

**From:** [Linguard, Christie](#)  
**Subject:** Meeting Notice - The Commission of the SCDDSN - Policy Committee Meeting - April 12, 2022  
**Date:** Friday, April 8, 2022 2:25:34 PM  
**Attachments:** [Policy Committee Packet - April 12 2022.pdf](#)

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**Everyone,**

**The South Carolina Commission on Disabilities and Special Needs will hold an in person Policy Committee meeting on Tuesday, April 12, 2022, at 3:00 p.m. The Committee Meetings are held at the SC Department of Disabilities and Special Needs Central Administrative Office, 3440 Harden Street Extension, Columbia, SC. This meeting can also be viewed via a live audio stream at [www.ddsn.sc.gov](http://www.ddsn.sc.gov).**

**Please see the attached meeting packet for the Policy Committee Meeting.**

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

**Thank you.**

# POLICY COMMITTEE AGENDA

**DRAFT**

**Commission of the South Carolina Department of Disabilities and Special Needs  
3440 Harden Street Extension  
Columbia, South Carolina**

**April 12, 2022**

**3:00 p.m.**

- 1. Call to Order** **Committee Chair Barry Malphrus**
- 2. Statement of Announcement** **Lori Manos on behalf of Chairman Malphrus**
- 3. Invocation** **Committee Chair Barry Malphrus**
- 4. Adoption of Agenda**
- 5. Approval of Summary Notes from March 16, 2022 Meeting (TAB 1, pg. 1-2)**
- 6. New Business: (TAB 2)**
  - A. 800-03-CP: SC Commission on DSN Executive Limitations (pg. 3-7)
  - B. 800-08-CP: SCDSN Commission Meeting – Public Input (pg. 8-11)
  - C. 200-05-DD: Use of Consultants (pg. 12-13)
  - D. 700-08-DD: Single Case Agreement for Residential Habilitation (pg. 14-20)
- 7. Status Update on Directives Referred to Staff**
- 8. Adjournment – Next Meeting May 10, 2022**

**DRAFT**

**MEETING SUMMARY OF THE POLICY COMMITTEE**  
**Commission of the South Carolina Department of Disabilities and Special Needs**  
**3440 Harden Street Extension**  
**Columbia, South Carolina**  
**March 16, 2022**

**IN ATTENDANCE:** Chairman, Barry Malphrus; Commissioner Eddie Miller; Commissioner David Thomas  
Dr. Michelle Fry, Lori Manos, Constance Holloway, Tracey Hunt, Janet Priest, Carolyn  
Benzon and Colleen Honey

**1. Adoption of Agenda**

Chairman Malphrus requested committee members to adopt the agenda.

As there were no objections, agenda was adopted.

**2. Approval of Summary Notes from the January 11, 2022 Meeting**

Chairman Malphrus requested committee members to adopt the summary notes.

As there were no objections, summary notes from the January 11, 2022 meeting were adopted.

**3. Old Business**

**A. 413-03-DD: Code of Conduct**

A discussion was held regarding a dollar limit on gifts between co-workers. This issue was tabled to allow staff time to research four or five other state agencies. A sentence was added on page 4 stating reporting should occur within 14 calendar days of the identification of the conflict. As there were no objections, the directive will be presented to the full Commission for approval without the usual 10-day public comment.

**4. New Business**

**A. 413-08-DD: Anti-Harassment**

After implementation, staff realized the form referred to in the directive needed to be included as an attachment for ease of access. The directive was adjusted accordingly. Since the change is minor, this was for informational purposes only. As there were no objections, the directive will be presented to the full Commission for approval and signing.

**B. 250-10-DD: Funding for Services**

Staff stated Fee for Service was implemented March 1, 2022. Accordingly, this directive is no longer necessary. Staff recommendation was to declare this directive OBSOLETE. As there were no objections, it will be presented to the full Commission for approval to declare OBSOLETE.

C. 250-11-DD: Outlier Funding Request System – Capitated Funding System

Staff again stated Fee for Service was implemented March 1, 2022. Accordingly, this directive is no longer necessary. Staff recommendation was to declare this directive OBSOLETE. As there were no objections, it will be presented to the full Commission for approval to declare OBSOLETE.

D. 738-01-DD: Discharge Planning for those leaving an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) and Enrolling in a Home and Community-Based Services (HCBS) Waiver Program

Staff explained oversight still applied in Waiver Case Management and that changes needed to be made to account for the Fee for Service implementation. The Committee approved the removal of section referring to billing. As there were no objections, the directive will be presented to the full Commission for approval without the usual 10-day public comment.

