

**From:** [Linguard, Christie](#)  
**Subject:** Meeting Notice - The Commission of the SCDDSN - Finance and Audit Committee Meeting - October 18, 2021  
**Date:** Friday, October 15, 2021 12:38:17 PM  
**Attachments:** [Finance and Audit Committee Packet - October 18 2021.pdf](#)

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**Good Afternoon,**

**The South Carolina Commission on Disabilities and Special Needs will hold an in person Finance and Audit Committee meeting on Monday, October 18, 2021, at 3:00 p.m. The Committee Meetings are held at the SC Department of Disabilities and Special Needs Central Administrative Office, 3440 Harden Street Extension, Columbia, SC. This meeting can also be viewed via a live audio stream at [www.ddsn.sc.gov](http://www.ddsn.sc.gov).**

**Please see the attached meeting packet for the Finance and Audit Committee Meeting.**

**For further information or assistance, contact (803) 898-9769 or (803) 898-9600.**

**Thank you.**

## FINANCE AND AUDIT COMMITTEE AGENDA

**Commission of the South Carolina Department of Disabilities and Special Needs  
3440 Harden Street Extension  
Conference Room 251 (TEAMS)  
Columbia, South Carolina**

**October 18, 2021**

**3:00 p.m.**

1. Call to Order *Robin Blackwood, Committee Chair*
2. Statement of Announcement *Robin Blackwood, Committee Chair*
3. Adoption of the Agenda
4. Review Minutes of the September 7, 2021 Meeting **Page 1**
5. 200-02-DD: Financial Management of Personal Funds **Page 5** *Pat Maley*
6. Monthly Report for Contracts over \$200,000 **Page 60** *Pat Maley*
7. Financial Approval & Threshold Report for August 2021 **Page 68** *Pat Maley*
8. Monthly Band B & I Report (Outliers & Band Changes) **Page 70** *Pat Maley*
9. Processing Retirement & Health Insurance Appropriations to Providers *Pat Maley*
10. Fee-for-Service Update *Pat Maley*
11. Cost Reports Update *Pat Maley*
12. Internal Audit Report *Courtney Crosby*
13. Chief Financial Officer Report *Pat Maley*
14. Next Meeting Date – November 15, 2021
15. Adjournment

## FINANCE AND AUDIT COMMITTEE AGENDA

Commission of the South Carolina Department of Disabilities and Special Needs  
3440 Harden Street Extension  
Conference Room 251 (TEAMS)  
Columbia, South Carolina

September 7, 2021

3:00 p.m.

In attendance: Robin Blackwood, Chair; Barry Malphrus; Ed Miller; Pat Maley; Candis Golston; Debra Leopard; Debbie Wilson; Nancy Rumbaugh; Michael Mickey; and Christie Linguard

1. Call to Order *Robin Blackwood, Committee Chair*

The meeting was called to order at 3:02 p.m.

2. Statement of Announcement

*Robin Blackwood, Committee Chair*

Commissioner 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.

3. Adoption of the Agenda

Brief Summary: Agenda was presented.

Committee Member(s) Guidance (if any):

Committee Vote(s) (if any): Commissioner Malphrus made a motion to amend the agenda to add the Finance Committee Procedures. Commissioner Blackwood asked that the agenda also be amended to include the 6.2% FMAP. Commissioner Miller seconded the motion to amend the agenda and unanimously approved by the committee.

4. Review Minutes of the August 13, 2021 Meeting

Brief Summary: The August 13, 2021 minutes were presented to the committee for approval.

Committee Member(s) Guidance (if any): None

Committee Vote(s) (if any): Commissioner Miller made a motion to adopt the summary as presented, seconded by Commissioner Malphrus and unanimously approved by the committee.

5. Finance & Audit Committee Procedures *Robin Blackwood, Committee Chair*

Brief Summary: Commissioner Blackwood discussed the procedures for this commission committee for approval.

Committee Member(s) Guidance (if any): Commissioner Blackwood recommended that any other commission member who would like to sit in on any committee that he/she is not assigned to, then that member should see approval from the chair of such committee prior to attending it. If the member would like to attend virtually, then they are free to do so. A non-member commission member cannot vote in committee meetings. All of these decisions are based on the Freedom of Information Act (FOIA).

Committee Vote(s) (if any): Commissioner Malphrus made a motion to approve the procedures for this committee, seconded by Commissioner Miller and unanimously approved by the committee.

6. Directive 250-10-DD: Capitated Payment System for Services *Pat Maley*

Brief Summary: Mr. Maley presented this directive for approval to be put out for external comment. Dramatically changed because of the elimination of the at-home services to the capitated model.

Committee Member(s) Guidance (if any):

Committee Vote(s) (if any): Commission Miller made a motion to table this directive until the next Finance and Audit meeting, seconded by Commissioner Malphrus and unanimously approved by the committee.

Directive 200-02-DD: Financial Management of Personal Funds *Pat Maley*

Brief Summary: Mr. Maley presented this directive for approval; the changes are minimal with clarity.

Committee Member(s) Guidance (if any): None

Committee Vote(s) (if any): Commissioner Malphrus made a motion to approve the directive as presented and put it out for public comment for ten (10) days, seconded by Commissioner Miller and unanimously approved by the committee.

7. Monthly Report for Contracts over \$200,000 *Pat Maley*

Brief Summary: Mr. Maley presented two existing contracts over \$200,000. The first contract requires the agency to add one more vendor to the two we have now. The second contract now has seven vendors. Commissioner Malphrus asked about the temporary timeframe, to which Ms. Golston stated that it will be to DDSN's discretion to change the length of time; it is currently a five year contract. This contract is controlled by the execution of a purchase order.

Committee Member(s) Guidance (if any): None

Committee Vote(s) (if any): Commissioner Miller made a motion to approve both contracts as presented, seconded by Commissioner Malphrus and unanimously approved by the committee.

8. Monthly Band B & I Report (Outliers & Band Changes) *Pat Maley*

Brief Summary: Mr. Maley presented four band outliers for approval.

Committee Member(s) Guidance (if any): None

Committee Vote(s) (if any): Commissioner Malphrus made a motion to approve the four band outliers as presented, seconded by Commissioner Miller and unanimously approved by the committee.

9. **Advance 2.5% Cost-of-Living Adjustment (COLA) & Processing Retirement Health Appropriations to Providers**

*Pat Maley*

Brief Summary: Mr. Maley would like the committee to consider paying providers in advance through rate increases (retroactive payment through July 1<sup>st</sup>) of 2.5%. We have to get numbers to the budget office.

If the committee likes, Mr. Maley will prepare a white paper and get it in the commission packet. Commission members can decide by next Tuesday prior to the agenda being posted.

Committee Member(s) Guidance (if any): Commissioner Malphrus asked that we table Mr. Maley's recommendation for the next committee meeting. Commissioner Blackwood asked that we wait to see if we get any updates on rates from the Department of Health and Human Services in the next couple of days, prior to adding this information to the commission packet. If we do not receive any updates, then we can bring this discussion back up at the next committee meeting.

Committee Vote(s) (if any): None

10. **Fee-for-Service Update**

*Pat Maley*

Brief Summary: Mr. Maley stated that we are waiting for the ID/RD Renewal. We have added the tier residential waivers in the settings. Commissioner Malphrus stated that since it looks like we are going fee-for-service, we need to have a commission meeting to vote – for the history of this commission.

Committee Member(s) Guidance (if any): None

Committee Vote(s) (if any): None

11. **Cost Reports Update**

*Pat Maley*

Brief Summary: Mr. Maley met with the cost report manager. Cost Report FY14 should be done by the end of September and FY15 came in from the CPA in draft form today.

Commissioner Blackwood asked if the director of Internal Audit be included on the process of the cost reports. Commissioner Malphrus suggested once the agency has caught up to current cost reports, the internal audit director should then start reviewing the process.

Committee Member(s) Guidance (if any): None.

Committee Vote(s) (if any): None.

12. Chief Financial Officer Report

Pat Maley

Brief Summary:

FY23 legislative budget should be turned in by September 24, 2021. Options in front of us are that the agency has \$54.0 million of carry forward; \$20 million in 6.2% FMAP; and \$42.5 million FMAP funding to use over the next three years. Mr. Maley feels that the agency's number one need by far is to have a budget request to support the ID/RD Waiver renewal. We do not have this number yet. We must develop a strategy to ask for recurring funding for over a three year period for the renewal. Hopefully, the General Assembly will see a way to give the agency recurring money.

The agency's number two recommendation should be to look at the number of waiver slots. The agency has to do an analysis.

If we get the rates before next Wednesday at noon, we can incorporate into a legislative proposal to consider.

13. 6.2 % Enhanced FMAP

Commissioner Blackwood asked Mr. Maley to discuss how the agency has spent the 6.2% FMAP funding and how providers have benefited from this funding. Mr. Maley called the committee's attention to his April 6<sup>th</sup> memo – during recessions/pandemics – given by the federal government. The agency has received approximately \$10 million dollars a quarter. The agency could receive \$80 million at the end of the health emergency. The memo outlines how we spent the money.

Commissioner Blackwood thanked Mr. Maley for providing a little more clarity.

Committee Member(s) Guidance (if any): None

Committee Vote(s) (if any): None

12. Next Meeting Date

The next committee meeting will take place on Tuesday, October 5, 2021 at 3:00 PM.

14. Adjournment

At 4:25 PM on a motion by Commissioner Miller and seconded by Commissioner Malphrus, the meeting was adjourned.

Reference Number: 200-02-DD

Title of Document: Financial Management of Personal Funds

Date of Issue: May 28, 1987

Effective Date: May 28, 1987

Last Review Date: ~~November 17, 2014~~XXXX, 2021

Date of Last Revision: ~~November 17, 2014~~XXXX, 2021 (REVISED)

Applicability: ~~DDSN Regional Centers; and DSN Boards Operating Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID); Financial Management Providers and Residential Habilitation Providers~~

**Commented [HC1]:**  
 Financial Management Providers and Residential Habilitation Providers are removed. Is there a separate directive that is applicable to DSN boards and contracted service providers for residential services?

**Commented [MP2R1]:** No change

**I. APPLICABILITY AND PURPOSE**

This directive is applicable to DDSN Regional Centers and all county Disabilities and Special Needs Boards (DSN Boards) operating Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID). Unless specifically stated otherwise, future use of the term “~~DDSN~~ ICF/IID” applies collectively to DDSN Regional Center and DSN Board operated ICFs/IID. DSN Boards may also be referred to as “Providers” in this directive.

The policies and procedures in this directive are designed to:

- (1) Protect the financial interests and personal funds of people receiving residential services in a DDSN ICF/IID, and
- (2) Assist them in money management by promoting normalization in the use of money to the extent of each ~~person~~ individual’s ability.

Facility Administrators at DDSN Regional Centers and Executive Directors at the DSN Boards are responsible for the personal funds entrusted to their organizations. They must ensure that financial records are appropriately maintained and the money is safeguarded and properly spent. They must also ensure that procedures are established in accordance with the stated objectives in this directive.

## II. FINANCIAL RIGHTS

During the admission process into a DDSN ICF/IID, people shall be advised of their financial rights. They ~~\_(or other responsible party acting on their behalf)\_~~ should read and sign a Statement of Financial Rights (Attachment A) before entrusting their personal funds to DDSN. The only exceptions to this requirement ~~is are when:~~

- ~~(1) A person's Program Team recommends alternative financial arrangements, or~~
- ~~(2) Another party has already~~ **When another party other than DDSN has** been appointed representative payee for the **person individual**.

Except when assessment of financial skills clearly demonstrates ~~an person's individual's~~ cognitive ability to manage his or her own financial affairs, the funds shall be managed under the direction of DDSN. Upon recommendation by their Program Team, people may manage their own personal financial affairs or designate another party to do so. If a third party payer agency (i.e., Social Security, Veterans Administration, etc.) determines that benefits should be paid through a guardian, conservator or other representative payee, that **person individual** or entity shall be solely responsible for holding, safeguarding and accounting for those funds. DDSN is not responsible for any personal funds not held in the Regional Bank or under the management of DDSN.

Also during the admissions process, people shall be advised by their Qualified Intellectual Disability Professional (QIDP) what services will be provided and what services/goods may be charged to the **person individual** (Attachment B). All people entering DDSN ICFs/IID must be informed of their financial rights and of what costs will be covered by DDSN funds. This advisement shall be evidenced by signed copies of the Statement of Financial Rights (Attachment A) and the Guideline for Purchases (Attachment B). Both of these forms must be retained in each **person individual's** permanent record.

All rights and responsibilities shall transfer from a **person individual** to his or her parent, guardian, next of kin, sponsoring agency or personal representative if one or both of the following situations occur:

- a. The **person individual** is found to be mentally incapable of understanding his or her rights (must be documented by the Program Team); and/or
- b. The **person individual** has been adjudicated incompetent in accordance with state law.

### Commented [HC3]:

•II. Financial Rights (1): what are some examples of "alternative financial arrangements"? (2) Recommend deletion of "In the rare situation". For the paragraph beginning "Except when assessment", recommend revision to "If an assessment of financial skills demonstrates an individual is unable to manage his or her own financial affairs, the funds shall be managed under the direction of DDSN." (2)a. How exactly is an individual determined "mentally incapable"? It would seem that section (b) should be the only situation for transfer of rights and responsibilities and options for supported decision making should be employed if individuals have not been adjudicated incompetent.

Commented [MP4R3]: Changed to simplify exception.



If either or both of these situations occur, a written acknowledgement detailing the transfer of financial rights should be placed in the person-individual's permanent record. Both the Statement of Financial Rights (Attachment A) and the Guidelines for Purchases (Attachment B) should be explained to the acting responsible party and the appropriate signatures obtained. These documents must be retained in the person-individual's permanent record.

**III. FINANCIAL MANAGEMENT**

After admission to a DDSN ICF/IID, all people shall have a Financial Plan (see Attachment M for Sample) developed with them by their Program Team. Whenever possible, parents, guardians or other responsible parties should take part in this process. The Financial Plan should state the level of staff assistance to be required, as well as general saving and expenditure goals. ICF/IID staff members are responsible for adhering to each person-individual's established Financial Plan.

Training should be provided to assist people in becoming more independent and responsible in managing their personal funds. Upon Program Team recommendation and approval, an person-individual believed capable of managing his or her own funds may be excluded from participation in the Regional Bank if so assessed by the facility's interdisciplinary oversight team. If the person-individual chooses not to use the Regional Bank, he/she may choose to maintain an account at a local bank. The means of handling the account and sound money management practices should be specifically outlined in the person-individual's Financial Plan. QIDPs or designated staff are required to notify Regional Claims and Collections Officers and/or appropriate Regional Bank staff what the person-individual's account balance is at least quarterly so the funds may be recorded in his/her total assets inventory. Per Article VI of contract with South Carolina Department of Health and Human Services (DHHS) states that "SCDDSN must notify each Resident that receives Medicaid benefits when the amount in the Resident's account reaches Two Hundred Dollars (\$200.00) less than the SSI resource limit for one (1) individual, specified in section 1611(a)(3)(B) of the Act. (This paragraph shall not apply to any person-individual found capable by the Program Team of independently managing his/her own funds.)

**IV. REGIONAL BANK (THIS SECTION APPLICABLE TO DDSN REGIONAL CENTERS ONLY)**

Each DDSN Regional Center is required to operate a Regional Bank. With the exception of "dedicated accounts," all sources of personal funds shall be deposited into a single checking account at an approved local bank. Regional Bank funds in excess of current estimated needs should be transferred to the State Treasurer's Office for optimal investment. Ownership of and accounting for ~~the all~~ transferred funds shall ~~remain reside~~ with the ~~Regional Bank from which they came~~ State Treasurer's Office.

Interest accrued on accounts within the Regional Bank shall be in an amount proportionate to cash balances and posted on a quarterly basis utilizing a method in compliance with ~~current~~ prevailing-current federal regulations.

