revised/Effective: July 1, 2021

Definitions

Community Training Home-I Model (Similar to Foster Care)

In the Community Training Home-I Model, personalized care, supervision and individualized training are provided, in accordance with a service plan, to a maximum of two (2) people living in a support provider's home where they essentially become one of the family. Support providers are qualified and trained private citizens. CTH-I homes meet Office of State Fire Marshal Foster Home Regulations.

Community Training Home-II Model

The Community Training Home-II Model offers the opportunity to live in a homelike environment in the community under the supervision of qualified and trained staff. Supervision, skills training, and supportive care are provided according to individualized needs as reflected in the service plan. No more than four (4) people live in each residence.

Supervised Living-II Model

This model is for people who need intermittent supervision and supports. They can handle most daily activities independently, but may need periodic advice, support, and supervision. It is typically offered in an apartment setting that has staff available on-site or in a location from which they may get to the site within 15 minutes of being called, 24 hours daily. The minimum Support Provider to resident ratio is 1:20.

NOTE: The Home and Community-Based Services (HCBS) Settings Rule issued by the Centers for Medicare and Medicaid Services (CMS) requires that all home and community-based settings meet certain requirements. The DDSN Residential Licensing Standards reflect the agency's values and incorporate the HCBS Settings Rule requirements which are listed below:

- The setting is integrated in and supports full access to the greater community.
- The setting is selected by the individual from among setting options.
- The setting is physically accessible.
- Individual rights of privacy, dignity and respect, and freedom from coercion and restraint are ensured.
- Autonomy and independence in making life choices are optimized.
- Choice regarding services and supports and who provides them is facilitated.
- The individual has a lease or other legally enforceable agreement providing similar protections.
- The individual has privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate the unit.
- The individual controls his/her own schedule including access to food at any time.
- The individual can have visitors at any time.

	Physical Setting Requirements Applicable to initial licensing requests and annual/on-going licensing inspections.	Guidance
1.0	All sites shall receive a fire safety inspection by the State Fire Marshal's Office: a) Prior to being inspected by DDSN Licensing Contractor, annually, and following major renovations/structural changes to the home. b) Any deficiencies received during the fire inspection shall be reviewed by DDSN prior to the home being licensed.	See fire code requirements at http://www.scfiremarshal.llronline.com/INSPECT/index.asp?file=main.htm. Note: In addition to smoke alarms, the site must also have a carbon monoxide detector when any of the following conditions exist: • Fuel burning appliances are used. • There is a functional fireplace in the home; or • The home has an attached garage with a common wall. Should you have questions about placement of carbon monoxide detectors, contact your local Fire Marshal. State Fire Marshal Inspection report is maintained by the provider. Sites that have fire sprinkler systems must be inspected in accordance with NFPA 25 standards. To maintain certification: monthly, quarterly, semi-annual, annual and five (5) year inspections must be completed. All the inspections can be handled by residential staff or maintenance staff EXCEPT for the annual and five (5) year inspection which must be performed by a certified sprinkler contractor. Documentation of all inspections must be maintained by the provider. Refer to the attachments in DDSN Directive 300-03-DD for sample forms which may be used.
1.1	All sites shall be inspected by DDSN Licensing Contractor: a) Prior to the initial admission of a person. b) Annually, as required per directive; and c) After renovations/structural changes are made to the home.	The license is not transferable from either the address or family specified on the license. Initial inspections must be requested a minimum of two weeks in advance. For licensing purposes, "children" are defined as under the age of 21 years.
1.2	All sites shall pass an electrical inspection conducted by a licensed electrician: a) Prior to the home being inspected by DDSN Licensing Contractor; and b) After major renovations/structural changes are made.	"Pass" requires that the home's electrical system is in good working order and does not jeopardize the health and safety of people living there. Documents must be available to verify the date and results of the inspection, as well as the inspector's license number. Forms submitted as evidence of an electrical inspection must include a review of all components of the home's electrical system and the signature and licensing number of the person completing the inspection. See DDSN Directive 300-03-DD for a sample form. Sites that have emergency generators must perform complete and thorough inspections of them. Routine service by a qualified contractor is encouraged to ensure that generators are maintained in good operating condition. Service contracts generally include semi-annual and/or annual inspections. Providers must perform monthly checks of the generators. Documentation of all checks must be maintained by the provider. See DDSN Directive 300-03-DD for sample forms which may be used to conduct monthly inspections. Note: Electrical system must be maintained in good working order at all times. Any conditions at the time of the inspection that jeopardize the health and safety of the people living at the site will be cited as a deficiency.
1.3	All sites shall pass a heating, ventilation and air-conditioning inspection conducted by a licensed inspector: a) Prior to the home being inspected by DDSN Licensing Contractor to operate; and b) After major renovations/structural changes are made to the home.	"Pass" requires that the HVAC is in good working order and heating equipment must be capable of maintaining a room temperature of not less than 68°F throughout the home. Cooling equipment must be capable of maintaining a room temperature of not more than 75°F through the home. Documents must be made available to verify the date and results of the inspection. Forms submitted as evidence of an HVAC inspection must include a review of all components of the home's HVAC system and the signature and licensing number of the person completing the inspection. See DDSN Directive 300-03-DD for form which may be used for HVAC inspections.
1.4	When not on a public water line, all sites shall pass a water quality inspection conducted by DHEC prior to the home being inspected by DHEC to operate as indicated: a) A bacteria and metal/mineral analysis must be performed prior to being licensed. b) As needed, when changes in taste, color or odor are present; and c) A bacteria analysis must be performed annually.	Providers must request an inspection from their county DHEC Office. The DHEC inspection report is maintained by the Provider. Mixing valves must be inspected routinely with documentation maintained by the provider. See DDSN Directive 300-03-DD for a mixing valve inspection checklist.
1.5	CTH I/CTH II sites serving children shall pass a health and sanitation inspection conducted by the Office of State Fire Marshal: a) Prior to the home being licensed; and b) Annually.	Pass = no citation that will jeopardize the health and safety of residents and care providers. For licensing purposes, "children" are defined as under the age of 21 years. Documents must be available to verify the date and results of the inspection.
1.6	CTH-I Homes shall have one (1) lavatory, toilet, and shower/bathtub for every six (6) household members.	
1.7	Prior to being licensed, all homes which serve children under six (6) years of age, shall pass a lead-paint risk assessment conducted by DHEC.	Pass=no citation that will jeopardize the health and safety of consumers and care providers. Documents must be available to verify the date as well as results of the assessment.

