

From: [Linguard, Christie](#)
Subject: Meeting Notice - The Commission of the SCDDSN - Policy Committee Meeting - July 12, 2022
Date: Friday, July 8, 2022 12:22:02 PM
Attachments: [July 12 2022 Policy Committee Meeting Packet.pdf](#)

Everyone,

The South Carolina Commission on Disabilities and Special Needs will hold an in-person Policy Committee meeting on Tuesday, July 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 <https://ddsn.sc.gov>.

Please see the attached meeting agenda and handouts for the Policy Committee Meeting.

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

Thank you.

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

July 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 June 14, 2022 Meeting (TAB 1, pg. 1-2)
6. 800-07-DD: South Carolina Commission on Disabilities and Special Needs Committee Procedures (TAB 2, pg. 3-8)
7. Old Business: (TAB 3)
 - A. 100-30-DD: Eligibility Determination (pg. 9-25)
 - B. 535-11-DD: Appeal and Reconsideration of Decision (pg. 26-37)
 - C. 567-04-DD: DDSN Approved Crisis Prevention Curricula List and Curriculum Approval Process (pg. 38-43)
 - D. 600-05-DD: Behavior Supports, Psychotropic Medications and Prohibited Practices (pg. 44-72)
 - E. 300-04-DD: Maintenance of Physical Plant (pg. 73-75)
 - F. 300-05-DD: Maintenance Management Contract Requirements for Community Residential Homes (pg. 76-83)
8. New Business: (TAB 4)
 - A. 700-09-DD: Determining Need for Residential Services (pg. 84-102)
 - B. 700-03-DD: Informed Choice in Living Preference (Intermediate Care Facilities for Individuals with Intellectual Disabilities) (pg.103-112)
 - C. 502-01-DD: Admissions/Discharge of Individuals to/from DDSN Funded Community Residential Settings (pg. 113-117)
 - D. 502-05-DD: Waiting List (pg. 118-126)
 - E. 275-04-DD: Procedures for Implementation of DDSN Provider Audit Policy for DSN Boards (pg. 127-149)
 - F. 275-06-DD: Procedures for Implementation of DDSN Audit Policy for Contracted Service Providers (pg. 150-167)
9. Adjournment – Next Meeting August 9, 2022

MEETING SUMMARY OF THE POLICY COMMITTEE
Commission of the South Carolina Department of Disabilities and Special Needs
3440 Harden Street Extension
Columbia, South Carolina
June 14, 2022

DRAFT

IN ATTENDANCE: Chairman, Barry Malphrus; Commissioner Eddie Miller; Commissioner David Thomas
Dr. Michelle Fry, Lori Manos, Erin Oehler, Carolyn Benzon, Harley Davis, Ann Dalton, PJ
Perea, 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 May 11, 2022 Meeting

Chairman Malphrus requested committee members to adopt the summary notes.

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

3. New Business:

A. 567-04-DD: DDSN Approved Crisis Prevention Curricula List and Curriculum Approval Process

Staff presented to the Committee to provide additional clarification. As there were no objections, the directive will be sent for external review and will be brought back to the Committee at the next meeting for discussion to forward the directive to the full Commission for approval and signing.

B. 600-05-DD: Behavior Support, Psychotropic Medications and Prohibited Practices

Staff presented to the Committee to provide additional clarification. After a brief overview, staff were asked to make several changes before submitting for external review. The directive will be brought back to the Committee at the next meeting for discussion to forward the directive to the full Commission for approval and signing.

C. 100-30-DD: Eligibility Determination

Staff presented to the Committee. As there were no objections, the directive will be sent for external review and will be brought back to the Committee at the next meeting for discussion to forward the directive to the full Commission for approval and signing.

D. 535-09-DD: Research Involving DDSN Resources and/or Persons Receiving Services from or Staff Employed by DDSN – Review and Approval

Staff presented to the Committee to mark as obsolete. As there were no objections, the directive will be brought to the full Commission for approval to deem obsolete in conjunction with 100-30-DD and 535-11-DD after external review.

E. 535-11-DD: Appeal and Reconsideration of Decisions

Staff presented to the Committee. As there were no objections, the directive will be sent for external review and will be brought back to the Committee at the next meeting for discussion to forward the directive to the full Commission for approval and signing.