**5. Status Update on Directives Referred to Staff**

Ms. Lori Manos gave an update on the following directives:

100-25-DD: Disaster Preparedness Plan for DDSN and Other DDSN Providers of Services to Persons with Disabilities and Special Needs

603-02-DD: Employee Health Requirements

603-05-DD: Policy for Management of Occupational Exposures of Health Care Personnel to Potential Blood Borne Pathogens

We hope to have these three directives ready for public comment by the end of March. After the external review period, staff will present to the Commission for approval and signing at the next available Commission meeting.

**6. Adjournment**

The next meeting will be held April 12, 2022.

**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*  
**Lori Manos**  
*Associate State Director*  
*Policy*



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**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: 800-03-CP

Title of Document: South Carolina Commission on Disabilities and Special Needs Executive Limitations Policy

Date of Issue: January 18, 2007

~~Effective Date: January 18, 2007~~

~~Last Review Date: April 15, 2021~~ April 21, 2022

Date of Last Revision: ~~April 15, 2021~~ April 21, 2022 (REVISED)

Effective Date: ~~January 18, 2007~~ April 21, 2022

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The State Director of the South Carolina Department of Disabilities and Special Needs (DDSN) is selected and appointed by the Commission on Disabilities and Special Needs (Commission) and serves at its pleasure. The State Director is responsible for the operation of DDSN, subject to Commission policies and actions applied through Department Directives.

Only decisions of the Commission when acting as a body are binding upon the State Director. Decisions, instructions or requests of individuals are not binding on the State Director, except as specifically authorized by the Commission.

The State Director shall:

1. Maintain ethics and prudence in the operation of DDSN and conform DDSN to all federal, state, and Commission requirements, and protect DDSN assets. Make all decisions, take all actions, establish all practices, and develop all activities within the confines of the reasonable interpretation of the Commission's policies.

2. Hire adequate qualified personnel, and implement effective programs necessary to carry out the legislative mandate and Commission Ends policy. The State Director shall present to the Commission for approval any change at the executive level to the organizational chart.
3. Use resources effectively and efficiently and maintain transparency and accountability with the Commission through reports on services, finances, and other monitoring data necessary to the Commission's policy governance.
  - a. An executive summary of all consultant contracts and any other contracts of \$200,000 or more recommended by staff within a given fiscal year will be presented to the Commission to determine which contracts will be selected for their review.

Present to the Commission for approval any contracts for procurement when the full contractual amount exceeds \$200,000, excluding contract adjustments due to filling vacancies based on individual choice. Contracts with providers to increase capacity that exceed \$200,000 must be presented to the Commission for approval. The Commission will receive a quarterly report of provider contract amendments below the required \$200,000 individually approved threshold.
  - b. Present to the Commission for approval any recommendations for the creation of new Capital Improvement accounts, as well as any re-scoping of Capital Improvement Projects after Commission approval. On an annual basis, provide the Commission a report of agency's Capital Improvement Projects with corresponding expenditures, as well as an explanation for any project lagging behind its expected completion timeframe.
  - c. Present to the Commission for approval prior to implementation any recommendations for positions, programs, and/or divisions that result in the cost of the positions exceeding \$200,000.
  - d. Present to the Commission for approval all federal grant applications as soon as is practical and prior to actual receipt of funds.
4. Follow the personnel grievance procedures of the Division of State Human Resources of the Department of Administration.
5. Communicate effectively with the Commission, DDSN staff and the public, make the Commission aware of relevant trends, anticipated adverse media coverage, material change, or assumptions on which Commission policy has been established.
6. Clearly present information necessary for monitoring, making decisions, and for policy deliberations without using acronyms whenever possible.
7. Inform the Commission when, in the opinion of the State Director, the Commission is not in compliance with its own policies.