1.8	Hot water temperature in all residential settings: a) Shall be no less than 100°F. b) Shall never be more than 120°F in a home where a person lives who is incapable of regulating water temperature; and c) Shall never be more than 130°F.	• Water regulating skills of all persons living in the home who receive services must be assessed and appropriate training implemented. Assessment data regarding the regulation of water temperature must be available on-site for licensing review. • Providers should routinely check the water temperature and keep documentation of checks and necessary actions on site. • Water temperature shall never be more than 130°F, no matter the skills of the residents living in the home.
1.9	All sites shall have a standard first-aid kit that is: a. Readily accessible; and b. Well stocked for the number of people who are intended to use it.	Contents recommended by the American Red Cross for a standard kit: ¾" x 3" standard adhesive bandages; mini bandages; 2" x 2" sterilized gauze pads; 1" x 5 yards self-adherent wrap; triple antibiotic ointment; providone-iodine antiseptic/germicide swabs; alcohol prep pads. The kit should contain NO expired items. If an individual has been assessed as capable of using a first aid kit independently, the kit must be accessible to him/her. In SLP-II sites, residents who are assessed as independent in using a first aid kit must have one in their apartment. Readily accessible means quickly accessible to all staff of the home and any resident assessed as capable of using it safely.
1.10	The bedrooms shall have operable lighting.	
1.11	The bedrooms shall have operable window(s).	The windows must be secure and operable without the use of special tools. There should be nothing blocking egress.
1.12	The setting shall be free from obvious hazards.	No extension cords. No trip hazards.
1.13	The setting shall be clean.	• No evidence of pests/vermin. • Bathrooms and fixtures should be free of scum, mold, and mildew. Providers will not be cited for stains that cannot be removed. • Kitchens should be free of food build-up, spills, etc on appliances, counters, and floors. Floors should be reasonably swept and/or vacuumed and free of stains.
1.15	The setting shall be free of litter/rubbish.	Litter/rubbish is contained in covered cans or tied in garbage bags.
1.16	The setting shall be free of offensive odors.	Offensive odors –smell of urine, rotting food, etc...
1.17	The setting shall have equipment in good working order.	Equipment may include, but not be limited to heat/electricity, appliances, furniture (including lawn furniture, flooring, walls, plumbing fixtures, fire alarms, fire extinguishers). Furniture must be in usable condition that does not prevent reasonable use or access based on the person's gross motor and fine motor skills.
1.18	The setting is physically accessible to those who live there.	Refer to: DDSN Directive 700-02-DD: Compliance with Title VI of the Civil Rights Act of 1964, Americans with Disabilities Act of 1990, Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act of 1975, and Establishment of a Complaint Process. 42 CFR§441.301(c)(4)(vi)(E). For initial inspections, the reviewer will ensure all parts of the home are reasonably accessible and the home does not include obvious barriers to entry. If the occupants are known at the time of the initial licensing inspection, the reviewer will assure appropriate means of egress are available and access to all common areas of the home.
1.19	Bedrooms shall have at least 100 square feet for a single occupancy, or 160 square feet for a double occupancy.	• The person's bedroom must not be a detached building, unfinished attic or basement, hall, or room commonly used for other than bedroom purposes. • Maximum of two (2) people per bedroom, with at least three (3) feet between beds. Children must sleep within calling distance of an adult in a CTH I.
1.20	Bedrooms shall have a clean, comfortable bed, (including appropriately sized bed frame and mattress) pillow, and linen appropriate to the climate.	At least one (1) appropriately sized bed frame with mattress, pillow, sheets, and blanket for every resident (unless a married couple choose to share a bed). Linens should be clean/sanitary.
1.21	The site/home shall afford each person sufficient space for privacy, including bathing/toileting facilities behind a lockable door.	For supervised living sites, this requirement is applicable when the home/unit is occupied by more than one (1) resident. Refer to: 42 CFR§441.301(c)(4)(iii) and 42 CFR§441.301(c)(4)(vi)(B)
2.20 1.22	The site/home shall afford each person sufficient space for privacy, including lockable doors on bedroom/sleeping quarters, and lockable storage.	For supervised living sites, this requirement is applicable when the home/unit is occupied by more than one (1) resident. Refer to: 42 CFR§441.301(c)(4)(vi)(B)
1.23	For settings initially licensed on or after July 1, 2019, the setting shall be free from qualities that may be presumed institutional.	Settings that may have qualities presumed to be institutional include: • settings in a publicly or privately-owned facility that provides inpatient treatment; and • settings on the grounds of or adjacent to a public institution. Refer to: 42 CFR 441.301(c)(5)
1.24	For settings initially licensed on or after July 1, 2019, the setting must be free from characteristics that have the effect of discouraging integration of residents from the broader community.	Settings that may have characteristics that have the effect of discouraging integration of residents from the broader community include, but may not be limited to: • settings completely enclosed by walls or fences with locked gates. • settings in a multi-unit housing complex whose owners or lessees are limited to only those with ID/RD, HASCI or Autism Spectrum Disorder; and • an additional setting added to an existing cluster (i.e., 2 or more) of DDSN-licensed residential or day settings. Refer to:42 CFR§441.301(c)(5)(v)
1.25	A legally enforceable agreement (lease, residency agreement or other form of written agreement) is in place for each person.	This indicator is not applicable during the initial inspection, prior to occupancy. The agreement provides protections that address eviction process and appeals comparable to those provided under South Carolina's Landlord Tenant Law. (S.C. Code Ann. § 27-40-10 et. seq). Should the resident's right to a legally enforceable agreement require modification, any modification to this right must be supported by a specific assessed need, justified in the person's plan, and reviewed and approved by the Human Rights Committee. Positive interventions and supports must be tried before