4. Old Business:

A. 104-01-DD: Certification and Licensure of DDSN Residential and Day Facilities

Chairman Malphrus stated the definitions were good and asked that this directive be placed in new Commissioner information packets. As there were no objections, the directive will be brought to the full Commission for approval and signing.

B. 104-03-DD: DDSN Contract Compliance/Quality Assurance Reviews for Non-ICF/IID Programs

Chairman Malphrus stated he would like the directive revisited in either November/December regarding whether sanctions were warranted. As there were no objections, the directive will be brought to the full Commission for approval and signing.

C. 275-01-DD: Missing Property Reporting

Chairman Malphrus stated he would like to revisit this directive at a later date regarding P-Cards (200-02-DD: Financial Management of Personal Funds). As there were no objections, the directive will be brought to the full Commission for approval and signing.

D. 535-02-DD: Human Rights Committee

Chairman Malphrus stated the directive looked good and as there were no objections, the directive will be brought to the full Commission for approval and signing.

E. 603-02-DD: Employee Health Requirements

The directive was returned to the Committee after Chairman Rawlinson requests regarding a particular sentence. The sentence in question was removed. As there were no objections, the directive will be brought to the full Commission for approval and signing.

4. Status Update on Directives Referred to Staff

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

367-11-DD: Telephone Policy.

Per Chairman Malphrus' request a change will be made to the directive before being presented to the full Commission for approval and signing.

200-12-DD: Management of Funds for Individuals Participating in Community Residential Programs

Staff anticipate having the directive ready for public comment shortly and hope to have it ready to present to the Commission at the July meeting.

6. Adjournment

The next meeting will take place on July 12, 2022.

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
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Barry D. Malphrus
Vice Chairman
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Eddie L. Miller
Stephanie M. Rawlinson
David L. Thomas

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Reference Number:	800-07-CP
Title of Document:	South Carolina Commission on Disabilities and Special Needs Committee Procedures
Date of Issue:	January 21, 2021
Effective Date:	January 21, 2021
Last Review Date:	January 21, 2021
Date of Last Revision:	January 21, 2021 (NEW)

PURPOSE:

The purpose of this Commission Policy is to provide a standing committee framework to include meeting frequency, committee scope and procedures. This policy pertains to the Finance and Audit Committee, Legislative Committee, Personnel Committee and Policy Committee.

COMMITTEE MEETING FREQUENCY:

The South Carolina Commission on Disabilities and Special Needs (DSN Commission) committees, in coordination with the respective committee chairpersons, will determine the meeting frequency as determined by the workflow volume of the standing committee.

COMMITTEE SCOPE:

Finance and Audit Committee:

The Committee provides assistance to the Commission in fulfilling its oversight responsibilities relating to budgeting, accounting and financial reporting processes, and the performance of the internal audit function. The Committee will oversee South Carolina Department of Disabilities and Special Needs (DDSN) management processes and activities relating to:

- a. Maintaining the reliability and integrity of DDSN accounting policies, financial reporting practices, and internal controls;
- b. Review significant accounting and reporting developments and issues;

- c. The performance and work plan of the internal audit function in accordance with DDSN Directive 275-05-DD: General Duties of the DDSN Internal Audit Division;
- d. Compliance with applicable laws, regulations, and DDSN directives;
- e. Review and approval of the annual operating and capital budgets, as well as any amendments;
- f. Analyzing financings and capital transactions being considered by DDSN and the adequacy of its capital structure;
- g. Review of DDSN fiscal related directives; and
- h. Review of DDSN fiscal regulatory and oversight reports.

The Committee also provides an open avenue of communication between DDSN management, Internal Audit, and the Commission.

Consistent with the annual audit plan, the Committee has the authority to conduct or authorize investigations into any matters within its scope of responsibility. Inquiry and briefings on all significant financial matters along with related presentations and motions for full Commission approval originate from the Committee.

Legislative Committee:

The DSN Commission Legislative Committee initiates, reviews and revises new and existing state statutes and regulations to bring to the full DSN Commission. Formal, prescribed state level promulgation procedures are followed. The Legislative Committee also reviews and approves for full Commission approval pertinent directives referred from the Policy Committee. Lastly, the Committee receives inquiries and briefings on all significant legislative issues and carries forward to the full Commission motions, approvals and presentations.

