

From: [Linguard, Christie](#)
Subject: Meeting Notice - The Commission of the SCDDSN - Commission Meeting - September 15, 2022
Date: Wednesday, September 14, 2022 9:53:44 AM
Attachments: [Commission Packet - September 15 2022.pdf](#)

Good Morning,

The South Carolina Commission on Disabilities and Special Needs will hold its regularly scheduled meeting in person on Thursday, September 15, 2022, at 10:00 a.m. in conference room 251 at the SC Department of Disabilities and Special Needs Central Administrative Office, 3440 Harden Street Extension, Columbia, SC. To access the live audio stream for the 10:00 a.m. meeting, please visit <https://ddsn.sc.gov>.

Please see the attached Commission meeting packet.

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

Thank you.

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

A G E N D A

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

September 15, 2022

10:00 A.M.

1. Call to Order *Chairman Stephanie Rawlinson*
2. Notice of Meeting Statement *Commissioner Robin Blackwood*
3. Welcome
4. Adoption of Agenda
5. Invocation *Commissioner Ed Miller*
6. Approval of August 18, 2022 Commission Meeting Minutes **Pages 3-9**
7. Commissioners' Update *Commissioners*
8. Public Input
9. Programs and Services
 - A. Spinal Cord Injury Awareness Month *Ms. Melissa Ritter, DDSN HASCI Director*
 - B. Palmetto ABLE Savings Program *Ms. Karen Crider, SC State Treasurer's Office***Pages 10-34**
10. Golden Palmetto Award *Mr. PJ Perea*
11. Commission Committee Business
 - A. Finance & Audit Committee *Committee Chair Robin Blackwood*

Whitten Center Transfer
 - B. Policy Committee *Committee Chair Barry Malphrus*
 1. 700-09-DD: Determining Need for Residential Services **Pages 35 - 43**
 2. 700-03-DD: Informed Choice in Living Preference (Intermediate Care Facilities for Individuals with Intellectual Disabilities) **Pages 44 -45**
 3. 502-01-DD: Admissions/Discharge of Individuals to/from DDSN Funded Community Residential Settings **Pages 46-50**
 4. 502-05-DD: Waiting Lists **Pages 51 - 59**
 5. 275-04-DD: Procedures for Implementation of DDSN Audit Policy for DSN Boards **Pages 60 - 72**
 6. Committee Update

12. Old Business:

- A. 800-07-CP: SC Commission on Disabilities and Special Needs
Committee Procedures – Attachment B Legislative Committee
Procedures **Pages 73 - 76**

Commissioner David Thomas

- B. 800-07-CP: SC Commission on Disabilities and Special Needs
Committee Procedures – Attachment C Personnel Committee
Procedures **Pages 77-78**

Chairman Stephanie Rawlinson

13. New Business:

- A. FY22 Accountability Report
B. FY24 Legislative Budget Proposal **Pages 79 - 80**
C. Financial Update **Page 81**

*Harley Davis, Ph.D.
Ms. Nancy Rumbaugh
Ms. Nancy Rumbaugh*

14. Director's Update

Michelle Fry, J.D., Ph.D.

15. Next Regular Meeting - October 20, 2022 @ 10:00 AM

Dorchester County Council
500 N. Main Street
Summerville, SC 29483

16. Adjournment

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

MINUTES

August 18, 2022

The South Carolina Commission on Disabilities and Special Needs met on Thursday, August 18, 2022, at 10:00 a.m., at the Department of Disabilities and Special Needs Central Office, 3440 Harden Street Extension, Columbia, South Carolina.

The following were in attendance:

COMMISSION

Present In-Person

Barry Malphrus – Vice Chairman

Robin Blackwood – Secretary

Gary Kocher, MD

Eddie Miller

David Thomas

Michelle Woodhead

Microsoft Teams

Stephanie Rawlinson – Chairman

DDSN Administrative Staff

Michelle Fry, State Director; Constance Holloway, General Counsel; Harley Davis, Ph.D., Chief Administrative Officer; Lori Manos, Interim Associate State Director of Policy; Nancy Rumbaugh, Interim Chief Financial Officer; Janet Priest, Associate State Director of Operations; Courtney Crosby, Internal Audit Director; Andrew Tharin, Director of Engineering; Robb McBurney, Emergency Operations and Special Projects; Ann Dalton, Quality Manager; Greg Meetze, Chief Information Officer; PJ Perea, Public Information Director; Preston Southern, Information Technology Division; and Christie Linguard, Administrative Coordinator.

Notice of Meeting Statement

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

Welcome

Vice Chairman Malphrus welcomed everyone to the meeting and announced that he will be presiding over the meeting since Chairman Rawlinson had to have an

emergency procedure. He also noted that Chairman Rawlinson is on Teams listening in on the meeting.

Adoption of the Agenda

Commissioner Thomas made a motion to approve the agenda as written, seconded by Commissioner Woodhead and unanimously approved by the Commission. (Attachment A)

Invocation

Commissioner Miller gave the invocation.

Approval of the July 21, 2022 Commission Meeting Minutes

Commissioner Blackwood made a motion to approve minutes from the Commission Meeting held on July 21, 2022, seconded by Commissioner Kocher and unanimously approved by the Commission. (Attachment B)

Commissioners' Update

Commissioner Kocher thanked the DDSN staff for meeting with him yesterday on a few agenda items.

Commissioner Blackwood stated that she met with Mr. Curtis Loftis, SC State Treasurer, regarding the Palmetto ABLE Savings Account.

Chairman Rawlinson thanked everyone for stepping in to assist in her absence. She also thanked the DDSN staff for prepping Commission members on items on the agenda. Lastly, she thanked everyone for their thoughts and prayers.

Public Input

There was no public input.

SC Thrive

Mr. Richard Moses, Chief Community Relations Officer and Ms. Shannon Griggs, Executive Partnership Manager both presented to the Commission on the purpose and mission of SC Thrive. They help people connect to resources; host trainings and provide. Thrive Hub was discussed in detail as the resource connect forum for users to request help from local community partners based on their family's current needs. (Attachment C)

DDSN Eligibility Division

Mr. Brian Hawkins begin with an overview of the daily processes/screenings for the Eligibility Division. The division has processed over 3,560+ cases in 2021. Medicaid Eligibility, waiver services and waiting lists were all discussed in detail. Commissioner Thomas asked if the person in charge of screening and intake services can speak to the Commission in the future. Discussion was held about perhaps having a Special Called Commission meeting either after the regular Commission meeting or a day after the Commission meeting to discuss further the screening and intake eligibility process. Commissioner Kocher asked that the user reviews/surveys received from the public be shared with the Commission. Commissioner Thomas made a motion to turn this decision over to staff and they decide what we are going to do within the next 60 days. This motion was seconded by Commissioner Blackwood. The Commission approved this motion unanimously. (Attachment D)

Commission Committee Business

A. Finance and Audit Committee

The Finance and Audit Committee met on August 10, 2022. Commissioner Blackwood submitted the following:

The Finance and Audit Committee Procedures were presented at the Committee meeting; there were no changes. Coming out of Committee as a motion and second, the Commission unanimously approved the Finance and Audit Committee Procedures as written, with no changes. (Attachment E)

The FY23 Spending Plan was presented to the Commission. Coming out of Committee as a motion and a second, the Commission unanimously approved the FY23 Spending Plan. (Attachment F)

The Update on Appraised Value – York County Property on Diane Road – 1.6 acres was discussed by Commissioner Blackwood and Mr. Tharin. The new appraised value for the property is \$35,000. Coming out of Committee as a motion and a second, the Commission unanimously approved the sale of this property at or above the appraised value. (Attachment G)

The Audit Plan was presented to the Commission. Coming out of Committee as a motion and a second, the Commission unanimously approved the Audit Plan. Commissioner Malphrus noted that this document may or may not change throughout the year.

B. Policy Committee

Commissioner Malphrus presented the following items to the Commission:

300-05-DD: Maintenance Management Contract Requirements – Coming out of committee as a motion and a second, the Commission unanimously approved this policy as written. (Attachment H)

300-04-DD: Maintenance of Physical Plant – Coming out of committee as a motion and a second, the Commission unanimously approved this policy as written. (Attachment I)

200-12-DD: Management of Funds for Individuals to/from Funded Community Residential Setting – Coming out of committee as a motion and a second, the Commission unanimously approved this policy as written. (Attachment J)

Ms. Manos announced that the FY23 List of Directives/Standards for the Policy Committee were approved and posted to the website.

Old Business

A. Whitten Center Sale Update

Ms. Holloway announced that all necessary transfer documents were approved on last Friday, August 12, 2022. The agency will receive final documents in the mail. She further announced that, regarding the motion from last month’s Commission meeting, there are no legal prohibitions against earmarking the funds from the Sale of Whitten Center to Whitten Regional Center only. Commissioner Malphrus requested Secretary, Commissioner Blackwood read his motion aloud:

“Page 47 under Article 4 and 5 of the Whitten Center Property conveyance document is about revenue sharing over the last 30 years. Any revenue from the cutting trees or surplus land shall be shared between the City of Clinton, the State of South Carolina and the South Carolina Department of Disabilities and Special Needs. Let me know that any revenue from this DDSN receives would go directly to the Whitten Center for capital improvements, which means any addition or change made to land or equipment or any kind of building which increases its value or the profit it produces. The reason I say profit is that the Whitten Center has a paper shredding business and is looking into other opportunities and this money could be used to help them in that area. At some future time for any reason the Whitten Center does not exist, this money should go to

another South Carolina DDSN Regional Center where it can be used for capital improvement.”

Dr. Fry was asked by Commissioner Miller to give her opinion on the above motion, to which she responded that she does not believe it is in the best practice of the agency as a whole to earmark funds to one Regional Center given the fluidity of needs across the various Regional Centers. There was a question as to whether this earmarking will establish a precedence for future land sales. A portion of the property was donated to the agency and a portion was purchased by the agency (the State of South Carolina). Commissioner Miller asked that this discussion and motion be tabled until next month; seconded by Commissioner Thomas. The commission unanimously approved to table this motion and discussion. Chairman Rawlinson asked that the Commission transfer this discussion to the Finance and Audit Committee for further recommendations.

B. Hurricane Season Update

Mr. McBurney commenced by announcing that there have been no new development of storms. However, the first two weeks of September are the most active times for hurricanes. The annual hurricane meeting took place on August 1, 2022; we will continue to be vigilant and provide updates to our provider network. Mr. McBurney noted that the Coastal Center in Summerville, SC is over 80 feet above sea level, which indicates that if there is a flood in the surrounding area, the Coastal Center should not be affected.

C. Quarterly Incident Report

Ms. Ann Dalton gave the update on the quarterly Quality Management Report from July 1, 2021 to June 30, 2022. She also presented the Abuse, Neglect and Exploitation report for the fourth quarter. (Attachment K)

D. Internal Audit Report

Ms. Crosby began with a briefing of the Agreed-Upon Procedures Reports (RoAAPs) for the DSN Boards. The IA division has reviewed 35 of the 40 reports that were received, five are in process. The IA division has reviewed seven of the private providers' reports with June 30th deadline, two are in process. Three private providers have a September 30th year end and two of their reports have been reviewed. The third report has not been received. Reports for the 33 private providers with a December 31st year end were due on April 30th. The IA division has received 31 of the 33 reports. The IA division has reviewed 25 of the reports, six are in process. There is one private provider with a March 31st year-end, which has been received and reviewed. The 2021 contract reduction is currently at

\$47,500. The quarterly audit observation tracking report was updated for the fourth quarter of FY22 and was emailed to Commission members on July 15th. The IA Division has completed procedures and issued follow-up memos to three (3) providers and the tracking report includes the updated status for those corrective action plans.

The FY23 Audit Plan included hours for some carry forward engagements from FY22. The Commission will be updated on all entrance conferences for the audits on the Plan as soon as they are initiated.

New Business

A. Financial Update

Ms. Rumbaugh presented the spending plan vs actual expenditures as of July 31, 2022. To date the agency is .99% under budget.

The status of the Cost Reports was discussed. FY20 Cost Report is completed and is being reviewed. FY21 was previously completed. The agency will be working on FY22 Cost Report soon. Cost Settlement will be discussed between Dr. Fry and the State Director Robbie Kerr of the South Carolina Department of Health and Human Services (DHHS).

On a motion by Commissioner Miller, seconded by Commissioner Blackwood, the financial update was approved as presented.
(Attachment L)

Director's Update

Dr. Fry highlighted a couple of items to include the Golden Palmetto Award nominations has a deadline of September 1, 2022. The agency will send a reminder email out to all providers.

Secondly, DDSN is working with the South Carolina State Fair to host two events for citizens with disabilities. There will be a Sensory Friendly Morning and an Exceptional Citizens Day at the 2022 South Carolina State Fair. Details and dates are not yet official, but expect an announcement soon.

Lastly, DDSN participated in a very successful Wheel to Surf event at Surfside Beach, sponsored by the Coastal Adaptive Sports. Eighty adaptive surfers from across the country participated in the largest event in the organization's history. The Coastal Adaptive Sports group also hosts basketball, cycling, kayaking, softball, wheelchair games and drum circles for families and consumers in the South Carolina coastal region.

Next Regular Meeting

September 15, 2022 at 10:00 AM

Adjournment

On a motion by Commissioner Blackwood, seconded by Commissioner Miller and unanimously approved by the commission, the meeting was adjourned at 12:28 P.M.

Submitted by:

Approved by:

Christie D. Linguard
Administrative Coordinator

Commissioner Robin Blackwood
Secretary

DRAFT



Saving for the Future



PalmettoABLE.com

Before you invest in the Palmetto ABLE Savings Program, you should obtain the Plan Disclosure Statement and Participation Agreement and read it carefully. The Plan Disclosure Statement and Participation Agreement contains more complete information, including investment objectives, charges, expenses and risks of investing in the Palmetto ABLE Savings Program, which you should carefully consider before investing. Investments in the Palmetto ABLE Savings Program are offered and sold solely on the basis of the Plan Disclosure Statement and Participation Agreement, and not on the basis of this presentation. Qualified ABLE programs offered by other states may provide their residents or taxpayers with state tax benefits that are not available through the Palmetto ABLE Savings Program.

The Federal ABLE Act

The federal **Achieving a Better Life Experience (ABLE)** Act of 2014 created savings and investment accounts for individuals living with disabilities.