		the right is modified, use of less intrusive methods must be documented, and data must be collected to review the modification. The modification must be time limited, include the informed consent of the individual, and cause no harm. Source: Residential Habilitation Standards and 42 CFR 441.301(c)(4)(vi)(A).
1.26	Each resident must be provided with a key to his/her bedroom. Note: With only appropriate staff having keys to doors.	This indicator is not applicable during the initial inspection, prior to occupancy.
1.27	Each resident must be provided with a key to his/her home.	This indicator is not applicable during the initial inspection, prior to occupancy. Any modification to these requirements must be supported by a specific assessed need, justified in the person-centered plan, and reviewed by the Human Rights Committee. Positive interventions and supports must be tried before the modification, use of less intrusive methods documented, and data collected to review the modification. The modification must be time limited, include informed-consent and cause no harm. If the person has unrestricted access and use of the key, the assessment is not required. Source: Residential Habilitation Standards and 42 CFR 441.301(c)(4)(vi)(B).
1.28	The setting is free from postings of employee information (such as labor standards and minimum wage posters) in common areas.	This indicator is not applicable during the initial inspection, prior to occupancy. Postings of employee information should be limited to areas of the home typically used by staff.
1.29	Household cleaning agents are kept in secure locations and away from food and medications.	This indicator is not applicable during the initial inspection, prior to occupancy. When an individual living in the home has been assessed as independent in the use of household cleaning agents, accommodations must be made to allow them to access the cleaning agents when they wish to use them. Assessment data regarding the use of cleaning agents must be available on-site for licensing review.
1.30	The setting shall have a flashlight on site for each level (floor) of the home.	This indicator is not applicable during the initial inspection, prior to occupancy Flashlight must be readily accessible and operable.
1.31	Firearms are prohibited on all sites.	This indicator is not applicable during the initial inspection, prior to occupancy The presence of firearms with no documented exception approval will be cited as a deficiency.
1.32	Pets on site shall be current with vaccinations.	This indicator is not applicable during the initial inspection, prior to occupancy Based on the discretion of the provider or landlord, pets may be allowed if: vaccinations are current; proper care is provided, and no signs of potential risks are assessed. Documentation of current vaccinations must be available

Program Requirements **Applicable to annual/on-going licensing inspections.**		**Guidance**
2.0	The Provider keeps service recipients' records secure and information confidential.	Source: 167-06-DD
2.1	Sufficient staff shall be available 24 hours daily to respond to the needs of the residents and implement their programs.	Available means that staff must be on site or in real-time contact by electronic means or be able to reach the site within 15 minutes.
2.2	The Provider demonstrates agency-wide usage of Therap for General Event Reports (GERs) according to the implementation schedule approved by DDSN.	Source: DDSN Therap Requirements. Refer to South Carolina Community Support Provider Requirements listed at https://help.therapservices.net/app/south-carolina Review documentation in Therap to determine compliance.
2.3	The Provider demonstrates agency-wide usage of Therap for Health Tracking according to the implementation schedule approved by DDSN.	Source: DDSN Therap Requirements. Refer to South Carolina Community Support Provider Requirements listed at https://help.therapservices.net/app/south-carolina Review documentation in Therap to determine compliance.
2.4	The Provider demonstrates agency-wide usage of Therap for ISP Programs & ISP Data for Goals and Objectives according to the implementation schedule approved by DDSN.	Source: DDSN Therap Requirements. Refer to South Carolina Community Support Provider Requirements listed at https://help.therapservices.net/app/south-carolina Review documentation in Therap to determine compliance.
2.5	The Provider demonstrates agency-wide usage of Therap for T-Logs according to the implementation schedule approved by DDSN.	Source: DDSN Therap Requirements. Refer to South Carolina Community Support Provider Requirements listed at https://help.therapservices.net/app/south-carolina Review documentation in Therap to determine compliance.
2.6	The person has signed a Statement of Financial Rights, which includes a fee schedule and quarterly monitoring/accountability schedule.	Verify that a Statement of Financial Rights has been signed by the consumer or his/her parent, guardian, or responsible party, which includes a fee schedule and quarterly monitoring/accountability schedule. Score "Met" if a signed statement is maintained in the person's record in the home. Source: DDSN Directive 200-12-DD.
2.7	The person has signed a statement of consumer/residential rights.	The Statement of Consumer/residential rights may be maintained in the person's record in the home.
2.8	People shall be encouraged to eat a nourishing, well balanced diet which: a) Includes personal food preference. b) Allows desirable substitutions; and Meets dietary requirements of individuals.	This indicator is not applicable during the initial inspection, prior to occupancy People must be involved in meal planning, grocery shopping, and preparation to the extent of their abilities. Documentation of the person's participation must be available on-site (or accessible, if kept electronically) during the Licensing Review. Diet must be based on accepted, recognized dietary guidelines such as the Food Pyramid and/or physician recommendation, Food Plate, etc.

Medication Related Documentation **Applicable to annual/on-going licensing inspections.**		**Guidance**
3.1	Medications, including controlled substances and medical supplies, shall be stored appropriately.	Stored in a secure and sanitary area with proper temperature, light, humidity, and security. Medications should be kept in their original containers. Topical and oral medications are to be stored separately.