Personnel Committee:

The Personnel Committee appoints the State Director. It also serves to draft and complete the State Director's annual evaluation.

Policy Committee:

Commission Policy 800-03-CP, "Executive Limitation Policy," sets forth the retention of DSN Commission 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 to the full DSN Commission.

The Policy Committee will determine the proper review process for all existing, and newly proposed, Commission Policies, Department Directives and Service Standards using three options, which are:

- 1) The Policy Committee retains the Policy/Directive/Standard for exclusive review and makes a recommendation(s) to the DSN Commission;
- 2) The Policy Committee refers the Policy/Directive/Standard to another DSN Committee due to pertinent subject matter and then this other DSN Committee makes a recommendation(s) to the DSN Commission; and

- 3) The Policy Committee delegates lower risk directives/standards for review by the State Director and the State Director makes a recommendation(s) to the DSN Commission.

COMMITTEE PROCEDURES:

Committee procedures are developed by the individual committees, voted upon at the committee level and presented for approval of the full DSN Commission. Annual review and updating of these procedures is suggested each July or when a new Committee Chair is assigned. These procedures are attached to this directive.

Barry D. Malphrus
Vice Chairman

Gary C. Lemel
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: Finance and Audit Committee Procedures
Attachment B: Legislative Committee Procedures
Attachment C: Personnel Committee Procedures
Attachment D: Policy Committee Procedures

**DSN Commission Policy Committee
Procedure for Review of Policies, Directives and Standards
Commission Approved February 17, 2022**

This document sets forth the procedure to be used by the Policy Committee of the South Carolina Commission on Disabilities and Special Needs (DSN Commission) for the review and approval of approximately 180 DSN Commission Policies, Departmental Directives and Standards governing services funded by the agency.

I. SCOPE:

Approved Commission Policies, Departmental Directives and Standards shall, at a minimum, be reviewed every four (4) years to ensure the content remains current and applicable. Human Resource Directives are exempt from this requirement except those directives identified by the Policy Committee Chairman as necessary for Commission review. All policies, directives and standards are available on the DDSN website. The website, at all times, provides an avenue for public comment on the policies, directives and standards. Public comments regarding policies, directives and standards under external review will only be accepted in written form and during the defined public comment period. It is DDSN's intent to solicit feedback/input from all entities affected by the directives/standards; however, in rare cases the 10 business day period may not occur due to extenuating circumstances.

II. PROCEDURE FOR REVIEW OF COMMISSION POLICIES, DEPARTMENTAL DIRECTIVES AND SERVICE STANDARDS:

- A. In accordance with Department Directive 100-01-DD: Electronic Communications System, when a policy, directive or standard is under external review, it will be posted on the website in a section entitled "External Review/Public Comment on Directives and Standards." A list of Department Directives and Standards due for external review during the fiscal year will be considered by the Policy Committee semi-annually (on or around July 1 and January 1) and adjusted as determined by the Committee. These directives and standards will then be placed on the website (External Review/Public Comment on Directives and Standards) to include a description as to the applicable groups (e.g., provider types).
- B. All Commission Policies will remain within the Policy Committee for review and updating. When the Policy Committee review is completed, a version including all recommended changes will be presented to the DSN Commission for approval. Following approval, the Policy will be posted on the DDSN Website in the "Current DDSN Directives" section.
- C. In coordination with the Policy Committee Chairperson, the Commission, DSN Committees or staff may request review and re-prioritization of a policy, directive or standard. Upon a vote of the full Commission, a policy, directive or standard may also be

directed to another DSN Commission Committee. For each Directive or Standard the Committee will decide if they will:

- Undertake a review;
- Direct to other committees for review; or
- Delegate to staff. Directives and Standards delegated to staff will be presented to the full Commission for final approval.

III. REVIEW AND APPROVAL OF COMMISSION POLICIES, DEPARTMENTAL DIRECTIVES AND SERVICE STANDARDS:

A. Committee Undertakes a Review of a Directive or Standards:

The directive/standard is reviewed by staff who will make recommendations regarding the document. A draft version, including staff recommendations, will be posted to the website and the public will have 10 business days to review and submit comments (see Directive 100-01-DD: Electronic Communications System).

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

After the 10 business day public review period, staff will consider each comment; make additional changes as needed to the Directive or Standards; and present the Directive or Standards to the Policy Committee. The committee members may request additional changes and will determine which changes will be accepted based on the comments as well as staff recommendations.