**Commented [HC5]:**  
 •III. Financial Management: second paragraph mentions "believed capable of managing funds" – how is this established? The current description leaves open the possibility of arbitrary decisions to determine capability.  
**Commented [MP6R5]:** No change

**Commented [HC7]:**  
 •IV. Regional bank funds in excess of current estimated needs: does the individual have the option to spend down the excess or will the individual have access to the excess transferred to the State Treasurer's Office?  
**Commented [MP8R7]:** This pertains to collective accounts for all individuals and not individual accounts-no change.

Bank records and ledgers shall be maintained in accordance with established accounting practices and procedures. Regional Finance Offices are required to forward a copy of their Regional Bank reconciliation and balance sheet to the DDSN Central Office Finance Division-General Ledger Control Area by ~~the end of the month following a bank statement cutoff~~ the 15th of the subsequent month to receiving necessary reports (e.g., Month ending 4/30 would be due by 6/15). Additionally, copies of all account statements should be provided to QIDPs for their review at least ~~monthly~~ quarterly.

People with funds in the Regional Bank may request to review their personal financial records at any time. This right extends to parents, guardians or other responsible parties ~~as well~~.

## V. ACCESS TO FUNDS

With the exception of weekends and holidays, people with funds in the Regional Bank shall have access to their funds daily during established operating business hours.

Procedures should be in place to make funds available for scheduled activities on weekends and holidays. Minimal amounts of personal funds may be kept in a secure location at residences in accordance with DDSN Directive 200-01-DD: ~~Personal Funds Maintained at the Residential Level~~ Cash on Hand Maintained at the Residential Level. Upon proper request and approval for disbursement of personal funds, Regional Banks should disburse the funds as soon as possible within five (5) business days.

## VI. WITHDRAWAL OF FUNDS

With documented QIDP recommendation, designated ICF/IID staff may obtain funds from the Regional Bank and purchase items for people according to their Financial Plans. Funds may be withdrawn from the Regional Bank using a fully completed and signed Personal Funds Draft (PFD) (Attachment C). Withdrawals of \$50 or less may be paid in cash. All other withdrawals should be made by check unless withdrawals of cash over \$50 have been authorized for ~~an~~ person-individual by the Regional/Provider Finance Director. Payment may be made to the ~~person-individual~~, parent/guardian or staff member on their behalf, as documented on the approved PFD. All withdrawals of \$200 or more per person-individual must have the signature approval of the Program Administrator or Residential Director. All withdrawals of \$500 or more per person-individual require the signature approval of the Facility Administrator/Executive Director.

Funds withdrawn for group trips or outings should be listed on a Group Withdrawal Draft (GWD) (Attachment D). If ~~any one~~ anyone person-individual's withdrawal request is for more than \$200, a separate Personal Funds Draft (PFD) should be completed and the necessary signatures obtained to ensure proper approval.

Within ~~two (2)~~ three (3) business days after a withdrawal from the Regional Bank has been made, appropriately signed Personal Funds Draft/Group Withdrawal Drafts should be returned to the Regional Bank along with copies of all purchase receipts, Shopping Worksheet(s) (Attachment E), and any unspent funds to be re-deposited. The copies of all Personal Funds

### Commented [HC9]:

•IV. Regional bank funds in excess of current estimated needs: does the individual have the option to spend down the excess or will the individual have access to the excess transferred to the State Treasurer's Office?

Commented [MP10R9]: This pertains to collective account and not individual accounts-no change.

Draft/Group Withdrawal Drafts should be kept at the Regional Bank as a record of disbursement of funds for audit purposes. The residence copies should only be returned to residence staff after the Regional Bank Liaison Clerk has received all required documentation and signed off on the transaction.

A Personal Funds Draft/Group Withdrawal Draft presented to the Regional Bank for withdrawals of funds for a trip on behalf of an individual person or group must have copies of an approved trip packet attached. Within ~~two (2)~~ three (3) business days after the trip has been completed, copies of all trip expenditures should be sent returned to the Regional Bank along with the appropriately signed Personal Funds Draft/Group Withdrawal Draft copy.

In regard to situations when third party payments or other revenues are deposited into an individual person's account, the account should be drafted for Care and Maintenance charges due DDSN, if any, according to DDSN Directive 200-09-DD: Fees for Residential Services Provided by DDSN in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID). These funds may be withdrawn by group, ~~or single withdrawals~~ single or automated Care and Maintenance withdrawal processes.

## VII. PURCHASES

Items may be purchased for an person individual from a commercial source with adequate documentation of approvals. All items should be listed individually and approved by the QIDP. The purchase request should not receive Regional Bank approval until the Regional Bank Liaison has verified that the necessary funds are available ~~and the total amount of the purchase has been encumbered~~. State procurement practices should be followed whenever purchasing items using consumer personal funds even though the state procurement system will not be used.

As soon as possible, but not to exceed ~~two (2)~~ three (3) business days following the purchase of items, staff should complete all of the following steps:

1. Submit to the Regional Bank Liaison all completed Shopping Worksheets (Attachment E) along with copies of all purchase receipts and any unspent funds in excess of one (\$1) dollar per person individual or depending on Financial Plan. ~~All unspent funds of one (\$1) dollar or less may be given to the owner or deposited into the cash held at the residence.~~
2. Report and display all items purchased to the Residence Supervisor or QIDP.
3. Mark all items with a value of ~~\_\$50\_~~ \$100 or more, including clothing, with the owner's individual's name and then record the items on the owner's individual's property record. A current inventory listing of all personal items shall be maintained in the residence as required by DDSN Directive 600-10-DD: Individual Clothing and Personal Property-Regional Centers and DDSN Directive 604-01-DD: Individual Clothing and Personal Property. All personal property should be safeguarded and inspected by the Residence Supervisor or QIDP at least quarterly to ensure the items are accounted for and that such items have not been accidentally recorded as DDSN property.

### Commented [HC11]:

•VII. Purchases (3): Is there a standard form for the inventory listing? What happens when an item with a value of \$100 or more is missing or deleted? What is the rationale for increasing the amount from \$50 to \$100?

Commented [MP12R11]: No changes. No standard form; missing means obvious follow-up; and \$100 is discretionary.

## VIII. REGIONAL BANK PURCHASING CARDS (THIS SECTION APPLICABLE TO DDSN REGIONAL CENTERS ONLY)

### REGIONAL BANK LIAISON RESPONSIBILITIES

Each Region shall have at least one Regional Bank Liaison who has been approved by the Regional Finance Director. Prospective staff should complete a Regional Bank Liaison Application (Attachment F) and submit it to their Regional Finance Director. If there is more than one Regional Bank Liaison at a Region, the Regional Finance Director should assign a Liaison to each new purchasing card application upon receipt.

~~Please Note:~~ Under no circumstances should a Regional Bank Liaison also be a cardholder.

Regional Bank Liaisons are responsible for all of the following duties:

#### 1. Purchasing Card Security

Purchasing cards must be ~~locked up~~ secured when not in use. Cardholders are responsible for keeping cards locked up and secured. ~~In addition, all cards should be tracked via a log or other record keeping tool so the physical location of each card may be verified at all times.~~

#### 2. Purchasing Card Application Review

All purchasing card applications should be carefully reviewed for appropriate information and proper signatures before processing.

#### 3. Accurate Record Keeping

Current permanent files should be maintained for all purchasing cards to include approved applications, other pertinent documents or forms and purchasing documentation. All documents should be processed in a timely manner. Note: After a purchasing card has been issued, the shopper's name and account number (only last six digits) should be confidentially recorded by the Regional Bank ~~Liaison~~ Finance Director.

#### 4. Theft/Loss Reporting

Lost or stolen purchasing cards should be reported immediately by the cardholder to Credit Card Company and Regional Bank Finance Director.

#### 5. Billing Resolution

Billing discrepancies should be resolved as soon as possible by cardholder with assistance from Regional Bank Clerk.

### PURCHASING CARD APPLICATIONS

Purchasing cards are issued in the names of individual shoppers. Therefore, each shopper is required to complete a Regional Bank Purchasing Card Application (Attachment G) and obtain the appropriate approval signature before forwarding to the Regional Bank ~~Liaison~~ Finance Director for processing.

### PURCHASING CARD UPDATES

The Purchasing Card Change Request form (Attachment H) should be used to request a name change or an account closure for existing cardholders. The completed form should be reviewed, approved and processed by the Regional Bank ~~Liaison~~ Finance Director.

### PURCHASING CARD CREDIT LIMITS

Purchasing cards should be issued with a per transaction limit of \$500, a per day limit of \$1,500, and a per month limit of \$5,000. These limits may be changed, if necessary, by completing a Purchasing Card Credit Limit Change Request (Attachment I). This form may be used to temporarily increase credit limits for accelerated shopping times such as Christmas. Requests must have the required signatures before forwarding to the Regional Bank ~~Liaison~~ Finance Director for processing.

### PURCHASE REQUISITIONS

Shoppers should list all items to be purchased with the card on a Purchasing Card Request for Purchase (Attachment J) and obtain the required signature(s). Personal Funds Draft (Attachment C) can also be used. The requestor and Residential Manager or QIDP must sign all requests. Purchases above \$200 require the approval of the Program Administrator or Residential Program Director. Purchases above \$500 must be approved by the Facility Administrator/Executive Director. Regional Bank Liaisons must verify the availability of funds before ~~releasing a purchasing card for use~~ the purchase is made. Separate forms are required for each ~~person~~ individual's shopping requests. Regional Bank Liaisons should ~~not release a purchasing card to a shopper until~~ ensure the Purchasing Card Request for Purchase form has been properly completed and all approval signatures obtained.

### ACCEPTABLE CHARGES

Purchases must conform to the DDSN Guidelines for Purchases (Attachment B). Generally, personal grooming articles, recreational equipment, clothing and personal comfort items may be charged on the purchasing card, as well as movie tickets, candy, clothing, radios and plants.

## SHOPPING

Each person individual's purchases should be handled as a separate transaction. If shopping for a group of 10, a shopper will ~~need to be required~~ to complete 10 separate transactions **when feasible**. ~~There are only~~ The two **most common** exceptions to this policy are:

- (1) Consumer restaurant meals; and
- (2) Consumer movie tickets.

In these situations, one (1) purchasing card transaction may cover all participants. Sales receipts and a completed Purchasing Card Record for Group Entertainment Purchases (Attachment K) should be used to document the dollar amounts to debit each participating person individual's personal funds.

~~Upon completion of a shopping trip, the shopper should immediately return the purchasing card to the Regional Bank Liaison.~~

## PURCHASE DOCUMENTATION

Within ~~two (2) business days, (three (3) at Saleeby Center)~~ **five (5) business days**, shoppers should ensure that QIDPs (or their designees) ~~receive~~ **verify** all the items purchased, sign off on purchase receipts and record all items having a value of ~~\$50-\$100~~ or more (clothing included) into each person individual's property record. Within the same timeframe, the shopper should also submit to the Regional Bank Liaison all Shopping Worksheets (Attachment E) along with copies of all purchase receipts. Regional Bank Liaisons should maintain records of all purchasing card expenditures and match all purchases to billings before payments are processed.

## **IX. AUTHORIZED SIGNATURES**

~~Regional Finance Offices shall retain a Regional Bank Signature Card (Attachment M) for each person with funds in the Regional Bank. Regional Bank Signature Cards should be used to verify all withdrawals.~~

Regional Finance Offices shall retain a Regional Bank Authorized Signatures Record (Attachment L) for each **DDSN ICF/IID** residence. This form lists all staff and their accompanying signatures that are authorized to **approve** Personal Funds Drafts or Group Withdrawal Drafts up to the \$200 maximum. This form should also be used to record the names and signatures of staff authorized to pick up personal funds from the Regional Bank on behalf of **an person individual**. Please note withdrawals/expenditures ~~of exceeding the~~ \$200.00 and \$500.00 ~~more~~ **thresholds** will require Administrator/Executive level signature authority.

QIDPs are responsible for:

- (1) Obtaining authorized signature forms associated with the Regional Bank and

(2) Notifying the Regional Bank promptly of any changes.

#### **X. DEATH**

Should ~~an person individual~~ pass away while living in a DDSN ICF/IID, all funds conserved or managed by Providers or Regional Finance Offices shall be frozen and no disbursements made without the legal authority of the Probate Court except for reasonable funeral expenses.

#### NOTIFICATION OF DEATH

Within 10 calendar days of the date of death, Provider/Regional Finance Offices should send a written notification of death to the probate judge in the county in which the death occurred. (Typically, the county of legal residence is the county where the ~~person individual~~ was receiving residential services.) If prohibited by a presiding judge from filing a notification of death, the parents, next of kin or guardian should notify the court.

A copy of the notification of death should be sent to the parent(s)/guardian(s)/next of kin, the financial representative (if known) and the decedent's QIDP. If the decedent owned property in other counties or states, the probate judges in those counties should also be notified.

Notifications of death should contain all of the following information:

- (1) Complete financial accounting and listing of the decedent's assets and known liabilities (available from Regional Claims and Collections Officers);
- (2) Name and address of the parent(s)/guardian(s)/next of kin;
- (3) Name and address of the personal representative, if known; and
- (4) Request for legal authorization to disburse from the decedent's personal funds.

For reimbursement of costs from any remaining balance in a decedent's estate, the provider shall follow the procedures set forth in DDSN Directive 505-02-DD: Death or Impending Death of Persons Receiving Services from DDSN.

#### **XI. TRANSFER WITHIN REGIONAL BANK**

Upon ~~an person individual~~'s transfer to another residence that is associated with the same Regional Bank, the Regional Finance Office shall record the new residence on the ~~person individual~~'s account within five (5) business days. The QIDP should secure new authorized signature forms within five (5) business days.

#### **XII. DISCHARGE OR TRANSFER TO ANOTHER REGIONAL BANK**

Upon discharge or transfer of ~~an person individual~~ to another residence associated with another Regional Bank, a Personal Funds Draft (PFD) shall be prepared and processed for up to 90% of the ~~person individual~~'s available funds (after remaining encumbrances or other currently due obligations). The funds should be forwarded following paying agency's established procedures to the ~~staff member in charge of the person's expenses in the new residence~~ Regional Bank for

the new residence with notification provided by the QIDP. The QIDP and Claims and Collections Officer or Regional Finance Director are collectively responsible for determining the amount to be forwarded. The funds should be forwarded within 10 business days of discharge or transfer.

If DDSN is representative payee for an individual-person's benefits, the Regional Claims and Collection Officer should notify the appropriate payorpayer agency of the change within five (5) business days of transfer or discharge. If an person-individual's funds are to be transferred to another Regional Bank, the Claims and Collections Officer for the new region should make a request that the new region be made representative payee within five (5) business days of the transfer. If an person-individual's funds are to be handled by a provider or person-individual not associated with any Regional Bank, that provider or person-individual should be notified to request a new representative payee within five (5) business days. Requests for termination of or new representative payee status should be made in accordance with the paying agency's established procedures.

Within 30 calendar days, all obligations to be paid from the Regional Bank for an person-individual who has transferred should be paid and all remaining funds forwarded to the responsible staff at the new residence Regional Bank for the new residence with notification provided to the QIDP. Unless the person-individual is still receiving benefits at the Regional Bank, the account at the former Regional Bank should be discharged. If the person-individual is still receiving benefits from the Regional Bank, the account should remain open and in current status until all benefits are sent directly to the new payee. As benefits are received in the Regional Bank, they should be forwarded to the new payee unless expressly instructed to do otherwise by the benefit paying agency. As soon as all benefit payments have been transferred, any remaining balances should be forwarded and the account discharged. One exception to this rule is when the family requests that burial funds remain at the Regional Bank. In this case, burial funds may remain in the Regional Bank and accrue interest.

### XIII. QUARTERLY REVIEW

Regional Claims and Collections Officers shall conduct a quarterly review of all financial ledgers associated with the Regional Bank to ensure that financial guidelines are properly followed. Also during that review, they should be alert to any possible eligibility problems for Medicaid recipients. QIDPs should review account transactions on a monthly-quarterly basis and document doing so by initialing statement copies. These copies-documents should be retained in accordance with current documentation retention polices.