		Cold storage medications must be stored in a refrigerator used exclusively for medications or in a secured manner (i.e. lock box), separated from other items kept in the refrigerator. Medications shall be stored in a refrigerator at the temperature established by the U.S. Pharmacopeia (36-46 degrees F.) Expired or discontinued medications are not stored with current medications.
3.2	There will be separate control sheets on any controlled substances which contain the following information: a) Name of Client. b) Date. c) Time administered. d) Dose. e) Signature of individual administering. f) Name of prescriber; and g) Controlled substance balances.	Verify accurate controlled substance balance.
3.3	At each shift change, there is a documented review of the control sheets by outgoing staff members with incoming staff members.	This review verifies the outgoing staff member have properly administered medications in accordance with the prescriber's orders. Errors/omissions indicated on the control sheet are addressed and corrective action taken at that time.
3.4	Provider shall have a policy regarding disposition of medication when: a) Medication is outdated. b) Person moves. c) Person is deceased; or d) Medication is discontinued.	The policy must be available on-site (or electronically accessible) during the Licensing Review.
3.5	Medications in an SLP-II shall be stored in the resident's apartment unless there are documented reasons as to why this would present a health and safety issue.	The person's ability to self-administer medications is a separate issue from their ability to safely store medications in their apartment. Refer to DDSN Directive 603-13-DD: Medication Technician Certification for requirements for individuals to self-administer medications. An assessment should be completed for each person. The assessment should document any reasons why the person is not able to safely store their medications in their apartment. As a best practice, the provider should consider whether there are assistive devices available that would permit the person to safely store medications. There are many devices that are fully secure and available to people who may not be able to discriminate which pill to take, but they know not to take it until it is time or until the device dispenses it for them. Many products currently marketed to the elderly population would be beneficial to consumers in SLP-II who may not be fully independent in taking their medications. The ability to safely store medications is a separate issue from the person's preference not to have them stored in their apartment. An assessment should still be completed in an effort to identify potential training objectives that would assist the person and increase their interest/comfort. Assessment data for the safe storage of medications must be available on-site with the other residential habilitation records and subject to Licensing Review. The goal of all DDSN residential programs is to help the consumer(s) achieve their maximum level of independence. Just as many consumers begin with basic steps for cooking or money management, they may begin steps towards identifying and maintaining their medications, if not self-administration. If, after discussing options for safety and securely storing the medications in the person's apartment, they continue to state that they do not wish to store them, then a called team meeting must document the assessment results, the discussion with the consumer, including the possibility of assistive devices, and the timeframe for re-evaluation (not to exceed one (1) year). The called team documentation must include the consumer's signature, but Human Rights Committee approval is not required (DDSN Directive 535-02-DD). This scenario should be the exception, rather than the rule, for providers.
3.6	Medications and/or treatments shall be administered by: a) Licensed nurse. b) Unlicensed staff as allowed by law; or c) The person for whom the medication is prescribed when he/she is assessed as independent.	Unlicensed staff as allowed by law: As a result of a provision contained in the 2016-2017 Budget Bill, H. 5001-Part 1B, 36.7, the General Assembly of the State of South Carolina granted DDSN the statutory authority for selected unlicensed persons to administer medications to DDSN consumers in community settings. With regard to injectable medications, this authority only applies to "regularly scheduled insulin and prescribed anaphylactic treatments under established medical protocol and does not include sliding scale insulin or other injectable medications." Refer to DDSN Directive 603-13-DD: Medication Technician Certification for further descriptions of requirements for unlicensed staff to administer medications or individuals to self-administer medications.
3.7	Orders for new medications and/or treatments shall be filled and given within 24 hours unless otherwise specified.	If orders are given as the result of a self-initiated or family-initiated physician, PA or CNP visit, orders must be changed within 24 hours of learning about the visit. This documentation may be maintained in Health Tracking within Therap.
3.8	Medications shall be safely and accurately given.	• The medication has not expired. • There are no contraindications, i.e., no allergy for the drug; and • The medications are administered at the proper time, prescribed dosage, and correct route.
3.9	For persons not independent in taking their own medication/treatments, a log shall be maintained to denote: a) The name of medication or type of treatment given. b) The current physician's order (and purpose) for the medication and/or treatment. c) The name of the person giving the medication.	The medication pass may include multiple prescriptions and over the counter (OTC) medications/treatments that are given at the same time. The provider will not be cited if there are no more than three (3) medication passes per person, per month, with blanks on the medication record in any of the prior three (3) months and the provider has met the following criteria: a) The reasons for the blanks were documented on the back of the log; and

	d) Time given; and e) Dosage given.	b) The documentation error did not result in the need for any additional medical intervention. The Medication Record should be coded if the medication is not given at regular intervals or if there is any variation in scheduling. This should not create opportunities for blanks. Medication records (MAR and Error documentation) must be available at the licensed location (or accessible, if stored electronically) for the 3 months prior to a Licensing Review date.
3.10	Medication logs shall be reviewed monthly, at a minimum to ensure medication errors/events are documented appropriately.	Reviewer will examine data: • To ensure medication errors/events are documented appropriately. • Actions are taken to alleviate future errors; and • The review should include evidence of the review for the three (3) months prior to the Licensing Inspection. The review for the current month must be documented and available by the last day of the following month. If the review for the prior month has not been documented, the Licensing review may include the prior three months. Documentation of the provider's review must be available on-site during the Licensing Review. Review must be completed by a person who does not normally give medication in the site being reviewed. This indicator is intended to focus on the provider's internal review of medication logs and self-discovery of errors. If the provider identified a medication error, documented appropriately, and took action to reduce future errors, the indicator will not be cited.

South Carolina Department of Disabilities and Special Needs
Standards for Licensing Residential Facilities: Reference Documents

Please refer to DDSN's Web site www.ddsn.sc.gov to view any of the below directives.
100-04-DD Use of Adaptive Behavior Scales
100-09-DD Critical Incident Reporting
100-12-DD AIDS Policy
100-17-DD Family Involvement
100-25-DD Disaster Preparedness Plan for DDSN and Other DDSN Providers of Services to Persons with Disabilities and Special Needs
100-26-DD Risk Management Program
100-28-DD Quality Management
100-29-DD Medication Error/ Event Reporting
101-02-DD Preventing and Responding to Suicidal Behavior
104-01-DD Certification and Licensure of Residential and Day Facilities and New Requirements for DHEC Licensed CRCF's
167-01-DD Appeal Procedure for Licensed Programs Serving Persons with Intellectual Disability
167-06-DD Confidentiality of Personal Information
250-08-DD Procurement Requirements for Local DSN Boards and Contracted Service Providers

368-01-DD Individual Service Delivery Records Management
503-01-DD Individuals Involved with Criminal Justice System
505-02-DD Death or Impending Death of Persons Receiving Services from DDSN
510-01-DD Supervision of People Receiving Services
534-02-DD Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contract Provider Agency
535-07-DD Obtaining Consent for Minors and Adults
535-08-DD Concerns of People Receiving Services: Reporting and Resolution
535-10-DD National Voter Registration Act (Motor Voter)
535-11-DD Appeal and Reconsideration Policy and Procedures
535-12-DD Advance Directives
536-01-DD Social-Sexual Development
567-01-DD Employee Orientation, Pre-service and Annual Training Requirements
600-05-DD Behavior Support, Psychotropic Medications, and Prohibited Practices
603-01-DD Tardive Dyskinesia Monitoring
603-06-DD Guidelines for Screening for Tuberculosis
603-13-DD Medication Technician Certification
604-04-DD Standard First Aid with Cardiopulmonary Resuscitation (CPR)
700-02-DD Compliance with Title VI of the Civil Rights Act of 1964, American's with Disabilities Act of 1990, Age Discrimination Act of 1975 and Section 504 of the Rehabilitation Act of 1975 and Establishment of a Complaint Process