Save money without impacting eligibility for certain means-tested benefits

SSI

Medicaid

The Palmetto ABLE Savings Program

- The **Palmetto ABLE Savings Program** was established in response to federal legislation
- Administered by the State Treasurer's Office and opened for enrollment in 2017
- Offered to South Carolinians through the Ohio State Treasurer's Office



Eligibility

To see who qualifies for a Palmetto ABLE account
take our eligibility quiz at PalmettoABLE.com

An individual living with a disability that occurred prior to age 26

Must be a South Carolina resident,

PLUS, ONE OF THE FOLLOWING:

Eligible to receive SSI or SSDI due to disability; or

Condition listed on SSA's "List of Compassionate Allowances Conditions"; or

Self-certification

Benefits of Palmetto ABLE Accounts

PROTECTS RESOURCES

Palmetto ABLE accounts DO NOT affect eligibility for benefits programs while saving well over \$2,000

SAVE MONEY

Save money for short and long-term disability expenses and helps eliminate spend-down

TAX BENEFITS

May qualify for multiple tax benefits each year

OWNERSHIP

Account is owned by the individual living with the disability



Enrollment

- Free online enrollment at PalmettoABLE.com
- Quick & easy process (approximately 20 minutes)
- \$25 minimum opening deposit



Enrollment Can Be Completed By:

Individual living with a disability (Account holder)

or

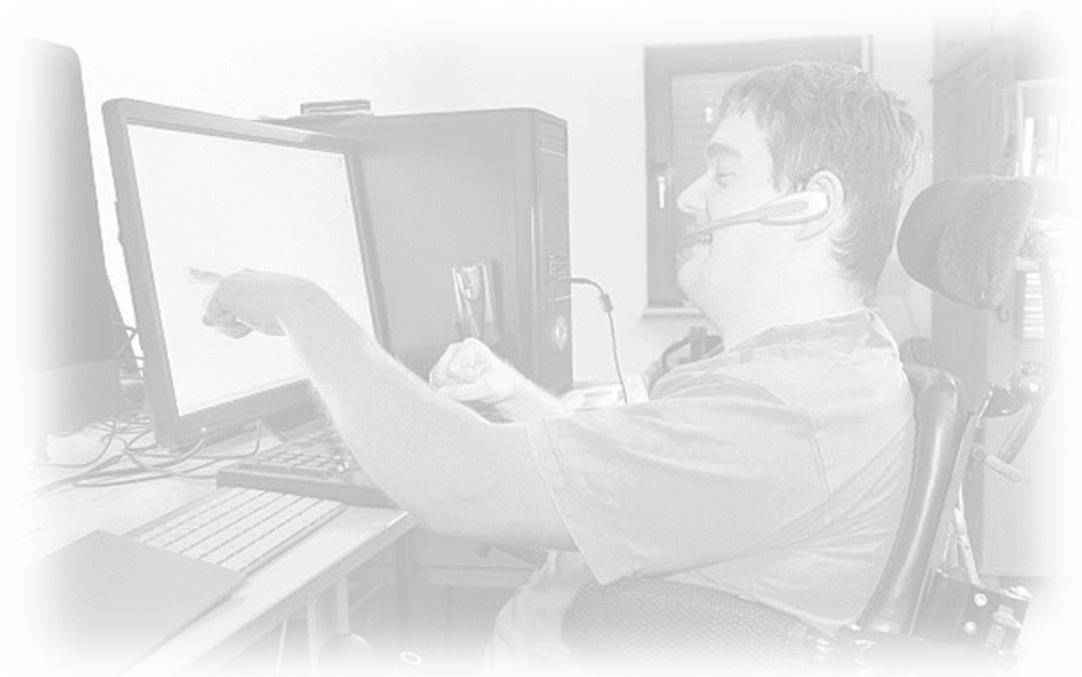
Authorized Legal Representative (ALR)

1. Agent under a Power of Attorney
2. Conservator / Legal Guardian
3. Spouse
4. Parent
5. Sibling
6. Grandparent
7. Social Security Representative Payee

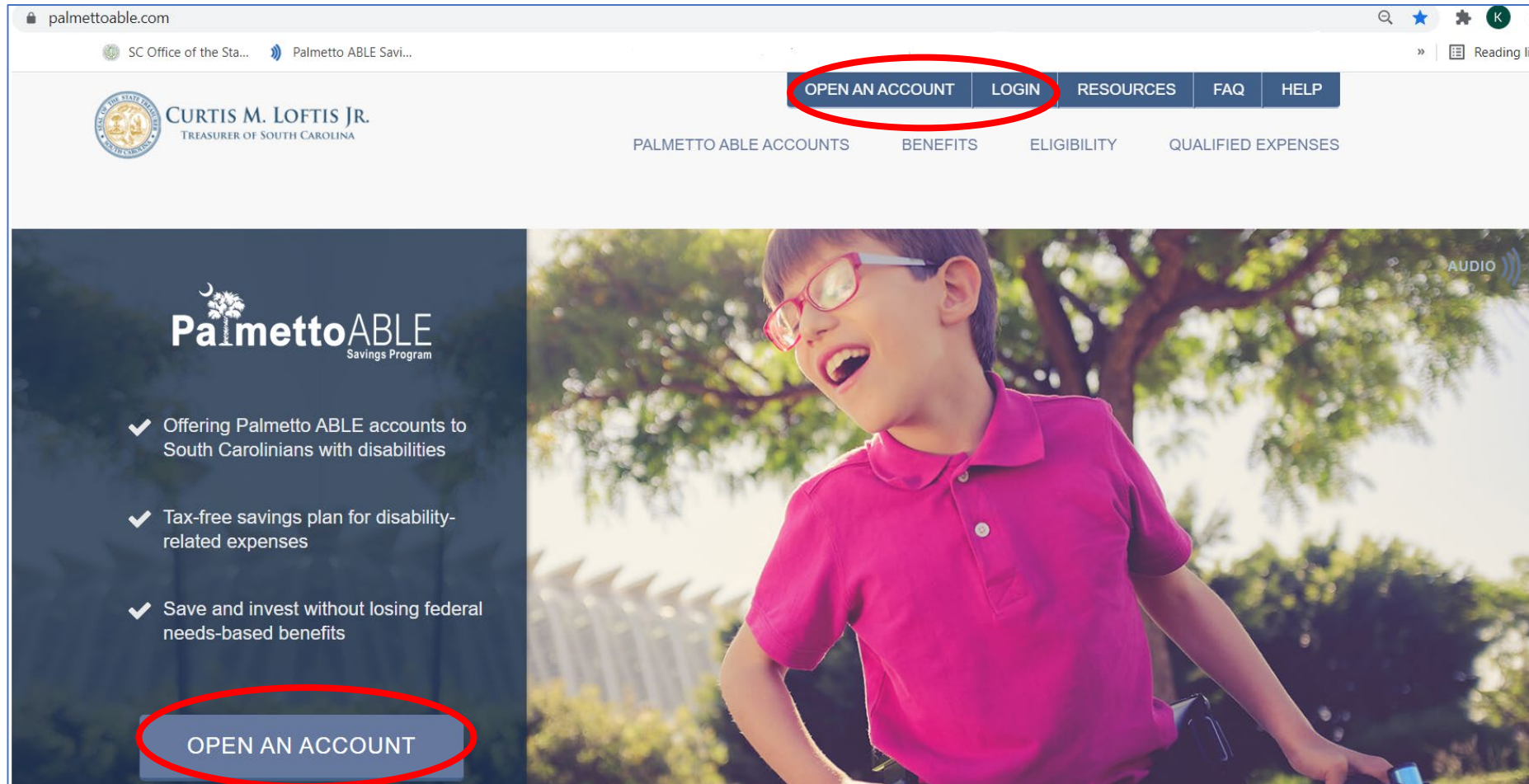
... in that order, and that there is no other willing and able person with a higher priority as listed above to establish the Palmetto ABLE account.

Enrollment Process

- ✓ Create Login Username & Password
- ✓ Beneficiary Information
- ✓ ALR Information
- ✓ Eligibility & POA Attestation (if applicable)
- ✓ Communication Preferences
- ✓ Select Your Investment Options
- ✓ Registration Review
- ✓ Verify Email Address



PalmettoABLE.com



Funding Your Account

Multiple ways to fund a Palmetto ABLE account

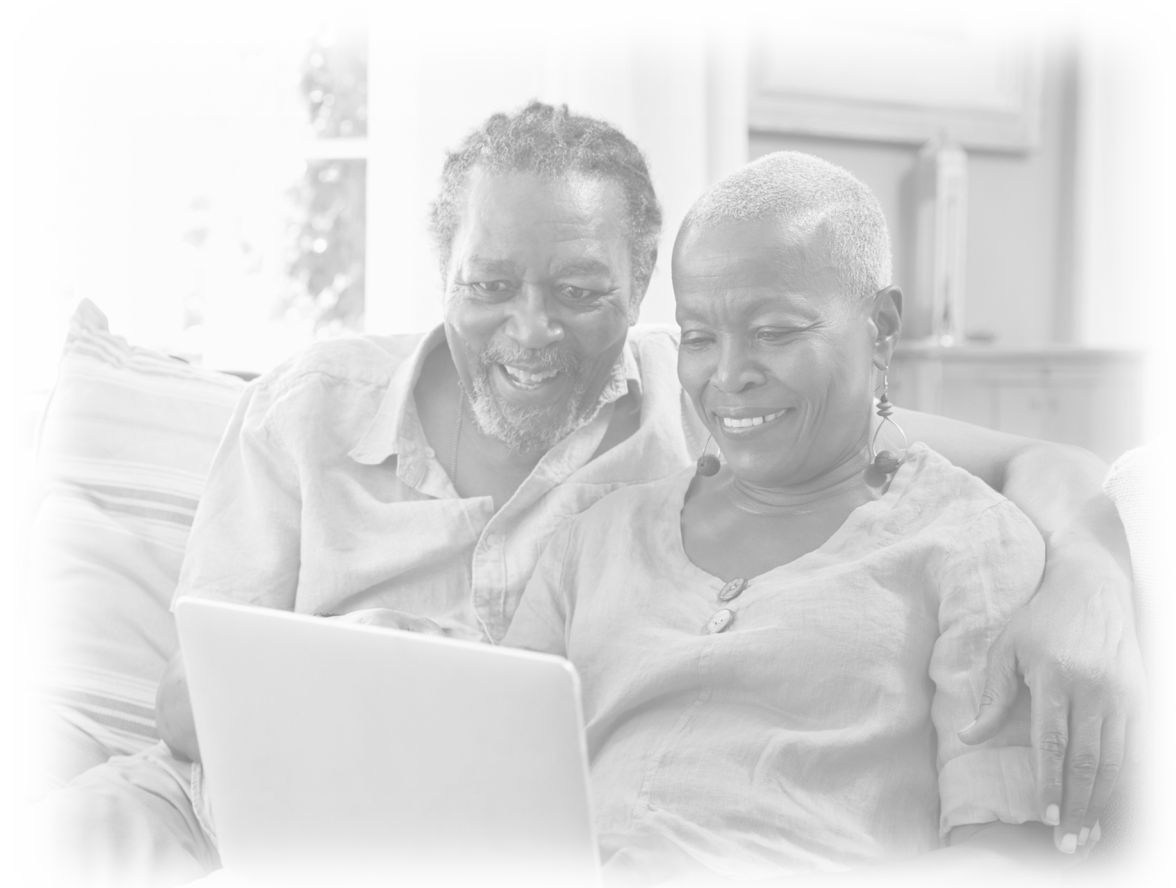
- **EFT** – Electronic Fund Transfer from a checking or savings account
- **Checks** – Payable to STABLE Account
- **Payroll Deduction** – Set up recurring contributions
- **Program Rollover** – From an existing 529 College Savings Plan or another state’s ABLE program

eGifting

The Gifting Page

allows anyone to give financial gifts...directly into the Palmetto ABLE Account

Do **NOT** count as a RESOURCE or INCOME



Contributions

Contributions counted on a calendar year

\$16,000 PER YEAR

from all sources if beneficiary is unemployed

\$28,880 PER YEAR if employed

\$16,000 + wages up to an additional \$12,880 = \$28,880

\$517,000 LIFETIME LIMIT

System automatically rejects excess contributions



SSI Considerations

Supplemental Security Income

- Balances over \$100,000 count as a resource – SSI is suspended, not terminated.
- Medicaid benefits are never affected by the balance in a Palmetto ABLE account. Even if SSI is suspended, Medicaid remains in place.
- Funds withdrawn for housing expenses must be spent in the same month they are withdrawn to avoid being counted as a resource.

Account Costs

There are minimal costs for owning a Palmetto ABLÉ account

Monthly Maintenance Fees

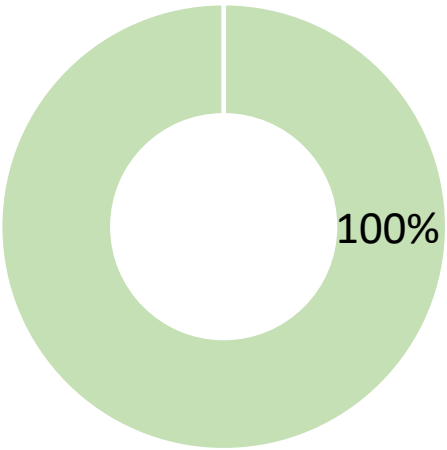
\$3.25 per month
(\$9.75 charged to your account quarterly)

Asset-Based Fees

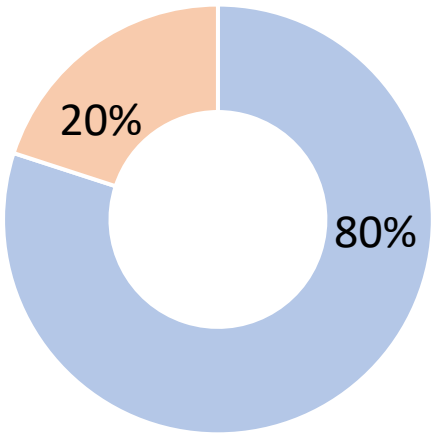
Between 0.19% and 0.33%

Investment Options

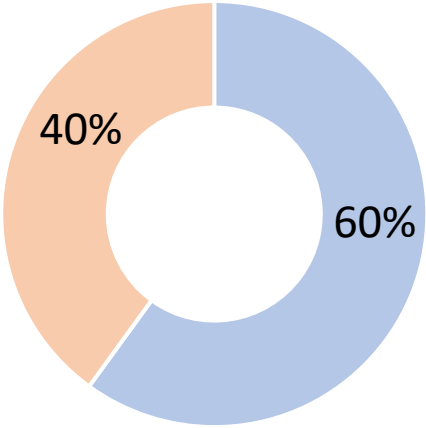
- Four Vanguard mutual funds ranging from conservative to aggressive options
- One principal-protected FDIC-Insured option



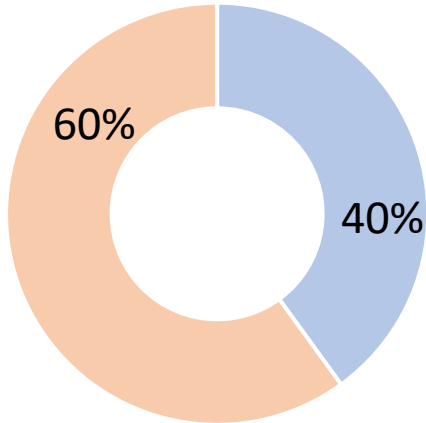
**BANKSAFE
OPTION**



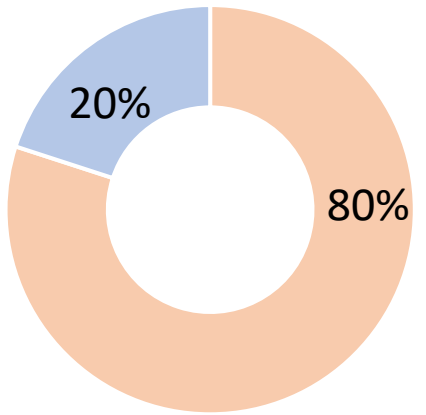
**INCOME
OPTION**



**CONSERVATIVE
GROWTH
OPTION**



**MODERATE
GROWTH
OPTION**



**GROWTH
OPTION**

Spending Your Funds

Withdrawals must be used on
“Qualified Disability Expenses”

Must relate to the disability + help maintain or improve health, independence, or quality of life



Housing & Rent



Basic Living Expenses



Transportation



Education



Assistive Technology



Health & Wellness



Financial Management



Legal Fees

Withdrawing Your Funds

Free unlimited withdrawals

Log into your online account and request a withdrawal.

ELECTRONIC FUND TRANSFER

Transfer funds into a personal bank account, *or* load funds onto your STABLE Visa[®] Prepaid Card.

REQUEST A CHECK

Participants can request a check cut to themselves or a third party, for paying bills or other expenses.

The STABLE Visa Card

The STABLE Visa® Prepaid Card is a loadable/prepaid debit card that can be used anywhere Visa is accepted.