Barry D. Malphrus~~Gary Lemel~~  
Vice-Chairman  
(Originator)

Stephanie M. Rawlinson~~Eva Ravenel~~  
Chairman  
(Approved)



## RELATED POLICIES:

- 200-01-DD: ~~Personal Funds~~ Cash on Hand Maintained at the Residential Level
- 200-09-DD: Fees for Residential Services ~~Provided by DDSN~~ in ICFs/IID Facilities
- 200-12-DD: Management of Funds for People Participating in Community Residential Programs
- 505-02-DD: Death or Impending Death of Persons Receiving Services from DDSN
- 600-10-DD: Individual Clothing and Personal Property - Regional Centers
- 604-01-DD: Individual Clothing and Personal Property

*To access the following attachments, please see the agency website page “Current Directives” at: <https://ddsn.sc.gov/providers/ddsn-directives-standards-and-manuals/current-directives>*

- Attachment A. Statement of Financial Rights
- Attachment B. Guidelines ~~For~~ Purchases (Personal vs. Department Funds)
- Attachment C. Personal Funds Draft
- Attachment D. Group Withdrawal Draft
- Attachment E. Shopping Worksheet
- Attachment F. Regional Bank Liaison Application (**APPLICABLE TO DDSN REGIONAL CENTERS ONLY**)
- Attachment G. Regional Bank Purchasing Card Application (**APPLICABLE TO DDSN REGIONAL CENTERS ONLY**)
- Attachment H. Purchasing Card Change Request (**APPLICABLE TO DDSN REGIONAL CENTERS ONLY**)
- Attachment I. Purchasing Card Credit Limit Change Request (**APPLICABLE TO DDSN REGIONAL CENTERS ONLY**)
- Attachment J. Purchasing Card Request For Purchase (**APPLICABLE TO DDSN REGIONAL CENTERS ONLY**)
- Attachment K. Purchasing Card Record For Group Entertainment Purchases (restaurant/movie tickets) (**APPLICABLE TO DDSN REGIONAL CENTERS ONLY**)
- Attachment L. Regional Bank Authorized Signatures Record
- Attachment M. ~~Regional Bank Signature Card~~ Sample Financial Plan

## SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

### GUIDELINES FOR PURCHASES (PERSONAL VS. DDSN FUNDS)

For people requesting residential services from an ICF/IID, this document declares what costs are chargeable to their personal funds and what costs are to be paid by DDSN funds. Personal funds shall be used to purchase non-medical needs and specific comfort items. DDSN funds shall provide for:

- (1) Medically related needs;
- (2) Services to provide at least a minimum level of personal hygiene, decency, and presentability, essential to a person's healthy well-being; and
- (3) Active treatment needs as defined in applicable Medicaid regulations.

The following list of charges to DDSN funds is not all-inclusive. The list of items/services that may be purchased with personal funds shows acceptable or allowable purchases. All prospective personal fund purchases shall be dependent upon each person's financial condition (reference DDSN directive 200-09-DD: Fees for Residential Services Provided by DDSN). People receiving residential services from DDSN shall not be denied necessary special medical needs due to a shortage of personal funds. This directive does not prevent the use of donated funds to purchase items listed under Item B.

#### A. CHARGES TO DDSN FUNDS

##### 1. Professional, Special Programs and Services

Provision of these services is contingent upon a thorough evaluation of each person's needs and pending DDSN approval.

- a. Dietary/Nutritional Services.
- b. Dental Services.
- c. Education Services.
- d. Health Services.
- e. Medical Services.
- f. Nursing Services.
- g. Pharmacy Services.
- h. Physical and Occupational Therapy.
- i. Psychological Services.
- j. Religious Services.
- k. Social Services.
- l. Speech Pathology and Audiology.
- m. Training and Habilitation Services.

2. Items/Services Necessary for the Physical Well-Being of Recipients and Routinely/Uniformly Provided to All People Receiving Services from DDSN
  - a. Necessary medications, medical and surgical supplies.
  - b. Use of equipment and facilities.
  - c. Special dietary supplements used for tube feeding or oral feeding.
  - d. Routine laundry (including personal clothing), toiletries and housekeeping services (including sheets, towels, wash cloths, incontinence supplies, soaps, bathroom tissue).
  - e. Activity programs.
  - f. Routine personal hygiene items and services as required to meet needs including but not limited to: hair hygiene products, comb, brush, bath soap, disinfecting soaps or specialized cleansing agents when indicated to treat special skin problems or to fight infection, razor, shaving cream, toothbrush, toothpaste, denture adhesive, denture cleaner, dental floss, moisturizing lotion, tissues, cotton balls, cotton swabs, deodorant, incontinence care and supplies, sanitary napkins and related supplies, towels, wash cloths, hospital gowns, over the counter drugs, hair and nail hygiene services, haircuts, bathing and basic personal laundry.
  - g. Items required for behavior management.

3. Medical Equipment and Supplies

- a. Wheelchairs.
- b. Mats.
- c. Walkers.
- d. Special Geriatric Chairs.
- e. Dentures.
- f. Eyeglasses.
- h. Hearing Aids/Supplies.
- i. Similar Items.

See B (4) for items required beyond these basic medical needs.

**Note:** DDSN shall not be responsible for the purchase of any of the above items or services when a parent or guardian initiated the purchase without the prior approval of authorized DDSN staff.

4. Purchases from Related Organizations (Services, Facilities, Supplies)
5. Administrative Costs Incurred by DDSN in order to meet Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) Standards and Applicable State Health and Licensure Requirements
6. Personnel Costs (Wages, Fringe Benefits)

7. Physical Plant Maintenance, Development and Expansion
8. Food and Housing costs except where covered through Care and Maintenance Charges as provided for in DDSN Directive 200-09-DD: Fees for Residential Services Provided by DDSN.

B. ITEMS/SERVICES THAT MAY BE CHARGED TO A PERSON'S PERSONAL FUNDS<sup>1</sup>

1. Personal Grooming and Care Articles

Cosmetic and grooming items or services in excess of those for which payment is made under Medicaid or Medicare: painted or acrylic nails, hair weaves, and similar items.

2. Personal Recreational Items and Equipment not Covered under a Required Activities Program

Bicycles, magazine or newspaper subscriptions, aquariums, plants/flowers, radios, televisions, records and books.

3. Personal Clothing

Gloves, hats, scarves, hosiery, slippers, shoes and similar items.

4. Special Medical Equipment, Supplies and Services for the Convenience of People and their Families

Certain purchases of medical equipment, supplies and services that are for the convenience of the person and/or family and not determined by DDSN to be medically necessary may be purchased with personal funds. This would include items mentioned in A.(3) such as an extra wheelchair for home visits or certain nonessential chiropractic, podiatry visits or dental services. These items and services are considered to be for personal convenience and therefore would not be allowable charges to the Medicaid program.

5. Damaged Property

Personal funds may be used to replace damaged property owned by staff, the provider, DDSN or another person when it is consistent with the responsible person's Plan and when funds are available.

<sup>1</sup> The Residential Director and/or Program Team members should ensure appropriate uses of personal funds. In cases where a question may arise as to whether DDSN or personal funds should be used, the expenditure of personal funds must be justified in the remarks section of a Personal Funds Draft (PFD)/Group Withdrawal Draft (GWD). Appropriate documentation must be attached, such as minutes from Program Team meetings, physician statements of medical necessity or requests from parents for equipment, supplies and/or services to be purchased for the convenience of the person or family.

6. Miscellaneous Items

- a. Special food/drinks that are not essential dietary needs (e.g., candy, cookies, soft drinks).
- b. Tobacco products and accessories.
- c. Costs of trial visits.
- d. Expenses involved in relatives visiting the residence or a person’s visit/extended stay in the home setting.
- e. Postage
- f. Stationery.
- g. Insurance premiums
- h. Taxes
- i. Movies passes
- j. Special entertainment/recreational activities
- k. Special bedspreads or other similar purchases.

These purchases are subject to the availability of personal funds.

7. Personal Comfort Items

Items and services that do not constitute a meaningful contribution for treatment of an illness or injury or to achieve/enhance independence (except for hospice care). Items also considered to be personal comfort items include radios, televisions, telephones, computers, laptops, tablets, musical instruments, hobby items, lessons in leisure interests or memberships in clubs or fitness centers.

**Person’s Name:** \_\_\_\_\_ **File #:** \_\_\_\_\_

***These rights/services have been explained to me and I understand how they will affect me.***

Signature (Person) \_\_\_\_\_ Date \_\_\_\_\_

Signature (QIDP) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Witness) \_\_\_\_\_ Date \_\_\_\_\_

***As parent, guardian or conservator, these rights/services have been explained to me and I understand how they will affect my relative/person for whom I am responsible. I understand that I am signing on his/her behalf.***

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Person \_\_\_\_\_

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS  
PERSONAL FUNDS DRAFT (PFD)

Person's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number (last four (4) only): ~~XXX-XX~~ \_\_\_\_\_

Residence: \_\_\_\_\_

I want/need \$ \_\_\_\_\_ of my personal funds.

I want/need \$ \_\_\_\_\_ of my personal funds spent for me to: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Person)

Address (optional): \_\_\_\_\_

(Necessary only if over \$200)

Requested By: \_\_\_\_\_ / \_\_\_\_\_  
(Staff Representative) Date

Approved: \_\_\_\_\_ / \_\_\_\_\_  
(Program Administrator or Residential Director) Date

(Necessary only if over \$500)

Approved: \_\_\_\_\_ / \_\_\_\_\_  
(Residential Manager or QID/DDP-QIDP) Date

Approved: \_\_\_\_\_ / \_\_\_\_\_  
(Facility Administrator/ Executive Director) Date

Funds Verified ~~and Encumbered~~: \_\_\_\_\_ Paid ~~in~~:  Cash  VISA ~~or by~~  Check #: \_\_\_\_\_  
(Regional Bank Liaison Clerk)

Paid By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Cashier)

Received By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Staff Representative)

I certify that the above mentioned withdrawn funds were either given to or expended for the sole benefit of the above named person, with the exception of \$ \_\_\_\_\_ in unspent funds that I am returning to the Regional Bank.

\_\_\_\_\_  
(Staff Representative) Date

\_\_\_\_\_  
(Regional Bank Liaison Clerk) Date

Regional Bank (1<sup>st</sup> Copy)  
Certification (2nd Copy)

For posting purposes after disbursing funds.  
For Regional Bank audit records after purchases are made and unspent funds, if any, are returned to the Regional Bank for deposit (within ~~2 five (5) three (3)~~ business days).

Residence (3<sup>rd</sup> Copy)

For residence staff after certification signature of Regional Bank Liaison Clerk has been obtained.

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

**GROUP WITHDRAWAL DRAFT (GWD)**

Residence \_\_\_\_\_

Date \_\_\_\_\_

**NOTE: If any one person's withdrawal request is for more than \$200, a separate Personal Funds Draft (PFD) must be completed and the necessary signatures obtained to ensure proper approval.**

Social Security Number (last four (4) only)	Names (list alphabetically) Last Name First (Smith, Joe)	Amounts Requested
XXX-XX-_____		\$ _____
XXX-XX-_____		\$ _____
XXX-XX-_____		\$ _____
XXX-XX-_____		\$ _____
XXX-XX-_____		\$ _____
XXX-XX-_____		\$ _____
XXX-XX-_____		\$ _____
XXX-XX-_____		\$ _____
XXX-XX-_____		\$ _____
<b>TOTAL FUNDS REQUESTED</b>		\$ _____

Purpose of Withdrawal:  Weekly Canteen  Other - Explain in detail: \_\_\_\_\_

Requested By: \_\_\_\_\_ / \_\_\_\_\_ Date Approved: \_\_\_\_\_ / \_\_\_\_\_ Date  
(Staff Representative) (Residential Manager or QID/DDP/OIDP)

Funds Verified and Encumbered: \_\_\_\_\_ Paid By:  Cash  VISA  Check #: \_\_\_\_\_  
(Regional Bank Liaison Clerk)

Paid By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Cashier)

Received By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Staff Representative)

I certify that the above mentioned withdrawn funds were either given to or expended for the sole benefit of the people named above, with the exception of \$ \_\_\_\_\_ in unspent funds that I am returning to the Regional Bank.

\_\_\_\_\_/\_\_\_\_\_  
(Staff Representative) Date (Regional Bank Liaison Clerk) Date

- Regional Bank (1<sup>st</sup> Copy) For posting purposes after disbursing funds.
- Certification (2nd Copy) For Regional Bank audit records after purchases are made and unspent funds, if any, are returned to the Regional Bank for deposit (within ~~2~~ **three (3)** business days).
- Residence (3<sup>rd</sup> Copy) For residence staff after certification signature of Regional Bank Liaison Clerk has been obtained.

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

**SHOPPING WORKSHEET**

**\*\*\*IMPORTANT\*\*\***

1. Use one Shopping Worksheet per person. Do not combine purchases for several people on one worksheet.
2. Attach copies of store receipts and purchase approval documentation to this completed worksheet. Send packet to the Regional Finance Office.
3. Cash withdrawn from a person's account may only be spent on or by that person. If shopping for more than one person, **do not combine separate funds**. Each person's personal funds should only be spent on the person to whom it belongs.
4. List each item purchased and the price of each item separately.

<b>PURCHASES MADE FOR:</b> _____ <span style="display: block; text-align: center; font-size: small;">(Person's Name)</span>	<b>DATE OF SHOPPING TRIP:</b> _____
--	-------------------------------------

ITEMS PURCHASED	PRICE (EA.)	QUANT.	TOTAL
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
THE ITEMS LISTED ON THIS SHEET WERE POSTED TO THE PERSONAL PROPERTY RECORD OF THE ABOVE NAMED PERSON		<b>SALES TAX TOTAL</b>	<b>\$</b>

**Paid:**   Cash   VISA   Check #: \_\_\_\_\_

**TOTAL AMOUNT OF FUNDS SPENT**   \$ \_\_\_\_\_

**+ FUNDS RETURNING TO REGIONAL BANK**   \$ \_\_\_\_\_

**+ CASH GIVEN TO PERSON (IF ANY)**   \$ \_\_\_\_\_

**= GRAND TOTAL (SHOULD EQUAL PFD)**   \$ \_\_\_\_\_

\_\_\_\_\_  
 (~~Residential~~ Manager/Supervisor or-  
 QID/DDPQIDP)



SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

**REGIONAL BANK ~~LIAISON CLERK~~ APPLICATION**

(This form is applicable to DDSN Regional Centers only)

**Regional Finance Directors must select at least one person (or more, if needed) from their staff to act as Regional Bank ~~Liaison Clerk~~ in accordance with DDSN Directive 200-02-DD: Financial Management of Personal Funds.**

**NOTE: UNDER NO CIRCUMSTANCES SHOULD A REGIONAL BANK LIAISON ALSO BE A CARDHOLDER.**

**In order to process this application, the entire form must be completed. The request cannot be processed unless ALL required information has been supplied.**

APPLICANT INFORMATION:

Full Name: \_\_\_\_\_

Physical Street Address  
And Building Name *(include zip code)*: \_\_\_\_\_

Mailing Address *(if different from Street Address – include zip code)*:  
\_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number *(include area code)*: \_\_\_\_\_

Region/County: \_\_\_\_\_

I certify by my signature below that I will fulfill the responsibilities of Regional Bank ~~Liaison Clerk~~ as explained in DDSN Directive 200-02-DD: Financial Management of Personal Funds.

\_\_\_\_\_  
Signature (*Applicant*) Date: \_\_\_\_\_

I delegate authority to the above named applicant to fulfill the duties of Regional Bank ~~Liaison Clerk~~ and I agree that he or she will comply with all guidelines of the DDSN Regional Bank Purchasing Card Program as well as with DDSN policies and procedures as they relate to the Regional Bank.

\_\_\_\_\_  
Signature (Regional Finance Director) Date: \_\_\_\_\_

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

REGIONAL BANK PURCHASING CARD APPLICATION

(This form is applicable to DDSN Regional Centers only)

SECTION 1: APPLICATION REQUIREMENTS

- 1. Applicants must be permanent, full-time employees of DDSN.
2. Applicants must agree to sign a cardholder's agreement upon receipt of a new purchasing card.
3. All requested information must be supplied fully before this application can be processed.