8. Inform the Commission quarterly of the number of all DDSN state employee, contracted personnel and volunteer discrimination and harassment and sexual harassment complaints pursuant to DDSN Directive 413-08-DD: Anti-Harassment.
9. The DSN Commission retains its authority to revise and approve all existing and new Commission Policies, Department Directives, and Service Standards. However, the DSN Commission delegates authority and responsibility to the Policy Committee to establish procedures to coordinate the review, revision, and recommendation of all policies to the full DSN Commission. The State Director's role in the review, revision, and approval of agency policies will be set by the Policy Committee Procedures.
10. The Commission will remain apprised of any anticipated, significant changes to the following:
  - a. The service delivery system, or increase restrictions in reporting abuse, neglect, exploitation, critical incidents or sexual assault, prior to implementation.
  - b. The responsiveness in person-centered services as expressed in a money-follows-the-individual concept/practice and consumer choice of provider.
  - c. Establishment of advisory councils for those supported and/or families by county DSN boards and contracted service providers, and regional and local human rights advisory groups.
  - d. Quality management of administration, finances, program and service delivery functions such as standards, licensing/certification and reviews, independent quality review, consumer/family surveys, annual independent financial audits, periodic compliance audits, special audits, critical incident reporting/tracking, abuse/neglect/exploitation reporting/follow-up.
11. Present assessments to the Commission for approval of any proposed procedures and actual assessment instruments being considered for use in the allocation of resources to those eligible for DDSN services.
12. Enforce directives concerning eligibility of applicants and make final decisions on sequence of admissions.
13. Oversee the Internal Audit Director administratively according to an annual work plan, while not restricting the auditor's independence or the functional oversight of the Commission. The State Director shall obtain Commission consent before hiring or firing the Internal Audit Director.
14. Deal with the Commission as a whole except when individuals are specifically authorized to speak for the Commission.

15. Present to the Commission for review and approval any recommendations for changes.
16. Implement an interim policy when faced with a time-sensitive decision. The State Director is encouraged to attempt to consult with all members of the Commission whenever possible prior to implementation of the interim policy. The State Director will present the interim policy to the full Commission at the next Commission meeting.
17. Present to the Commission for approval recommendations for a new DDSN-operated Home and Community Based Services (HCBS) Waiver and/or recommendations for changes to existing DDSN-operated HCBS Waivers prior to making an official request to SCDHHS.
- 18.<sup>1</sup> In order to assist the Commission in making recommendations to SCDHHS concerning the implementation and operation of all programs it operates directly or through contracted Providers, the State Director will submit relevant information to the Commission concerning all changes being considered by SCDHHS that would affect the administering of federal funds for programs governed by DDSN, including but not limited to:
  - Rates and proposed changes in rates.
  - Billing methodology for Providers contracted with DDSN, including recommending which agency providers are to bill for services.
  - Timelines of implementation for program changes, billing changes, or rate changes.
19. The State Director shall keep the Commission informed of all matters involving inquiries from the Centers for Medicare and Medicaid Services (CMS) regarding DDSN services and/or programs of which the State Director is aware.

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Barry D. Malphrus  
Vice Chairman

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~~Gary C. Lemel~~ Stephanie M. Rawlinson  
Chairman

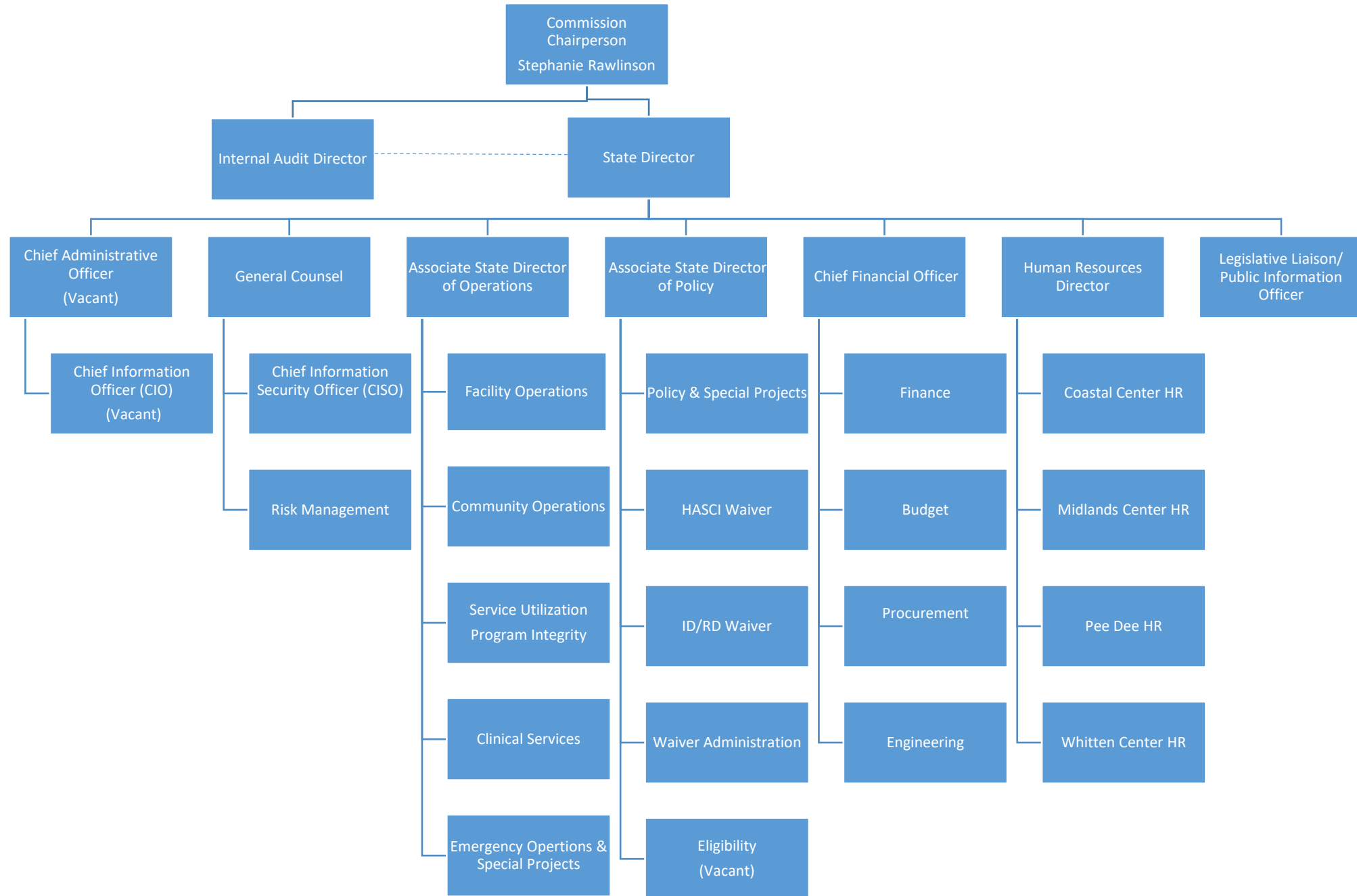
<sup>1</sup> SECTION 44-20-270. Administration of federal funds.