Benefits of the STABLE Visa Card

- Does not pull directly from the Palmetto ABLÉ account
- No overdraft, no cash access, limiting of merchants
- Tracks and provides record of expenditures
- Notifications to monitor spending, low balances
- Pride of ownership



Palmetto ABLÉ Accounts & Special Needs Trusts

Complementary tools that can be used together

Palmetto ABLÉ Account Benefits

- ✓ Broader spending power (i.e., housing and food)
- ✓ State tax deduction for Palmetto ABLÉ contributions
- ✓ No federal or state income tax on earnings
- ✓ Can be established, administered and owned by an individual with a disability

Special Needs Trusts

- ✓ Trusts can accept unlimited cash and non-cash assets
- ✓ Trusts can make distributions to Palmetto ABLÉ accounts

Medicaid Services

Money in a Palmetto ABLÉ account is better protected from Medicaid payback than money in other accounts

Medicaid can ask for payback in some cases, but there are protections:

- **LIMITATIONS:** Medicaid Payback is only from date the account was opened
- **DEDUCTIONS:** Deduct Medicaid Buy-In premiums that were paid
- **OUTSTANDING BILLS:** Pay any outstanding bills for qualified disability expenses
- **FUNERAL EXPENSES:** Pay for funeral and burial expenses

Death of Account Holder

- Funds may be used to pay for outstanding qualified expenses including funeral and burial.
- ALR submits the Death of Beneficiary form, along with a copy of the death certificate, to the Program Administrator.
- A check is issued payable to the Beneficiary's estate.

We're Here to Help!

Customer Service Information

1-800-439-1653

Monday - Friday
9 am - 8 pm EST

PalmettoABLE.com

team@stableaccount.com

Spread the Message

Find us on Facebook:

Office of State Treasurer
Curtis Loftis

Follow us on Instagram:

@scstatetreasurer



"A Palmetto ABLE savings account levels the playing field not only for me but for so many others. It allows us to plan and save for the future without penalizing the benefit programs we need to assist us."

Palmetto ABLE Account Owner

PalmettoABLE.com
800.439.1653



This presentation does not constitute legal or financial advice.
Consult your benefits advisor, financial planner or attorney if you have specific questions about how a Palmetto ABLÉ account may impact you or your family member.



Michelle G. Fry, J.D., Ph.D.
State Director
Janet Brock Priest
Associate State Director
Operations
Lori Manos
Associate State Director
Policy
Constance Holloway
General Counsel
Harley T. Davis, Ph.D.
Chief Administrative Officer
Nancy Rumbaugh
Interim Chief Financial Officer
Greg Meetze
Chief Information Officer

COMMISSION
Stephanie M. Rawlinson
Chairman
Barry D. Malphrus
Vice Chairman
Robin B. Blackwood
Secretary
Gary Kocher, M.D.
Eddie L. Miller
David L. Thomas
Michelle Woodhead

3440 Harden Street Extension
 Columbia, South Carolina 29203
803/898-9600
Toll Free: 888/DSN-INFO
Home Page: www.ddsn.sc.gov

Reference Number: 700-09-DD

Title of Document: Determining Need for Residential Services

Date of Issue: September 15, 2022

Date of Last Revision: September 15, 2022 (NEW)

Effective Date: December 1, 2022

Applicability: All DSN Boards and Contracted Service Providers

GENERAL:

The Department of Disabilities and Special Needs (DDSN) must ensure that those who are eligible for its services are provided with needed services and supports, including residential services, in the most timely and equitable manner possible. For the purpose of this document, the terms “DDSN-sponsored Residential Services” and “Residential Services” are used as collective terms for Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) services, Residential Habilitation services funded by the Intellectual Disabilities and Related Disability (ID/RD) Waiver or the Head and Spinal Cord Injury (HASCI) Waiver and/or Residential Habilitation services funded solely by DDSN. The purpose of this Directive is to establish:

- Minimum criteria which must be met before DDSN-sponsored Residential Services may be offered.
- Definitions of the types Residential Services.
- A Committee responsible for reviewing requests for Residential Services.
- Procedures for evaluating requests and communicating the decisions.
- Procedures for requesting the need for Residential Services be determined.
- Procedures for requesting a change to an approved Residential Service.
- Procedure for notifying DDSN of the termination of Residential Habilitation or discharge from an ICF/IID.
- Procedure when seeking a different Residential Services provider.
- Procedure for notifying DDSN of an anticipated need for Residential Services.
- Repository of information about Residential Services options and Residential Services seekers.

MINIMUM CRITERIA FOR RESIDENTIAL SERVICES:

Only those who are eligible for DDSN services and are determined by DDSN to be experiencing circumstances that jeopardize their health and safety will be determined to need DDSN-sponsored Residential Services. Circumstances that jeopardize health and safety are defined as:

- Life-threatening situations that requires immediate action, and/or
- Situations that present imminent risk of jeopardizing the person’s health, safety and welfare.

Situations that are life threatening or pose an imminent risk of becoming life-threatening are typically limited to situations in which the person:

1. Has been recently abused/neglected/exploited by the primary caregiver;
2. Is homeless (to include situations where the individual is being discharged from an alternative placement and is unable to return to a family member’s home or live independently);
3. Has seriously injured self or others and continues to pose a threat to the health and safety of self or others;
4. Has been judicially admitted to DDSN;
5. Has recently lost a primary caregiver or is at imminent risk of losing a primary caregiver; or
6. Has a primary caregiver who is 80 years of age or older with diminished ability to provide care that is likely to continue indefinitely due to the caregiver’s physical or mental status and lack of an alternative caregiver. Care is being provided now, but it is clear that the need for services is imminent, because the caregiver will soon be unable to provide care and no other caregivers are available.

Additionally, to be determined by DDSN to be experiencing circumstances that jeopardize health and safety, when appropriate, all efforts to address the situation through the use of other services and supports, including Home and Community Based (HCB) Waiver services, must have been exhausted. The refusal of other supports and services may not necessarily constitute the presence of circumstances that jeopardize health and safety. Additionally, residing with relatives, friends, or alone with supports must be ruled out prior to someone being considered homeless.

TYPES OF DDSN-SPONSORED RESIDENTIAL SERVICES:

There are two (2) types of DDSN-sponsored Residential Services, Intermediate Care Facilities for individuals with Intellectual Disability (ICF/IID) and Residential Habilitation. Each type is described below along with the settings and levels or tiers of service associated with each type.

1. Intermediate Care Facilities for individuals with Intellectual Disability (ICF/IID):

Facilities licensed by the state to provide comprehensive and individualized health care and habilitation services to individuals to promote their functional status and independence. ICF/IID services are available to those who need active treatment. Active treatment is the aggressive, consistent implementation of a program of specialized and generic training, treatment and health services. ICF/IID services are not appropriate for those who are generally independent, able to function with little supervision and/or do not require a continuous program of habilitation services. ICF/IID services can be delivered in two (2) kinds of settings, a Regional Center setting or a community-based setting.

- Regional Centers are operated by DDSN and typically provide a campus-like environment with multiple ICF/IID living units, spaces/buildings for most professional resident services and spaces/buildings for most recreational pursuits such as gymnasiums, chapels, greenspace on the grounds of the campus.
- Community-based ICFs/IID are operated by some Disabilities and Special Needs (DSN) Boards. While more than one ICF/IID living unit may be located in close proximity to another, community-based ICFs/IID are typically located in neighborhoods or near community businesses. Community-based ICF/IID residents seek professional services from community businesses in locations away from the ICF/IID living unit.

2. Residential Habilitation:

Is a specifically defined service that must be provided in non-institutional settings that are licensed or certified by the state and chosen by the person. The setting may be owned by the person, rented by the person from a third party, or be a unit or physical space that is occupied under a legally enforceable agreement between the person and the Residential Habilitation provider.

Residential Habilitation does not include room and board. It is specifically defined as care (e.g., assistance with personal care, medication administration), supervision (oversight and guidance proportionate to the specific needs and preferences of the person) and skills training (e.g., adaptive skill building, activities of daily living, community inclusion, access and use of transportation, educational supports, social and leisure skill development) provided to support the person to live as independently as possible and exert positive control over his/her life.

Residential Habilitation is offered through different tiers of service. A tier of service is a combination of the model (see Appendix A) through which Residential Habilitation is delivered and the degree of support the person will require when Residential Habilitation is delivered in that model. There are nine (9) tiers of service which are described below.

- **High Management (Intensive Support Residential Habilitation)** is delivered through the Community Training Home II (CTH-II) model which is shared by up to three (3) people who have a brain injury, spinal cord injury or similar disability or those who have a diagnosis of intellectual disability/related disabilities and display extremely challenging behaviors.
- **Tier 4 (Intensive Support Residential Habilitation)** is delivered through the CTH-II model which is shared by up to four (4) people who may have been involved with the criminal justice system and individuals with severe behaviors requiring heightened staffing levels.
- **Tier 3 (Intensive Support Residential Habilitation)** is delivered through the CTH-II model which is shared by up to four (4) people or CRCF model which is shared by up to twelve (12) people who have a diagnosis of brain injury, spinal cord injury or similar disability or those who have a diagnosis of intellectual disability/related disabilities and display extremely challenging behaviors. Includes people being discharged from a DDSN Regional Center (ICF/IID) or community ICF/IID. Also includes people who need additional supports to prevent or delay institutional placement and to participate in community life due to: behavioral health concerns, physical health conditions, medical support needs, and/or limitations in physical abilities which impact the person's ability to perform Activities of Daily Living without support from another.

- **Tier 2** is delivered through the CTH-II model which is shared by up to four (4) people or CRCF model which is shared by up to twelve (12) people. It includes people who need additional supports (greater than included in Tier 1) to prevent or delay institutional placement and to participate in community life due to: behavioral health concerns, physical health conditions, medical support needs, and/or limitations in physical abilities which impact the person's ability to perform Activities of Daily Living without support from another.
- **Tier 1** is delivered through the CTH-II model which is shared by up to four (4) people or CRCF model which is shared by up to twelve (12) people. It includes people who need support to live in and participate in their community. Those supports include a degree of care, supervision, and skills training provided throughout the day.
- **Supervised Living Program (SLP) II:** includes people who need support to live in and participate in their community. The supports delivered include a degree of care, supervision, and skills training provided throughout the day. SLP-II is delivered in a licensed SLP-II setting that is typically single or double-occupancy residence.
- **CTH Tier 2:** delivered to waiver participants who need additional supports (greater than included in CTH Tier) to enable them to live in the setting and participate in community life due to: behavioral health concerns, physical health conditions, medical support needs, and/or limitations in physical abilities which impact the person's ability to perform activities of daily living without support. Those additional supports are typically services/supports specifically intended to provide relief/assistance to the supports provider and are necessary due to the amount/intensity of supports the person requires. CTH Tier 2 services are delivered to up three (3) people in the CTH-I licensed home of the support provider.
- **CTH Tier 1:** delivered to waiver participants who need support to live in and participate in their community. CTH Tier 1 services are delivered to up three (3) people in the CTH-I licensed home of the support provider.
- **Supervised Living Program (SLP) I:** delivered to waiver participants who need support in their own apartment or home setting. Support is provided through a 15 minute-unit and support is available 24 hours per day by phone. An annual assessment is completed for each participation to verify support needs in their own setting.

RESIDENTIAL SERVICES REVIEW COMMITTEE:

To ensure appropriate consideration is given to all requests/notifications for Residential Services (both initial and requests for change), DDSN will empanel a Residential Services Review Committee (Committee) to review all thorough and complete requests submitted to the agency. The Committee will be comprised of DDSN staff who are appointed by the State Director. Committee members must have expertise at least one of the following areas: Case Management, Residential Habilitation, ICF/IID Services, or Fiscal. The Committee will meet as often as necessary in order to comply with the established deadlines.

At a minimum, three (3) Committee members must actively participate in the review of each request. Documentation of the date of the Committee's decision must be maintained and include the name of each person whose request is considered, the name of the case manager submitting the request, and the

names of the Committee members reviewing the request. All Committee decisions must be made in recognition of the mission, values and principles of DDSN. The Committee must determine the degree of support the person requires and consider those support needs in light of the model that is preferred by the person and most appropriate to deliver those supports.

INITIAL REQUEST FOR DETERMINATION OF NEED FOR RESIDENTIAL SERVICES:

When someone who is eligible for DDSN services has been assessed by his/her case manager to need support with housing, care, supervision and skills training and the person desires to receive DDSN – sponsored Residential Services, the case manager must make a request to DDSN. Requests must be submitted to DDSN via Therap SComm to “DDSN, Residential Service Requests.” All requests must be thorough and complete. DDSN will utilize information available in the person’s electronic health record and specific forms/information submitted to evaluate each request. At a minimum, the following information/completed forms must be available for review:

- Residential Services Request/Notification (form) (Attachment 1).
- Evidence that the case manager saw the person in his/her home or current location (e.g., hospital, homeless shelter, etc.).
- Evidence that the case manager explained the following to the person and/or his/her representative:
 - The minimum criteria for residential services (as defined in this document),
 - The process to be followed for a decision to be made,
 - The possible decisions that could be made by DDSN, and
 - The right the person has to request reconsideration of or appeal a decision with which he/she disagrees.
- Assessment of Need for Residential Services/Residential Habilitation (form) (Attachment 2)
- Evidence of continued contact with the person while the request is pending.

DDSN must complete a review and acknowledge receipt of requests /notifications submitted via Therap SComm to “DDSN, Residential Service Requests” within three (3) business days of submission. This review will be completed only to ensure the required information is available for evaluation. When acknowledging the submission, DDSN will indicate if the submission is:

- Thorough and complete and will be evaluated,
- Incomplete, is being returned/rejected and will not be evaluated, or
- Being held pending clarification.

As soon as possible, but no later than five (5) business days of receipt of a thorough and complete request, the Residential Review Committee will evaluate the submitted and available documentation. The Committee may, at its discretion, before making a decision, determine that a face-to-face visit with the person in his/her current residence/location or face-to-face visit with this person’s caregiver is needed to better understand the circumstances. These face-to-face visits will be conducted by DDSN staff with assistance, as needed, from the person’s case manager.

Following the evaluation, the Committee must, when determining if Residential Services are needed, decide if:

- a. The criteria for Residential Services has not been met (must explain why, and if appropriate, offer alternative solutions and /or designate as Priority 1), or
- b. The criteria for Residential Services has been met; and
 - i. The type Residential Services approved (ICF/IID or Residential Habilitation),
 1. If the type is ICF/IID, the setting (Regional Center or Community-based), or
 2. If the type is Residential Habilitation, the tier of service (see Appendix B).

DDSN must communicate the Committee’s decision in writing within two (2) business days. The written communication must be transmitted via certified mail to the person and his/her representative (if appropriate). The person’s case manager will be copied. The communication must include written notice of the person’s right to appeal or request reconsideration of the decision.

REQUEST FOR CHANGE TO RESIDENTIAL SERVICES (INCLUDING TYPE AND SETTING OR TIER):

Each person who is receiving a DDSN-sponsored Residential Service has been approved for a specific Residential Service type and setting or tier. As the agency in the state which has authority over all of the state’s services and programs for people with intellectual disability, related disabilities, head injuries, and spinal cord injuries, including Residential Services, DDSN must approve or be notified of any change to the Residential Services being delivered prior to any change being made. Examples include:

- From one DDSN Regional Center to another DDSN Regional Center.
- From one ICF/IID to another ICF/IID within the same DDSN Regional Center.
- From a DDSN Regional Center to a Community-based ICF/IID.
- From a Community-based ICF/IID to another Community-based ICF/IID.
- From an ICF/IID (any setting) to Residential Habilitation (any tier).
- From any tier of service to another tier of service.
- From the current setting for Residential Habilitation (any tier) to another setting for Residential Habilitation (same tier) [e.g., from Tier 1 at Miles Rd. CTH-II to Tier 1 at Rose Circle CTH-II].
- From a model for a tier of service to a different model for the same tier of service (e.g., from Tier 2 at Delta CRCF to Tier 2 at Dixie Rd. CTH-II).

In order to receive prior approval for a change in Residential Services, the change must be requested. A request for a change must be submitted by the person’s case manager or Qualified Intellectual Disabilities Professional (QIDP) and must only be submitted with the consent of the person, his/her legal guardian, or client representative.

Thorough and complete requests must be submitted to DDSN via Therap SComm to “DDSN, Residential Service Requests.” All requests must explain the reason for the requested change (e.g., provider’s request, person’s request, person’s desire for a less restrictive setting). Documentation that supports the reason for the change must be submitted or available. At a minimum, the following information must be submitted or available:

- Residential Services Request/Notification (form) (Attachment 1).
- Evidence the person has been informed of the request for change and consents to its submission.