SECTION 2: APPLICANT INFORMATION

Full Name: \_\_\_\_\_

Physical Street Address
And Building Name (include zip code): \_\_\_\_\_

Mailing Address (if different from Street Address - include zip code):
\_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number (include area code): \_\_\_\_\_

Facility/Region: \_\_\_\_\_ Requested Monthly Credit Limit:\$ \_\_\_\_\_

Default Account Number (last four (4) digits only): \_\_\_\_\_

SECTION 3: APPLICANT SIGNATURE

As a cardholder, I agree that I will always treat the Regional Bank Purchasing Card with at least the same level of care that I would treat my own personal credit card. I will maintain the card in a secure location and carefully guard the account number. I understand that I am the only person that is authorized to use the card. I fully understand the intent of this program and will comply with all guidelines and procedures of the DDSN Regional Bank Purchasing Card Program as well as all DDSN policies and procedures related to the handling of personal funds.

\_\_\_\_\_  
Signature (Applicant) Date: \_\_\_\_\_

SECTION 4: APPROVAL SIGNATURE

I delegate transaction authority to this applicant and agree that he/she will comply with all the guidelines of the DDSN Regional Bank Purchasing Card Program as well as the DDSN policies and procedures relating to the handling of personal funds.

\_\_\_\_\_  
Signature (Regional Finance Director) Date: \_\_\_\_\_

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS  
**PURCHASING CARD CHANGE REQUEST**  
(This form is applicable to DDSN Regional Centers only)

Date: \_\_\_\_\_

Division/Department: \_\_\_\_\_

Cardholder Name on Purchasing Card: \_\_\_\_\_  
*(Record name as it appears on card)*

Purchasing Card Account Number *(last four (4) digits only)*: \_\_\_\_\_

**Type of Request:**

Account Closure

Name Change - Current Information: \_\_\_\_\_

New Information: \_\_\_\_\_

Explanation of Change (i.e., employee termination, name change due to marriage/divorce, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Requestor's Signature

Date: \_\_\_\_\_

Forward to Regional ~~Bank Liaison~~ Finance Director for REVIEW AND approval

\_\_\_\_\_  
Signature (Regional ~~Bank Liaison~~ Finance Directors)

Date: \_\_\_\_\_

SC Department of Disabilities and Special Needs

**PURCHASING CARD CREDIT LIMIT CHANGE REQUEST**

(This form is applicable to DDSN Regional Centers only)

Cardholder's Name: \_\_\_\_\_

Purchasing Card Account Number *(last four (4) digits only)*: \_\_\_\_\_

Division/Department: \_\_\_\_\_

Regional Bank ~~Liaison~~ Clerk: \_\_\_\_\_

Current Monthly Limit: \$ \_\_\_\_\_

Requested *New* Monthly Limit: \$ \_\_\_\_\_

Explanation for Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature (*Cardholder*)

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature (Regional ~~Finance Director~~ Bank Clerk)

Date: \_\_\_\_\_

**FORWARD TO REGIONAL ~~BANK LIAISON~~ FINANCE DIRECTOR FOR REVIEW AND APPROVAL**

\_\_\_\_\_  
Signature (Regional ~~Bank Liaison~~ Finance Director)

Date: \_\_\_\_\_

**SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS**  
**PURCHASING CARD REQUEST FOR PURCHASE**  
 (This form is applicable to DDSN Regional Centers only)

Person's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Residence: \_\_\_\_\_

REQUESTED ITEMS	VENDOR	EST. COST
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	Total	\$

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Requested by (Staff Representative)      Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Program Administrator or Residential Director      Date  
*(Only necessary if \$200 or more)*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Approved by Residential Manager or  
~~QID/DDP~~ QIDP      Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Facility Administrator      Date  
*(Only necessary if \$500 or more)*

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

**PURCHASING CARD RECORD FOR GROUP ENTERTAINMENT PURCHASES  
(RESTAURANT/MOVIE TICKETS)**

(This form is applicable to DDSN Regional Centers only)

PARTICIPATING PERSONS	AMOUNT TO DEBIT PERSONAL FUNDS
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

\_\_\_\_\_  
Signature (*Purchaser*)

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature (Residential Manager or ~~QID/DDP~~QIDP)

Date: \_\_\_\_\_

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

REGIONAL BANK AUTHORIZED SIGNATURES RECORD

Residence: \_\_\_\_\_

Date: \_\_\_\_\_

The following staff may approve withdrawals and expenditures of less than \$200.00 from personal funds in the Regional Bank for the ~~people~~ persons residing in the above named residence. Withdrawals and expenditures of \$200.00 or more will require the signature approval of the Program Administrator or Residential Director ~~or DSN Board Executive Director as appropriate~~. Withdrawals and expenditures of \$500.00 or more will require the signature approval of the Facility Administrator or Executive Director.

NAME (Printed or Typed)

SIGNATURE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The following staff is authorized to pick up personal funds at the Regional Bank.

NAME(Printed or Typed)

SIGNATURE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

~~Approval by the Program Administrator, Residential Director or DSN Board Executive Director is required for withdrawals or expenditures of \$200.00 or more.~~

\_\_\_\_\_  
Signature - (Program Administrator/Residential Director/~~Executive Director~~/Residential Director)

Date: \_\_\_\_\_

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

REGIONAL BANK SIGNATURE CARD

**REGIONAL BANK SIGNATURE CARD**

Print Full Name: \_\_\_\_\_  
\_\_\_\_\_ (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle)

Social Security Number \_\_\_\_\_

Residence: \_\_\_\_\_

**AUTHORIZED SIGNER:**

\_\_\_\_\_  
Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Witness Signature Date: \_\_\_\_\_

Title: \_\_\_\_\_

Forward to Regional Bank Liaison



Sample Financial Plan

Financial Plan

This form is to be completed and attached to each person's file (SLP-I and II, CTH-I and II, ICF and CRCF)

Name: \_\_\_\_\_

Date of Financial Plan: \_\_\_\_\_

1. Financial Skills

A. Can the person maintain his/her own financial Records in sufficient order and correctness?

Yes  No If no is answered complete the following:

- Person can make deposits alone  Yes  No
- Person can write checks alone  Yes  No
- Person needs assistance with balancing checkbook and reconciling statements  Yes  No
- Person needs assistance with all areas of banking  Yes  No

Rep-payee: \_\_\_\_\_

Financial Institution Utilized: \_\_\_\_\_

**Note: If the board is Rep-Payee ensure there are two (2) staff listed on the bank signature cards as authorized signers.**

B. Can the person manage cash on their own?  Yes  No

If yes, how much cash can the person manage \$ \_\_\_\_\_

Is this person working on improving his/her money management skills?  Yes  No

If yes, in what way: \_\_\_\_\_

\_\_\_\_\_

2. Budget/Monthly Income (Based on averages)

SSI	\$	Competitive Employment	\$
VA	\$	Other	\$
Workshop	\$	Other	\$

Monthly Expenditures

Rent	\$	Clothing	\$
Lights	\$	Water	\$
Phone	\$	Groceries/Supplies	\$
Medication/Medical	\$	Other	\$
Cable	\$	Other	
Personal Spending	\$	Other	

3. Future financial plan: (Emphasis here should be place on determining any need to accumulate resources for a particular purchase or purpose, Medicaid eligibility, where available, should not be jeopardized: however, some resources accumulation can be done without jeopardizing Medicaid eligibility.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Weekly personal spending amount \$ \_\_\_\_\_ (exact amount)  
The amount should balance leisure activities with income (Blanket terms such as "or more as needed" should not be used.)  
(Call team meeting should be used to document if additional funds are warranted)

Will this money be given all at one to the person Yes No  
If no, how and why will it be given differently?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Will cash on hand be maintained for the person? Yes No Amount \$ \_\_\_\_\_  
**Note: If this amount is over \$50, this must be by programmatic justification**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. List all approved shared cost and how they will be shared.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. List the date each task was completed below:

- a. Review/summary of last year's financial activity: \_\_\_\_\_
- b. Statement of Financial Rights reviewed and signed: \_\_\_\_\_
- c. Authorization for Management of Personal Funds reviewed an signed: \_\_\_\_\_
- d. Authorization for application and management of entitlements and benefits reviewed and signed: \_\_\_\_\_

\_\_\_\_\_

8. Additional Financial Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature and Date:

\_\_\_\_\_  
Program Team Chair person

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Plan Owner

Date: \_\_\_\_\_

\_\_\_\_\_  
Case Manager

Date: \_\_\_\_\_

**Michelle G. Fry, J.D., PH.D.**  
*State Director*  
**Patrick Maley**  
*Chief Financial Officer*  
**Rufus Britt**  
*Associate State Director*  
*Operations*  
**Lori Manos**  
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Reference Number: 200-02-DD

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Applicability: DDSN Regional Centers and DSN Boards Operating Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID)

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## **I. APPLICABILITY AND PURPOSE**

This directive is applicable to DDSN Regional Centers and all county Disabilities and Special Needs Boards (DSN Boards) operating Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID). Unless specifically stated otherwise, future use of the term “DDSN ICF/IID” applies collectively to DDSN Regional Center and DSN Board operated ICFs/IID. DSN Boards may also be referred to as “Providers” in this directive.

The policies and procedures in this directive are designed to:

- (1) Protect the financial interests and personal funds of people receiving residential services in a DDSN ICF/IID, and
- (2) Assist them in money management by promoting normalization in the use of money to the extent of each person’s ability.

Facility Administrators at DDSN Regional Centers and Executive Directors at the DSN Boards are responsible for the personal funds entrusted to their organizations. They must ensure that financial records are appropriately maintained and the money is safeguarded and properly spent. They must also ensure that procedures are established in accordance with the stated objectives in this directive.

## II. FINANCIAL RIGHTS

During the admission process into a DDSN ICF/IID, persons shall be advised of their financial rights. They, or other responsible party acting on their behalf, should read and sign a Statement of Financial Rights (Attachment A) before entrusting their personal funds to DDSN. The only exceptions to this requirement is when another party other than DDSN has been appointed representative payee for the person.

Except when assessment of financial skills clearly demonstrates a person's cognitive ability to manage his or her own financial affairs, the funds shall be managed under the direction of DDSN. Upon recommendation by their Program Team, people may manage their own personal financial affairs or designate another party to do so. If a third party payer agency (i.e., Social Security, Veterans Administration, etc.) determines that benefits should be paid through a guardian, conservator or other representative payee, that person or entity shall be solely responsible for holding, safeguarding and accounting for those funds. DDSN is not responsible for any personal funds not held in the Regional Bank or under the management of DDSN.

Also during the admissions process, people shall be advised by their Qualified Intellectual Disability Professional (QIDP) what services will be provided and what services/goods may be charged to the person (Attachment B). All persons entering DDSN ICFs/IID must be informed of their financial rights and of what costs will be covered by DDSN funds. This advisement shall be evidenced by signed copies of the Statement of Financial Rights (Attachment A) and the Guideline for Purchases (Attachment B). Both of these forms must be retained in each person's permanent record.

All rights and responsibilities shall transfer from a person to his/her parent, guardian, next of kin, sponsoring agency or personal representative if one or both of the following situations occur:

- a. The person is found to be mentally incapable of understanding his or her rights (must be documented by the Program Team); and/or
- b. The person has been adjudicated incompetent in accordance with state law.

If either or both of these situations occur, a written acknowledgement detailing the transfer of financial rights should be placed in the person's permanent record. Both the Statement of Financial Rights (Attachment A) and the Guidelines for Purchases (Attachment B) should be explained to the acting responsible party and the appropriate signatures obtained. These documents must be retained in the person's permanent record.

### III. FINANCIAL MANAGEMENT

After admission to a DDSN ICF/IID, all persons shall have a Financial Plan (see Attachment M for Sample) developed with them by their Program Team. Whenever possible, parents, guardians or other responsible parties should take part in this process. The Financial Plan should state the level of staff assistance to be required, as well as general saving and expenditure goals. ICF/IID staff members are responsible for adhering to each person's established Financial Plan.

Training should be provided to assist the person in becoming more independent and responsible in managing their personal funds. Upon Program Team recommendation and approval, a person believed capable of managing his or her own funds may be excluded from participation in the Regional Bank if so assessed by the facility's interdisciplinary oversight team. If the person chooses not to use the Regional Bank, he/she may choose to maintain an account at a local bank. The means of handling the account and sound money management practices should be specifically outlined in the person's Financial Plan. QIDPs or designated staff are required to notify Regional Claims and Collections Officers and/or appropriate Regional Bank staff what the person's account balance is at least quarterly so the funds may be recorded in his/her total assets inventory. Per Article VI of contract with South Carolina Department of Health and Human Services (DHHS) states that "SCDDSN must notify each Resident that receives Medicaid benefits when the amount in the Resident's account reaches Two Hundred Dollars (\$200.00) less than the SSI resource limit for one (1) individual, specified in section 1611(a)(3)(B) of the Act. This paragraph shall not apply to any person found capable by the Program Team of independently managing his/her own funds.

### IV. REGIONAL BANK (THIS SECTION APPLICABLE TO DDSN REGIONAL CENTERS ONLY)

Each DDSN Regional Center is required to operate a Regional Bank. With the exception of "dedicated accounts," all sources of personal funds shall be deposited into a single checking account at an approved local bank. Regional Bank funds in excess of current estimated needs should be transferred to the State Treasurer's Office for optimal investment. Ownership of and accounting for all transferred funds shall reside with the State Treasurer's Office.

Interest accrued on accounts within the Regional Bank shall be in an amount proportionate to cash balances and posted on a quarterly basis utilizing a method in compliance with current federal regulations.

Bank records and ledgers shall be maintained in accordance with established accounting practices and procedures. Regional Finance Offices are required to forward a copy of their Regional Bank reconciliation and balance sheet to the DDSN Central Office Finance Division-General Ledger Control Area by the 15th of the subsequent month to receiving necessary reports (e.g., Month ending 4/30 would be due by 6/15). Additionally, copies of all account statements should be provided to QIDPs for their review at least quarterly.

People with funds in the Regional Bank may request to review their personal financial records at any time. This right extends to parents, guardians or other responsible parties.

## V. ACCESS TO FUNDS

With the exception of weekends and holidays, people with funds in the Regional Bank shall have access to their funds daily during established operating business hours.

Procedures should be in place to make funds available for scheduled activities on weekends and holidays. Minimal amounts of personal funds may be kept in a secure location at residences in accordance with DDSN Directive 200-01-DD: Cash on Hand Maintained at the Residential Level. Upon proper request and approval for disbursement of personal funds, Regional Banks should disburse the funds as soon as possible within five (5) business days.

## VI. WITHDRAWAL OF FUNDS

With documented QIDP recommendation, designated ICF/IID staff may obtain funds from the Regional Bank and purchase items for persons according to their Financial Plans. Funds may be withdrawn from the Regional Bank using a fully completed and signed Personal Funds Draft (PFD) (Attachment C). Withdrawals of \$50 or less may be paid in cash. All other withdrawals should be made by check unless withdrawals of cash over \$50 have been authorized for a person by the Regional/Provider Finance Director. Payment may be made to the person, parent/guardian or staff member on their behalf, as documented on the approved PFD. All withdrawals of \$200 or more per person must have the signature approval of the Program Administrator or Residential Director. All withdrawals of \$500 or more per person require the signature approval of the Facility Administrator/Executive Director.

Funds withdrawn for group trips or outings should be listed on a Group Withdrawal Draft (GWD) (Attachment D). If anyone person's withdrawal request is for more than \$200, a separate Personal Funds Draft (PFD) should be completed and the necessary signatures obtained to ensure proper approval.

Within three (3) business days after a withdrawal from the Regional Bank has been made, appropriately signed Personal Funds Draft/Group Withdrawal Drafts should be returned to the Regional Bank along with copies of all purchase receipts, Shopping Worksheet(s) (Attachment E), and any unspent funds to be re-deposited. The copies of all Personal Funds Draft/Group Withdrawal Drafts should be kept at the Regional Bank as a record of disbursement of funds for audit purposes. The residence copies should only be returned to residence staff after the Regional Bank Liaison Clerk has received all required documentation and signed off on the transaction.

