

From: [Linguard, Christie](#)
Subject: Meeting Notice - The Commission of the SCDDSN - Commission Meeting - March 16,, 2023
Date: Tuesday, March 14, 2023 3:58:16 PM
Attachments: [Commission Packet for March 16 2023.pdf](#)

Good Afternoon,

The South Carolina Commission on Disabilities and Special Needs will hold its regularly scheduled meeting in-person on Thursday, March 16, 2023, 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 Packet for the meeting.

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**

March 16, 2023

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 Gary Kocher*
6. Approval of the February 16, 2023 Commission Meeting Minutes **Pages 3-9**
7. Commissioners' Update *Commissioners*
8. Public Input
9. Brain Injury Awareness Month *Ms. Melissa Ritter*
10. Commission Committee Business
 - A. Nominating Committee *Chairman Rawlinson*
 - B. Policy Committee *Committee Chair Barry Malphrus*
 1. 734-01-DD: Individual and Family Support and Respite **Pages 10-23**
 2. 738-01-DD: Discharge Planning for Individuals Leaving ICFs and Enrolling in HCBS Waiver **Pages 24-39**
11. Old Business:
 - A. Legislative Update *Mr. Robb McBurney*
 - B. Internal Audit Update *Ms. Courtney Crosby*
12. New Business:
 - A. Frequency of DSN Commission and Committee Meetings *Chairman Rawlinson*
 - B. Financial Update **Page 40** *Mr. Quincy Swygert*
13. Director's Update *Ms. Constance Holloway*
14. Executive Session
 - Legal Advice In Regards To A Lawsuit
 - Legislative Audit Council (LAC) Final Report Review

15. Rise Out of Executive Session
16. Next Regular Meeting – TBD
17. Adjournment

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

MINUTES

February 16, 2023

The South Carolina Commission on Disabilities and Special Needs met on Thursday, February 16, 2023, 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

Stephanie Rawlinson – Chairman

Barry Malphrus – Vice Chairman

Robin Blackwood – Secretary

Gary Kocher, MD

Eddie Miller

David Thomas

Michelle Woodhead

DDSN Administrative Staff

Constance Holloway, Interim State Director/General Counsel; Harley Davis, Ph.D., Chief Administrative Officer; Quincy Swygert, Chief Financial Officer; Courtney Crosby, Internal Audit Director; Greg Meetze, Chief Information Officer; Ann Dalton, Quality Management Director; Carolyn Benzon, Attorney; Valerie Duncan, Procurement Director; Derrek Asberry, Public Communications Director; Samuel Kosciolk, Visual Media Designer; Preston Southern, Information Technology Division; and Christie Linguard, Executive Assistant.

Notice of Meeting Statement

Chairman Rawlinson 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

Chairman Rawlinson welcomed everyone to the meeting this morning. She welcomed all new DDSN employees to the agency who have started since the end of November:

- November 17th
 - Lauren Truss, Program Coordinator I, Waiver Administration, Central Office
- December 5th
 - Robbyn Young, Administrative Coordinator I, Information Technology, Central Office
- January 3rd
 - Zachary Burns, Administrative Coordinator I, Human Resources, Central Office
 - Deborah Littlejohn, Contact Specialist, Contact Project, Central Office
 - Lori Smith, Risk Management & Compliance Analyst II, Information Security, Central Office
 - John Sandifer, Audits Manager I, Internal Audit, Central Office
- January 17th
 - Tiffany Carter, Administrative Coordinator II, Operations, Midlands Regional Center
 - Deonna Dotson, Direct Support Professional I, Piedmont Autism, Piedmont Autism
 - Shanta Jackson, Administrative Specialist II, Eligibility, Midlands Regional Center
 - Anna Worthy, Direct Support Professional I, Piedmont Autism, Piedmont Autism
- February 2nd
 - Derrek Asberry, Public Information Director II, Administration, Central Office
 - Julianne Ingalls, Program Coordinator II, HASCI, Whitten Regional Center
 - Gabrielle Mack, Program Coordinator I, Operations, Central Office
 - Morgan O'Shields, Annual Level of Care Reviewer, Eligibility, Midlands Regional Center
 - Denise Swafford, Nursing Consultant, Operations, Central Office
- February 13th
 - Samuel Kosciolk, Visual Media Designer II, Administration, Central Office

Adoption of the Agenda

The Commission unanimously approved the agenda as written. (Attachment A)

Invocation

Commissioner Blackwood gave the invocation.

Approval of Commission Meeting Minutes

Commissioner Blackwood made a motion to approve both the Special Called Commission Workgroup Meeting/Strategic Planning on January 20, 2023 and the regularly scheduled Commission Meeting minutes from January 19, 2023; this motion was seconded by Commissioner Woodhead and unanimously approved by the Commission. (Attachment B)

Commissioners' Update

Commissioner Woodhead informed everyone that Clemson University's Adaptive Sports division is hosting the Palmetto Games on April 28 - 29th. She also noted that she had the pleasure of meeting with Representative Tommy Pope.

Commissioner Malphrus thanked everyone who gives personal care to anyone who has a disability.

Commissioner Blackwood attended the inaugural Technology Summit at the Charles Lea Center last month. She toured the Walgreens Distribution Center in Anderson where 38% of their employees have a cognitive or physical disability. Commissioner Blackwood announced that the 2023 Life with Brain Injury Conference will take place on July 28th here in Columbia.

Chairman Rawlinson will begin visiting with Executive Directors of Disability and Special Needs Boards (DSN) in her district next month. The Disability Advocacy Day will be held on March 1, 2023. The South Carolina Human Services Provider Conference will be held from March 6-8, 2023 in Charleston, South Carolina.

Public Input

Amanda Whittle, Director of the Department on Children's Advocacy along with Margie Williamson, Director of The Arc of South Carolina both spoke during public input.

Programs and Services

Mr. Jerry Bernard with The Charles Lea Center spoke on the topic, *The Future Is Now*. Technology First is an approach that encourages the inclusion of technology as a natural support for people with disabilities desiring to live and work in their communities. It uses person-centered approaches to promote meaningful participation social inclusion, self determination and quality of life. Mr. Bernard will contact Chairman Rawlinson with a list of things to help support this initiative. (Attachment C)

Commission Committee Business

A. Finance and Audit Committee

The Finance and Audit Committee met on February 8, 2023; however, there were no items to approve. A list of the FY2023 Contractual Agreements was provided to all Commission members. (Attachment D)

B. Policy Committee

Commissioner Malphrus gave an update on several policies to include the following:

734-01-DD: Individual and Family Support Related to Respite – there were slight changes made to this policy, which is now out for public comment now.

738-01-DD: Discharge Planning for those leaving ICF/IID and Enrolling in a Home and Community-Based Services Waiver Program – this policy is out for public comment.

Old Business

A. Quarterly Incident Report

Ms. Dalton briefly spoke on the five-year incident trend data for Community-Based Services (including Residential and Day Service Settings) and Regional Centers through December 11, 2022. Chairman Rawlinson asked if Ms. Dalton can provide a separate report for children under the age of 18 years old. Ms. Whittle and Ms. Dalton will speak later about the reports that need to be submitted to the Department on Children’s Advocacy. (Attachment E)

B. Update on EdMetric, LLC and Sage Squirrel Consulting, LLC

Dr. Davis noted that EdMetric has made recommendations on exemplar instruments to assess level of need for those eligible for DDSN services. The next steps include speaking with other states using homegrown instruments and standardized instruments. DDSN will review recommendations and compare instruments internally with DDSN staff and with experts (e.g., ITAC), as well as partners, to make final determinations on which instrument(s) to pilot; and lastly, DDSN and EdMetric will continue to discuss and refine the pilot and implementation pieces (for once instrument decisions are made).