South Carolina Department of Disabilities & Special Needs
Residential Services On-site Review Tool- *July 2021 through June 2022*

Observations and other discovery methods such as interactions with residents and staff members, and record reviews should be used to determine if, on the date and time of the review, the noted requirements were "Met" or "Not Met." Each section below should be reviewed with people who receive services and their staff. Reviewers should be as specific as possible but adjust their language as necessary to ensure the service recipients and staff understand the questions.

Scoring: Questions are scored at 2 points each. Bold type questions are scored at 5 points each. Maximum score= 100
When multiple residents are interviewed in one home, their responses will be averaged.

Name of Location: ***Date and Time of Review:***
Time Spent On-site for Review: ***Reviewer:***
Names of Staff Present:
How many Staff are Scheduled to Work this Shift?
How many Staff are Actually Working with People Living in this Home at the Time of the Observation?
Names of People Supported in the Home and Present during the Observation:

Names of People Interviewed during the Observation Visit:

People receive assistance with acquisition, retention, or improvement in skills necessary to live in the community, consistent with assessed needs, interests/personal goals.		
1. Staff can communicate effectively with each person (verbally or non-verbally, through gestures, visual indicators, signing, or through an alternative communication device).	**Met** ☐	**Not Met** ☐
2. The person's current Residential Support Plan is available for review within the home through paper or electronic representation.	**Met** ☐	**Not Met** ☐
3. People choose their goals.	Met ☐	Not Met ☐
4. People indicate what they are learning.	Met ☐	Not Met ☐
5. Staff can describe how they offer choice in services/supports.	Met ☐	Not Met ☐
6. Staff can describe how they provide training to each person to support their personal goals.	Met ☐	Not Met ☐
7. Staff can describe how they were trained to implement the Behavior Support Plan, if applicable.	Met ☐	Not Met ☐
People are provided the degree and type of SUPERVISION to keep them safe but not unnecessarily restricted.		
8. Each person has a plan of supervision. Supervision plans are individualized.	Met ☐	Not Met ☐
9. Staff can describe each person's supervision plan and their ability to manage their own behavior.	Met ☐	Not Met ☐
10. The Supervision Plan is implemented appropriately. *For example, if staff tells you that the person must be visually checked on the hour, observe to see whether that occurs and that it is documented as the plan specifies.*	Met ☐	Not Met ☐
People are treated with DIGNITY AND RESPECT.		
11. Staff speak to each person in a respectful, age-appropriate manner.	Met ☐	Not Met ☐
12. People are clean and well-groomed, and they dress and style their hair in the way they prefer.	Met ☐	Not Met ☐
13. Supports emphasize a person's abilities, rather than disabilities.	Met ☐	Not Met ☐
People exercise AUTONOMY and INDEPENDENCE.		
14. Each person has reasonable flexibility with wake-up times that ensure they are ready for scheduled activities (such as transportation to work).	Met ☐	Not Met ☐
15. Each person has the flexibility to remain at home during the day rather than be required to attend a day program or employment.	Met ☐	Not Met ☐
16. Each person makes decisions about what they do, when and where they go, and who they see.	Met ☐	Not Met ☐
17. Each person chooses what time they go to their rooms or to bed each evening. *(No bedtimes.)*	Met ☐	Not Met ☐
18. Each person helps with meal planning plan, grocery shopping, and participates in meal preparation (breakfast, lunch, dinner) according to their individual abilities.	Met ☐	Not Met ☐
19. Each person gets to choose where, when, and with whom they eat.	Met ☐	Not Met ☐
20. Each person participates in laundry, cleaning, and household chores, according to their individual abilities.	Met ☐	Not Met ☐
21. Staff provide supports only to the extent needed by each participant.	Met ☐	Not Met ☐
People participate in the greater Community.		
22. Each person helps plan activities and decide what to do outside of their home.	Met ☐	Not Met ☐
23. Participants receive training on ways to be involved in the community and developing community connections.	Met ☐	Not Met ☐

24. Each person participates in individual errands, grocery shopping, and shopping for clothing, according to their abilities?	Met ☐	Not Met ☐
25. Participants spend time with people important to them outside of the home.	Met ☐	Not Met ☐
People have privacy.		
26. People have opportunities for privacy *Can they spend time alone if they so desire?*	Met ☐	Not Met ☐
27. People receive personal care/assistance in private (including medication administration).	Met ☐	Not Met ☐
28. There is private space available for people to visit with family and friends.	Met ☐	Not Met ☐
29. Staff can describe the agency's confidentiality policies and how they protect consumer information.	Met ☐	Not Met ☐
Health status and personal care needs are known, and people are provided the CARE necessary to address needs.		
30. Each person can describe how they were supported to choose their healthcare providers.	Met ☐	Not Met ☐
31. Staff can describe medical conditions/health risks as outlined in the support plan (self-injurious behavior, seizure activity, etc.)	**Met ☐**	**Not Met ☐**
32. Staff can describe the agency's system to address acute conditions/illness promptly and ensure appropriate follow up.	Met ☐	Not Met ☐
People are supported in Physically Accessible and Safe Environments.		
33. Assistive devices (e.g. sight and hearing impairment devices) are available for people who require them to move or access the setting.	Met ☐	Not Met ☐
34. Staff can describe their responsibilities in responding to emergency situations.	Met ☐	Not Met ☐
35. Emergency numbers are readily available for staff and residents.	Met ☐	Not Met ☐
People are supported to learn about their RIGHTS and exercise the rights that are important to them.		
36. Staff can describe how they are trained to respect people's individual rights.	Met ☐	Not Met ☐
37. Each person has access to all common areas of the house.	Met ☐	Not Met ☐
38. Residents can describe their rights.	Met ☐	Not Met ☐
39. Residents determine if there are to be house rules, and if so, what those rules are.	Met ☐	Not Met ☐
40. People know how to make a complaint, if needed.	Met ☐	Not Met ☐
41. People have keys to their room and house if they so desire.	Met ☐	Not Met ☐
Staff know the procedures for reporting allegations of ABUSE and people know what abuse is and how and to whom to report it.		
42. Staff can describe the procedures for reporting allegations of abuse, neglect, and exploitation.	**Met ☐**	**Not Met ☐**
43. People indicate they feel safe in the home.	Met ☐	Not Met ☐
44. People can describe what abuse is and how to report.	Met ☐	Not Met ☐