The department is designated as the state's intellectual disability, related disabilities, head injuries, and spinal cord injuries authority for the purpose of administering federal funds allocated to South Carolina for intellectual disability programs, related disability programs, head injury programs, and spinal cord injury programs. This authority does not include the functions and responsibilities granted to the South Carolina Department of Health and Environmental Control or to the South Carolina Department of Vocational Rehabilitation or the administration of the "State Hospital Construction and Franchising Act".



# SC Department of Disabilities and Special Needs

## Organizational Chart



**Mary Poole**  
*State Director*  
**Patrick Maley**  
*Deputy Director*  
**Rufus Britt**  
*Associate State Director*  
*Operations*  
**Susan Kreh Beck**  
*Associate State Director*  
*Policy*  
**W. Chris Clark**  
*Chief Financial Officer*



**COMMISSION**  
**Gary C. Lemel**  
*Chairman*  
**Barry D. Malphrus**  
*Vice Chairman*  
**Robin B. Blackwood**  
*Secretary*  
**Eddie L. Miller**  
**Stephanie M. Rawlinson**  
**David L. Thomas**

3440 Harden Street Ext (29203)  
PO Box 4706, Columbia, South Carolina 29240  
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**Toll Free: 888/DSN-INFO**  
**Home Page: [www.ddsn.sc.gov](http://www.ddsn.sc.gov)**

Reference Number: 800-08-CP

Title of Document: DSN Commission Meeting Public Input

Date of Issue: August 20, 2020

~~Effective Date: August 20, 2020~~

~~Last Review Date: August 20, 2020~~

Date of Last Revision: ~~August 20, 2020~~ April 21, 2022 (~~NEW~~ **REVISED**)

Effective Date: ~~August 20, 2020~~ April 21, 2022

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## **I. PURPOSE:**

The purpose of this Commission Policy is to define the parameters for the South Carolina Disabilities and Special Needs Commission (Commission) to receive input from the public during meetings of the body.

## **II. GENERAL:**

The Commission is comprised of representatives from each of the seven (7) congressional districts in the state. As the representative for the congressional district, each Commissioner welcomes input from the citizens of their districts. Citizens may readily contact the Commissioner who represents their district by utilizing the contact information available on the SC Department of Disabilities and Special Needs website (<https://ddsn.sc.gov/about-us/commission>). This contact information includes the counties within the congressional district represented by the Commissioner along with his/her name, address, phone and email address. Due to this perpetual access, these are the preferred methods for contacting Commissioners to impart information.

The Commission has no obligation, legal or otherwise, to allow citizens to address the body during Commission meetings. However, as a courtesy and at the discretion of the Commission Chairperson, the meeting agenda may include Public Input. When the meeting agenda includes Public Input, the Commission will allow citizens an opportunity to make the body aware of issues not resolved by staff of the Department or to express a viewpoint concerning Commission business. When Public Input is included as part of the meeting agenda, the total maximum time allowed for the agenda item will not exceed 21 minutes. The Chairperson, at his/her discretion, may disallow Public Input from any citizen at any time including during their presentation. At the discretion of the Commissioners, responses may or may not be provided for the issues or viewpoints expressed. However, during the meeting, the Commission may direct the State Director to respond to the citizen or investigate the issue presented following the meeting.