- For anyone approved for Residential Habilitation, evidence supporting the person is aware of the terms his/her legally enforceable residential agreement (lease) and the how the change will impact it.
- When the Residential Habilitation provider owns/controls the residence/setting in which the person lives, evidence the provider has or will comply with the terms of the residential agreement.
- A thorough explanation of the reason the change is being requested.
- Evidence that the change is for good cause and is in the best interest of the person.
- Evidence supporting/demonstrating the reason for the change. Evidence must be current, specific to the person and specific to the circumstances necessitating the request for change. Examples of the kinds of evidence which, depending on the circumstances, could support a request for a change include but are limited to:
 - A statement of an ICF/IID resident's interest in and capacity for receiving needed services outside of an ICF/IID.
 - A statement of a Residential Habilitation recipient's interest in receiving Residential Habilitation through a different model.
 - Residential Habilitation plan(s) or Individual Program Plan(s) (IPPs) and amendments covering at least the last twelve (12) months. The plans must include the interventions implemented to address the circumstances necessitating the change.
 - Data showing the person's response to the planned interventions.
 - Behavior Support Plan(s) covering the past twelve (12) months and data showing the person's response to the implementation of its interventions.
 - Other data/information such as T-Logs, General Event Reports (GERs), Reports of Unusual Behavior (UBRs), etc.
 - Medical information, progress notes including changes to medications prescribed for behavior.
 - The level and pattern of staff support provided over the past twelve (12) months in the setting/model, including alternative levels or patterns tried and the outcome.
 - The level and/or pattern of staffing thought to be needed for the person and why.

Requests for change must be submitted to DDSN via Therap SComm to "DDSN, Residential Service Requests." All requests must be thorough and complete. DDSN will utilize information available in the person's electronic health record and specific forms/information submitted to DDSN to evaluate each request. Submitted requests will be acknowledged by DDSN within three (3) business days of submission and will include an initial review to ensure the required information is available. When acknowledging the submission, DDSN will indicate if the submission is complete and will be evaluated or if information or clarification will be needed.

Within five (5) business days of the receipt, the Residential Review Committee will evaluate the submitted and available information. The Committee may at any time request additional information or clarification. Using the submitted and available information the Committee will decide to approve or deny the request. If approved, the Committee must document the **type** Residential Services (ICF/IID or Residential Habilitation) and either the ICF/IID **setting** or **tier of service**.

DDSN must communicate the Committee's decision in writing within two (2) business days. The written communication must be transmitted via certified mail to the person, and his/her representative (if appropriate). The person's case manager will be copied. The communication must include written notice of the person's right to appeal or request reconsideration of the decision.

NOTIFICATION OF TERMINATION OF RESIDENTIAL HABILITATION OR DISCHARGE FROM ICF/IID:

Termination of Residential Habilitation by the residential services provider or discharge from the ICF/IID must be for good cause and, when possible, well planned. DDSN must be notified of all terminations or discharges. The “Residential Services Request/Notification” form (Attachment 1) must be used to notify DDSN of termination/discharges. Upon completion, this form must be submitted to DDSN via Therap SComm to “DDSN, Residential Service Requests.”

NOTIFICATION OF DESIRED CHANGE OR ANTICIPATED NEED:

People eligible for DDSN services must be supported, as appropriate, to exercise positive control over their lives especially as it relates to where and with whom they live. To that end, when a change to the person’s current living arrangement is desired or likely to be needed, DDSN must be notified. Examples of changes of which DDSN must be notified include:

- The person’s current living situation is sufficient but DDSN-sponsored residential supports will likely be needed within the next 24 months.
- The person lives in an ICF/IID and based on his/her annual assessment, is interested in and has the capacity for receiving needed services outside of an ICF/IID.
- The person desires Residential Services from a different provider.
- The person desires Residential Services in a different city or county.
- The person desires a different type of ICF/IID Services.
- The person desires to receive Residential Habilitation through a different model.

When notification to DDSN is required and with the person’s consent, notification must be submitted by the person’s case manager or QIDP using the “Residential Services Request/Notification” (form). “Residential Services Request/Notification” form must be thoroughly completed and submitted to DDSN via Therap SComm to “DDSN, Residential Service Requests.” Within five (5) business days of receipt, DDSN will acknowledge receipt of the information and confirm that information about the person and his/her preferences has been included in the Residential Services Information Repository.

RESIDENTIAL SERVICES INFORMATION:

In order to facilitate the connection between those needing DDSN-sponsored Residential Services and providers of Residential Services who may be able to deliver those needed services, DDSN will maintain information about those determined by the agency to need residential services for the first time and those determined to need a different kind of residential service. Additionally, information about ICF/IID residents who wish to receive their needed services in community-based settings instead of the institutional setting will be maintained as well as information about anyone approved for DDSN Residential Services who may be seeking the same services in a different location or from a different provider. This information will be available in the “Portal Access Reports” application of the DDSN Application Portal. Confidentiality will be maintained with all person-specific data available. Until appropriate consent is obtained from the person, only non-specific information about the person will be shared (e.g., initials, age in years). Specific information such as full name, date of birth, current address will only be shared with specific provider(s) and only with appropriate consent.

In addition to information about people seeking Residential Services, DDSN will maintain information about the current and anticipated Residential Services openings or opportunities throughout the state. This information will be available in the “Portal Access Reports” application of the DDSN Application Portal. Information about openings or opportunities must be reported to DDSN by the Residential Services providers. Before posting the information about an actual opening, DDSN will verify the opening complies with the licensed capacity of the setting. Information about anticipated openings can be submitted to DDSN via Therap SComm to “DDSN, Residential Service Requests.” using the Notification of Anticipated Residential Availability form. Within three (3) business days of receipt of the completed form, DDSN will share the information.

Barry D. Malphrus
Vice Chairman

Stephanie M. Rawlinson
Chairman

Appendix A: Description of Residential Habilitation Models
Appendix B: Residential Habilitation Tiers of Service

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 1: Residential Services Request/Notification Form
Attachment 2: Assessment of Need for Residential Services
Attachment 3: Notification of Anticipated Residential Availability

Michelle G. Fry, J.D., Ph.D.
State Director
Janet Brock Priest
Associate State Director
Operations
Lori Manos
Associate State Director
Policy
Constance Holloway
General Counsel
Harley T. Davis, Ph.D.
Chief Administrative Officer
Nancy Rumbaugh
Interim Chief Financial Officer
Greg Meetze
Chief Information Officer



3440 Harden Street Extension
 Columbia, South Carolina 29203
803/898-9600
Toll Free: 888/DSN-INFO
Home Page: www.ddsn.sc.gov

COMMISSION
Stephanie M. Rawlinson
Chairman
Barry D. Malphrus
Vice Chairman
Robin B. Blackwood
Secretary
Gary Kocher, M.D.
Eddie L. Miller
David L. Thomas
Michelle Woodhead

Reference Number: 700-03-DD

Title of Document: Informed Choice in Living Preference (Intermediate Care Facilities for Individuals with Intellectual Disabilities)

Date of Issue: November 1, 2006

Date of Last Revision: September 15, 2022 **(REVISED)**

Effective Date: September 15, 2022

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

PURPOSE

The purpose of this document is to ensure that residents of Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) are informed of the service options available to them.

GENERAL

In accordance with the decision by the United States Supreme Court in the case of *Olmstead v. L.C.*, the South Carolina Department of Disabilities and Special Needs (DDSN) is committed to providing services in community-based settings which are not ICFs/IID when it is appropriate and honors the wishes of those who desire to move from ICFs/IID. In July 1999, the United States Supreme Court issued a decision in the case of *Olmstead v. L.C.* that required states to administer their services, programs, and activities in the most integrated setting appropriate to the need of qualified individuals with disabilities. Specifically it requires states to place persons with intellectual disabilities in community settings rather than in institutions (ICFs/IID) when the state’s treatment professionals (interdisciplinary teams) determine that community placement is appropriate, the transfer is not opposed by the person, and the placement can be reasonably accommodated, taking into account the resources available to the state and needs of others with developmental disabilities. This decision is consistent with S.C. Code Ann. § 44-20-390 (2018) and § 44-20-20 (2018) and requires services be provided in the least restrictive environment.

In South Carolina, the Intellectual Disability/Related Disabilities (ID/RD) Waiver, operated by DDSN, allows services, similar to those provided in an ICF/IID, to be covered by Medicaid when provided outside of an ICF/IID. Therefore, the Intellectual Disability and Related Disabilities (ID/RD) Waiver allows ICF/IID residents to move from the ICF/IID to a home of their own, a family member’s home or to a Residential Habilitation setting such as a Community Training Home or Supervised Living Program and receive needed services in that setting.

POLICY

The decision of where to live and receive services cannot be made in a vacuum. It requires an awareness of available options and merits of each. To assure those who reside in ICFs/IID have such awareness, a thorough explanation of community living options, services, and the potential benefits of those options will be provided along with opportunities to visit options of interest and speak with qualified service providers. Since family members and ICF/IID staff are integral in assisting residents with the evaluation of options and decision-making, similar information regarding options and potential benefits should be provided to them as well.

Information regarding their right to choose between receiving services in an ICF/IID or in a non-ICF/IID setting with ID/RD Waiver funded services should be provided to all ICF/IID residents, the legal guardians of residents, and the client representatives of residents who may assist with decision-making. This information should be provided at the time of admission and at least annually thereafter. For this purpose, the two (2) page information sheet entitled “Medicaid Funded Service Options” (Attachment 1) may be used. Each resident’s record should include documentation that the information was provided to all who may assist the resident with decision making.

The ICF/IID provider must have staff who are knowledgeable of Medicaid funded service options, community living options and potential benefits of those options.

All ICF/IID residents must be evaluated at least annually to determine their interest in and capacity for receiving needed services outside of an ICF/IID. The results of each resident’s evaluation must be discussed by his/her interdisciplinary team and documented in his/her record. The “Evaluation for Community Living” (Attachment 2) can be used for that purpose. If it is determined that a resident is interested in living outside of the ICF/IID, interventions to assist the resident toward that end must be added to his/her program plan and implemented accordingly. Such interventions may include requesting Case Management services from DDSN, assisting with visits to different Residential Habilitation settings or with Residential Habilitation providers, discussions with family members including mediation with family members who may oppose a move, etc. If Case Management services are approved by DDSN, choice of Case Management Provider will be offered.

DDSN must be notified when an ICF/IID resident has been identified as someone for whom community-based services are desired and appropriate. The ICF/IID provider is responsible for notifying DDSN. The process for notifying DDSN is outlined in DDSN Directive 700-09-DD: Determining Need for Residential Services.

Barry D. Malphrus
Vice Chairman

Stephanie M. Rawlinson
Chairman

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 1: Medicaid Funded Service Options
- Attachment 2: Evaluation for Community Living
- Attachment 3: Resource Information

PROPOSED TO MARK OBSOLETE DRAFT



Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy
Thomas P. Waring
Associate State Director
Administration

COMMISSION
William O. Danielson
Chairperson
Fred Lynn
Vice Chairman
Eva R. Ravenel
Secretary
Mary Ellen Barnwell
Katherine W. Davis
Gary C. Lemel
Vicki A. Thompson

3440 Harden Street Ext (29203)
PO Box 4706, Columbia, South Carolina 29240
803/898-9600
Toll Free: 888/DSN-INFO
Website: www.ddsn.sc.gov

Reference Number: 502-01-DD

Title of Document: Admissions/Discharge/Transfer of Individuals To/From
DDSN Funded Community Residential Settings

Date of Issue: January 29, 1988
Effective Date: January 29, 1988
Last Review Date: October 19, 2015
Date of Last Revision: October 19, 2015 (REVISED)

Applicability: DSN Boards and Contracted Residential Service Providers

Purpose:

To assure that people who are eligible for South Carolina Department of Disabilities and Special Needs (DDSN) services receive the services most appropriate to meet their needs and that limited resources are utilized prudently.

I. General Conditions of Community Residential Service Provision

- A. Unless otherwise authorized by DDSN, the residential setting must have a valid certificate or license issued by DDSN or the South Carolina Department of Health and Environmental Control (DHEC) to provide services.
- B. The residential setting must have sufficient capacity as indicated on its license or certificate to serve those admitted.
- C. The residential service provider must have a valid contract to deliver the residential services in specified settings.

II. Initial Admission into Community Residential Services

The following conditions must be met prior to admission.

- A. The person must have been determined eligible to receive DDSN services.

DISTRICT I

P.O. Box 239
Clinton, SC 29325-5328
Phone: (864) 938-3497

Midlands Center - Phone: 803/935-7500
Whitten Center - Phone: 864/833-2733

9995 Miles Jamison Road
Summerville, SC 29485
Phone: 843/832-5576

DISTRICT II

Coastal Center - Phone: 843/873-5750
Pee Dee Center - Phone: 843/664-2600
Saleeby Center - Phone: 843/332-4104

- B. The person must be on the DDSN Critical Needs Waiting List or currently residing in one of the DDSN Regional Centers (reference DDSN Directive 502-05-DD: DDSN Waiting Lists) unless otherwise approved by DDSN when there are sufficient resources available to support such admissions (e.g., Residential Priority I Waiting List, Court Ordered Judicial Admission, living with aging caregiver).
- C. The person/guardian must have chosen to receive services in the proposed residential setting. This choice should be an informed choice that is documented. Documentation must be maintained in the person's record. Additionally, others living in the home should support the person's admission.
- D. The proposed residential setting must represent the least restrictive setting in which the person's needs can be met. The following lists residential settings from most to least restrictive.
 - 1. Regional Center
 - 2. Community ICF/IID
 - 3. CRCF
 - 4. CTH-II
 - 5. SLP-II/CTH-I
 - 6. SLP-I/CTH-I
- E. The residential provider must have resources and expertise necessary to safely and effectively meet the needs of the person being admitted.
- F. Efforts must be made to establish person's Medicaid eligibility and ICF/IID Level of Care need prior to residential admission.
- G. The funding for services in the proposed setting must have been approved by DDSN. An approved Admission/Discharge/Transfer form on the ADT application located on the DDSN Application Portal will constitute approval of funding.
- H. The Admission/Discharge/Transfer form must be completed on the ADT application by the residential services provider proposing to serve the individual, and approved by the appropriate DDSN officials (Assistant District Director and Director of Cost Analysis/designee) prior to the admission. The online system will notify via email the residential provider, the individual's Case Manager and appropriate DDSN personnel of the ADT approval/disapproval.

III. Transfer between DSN Board/Contracted Service Provider's Community Residential Setting (applies to all transfers be they to less, more or equally restrictive settings or intra- or inter-agency transfers)

- A. There must be a legitimate reason for the transfer (e.g., the person requires a more/less intensive level of service, the person is not compatible with the other persons residing at the home, the person desires to move to another home closer to his family).

- B. The person/guardian must have chosen to receive services in the proposed residential setting. This choice should be an informed choice that is documented. Documentation must be in the person's record. Additionally, others living in the home should support the person's transfer.
- C. The proposed residential setting should represent the least restrictive setting in which the person's needs can be met. The following lists residential settings from most to least restrictive.
 - 1. Community ICF/IID
 - 2. CRCF
 - 3. CTH-II
 - 4. SLP-II/CTH-I
 - 5. SLP-I/CTH-II
- D. The funding for services in the proposed setting must have been approved by DDSN. An approved Admission/Discharge/Transfer form on the ADT application located on the DDSN Application Portal will constitute approval of funding.
- E. The residential provider must have resources and expertise necessary to safely and effectively meet the needs of the person being admitted.
- F. The DDSN Admission/Discharge/Transfer form must have been completed on the ADT application by the residential services provider proposing to serve the individual (receiving provider), and approved by the appropriate DDSN officials (assistant District Director and Director of Cost Analysis/designee) prior to the transfer. The online system will notify via email the sending and receiving residential providers (for interagency transfers), the individual's Case Manager, and appropriate DDSN personnel of the ADT approval/disapproval. If the proposed transfer involves moving an individual from a Regional Center/Community ICF/IID to a non-ICF/IID residential setting, final approval will not be provided until the individual is ready to be enrolled in the ID/RD Waiver.
- G. The person must be notified of the pending transfer in writing. Notice will be provided at least thirty days prior to the proposed transfer unless this length of notice would jeopardize the health and/or safety of the individual to be transferred or any other individual. If the person/legal guardian/surrogate consent giver disagrees with the transfer, the dispute should be resolved in accordance with DDSN Directive 535-08-DD: Concerns of People Receiving Services - Reporting and Resolution.