Sage Squirrel Consulting, LLC are scheduling times to meet and talk to commissioners and partners/stakeholders during the months of February and March. The next steps include scheduling regional in-person workshops; convening advisory groups (persons supported by DDSN and their families/guardians); and work on developing surveys.

C. Procurement Update

Ms. Duncan gave an update to the Commission on the metal detectors. She noted that metal detectors are on state term contracts. The cost of the metal detectors is estimated at \$9864.00; however, if the agency wanted to purchase the wands/scanners and not the actual walk through detectors, the cost of this would be a little less than \$3,000.00. At this time, the metal detectors will not be a part of the Security Guard Solicitation, which should be concluded some time in April. Chairman Rawlinson noted that because this is a security issue, the Commission will probably want to discuss in executive session during the monthly Commission meeting in March. Commissioner Miller asked about the useful life of the wands/scanners, which Ms. Duncan will research and get back to the Commissioner. (Attachment F)

New Business

A. Financial Update

Mr. Swygert presented the FY23 Spending Plan vs Actual as of January 31, 2023. To date, the Agency has expended \$558M, 59.43% of our approved spending plan of \$939.1M. We are currently 1.10% over budget. Commissioner Blackwood made a motion to approve the Financial Update, seconded by Commissioner Miller and unanimously approved by the Commission. (Attachment G)

Director's Update

- To begin, she highlighted the agency's work on providing resources and training for Autism Spectrum Disorder, or ASD.
- Many professionals who work with individuals with ASD don't know the depth of resources available to them. DDSN-provided trainings highlighting those resources and include crisis intervention steps useful for de-escalation of behaviors.
- DDSN staff recently presented training to case managers at the South Carolina Autism Society, as well as to staff at McEntire National Guard Base in Eastover and to the USC Developmental Pediatrics Department.

Trainings were also conducted with intervention staff at childcare facilities and the Charleston County school district.

- In addition to this training, we recently completed our training course with the SC Special Olympics to improve their staffers' ability to work with those with special needs. Our relationship with that organization continues to grow and we will keep looking for ways to partner with them in the future.
- In another area of our agency, Communications and IT are working on updating the website and migrating it to the new platform. We hope to complete most of the web page transfers by the end of May.
- The upgrades and beautification work taking place at our regional centers were highlighted. We are installing new drainage pipes, replacing countertops and rails, and making other modifications at the Saleeby Center. At the Midlands Center, we are progressing in our power grid project. The transformers for this work have been ordered and we will soon be advertising bids for the project. And at the Whitten Center, we are advertng for bids for the new Sensory Garden.
- She highlighted two new employees in our Communications area, Derrek Asbury and Samuel Kosciolk. And finally, she spotlighted two long-serving DDSN employees who are opting for a well-deserved retirement in the coming weeks:
 - Lynn Branham, who serves as a project coordinator, is retiring after more than 54 years at DDSN. She started as a clerk in 1968 and recalled the names and information of persons supported being on index cards in her early years at DDSN.
 - In her time here, she has seen the name of the agency change, the construction and development of various regional centers, and had a hand in setting up databases and various programs to make life better for staffers and supported persons. We thank Lynn for her dedicated and remarkable service of over half a century, and congratulate her on her retirement.
 - We are also saying goodbye to Steve Von Hollen, who is retiring after more than 31 years at DDSN. Steve first served as a Unit Psychologist at the Midlands Center from 1991-1994 before leaving the agency for a different job.
 - He returned in 1998 as the DDSN Liaison Psychologist to DJJ. He received promotions until he was named Director of Clinical Services in 2008; and he has served in that capacity since. Steve has been

invaluable and the next person who will serve in that role has some pretty big shoes to fill.

Executive Session

Chairman Rawlinson announced that the Commission will go into Executive Session to discuss the Legislative Audit Council’s draft report. At 11:16 AM, on a motion by Commissioner Miller, seconded by Commissioner Thomas, the commission entered into executive session.

Enter into Public Session

Upon rising out of executive session at 1:18 PM, Chairman Rawlinson announced that no decisions or motions made and no votes were taken. Commissioners David Thomas, Gary Kocher and Ed Miller were not present when the meeting resumed after executive session.

Next Regular Meeting

March 16, 2023 at 10:00 AM

Adjournment

On a motion by Commissioner Blackwood, seconded by Commissioner Malphrus and approved by the remaining commission members present, the meeting was adjourned at 1:18 P.M.

Submitted by:

Approved by:

Christie D. Linguard
Executive Assistant

Commissioner Robin Blackwood
Secretary

Reference Number: 734-01-DD

Title of Document: Individual and Family Support and Respite – State Funding

Date of Issue: August 8, 1989

~~Last Review Date: July 5, 2017~~

Date of Last Revision: ~~July 5, 2017~~ XXXX, 2023 (REVISED)

Effective Date: ~~August 8, 1989~~ XXXX, 2023

Applicability: Central Office; ~~DSN Boards; Contracted Service Providers~~ DDS N Contracted Case Management Providers

The Department of Disabilities and Special Needs (DDSN) recognizes that families are the greatest resource available to individuals with disabilities. DDSN believes families should be supported in their role as primary caregivers and be assisted when needed to care for their family member(s) at home, if possible.

I. DEFINITION OF FAMILY

A “family” is an individual who is eligible for DDSN services, his/her parent(s), sibling(s), relative(s), or other caregiver(s) who reside in the same household as the DDSN eligible individual.

II. PURPOSE/OBJECTIVE

The purpose of Individual and Family Support and Respite (IFS-R) funding is to provide, when needed, financial assistance to families who care for an individual with an intellectual or related disability, autism, or traumatic brain injury, spinal cord injury or similar disability in order to:

1. Provide relief from the responsibilities of direct, hands-on caregiving and supervision; or
2. Improve an unsafe, risky or dangerous situation.

IFS-R funding is directed toward those families who incur additional expenses due to the individual's disability. It is not intended to be used for typical expenses that are routinely incurred by families such as rent, utilities, childcare/babysitting for children under age 12, etc.

In accordance with state law, IFS-R funding is not an entitlement program or a general public assistance benefit. The receipt of IFS-R funding is intended to be limited, one-time or short term; it is not intended to be ongoing.

IFS-R funding should only be made available when needed goods or services cannot be funded by the family, other public agencies or community resources or through other DDSN services/programs. IFS-R funding will not be available to those who refuse/decline other available resources, services or programs. Consideration must be given to all of the resources available to the family, even those resources that cannot directly fund the needed goods or services. Priority must be given to those families with the greatest need.

PROHIBITIONS:

IFS-R funding shall **not** be available to:

- Those who are not DDSN eligible.
- Those who are enrolled in **any** Medicaid Home and Community Based Waiver.
- Those who are eligible for DDSN services in the "At-Risk" category (children three (3) to six (6) years).
- Those who receive Residential Habilitation.
- Those who reside in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), a Nursing Facility, or Assisted Living Facility.
- Those in SC Department of Social Services Foster Care or Therapeutic Foster Homes.
- Those residing in a Psychiatric Residential Treatment Facility (PRTF).
- Those receiving State Funded Community Supports may not also receive IFS-R funds for Respite.
- ~~Those participating in the state-funded Pervasive Developmental Disorder (PDD) program.~~
- Those families with income above the threshold specified in Attachment A - Income Standards, of this Directive may not receive IFS-R funding for assistance to improve an unsafe, risky, or dangerous situation.