A Personal Funds Draft/Group Withdrawal Draft presented to the Regional Bank for withdrawals of funds for a trip on behalf of a person or group must have copies of an approved trip packet attached. Within three (3) business days after the trip has been completed, copies of all trip expenditures should be sent returned to the Regional Bank along with the appropriately signed Funds Draft/Group Withdrawal Draft copy.

In regard to situations when third party payments or other revenues are deposited into a person's account, the account should be drafted for Care and Maintenance charges due DDSN, if any,

according to DDSN Directive 200-09-DD: Fees for Residential Services in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID). These funds may be withdrawn by group, single or automated Care and Maintenance withdrawal processes.

## **VII. PURCHASES**

Items may be purchased for a person from a commercial source with adequate documentation of approvals. All items should be listed individually and approved by the QIDP. The purchase request should not receive Regional Bank approval until the Regional Bank Liaison has verified that the necessary funds are available. State procurement practices should be followed whenever purchasing items using consumer personal funds even though the state procurement system will not be used.

As soon as possible, but not to exceed three (3) business days following the purchase of items, staff should complete all of the following steps:

1. Submit to the Regional Bank Liaison all completed Shopping Worksheets (Attachment E) along with copies of all purchase receipts and any unspent funds in excess of one (\$1) dollar per person or depending on Financial Plan.
2. Report and display all items purchased to the Residence Supervisor or QIDP.
3. Mark all items with a value of \$100 or more, including clothing, with the person's name and then record the items on the person's property record. A current inventory listing of all personal items shall be maintained in the residence as required by DDSN Directive 600-10-DD: Individual Clothing and Personal Property-Regional Centers and DDSN Directive 604-01-DD: Individual Clothing and Personal Property. All personal property should be safeguarded and inspected by the Residence Supervisor or QIDP at least quarterly to ensure the items are accounted for and that such items have not been accidentally recorded as DDSN property.

## **VIII. REGIONAL BANK PURCHASING CARDS (THIS SECTION APPLICABLE TO DDSN REGIONAL CENTERS ONLY)**

### REGIONAL BANK LIAISON RESPONSIBILITIES

Each Region shall have at least one Regional Bank Liaison who has been approved by the Regional Finance Director. Prospective staff should complete a Regional Bank Liaison Application (Attachment F) and submit it to their Regional Finance Director. If there is more than one Regional Bank Liaison at a Region, the Regional Finance Director should assign a Liaison to each new purchasing card application upon receipt.

**Under no circumstances should a Regional Bank Liaison also be a cardholder.**

Regional Bank Liaisons are responsible for all of the following duties:

1. Purchasing Card Security

Purchasing cards must be secured when not in use. Cardholders are responsible for keeping cards locked up and secured.

2. Purchasing Card Application Review

All purchasing card applications should be carefully reviewed for appropriate information and proper signatures before processing.

3. Accurate Record Keeping

Current permanent files should be maintained for all purchasing cards to include approved applications, other pertinent documents or forms and purchasing documentation. All documents should be processed in a timely manner. Note: After a purchasing card has been issued, the shopper's name and account number (only last six (6) digits) should be confidentially recorded by the Regional Bank Finance Director.

4. Theft/Loss Reporting

Lost or stolen purchasing cards should be reported immediately by the cardholder to Credit Card Company and Regional Bank Finance Director.

5. Billing Resolution

Billing discrepancies should be resolved as soon as possible by cardholder with assistance from Regional Bank Clerk.

PURCHASING CARD APPLICATIONS

Purchasing cards are issued in the names of individual shoppers. Therefore, each shopper is required to complete a Regional Bank Purchasing Card Application (Attachment G) and obtain the appropriate approval signature before forwarding to the Regional Bank Finance Director for processing.

PURCHASING CARD UPDATES

The Purchasing Card Change Request form (Attachment H) should be used to request a name change or an account closure for existing cardholders. The completed form should be reviewed, approved and processed by the Regional Bank Finance Director.

PURCHASING CARD CREDIT LIMITS

Purchasing cards should be issued with a per transaction limit of \$500, a per day limit of \$1,500, and a per month limit of \$5,000. These limits may be changed, if necessary, by completing a Purchasing Card Credit Limit Change Request (Attachment I). This form may be used to



temporarily increase credit limits for accelerated shopping times such as Christmas. Requests must have the required signatures before forwarding to the Regional Bank Finance Director for processing.

### PURCHASE REQUISITIONS

Shoppers should list all items to be purchased with the card on a Purchasing Card Request for Purchase (Attachment J) and obtain the required signature(s). Personal Funds Draft (Attachment C) can also be used. The requestor and Residential Manager or QIDP must sign all requests. Purchases above \$200 require the approval of the Program Administrator or Residential Program Director. Purchases above \$500 must be approved by the Facility Administrator/Executive Director. Regional Bank Liaisons must verify the availability of funds before the purchase is made. Separate forms are required for each person's shopping requests. Regional Bank Liaisons should ensure the Purchasing Card Request for Purchase form has been properly completed and all approval signatures obtained.

### ACCEPTABLE CHARGES

Purchases must conform to the DDSN Guidelines for Purchases (Attachment B). Generally, personal grooming articles, recreational equipment, clothing and personal comfort items may be charged on the purchasing card, as well as movie tickets, candy, clothing, radios and plants.

### SHOPPING

Each person's purchases should be handled as a separate transaction. If shopping for a group of 10, a shopper will be required to complete 10 separate transactions when feasible. The two most common exceptions to this policy are:

- (1) Consumer restaurant meals; and
- (2) Consumer movie tickets.

In these situations, one (1) purchasing card transaction may cover all participants. Sales receipts and a completed Purchasing Card Record for Group Entertainment Purchases (Attachment K) should be used to document the dollar amounts to debit each participating person's personal funds.

### PURCHASE DOCUMENTATION

Within five (5) business days, shoppers should ensure that QIDPs (or their designees) verify all the items purchased, sign off on purchase receipts and record all items having a value of \$100 or more (clothing included) into each person's property record. Within the same timeframe, the shopper should also submit to the Regional Bank Liaison all Shopping Worksheets (Attachment E) along with copies of all purchase receipts. Regional Bank Liaisons should maintain records of all purchasing card expenditures and match all purchases to billings before payments are processed.

## IX. AUTHORIZED SIGNATURES

Regional Finance Offices shall retain a Regional Bank Authorized Signatures Record (Attachment L) for each DDSN ICF/IID residence. This form lists all staff and their accompanying signatures that are authorized to approve Personal Funds Drafts or Group Withdrawal Drafts up to the \$200 maximum. This form should also be used to record the names and signatures of staff authorized to pick up personal funds from the Regional Bank on behalf of a person. Please note withdrawals/expenditures exceeding the \$200.00 and \$500.00 thresholds will require Administrator/Executive level signature authority.

QIDPs are responsible for:

- (1) Obtaining authorized signature forms associated with the Regional Bank and
- (2) Notifying the Regional Bank promptly of any changes.

## X. DEATH

Should a person pass away while living in a DDSN ICF/IID, all funds conserved or managed by Providers or Regional Finance Offices shall be frozen and no disbursements made without the legal authority of the Probate Court except for reasonable funeral expenses.

### NOTIFICATION OF DEATH

Within 10 calendar days of the date of death, Provider/Regional Finance Offices should send a written notification of death to the probate judge in the county in which the death occurred. (Typically, the county of legal residence is the county where the person was receiving residential services.) If prohibited by a presiding judge from filing a notification of death, the parents, next of kin or guardian should notify the court.

A copy of the notification of death should be sent to the parent(s)/guardian(s)/next of kin, the financial representative (if known) and the decedent's QIDP. If the decedent owned property in other counties or states, the probate judges in those counties should also be notified.

Notifications of death should contain all of the following information:

- (1) Complete financial accounting and listing of the decedent's assets and known liabilities (available from Regional Claims and Collections Officers);
- (2) Name and address of the parent(s)/guardian(s)/next of kin;
- (3) Name and address of the personal representative, if known; and
- (4) Request for legal authorization to disburse from the decedent's personal funds.

For reimbursement of costs from any remaining balance in a decedent's estate, the provider shall follow the procedures set forth in DDSN Directive 505-02-DD: Death or Impending Death of Persons Receiving Services from DDSN.

**XI. TRANSFER WITHIN REGIONAL BANK**

Upon a person's transfer to another residence that is associated with the same Regional Bank, the Regional Finance Office shall record the new residence on the person's account within five (5) business days. The QIDP should secure new authorized signature forms within five (5) business days.

**XII. DISCHARGE OR TRANSFER TO ANOTHER REGIONAL BANK**

Upon discharge or transfer of a person to another residence associated with another Regional Bank, a Personal Funds Draft (PFD) shall be prepared and processed for up to 90% of the person's available funds (after remaining encumbrances or other currently due obligations). The funds should be forwarded following paying agency's established procedures to the Regional Bank for the new residence with notification provided by the QIDP. The QIDP and Claims and Collections Officer or Regional Finance Director are collectively responsible for determining the amount to be forwarded. The funds should be forwarded within 10 business days of discharge or transfer.

If DDSN is representative payee for a person's benefits, the Regional Claims and Collection Officer should notify the appropriate payer agency of the change within five (5) business days of transfer or discharge. If a person's funds are to be transferred to another Regional Bank, the Claims and Collections Officer for the new region should make a request that the new region be made representative payee within five (5) business days of the transfer. If a person's funds are to be handled by a provider or person not associated with any Regional Bank, that provider or person should be notified to request a new representative payee within five (5) business days. Requests for termination of or new representative payee status should be made in accordance with the paying agency's established procedures.

Within 30 calendar days, all obligations to be paid from the Regional Bank for a person who has transferred should be paid and all remaining funds forwarded to the Regional Bank for the new residence with notification provided to the QIDP. Unless the person is still receiving benefits at the Regional Bank, the account at the former Regional Bank should be discharged. If the person is still receiving benefits from the Regional Bank, the account should remain open and in current status until all benefits are sent directly to the new payee. As benefits are received in the Regional Bank, they should be forwarded to the new payee unless expressly instructed to do otherwise by the benefit paying agency. As soon as all benefit payments have been transferred, any remaining balances should be forwarded and the account discharged. One exception to this rule is when the family requests that burial funds remain at the Regional Bank. In this case, burial funds may remain in the Regional Bank and accrue interest.

### XIII. QUARTERLY REVIEW

Regional Claims and Collections Officers shall conduct a quarterly review of all financial ledgers associated with the Regional Bank to ensure that financial guidelines are properly followed. Also during that review, they should be alert to any possible eligibility problems for Medicaid recipients. QIDPs should review account transactions on a quarterly basis and document doing so by initialing statement copies. These documents should be retained in accordance with current documentation retention policies.

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Barry D. Malphrus  
Vice-Chairman

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Stephanie M. Rawlinson  
Chairman

#### RELATED POLICIES:

- 200-01-DD: Cash on Hand Maintained at the Residential Level
- 200-09-DD: Fees for Residential Services in ICFs/IID Facilities
- 200-12-DD: Management of Funds for People Participating in Community Residential Programs
- 505-02-DD: Death or Impending Death of Persons Receiving Services from DDSN
- 600-10-DD: Individual Clothing and Personal Property - Regional Centers
- 604-01-DD: Individual Clothing and Personal Property

*To access the following attachments, please see the agency website page “Current Directives” at: <https://ddsn.sc.gov/providers/ddsn-directives-standards-and-manuals/current-directives>*

- Attachment A. Statement of Financial Rights
- Attachment B. Guidelines for Purchases (Personal vs. Department Funds)
- Attachment C. Personal Funds Draft
- Attachment D. Group Withdrawal Draft
- Attachment E. Shopping Worksheet
- Attachment F. Regional Bank Liaison Application  
**(APPLICABLE TO DDSN REGIONAL CENTERS ONLY)**
- Attachment G. Regional Bank Purchasing Card Application  
**(APPLICABLE TO DDSN REGIONAL CENTERS ONLY)**
- Attachment H. Purchasing Card Change Request  
**(APPLICABLE TO DDSN REGIONAL CENTERS ONLY)**
- Attachment I. Purchasing Card Credit Limit Change Request  
**(APPLICABLE TO DDSN REGIONAL CENTERS ONLY)**
- Attachment J. Purchasing Card Request For Purchase  
**(APPLICABLE TO DDSN REGIONAL CENTERS ONLY)**
- Attachment K. Purchasing Card Record For Group Entertainment Purchases  
(restaurant/movie tickets)  
**(APPLICABLE TO DDSN REGIONAL CENTERS ONLY)**
- Attachment L. Regional Bank Authorized Signatures Record
- Attachment M. Sample Financial Plan

SC Department of Disabilities and Special Needs

STATEMENT OF FINANCIAL RIGHTS

- 1. Upon enrollment for services from the South Carolina Department of Disabilities and Special Needs (DDSN), DDSN shall require a financial statement of the person's resources and request that he or she entrust those personal funds to DDSN except in cases where alternative financial arrangements have already been made.
2. A person enrolling for services with DDSN has the right to receive, retain and manage his or her own personal funds. This may be done by a legal guardian or other designated person or the person may authorize DDSN in writing to hold, safeguard and account for those personal funds.
3. DDSN shall hold, safeguard and account for a person's funds only upon written authorization by the person, parent, guardian or other responsible party or if DDSN is appointed representative payee.
4. DDSN shall not charge a person enrolling for services to hold, safeguard or account for his or her personal funds, but shall include any charges for this service in DDSN's basic per diem rate.
5. In accordance with DDSN policy, written records of all financial transactions involving a person's funds for which DDSN is custodian shall be kept current and maintained by the ICF/IID.
6. In accordance with DDSN policy, people with personal funds in the Regional Bank shall be provided reasonable access to their financial records and personal funds.
7. Personal funds received by DDSN for safe-holding, safeguarding and accounting shall be kept separate from DDSN's operating funds.
8. For any person managing his or her own personal funds while receiving services from DDSN who becomes unable to continue managing those funds, DDSN shall serve as temporary representative payee for the person until a permanent representative payee may be appointed.

These rights have been explained to me and I understand how they affect me.

Person's Name: \_\_\_\_\_

File No.: \_\_\_\_\_

Signature (Person)

Date: \_\_\_\_\_

Signature (QIDP/Designated Staff)

Date: \_\_\_\_\_

Signature (Witness)

Date: \_\_\_\_\_

As parent, guardian or conservator, these rights have been explained to me and I understand how they affect my relative/person for whom I am responsible. I understand that I am signing on his/her behalf. Relationship to the Person: \_\_\_\_\_

Signature (Parent/Guardian/Responsible Party)

Date: \_\_\_\_\_

## SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

GUIDELINES FOR PURCHASES  
(PERSONAL VS. DDSN FUNDS)

For people requesting residential services from an ICF/IID, this document declares what costs are chargeable to their personal funds and what costs are to be paid by DDSN funds. Personal funds shall be used to purchase non-medical needs and specific comfort items. DDSN funds shall provide for:

- (1) Medically related needs;
- (2) Services to provide at least a minimum level of personal hygiene, decency, and presentability, essential to a person's healthy well-being; and
- (3) Active treatment needs as defined in applicable Medicaid regulations.

The following list of charges to DDSN funds is not all-inclusive. The list of items/services that may be purchased with personal funds shows acceptable or allowable purchases. All prospective personal fund purchases shall be dependent upon each person's financial condition (reference DDSN Directive 200-09-DD: Fees for Residential Services in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) Facilities). People receiving residential services from DDSN shall not be denied necessary special medical needs due to a shortage of personal funds. This directive does not prevent the use of donated funds to purchase items listed under Item B.

## A. CHARGES TO DDSN FUNDS

1. Professional, Special Programs and Services

Provision of these services is contingent upon a thorough evaluation of each person's needs and pending DDSN approval.