IV. Residential Discharge

- A. There must be a legitimate reason for the discharge (e.g., the person no longer requires residential services, the DSN Board/contracted service provider does not

have a residential setting capable of meeting the person's needs, the person has died).

- B. If applicable, there must be a plan that outlines the post-discharge service/support needs of the person. This plan should be shared with future service providers.
- C. If alternative services are proposed, funding for those services must have been approved prior to discharge. An approved Admission/Discharge/Transfer form on the ADT application located on the DDSN Application Portal will signify DDSN's approval.
- D. The DDSN Admission/Discharge/Transfer form must be completed on the ADT application by the residential services provider, and approved by the appropriate DDSN officials (Assistant District Director and Director of Cost Analysis/designee) prior to the discharge (unless reason for discharge is due to individual's death on a weekend or holiday, in which case, it must be done the next business day). The online system will notify via email the residential provider, the individual's Case Manager, and appropriate DDSN personnel of the ADT approval/disapproval.
- E. The person may not be discharged to a setting that does not meet the person's needs.
- F. The person must be notified of the pending discharge in writing. Notice will be provided at least 30 days prior to the proposed discharge unless this length of notice would jeopardize the health and/or safety of the individual to be discharged or any other individual. If the person/legal guardian/surrogate consent giver disagrees with the discharge, the dispute should be resolved in accordance with DDSN Directive 535-08-DD: Concerns of People Receiving Services - Reporting and Resolution.

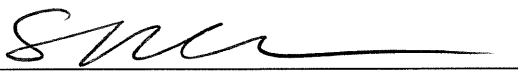
V. Residential Vacancies

- A. DSN Boards must admit people (as specified in Section II B of this document) into a funded residential vacancy within 30 calendar days. Failure to do so may result in financial sanction unless reasonable justification for extended vacancy has been approved by DDSN.
 - 1. For the purpose of this funding requirement, a residential vacancy is considered to exist if someone receiving community residential services has been admitted to a DDSN Regional Center for short term behavioral/medical stabilization or has not been sleeping at the residence for ten (10) consecutive nights.
 - 2. Residential service providers must notify their respective Assistant District Director of any such temporary residential vacancies within three (3) days. Notice should be in writing (.e.g., email or memo) and include the projected date that the person will return to the community residence.

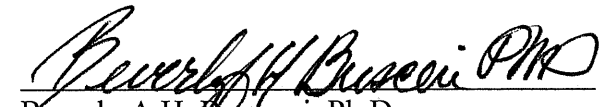
- B. Residential service providers must provide a monthly summary of efforts to fill any vacancies using the attached DDSN “Residential Vacancy” form (Attachment B). This report must be submitted to the Assistant District Director no later than the first (1st) Monday of each month.
- C. Residential service providers should remain knowledgeable of those DDSN Regional Center residents who have expressed a desire to receive residential services in a community-based setting. DDSN will periodically distribute a listing of DDSN Regional Center residents who desire to receive services in the community.

VI. Respite

- A. Residential service providers can also provide respite in certain residential settings (i.e., CTH-I, CTH-II, CRCF, ICF/IID) to people who are in crisis or as a planned break for the person’s primary caretaker. The residential service provider must also be an approved respite provider.
- B. In order to provide respite, there must be sufficient licensed/certified capacity in the residential setting to accommodate all who will be present.
- C. The residents of the home must agree to respite being provided unless the provision of respite is approved by local Human Rights Committee and DDSN. If a resident’s bedroom will be used in his/her absence for respite, appropriate consent must be obtained from the resident and, if desired, he/she must be able to secure personal belongings in his/her absence.
- D. The DDSN “Residential Respite” form (Attachment A) must be completed by the residential service provider proposing to provide the respite and be approved by DDSN official (District Director) prior to the provision of any residential respite in excess of three (3) calendar days. The Executive Director/CEO must approve any residential respite provided for three (3) calendar days or less.



 Susan Kreh Beck.
 Associate State Director-Policy
 (Originator)



 Beverly A.H. Buscemi, Ph.D.
 State Director
 (Approval)

To access the following attachments, please see the agency website page “Attachments to Directives” under this directive number.

- Attachment A: Residential Respite Form
- Attachment B: Residential Vacancy Form

PROPOSED TO MARK OBSOLETE DRAFT



Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy
Thomas P. Waring
Associate State Director
Administration

COMMISSION
Eva R. Ravenel
Chairman
Gary C. Lemel
Vice Chairman
Mary Ellen Barnwell
Secretary
Sam F. Broughton, Ph.D.
William O. Danielson
Catherine O. Fayssoix
Vicki A. Thompson

3440 Harden Street Ext (29203)
PO Box 4706, Columbia, South Carolina 29240
803/898-9600
Toll Free: 888/DSN-INFO
Website: www.ddsn.sc.gov

Reference Number: 502-05-DD
Title of Document: DDSN Waiting Lists
Date of Issue: January 1, 1988
Effective Date: July 29, 2014
Last Review Date: November 30, 2017
Date of Last Revision: November 30, 2017 **(REVISED)**
Applicability: DDSN Central Office, DDSN District Offices, DSN Boards, Contracted Service Providers

I. Purpose

The purpose of this policy is to assure that those who are eligible for services from the Department of Disabilities and Special Needs (DDSN) are provided services in the most timely and equitable manner possible, and that those who have critical needs that jeopardize their health and safety are given priority to services and supports.

II. Determination of Critical Needs

- A. Critical Needs - Defined: Only those who are in life-threatening situations requiring immediate services or those who are in situations that present an imminent risk of jeopardizing their health and safety requiring immediate action are considered by DDSN to have a critical need.

A critical need is defined as a life-threatening situation that requires immediate action. A critical need is also defined as a situation that presents imminent risk of jeopardizing the person's health, safety and welfare. Life threatening or imminent risk of life threatening situations typically are limited to situations in which the person:

DISTRICT I

P.O. Box 239
Clinton, SC 29325-5328
Phone: (864) 938-3497

Midlands Center - Phone: 803/935-7500
Whitten Center - Phone: 864/833-2733

DISTRICT II

9995 Miles Jamison Road
Summerville, SC 29485
Phone: 843/832-5576

Coastal Center - Phone: 843/873-5750
Pee Dee Center - Phone: 843/664-2600
Saleeby Center - Phone: 843/332-4104

- 1) Has been recently abused/neglected/exploited by the primary caregiver;
- 2) Is homeless (to include situations where the individual is being discharged from an alternative placement and is unable to return to a family member's home or live independently);
- 3) Has seriously injured self or others and continues to pose a threat to the health and safety of self or others;
- 4) Has been judicially admitted to DDSN;
- 5) Has recently lost a primary caregiver or is at imminent risk of losing a primary caregiver; or
- 6) Has a primary caregiver who is 80 years of age or older with diminished ability to provide care that is likely to continue indefinitely due to the caregiver's physical or mental status and lack of an alternative caregiver. Care is being provided now, but it is clear that the need for services is imminent, because the caregiver will soon be unable to provide care and no other caregivers are available.

All efforts to address situations in which a critical need is present through the use of appropriate in-home support services when warranted, including Home and Community Based (HCB) Waiver services, must be exhausted prior to any consideration of residential placement. Refusal of in-home supports does not necessarily constitute the presence of a critical need. Additionally, living with relatives or friends must be ruled out prior to someone being considered homeless.

B. Procedure for Placement on/Removal from the DDSN Critical Needs List

When placed on the Critical Needs List the Case Manager/Early Interventionist must visit the person and his/her family members or caregivers [caregiver(s)] in their home for the purpose of gathering information about the person's current situation, his/her needs and the needs and expectations of the caregivers. The Case Manager/Early Interventionist should explain the definition of "critical needs" as defined in this directive and the process that will be followed in order for a determination to be made.

Subsequent to the home visit, the Case Manager/Early Interventionist must:

1. For Intellectual Disabilities/Related Disabilities (ID/RD) Waiver participants complete the Assessment of Need for Residential Habilitation (ID/RD Form A-RH) and the Request for Determination. The completed and signed Assessment of Need for Residential Habilitation, with required information attached, and the completed and signed Request for Determination must be submitted to the DDSN District Office Crisis Coordinator (DOCC) who serves the DDSN District in

which the person resides. In circumstances where the person's health and safety would likely be seriously jeopardized during the decision-making period, the case management/early intervention provider's Executive Director/CEO must contact the Director of the DDSN District Office to arrange for immediate intervention.

2. For those not participating in the ID/RD Waiver, the Case Manager/Early Interventionist must complete the Assessment of Critical/Priority Need and the Request for Determination. The completed and signed Assessment of Critical/Priority Need, with required information attached, and the completed and signed Request for Determination must be submitted to the DDSN District Office Crisis Coordinator who serves the DDSN District in which the person resides. In those circumstances where the person's health and safety would likely be seriously jeopardized during the decision-making period, the case management/early intervention provider's Executive Director/CEO must contact the Director of the DDSN District Office to arrange for immediate intervention.
3. The Case Manager/Early Interventionist must maintain frequent contact with the person and his/her caregiver(s) while the submission is being considered. In those circumstances where the person's situation worsens and the person's health and safety would likely be seriously jeopardized during the remainder of the decision-making period, the case management/early intervention provider's Executive Director/CEO must contact the District Director to arrange for immediate intervention.
4. If the criteria are determined to have been met, DDSN will obtain additional information to ensure that needed services are provided in the least restrictive and most community inclusive setting possible. This information will be obtained through the completion of either a Supports Intensity Scale (SIS) interview or a Health Risk Screening Tool (HRST) assessment. Whether the SIS or HRST is used, the Case Manager/Early Interventionist must assist the person/caregiver(s), as needed and appropriate, to ensure the timely completion of the interview/assessment.
5. Once the criteria are determined to have been met, and the setting determined, the Case Manager/Early Interventionist must communicate the decision and must provide information to the person and his/her caregiver(s) about the next steps. Should the person/caregiver(s) disagree with the decision, including disagreement with the setting deemed appropriate for the person, information about how to request reconsideration or appeal the decision must be provided. The Case Manager/Early Interventionist must document this communication in accordance with DDSN Case Management Standards.
6. If the criteria are determined to have not been met, the Case Manager/Early Interventionist will communicate the decision to the person and his/her caregiver(s) and provide written information about how to request reconsideration or appeal the decision. The communication of the decision and provision of

reconsideration/appeal information must be documented in accordance with DDSN Case Management Standards.

7. Once someone's name is placed on the Critical Needs List, while awaiting resolution, the person's Case Manager/Early Interventionist must develop a plan that ensures his/her health and safety while waiting and provides for the services that will resolve the critical need. This plan may include temporarily participating in State Funded Community Supports. A setting that is more restrictive than the setting approved by DDSN may not be included in the plan for services to resolve the critical need.
8. Until the need is resolved, the Case Manager/Early Interventionist should be in regular contact with the person/caregiver(s) to assess the status of the situation.
9. As appropriate, the Case Manager/Early Interventionist must follow the procedures detailed in DDSN Directive 502-01-DD: Admissions/Discharge of Individuals to/from DDSN Funded Community Residential Setting, and the DDSN ID/RD or HASCI Waiver Manuals.

The receipt of a complete request for inclusion of a person's name on the Critical Needs List requires the following actions by the DDSN District Office:

1. Upon receipt, the District Office Crisis Coordinator (DOCC) will review each submission to assure that it is properly prepared, complete, and contains required supporting documentation. Incomplete submissions will be returned to the Executive Director/CEO with a written explanation of the reason for the return.
2. If the submission is complete, then the DOCC will evaluate whether the criteria have been met.
3. If determined to meet the criteria, a Supports Intensity Scale (SIS) interview will be conducted by the DDSN SIS contractor to inform decisions about the best and appropriate level of service for the person. If circumstances do not permit the completion of a SIS prior to service provision, one will be completed after services are initiated.
4. If a SIS interview cannot be conducted, DDSN may complete a Health Risk Screening Tool (HRST) assessment to inform decisions about the best and appropriate setting for service delivery for the person.
5. If deemed necessary by the Director of the District Office, a visit to the person's home or face-to face visit with the person or his/her caregiver(s) will be conducted by the DOCC.
6. Using all available information, the District Office will determine the type and setting that will, in the least restrictive and most community inclusive setting

possible, meet the needs of the person. The person's name will be placed on the DDSN Critical Needs List and the results will be communicated to the Case Manager/Early Interventionist via the Review of the Request for Determination form (see Attachment B).

7. If the criteria has not been met, the DOCC will communicate the decision to the case manager/early interventions via the Review of the Request for Determination form (see Attachment B).
8. The DOCC will also monitor the status of those whose names have remained on the Critical Needs List for a lengthy period of time.
9. Weekly, DDSN will provide all applicable qualified providers an up-to-date copy of the Critical Needs List to assist in responding to needs in the timeliest manner possible.

NOTE: DDSN has the right to remove a person's name from the Critical Needs List should DDSN's offer of residential placement be declined. DDSN will make this determination based on the person's circumstances and the nature of the service sought.

III. Residential Services Waiting Lists

Residential services are defined as 24 hours per day supports that are provided by or contracted for operation by DDSN. DDSN maintains waiting lists for those likely to need residential services at some time in the future. For residential services, there are two waiting lists which are differentially prioritized with defined criteria. The criteria and procedures are as follows:

1. **Priority I** status is defined as an urgent situation which is anticipated to require residential services through DDSN within the next year to prevent harm to the individual or his/her caregiver(s). An urgent situation is considered to exist when the person has a history of significant behavioral or medical challenges that have not been or cannot continue to be effectively met. These difficulties, while significantly disruptive to the person's current setting, do not pose an imminent threat to the health and safety of the individual or others. It is anticipated that the degree of threat to the person's health and safety will continue to increase. DDSN must approve Priority I status. Only those in urgent situations with features suggesting there is a probability the person will require residential services within the next 12 months are considered by DDSN to have Priority I status.

Procedures

The inclusion of someone's name on the Residential Services Waiting List with Priority I status requires the following actions by his/her case management/early intervention provider:

1. The Case Manager/Early Interventionist must determine that all appropriate in-home services and supports have been implemented, that they are appropriate to meet the person's needs, and that they are consistent with the person's desires and aspirations as well as those of his/her caregiver(s).
2. The Case Manager/Early Interventionist must assure that the service plan is up-to-date.
3. The Case Manager/Early Interventionist must have a face-to-face visit with the person and his/her caregiver(s). A home visit is recommended but not required.
4. The Case Manager/Early Interventionist must explain the Residential Services Waiting List including the status that will be assigned. The Case Manager/Early Interventionist must document the discussions with the person and his/her caregiver(s) in accordance with DDSN Case Management Standards.
5. Subsequent to the face-to-face visit, a Request for Determination and Assessment of Critical/Priority Need along with supporting documentation must be submitted to the DOCC serving the county in which the person resides.
6. The Case Manager/Early Interventionist must apprise the DOCC of any changes in the person's situation and take action accordingly.
7. The Case Manager/Early Interventionist must communicate the DDSN decision regarding the request and document the discussions with the person and his/her caregiver(s).