III. ADMINISTRATION

All ~~boards/providers~~Case Management Providers administering IFS-R funds are expected to do so fairly and equitably, allowing access to anyone who meets criteria and is ~~considered part of their service area~~receiving active or inactive case management from provider. Boards/ProvidersCase Management providers administering ISF-R funds ~~may do so without allocating~~allocate up to 5% of the total award towards administration costs~~from the award~~.

Each administering ~~board/provider~~Case Management Provider must develop a policy that aligns with this DDSN Directive and specifies the criteria and process to be used by the ~~board/provider~~ for the administration of IFS-R funds. The policy may include a maximum allowable amount per individual as long as the limit applies equally to all. The methods for monitoring the administration of the funds should also be specified.

Each administering ~~board/provider~~ must have a process whereby information necessary to make decisions about requests for funding is obtained. Each administering ~~board/provider~~ may develop its own application forms or use the forms attached to this DDSN Directive. The information contained in the forms attached to this DDSN Directive is required and must be collected by the administering board/provider. Any forms to be used to apply for IFS-R funding must readily be available and easily accessible to anyone wishing to apply.

~~Boards/Providers~~ administering IFS-R funds must maintain a log of all requests received. This log should include the name of DDSN eligible individual, the type of request (family support or respite), the date of the request, the amount requested, whether or not the request was approved/denied, and the date the family was notified of the approval or denial.

When requests for IFS-R are not approved, the family must be notified of their right to appeal the decision. Families should follow the process outlined in DDSN’s Directive 535-11-DD: Appeal and Reconsideration ~~Policy and Procedures~~of Decisions.

~~Susan Kreh Beck, Ed.S., NCSP
Associate State Director Policy
(Originator)~~

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

~~Barry D. Malphrus
Vice-Chairman~~

~~Stephanie M. Rawlinson
Chairman~~

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

- Attachment A - Income Standards
- Attachment B - Respite Application
- Attachment C - Family Support Application

**SC Department of Disabilities and Special Needs
Income Standards for Individual and Family Support**

FAMILY SIZE	MONTHLY INCOME	ELIGIBLE FOR IFS?	FAMILY SIZE	MONTHLY INCOME	ELIGIBLE FOR IFS?
1	\$0 - \$1,459 <u>1,823</u>	<input type="checkbox"/> YES	9	\$0 - \$5,519 <u>6,963</u>	<input type="checkbox"/> YES
1	\$1,460 <u>1,824</u> +	<input type="checkbox"/> NO	9	\$5,520 <u>6,924</u> +	<input type="checkbox"/> NO
2	\$0 - \$1,966 <u>2,465</u>	<input type="checkbox"/> YES	10	\$0 - \$6,026 <u>7,605</u>	<input type="checkbox"/> YES
2	\$1,967 <u>2,466</u> +	<input type="checkbox"/> NO	10	\$6,027 <u>7,606</u> +	<input type="checkbox"/> NO
3	\$0 - 2,474 <u>3,108</u>	<input type="checkbox"/> YES	11	\$0 - \$6,534 <u>8,248</u>	<input type="checkbox"/> YES
3	\$2,475 <u>3,109</u> +	<input type="checkbox"/> NO	11	\$6,535 <u>8,249</u> +	<input type="checkbox"/> NO
4	\$0 - \$2,981 <u>3,750</u>	<input type="checkbox"/> YES	12	\$0 - \$7,041 <u>8,890</u>	<input type="checkbox"/> YES
4	\$2,982 <u>3,751</u> +	<input type="checkbox"/> NO	12	\$7,042 <u>8,891</u> +	<input type="checkbox"/> NO
5	\$0 - \$3,489 <u>4,393</u>	<input type="checkbox"/> YES	13	\$0 - \$7,549 <u>9,533</u>	<input type="checkbox"/> YES
5	\$3,490 <u>4,394</u> +	<input type="checkbox"/> NO	13	\$7,550 <u>9,534</u> +	<input type="checkbox"/> NO
6	\$0 - \$3,996 <u>5,035</u>	<input type="checkbox"/> YES	14	\$0 - \$8,056 <u>10,175</u>	<input type="checkbox"/> YES
6	\$3,997 <u>5,036</u> +	<input type="checkbox"/> NO	14	\$8,057 <u>10,176</u> +	<input type="checkbox"/> NO
7	\$0 - \$4,504 <u>5,678</u>	<input type="checkbox"/> YES	15	\$0 - \$8,564 <u>10,818</u>	<input type="checkbox"/> YES
7	\$4,505 <u>5,679</u>	<input type="checkbox"/> NO	15	\$8,565 <u>10,819</u> +	<input type="checkbox"/> NO
8	\$0 - \$5,011 <u>6,320</u>	<input type="checkbox"/> YES	16	\$0 - \$9,071 <u>11,460</u>	<input type="checkbox"/> YES
8	\$5,012 <u>6,321</u> +	<input type="checkbox"/> NO	16	\$9,072 <u>11,461</u>	<input type="checkbox"/> NO

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS APPLICATION FOR RESPITE FUNDS

The purpose of Respite funding is to provide, when needed, financial assistance to families who care for a person with an intellectual or related disability, autism, or traumatic brain injury, spinal cord injury or similar disability in order to provide needed relief from the responsibilities of direct, hands-on caregiving and supervision. Respite funding is directed toward those families who incur additional expenses due to the person’s disability. It is not intended to be used for typical expenses that are routinely incurred by families such as childcare/babysitting for children under age 12, etc. In accordance with state law, IFS-R funding is not an entitlement program or a general public assistance benefit.

Because these funds are limited, Respite funds are not available to:

- Those who are not DDSN eligible.
- Those who are enrolled in **any** Medicaid Home and Community Based Waiver.
- Those who are eligible for DDSN services in the “At-Risk” category (children three (3) to six (6) years).
- Those who receive Residential Habilitation.
- Those who reside in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) or a Nursing Facility.
- Those in SC Department of Social Services Foster Care or Therapeutic Foster Homes.
- Those residing in a Psychiatric Residential Treatment Facility (PRTF).
- Those receiving State Funded Community Supports may not also receive IFS-R funds for Respite.

Respite funding is only available when the needed relief from caregiving and supervision cannot be paid for by the family, other public agencies or community resources or as a by-product of DDSN or other agency services/programs. Consideration must be given to all of the resources available to the family, even those resources that indirectly provide relief from caregiving and supervision. Requests should be short-term and not on-going.

DDSN Eligible Person’s Name: _____ Date of birth: _____

Address: _____

Regarding the DDSN eligible person, he/she (check all that apply):

- Is individual Medicaid Eligible.
- Receives Children’s Personal Care as a State Plan service.
- Receives Private Duty Nursing as a State Plan service.
- Receives Rehabilitative Behavioral Health Services (RBHS).
- Has Applied for Medicaid: _____ Date of Application: _____
- Attends Public or Private School.
- Receives Homebound Instruction - If yes, specify instructional time per week: _____
- Is Homeschooled by Family.
- Enrolled/participates in a Day Program, Adult Activity Center or Work Program.
- Receives Adult Day Health Care services.
- Is awaiting enrollment in a DDSN-operated Waiver (ID/RD, HASCI, CS, PDD)
- Is enrolled/participates in a DHHS-operated (CLTC) Home and Community-based Waiver (SC Choices, Medically Complex Children’s Waiver, HIV/AIDS Waiver, Ventilator Dependent Waiver)

Is currently employed: Full-time Part-time average hours per week worked: _____

If the DDSN eligible person is a child between ages 4-12; does he/she:

Engage in inappropriate, disruptive behavior on a daily basis (hitting, kicking, running away, smearing feces, eating objects that are not food, etc.)

Have a complex medical condition or disabilities that makes care difficult (diaper changes/incontinence care, hands on feeding, etc.)