- a. Dietary/Nutritional Services.
- b. Dental Services.
- c. Education Services.
- d. Health Services.
- e. Medical Services.
- f. Nursing Services.
- g. Pharmacy Services.
- h. Physical and Occupational Therapy.
- i. Psychological Services.
- j. Religious Services.
- k. Social Services.
- l. Speech Pathology and Audiology.
- m. Training and Habilitation Services.

2. Items/Services Necessary for the Physical Well-Being of Recipients and Routinely/Uniformly Provided to All People Receiving Services from DDSN

- a. Necessary medications, medical and surgical supplies.
- b. Use of equipment and facilities.
- c. Special dietary supplements used for tube feeding or oral feeding.

- d. Routine laundry (including personal clothing), toiletries and housekeeping services (including sheets, towels, wash cloths, incontinence supplies, soaps, bathroom tissue).
- e. Activity programs.
- f. Routine personal hygiene items and services as required to meet needs including but not limited to: hair hygiene products, comb, brush, bath soap, disinfecting soaps or specialized cleansing agents when indicated to treat special skin problems or to fight infection, razor, shaving cream, toothbrush, toothpaste, denture adhesive, denture cleaner, dental floss, moisturizing lotion, tissues, cotton balls, cotton swabs, deodorant, incontinence care and supplies, sanitary napkins and related supplies, towels, wash cloths, hospital gowns, over the counter drugs, hair and nail hygiene services, haircuts, bathing and basic personal laundry.
- g. Items required for behavior management.

3. Medical Equipment and Supplies

- a. Wheelchairs.
- b. Mats.
- c. Walkers.
- d. Special Geriatric Chairs.
- e. Dentures.
- f. Eyeglasses.
- h. Hearing Aids/Supplies.
- i. Similar Items.

See B (4) for items required beyond these basic medical needs.

**Note:** DDSN shall not be responsible for the purchase of any of the above items or services when a parent or guardian initiated the purchase without the prior approval of authorized DDSN staff.

- 4. Purchases from Related Organizations (Services, Facilities, Supplies)
- 5. Administrative Costs Incurred by DDSN in order to meet Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) Standards and Applicable State Health and Licensure Requirements
- 6. Personnel Costs (Wages, Fringe Benefits)
- 7. Physical Plant Maintenance, Development and Expansion
- 8. Food and Housing costs except where covered through Care and Maintenance Charges as provided for in DDSN Directive 200-09-DD: Fees for Residential Services Provided by DDSN.

B. ITEMS/SERVICES THAT MAY BE CHARGED TO A PERSON'S PERSONAL FUNDS<sup>1</sup>

1. Personal Grooming and Care Articles

Cosmetic and grooming items or services in excess of those for which payment is made under Medicaid or Medicare: painted or acrylic nails, hair weaves, and similar items.

<sup>1</sup> The Residential Director and/or Program Team members should ensure appropriate uses of personal funds. In cases where a question may arise as to whether DDSN or personal funds should be used, the expenditure of personal funds must be justified in the remarks section of a Personal Funds Draft (PFD)/Group Withdrawal Draft (GWD). Appropriate documentation must be attached, such as minutes from Program Team meetings, physician statements of medical necessity or requests from parents for equipment, supplies and/or services to be purchased for the convenience of the person or family.

2. Personal Recreational Items and Equipment Not Covered Under a Required Activities Program

Bicycles, magazine or newspaper subscriptions, aquariums, plants/flowers, radios, televisions, records and books.

3. Personal Clothing

Gloves, hats, scarves, hosiery, slippers, shoes and similar items.

4. Special Medical Equipment, Supplies and Services for the Convenience of People and their Families

Certain purchases of medical equipment, supplies and services that are for the convenience of the person and/or family and not determined by DDSN to be medically necessary may be purchased with personal funds. This would include items mentioned in A.(3) such as an extra wheelchair for home visits or certain nonessential chiropractic, podiatry visits or dental services. These items and services are considered to be for personal convenience and therefore would not be allowable charges to the Medicaid program.

5. Damaged Property

Personal funds may be used to replace damaged property owned by staff, the provider, DDSN or another person when it is consistent with the responsible person's Plan and when funds are available.

6. Miscellaneous Items

- a. Special food/drinks that are not essential dietary needs (e.g., candy, cookies, soft drinks).
- b. Tobacco products and accessories.
- c. Costs of trial visits.
- d. Expenses involved in relatives visiting the residence or a person's visit/extended stay in the home setting.
- e. Postage
- f. Stationery.
- g. Insurance premiums
- h. Taxes
- i. Movies passes
- j. Special entertainment/recreational activities
- k. Special bedspreads or other similar purchases.

These purchases are subject to the availability of personal funds.

7. Personal Comfort Items

Items and services that do not constitute a meaningful contribution for treatment of an illness or injury or to achieve/enhance independence (except for hospice care). Items also considered to be personal comfort items include radios, televisions, telephones, computers, laptops, tablets,



musical instruments, hobby items, lessons in leisure interests or memberships in clubs or fitness centers.

These rights/services have been explained to me and I understand how they will affect me.

Person's Name: \_\_\_\_\_

File Number: \_\_\_\_\_

\_\_\_\_\_  
*Signature (Person)*

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature (QIDP)*

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature (Witness)*

Date: \_\_\_\_\_

As parent, guardian or conservator, these rights/services have been explained to me and I understand how they will affect my relative/person for whom I am responsible. I understand that I am signing on his/her behalf.

\_\_\_\_\_  
*Signature (Parent/Guardian/Responsible Person)*

Date: \_\_\_\_\_

\_\_\_\_\_  
*Relationship to Person*

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS  
**PERSONAL FUNDS DRAFT (PFD)**

Person's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number (last four (4) only): \_\_\_\_\_

Residence: \_\_\_\_\_

I want/need \$ \_\_\_\_\_ of my personal funds.

I want/need \$ \_\_\_\_\_ of my personal funds spent for me to: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Signed (Person): \_\_\_\_\_

Address (optional): \_\_\_\_\_

(Necessary only if over \$200)

Requested By: \_\_\_\_\_ / \_\_\_\_\_  
(Staff Representative) Date

Approved: \_\_\_\_\_ / \_\_\_\_\_  
(Program Administrator or Residential Director) Date

(Necessary only if over \$500)

Approved: \_\_\_\_\_ / \_\_\_\_\_  
(Manager or QIDP) Date

Approved: \_\_\_\_\_ / \_\_\_\_\_  
(Facility Administrator/ Executive Director) Date

Funds Verified (Initials): \_\_\_\_\_  
(Regional Bank Clerk)

Paid:  Cash  VISA  Check #: \_\_\_\_\_

Paid By: \_\_\_\_\_  
(Cashier)

Date: \_\_\_\_\_

Received By: \_\_\_\_\_  
(Staff Representative)

Date: \_\_\_\_\_

I certify that the above mentioned withdrawn funds were either given to or expended for the sole benefit of the above named person, with the exception of \$ \_\_\_\_\_ in unspent funds that I am returning to the Regional Bank.

\_\_\_\_\_  
(Staff Representative) Date

\_\_\_\_\_  
(Regional Bank Clerk) Date

Regional Bank (1<sup>st</sup> Copy)  
Certification (2nd Copy)  
Residence (3<sup>rd</sup> Copy)

For posting purposes after disbursing funds.  
For Regional Bank audit records after purchases are made and unspent funds, if any, are returned to the Regional Bank for deposit (within three (3) business days).  
For residence staff after certification signature of Regional Bank Liaison Clerk has been obtained.

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

**GROUP WITHDRAWAL DRAFT (GWD)**

Residence \_\_\_\_\_

Date \_\_\_\_\_

<b>NOTE: If any one person's withdrawal request is for more than \$200, a separate Personal Funds Draft (PFD) must be completed and the necessary signatures obtained to ensure proper approval.</b>		
<b>Social Security Number</b> (last four (4) only)	<b>Names (list alphabetically)</b> <b>Last Name First (Smith, Joe)</b>	<b>Amounts</b> <b>Requested</b>
XXX-XX-_____		\$ _____
XXX-XX-_____		\$ _____
XXX-XX-_____		\$ _____
XXX-XX-_____		\$ _____
XXX-XX-_____		\$ _____
XXX-XX-_____		\$ _____
XXX-XX-_____		\$ _____
XXX-XX-_____		\$ _____
<b>TOTAL FUNDS REQUESTED</b>		<b>\$ _____</b>

Purpose of Withdrawal:  Weekly Canteen  Other - Explain in detail: \_\_\_\_\_

Requested By: \_\_\_\_\_ / \_\_\_\_\_ Date Approved: \_\_\_\_\_ / \_\_\_\_\_ Date  
(Staff Representative) (Manager or QIDP)

Funds Verified and Encumbered (Initials): \_\_\_\_\_ Paid :  Cash  VISA  Check #: \_\_\_\_\_  
(Regional Bank Clerk)

Paid By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Cashier)

Received By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Staff Representative)

I certify that the above mentioned withdrawn funds were either given to or expended for the sole benefit of the people named above, with the exception of \$ \_\_\_\_\_ in unspent funds that I am returning to the Regional Bank.

\_\_\_\_\_/\_\_\_\_\_  
(Staff Representative) Date (Regional Bank Clerk) Date

- Regional Bank (1<sup>st</sup> Copy) For posting purposes after disbursing funds.
- Certification (2nd Copy) For Regional Bank audit records after purchases are made and unspent funds, if any, are returned to the Regional Bank for deposit (within three (3) business days).
- Residence (3<sup>rd</sup> Copy) For residence staff after certification signature of Regional Bank Clerk has been obtained.

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

**SHOPPING WORKSHEET**

**\*\*\*IMPORTANT\*\*\***

1. Use one Shopping Worksheet per person. Do not combine purchases for several people on one worksheet.
2. Attach copies of store receipts and purchase approval documentation to this completed worksheet. Send packet to the Regional Finance Office.
3. Cash withdrawn from a person's account may only be spent on or by that person. If shopping for more than one person, **do not combine separate funds**. Each person's personal funds should only be spent on the person to whom it belongs.
4. List each item purchased and the price of each item separately.

<b>PURCHASES MADE FOR:</b> _____ <span style="display: block; text-align: center; font-size: small;">(Person's Name)</span>	<b>DATE OF SHOPPING TRIP:</b> _____
--	-------------------------------------

ITEMS PURCHASED	PRICE (EA.)	QUANT.	TOTAL
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
THE ITEMS LISTED ON THIS SHEET WERE POSTED TO THE PERSONAL PROPERTY RECORD OF THE ABOVE NAMED PERSON	\$		\$
		<b>SALES TAX TOTAL</b>	\$

Paid:    Cash   VISA   Check #: \_\_\_\_\_

**TOTAL AMOUNT OF FUNDS SPENT**    \$ \_\_\_\_\_

**+ FUNDS RETURNING TO REGIONAL BANK**    \$ \_\_\_\_\_

**+ CASH GIVEN TO PERSON (IF ANY)**    \$ \_\_\_\_\_

**= GRAND TOTAL (SHOULD EQUAL PFD)**    \$ \_\_\_\_\_

\_\_\_\_\_  
 (Manager/Supervisor or QIDP)

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

**REGIONAL BANK CLERK APPLICATION**

(This form is applicable to DDSN Regional Centers only)

**Regional Finance Directors must select at least one person (or more, if needed) from their staff to act as Regional Bank Clerk in accordance with DDSN Directive 200-02-DD: Financial Management of Personal Funds.**

**NOTE: UNDER NO CIRCUMSTANCES SHOULD A REGIONAL BANK LIAISON ALSO BE A CARDHOLDER.**

**In order to process this application, the entire form must be completed. The request cannot be processed unless ALL required information has been supplied.**

APPLICANT INFORMATION:

Full Name: \_\_\_\_\_

Physical Street Address  
And Building Name (include zip code): \_\_\_\_\_

Mailing Address (if different from Street Address – include zip code):  
\_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number (include area code): \_\_\_\_\_

Region/County: \_\_\_\_\_

I certify by my signature below that I will fulfill the responsibilities of Regional Bank Clerk as explained in DDSN Directive 200-02-DD: Financial Management of Personal Funds.

\_\_\_\_\_  
Signature (Applicant) Date: \_\_\_\_\_

I delegate authority to the above named applicant to fulfill the duties of Regional Bank Clerk and I agree that he or she will comply with all guidelines of the DDSN Regional Bank Purchasing Card Program as well as with DDSN policies and procedures as they relate to the Regional Bank.

\_\_\_\_\_  
Signature (Regional Finance Director) Date: \_\_\_\_\_

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

REGIONAL BANK PURCHASING CARD APPLICATION

(This form is applicable to DDSN Regional Centers only)

SECTION 1: APPLICATION REQUIREMENTS

- 1. Applicants must be permanent, full-time employees of DDSN.
2. Applicants must agree to sign a cardholder's agreement upon receipt of a new purchasing card.
3. All requested information must be supplied fully before this application can be processed.

SECTION 2: APPLICANT INFORMATION

Full Name: \_\_\_\_\_

Physical Street Address
And Building Name (include zip code): \_\_\_\_\_

Mailing Address (if different from Street Address - include zip code):
\_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number (include area code): \_\_\_\_\_

Facility/Region: \_\_\_\_\_ Requested Monthly Credit Limit: \$ \_\_\_\_\_

Default Account Number (last four (4) digits only): \_\_\_\_\_

SECTION 3: APPLICANT SIGNATURE

As a cardholder, I agree that I will always treat the Regional Bank Purchasing Card with at least the same level of care that I would treat my own personal credit card. I will maintain the card in a secure location and carefully guard the account number. I understand that I am the only person that is authorized to use the card. I fully understand the intent of this program and will comply with all guidelines and procedures of the DDSN Regional Bank Purchasing Card Program as well as all DDSN policies and procedures related to the handling of personal funds.

\_\_\_\_\_  
Signature (Applicant) Date: \_\_\_\_\_

SECTION 4: APPROVAL SIGNATURE

I delegate transaction authority to this applicant and agree that he/she will comply with all the guidelines of the DDSN Regional Bank Purchasing Card Program as well as the DDSN policies and procedures relating to the handling of personal funds.

\_\_\_\_\_  
Signature (Regional Finance Director) Date: \_\_\_\_\_

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS  
**PURCHASING CARD CHANGE REQUEST**  
(This form is applicable to DDSN Regional Centers only)

Date: \_\_\_\_\_

Division/Department: \_\_\_\_\_

Cardholder Name on Purchasing Card: \_\_\_\_\_  
(Record name as it appears on card)

Purchasing Card Account Number (last four (4) digits only): \_\_\_\_\_

**Type of Request:**

Account Closure

Name Change - Current Information: \_\_\_\_\_

New Information: \_\_\_\_\_

Explanation of Change (i.e., employee termination, name change due to marriage/divorce, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Requestor's Signature

Date: \_\_\_\_\_

**Forward to Regional Finance Director for REVIEW AND approval**

\_\_\_\_\_  
Signature (Regional Finance Directors)

Date: \_\_\_\_\_

SC Department of Disabilities and Special Needs

**PURCHASING CARD CREDIT LIMIT CHANGE REQUEST**

(This form is applicable to DDSN Regional Centers only)

Cardholder's Name: \_\_\_\_\_

Purchasing Card Account Number *(last four (4) digits only)*: \_\_\_\_\_

Division/Department: \_\_\_\_\_

Regional Bank Clerk: \_\_\_\_\_

Current Monthly Limit: \$ \_\_\_\_\_

Requested *New* Monthly Limit: \$ \_\_\_\_\_

Explanation for Request:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature (*Cardholder*)

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature (*Regional Bank Clerk*)

Date: \_\_\_\_\_

**FORWARD TO REGIONAL FINANCE DIRECTOR FOR REVIEW AND APPROVAL**

\_\_\_\_\_  
Signature (*Regional Finance Director*)

Date: \_\_\_\_\_



**SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS**  
**PURCHASING CARD REQUEST FOR PURCHASE**  
 (This form is applicable to DDSN Regional Centers only)

Person's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Residence: \_\_\_\_\_

REQUESTED ITEMS	VENDOR	EST. COST
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	Total	\$

\_\_\_\_\_  
 Requested by (Staff Representative)      Date

\_\_\_\_\_  
 Program Administrator or Residential Director      Date  
*(Only necessary if \$200 or more)*

\_\_\_\_\_  
 Approved by Residential Manager or QIDP      Date

\_\_\_\_\_  
 Facility Administrator      Date  
*(Only necessary if \$500 or more)*

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

**PURCHASING CARD RECORD FOR GROUP ENTERTAINMENT PURCHASES  
(RESTAURANT/MOVIE TICKETS)**

(This form is applicable to DDSN Regional Centers only)

PARTICIPATING PERSONS	AMOUNT TO DEBIT PERSONAL FUNDS
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

\_\_\_\_\_  
Signature (Purchaser)

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature (Residential Manager or QIDP)

Date: \_\_\_\_\_

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

REGIONAL BANK AUTHORIZED SIGNATURES RECORD

Residence: \_\_\_\_\_

Date: \_\_\_\_\_

The following staff may approve withdrawals and expenditures of less than \$200.00 from personal funds in the Regional Bank for the persons residing in the above named residence. Withdrawals and expenditures of \$200.00 or more will require the signature approval of the Program Administrator or Residential Director. Withdrawals and expenditures of \$500.00 or more will require the signature approval of the Facility Administrator or Executive Director.