Meeting agendas for Subcommittees of the Commission will not include Public Input. Citizens may provide input on Subcommittee business in writing. This input must be submitted to the State Director's office no less than five (5) business days prior to the scheduled Subcommittee meeting.

This Policy does not apply to any Public Hearings the Commission may deem necessary.

### **III. Procedure for Citizens to Request to Address the Commission During the Public Input Section of the Commission Meeting Agenda**

1. If a citizen wishes to address the Commission at its regular Commission meeting, the individual must complete the form provided at either the reception desk or the sign-in desk in front of the Commission meeting room. The form must be submitted at least five (5) minutes prior to the scheduled opening of the meeting at which it is requested to speak. Citizens who are disabled and cannot attend in person may address the Commission via phone/TEAMS by signing up in advance by 5:00 pm the day before the next Commission meeting (Wednesday) at: <https://www.surveymonkey.com/r/MGPST9K>. It is within the discretion of the Chair to select who will speak to the Commission in public during Public Input. Therefore, the Chair could reject any individual at any time including in the middle of their speech. Directions are provided on the aforementioned form for virtual meeting public input participation.
2. Citizens will be recognized at the discretion of the Chairperson on a first come, first served basis in the order in which they requested the opportunity.
3. No more than four (4) citizens will be selected to address the Commission during any one meeting.
4. At the appropriate time, the citizen will be recognized at the discretion of the Chairperson and be allocated three (3) minutes to present their issue or viewpoint.
5. If more than four (4) citizens wish to present their issue or viewpoint, the Commission may vote to allow an additional three (3) citizens an allotment of three (3) minutes to

speaking. The total maximum allotted Public Input Agenda Item time shall not exceed 21 minutes.

#### **IV. Expectations and Requirements for Citizens Addressing the Commission**

The Commission requests that those addressing the body be prepared for their presentation and be respectful to the body, the staff of the agency and the public. The use of abusive language during the address or the use of the address to wage a personal attack on members of the body, staff of the agency or others will not be allowed. Citizens addressing the Commission are expected to adhere to the time allocated (3 minutes) and relinquish the floor when their time has elapsed.

**Individuals with pending legal matters versus SCDDSN, including administrative appeals, may not address the Commission.**

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Barry D. Malphrus  
Vice Chairman

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~~Gary C. Lemel~~ Stephanie M. Rawlinson  
Chairman

Attachment: Request to Address the DSN Commission

**SOUTH CAROLINA DEPARTMENT OF DISABILITES AND SPECIAL NEEDS  
REQUEST TO ADDRESS THE DSN COMMISSION**

~~For participation due to meetings held virtually, citizens must sign up in advance by 5:00 pm the day before the next meeting (Wednesday). A working phone number must be included as you will be contacted during the meeting. (Please note, the number you provide will only be called twice). Citizens who are disabled and cannot appear in person can sign up by leaving your name and phone number at the following link: <https://www.surveymonkey.com/r/MGPST9K>. You also can~~ may address the Commission via phone/TEAMS by signing up in advance by 5:00 pm the day before the next Commission meeting (Wednesday) at: <https://www.surveymonkey.com/r/MGPST9K>. They may also attach any written comments ~~that you~~they would like forwarded to the Commission.

**Note: Individuals with pending legal matters versus SCDDSN, including administrative appeals, may not address the Commission.**

Date:

Name:

Address:

Telephone Number:

I am representing:

- Myself
- A group/organization (please name)

I wish to comment on (select one):

- Commission Meeting Agenda Item:
- A specific incident or concern NOT on the Commission Meeting Agenda. The specific concern to be addressed is:

**Michelle G. Fry, J.D., Ph.D.**  
*State Director*  
**Constance Holloway**  
*General Counsel*  
**Tracey Hunt**  
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*Secretary*  
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**Eddie L. Miller**  
**David L. Thomas**  
**Michelle Woodhead**

Reference Number: 200-05-~~PDD~~

Title of Document: Use of Consultants

Date of Issue: June 1, 1987

~~Effective Date: June 1, 1987~~

~~Last Review Date: June 13, 2017~~

Date of Last Revision: ~~June 13, 2017~~ April 21, 2022 (REVISED)

Effective Date: ~~June 1, 1987~~ April 21, 2022

Applicability: DDSN Central Office and DDSN Regional Centers

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

Consultants may be employed to provide professional advice or services in areas not covered by permanent employees or to cover temporary vacancies in authorized personnel. Funds for payment must be available to the division in the division's budget.