Referral to SCDDSN For Follow-up

Follow-up related to Abuse/Neglect/Exploitation Referral to SLED Report initiated to SLED for allegation of ANE. Date and Time of Report to SLED: _____ Notification to Provider Management Staff: Name/Date/Time: _____	**Yes** ☐	**No** ☐
Follow-up Needed due to Medical Concerns Report initiated SCDDSN: _____ Notification to Provider Management Staff: Name/Date/Time: _____	**Yes** ☐	**No** ☐
Follow-up Needed due to environmental Safety Concerns Report initiated SCDDSN: _____ Notification to Provider Management Staff: Name/Date/Time: _____	**Yes** ☐	**No** ☒

Reviewer must Notify DDSN Quality Management within 24 hours if the aggregate results of this review require additional follow-up from District Offices. Any Health and Safety concerns or allegations of Abuse, Neglect, of Exploitation must be immediately reported. The telephone number to report allegations of ANE is 1-866-200-6066.

South Carolina Department of Disabilities & Special Needs

In-Home Supports - Contract Compliance Review

(applies to Provider Arranged Respite & Companion Services)

Key Indicator Review Tool for FY2022

The Key Indicators are based on DDSN Service Standards, Agency Directives, and Medicaid Policy/Requirements. Each of these documents will state the applicability for different types of providers. In general, Administrative Indicators apply to all agencies, although there may be some indicators that only apply to particular service types.

The Guidance in this document is provided as a resource to assist agencies with understanding Key Indicators. The Guidance is not intended to be, nor should be, considered as the ultimate defining resource. It should be, as inferred by its title, GUIDANCE designed to assist. State and Federal standards including policies and procedures are the ultimate resources for establishing the requirements for an Indicator.

Provider Qualifications		
HS-201	The Provider employs/contracts Respite/ In-Home Support staff who meet the minimum education requirements for the position.	Refer to SCDDSN Respite Standards for educational and vocational requirements. Applies to new employees working less than 12 months.
HS-202	The Provider employs/contracts Respite/ In-Home Support Staff who meet the criminal background check requirements for the position, prior to employment.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
HS-203	The Provider employs/contracts Respite/ In-Home Support Staff who continue to meet the criminal background check requirements, upon required re-check.	Source: DDSN Directive 406-04-DD. Re-check required every three years.
HS-204	The Provider employs/contracts Respite/ In-Home Support Staff who meet the CMS "List of Excluded Individuals/ Entities" check requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
HS-205	The Provider employs/contracts Respite/ In-Home Support Staff who meet the DSS Central Registry check requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
HS-206	The Provider employs / contracts Respite/ In-Home Support Staff with acceptable reference check requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
Provider Training		
HS-301	Respite/In-home Support Staff must pass mandatory, competency based ANE training, as required, during pre-service orientation.	Source: DDSN Directive 534-02-DD. Applies to new employees working less than 12 months.
HS-302	The Provider employs Respite/ In-Home Support Staff who, when employed after 1 year, must pass mandatory, competency based ANE training within 12 month of their prior training date(s).	Source: DDSN Directive 534-02-DD. Applies to employees working more than 12 months. Training must be completed by the last day of the month in which it was due.
HS-303	The Provider employs Respite/ In-Home Support Staff who must complete new employee competency- based training requirements, as required in 567-01-DD.	Source: DDSN Directive 567-01-DD. Does not include training covered in other Key Indicators (ANE, CPR, First Aid, Medication Technician, or Crisis Management). Applies to new employees working less than 12 months.
HS-304	The Provider employs Respite/ In-Home Support Staff who, when employed for more than 12 months, must be current in CPR, First Aid, and the Crisis Management Curriculum.	Source: DDSN Directive 567-01-DD. Applies to employees working more than 12 months.
HS-305	The Provider employs Respite/ In-Home Support Staff who, when employed for more than 12 months, must receive an additional 10 hours of continuing education annually.	Source: DDSN Directive 567-01-DD. Does not include training covered in other Key Indicators (ANE, CPR, First Aid, Medication Technician, or Crisis Management). Applies to employees working more than 12 months.
HS-306	Annually, the Provider employs Respite/ In-Home Support Staff who are made aware of the False Claims Recovery Act, that the Federal government can impose a penalty for false claims, that abuse of the Medicaid Program can be reported and that reporters are covered by Whistleblowers' laws.	Evidence of staff being made aware of the false claims' recovery act must be provided. This activity must be completed by the last day of the month in which it was due. Source: Contract for … Capitated Model and Source: Contract for … Non-Capitated Model

Month & Year	At-Home Day Utilization vs. Pre-COVID FY 19 Utilization
20-Jun	15%
20-Jul	21%
20-Aug	25%
20-Sep	31%
20-Oct	42%
20-Nov	38%
20-Dec	35%
21-Jan	36%
21-Feb	46%
21-Mar	47%
21-Apr	51%