If yes to either question above, explain: _____

(attach additional pages if needed)

Who, other than the DDSN eligible person, lives in the home? List each person's relationship to the DDSN eligible person and his/her age (e.g., Mother – age 39; Father – age 40; Sister – age 12):

Regarding the DDSN eligible person, who is his/her primary caregiver?

Name: _____ Relationship: _____

Age of Primary Caregiver: _____

Is currently employed: average hours per week worked: _____

Who provides care when the primary caregiver noted above is not available?

Name	Age	Relationship

This application is for funding for Respite:

To be provided (one-time) during the temporary absence of the primary caregiver. Explain why the caregiver will be unavailable (e.g., caregiver is having surgery, etc.): _____

Approximate amount of Respite needed: _____

Amount of Respite Funds requested: \$ _____

To be routinely provided:

Approximate amount of Respite needed per calendar month: _____

Amount of Respite Funds requested per calendar month: \$ _____

If needed for a portion of a calendar year, indicate time period/duration (e.g., *needed monthly for June, July and August only*): _____

Please include information about attempts at locating alternate resources for respite:

Regarding the person completing this application:

Printed Name: _____

Relationship to the DDSN Eligible Person: _____

Contact Information:

Address: _____

Telephone Number (s): _____ Email Address: _____

I certify that the above information is true and complete. I understand that submitting false information or use of Respite Funds for purposes other than as requested may result in termination of assistance and a payback of expended funds to DDSN.

Signature of Person Completing Application

Date: _____

Submit Completed Forms to the attention of Kim Lawer
Email: klawer@ddsn.sc.gov
Fax: (803) 898-2266

Constance Holloway
Interim State Director/General Counsel
Janet Brock Priest
Associate State Director
Operations
Lori Manos
Associate State Director
Policy
Harley T. Davis, Ph.D.
Chief Administrative Officer
Quincy Swygert
Chief Financial Officer
Greg Meetze
Chief Information Officer



**South Carolina
 Department of Disabilities
 and Special Needs**

3440 Harden Street Extension
 Columbia, South Carolina 29203
(803) 898-9600
Toll Free: 888/DSN-INFO
Home Page: 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: 734-01-DD

Title of Document: Individual and Family Support and Respite – State Funding

Date of Issue: August 8, 1989

Date of Last Revision: March 16, 2023 (REVISED)

Effective Date: March 16, 2023

Applicability: Central Office; DDSN Contracted Providers

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- Those families with income above the threshold specified in Attachment A - Income Standards, of this Directive may not receive IFS-R funding for assistance to improve an unsafe, risky, or dangerous situation.

III. ADMINISTRATION

All Case Management Providers administering IFS-R funds are expected to do so fairly and equitably, allowing access to anyone who meets criteria and is receiving active or inactive case management from provider. Case Management providers administering ISF-R funds may allocate up to 5% of the total award towards administration costs.

Each administering Case Management Provider must develop a policy that aligns with this DDSN Directive and specifies the criteria and process to be used by the provider for the administration of IFS-R funds. The policy may include a maximum allowable amount per individual as long as the

limit applies equally to all. The methods for monitoring the administration of the funds should also be specified.

Each administering provider must have a process whereby information necessary to make decisions about requests for funding is obtained. Each administering provider may develop its own application forms or use the forms attached to this DDSN Directive. The information contained in the forms attached to this DDSN Directive is required and must be collected by the administering board/provider. Any forms to be used to apply for IFS-R funding must readily be available and easily accessible to anyone wishing to apply.

Providers administering IFS-R funds must maintain a log of all requests received. This log should include the name of DDSN eligible individual, the type of request (family support or respite), the date of the request, the amount requested, whether or not the request was approved/denied, and the date the family was notified of the approval or denial.

When requests for IFS-R are not approved, the family must be notified of their right to appeal the decision. Families should follow the process outlined in DDSN’s Directive 535-11-DD: Appeal and Reconsideration of Decisions.

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 - Income Standards
- Attachment B - Respite Application
- Attachment C - Family Support Application

**SC Department of Disabilities and Special Needs
Income Standards for Individual and Family Support**

FAMILY SIZE	MONTHLY INCOME	ELIGIBLE FOR IFS?	FAMILY SIZE	MONTHLY INCOME	ELIGIBLE FOR IFS?
1	\$0 - 1,823	<input type="checkbox"/> YES	9	\$0 - \$6,963	<input type="checkbox"/> YES
1	\$1,824+	<input type="checkbox"/> NO	9	\$6,924+	<input type="checkbox"/> NO
2	\$0 – \$2,465	<input type="checkbox"/> YES	10	\$0 – \$7,605	<input type="checkbox"/> YES
2	\$2,466+	<input type="checkbox"/> NO	10	\$7,606+	<input type="checkbox"/> NO
3	\$0 – 3,108	<input type="checkbox"/> YES	11	\$0 – \$8,248	<input type="checkbox"/> YES
3	\$3,109+	<input type="checkbox"/> NO	11	\$8,249+	<input type="checkbox"/> NO
4	\$0 – \$3,750	<input type="checkbox"/> YES	12	\$0 - \$8,890	<input type="checkbox"/> YES
4	\$3,751+	<input type="checkbox"/> NO	12	\$8,891+	<input type="checkbox"/> NO
5	\$0 – \$4,393	<input type="checkbox"/> YES	13	\$0 - \$9,533	<input type="checkbox"/> YES
5	\$4,394+	<input type="checkbox"/> NO	13	\$9,534+	<input type="checkbox"/> NO
6	\$0 - \$5,035	<input type="checkbox"/> YES	14	\$0 - \$10,175	<input type="checkbox"/> YES
6	\$5,036+	<input type="checkbox"/> NO	14	\$10,176+	<input type="checkbox"/> NO
7	\$0 - \$5,678	<input type="checkbox"/> YES	15	\$0 – \$10,818	<input type="checkbox"/> YES
7	\$5,679	<input type="checkbox"/> NO	15	\$10,819+	<input type="checkbox"/> NO
8	\$0 – \$6,320	<input type="checkbox"/> YES	16	\$0 - \$11,460	<input type="checkbox"/> YES
8	\$6,321+	<input type="checkbox"/> NO	16	\$11,461	<input type="checkbox"/> NO

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS APPLICATION FOR RESPITE FUNDS

The purpose of Respite funding is to provide, when needed, financial assistance to families who care for a person with an intellectual or related disability, autism, or traumatic brain injury, spinal cord injury or similar disability in order to provide needed relief from the responsibilities of direct, hands-on caregiving and supervision. Respite funding is directed toward those families who incur additional expenses due to the person’s disability. It is not intended to be used for typical expenses that are routinely incurred by families such as childcare/babysitting for children under age 12, etc. In accordance with state law, IFS-R funding is not an entitlement program or a general public assistance benefit.

Because these funds are limited, Respite funds are not available to:

- Those who are not DDSN eligible.
- Those who are enrolled in **any** Medicaid Home and Community Based Waiver.
- Those who are eligible for DDSN services in the “At-Risk” category (children three (3) to six (6) years).
- Those who receive Residential Habilitation.
- Those who reside in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) or a Nursing Facility.
- Those in SC Department of Social Services Foster Care or Therapeutic Foster Homes.
- Those residing in a Psychiatric Residential Treatment Facility (PRTF).
- Those receiving State Funded Community Supports may not also receive IFS-R funds for Respite.

Respite funding is only available when the needed relief from caregiving and supervision cannot be paid for by the family, other public agencies or community resources or as a by-product of DDSN or other agency services/programs. Consideration must be given to all of the resources available to the family, even those resources that indirectly provide relief from caregiving and supervision. Requests should be short-term and not on-going.