Unless specifically exempted, consulting services must be procured through procedures outlined in the South Carolina Consolidated Procurement Code. Specific exemptions applicable to DDSN are:

1. Medical personnel limited to medical doctors, optometrists, dentists, registered nurses, licensed practical nurses, and psychiatrists;
2. Physical therapists and physical therapy assistants;
3. Speech pathologists;
4. Occupational therapists;

5. Doctors of osteopathy; and
6. Contractual consultant services necessary to provide professional instruction for instructional training seminars offered by DDSN to state employees on a registration fee basis.

All exemptions including, but not limited to the above list, must be presented to the Finance and Audit Committee. The Finance and Audit Committee will determine if there is a need for full Commission approval.

Fees paid to consultants may be arranged either on a fee for service basis or on a fixed fee (retainer) basis. The former is usually preferable in that it is directly related to work performed. A retainer basis is suitable when the arrangement is to be long standing and the job requirement is constant and well defined. All retainer arrangements must be approved in advance by the State Director. All use of consultants must be covered in a written contract which outlines the services to be performed and the fees to be paid. Contracts should not be signed by Regional staff prior to Central Office review and approval.

Consultant services of architects, engineers, auditors, accountants, information technology professionals, and attorneys are subject to special regulations and require approval of Central Office in all cases.

State regulations concerning the use and procurement of consulting services are contained in Chapter 7 of the DDSN Procurement Manual and State Procurement regulations.

For the exemption to apply to these categories, the individual or firm involved must be licensed to perform the specific professional services, must provide that specific service to DDSN, and DDSN cannot be in an employer/employee relationship. Any contract with an individual who is or has been an employee of DDSN or any other state agency requires the approval of Central Office Human Resources Division **before** the contract can be finalized.

<del>Deirdre Blake Sayers</del>	<del>Beverly A. H. Buscemi, Ph.D.</del>
<del>Director of Human Resources</del>	<del>State Director</del>
<del>(Originator)</del>	<del>(Approved)</del>
<u>Barry D. Malphrus</u>	<u>Stephanie M. Rawlinson</u>
<u>Vice Chairman</u>	<u>Chairman</u>

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**Gary Kocher, M.D.**  
**Eddie L. Miller**  
**David L. Thomas**  
**Michelle Woodhead**

Reference Number: 700-08-DD

Title of Document: Single Case Agreement for Residential Habilitation

Date of Issue: April 21, 2022

Date of Last Revision: April 21, 2022 (NEW)

Effective Date: May 1, 2022

Applicability: Residential Habilitation Providers

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## **PURPOSE**

This Directive outlines procedures for requesting a Single Case Agreement (SCA) for residential habilitation services. Residential habilitation is a Home and Community Based waiver service that provides care, supervision and skills training in a non-institutional setting. The type, scope, and frequency of care, supervision and skills training to be furnished are described in the waiver participant's (person's) service plan and are based on his/her assessed needs and preferences. Services furnished as residential habilitation must support the person to live as independently as possible in the most integrated setting that is appropriate to his/her needs.

Single Case Agreements (SCAs) are contracts issued by the South Carolina Department of Health and Human Services (SCDHHS) to Medicaid enrolled providers of residential habilitation for additional funding for the provision of residential habilitation to one (1) person. SCAs provide financial supports beyond those established in the Intellectual Disability/Related Disabilities (ID/RD) Waiver and the Head and Spinal Cord Injury (HASCI) Waivers when the person's necessary care, supervision, and skills training will result in costs beyond the rate available through the appropriate tier of residential habilitation. SCAs are only available when the cost associated with the person's necessary care, supervision and skills training demonstrably exceed the amount available through an appropriate/available tier of residential habilitation.



While SCDHHS has sole discretion regarding the issuance of SCAs, a coordinated process for requesting a single case agreement (SCA) will occur between SCDHHS, DDSN, the person, and, as appropriate, the person's case manager or residential habilitation provider. Only SCDHHS has the authority to issue a SCA.

## **PROCEDURES**

### **A. Initial Requests**

Initial requests for single case agreements may be initiated by DDSN when the support needs for someone who is determined eligible for residential habilitation but is not yet authorized to receive it demonstrably exceeds the funding associated with the tier of residential habilitation for which they qualify.

Initial requests for SCAs may also be submitted by the person's residential habilitation provider when it is determined that the cost of the person's support needs demonstrably exceeds the funding associated with the currently authorized tier of residential habilitation.