March & April 2021 Day Utilization Compared to FY19 Pre-Covid Utilization

Provider Number (same as CM#)	Mar-21						21-Apr					
	Residential			At-Home			Residential			At-Home		
	March 21 Residential Day Utilization	FY19 Residential Day Average Monthly Utilization (31 days)	March 21 % of FY19 Monthly Residential Day Utilization	March 21 At-Home Day Utilization	FY19 At-Home Day Average Monthly Utilization (31 days)	March 21 % of FY19 Monthly At-Home Day Utilization	April 21 Residential Day Utilization	FY19 Residential Day Average Monthly Utilization (30 days)	April 21 % of FY19 Monthly Residential Day Utilization	April 21 At-Home Day Utilization	FY19 At-Home Day Average Monthly Utilization (30 days)	April 21 % of FY19 Monthly At-Home Day Utilization
15	2,822	2,448	115.3%	730	1,230	59.4%	2787	2,369	117.6%	835	1,190	70.2%
24	3,031	2,219	136.6%	1,484	2,539	58.5%	2759	2,148	128.5%	1395	2,457	56.8%
4	9,770	11,323	86.3%	3,443	6,759	50.9%	9239	10,958	84.3%	3563	6,541	54.5%
13	1,290	1,209	106.7%	649	906	71.6%	1145	1,170	97.9%	621	877	70.8%
14	1,540	1,416	108.7%	836	3,044	27.5%	1492	1,371	108.9%	1372	2,946	46.6%
12	3,530	3,991	88.5%	1,490	2,946	50.6%	3611	3,862	93.5%	1659	2,851	58.2%
41	6,070	7,175	84.6%	1,841	5,549	33.2%	5596	6,944	80.6%	2090	5,370	38.9%
26	1,553	1,541	100.8%	2	1,222	0.2%	1479	1,491	99.2%	6	1,183	0.5%
19	7,634	7,686	99.3%	2,833	6,926	40.9%	7163	7,438	96.3%	3310	6,702	49.4%
22	6,000	6,633	90.5%	3,136	5,969	52.5%	5645	6,419	87.9%	3060	5,777	53.0%
25	1,453	1,312	110.7%	659	1,587	41.5%	1319	1,270	103.9%	938	1,536	61.1%
8	8,466	7,800	108.5%	258	1,770	14.6%	7852	7,548	104.0%	258	1,713	15.1%
21	2,460	2,174	113.2%	782	1,684	46.4%	2262	2,104	107.5%	732	1,629	44.9%
30	2,881	2,935	98.1%	1,133	1,530	74.0%	3033	2,841	106.8%	1255	1,481	84.7%
37	734	1,890	38.8%	82	1,186	6.9%	1394	1,829	76.2%	381	1,148	33.2%
42	1,877	1,698	110.5%	14	1,316	1.1%	1679	1,644	102.1%	406	1,274	31.9%
38	3,474	2,632	132.0%	988	1,680	58.8%	3338	2,548	131.0%	1040	1,626	64.0%
28	1,297	1,595	81.3%	297	642	46.3%	1293	1,543	83.8%	315	621	50.7%
20	5,803	5,045	115.0%	1,799	4,720	38.1%	5174	4,882	106.0%	1788	4,568	39.1%
45	1,781	1,508	118.1%	780	1,758	44.4%	1706	1,459	116.9%	964	1,701	56.7%
9	66	112	58.9%	68	145	46.9%	64	108	59.0%	60	140	42.8%
44	531	538	98.6%	0	742	0.0%	513	521	98.5%	0	718	0.0%
6	3,117	2,538	122.8%	2,727	3,231	84.4%	2728	2,456	111.1%	2436	3,127	77.9%
35	856	848	101.0%	759	1,068	71.0%	932	821	113.6%	724	1,034	70.0%
29	909	838	108.4%	226	1,607	14.1%	854	811	105.3%	292	1,556	18.8%
39	2,521	3,397	74.2%	10	1,344	0.7%	2203	3,287	67.0%	0	1,300	0.0%
46	2,186	2,373	92.1%	278	844	33.0%	2079	2,296	90.5%	258	816	31.6%
23	2,305	2,246	102.6%	2,048	2,991	68.5%	1984	2,174	91.3%	1963	2,894	67.8%
2	602	516	116.6%	341	876	38.9%	539	500	107.9%	279	848	32.9%
18	5,691	4,986	114.1%	978	1,711	57.1%	5252	4,825	108.8%	884	1,656	53.4%
34	2,245	2,310	97.2%	223	1,143	19.5%	1984	2,236	88.7%	406	1,106	36.7%
11	2,804	2,633	106.5%	1,024	2,193	46.7%	2607	2,548	102.3%	1563	2,123	73.6%
32	5,014	4,699	106.7%	2,747	4,306	63.8%	4785	4,547	105.2%	2729	4,167	65.5%
40	2,208	1,907	115.8%	213	1,799	11.8%	1915	1,846	103.8%	339	1,741	19.5%
10	125	155	80.6%	1,139	1,187	96.0%	124	150	82.7%	1151	1,149	100.2%
17	4,084	3,796	107.6%	893	2,392	37.3%	4010	3,674	109.1%	881	2,315	38.1%
16	1,776	5,280	33.6%	4,502	6,547	68.8%	2327	5,110	45.5%	4086	6,336	64.5%
3	5,911	5,723	103.3%	3,267	7,396	44.2%	5625	5,538	101.6%	3187	7,158	44.5%
7	1,652	1,501	110.1%	951	1,276	74.5%	1530	1,452	105.4%	879	1,235	71.2%
47	1,132	1,136	99.6%	0	523	0.0%	1126	1,099	102.4%	0	506	0.0%
36	1,229	1,330	92.4%	233	1,728	13.5%	1262	1,287	98.0%	226	1,672	13.5%
33	44	38	115.6%	1,490	1,367	109.0%	46	37	124.9%	1353	1,323	102.3%
Grand Total	120,474	123,133	97.8%	47,353	101,382	46.7%	114,455	119,161	96.1%	49,684	98,111	50.6%
Day rate $31.29/unit				$31.29	$31.29					$ 31.29	$ 31.29	
Monthly Revenue				$1,481,675	$3,172,234					$ 1,554,612	$ 3,069,904	
Difference -- Monthly Revenue Decrease				($1,690,559)						($1,515,291)		