The receipt of a complete request for the inclusion of someone's name on the Residential Services Waiting List with Priority I status requires the following actions from the District Office:

1. Upon receipt, the District Office Crisis Coordinator (DOCC) will review each submission to assure that it is properly prepared, complete, and contains required supporting documentation. Incomplete submissions will be returned to the Executive Director/CEO with a written explanation of the reason for the return.
2. If the submission is complete, then the DOCC will evaluate whether the criteria have been met.
3. Using all available information, the District Office will determine the potential level of service needed to meet the person's needs in the least restrictive and most community inclusive setting possible. The person's name will be placed on the DDSN Residential Services Waiting List with Priority I status assigned. The results will be communicated to the Case Manager/Early Interventionist via the Review of Request for Determination form (see Attachment B).

If the criteria have not been met, and the DOCC will communicate the decision to the case manager/early interventions via the Review of Request for Determination form (see Attachment B).

2. **Priority II** status is defined as a situation in which the person or caregiver(s) perceive that residential placement may be needed in the future, more than one year from the present time.

Procedures

The inclusion of someone's name on the Residential Services Waiting List with Priority II status requires the following actions by his/her case management/early intervention provider:

1. Case Manager/Early Interventionist will enter the person's name in the "Services" menu of DDSN's Service Tracking System (STS). In the "Services" menu, using the "Awaiting Services Transaction" function, the Case Manager/Early Interventionist must enter the service (Residential) and the provider preferred by the person or his/her caregiver(s). The Case Manager/Early Interventionist must enter either the residence (licensed facility) or the county preferred by the person or his/her caregiver(s). The priority level of "2" must be entered.

IV. Home and Community Based (HCB) Waiver Waiting Lists:

DDSN operates four (4) HCB waivers on behalf of the Medicaid agency. Those waivers are the Intellectual Disabilities/Related Disabilities Waiver, the Head and Spinal Cord Injury Waiver, the Community Supports Waiver, and the Pervasive Developmental Disorders Waiver. Each HCB Waiver operated by DDSN has its own policy for those awaiting enrollment. The criteria to determine the order in which those awaiting enrollment will be allowed entrance into the Waiver are addressed in each approved Application for a §1915(c) Home and Community-Based Services Waiver.

For the Intellectual Disability/Related Disability (ID/RD) Waiver

Those requesting ID/RD Waiver services will have their names added to the ID/RD Waiver Waiting List. Entrance into the Waiver is granted on a first come, first served basis.

*Please refer to the ID/RD Waiver Manual for specific instructions and procedures regarding waiting lists.

For the Head And Spinal Cord Injury (HASCI) Waiver

Those determined by the following criteria to have an urgent need for the services provided through the Waiver will be placed on the HASCI Waiver Waiting List in Urgent Status:

An urgent need is defined as one in which the individual meets the criteria required to be placed on the Regular HASCI Waiver Waiting List and has two (2) or more of the following conditions present:

- Very severe injury with functional limitations requiring extensive or total care (Spinal Cord Injury at quadriplegia level or very severe Traumatic Brain Injury);
- Emergency need for assistance with personal care and safety;
- Recent loss of a primary caregiver (permanently gone within past 90 days) or imminent risk of losing a primary caregiver (permanently gone within next 90 days), and no other paid or unpaid supports to replace the primary caregiver;
- Recently discharged (within past 90 days) or pending discharge (within next 90 days) from acute care or rehabilitation hospital with complex unmet service needs;
- Lack of an active support network of family, friends and community resources; or
- Specific extenuating circumstances affecting urgency (e.g., more than one person with disabilities or special needs in the household, primary caregiver is elderly or has a serious medical condition; primary caregiver is also responsible for minor children or elderly family members; etc.).

Those determined to not meet the criteria described above will be placed on HASCI Waiver Waiting list in Regular status.

Those on the HASCI Waiver Waiting List with Urgent Status will be allowed entrance first. If no names appear on the HASCI Waiver Waiting List with Urgent Status, those on the HASCI Waiver Waiting List in Regular Status will be allowed entrance into the waiver on a first come, first served basis.

*Please refer to the HASCI Waiver Manual for specific instructions and procedures regarding waiting lists.

For the Community Supports (CS) Waiver

Those requesting the CS Waiver services will have their names added to the Community Supports Waiver Waiting List. Entrance into the waiver is granted on a first come, first served basis.

*Please refer to the CS Waiver Manual for specific instructions and procedures regarding waiting lists.

For the Pervasive Developmental Disorder (PDD) Waiver

The names of children requesting the PDD Waiver will be added to the PDD Waiver Waiting List. Entrance into the waiver will be granted on a first come, first served basis.

*Please refer to the PDD Waiver Manual for specific instructions and procedures regarding waiting lists.

V. Procedures for Reporting Age of Caregivers of Consumers

DDSN does not maintain a separate waiting list for those with caregivers who are aging. However, to plan for the future needs of those with disabilities in the state, DDSN will survey available data to determine the number of people who are cared for by caregivers who are older or aging (e.g., older than 65 years of age, older than 80 years of age). The source of the data surveyed is DDSN’s Consumer Data Support System (CDSS). CDSS must include the correct and complete dates of birth for all caregivers. Caregivers’ dates of birth must be recorded in the “Contacts” section of CDSS. In order to be determined to meet an established “aging caregiver” criteria, all of the person’s caregivers must meet the age criteria.

VI. Appeals

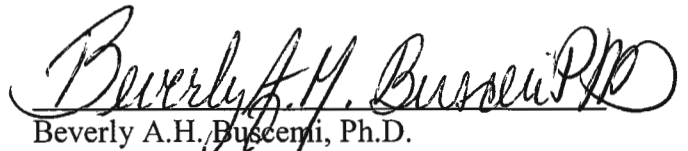
Adverse decisions regarding requests for determination of critical needs and/or the placement on a DDSN waiting list may be appealed in accordance with the procedures outlined in the DDSN Directive 535-11-DD: Appeal and Reconsideration Policy and Procedures.

VII. Quality Assurance

Service Division (ID/RD, HASCI, or Autism) Directors, or their designees, will periodically conduct post-audit reviews of the placement of those on the DDSN waiting lists to assure compliance with DDSN policy.



Susan Kreh Beck
Associate State Director-Policy
(Originator)



Beverly A.H. Buscemi, Ph.D.
State Director
(Approved)

To access the following attachments, please see the agency website page “Attachments to Directives” under this directive number at <http://www.ddsn.sc.gov/about/directives-standards/Pages/AttachmentstoDirectives.aspx>.

- Attachment A: Request for Determination of Critical/Urgent Circumstances
- Attachment B: Review of the Request for Determination of Critical/Urgent Circumstances
- Attachment C: Assessment of Need for Residential Habilitation-ID/RD Waiver Form
- Attachment D: Assessment of Need for Critical/Priority I – Form

Michelle G. Fry, J.D., Ph.D.
State Director
Janet Brock Priest
Associate State Director
Operations
Lori Manos
Associate State Director
Policy
Constance Holloway
General Counsel
Harley T. Davis, Ph.D.
Chief Administrative Officer
Nancy Rumbaugh
Interim Chief Financial Officer
Greg Meetze
Chief Information Officer



3440 Harden Street Extension
 Columbia, South Carolina 29203
803/898-9600
Toll Free: 888/DSN-INFO
Home Page: www.ddsn.sc.gov

COMMISSION
Stephanie M. Rawlinson
Chairman
Barry D. Malphrus
Vice Chairman
Robin B. Blackwood
Secretary
Gary Kocher, M.D.
Eddie L. Miller
David L. Thomas
Michelle Woodhead

Reference Number: 275-04-DD

Title of Document: Procedures for Implementation of DDSN Audit Policy for DSN Boards

Date of Issuance: May 11, 1988

Date of Last Revision: September 15, 2022 **(REVISED)**

Effective Date: September 15, 2022

Applicability: DSN Boards

GENERAL PROVISIONS

Disabilities and Special Needs (DSN) Boards and entities grandfathered in as DSN Boards that fall into one of the following categories must obtain an audit of financial statements and a report on applying agreed-upon procedures (RoAAP) in accordance with this policy.

1. Those that receive financial assistance (program contracts, grants, subgrants, etc.) from the South Carolina Department of Disabilities and Special Needs (DDSN) during the State fiscal year ended June 30.
2. Those that receive DDSN funds and makes a sub-grant to another organization with the funds, then the sub-grantee would also be considered a recipient of DDSN funds. The sub-grantee must obtain an audit in accordance with this directive if the amount received exceeds \$250,000 during the State fiscal year ended June 30.

The audit is to be performed in accordance with Generally Accepted Governmental Auditing Standards (GAGAS or “Yellow Book”) by an independent Certified Public Accountant (CPA). If the entity expended over the threshold set by OMB Uniform Guidance (currently \$750,000) in federal awards

during the fiscal year, then it must obtain an audit in accordance with the Uniform Administration Requirements, Cost Principles, and Audit Requirements for Federal Awards, under 2 C.F.R., Subtitle A, Chapter II, Part 200 (“Uniform Guidance”). Please note that Medicaid funds received are not considered federal awards.

DSN Boards are required to: (1) engage an independent CPA to complete the agreed-upon procedures outlined in this directive and (2) submit a report on their results of applying the agreed-upon procedures.

If a DSN Board is recognized as part of county government, then the county audit, if it meets the requirements of the DDSN audit policy, will be accepted and a separate audit of the DSN Board is not necessary; however, DDSN requires the DSN Board to submit a RoAAP prepared by an independent CPA.

AUDIT REPORT AND PROCEDURES

The following applies:

1. The financial statements must be prepared in conformity with generally accepted accounting principles (GAAP). Effective implementation dates for recently issued and adopted accounting pronouncements must be followed. Early implementation of any standard must be approved by DDSN in advance of adoption. Requests for consideration of early implementation must be submitted in writing to the DDSN Chief Financial Officer (CFO) by July 31 of the applicable year. A written response will be provided to the requestor within 30 days of receipt of the request.
2. The Management Discussion and Analysis (MD&A), if applicable, must be written by the DSN Board’s staff.
3. The financial information outlined in this directive for the DDSN funding year ended June 30 must be included in the audit report. Failure to do so will make the report unacceptable.
4. The auditor must express an opinion on whether the information in the supplementary schedules is fairly stated in all material respects in relation to the financial statements taken as a whole.
5. DDSN required supplementary financial information:
 - a) Schedules of Revenues and Expenses
 - i) These schedules must be presented on the full accrual, economic resources basis and not on the modified accrual, current financial resources basis.
 - ii) These schedules must be developed using the same line item detail as illustrated on Attachment A. Use of additional line items not shown in the attachment are not permitted without written approval from the DDSN CFO.
 - iii) Schedules must be prepared for the following, if applicable:
 - (1) General fund;
 - (2) Capitated programs (utilizing the capitated services contract);

- (3) Non-capitated programs (utilizing the non-capitated services contract);
- (4) Special grant programs (utilizing special grant contracts);
- (5) Intermediate cost centers; and
- (6) Other programs.

iv) The auditor must present the revenues and expenses separately by program. Expenses for residential programs must also be presented in detail for each residence within the program. Additionally, residential programs must be clearly distinguished as being HUD or non-HUD home(s).

b) Room and Board Computation

Utilizing DDSN Directive 250-09-DD: Calculation of Room and Board for Non-ICF/IID Programs and Attachment C, prepare a computation of room and board utilizing the final audited trial balance. The auditor is not required to provide any additional assurance related to the contents of specific trial balance accounts comprising the room and board computation.

c) Schedule of Special Grant Revenues and Expenses

Utilizing Attachment D, prepare a schedule of special grants for all special grant revenues received and/or expended during the fiscal year.

d) Reconciliation of audited financial statements to Medicaid Cost Reports and Cost Statements.

When the audited financial statements and the cost reports/cost statements are both presented on the full accrual basis, but the program costs for Medicaid funded programs per the audited financial statements (AFS) do not equal the AFS program costs per the cost reports, the auditor must provide a reconciliation to explain the differences between the two documents.

e) Audit Directive Compliance Statement

The DSN Board must give a copy of this audit policy to the auditor prior to the start of the audit to ensure that DDSN's audit requirements are met. The auditor must include a signed statement with the audit report stating that he/she has read and complied with the requirements of the policy. The statement must indicate the revision date of the audit policy that was followed.

f) Supplementary Schedule of Questioned Costs

In performing the audit, the auditor must consider whether expenses are reasonable and necessary for the program to which they are charged. Limitations on costs for awards are detailed in DDSN Directive 250-05-DD: Cost Principles for Grants and Contracts with Community DSN Boards. Individual negotiations and reviews will occur between the DSN Board and DDSN on all questioned costs pertaining to DDSN programs. Final

resolution, use of audit information, and applicability resides with DDSN. A schedule of questioned costs must be provided by the auditor. See Attachment E for an example schedule.

6. Combining or Consolidation Schedules

If the audit report includes blended component units or subsidiaries, then combining or consolidation schedules must be provided to support the basic financial statements. For Governmental Accounting Standards Board (GASB) presentations, combining schedules are only required for the Statement of Net Position and the Statement of Activities.

REPORT ON APPLYING AGREED-UPON PROCEDURES (RoAAP):

DSN Boards will need to contract with an independent CPA to apply RoAAP for the procedures listed below.

A sample template of the required report on applying RoAAP can be found in Attachment B. CPAs must follow this template. The template will be provided in Word format if requested.

The CPA must follow AU-C 530 “Audit Sampling” in its sampling selection process and determination of the population and sample sizes required. DDSN is prescriptive in selecting audit sampling but will closely scrutinize the results for reasonableness. Attachment B contains a new chart to tease out specific number of Medicaid bills tested to permit both aggregating RoAAP data statewide to assess risk and crystalize CPA’s level of effort in sampling.

The procedures below are required to be completed and the results reported on by the CPA.

1. Test the DSN Board’s Control and Procedures for Medicaid Billings

a) Background Information

People may receive services provided either by the Board or a third-party vendor under the Medicaid program. Services must be authorized by the case manager and documented in the consumer’s plan. The DSN Board or the third-party vendor receives payments for the Medicaid billable services rendered to the individuals from either DDSN or the SC Department of Health and Human Services (DHHS). Medicaid billable programs include, but are not limited to, all Residential Habilitation Programs, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID), Community Residential Care Facilities (CRCF), Community Training Home-I (CTH-I), Community Training Home-II (CTH-II), Community Integrated Residential Services (CIRS), Supervised Living Model-I and II (SLP-I) and (SLP-II), Adult Day Programs, Supported Employment, Home and Community Based Waiver Services (enhanced board and direct billed services), Head and Spinal Cord Injury Services Waiver (enhanced board and direct billed services), Community Supports Waiver (enhanced board and direct billed services), Case Management, and Early Intervention. The auditor should reference DDSN Standards and chapter 10 of the Finance Manual located on DDSN’s website for guidance related to these services and DDSN’s billing and reporting procedures.

b) Procedures

- i) The CPA must gain an understanding of the Medicaid billing process and controls over Medicaid billable services (enhanced board and direct billed services). In order to gain an accurate understanding of this process, the CPA should consult with the program staff and supervisors as these employees are directly responsible for Medicaid compliance and should be familiar with how Medicaid is billed. The CPA must perform sufficient work to determine if the DSN Board's policies and procedures are adequate to provide reasonable assurance that Medicaid billable services are properly supported.
- ii) The CPA must select a representative sample from all persons from each Medicaid billable service area for which the DSN Board or a third-party vendor is receiving payments for Medicaid billable services through DDSN or DHHS. For the sample selected, the CPA must perform sufficient work to determine the following:
- Tests determine that the supporting documentation provides reasonable assurance that billings are supported by complete and accurate information.

Gain an understanding of the monitorship (scan service notes, phone contacts with family members and/or employers, visits to family members' homes and/or persons' job sites, etc.) procedures established by the DSN Board to monitor each program. Test monitorship is being provided and documented by supervisory staff on a continual basis to provide reasonable assurance to the DSN Board that the billable services are being provided to the persons and/or families as indicated by the documentation on file.