The Request for Single Case Agreement – Residential Habilitation form (Attachment A) must be used to request a SCA and must be accompanied by documents which support the need for the additional funding. This form can be found on the DDSN Application Portal > Business Tools > Forms > Directives – 700 Series.

When an initial request for a SCA is made by the residential habilitation provider, the request and supporting documentation must be submitted to DDSN for an initial programmatic and fiscal review. Documentation must be submitted to DDSN via encrypted email to [SCARequest@ddsn.sc.gov](mailto:SCARequest@ddsn.sc.gov). Based on this review, DDSN will determine if the request clearly demonstrates that the cost to provide necessary care, supervision and skills training demonstrably exceeds the funding available through an appropriate tier of residential habilitation. When DDSN determines that additional funding is sufficiently justified and warranted, a recommendation for approval will be made to SCDHHS. Final decisions regarding all single case agreements will be made by SCDHHS; only SCDHHS may issue SCAs.

### **B. Approval Period and Expiration of SCA**

The maximum approval period for a SCA is one (1) year. A SCA may be issued for less than one (1) year when deemed appropriate based on the circumstances which warranted the issuance of the SCA. SCAs will automatically expire unless approval for continuation is granted prior to the expiration date of the current approval. Upon expiration of the SCA without continued approval, the additional funding awarded through the SCA will end, but the authorized tier of residential habilitation will continue.

### **C. Requests for Continuation**

The Request for Single Case Agreement – Residential Habilitation form (Attachment A) must be submitted prior to the expiration of the current SCA in order for the SCA to continue. The completed Request for Single Case Agreement – Residential Habilitation form (Attachment A)

must be accompanied by documentation which supports the justification of the continued need for the additional funding. The Request for Single Case Agreement form can be found on the DDSN Application Portal > Business Tools > Forms > Directives 700 Series.

#### D. Documenting Need for SCAs

In order for a SCA to be issued, the cost to support the person through residential habilitation must demonstrably exceed the rate established for the tier of residential habilitation for which the person is or can be authorized. When the additional costs will be incurred because additional staff support is necessary, the costs must be calculated in consideration of the entire residential setting in which the person receives or may receive services. Requests must include detailed information about the costs that exceed or are projected to exceed the established rate.

Examples:

- The tier of residential habilitation available to the person is High Management. However, the person can only be successfully supported in a single-occupancy setting with two (2) staff present 16 hours per day and one (1) staff person present eight (8) hours per day. Employment and Day Services are contraindicated for this person.
- The tier authorized for residential habilitation is Tier 3. The person requires medications twice daily that are given or held based on assessment (nursing judgement); therefore, nursing services are required when those medications are administered. Two (2) hours daily, seven (7) days weekly of nursing services are required for this person to be successful. The additional funding needed for these services is \$80.00 per day/\$29,200 per year.
- The tier authorized for residential habilitation is Tier 3. The person will be discharged from a DDSN Regional Center (Intermediate Care Facilities for Individuals with Intellectual Disabilities {ICF/IID}), but requires significant direct (hands-on) support from another to complete activities of daily living including personal hygiene (bathing, grooming), dressing, eating, and maintaining continence. Significant support is needed from staff for the completion of instrumental activities of daily living, and frequent staff intervention is required maintain meaningful engagement in recreational or leisure activities.

For initial requests, in addition to a completed Request for Single Case Agreement – Residential Habilitation form (Attachment A), documentation to support any assertions made must be submitted. This documentation should be specific to the assertions made and may include, but not be limited to:

- Documentation of problem behavior; police incident reports; court records
- Documentation showing that the person's or others' health and/or safety are at imminent risk of serious harm without enhanced services

- Service/support plans from other service providers and progress reports
- Physical health reports; psychiatric reports; hospital discharge reports
- Assessment data showing the degree and frequency of support required
- Proposed schedule for additional staff support and associated costs required to meet participant needs above the tier of residential habilitation available to the person. Documentation should also include the current/typical staffing pattern of the home as well as the staffing pattern to which the provider will adhere upon approval of the SCA.
- When the support needs of a person who is receiving residential habilitation increases, documentation of the interventions that have been tried or considered. Examples include, but may not be limited to, effective behavior support plans, participant compatibility adjustments, participant activity/scheduling enhancement/adjustment, technology (e.g. door alarms, GPS tracking devices), 1:2 enhanced staffing is attempted prior to 1:1 staffing.