DDSN Eligible Person’s Name: _____ Date of birth: _____

Address: _____

Regarding the DDSN eligible person, he/she (*check all that apply*):

- Is individual Medicaid Eligible.
- Receives Children’s Personal Care as a State Plan service.
- Receives Private Duty Nursing as a State Plan service.
- Receives Rehabilitative Behavioral Health Services (RBHS).
- Has Applied for Medicaid: _____ Date of Application: _____
- Attends Public or Private School.
- Receives Homebound Instruction - If yes, specify instructional time per week: _____
- Is Homeschooled by Family.
- Enrolled/participates in a Day Program, Adult Activity Center or Work Program.
- Receives Adult Day Health Care services.
- Is awaiting enrollment in a DDSN-operated Waiver (ID/RD, HASCI, CS, PDD)
- Is enrolled/participates in a DHHS-operated (CLTC) Home and Community-based Waiver
(SC Choices, Medically Complex Children’s Waiver, HIV/AIDS Waiver, Ventilator Dependent Waiver)

Is currently employed: Average hours per week worked: _____

If the DDSN eligible person is a child between ages 4-12; does he/she:

Engage in inappropriate, disruptive behavior on a daily basis (hitting, kicking, running away, smearing feces, eating objects that are not food, etc.)

Have a complex medical condition or disabilities that makes care difficult (diaper changes/incontinence care, hands on feeding, etc.)

If yes to either question above, explain: *(attach additional pages if needed)*

Who, other than the DDSN eligible person, lives in the home? List each person's relationship to the DDSN eligible person and his/her age (e.g., *Mother – age 39; Father – age 40; Sister – age 12*):

Regarding the DDSN eligible person, who is his/her primary caregiver?

Name: _____ Relationship: _____

Age of Primary Caregiver: _____

Is currently employed: Average hours per week worked: _____

Who provides care when the primary caregiver noted above is not available?

Name	Age	Relationship

This application is for funding for Respite:

To be provided (one-time) during the temporary absence of the primary caregiver. Explain why the caregiver will be unavailable (*e.g., caregiver is having surgery, etc.*):

Approximate amount of Respite needed: _____

Amount of Respite Funds requested: \$ _____

To be routinely provided:

Approximate amount of Respite needed per calendar month: _____

Amount of Respite Funds requested per calendar month: \$ _____

If needed for a portion of a calendar year, indicate time period/duration (e.g., *needed monthly for June, July and August only*):

Please include information about attempts at locating alternate resources for respite:

Regarding the person completing this application:

Printed Name: _____

Relationship to the DDSN Eligible Person: _____

Contact Information:

Address: _____

Telephone Number (s): _____ Email Address: _____

I certify that the above information is true and complete. I understand that submitting false information or use of Respite Funds for purposes other than as requested may result in termination of assistance and a payback of expended funds to DDSN.

Signature of Person Completing Application

Date: _____

Submit Completed Forms to the attention of Kim Lawer

Email: klawer@ddsn.sc.gov

Fax: (803) 898-2266

Michelle G. Fry, J.D., Ph.D.
State Director
Constance Holloway
General Counsel
Tracey Hunt
Chief Financial Officer
Janet Priest
Interim Associate State Director
Operations
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Eddie L. Miller
David L. Thomas
Michelle Woodhead

Reference Number: 738-01-DD

Title of Document: Discharge Planning for Individuals Leaving an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) and Enrolling in a Home and Community-Based Services (HCBS) Waiver Program

Date of Issue: February 1, 2008

Date of Last Revision: ~~March 17, 2022~~ XXXX, 2023 (REVISED)

Effective Date: ~~March 17, 2022~~ XXXX, 2023

Applicability: Community ICFs/IID, DDSN Regional Centers, and Case Management Providers

PURPOSE:

To establish the expectations of the South Carolina Department of Disabilities and Special Needs (DDSN) regarding discharge planning for individuals who may need services funded by a DDSN-operated Home and Community-Based Services (HCBS) Waiver upon leaving a DDSN Regional Center or Community Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

POLICY:

DDSN is committed to supporting South Carolinians with disabilities through choice to receive needed services in the most integrated settings when it is appropriate and desired. To assure that needed services are available to newly discharged ICF/IID individuals on the day of discharge and beyond, appropriate planning prior to discharge must occur.

Individuals receiving care in ICF/IID settings who are preparing for discharge **must be offered information about Home and Community-Based services and Case Management Services.**

Case Management Services may be received for up to six (6) months prior to ICF/IID discharge. These services are intended to prepare the individual for discharge, by preparing/completing waiver program enrollment, assessing needs, and planning for the delivery of services to meet identified needs, after discharge. Case Management Services are paramount to successful discharge from an ICF/IID.

When ICF/IID discharge is likely (i.e., within six (6) months of the move), Qualified Intellectual Disability Professionals (QIDPs) or designees must provide the individual or his/her legal representative information about DDSN-Operated Home and Community Based Services and information about the Case Management providers available in the county in which the individual will live after discharge. **NOTE:** Most Case Management Services providers render Waiver Case Management. The individual/legal representative must choose a provider to render Case Management services (a list of providers can be found on the DDSN website www.ddsn.sc.gov, select “Services,” then select “Find a Service Provider,” then select “DDSN Provider/Service Directory” and then select “Provider Directory.” Select “Case Management” from the “Service” list; select the person’s disability category from the “disability” list; and select the county to which the individual will be moving from the “county” list. The choice of Case Management Services provider must be properly documented using the Acknowledgement of Choice Form (Attachment 2). Once chosen, the QIDP must contact the Case Management Services provider to request services. The QIDP must be prepared to provide basic demographic information, information about the anticipated setting in which the individual will live, the approximate ICF/IID discharge date, and supports/services likely to be needed in the anticipated setting. If the chosen Case Management Services provider is not willing to provide services, another provider must be chosen and the aforementioned process followed until a provider is found.

The chosen Case Management Services provider will assign a Case Manager to service the individual preparing for ICF/IID discharge. Services rendered will be in accordance with DDSN-Operated Home and Community Based Standards and applicable DDSN Directives. Services rendered prior to discharge from the ICF/IID setting will be recorded by the Case Manager.

ICF/IID services are funded by Medicaid. In South Carolina, DDSN-operated Home and Community-Based (HCB) Services Waiver programs, allow services similar to those provided in an ICF/IID to be funded by Medicaid when provided outside of an ICF/IID. Therefore, DDSN-operated HCBS Waivers allow ICF/IID individuals to move from the ICF/IID to another setting (e.g., a home of their own, a family member’s home, Community Training Home, Supervised Living Program, Community Residential Care Facility) that is not an institution setting (e.g., Nursing Facility, Hospital, another ICF/IID) and to receive Medicaid funding for services needed in that setting. For many individuals receiving services in an ICF/IID, living outside of an institution setting would not be possible without HCBS Waiver services. More information about the DDSN-operated HCBS Waiver programs can be found by following the links notes in the “Related Documents” section of this directive.

In order to receive HCBS Waiver services, one must be enrolled in a waiver. To be enrolled, one must:

- Be eligible for Medicaid;
- Be assessed to have needs that can be met through the provision of waiver services;
- Be allocated a waiver slot;
- Choose to receive services through the waiver, and
- Meet ICF/IID or Nursing Facility (for HASCI only) Level of Care criteria.