2. The auditor must select a representative sample in each provider residential Habilitation programs (ICF/ID, CRCF, CTH-I, CTH-II, CIRS, SLP-I and SLP-II). Test the DSN Board's management of the persons' personal funds and personal property for compliance with DDSN Directive 200-12-DD: Management of Funds for Individuals Participating in Community Residential Programs and 604-01-DD: Individual Clothing and Personal Property.

a) Background Information

CPAs should familiarize themselves with the following directives: DDSN Directives 200-12-DD: Management of Funds for Individuals Participating in Community Residential Programs and 604-01-DD: Individual Clothing and Personal Property, outline regulations related to DSN Board management of personal funds and property. Procedures may vary by residential program and will also vary based on whether funds are retained in individual checking accounts, savings accounts, burial accounts, Achieving a Better Life Experience (ABLE) accounts, or collective accounts. Care must be taken to gain an understanding of the unique characteristics of each and to ensure procedures are developed accordingly. Additionally, CPAs must understand eligibility, regulations, and resource limits established by Medicaid. Eligibility will vary by coverage group.

b) Procedures

The CPA must perform sufficient work to determine if the DSN Board's policies and procedures are adequate to safeguard the persons' personal funds and property, as well as remain in compliance with DDSN Directives. The CPA must select a representative sample of accounts and transactions to ensure proper coverage.

- i) Determine that the persons' personal funds are not borrowed, loaned, or co-mingled by the DSN Board or another person or entity for any purpose; or, combined or co-mingled in any way with the DSN Board's operating funds.
- ii) Determine that the person's accounts are established in the person's name and social security number, and that they indicate that the accounts are for the benefit of the person (fiduciary relationship).
- iii) Determine that bank signature cards are updated timely for changes in personnel and that a copy of the signature card is maintained.
- iv) Determine that bank reconciliations are being performed and documented within 20 business days of receipt of the bank statements by a staff member who is not a co-signer on the account.
- v) Determine, through a representative sample of all purchases, that receipts are on hand to support purchases made from the persons' personal funds.
- vi) Determine that the amount paid for by the person is properly charged to their personal funds. Consider if amounts should have been paid by the Waiver program, from residential program funds, or if items/services purchased are proper.
- vii) For any item purchased that is required to be inventoried, verify that the persons' personal property record is properly updated. Procedures used by the Provider should be evaluated to ensure they are adequate to ensure the item is properly marked in accordance with the directive. Actual observation of the items is not required but may be deemed necessary by the CPA to test the procedures used by the Provider.
- viii) Determine if checks written to the person cause them to exceed their cash on hand limit. Gift cards are also considered cash and must be included in the cash on hand limit. Funds written payable to the person and cashed are considered cash on hand until expended and should be considered in conjunction with other cash held by the person or by program staff.
- ix) Determine that actual counts of the persons' cash held by residential staff, and agreement of the counts to the records, are completed monthly by someone who does not have authority to receive or disburse cash. The count and agreement to the records must be documented. The CPA is only expected to test the procedures used by the Provider.

- x) Evaluated the controls over cash to ensure that the provider has adequate controls to identify and safeguard cash held by the provider and cash held by the person.
- xi) Determine that the persons' total countable resources do not exceed the established limits mandated by Medicaid (generally: \$2,000).
- xii) Determine that the DSN Board has a process established to identify those with recurring excess resources and have established a plan to eliminate risk of loss of benefits – for example, participation in the ABLE program, participation in a special needs trust (individual or pooled), spend down of resources, establishment of burial savings accounts, and/or establishment of prepaid burial arrangements.
- xiii) For collective accounts, determine that the account is being managed in accordance with the Social Security Organizational Representative Payee guide found on the Social Security Administration's website at <https://www.ssa.gov/payee>.

If the CPA becomes aware of a misappropriation involving DSN Board or persons' funds and/or any falsification of Medicaid billable services, then the CPA must promptly report that information to the DSN Board Executive Director and Financial Director, with a follow-up to DDSN Internal Audit.

3. Determine if the DSN Board is paying ALL direct care staff the established minimum hourly wage in accordance with the DDSN contract.

a) Background Information

DDSN is appropriated funds from the State to establish a minimum pay rate for direct care staff. These funds are passed to DSN Boards through an increase in rates and contract amounts. Direct support professionals are defined as people that are in a regular shift rotation and are directly involved in the care of persons' in residential or day program settings. Supervisors, House Managers, and other similar positions would qualify if they met the criteria above. Job classifications vary by service provider and the same job classification at different service providers may or may not involve the same level of hands-on care. As a result, DDSN did not take a prescriptive approach. Each DSN Board will have the responsibility of determining which employees qualify based on their unique circumstances. The minimum pay rate for direct support professionals will be \$13 per hour. DSN Boards are permitted to pay new hires a rate less than \$13 for staff training hours and for any on the job training hours where the direct support professional (DSP) is not permitted to work alone. If a DSP employee is able to work alone and has been cleared to work alone by their Manager but due to staffing patterns does not work alone in the home, then they must be paid \$13 per hour. In no case should a new hire direct support professional make less than \$13 per hour for a period to exceed 90 calendar days.

b) Procedures

The CPA must determine that the DSN Board is paying **ALL** direct care staff the established minimum hourly wage in accordance with DDSN requirements, for all hours worked.

- i) The CPA must test the minimum pay rate used by the Provider. A variety of testing procedures may be used. One such procedure could be selecting two (2) pay periods to test proper application of the pay rate.
- ii) The CPA must test the timing of disbursements when a pay increase has been instituted which in the past has been the first pay date in July. Retroactivity of the pay rate is permitted, but the CPA must perform sufficient work to ensure it was completed properly. If there was a retroactive payment to the employee, then the CPA is only expected to verify that the process used appears to be completed correctly to ensure compliance.
- iii) If direct care staff are paid less than \$13 per hour, verification is required that they meet the requirements noted in 3a. If this requirement has not been met there must be a written exception approved by DDSN.

4. Determine that the DSN Board has adopted a Board of Director approved room and board policy. Also, test that the provider has properly and timely implemented the DDSN approved room and board rate, in accordance with their policy.

a) Background Information

DSN Boards are required to adopt a fee for services policy in accordance with DDSN Directive 250-09-DD: Calculation of Room and Board for Non-ICF/IID Programs. Additionally, they are to obtain DDSN approval at least annually on the room and board rates to be charged to persons' in residential programs.

b) Procedures

- i) The CPA must determine that the DSN Board has established a room and board policy for persons' fees that has been reviewed and approved by the Board of Directors.
- ii) The CPA must obtain the DDSN approved room and board rates utilized during the fiscal year.
- iii) The CPA must familiarize themselves with the policy and the approved rates.
- iv) Test actual charges made to persons to ensure that they comply with the policy and do not exceed the approved room and board rates.
- v) Test individuals' move-ins and move-outs and verify that room and board charges were properly applied. The CPA is testing the proper proration of the room and board charge.

5. Determine that the DSN Board has adopted a cost allocation plan and costs charged to intermediate cost centers are in accordance with DDSN Directives.

a) Background Information

All DSN Boards are required to submit cost allocation plans to DDSN. The cost allocation plan submitted by the DSN Board must be appropriate and comply with DDSN Directive 250-05-DD: Cost Principles for Grants and Contracts with Community Providers. DSN Boards are to ensure that costs are properly accumulated and allocated to final cost centers.

b) Procedures

- i) The CPA must determine if the cost allocation plan used was submitted and approved by DDSN.
- ii) The CPA must determine if the approved cost allocation plan is implemented as designed and note any material exceptions.

6. Determine if DSN Board complies with DDSN Directive 250-08-DD: Procurement Requirements for Local DSN Boards and Contracted Service Providers.

a) Background Information

DSN Boards are required to establish procurement policies and procedures in accordance with the requirements contained in DDSN Directive 250-08-DD: Procurement Requirements for Local DSN Boards and Contracted Service Providers. The policies and procedures can be more, but not less restrictive than the requirements in the Directive.

b) Procedures

- i) The CPA must determine that the DSN Board has established a procurement policy that has been reviewed and approved by the Board of Directors.
- ii) The CPA must perform tests to determine if the DSN Board's procurement policies and procedures are in compliance with the Directive.
- iii) When standards of conduct are included which require the members of the Board of Directors, Executive Director, President/CEO, finance staff, procurement staff, and staff directly reporting to the Executive Director/President/CEO to provide sign statements to disclose potential conflicts of interest and to acknowledge/prevent potential conflicts of interest, the CPA firm is required to ensure these statements have been provided and are on file.
- iv) A sample of purchase transactions must be selected to test compliance with the DSN Board's procurement policy.

7. The CPA must select a representative sample of financial transactions made by or on behalf of the Executive Director and top administrative staff (i.e., travel, credit cards, personal use of agency owned vehicles). Determine if transactions are proper and any tax reporting is properly reported.

AUDIT REPORT, COST REPORT, AND RoAAP DUE DATES AND EXTENSIONS

The audit report, separate letter to management (if issued), cost report, and RoAAP are to be filed with DDSN by September 30th of each year for fiscal year ending June 30th according to the Distribution section listed below. If this due date falls on a weekend, or any due date, then the due date is the next workday.

A request for an extension of time to file the audit, cost, and/or RoAAP reports must be submitted to DDSN Internal Audit by the DSN Board in writing on the DSN Board's letterhead stationery and signed by the Executive Director and must be approved by DDSN Internal Audit. The request for an extension must be received by DDSN Internal Audit at least 15 calendar days prior to the due date of the report. Such requests will only be approved in extreme circumstances that are beyond the control of the DSN Board or the Auditor or when approval would be to the benefit of DDSN.

If the audit, cost, and RoAAP reports are not received within five (5) business days of the due date, including approved extensions, then a financial sanction of \$100 per calendar day will be assessed on each report until each of the reports are received by DDSN or up to a maximum of \$2,500 per report has been assessed. The total amount of the financial sanction will be invoiced. If a DSN Board incurs a contract reduction in consecutive years for not meeting a reporting deadline subject to a financial sanction for the same report, then the financial sanction for the missed deadline(s) for the second year will be doubled.

AMENDMENTS TO AUDIT REPORTS

Where additional explanations or corrections are necessary after a report has been filed, supplements must be prepared by the audit firm for all copies and distributed as noted in "Distribution" below.

CORRECTIVE ACTION PLANS (CAP) AND EXTENSIONS

When the auditor's report, separate letter to management (if issued), or the RoAAP identify material weaknesses, any deficiencies, findings or questioned costs, then the DSN Board must submit a CAP to address and resolve the problem identified by the auditor/CPA, or submit a statement of reasons why no corrective action is necessary. The CAP must be prepared on DSN Board's letterhead stationery and signed by the Executive Director. The CAP must be submitted to DDSN Internal Audit within 20 business days after issuance of the audit report or RoAAP. If the CAP is not received within 20 business days of the issuance date, then a financial sanction of \$100 per calendar day for financials and/or RoAAP will be assessed until the CAP is received by DDSN or a maximum of \$2,500 per cap has been assessed. The total amount of the financial sanction will be invoiced. Any invoices not paid within 60 days will be subject to additional collection efforts including, but not limited to, deductions from future contract payments. Invoices not able to be resolved after such efforts will be reviewed by the State Director and/or the DDSN Commission for potential additional action. It is recommended that the CAP be submitted with or be included as part of the audit report and RoAAP when issued. The CAP must include the specific dates when deficiencies will be corrected. Copies of documents that clarify the resolution of deficiencies must be included with the CAP.

A request for an extension of time to file a CAP must be submitted to DDSN Internal Audit by the DSN Board in writing on the **DSN Board’s letterhead stationery and signed by the Executive Director and must be approved by DDSN Internal Audit. The request for an extension must be filed at least 15 business days prior to the due date for the CAP.** Such requests will only be approved in extreme circumstances that are beyond the control of the DSN Board or its auditor, or when approval would be to the benefit of DDSN.

ADDRESSEE

The audit, cost, and RoAAP reports are to be addressed to the governing boards.

DISTRIBUTION

Copies of the audit, cost, and RoAAP reports, management letters, and internal control reports shall be filed as follows:

1. Executive Director of the DSN Board.
2. Chairperson of the DSN Board’s governing board.
3. Hard copy of audit report and cost report to:

DDSN Director of Cost Analysis
3440 Harden Street Extension
Columbia, S.C. 29203

4. Electronic pdf copies of all reports are required to be sent to financial.reports@DDSN.sc.gov.

The audit firm must present the final audit report, any management letter comments, the RoAAP, and all deficiencies noted, at a scheduled meeting of the DSN Board’s Board of Directors. If this is not done prior to the due date for submitting the documents to DDSN, the auditor must ensure that management is aware of the contents of the final report, management letter comments, the RoAAP, and deficiencies noted.

DISCLOSURE OF THREATS TO INDEPENDENCE

When the audit reports are filed with DDSN, DSN Boards must also submit a statement on letterhead stationery and signed by the Executive Director disclosing all identified threats to independence. The letter must outline the type and extent of all attestation, consulting, bookkeeping, and/or other services performed under contract or agreement with the audit firm. Examples that must be considered include: maintenance of the depreciation schedule, preparation of the financial statements, preparation of the SEFA (Schedule of Expenditures of Federal Awards), completion of the Federal Audit Clearinghouse Data Collection Form, preparation of the MD&A, preparation of income tax returns, preparation of Medicaid Cost Reports/Cost Statements, individual or aggregate material adjustments, payroll services, bookkeeping services, budget preparation, and software selection/implementation.

Reference must be made to the Government Auditing Standards 2018 Revision for those services that present threats to independence. The DSN Board is responsible for being aware of independence threats and ensuring they are addressed by the auditor to ensure they remain independent.

INSPECTION/ACCEPTANCE

Final inspection and acceptance of audit documents shall be the responsibility of DDSN Internal Audit.

AUDIT QUALITY

To verify that the responsibility of quality audits is accomplished, DDSN Internal Audit will work with other DDSN staff, as well as other state agencies, to:

1. Ensure that all audit reports of DSN Boards are received, reviewed, and distributed to appropriate DDSN officials.
2. Ensure that if significant inadequacies relating to the professional performance of the audit are discovered, the DSN Board will be advised and the auditor will be required to take corrective action. If corrective action is not taken, DDSN shall notify the DSN Board and other state agencies of the facts. Major inadequacies or repetitive substandard performance of auditors shall be referred to the appropriate professional bodies.
3. Ensure that satisfactory audit coverage is provided in a timely manner in accordance with DDSN audit requirements.
4. Maintain a follow-up system on audit findings and investigative matters.

The State Board of Accountancy may review all or a sample of DSN Board Audit Reports for compliance with professional standards.

Audit firms that receive a peer review report of other than pass must notify the DSN Board client and DDSN Internal Audit of the peer review results.

WORKING PAPERS

Working papers are to be retained by the audit firm for six (6) years following the end of the fiscal year being audited. Retention of working papers beyond six (6) years is required for audits of DSN Boards where questioned costs and/or practices have not been resolved with DDSN.

Working papers must be available, upon request, for examination by representatives of DDSN or its designee as well as successor auditors who may perform audits of the DSN Board. Availability of working papers must be provided at no additional cost to the representatives of DDSN or the successor auditor.

The auditor may be required to provide copies of any specific portions of working papers requested by DDSN personnel.

CONTRACTS

While DSN Boards are not required to obtain bids for audit services, DDSN believes that obtaining such bids is a good practice. DDSN, therefore, encourages DSN Boards to obtain bids for audit services. Additionally, in-charge auditor rotation, as well as, audit engagement team member rotation is highly recommended.

OUT-OF-STATE (CPA FIRM) REGISTRATION

CPAs and firms that operate out-of-state must comply with the requirements of the SC Board of Accountancy regarding “mobility” guidelines and/or out-of-state firm registration. Please contact the SC Board of Accountancy for more information. DDSN may verify with the SC Board of Accountancy that mobility guidelines and/or out-of-state firm registration requirements are being met.