For requests for continuation, in addition to a completed Request for Single Case Agreement – Residential Habilitation form (Attachment A), a completed SCA Certification of Service Delivery form (Attachment B) must be submitted. Additionally, documentation, including evidence of the provision of the additional supports for which the initial SCA was issued and the person’s response to those supports must be submitted. Examples include, but are not limited to:

- Evidence that the level of staffing approved per the SCA was actually delivered
- Evidence that interventions to address problem behavior were developed and implemented
- Evidence that a nurse licensed by the State administered medications requiring nursing judgement or performed the skilled nursing tasks
- Written description of efforts to and/or results of fading enhanced services.

#### E. Documentation Requirements for Approved Residential Habilitation Enhanced Services

Documentation must be maintained by the residential habilitation provider and made available at the time of contract compliance review. DDSN’s Quality Assurance/Quality Improvement (QA/QI) contractor will review documentation that demonstrates the implementation of the supports/interventions for which the SCA was issued. Examples of the documentation which may be required include, but may not be limited to:

- The person’s plan specifically reflects the level of supervision required by the person.

- Staff schedules which reflect the fulfillment of the required supervision levels of the person.
- Documentation that the staff scheduled actually were present and delivered the level of supervision required.
- Documentation that a licensed nurse delivered the medication and/or performed the skilled nursing tasks.

F. Documentation of Approval or Denial and Billing

When a SCA will be issued, SCDHHS will prepare a Memorandum of Understanding (MOU) between the residential habilitation provider and SCDHHS. The MOU must be signed by the residential habilitation provider and returned to SCDHHS. The MOU will not be executed until the MOU is signed and returned to SCDHHS.

The case manager for the person for whom a SCA is issued must plan for and authorize the appropriate tier of residential habilitation to the residential habilitation provider.

The residential habilitation provider will bill Medicaid for the authorized residential habilitation services delivered. This billing may be via the SCDHHS WebTool or via Therap. NOTE: Approved additional funding must be invoiced separately.

To bill for and receive payment for the additional funding, the residential habilitation provider must follow the instructions for claims submission outlined in the MOU. NOTE: residential habilitation is billed separately from any approved additional funding.

When a request for a SCA is denied, the person, his/her case manager, and/or his/her residential habilitation provider will be notified in writing of the denial and provided with information for requesting reconsideration of the decision.

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Barry D. Malphrus  
Vice Chairman

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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: Request for Single Case Agreement Residential Habilitation  
Attachment B: Single Care Agreement Certification of Service Delivery

**Request for Single Case Agreement  
Residential Habilitation**

Type of Request:     Initial         Continuation

Name of Person: \_\_\_\_\_

Medicaid ID Number: \_\_\_\_\_

Residential Habilitation Model (*current or proposed*): \_\_\_\_\_

Residential Habilitation Provider (*if known*): \_\_\_\_\_

Current tier of Residential Habilitation (*approved or authorized*): \_\_\_\_\_

Established rate for the tier of Residential Habilitation (*without SCA*): \_\_\_\_\_

If this is an initial request, indicate the amount of funding per daily unit being requested:

\_\_\_\_\_

If this request is for a continuation, indicate the current amount of funding per daily unit covered by the SCA:

\_\_\_\_\_

Indicate the nature of the additional support's services for which the SCA is needed:

Additional staff support (must provide specific current and/or proposed staffing schedules which highlight the additional staffing for which SCA is requested or has been approved)

1 to 1 staff support (must specifically define 1:1 {within arm's length, within same room, etc.} and must provide staffing schedule highlighting the 1:1 staffing coverage)

Professional services (e.g., nursing, dietician, IBI, etc.)

Single occupancy environment

Other: Describe: \_\_\_\_\_

**SINGLE CASE AGREEMENT  
CERTIFICATION OF SERVICE DELIVERY**

I HEREBY CERTIFY THAT THE SERVICES OR INTERVENTIONS FOR WHICH A SINGLE CASE AGREEMENT WAS ISSUED ON BEHALF OF THE PERSON NAMED BELOW WERE PROVIDED AND ARE PROPERLY DOCUMENTED.

Name of Participant: \_\_\_\_\_

I FURTHER CERTIFY THAT THE ADDITIONAL FUNDING OF \$ \_\_\_\_\_ PER UNIT OF RESIDENTIAL HABILITATION - \_\_\_\_\_ (*TIER OF RES HAB*) \_\_\_\_\_ WAS USED FOR THE PURPOSES INTENDED AND IS ACCOUNTED FOR PROPERLY.

\_\_\_\_\_  
Executive Director/CEO (*Printed Name*)

\_\_\_\_\_  
Executive Director/CEO Signature

\_\_\_\_\_  
Residential Habilitation Provider (*Agency Name*)

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