For an individual receiving services in an ICF/IID preparing for discharge, the “Request for Waiver Slot Allocation” form (see appropriate Waiver manual) must be completed by the Case Manager within one (1) month prior to discharge from the ICF/IID and sent to the appropriate DDSN Waiver Enrollments Coordinator. If the individual is transferring to a DDSN sponsored residential habilitation setting, then the process outlined in DDSN Directive ~~502-01-DD: Admissions/Discharges/Transfers To/From DDSN Funded Community Residential Settings~~ 700-09-DD: Determining Need for Residential Services, must be followed.

When a HCBS Waiver slot is awarded and Notice of Slot Allocation is received, the Case Manager must secure the Waiver “Freedom of Choice” and “Acknowledgement of Rights and Responsibilities” forms from the appropriate party (see appropriate Waiver Manual).

For HCBS Waiver enrollment, one must be evaluated against the appropriate ICF/IID Level of Care criteria prior to, but not more than one (1) month before the date of, enrollment in the waiver. Waiver enrollment cannot occur unless it is determined that the individual meets the criteria and the determination is made within the appropriate time period. Please refer to the appropriate Waiver manual for more information regarding Level of Care evaluations.

To determine if an individual meets the criteria, appropriate information about the individual (i.e., Level of Care Packet) must be provided to the DDSN Eligibility Division. The ICF/IID Level of Care Packet must be prepared by the Waiver Case Manager with assistance from the QID/DDP or designee and must include:

- A completed request for ICF/IID Level of Care (refer to the appropriate Waiver manual for the appropriate request form).
- A formal psychological evaluation(s) that includes cognitive and adaptive scores that support a diagnosis of intellectual or developmental disability, a related disability, or a traumatic brain injury with onset prior to age 22, or documentation that supports that the person has a related disability such as a report from DDSN Autism Division, or appropriate medical, genetic or adaptive assessments. If available, the individual’s DDSN Eligibility Letter should be included.
- A current plan including Behavior Support Plan.

- Current information about the individual's ability to complete personal care and daily living tasks, behavior/emotional functioning, and physical health status. For ICF/IID, the Code of Federal Regulations at §483.440(b) (5) (i) - [W203] requires that a final summary of the individual's developmental, behavioral, social, health and nutritional status be developed. The QIDP or designee should provide this final summary to the Case Manager for inclusion in the Level of Care Packet.

When the ICF/IID Level of Care evaluation is completed for ID/RD or Community Supports Waiver recipients, the DDSN Eligibility Division will provide notification as appropriate.

To determine if an individual meets Nursing Facility (NF) Level of Care for HASCI Waiver enrollment, forms specified in the HASCI Waiver Manual must be completed and submitted to the DHHS-Community Long Term Care (CLTC) Office serving the locality where the individual will live. When the Nursing Facility Level of Care evaluation is complete, the CLTC Office will provide notification as appropriate.

Once the ICF/IID individual has been assessed to have needs that can be met through the provision of waiver services; has chosen to receive services through the waiver; has been allocated a waiver slot, and has been determined to meet the appropriate ICF/IID Level of Care, he/she is ready for enrollment in the chosen HCBS DDSN-operated Waiver. Actual enrollment cannot occur until the individual is discharged from the ICF/IID. In most situations, the Waiver enrollment date will be the date the individual is officially discharged from the ICF/IID.

If during the enrollment process, the ICF/IID individual decides not to pursue HCBS Waiver enrollment, a statement must be obtained by the Waiver Case Manager from the individual/legal representative declining Waiver services (see the appropriate Waiver manual for more information).

Once the statement of declination of Waiver services is completed, the original should be maintained in the Case Management Services record and a copy maintained in the ICF/IID record. A copy will also be sent to the DDSN Waiver Enrollment Coordinator. If the statement of declination of Waiver services is not sent to the DDSN Waiver Enrollment Coordinator, the enrollment process will continue.

For ICFs/IID, the Code of Federal Regulations at §483.440(b)(5)(ii) - [W205] requires that a post-discharge plan of care be provided that will assist the individual to adjust to the new living environment to which they are moving. DDSN HCB Waiver programs require that **only** the services included in the plan of care be provided. If any waiver services are to be received immediately following discharge from the ICF/IID (e.g., residential habilitation), appropriate planning prior to discharge from the ICF/IID must occur.

| The Waiver Case Manager, with input from QIDPs, will develop ~~one plan~~ **a Plan**. This plan must document both the post-discharge plan that will assist the individual to adjust to the new living environment and the HCBS Waiver services to be furnished, the provider type and amount of services, frequency and duration of services to be delivered. The plan must be in the format required by the HCBS Waiver program for use as the Plan of Care.

738-01-DD

~~March 17, 2022~~ XXXX, 2023

Page 5

Once the plan is developed, the individual/representative can select the Waiver service providers to be authorized to provide services immediately following discharge upon enrollment (i.e., effective date of authorization = the date of Waiver enrollment).

Case Management providers may bill for Transitional Waiver Case Management utilizing codes outlined in their Contracts. Billing for all Transitional Waiver Case Management must use the Waiver enrollment date as the date of service.

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: Case Management Services
- Attachment 2: ~~Freedom of Choice~~ Acknowledgement of Choice of Provider Form
- Attachment 3: DDSN Regional Center Individual Transition Checklist (optional)

Related Documents:

[Intellectual Disability/Related Disability Waiver Information Sheet](#)

[Community Support Waiver Information Sheet](#)

[HASCI Waiver Information Sheet](#)

DDSN Directive ~~502-01-DD: Admissions/Discharges/Transfers of Individuals to/from DDSN Funded Community Residential~~ 700-09-DD: Determining Need for Residential Services

WAIVER CASE MANAGEMENT SERVICES

Transitional Waiver Case Management (WCM) Services are provided to those who are seeking enrollment in and receiving services through a Medicaid Home and Community Based Services (HCBS) Waiver.

~~Waiver Case Management~~Transitional WCM Services are provided by trained professionals, called Waiver Case Managers, who have knowledge of the medical, social, educational, and other services that are available. Waiver Case Managers facilitate the person's enrollment in a HCBS Waiver, learn about each individual's specific needs, through assessment, so that he/she may plan for and facilitate the delivery of specific services to meet those needs. Waiver Case Manager's assure that services are appropriate and effective and, as needed, make referrals and/or link people to appropriate service providers.

Waiver Case Managers are employed by Disabilities and Special Needs (DSN) Boards and contracted service provider agencies that have been qualified by DDSN as providers of Case Management Services. Those who will receive Transitional Waiver Case Management Services must choose a service provider from among those available. A list of providers can be found on the DDSN web site (<https://app.ddsn.sc.gov/public/directory/landing.do>).

Acknowledgement of Choice of Provider

Name: _____ Date of Birth: _____

By signing this form, I acknowledge that a list of qualified Transitional Waiver Case Management (WCM) Services providers has been made available to me. I have chosen the provider listed below. I understand I may choose a different provider at any time.