Provider Name	Assigned Provider Number
Programs for Exceptional People	Provider 10
Project Hope Foundation	Provider 1
CHARLES LEA CENTER (Provider 19)	Provider 19
Thrive	Provider 16
CHARLESTON DSN BOARD (Provider 22)	Provider 22
Goodwill Industries Upstate/Midlands	Provider 5
Babcock Center	Provider 4
AIKEN DSN BOARD (Provider 3)	Provider 3
MAXABILITIES OF YORK COUNTY (Provider 18)	Provider 18
FLORENCE DSN BOARD (Provider 20)	Provider 20
HORRY DSN BOARD (Provider 6)	Provider 6
BURTON CENTER (Provider 41)	Provider 41
ORANGEBURG DSN BOARD (Provider 32)	Provider 32
DORCHESTER DSN BOARD (Provider 38)	Provider 38
BERKELEY CITIZENS, INC.	Provider 12
OCONEE DSN BOARD	Provider 11
York Adult Enrichment Centers	Provider 33
CHESTER/LANCASTER DSN BOARD	Provider 21
CHESCO SERVICES	Provider 8
ANDERSON DSN BOARD	Provider 24
BEAUFORT DSN BOARD	Provider 14
SUMTER DSN BOARD	Provider 17
DARLINGTON DSN BOARD	Provider 42
MARION/DILLON DSN BOARD	Provider 23
KERSHAW DSN BOARD	Provider 29
CLARENDON DSN BOARD	Provider 30
LAURENS DSN BOARD	Provider 39
GEORGETOWN DSN BOARD	Provider 45
ALLENDALE/BARNWELL DSN BOARD	Provider 15
CHEROKEE DSN BOARD	Provider 25
WILLIAMSBURG DSN BOARD	Provider 36
NEWBERRY DSN BOARD	Provider 34
CALHOUN DSN BOARD	Provider 26
LEE DSN BOARD	Provider 46
BAMBERG DSN BOARD	Provider 13
JASPER DSN BOARD	Provider 35
MARLBORO DSN BOARD	Provider 2
HAMPTON DSN BOARD	Provider 44
UNION DSN BOARD	Provider 7
PICKENS DSN BOARD	Provider 40
UCP	Provider 47
COLLETON DSN BOARD	Provider 37
FAIRFIELD DSN BOARD	Provider 28
Goodwill Industries Upstate	Provider 5
Goodwill Industries Lower	Provider 9

FM Budget vs Actual

Status of Data 5/12/2021 06:45:14

All State Agencies are Operating Under a Continuing Resolution Appropriations

FY 20/21 Legislative Authorized & Spending Plan Budget VS Actual Expenditures (as of 4/30/2021)

Funded Program - Bud	Continuing Resolution Appropriations	Adjustments	Adjusted Budget	YTD Actual Expense	Remaining Budget	Percent Expended - Target % 83.33%
ADMINISTRATION	$ 8,386,999	$ 209,386	$ 8,596,385	$ 5,769,973	$ 2,826,412	67.12%
PREVENTION PROGRAM	$ 157,098	$ -	$ 157,098	$ 12,500	$ 144,598	7.96%
GREENWOOD GENETIC CENTER	$ 15,185,571	$ -	$ 15,185,571	$ 8,167,723	$ 7,017,848	53.79%
CHILDREN'S SERVICES	$ 12,291,594	$ (115,734)	$ 12,175,860	$ 9,433,334	$ 2,742,526	77.48%
IN-HOME FAMILY SUPP	$ 86,302,031	$ (13,517,729)	$ 72,784,302	$ 42,909,945	$ 29,874,357	58.95%
ADULT DEV&SUPP EMPLO	$ 83,358,338	$ 6,100,000	$ 89,458,338	$ 61,192,065	$ 28,266,273	68.40%
SERVICE COORDINATION	$ 15,166,140	$ (1,500,000)	$ 13,666,140	$ 10,288,520	$ 3,377,620	75.28%
AUTISM SUPP PRG	$ 26,368,826	$ -	$ 26,368,826	$ 12,857,870	$ 13,510,956	48.76%
HD&SPINL CRD INJ COM	$ 5,040,532	$ 500,000	$ 5,540,532	$ 4,449,669	$ 1,090,863	80.31%
REG CTR RESIDENT PGM	$ 77,137,897	$ 2,797,934	$ 79,935,831	$ 63,724,666	$ 16,211,165	79.72%
HD&SPIN CRD INJ FAM	$ 18,965,193	$ 5,240,000	$ 24,205,193	$ 16,972,624	$ 7,232,569	70.12%
AUTISM COMM RES PRO	$ 29,749,084	$ 5,612,843	$ 35,361,927	$ 30,494,452	$ 4,867,475	86.24%
INTELL DISA COMM RES	$ 340,593,466	$ 1,525,990	$ 342,119,456	$ 283,906,505	$ 58,212,951	82.98%
STATEWIDE CF APPRO	$ -	$ -	$ -		$ -	0.00%
STATE EMPLOYER CONTR	$ 29,862,643	$ 168,763	$ 30,031,406	$ 25,042,799	$ 4,988,607	83.39%
Earmarked Authorization over DDSN Spending Plan	$ 56,235,857	$ -	$ 56,235,857		$ 56,235,857	
Legislative Authorized Total	**$ 804,801,269**	**$ 7,021,453**	**$ 811,822,722**	**$ 575,222,645**	**$ 236,600,077**	
Legislative authorization capacity above actual spending plan budget			**$ (62,372,707)**		**$ (62,372,707)**	
DDSN spending plan budget			**$ 749,450,015**	**$ 575,222,645 ***	**$ 174,227,370**	**76.75%**
Percent of total spending plan budget			100.00%	76.75%	23.25%	REASONABLE
% of FY completed (expenditures) & % of FY remaining (available funds)			100.00%	83.33%	16.67%	
Difference % - over (under) budgeted expenditures			0.00%	-6.58%	6.58%	
Difference $ - over (under) budgeted expenditures				$ (49,319,034)		

* $2,295,222 of expenditures have been reimbursed under the CARES Act

Carry Forward + Cash Flow Analysis Indicates Sufficient Cash to Meet FY 21 Estimated Expenditure Commitments: YES_X__ ; At-Risk___ ; NO___

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

Expenditure	FY 20 - % of total	FY 19 - % of total
Central Office Admin & Program	2.24%	2.35%
Indirect Delivery System Costs	1.03%	1.22%
Board & QPL Capital	0.04%	0.07%
Greenwood Autism Research	0.03%	0.03%
Direct Service to Consumers	96.67%	96.33%
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: DDSN Budget Division