CONFIRMATIONS - DDSN PAYMENTS

The independent auditor’s confirmation of DDSN payments made to a DSN Board is to be secured from DDSN’s Director of Finance. Requests for confirmations must be emailed to confirmations@ddsn.sc.gov. If electronic responses are desired, then please indicate such in the request along with the email address or other method of remitting the information. The auditor must reconcile DDSN payments per the confirmation with revenue per the DSN Board’s books. Questions concerning confirmations should be addressed to DDSN’s Accounting Manager at (803) 898-9682 or by email at confirmations@ddsn.sc.gov.

AMENDMENTS TO AUDIT POLICY

This document is subject to alteration or change as needed. Any changes will be made at the discretion of DDSN.

Barry D. Malphrus
Vice-Chairman

Stephanie M. Rawlinson
Chairman

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: Sample - Financial Statements
- Attachment B: Sample - Independent Accountant’s Report on Applying Agreed-Upon Procedures
- Attachment C: Sample - Supplementary Room and Board Computation
- Attachment D: Sample - Supplementary Schedule of Special Grants
- Attachment E: Sample - Supplementary Schedule of Questioned Costs

DSN Commission Legislative Committee Procedures
Commission Approved ~~January 21, 2021~~ September 15, 2022

This document sets forth the procedure to be used by the Legislative Committee of the South Carolina Commission on Disabilities and Special Needs (DSN Commission).

I. SCOPE:

The DSN Commission Legislative Committee initiates, reviews and revises new and existing state statutes and regulations to bring to the full DSN Commission. It also ensures Fformal, prescribed state level promulgation procedures are followed. The Legislative Committee also reviews and approves for full Commission approval pertinent directives referred from the Policy Committee. Lastly, tThe Committee receives inquiries and briefings on all significantrelevant legislative issues that affect the Commission or Agency. It will analyze whether or not to take a position regarding any of these legislative issues. It will also monitor the DDSN annual budget as it moves through the legislative process and recommend any changes to it that the Committee deems necessary. and carries This Committee will carry forward to the full Commission any of these motions, approvals and presentations.

II. MEETING FREQUENCY:

The Committee meets as determined by the Committee Chairperson based on the workflow of the South Carolina Department of Disabilities and Special Needs (DDSN) and will consist of four (4) Commission members.

III. PROCEDURE

A. Statute and Regulation Review

Prior to initiating the state level promulgation procedures, the Legislative Committee drafts changes and reaches consensus on recommendations for new and existing state statutes and regulations. These drafts are brought to the DSN Commission for a full vote of approval prior to disseminating outside of DDSN.

B. Briefings on Significant Legislative Issues

DDSN staff communicate updates on significant legislative issues to include developments and the need for potential statutory or regulatory revisions based on the needs of the population served by DDSN.

C. Directives

The Committee shall receive pertinent directives for review and revision as referred by the DSN Commission Policy Committee. Review and Approval of directives follows Section III. A. of the Policy Committee Procedures: Committee Undertakes a Review of a Directive or Standards, listed below as adapted to conform to the Legislative Committee.

The directive is reviewed by staff who will make revision recommendations regarding the document. This draft revised version will be presented to the Legislative Committee at a scheduled meeting for consensus on changes. A draft version will be posted to the website and the public will have 10 business days to review and submit comments (see Directive 100-01-DD: Electronic Communications System).

It is DDSN's intent to solicit feedback/input from all entities affected by the directives/standards; however, in rare cases the 10-business day period may not occur due to extenuating circumstances.

After the 10 business days public review period, staff will consider and respond to each comment; make additional changes to the Directive or Standards; and present the Directive to the Legislative Committee at a scheduled meeting. The Committee members may request additional changes and will determine which changes will be accepted based on the comments as well as staff recommendations.

When a consensus is reached by the Legislative Committee, a version representing this consensus will be created for presentation to the DSN Commission for approval. Following approval, the document will be posted on the DDSN website under "Current DDSN Directives" or "Current DDSN Standards."

**DSN Commission Legislative Committee Procedures
Commission Approved September 15, 2022**

This document sets forth the procedure to be used by the Legislative Committee of the South Carolina Commission on Disabilities and Special Needs (DSN Commission).

I. SCOPE:

The DSN Commission Legislative Committee initiates, reviews and revises new and existing state statutes and regulations to bring to the full DSN Commission. It also ensures formal prescribed state level promulgation procedures are followed. The Legislative Committee also reviews and approves for full Commission approval pertinent directives referred from the Policy Committee. The Committee receives inquiries and briefings on all relevant legislative issues that affect the Commission or Agency. It will analyze whether or not to take a position regarding any of these legislative issues. It will also monitor the DDSN annual budget as it moves through the legislative process and recommend any changes to it that the Committee deems necessary. This Committee will carry forward to the full Commission any of these motions, approvals and presentations.

II. MEETING FREQUENCY:

The Committee meets as determined by the Committee Chairperson based on the workflow of the South Carolina Department of Disabilities and Special Needs (DDSN) and will consist of four (4) Commission members.

III. PROCEDURE

A. Statute and Regulation Review

Prior to initiating the state level promulgation procedures, the Legislative Committee drafts changes and reaches consensus on recommendations for new and existing state statutes and regulations. These drafts are brought to the DSN Commission for a full vote of approval prior to disseminating outside of DDSN.

B. Briefings on Significant Legislative Issues

DDSN staff communicate updates on significant legislative issues to include developments and the need for potential statutory or regulatory revisions based on the needs of the population served by DDSN.

C. Directives

The Committee shall receive pertinent directives for review and revision as referred by the DSN Commission Policy Committee. Review and Approval of directives follows Section III. A. of the Policy Committee Procedures: Committee Undertakes a Review of a Directive or Standards, listed below as adapted to conform to the Legislative Committee.

The directive is reviewed by staff who will make revision recommendations regarding the document. This draft revised version will be presented to the Legislative Committee at a scheduled meeting for consensus on changes. A draft version will be posted to the website and the public will have 10 business days to review and submit comments (see Directive 100-01-DD: Electronic Communications System).

It is DDSN's intent to solicit feedback/input from all entities affected by the directives/standards; however, in rare cases the 10-business day period may not occur due to extenuating circumstances.

After the 10 business days public review period, staff will consider and respond to each comment; make additional changes to the Directive or Standards; and present the Directive to the Legislative Committee at a scheduled meeting. The Committee members may request additional changes and will determine which changes will be accepted based on the comments as well as staff recommendations.

When a consensus is reached by the Legislative Committee, a version representing this consensus will be created for presentation to the DSN Commission for approval. Following approval, the document will be posted on the DDSN website under "Current DDSN Directives" or "Current DDSN Standards."

**DSN Commission Personnel Committee Procedures
Commission Approved October 21, 2021**

This document sets forth the procedure to be used by the Personnel Committee (the Committee) of the South Carolina Commission on Disabilities and Special Needs (DSN Commission).

I. SCOPE:

The Committee recommends the action to hire the South Carolina Department of Disabilities and Special Needs (DDSN) State Director for the approval of the full Commission. It also serves to draft and complete the State Director's annual evaluation. The Chairman of the DSN Commission serves as the Chairman of the Committee which includes up to seven (7) members.

II. MEETING FREQUENCY:

The Committee meets as determined by the Committee Chairman based on the workflow of DDSN associated with the hiring of the State Director. The Committee Chairman also serves as the point of contact regarding the State Director's performance planning and evaluation process.

III. PROCEDURE:

The Committee conforms to the requirements of the DDSN Hiring Commission in hiring and annually evaluating the State Director. The DDSN Human Resource Director is engaged in this process to advise the Committee and DDSN Commission as necessary.

The State Director Salary Commission establishes and administers the State Director's performance process. Guidance regarding the State Director's development of a planning and evaluation stage are provided on the State Fiscal Accountability Authority website: <https://www.sfaa.sc.gov/Agency-Head>.

Planning Stage

According to the guidance provided, the State Director will meet with the Commission to propose the objectives and standards for success he/she will meet in the upcoming year. The Commission will accept, reject, modify, and discuss the State Director's proposed objectives and success criteria. Success criteria include a statement of conditions that will exist when a duty or responsibility has been satisfactorily met. The success criteria must include the expected actions, timeframes, frequency, costs, quantities or other appropriate and specific measures and business results that will enable the State Director and evaluators to agree on expected outcomes and recognize when these outcomes have been satisfactorily achieved.

When acceptable objectives are identified, the DSN Commission will complete the planned objectives on the evaluation document and review them with the State Director. Signatures are obtained and the original will be retained by the DSN Commission for completion at the end of the evaluation period. The planning process should be completed by October 15th of each calendar year.

The State Director will schedule interim performance conferences as needed to discuss performance or revise/modify objectives through communication with the Committee Chairperson.

Evaluation Stage

The State Director will schedule a meeting with the DSN Commission to present his/her job performance in relation to the objectives and success criteria agreed upon during the planning process. Each DSN Commission member will complete a State Director evaluation survey and return it to the Personnel Committee Chairman to compile. The Personnel Committee Chairman will complete the evaluation document based on the assessment of the State Director's performance as presented by the State Director, input from the DSN Commission and the survey. The final document will be approved by a majority vote of the DSN Commission and signed by the DSN Commission Chairman.

The approved document and survey results will be reviewed with the State Director. The State Director will sign the document to indicate he/she has seen the document and survey results. The completed document and the survey composite score sheet will be submitted to the DDSN Head Salary Commission by September 15th of each calendar year.

The Agency Head Planning Stage, Performance Evaluation Form and related files/links are located on State Fiscal Accountability Authority website.

FY2024 Budget Request			Total Funds	State Funds Requested	Earmark Authorization
Priority #	Recurring / Non-Recurring	Description			
1	Recurring	Crisis Stabilization			
		A. Interdisciplinary Technical Advisory Committee (ITAC)			
		Advisory Team Member Panel	\$ 180,000	\$ 180,000	
		Operating Expenses: Mileage, Supplies, & Dedicated IT Equipment (Secure Laptops)	\$ 20,000	\$ 20,000	
		ITAC Subtotal	\$ 200,000	\$ 200,000	
		B. Crisis Stabilization Medical Professional Team			
		(1) Medical Professional Team on Staff - Ability to float between the 4 Crisis Stabilization Units (12 Bed & 4 Bed CTH II)			
		3 Psychiatrist -Full Time - Manage Treatment Plan	\$ 1,050,000	\$ 1,050,000	
		6 Board Certified Behavior Analyst - Full Time	\$ 630,000	\$ 630,000	
		6 RN Staff with Higher Skilled/Add'l Certifications (Certified Rehab, Certified Psychiatric, Behavioral, etc.)	\$ 672,000	\$ 672,000	
		6 LPN with Enhanced Experience	\$ 504,000	\$ 504,000	
		Medical Professional Team Subtotal	\$ 2,856,000	\$ 2,856,000	
		C. Crisis Stabilization Facility Operation Cost - Personal Services & Operating Cost			
		(1) Three 12 Bed Regional Center Facility Operating Cost	\$ 6,600,000	\$ 6,600,000	
		12 Beds Facilities will be located on Regional Campuses			
		(2) 4 Bed Community Training Home (CTH) Facility Operating Cost	\$ 717,000	\$ 717,000	
		To Mimic Actual Residential Settings For Easy of Transition			
		(3) 15 % Bumper to cover training needs, staffing needs, to remain flexible to success of Initiative	\$ 588,000	\$ 588,000	
		(4) Consultant Contract	\$ 48,000	\$ 48,000	
		Crisis Stabilization Facility Operation Subtotal	\$ 7,953,000	\$ 7,953,000	
		Total Crisis Stabilization	\$ 11,009,000	\$ 11,009,000	
		Crisis Stabilization will be funded with State dollars; DDSN will work with DHHS to establish billable waiver services for this initiative.			
2	Recurring	Regional Center DSP Career Path	\$ 12,400,000	\$ 3,720,000	\$ 8,680,000
		Continued funding for previously approved DSP Career Path			
3	Recurring	Effort of Maintenance			
		Increased requirements with HHS Admin Contract of DDSN Oversight of Consumers LOC, Risk Management, etc.			
		Statewide Case Managers - 4 Program Coordinator II + 1 Program Coordinator I	\$ 420,000	\$ 268,800	\$ 151,200
		Level of Care Re-Evaluation Team - 5.5 Program Coordinator I	\$ 400,000	\$ 256,000	\$ 144,000
		Risk Investigators for ANE & Critical Incidents - 7 Program Coordinator II	\$ 700,000	\$ 448,000	\$ 252,000
		Quality Assurance - 4 Program Coordinator II	\$ 360,000	\$ 230,400	\$ 129,600
		Autism and Data Research - PM II, Senior Consultant, Research & Planning Admin	\$ 240,000	\$ 153,600	\$ 86,400
		Council on Quality & Leadership (CQL)	\$ 75,000	\$ 48,000	\$ 27,000
		Total Effort of Maintenance	\$ 2,195,000	\$ 1,404,800	\$ 790,200
4	Recurring	Eligibility Project Team - Autism Assessments			
		8 FTEs Masters Level - trained in Autism Diagnostic Observation Schedule, (ADOS)	\$ 900,000	\$ 900,000	\$ -
		Assessment tools, laptops, travel cost for each FTE	\$ 60,000	\$ 60,000	\$ -
		Total Pilot Project Team - Autism Assessments	\$ 960,000	\$ 960,000	\$ -

FY2024 Budget Request			Total Funds	State Funds Requested	Earmark Authorization
Priority #	Recurring / Non-Recurring	Description			
5	Recurring	Autism Youth Residential Rehabilitation	\$ 4,380,000	\$ 1,314,000	\$ 3,066,000
		24 beds - approx. * \$500.00 * 365 days = \$4,380,000			
6	Recurring	DDSN State Owned Properties - Recurring Maintenance of Community Properties per Proviso 36.6	\$ 295,000	\$ 295,000	\$ -
		Recurring request for 59 homes - Average \$5,000/home = \$295,000			
7	Non-Recurring	FMAP Recovery Funds - Non-Recurring Funds	\$ 8,000,000	\$ 8,000,000	
		FMAP will drop below 70%, down to 69.3% for the first time in since 2008. Expect approximately a 3 year recovery. Estimated \$8.0m lost annually. Year 1 of 3			
8	Non-Recurring	South Carolina Genomic Medicine Initiative	\$ 2,000,000	\$ 2,000,000	
		GGC pass-through request for a new technological approach to exploit data to better serve patients, providers, and state agencies. Fourth annual \$2 million request in a five year plan.			
9	Recurring	Appropriation Transfer to DHHS for Enhanced Waiver Services Rates & New Waiver Slots	\$ (8,900,000)	\$ (8,900,000)	
		DDSN received funding for Enhanced ID/RD Waiver Services & Update Service Rates - \$7,000,000, and New Waiver Slots to Address the Waiting List - \$1,900,000			
Total Recurring Request			\$ 31,239,000	\$ 18,702,800	\$ 12,536,200
Total Non-Recurring Request			\$ 10,000,000	\$ 10,000,000	\$ -
Total Appropriation Transfer to DHHS			\$ (8,900,000)	\$ (8,900,000)	\$ -
Total FY2024 Budget Request			\$ 32,339,000	\$ 19,802,800	\$ 12,536,200

FY 23 Spending Plan VS Actual Expenditures - 08/31/2022

Category	Proposed Spending Plan	Cash Expenditures YTD	SCDHHS Monthly "Wash" Expenditures with Revenue YTD *	Total Monthly Expenditures YTD	Remaining Spending Plan	Spending Plan Deviation with Actual
DDSN spending plan budget	\$ 938,535,153	\$ 44,515,318	\$ 95,696,345	\$ 140,211,663	\$ 798,323,490	REASONABLE
Percent of total spending plan remaining	100.00%	4.74%	10.20%	14.94%	85.06%	
% of FY Remaining					83.33%	
Difference % - over (under) budgeted expenditures					-1.73%	

* In August 2022, providers billed & paid by SCDHHS an estimate of \$95.7 million in services (waiver services + state plan services).

Methodology & Report Owner: DDSN Budget Division