NAME (Printed or Typed)

SIGNATURE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The following staff is authorized to pick up personal funds at the Regional Bank.

NAME(Printed or Typed)

SIGNATURE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Date: \_\_\_\_\_

Signature (Program Administrator/Residential Director/Residential Director)

Sample Financial Plan

Financial Plan

This form is to be completed and attached to each person's file (SLP-I and II, CTH-I and II, ICF and CRCF)

Name: \_\_\_\_\_

Date of Financial Plan: \_\_\_\_\_

1. Financial Skills

A. Can the person maintain his/her own financial Records in sufficient order and correctness?

Yes  No If no is answered complete the following:

- Person can make deposits alone  Yes  No
- Person can write checks alone  Yes  No
- Person needs assistance with balancing checkbook and reconciling statements  Yes  No
- Person needs assistance with all areas of banking  Yes  No

Rep-payee: \_\_\_\_\_

Financial Institution Utilized: \_\_\_\_\_

**Note: If the board is Rep-Payee ensure there are two (2) staff listed on the bank signature cards as authorized signers.**

B. Can the person manage cash on their own?  Yes  No

If yes, how much cash can the person manage \$ \_\_\_\_\_

Is this person working on improving his/her money management skills?  Yes  No

If yes, in what way: \_\_\_\_\_

\_\_\_\_\_

2. Budget/Monthly Income (Based on averages)

SSI	\$	Competitive Employment	\$
VA	\$	Other	\$
Workshop	\$	Other	\$

Monthly Expenditures

Rent	\$	Clothing	\$
Lights	\$	Water	\$
Phone	\$	Groceries/Supplies	\$
Medication/Medical	\$	Other	\$
Cable	\$	Other	
Personal Spending	\$	Other	

3. Future financial plan: (Emphasis here should be place on determining any need to accumulate resources for a particular purchase or purpose, Medicaid eligibility, where available, should not be jeopardized: however, some resources accumulation can be done without jeopardizing Medicaid eligibility.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Weekly personal spending amount \$ \_\_\_\_\_ (exact amount)  
The amount should balance leisure activities with income (Blanket terms such as "or more as needed" should not be used.)  
(Call team meeting should be used to document if additional funds are warranted)

Will this money be given all at one to the person  Yes  No  
If no, how and why will it be given differently?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Will cash on hand be maintained for the person?  Yes  No Amount \$ \_\_\_\_\_  
**Note: If this amount is over \$50, this must be by programmatic justification**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. List all approved shared cost and how they will be shared.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. List the date each task was completed below:

- a. Review/summary of last year's financial activity: \_\_\_\_\_
- b. Statement of Financial Rights reviewed and signed: \_\_\_\_\_
- c. Authorization for Management of Personal Funds reviewed an signed: \_\_\_\_\_
- d. Authorization for application and management of entitlements and benefits reviewed and signed: \_\_\_\_\_

\_\_\_\_\_

8. Additional Financial Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature and Date:

\_\_\_\_\_  
Program Team Chair person

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Plan Owner

Date: \_\_\_\_\_

\_\_\_\_\_  
Case Manager

Date: \_\_\_\_\_

Provider	Service	Amount	Description
Allendale	Adult Day	\$ 12,060	Band Increases for 2.5% COLA; Res. Appropriations
Allendale	SLP I	\$ 5,287	Band Increases for 2.5% COLA; Res. Appropriations
Allendale	CTH II	\$ 165,950	Band Increases for 2.5% COLA; Res. Appropriations
Allendale	CRCF	\$ 42,535	Band Increases for 2.5% COLA; Res. Appropriations
Allendale	ICF	\$ 44,544	Band Increases for 2.5% COLA; Res. Appropriations
	<b><i>Total -Allendale</i></b>	<b>\$ 270,376</b>	
Anderson	Adult Day	\$ 17,420	Band Increases for 2.5% COLA; Res. Appropriations
Anderson	Supported Employment	\$ 3,484	Band Increases for 2.5% COLA; Res. Appropriations
Anderson	CTH II	\$ 297,831	Band Increases for 2.5% COLA; Res. Appropriations
Anderson	SLP I	\$ 4,681	Band Increases for 2.5% COLA; Res. Appropriations
Anderson	SLP II	\$ 37,478	Band Increases for 2.5% COLA; Res. Appropriations
	<b><i>Total- Anderson</i></b>	<b>\$ 360,894</b>	
Babcock	Adult Day	\$ 51,456	Band Increases for 2.5% COLA; Res. Appropriations
Babcock	Supported Employment	\$ 5,360	Band Increases for 2.5% COLA; Res. Appropriations
Babcock	CTH I	\$ 3,588	Band Increases for 2.5% COLA; Res. Appropriations
Babcock	CTH II	\$ 820,148	Band Increases for 2.5% COLA; Res. Appropriations
Babcock	SLP I	\$ 4,751	Band Increases for 2.5% COLA; Res. Appropriations
Babcock	SLP II	\$ 72,612	Band Increases for 2.5% COLA; Res. Appropriations
Babcock	CRCF	\$ 96,554	Band Increases for 2.5% COLA; Res. Appropriations
Babcock	ICF	\$ 74,240	Band Increases for 2.5% COLA; Res. Appropriations
	<b><i>Total- Babcock</i></b>	<b>\$ 1,128,709</b>	
Beaufort	Adult Day	\$ 11,256	Band Increases for 2.5% COLA; Res. Appropriations
Beaufort	Supported Employment	\$ 804	Band Increases for 2.5% COLA; Res. Appropriations
Beaufort	CTH I	\$ 1,103	Band Increases for 2.5% COLA; Res. Appropriations
Beaufort	CTH II	\$ 189,324	Band Increases for 2.5% COLA; Res. Appropriations
Beaufort	SLP I	\$ 5,862	Band Increases for 2.5% COLA; Res. Appropriations
	<b><i>Total- Beaufort</i></b>	<b>\$ 208,349</b>	

Provider	Service	Amount	Description
Berkeley	Adult Day	\$ 20,100	Band Increases for 2.5% COLA; Res. Appropriations
Berkeley	Supported Employment	\$ 804	Band Increases for 2.5% COLA; Res. Appropriations
Berkeley	CTH I	\$ 1,103	Band Increases for 2.5% COLA; Res. Appropriations
Berkeley	CTH II	\$ 360,248	Band Increases for 2.5% COLA; Res. Appropriations
Berkeley	SLP I	\$ 1,111	Band Increases for 2.5% COLA; Res. Appropriations
Berkeley	ICF	\$ 29,696	Band Increases for 2.5% COLA; Res. Appropriations
	<b><i>Total- Berkeley</i></b>	<b>\$ 413,062</b>	
Broadstep Academy	CTH II	\$ 387,291	Rate Increases for 2.5% COLA; Res. Appropriations
	<b><i>Total- Broadstep</i></b>	<b>\$ 387,291</b>	
Burton	Adult Day	\$ 24,388	Band Increases for 2.5% COLA; Res. Appropriations
Burton	Supported Employment	\$ 804	Band Increases for 2.5% COLA; Res. Appropriations
Burton	CTH I	\$ 6,072	Band Increases for 2.5% COLA; Res. Appropriations
Burton	CTH II	\$ 325,226	Band Increases for 2.5% COLA; Res. Appropriations
Burton	SLP I	\$ 7,548	Band Increases for 2.5% COLA; Res. Appropriations
Burton	SLP II	\$ 24,679	Band Increases for 2.5% COLA; Res. Appropriations
Burton	ICF	\$ 85,376	Band Increases for 2.5% COLA; Res. Appropriations
	<b><i>Total- Burton</i></b>	<b>\$ 474,093</b>	
Charles Lea	Adult Day	\$ 46,364	Band Increases for 2.5% COLA; Res. Appropriations
Charles Lea	Supported Employment	\$ 4,556	Band Increases for 2.5% COLA; Res. Appropriations
Charles Lea	CRCF	\$ 101,082	Band Increases for 2.5% COLA; Res. Appropriations
Charles Lea	CTH I	\$ 1,103	Band Increases for 2.5% COLA; Res. Appropriations
Charles Lea	CTH II	\$ 820,384	Band Increases for 2.5% COLA; Res. Appropriations
Charles Lea	SLP I	\$ 22,795	Band Increases for 2.5% COLA; Res. Appropriations
Charles Lea	SLP II	\$ 47,652	Band Increases for 2.5% COLA; Res. Appropriations
	<b><i>Total- Charles Lea</i></b>	<b>\$ 1,043,936</b>	

Provider	Service	Amount	Description
Charleston	Adult Day	\$ 41,540	Band Increases for 2.5% COLA; Res. Appropriations
Charleston	Supported Employment	\$ 4,824	Band Increases for 2.5% COLA; Res. Appropriations
Charleston	CRCF	\$ 142,800	Band Increases for 2.5% COLA; Res. Appropriations
Charleston	CTH I	\$ 9,082	Band Increases for 2.5% COLA; Res. Appropriations
Charleston	CTH II	\$ 524,958	Band Increases for 2.5% COLA; Res. Appropriations
Charleston	SLP I	\$ 13,717	Band Increases for 2.5% COLA; Res. Appropriations
Charleston	SLP II	\$ 45,899	Band Increases for 2.5% COLA; Res. Appropriations
Charleston	ICF	\$ 14,848	Band Increases for 2.5% COLA; Res. Appropriations
	<b><i>Total- Charleston</i></b>	<b>\$ 797,668</b>	
CHESCO	Adult Day	\$ 48,240	Band Increases for 2.5% COLA; Res. Appropriations
CHESCO	Supported Employment	\$ 3,216	Band Increases for 2.5% COLA; Res. Appropriations
CHESCO	CRCF	\$ 258,774	Band Increases for 2.5% COLA; Res. Appropriations
CHESCO	CTH I	\$ 3,320	Band Increases for 2.5% COLA; Res. Appropriations
CHESCO	CTH II	\$ 506,692	Band Increases for 2.5% COLA; Res. Appropriations
CHESCO	SLP I	\$ 5,862	Band Increases for 2.5% COLA; Res. Appropriations
CHESCO	SLP II	\$ 72,767	Band Increases for 2.5% COLA; Res. Appropriations
	<b><i>Total- CHESCO</i></b>	<b>\$ 898,871</b>	
Clarendon	Adult Day	\$ 16,616	Band Increases for 2.5% COLA; Res. Appropriations
Clarendon	CRCF	\$ 64,079	Band Increases for 2.5% COLA; Res. Appropriations
Clarendon	CTH I	\$ 4,969	Band Increases for 2.5% COLA; Res. Appropriations
Clarendon	CTH II	\$ 189,084	Band Increases for 2.5% COLA; Res. Appropriations
Clarendon	SLP I	\$ 5,058	Band Increases for 2.5% COLA; Res. Appropriations
	<b><i>Total- Clarendon</i></b>	<b>\$ 279,806</b>	
Colleton	Adult Day	\$ 12,060	Band Increases for 2.5% COLA; Res. Appropriations
Colleton	Supported Employment	\$ 804	Band Increases for 2.5% COLA; Res. Appropriations
Colleton	CRCF	\$ 76,188	Band Increases for 2.5% COLA; Res. Appropriations
Colleton	CTH II	\$ 127,982	Band Increases for 2.5% COLA; Res. Appropriations
Colleton	SLP II	\$ 34,839	Band Increases for 2.5% COLA; Res. Appropriations
	<b><i>Total- Colleton</i></b>	<b>\$ 251,873</b>	



Provider	Service	Amount	Description
Community Options	High Management CTH II	\$ 479,670	New Forensic Contract- CTH II
Community Options	CTH II	\$ 1,015,498	Rate Increases for 2.5% COLA; Res. Appropriations
Community Options	CTH I	\$ 13,941	Rate Increases for 2.5% COLA; Res. Appropriations
Community Options	SLP III	\$ 5,716	Rate Increases for 2.5% COLA; Res. Appropriations
Community Options	SLP I	\$ 16,329	Rate Increases for 2.5% COLA; Res. Appropriations
Community Options	SLP II	\$ 3,803	Rate Increases for 2.5% COLA; Res. Appropriations
	<b><i>Total- Community Options</i></b>	<b>\$ 1,534,957</b>	
D & S Community	CTH II	\$ 228,450	Rate Increases for 2.5% COLA; Res. Appropriations
	<b><i>Total -D &amp; S</i></b>	<b>\$ 228,450</b>	
Dorchester	Adult Day	\$ 19,832	Band Increases for 2.5% COLA; Res. Appropriations
Dorchester	Supported Employment	\$ 4,020	Band Increases for 2.5% COLA; Res. Appropriations
Dorchester	SLP I	\$ 10,652	Band Increases for 2.5% COLA; Res. Appropriations
Dorchester	SLP II	\$ 16,545	Band Increases for 2.5% COLA; Res. Appropriations
Dorchester	CTH II	\$ 356,314	Band Increases for 2.5% COLA; Res. Appropriations
Dorchester	ICF	\$ 29,696	Band Increases for 2.5% COLA; Res. Appropriations
	<b><i>Total- Dorchester</i></b>	<b>\$ 437,059</b>	
Fairfield	Adult Day	\$ 10,184	Band Increases for 2.5% COLA; Res. Appropriations
Fairfield	CTH II	\$ 209,834	Band Increases for 2.5% COLA; Res. Appropriations
	<b><i>Total- Fairfield</i></b>	<b>\$ 220,018</b>	
Florence	Adult Day	\$ 24,388	Band Increases for 2.5% COLA; Res. Appropriations
Florence	CRCF	\$ 71,932	Band Increases for 2.5% COLA; Res. Appropriations
Florence	CTH I	\$ 2,206	Band Increases for 2.5% COLA; Res. Appropriations
Florence	CTH II	\$ 225,948	Band Increases for 2.5% COLA; Res. Appropriations
Florence	SLP II	\$ 51,829	Band Increases for 2.5% COLA; Res. Appropriations
Florence	ICF	\$ 74,240	Band Increases for 2.5% COLA; Res. Appropriations
	<b><i>Total- Florence</i></b>	<b>\$ 450,543</b>	