~~Waiver Case Management~~ Transitional WCM Services Provider: _____

Printed Name

Signature

Relationship to ICF/IID Resident

Date

Witness

Date

South Carolina Department of Disabilities and Special Needs
DDSN REGIONAL CENTER INDIVIDUAL TRANSITION CHECKLIST

General Information (Completed by DDSN Regional Center Staff)

Name: _____ SSN: _____ DOB: _____

DDSN Regional Center/Residence Currently Living In: _____

Current DDSN Regional Center Qualified Intellectual Disability Professional: _____

Previous Community Supports Received (if applicable): Date(s): _____ Provider(s): _____

Reason(s) for Previous Return to DDSN Regional Center (if applicable): _____

Community Service Preparations (Completed by Community Service Provider Staff)

Proposed Community Residential Service Provider: _____

Proposed Community Day Service Provider: _____

Transitional Waiver Case Management Provider: _____

Overnight visits to new home occurred (dates): _____

Residential/Day Direct Support Staff Observed Individual at DDSN Regional Center (dates): _____

Actions Taken to Address Barriers to Successful Community Living (if applicable): _____

Daily Activity Schedule Developed: Yes No Special Diet Developed (if applicable): Yes No

Specialized Training Received (dates if applicable): _____

Nurse: _____ Behavior Support Provider: _____ Program Coordinator: _____

Medical/Therapy Provider Identified (Name if applicable): _____

MD: _____ Dentist: _____

Pharmacist: _____ PT: _____

Other: _____

Environmental Modifications Completed (if applicable): Yes No

Adaptive Equipment Available (if applicable): Yes No

Support Plan Developed: Yes No Waiver Slot Allocation Requested (if applicable): Yes No

Freedom of Choice Completed (if applicable): Yes No

Level of Care Completed (if applicable): Yes No

~~I attest that the above information is a correct reflection of the preparations which have been completed to facilitate the transition of the named person. I believe that all necessary preparations have been made to allow for the successful transition of this person.~~

~~_____
CEO/Residential Service Provider _____ Date _____ CEO/Day Service Provider (if different) _____ Date~~

~~_____
CEO/Case Management Provider (if different) _____ Date~~

DDSN Regional Center Preparations (Completed by DDSN Regional Center Staff)

~~Behavior Support Plan/Data Updated and Filed: Yes No Medical Records Updated/Filed: Yes No~~

~~Two-Week Supply of Drugs/Supplies/Nutritional Supplements Packed (if applicable): Yes No~~

~~Clothing/Personal Possessions Inventories/Packed: Yes No~~

~~I attest that the above information is a correct reflection of the preparations which have been completed to facilitate the transition of the named person. I believe that all necessary preparations have been made to allow for the successful transition of this person.~~

~~_____
Facility Administrator/DDSN Regional Center _____ Date: _____~~

DDSN Review

Transition Approved Transition Disapproved

~~Reason for Disapproval (if applicable): _____~~

~~_____
DDSN District Director _____ Date: _____~~

Constance Holloway
Interim State Director/General Counsel
Janet Brock Priest
Associate State Director
Operations
Lori Manos
Associate State Director
Policy
Harley T. Davis, Ph.D.
Chief Administrative Officer
Quincy Swygert
Chief Financial Officer
Greg Meetze
Chief Information Officer



**South Carolina
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 and Special Needs**

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Reference Number: 738-01-DD

Title of Document: Discharge Planning for Individuals Leaving an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) and Enrolling in a Home and Community-Based Services (HCBS) Waiver Program

Date of Issue: February 1, 2008

Date of Last Revision: March 16, 2023 (REVISED)

Effective Date: March 16, 2023

Applicability: Community ICFs/IID, DDSN Regional Centers, and Case Management Providers

PURPOSE:

To establish the expectations of the South Carolina Department of Disabilities and Special Needs (DDSN) regarding discharge planning for individuals who may need services funded by a DDSN-operated Home and Community-Based Services (HCBS) Waiver upon leaving a DDSN Regional Center or Community Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

POLICY:

DDSN is committed to supporting South Carolinians with disabilities through choice to receive needed services in the most integrated settings when it is appropriate and desired. To assure that needed services are available to newly discharged ICF/IID individuals on the day of discharge and beyond, appropriate planning prior to discharge must occur.

Individuals receiving care in ICF/IID settings who are preparing for discharge **must be offered information about Home and Community-Based services and Case Management Services**. Case Management Services may be received for up to six (6) months prior to ICF/IID discharge. These services are intended to prepare the individual for discharge, by preparing/completing waiver program enrollment, assessing needs, and planning for the delivery of services to meet identified needs, after discharge. Case Management Services are paramount to successful discharge from an ICF/IID.

When ICF/IID discharge is likely (i.e., within six (6) months of the move), Qualified Intellectual Disability Professionals (QIDPs) or designees must provide the individual or his/her legal representative information about DDSN-Operated Home and Community Based Services and

information about the Case Management providers available in the county in which the individual will live after discharge. **NOTE:** Most Case Management Services providers render Waiver Case Management. The individual/legal representative must choose a provider to render Case Management services (a list of providers can be found on the DDSN website www.ddsn.sc.gov, select “Services,” then select “Find a Service Provider,” then select “DDSN Provider/Service Directory” and then select “Provider Directory.” Select “Case Management” from the “Service” list; select the person’s disability category from the “disability” list; and select the county to which the individual will be moving from the “county” list. The choice of Case Management Services provider must be properly documented using the Acknowledgement of Choice Form (Attachment 2). Once chosen, the QIDP must contact the Case Management Services provider to request services. The QIDP must be prepared to provide basic demographic information, information about the anticipated setting in which the individual will live, the approximate ICF/IID discharge date, and supports/services likely to be needed in the anticipated setting. If the chosen Case Management Services provider is not willing to provide services, another provider must be chosen and the aforementioned process followed until a provider is found.

The chosen Case Management Services provider will assign a Case Manager to service the individual preparing for ICF/IID discharge. Services rendered will be in accordance with DDSN-Operated Home and Community Based Standards and applicable DDSN Directives. Services rendered prior to discharge from the ICF/IID setting will be recorded by the Case Manager.

ICF/IID services are funded by Medicaid. In South Carolina, DDSN-operated Home and Community-Based (HCB) Services Waiver programs, allow services similar to those provided in an ICF/IID to be funded by Medicaid when provided outside of an ICF/IID. Therefore, DDSN-operated HCBS Waivers allow ICF/IID individuals to move from the ICF/IID to another setting (e.g., a home of their own, a family member’s home, Community Training Home, Supervised Living Program, Community Residential Care Facility) that is not an institution setting (e.g., Nursing Facility, Hospital, another ICF/IID) and to receive Medicaid funding for services needed in that setting. For many individuals receiving services in an ICF/IID, living outside of an institution setting would not be possible without HCBS Waiver services. More information about the DDSN-operated HCBS Waiver programs can be found by following the links notes in the “Related Documents” section of this directive.

In order to receive HCBS Waiver services, one must be enrolled in a waiver. To be enrolled, one must:

- Be eligible for Medicaid;
- Be assessed to have needs that can be met through the provision of waiver services;
- Be allocated a waiver slot;
- Choose to receive services through the waiver, and
- Meet ICF/IID or Nursing Facility (for HASCI only) Level of Care criteria.

For an individual receiving services in an ICF/IID preparing for discharge, the “Request for Waiver Slot Allocation” form (see appropriate Waiver manual) must be completed by the Case Manager within one (1) month prior to discharge from the ICF/IID and sent to the appropriate DDSN Waiver Enrollments Coordinator. If the individual is transferring to a DDSN sponsored residential habilitation setting, then the process outlined in DDSN Directive 700-09-DD: Determining Need for Residential Services, must be followed.

When a HCBS Waiver slot is awarded and Notice of Slot Allocation is received, the Case Manager must secure the Waiver “Freedom of Choice” and “Acknowledgement of Rights and Responsibilities” forms from the appropriate party (see appropriate Waiver Manual).

For HCBS Waiver enrollment, one must be evaluated against the appropriate ICF/IID Level of Care criteria prior to, but not more than one (1) month before the date of, enrollment in the waiver. Waiver enrollment cannot occur unless it is determined that the individual meets the criteria and the determination is made within the appropriate time period. Please refer to the appropriate Waiver manual for more information regarding Level of Care evaluations.