Provider	Service	Amount	Description
Horry	Adult Day	\$ 20,100	Band Increases for 2.5% COLA; Res. Appropriations
Horry	Supported Employment	\$ 1,608	Band Increases for 2.5% COLA; Res. Appropriations
Horry	CRCF	\$ 72,408	Band Increases for 2.5% COLA; Res. Appropriations
Horry	CTH I	\$ 2,474	Band Increases for 2.5% COLA; Res. Appropriations
Horry	CTH II	\$ 182,748	Band Increases for 2.5% COLA; Res. Appropriations
Horry	SLP II	\$ 30,001	Band Increases for 2.5% COLA; Res. Appropriations
Horry	SLP I	\$ 6,169	Band Increases for 2.5% COLA; Res. Appropriations
	<b><i>Total- Horry</i></b>	<b>\$ 315,508</b>	
Laurens	Adult Day	\$ 17,420	Band Increases for 2.5% COLA; Res. Appropriations
Laurens	Supported Employment	\$ 2,144	Band Increases for 2.5% COLA; Res. Appropriations
Laurens	CRCF	\$ 72,200	Band Increases for 2.5% COLA; Res. Appropriations
Laurens	CTH II	\$ 240,110	Band Increases for 2.5% COLA; Res. Appropriations
Laurens	SLP I	\$ 8,927	Band Increases for 2.5% COLA; Res. Appropriations
Laurens	SLP II	\$ 31,341	Band Increases for 2.5% COLA; Res. Appropriations
Laurens	ICF	\$ 29,696	Band Increases for 2.5% COLA; Res. Appropriations
	<b><i>Total- Laurens</i></b>	<b>\$ 401,838</b>	
Marion/Dillon	Adult Day	\$ 13,936	Band Increases for 2.5% COLA; Res. Appropriations
Marion/Dillon	CRCF	\$ 31,342	Band Increases for 2.5% COLA; Res. Appropriations
Marion/Dillon	CTH II	\$ 210,770	Band Increases for 2.5% COLA; Res. Appropriations
Marion/Dillon	SLP II	\$ 3,766	Band Increases for 2.5% COLA; Res. Appropriations
	<b><i>Total- Marion/Dillon</i></b>	<b>\$ 259,814</b>	

Provider	Service	Amount	Description
Mentor	CTH II	\$ 314,838	Rate Increases for 2.5% COLA; Res. Appropriations
Mentor	CTH I	\$ 21,061	Rate Increases for 2.5% COLA; Res. Appropriations
Mentor	CTH II- High Management	\$ 305,986	Rate Increases for 2.5% COLA; Res. Appropriations
	<b><i>Total- Mentor</i></b>	<b>\$ 641,885</b>	
Newberry	Adult Day	\$ 11,792	Band Increases for 2.5% COLA; Res. Appropriations
Newberry	CTH II	\$ 175,343	Band Increases for 2.5% COLA; Res. Appropriations
Newberry	SLP II	\$ 11,030	Band Increases for 2.5% COLA; Res. Appropriations
Newberry	SLP I	\$ 3,235	Band Increases for 2.5% COLA; Res. Appropriations
Newberry	ICF	\$ 20,416	Band Increases for 2.5% COLA; Res. Appropriations
	<b><i>Total- Newberry</i></b>	<b>\$ 221,816</b>	
Oconee	Adult Day	\$ 17,152	Band Increases for 2.5% COLA; Res. Appropriations
Oconee	Supported Employment	\$ 3,484	Band Increases for 2.5% COLA; Res. Appropriations
Oconee	CTH II	\$ 222,441	Band Increases for 2.5% COLA; Res. Appropriations
Oconee	SLP II	\$ 29,860	Band Increases for 2.5% COLA; Res. Appropriations
Oconee	SLP III	\$ 34,664	Band Increases for 2.5% COLA; Res. Appropriations
Oconee	SLP I	\$ 16,207	Band Increases for 2.5% COLA; Res. Appropriations
	<b><i>Total- Oconee</i></b>	<b>\$ 323,808</b>	
Orangeburg	Adult Day	\$ 21,440	Band Increases for 2.5% COLA; Res. Appropriations
Orangeburg	CTH II	\$ 306,210	Band Increases for 2.5% COLA; Res. Appropriations
Orangeburg	SLP II	\$ 32,554	Band Increases for 2.5% COLA; Res. Appropriations
Orangeburg	ICF	\$ 59,301	Band Increases for 2.5% COLA; Res. Appropriations
	<b><i>Total- Orangeburg</i></b>	<b>\$ 419,505</b>	
Pickens	Adult Day	\$ 16,348	Band Increases for 2.5% COLA; Res. Appropriations
Pickens	Supported Employment	\$ 3,484	Band Increases for 2.5% COLA; Res. Appropriations
Pickens	CTH II	\$ 261,565	Band Increases for 2.5% COLA; Res. Appropriations
Pickens	SLP II	\$ 42,103	Band Increases for 2.5% COLA; Res. Appropriations
Pickens	SLP I	\$ 8,698	Band Increases for 2.5% COLA; Res. Appropriations
	<b><i>Total- Pickens</i></b>	<b>\$ 332,198</b>	

Provider	Service	Amount	Description
Sumter	Adult Day	\$ 19,296	Band Increases for 2.5% COLA; Res. Appropriations
Sumter	Supported Employment	\$ 268	Band Increases for 2.5% COLA; Res. Appropriations
Sumter	CTH II	\$ 308,158	Band Increases for 2.5% COLA; Res. Appropriations
Sumter	SLP II	\$ 21,792	Band Increases for 2.5% COLA; Res. Appropriations
Sumter	ICF	\$ 48,256	Band Increases for 2.5% COLA; Res. Appropriations
	<b><i>Total- Sumter</i></b>	<b>\$ 397,770</b>	
Thrive	Adult Day	\$ 32,964	Band Increases for 2.5% COLA; Res. Appropriations
Thrive	Supported Employment	\$ 6,432	Band Increases for 2.5% COLA; Res. Appropriations
Thrive	CRCF	\$ 176,398	Band Increases for 2.5% COLA; Res. Appropriations
Thrive	CTH II	\$ 393,898	Band Increases for 2.5% COLA; Res. Appropriations
Thrive	SLP I	\$ 19,123	Band Increases for 2.5% COLA; Res. Appropriations
Thrive	SLP II	\$ 72,640	Band Increases for 2.5% COLA; Res. Appropriations
Thrive	ICF	\$ 89,088	Band Increases for 2.5% COLA; Res. Appropriations
	<b><i>Total- Thrive</i></b>	<b>\$ 790,543</b>	
Tri-Development	Adult Day	\$ 30,552	Band Increases for 2.5% COLA; Res. Appropriations
Tri-Development	Supported Employment	\$ 2,680	Band Increases for 2.5% COLA; Res. Appropriations
Tri-Development	CRCF	\$ 75,176	Band Increases for 2.5% COLA; Res. Appropriations
Tri-Development	CTH I	\$ 12,020	Band Increases for 2.5% COLA; Res. Appropriations
Tri-Development	CTH II	\$ 395,042	Band Increases for 2.5% COLA; Res. Appropriations
Tri-Development	SLP II	\$ 33,018	Band Increases for 2.5% COLA; Res. Appropriations
Tri-Development	SLP I	\$ 15,096	Band Increases for 2.5% COLA; Res. Appropriations
Tri-Development	ICF	\$ 59,392	Band Increases for 2.5% COLA; Res. Appropriations
	<b><i>Total- Tri-Development</i></b>	<b>\$ 622,976</b>	
MaxAbilities	Adult Day	\$ 33,500	Band Increases for 2.5% COLA; Res. Appropriations
MaxAbilities	Supported Employment	\$ 1,608	Band Increases for 2.5% COLA; Res. Appropriations
MaxAbilities	CRCF	\$ 134,858	Band Increases for 2.5% COLA; Res. Appropriations
MaxAbilities	CTH II	\$ 392,226	Band Increases for 2.5% COLA; Res. Appropriations
MaxAbilities	SLP II	\$ 36,588	Band Increases for 2.5% COLA; Res. Appropriations
MaxAbilities	SLP I	\$ 7,855	Band Increases for 2.5% COLA; Res. Appropriations
	<b><i>Total- MaxAbilities</i></b>	<b>\$ 606,635</b>	

Provider	Service	Amount	Description
UCP	CTH II	\$ 361,562	Rate Increases for 2.5% COLA; Res. Appropriations
UCP	SLP II	\$ 7,607	Rate Increases for 2.5% COLA; Res. Appropriations
UCP	SLP I	\$ 8,583	Rate Increases for 2.5% COLA; Res. Appropriations
UCP	CTH I	\$ 3,138	Rate Increases for 2.5% COLA; Res. Appropriations
	<i>Total- UCP</i>	\$ 380,890	
	<i>Total ALL</i>	\$ 15,101,141	

## Monthly DDSN Staff Report - Financial Approval & Threshold Reporting for October 2021

The purpose of this monthly report is to ensure staff comprehensively reports on all Executive Limitation Policy (800-CP-03) financial transactions for approval and financial threshold reporting requirements. The Finance and Audit Committee will decide which items require presentation to the Commission for a formal vote, as well as which items need only be reported via this monthly report to the Commission to ensure transparent reporting. After the Finance and Audit Committee's decisions, this report will highlight items in green to notify Commission this will not need a formal vote and highlight items in yellow indicating item will require a formal Commission vote to approve.

### I. New Non-Service Contracts \$200,000 or Greater:

**Intent to Sole Source Therap Software for 1 Year** - A notice was posted in the South Carolina Business Opportunity (SCBO) on October 1, 2021, to provide notice that South Carolina Disabilities and Special Needs(SCDDSN, in accordance with §11-35-1560 (A) of the SC Consolidated Procurement Code, intends to award without competition, a sole source contract to THERAP Services, LLC. THERAP Services will provide Software as a Service (SaaS). For the past seven (7) THERAP has been the solution that meet the needs, business, practices, security, and reporting requirements of DDSN, and supporting agencies including providers and federal agencies. This SaaS is used by our provider network through the State, and it will be advantageous for the State to utilize the THERAP platform during this **one year** contract period. DDSN and provider staff have already completed trainings, and have been administering THERAP user accounts to individuals that have been providing services through DDSN. Therefore, continued use of this services will maintain the current system and functionally to the agency. No additional changes were made on the existing contract, therefore the total amount for the one (1) is \$1,130,531.60.

### II. Existing Service Contracts Increasing \$200,000 or Greater (simple list if based on indiv. choice; detail summary if not):

None

### III. \$200,000 or Greater Increase in Personnel Positions for a Program or Division:

**Bid Consideration - FEMA Generators** - The project was advertised through South Carolina Business Opportunities (SCBO), and bids were received on September 30, 2021. Five bids were received. The low bid was from **Page Power Systems, Inc. out of Gastonia, NC with a Base Bid of \$626,207**. Page Power Systems, Inc. has installed generators for the Agency in the past, and are considered to be a responsive and responsible Contractor. It is recommended that a contract be awarded to Page Power Systems for the full amount of the Base Bid.

This project is largely funded through FEMA Grant DR-4346. **The current approved federal share is \$426,151.00**. FEMA can provide additional funds up to 75% of the total cost of the project if additional funds exist. DDSN will provide the remaining funds.

### IV. New CPIP or Re-Scoping of an Existing CPIP:

**Initial Approval – Whitten Interactive Garden** - The scope for this project is to develop an interactive garden master plan to include shade trees, walking paths, sitting areas, and interactive stations including water features, art, and musical displays. The garden will allow for outdoor activities and gathering spaces for

residents and families. The initial phase of the plan was started several years ago with the addition of the Whitten Center Pavilion located in the center of campus. The proposed Interactive Garden will be located between the Pavilion and the Administration building.

This project will be funded by the Whitten Center Trust Fund, with contributions from the Whitten Parent Club, but the money will move through DDSN and therefore Commission approval is needed to proceed. Proposed budget is approximately \$300,000 - \$400,000 to include construction cost and professional fees. DDSN will seek professional services to develop the master plan. This project was not included on the 5-year CPIP plan approved by the Commission on May 21st, 2020. This is an interim CPIP project.

V. **New Consulting Contract:**

None

VI. **New Federal Grant:**

None

(NOTE: In July of each year, a report of all prior FY non-service expenditures by vendor over \$200,000 will be presented as a “post-payment” review. This will add visibility for expenditures from contracts originated in prior FYs and vendors with separate purchases aggregating over \$200,000 in current FY.)



## MEMO

Date: October 1, 2021

To: DSN Commissioners

From: CFO Pat Maley

Re: Band B & I Project: 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 **43** requests for Band increases and requests for outlier funding. Of these requests, 14 have been approved, 24 denied; **4** being submitted to the October Commission meeting; and **1** is still pending review. Every Friday, new requests are staffed by Operations and Finance Divisions and either approved, denied, or held in abeyance while additional data is collected to make a determination. For all new requests not approved due to lack of sufficient justification, providers are re-contacted and given ample opportunity to send in additional financial information to support the request prior to a final denial is recommended to the Commission.

Attachment A to this memo contains a schedule itemizing all staff recommendations for the **October** 2021 Commission meeting, where staff will seek Commission final approval. Attachment B to this memo is a summary of all previously approved Commission funding decisions for this project.

### Request of the Commission:

Approve the **4** preliminary staff recommendations contained on Attachment A.



Attachment A								
Staff Recommendation for Band Increases & Outliers for the October Commission Meeting								
Band Increase Request				Outlier Request			Staffing Decision	
Individual	Band from/to	Annualized Increase Request	Annualized Increase Approved	Individual	Amount Requested	Amount Approved	Approve	Disapprove
JH	G to H	\$18,561	\$18,561				X	
ES	G to H	\$18,561	\$0					X
JW	G to H	\$18,561	\$0					X
AC	G to H	\$18,561	\$0					X
		\$ 74,244	\$ 18,561		\$ -	\$ -		

**Attachment B**

Summary of All Band Increases & Outlier Decisions Pertaining to the B & I Transition Project

Date Approved by Commission	Band Increase Request				Outlier Request			Staffing Decision	
	Individual	Band from/to	Annualized Increase Request	Annualized Increase Approved	Individual	Amount Requested	Amount Approved	Approve	Disapprove
5/20/2021	GB	G to H	\$18,561	\$ 18,561				X	
5/20/2021	CH	Low to High	\$18,561	\$ -					X
5/20/2021	DH	Low to High	\$18,561	\$ -					X
5/20/2021	LH	Low to High	\$18,561	\$ -					X
5/20/2021	RJ	Low to High	\$18,561	\$ -					X
5/20/2021	BL	G to H	\$18,561	\$ -					X
5/20/2021					TH	\$ 109,500	\$ -		X
5/20/2021					ML	\$ 112,099	\$ -		X
6/17/2021	LJ	G to H	\$18,561						X
6/17/2021	TH	G to H	\$18,561	\$ 18,561				X	
6/17/2021	JG	G to H	\$18,561	\$ -					X
6/17/2021	DP	G to H	\$18,561	\$ -					X
6/17/2021	BP	G to H	\$18,561	\$ 18,561				X	
6/17/2021	BB	G to H	\$18,561	\$ 18,561				X	
6/17/2021	WM	G to H	\$18,561	\$ 18,561				X	
6/17/2021	CW	G to H	\$18,561	\$ 18,561				X	
6/17/2021	AA	G to H	\$18,561	\$ 18,561				X	
6/17/2021	PK	G to H	\$18,561	\$ -					X
6/17/2021	DK	G to H	\$18,561	\$ -					X
6/17/2021	SH	G to H	\$18,561	\$ -					X
6/17/2021	MB	G to H	\$18,561	\$ -					X
6/17/2021	AS	G to H	\$18,561	\$ 18,561				X	
6/17/2021					GB	\$ 98,837	\$ 41,046	X	
6/17/2021					JB	\$ 134,783	\$ 80,660	X	
6/17/2021					MD	\$ 13,607	\$ -		X
6/17/2021					AJ	\$ 13,607	\$ -		X
6/17/2021					MS	\$ 73,362	\$ -		X
7/14/2021					DL	\$ 41,047	\$ -		X
7/14/2021					KM	\$ 66,163	\$ -		X
7/14/2021					JP	\$ 41,047	\$ -		X
7/14/2021					DG	\$ 37,987	\$ -		X
7/14/2021					JE	\$ 37,543	\$ -		X
7/14/2021					GB	\$ 19,384	\$ -		X
7/14/2021					AE	\$ 31,925	\$ -		X
9/16/2021	CC	G to H	\$18,561	\$18,561					
9/16/2021	RF	G to H	\$18,561	\$18,561					
9/16/2021	SK	G to H	\$18,561	\$18,561					
9/16/2021	TB	G to H	\$18,561	\$18,561					
			\$445,464	\$ 222,732		\$ 830,891	\$ 121,706		