To determine if an individual meets the criteria, appropriate information about the individual (i.e., Level of Care Packet) must be provided to the DDSN Eligibility Division. The ICF/IID Level of Care Packet must be prepared by the Waiver Case Manager with assistance from the QID/DDP or designee and must include:

- A completed request for ICF/IID Level of Care (refer to the appropriate Waiver manual for the appropriate request form).
- A formal psychological evaluation(s) that includes cognitive and adaptive scores that support a diagnosis of intellectual or developmental disability, a related disability, or a traumatic brain injury with onset prior to age 22, or documentation that supports that the person has a related disability such as a report from DDSN Autism Division, or appropriate medical, genetic or adaptive assessments. If available, the individual's DDSN Eligibility Letter should be included.
- A current plan including Behavior Support Plan.
- Current information about the individual's ability to complete personal care and daily living tasks, behavior/emotional functioning, and physical health status. For ICF/IID, the Code of Federal Regulations at §483.440(b) (5) (i) - [W203] requires that a final summary of the individual's developmental, behavioral, social, health and nutritional status be developed. The QIDP or designee should provide this final summary to the Case Manager for inclusion in the Level of Care Packet.

When the ICF/IID Level of Care evaluation is completed for ID/RD or Community Supports Waiver recipients, the DDSN Eligibility Division will provide notification as appropriate.

To determine if an individual meets Nursing Facility (NF) Level of Care for HASCI Waiver enrollment, forms specified in the HASCI Waiver Manual must be completed and submitted to the DHHS-Community Long Term Care (CLTC) Office serving the locality where the individual will live. When the Nursing Facility Level of Care evaluation is complete, the CLTC Office will provide notification as appropriate.

Once the ICF/IID individual has been assessed to have needs that can be met through the provision of waiver services; has chosen to receive services through the waiver; has been allocated a waiver slot, and has been determined to meet the appropriate ICF/IID Level of Care, he/she is ready for enrollment in the chosen HCBS DDSN-operated Waiver. Actual enrollment cannot occur until the individual is discharged from the ICF/IID. In most situations, the Waiver enrollment date will be the date the individual is officially discharged from the ICF/IID.

If during the enrollment process, the ICF/IID individual decides not to pursue HCBS Waiver enrollment, a statement must be obtained by the Waiver Case Manager from the individual/legal representative declining Waiver services (see the appropriate Waiver manual for more information).

Once the statement of declination of Waiver services is completed, the original should be maintained in the Case Management Services record and a copy maintained in the ICF/IID record. A copy will

also be sent to the DDSN Waiver Enrollment Coordinator. If the statement of declination of Waiver services is not sent to the DDSN Waiver Enrollment Coordinator, the enrollment process will continue.

For ICFs/IID, the Code of Federal Regulations at §483.440(b)(5)(ii) - [W205] requires that a post-discharge plan of care be provided that will assist the individual to adjust to the new living environment to which they are moving. DDSN HCB Waiver programs require that **only** the services included in the plan of care be provided. If any waiver services are to be received immediately following discharge from the ICF/IID (e.g., residential habilitation), appropriate planning prior to discharge from the ICF/IID must occur.

The Waiver Case Manager, with input from QIDPs, will develop a Plan. This plan must document both the post-discharge plan that will assist the individual to adjust to the new living environment and the HCBS Waiver services to be furnished, the provider type and amount of services, frequency and duration of services to be delivered. The plan must be in the format required by the HCBS Waiver program for use as the Plan of Care.

Once the plan is developed, the individual/representative can select the Waiver service providers to be authorized to provide services immediately following discharge upon enrollment (i.e., effective date of authorization = the date of Waiver enrollment).

Case Management providers may bill for Transitional Waiver Case Management utilizing codes outlined in their Contracts. Billing for all Transitional Waiver Case Management must use the Waiver enrollment date as the date of service.

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: Case Management Services
- Attachment 2: Acknowledgement of Choice of Provider Form
- Attachment 3: DDSN Regional Center Individual Transition Checklist (optional)

Related Documents:

[Intellectual Disability/Related Disability Waiver Information Sheet](#)

[Community Support Waiver Information Sheet](#)

[HASCI Waiver Information Sheet](#)

DDSN Directive 700-09-DD: Determining Need for Residential Services

WAIVER CASE MANAGEMENT SERVICES

Transitional Waiver Case Management (WCM) Services are provided to those who are seeking enrollment in and receiving services through a Medicaid Home and Community Based Services (HCBS) Waiver.

Transitional WCM Services are provided by trained professionals, called Waiver Case Managers, who have knowledge of the medical, social, educational, and other services that are available. Waiver Case Managers facilitate the person's enrollment in a HCBS Waiver, learn about each individual's specific needs, through assessment, so that he/she may plan for and facilitate the delivery of specific services to meet those needs. Waiver Case Managers assure that services are appropriate and effective and, as needed, make referrals and/or link people to appropriate service providers.

Waiver Case Managers are employed by Disabilities and Special Needs (DSN) Boards and contracted service provider agencies that have been qualified by DDSN as providers of Case Management Services. Those who will receive Transitional Waiver Case Management Services must choose a service provider from among those available. A list of providers can be found on the DDSN web site (<https://app.ddsn.sc.gov/public/directory/landing.do>).

Acknowledgement of Choice of Provider

Name: _____ Date of Birth: _____

By signing this form, I acknowledge that a list of qualified Transitional Waiver Case Management (WCM) Services providers has been made available to me. I have chosen the provider listed below. I understand I may choose a different provider at any time.

Transitional WCM Services Provider: _____

Printed Name

Signature

Relationship to ICF/IID Resident

Date

Witness

Date

**South Carolina Department of Disabilities and Special Needs
DDSN REGIONAL CENTER INDIVIDUAL TRANSITION CHECKLIST (OPTIONAL)**

DRAFT

General Information (Completed by DDSN Regional Center Staff)

Name: _____ SSN: _____ DOB: _____

DDSN Regional Center/Residence Currently Living In: _____

Current DDSN Regional Center Qualified Intellectual Disability Professional: _____

Previous Community Supports Received (*if applicable*): Date(s): _____ Provider(s): _____

Reason(s) for Previous Return to DDSN Regional Center (*if applicable*): _____

Community Service Preparations (Completed by Community Service Provider Staff)

Proposed Community Residential Service Provider: _____

Proposed Community Day Service Provider: _____

Transitional Waiver Case Management Provider: _____

Overnight visits to new home occurred (*dates*): _____

Residential/Day Direct Support Staff Observed Individual at DDSN Regional Center (*dates*): _____

Actions Taken to Address Barriers to Successful Community Living (*if applicable*): _____

Daily Activity Schedule Developed: Yes No Special Diet Developed (*if applicable*): Yes No

Specialized Training Received (*dates if applicable*): _____

Nurse: _____ Behavior Support Provider: _____ Program Coordinator: _____

Medical/Therapy Provider Identified (*Name if applicable*): _____

MD: _____ Dentist: _____

Pharmacist: _____ PT: _____

Other: _____

Environmental Modifications Completed (*if applicable*): Yes No

Adaptive Equipment Available (*if applicable*): Yes No

Support Plan Developed: Yes No Waiver Slot Allocation Requested (*if applicable*): Yes No

Freedom of Choice Completed (*if applicable*): Yes No

Level of Care Completed (*if applicable*): Yes No

FY 23 Spending Plan VS Actual Expenditures - 2/28/2023

Category	Approved 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	\$ 939,135,153	\$ 216,691,492	\$ 421,448,758	\$ 638,140,250	\$ 300,994,903	REASONABLE
Percent of total spending plan remaining	100.00%	23.07%	44.88%	67.95%	32.05%	
% of FY Remaining					33.33%	
Difference % - over (under) budgeted expenditures					1.28%	
Methodology & Report Owner: DDSN Budget Division						