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

B. Committee Directs to Another Committee for Review of Directive or Standards:

When the Policy Committee directs a Directive or Standards to another DSN Commission Committee for review, the procedures outlined in the section entitled, "Committee Undertakes a Review" (III. A) of this document will be followed by the directed Committee including reaching consensus and presenting to the DSN Commission for approval.

Following approval, the document will be posted on the DDSN website under "Current DDSN Directives" or "Current DDSN Standards."

C. Committee Delegates Review of a Directive or Standards to Staff:

When the Committee delegates to staff for revision, public comment and approval, staff will make recommendations regarding the document. A draft version including staff recommendations will be posted to the website and the public will have 10 business days to review and submit comments (see Directive 100-01-DD: Electronic Communications System).

After the 10-business day public review period, staff will consider each comment and make additional changes to the Directive or Standards. When comments have been considered and changes made, the document will be presented to the full Commission for final approval.

D. Obsolete Policies/Directives/Standards:

When the Committee determines directives shall be declared Obsolete, a master list will be maintained and the Chairman and Vice-Chairman will sign after voting by the full Commission.

E. Meeting Summary Notes:

The Committee will review and adopt the summary of the previous meeting notes at its next scheduled meeting. It should be noted, these are not considered minutes, as minutes are not required by a sub-committee. Accordingly, they are only a summary of the meeting.

IV. NEW DEPARTMENTAL DIRECTIVES OR SERVICE STANDARDS:

When a new Departmental Directive or Service Standard is created, the staff will advise the Policy Committee of the need for the document, seek approval to post as a draft for public comment, and ask for a decision regarding whether the Committee will:

- Undertake a review;
- Direct to another committee for review; or
- Delegate to staff. Directives and Standards delegated to staff will be presented to the full Commission for final approval.

Based on the decision by the Policy Committee, the document will follow the procedure outlined above for Directives or Standards being reviewed.

V. CHANGES TO OTHER DOCUMENTS HAVING THE EFFECT OF POLICY:

When substantive changes to other documents having the effect of policy (e.g., HCBS Waiver amendments, HCBS Waiver Manual) are needed, a summary of the needed changes will be presented to the Policy Committee for advisement. As a result of the advisement, the Committee will specify the additional actions, if any, to be taken.

Reference Number: 100-30-DD

Title Document: Eligibility Determination

Date of Issue: November 7, 2008 (Created from Existing Policy)

~~Effective Date: November 7, 2008~~

~~Last Review Date: March 14, 2018~~

Date of Last Revision: ~~March 14, 2018~~ XXXX, 2022 (REVISED)

Effective Date: ~~November 7, 2008~~ XXXX, 2022

Applicability: DDSN Eligibility Division, Intake Providers

INTRODUCTION

The following Departmental Directive sets forth the policy, process and procedures used in the determination of eligibility for services and supports through the South Carolina Department of Disabilities and Special Needs (DDSN).

Criteria designated within South Carolina Code of Laws indicate seven (7) different categories of eligibility under the authority of DDSN:

Intellectual Disability (n/k/a, Intellectual Developmental Disorder) (ID);
Related to Intellectual Disability (RD);
High Risk Infant;
Autism Spectrum Disorder (ASD);
Head Injury (i.e., Traumatic Brain Injury); (TBI); Spinal Cord Injury (SCI); and
Similar Disability (SD).

Some individuals may meet DDSN eligibility criteria under more than one (1) category. In such situations, DDSN will consider which category will offer the most appropriate resources and service models to address the needs of the particular person. Individuals with primarily medical

conditions such as Diabetes, Hypertension, Multiple Sclerosis, Parkinson's Disease, Cancer, etc., will not necessarily meet DDSN eligibility criteria under any category. To be determined eligible, the criteria described herein must be met.

DDSN services are available to those who meet the specific criteria described herein and meet residency requirements in at least one of the following categories:

1. The applicant or his spouse, parent, with or without legal custody, or legal guardian is domiciled in South Carolina.
2. The applicant or his/her spouse, parent, with or without legal custody, or legal guardian lives outside South Carolina, but retains legal residency in this State and demonstrates to DDSN's satisfaction his/her intent to return to South Carolina.
3. The applicant or his spouse or parent, with or without legal custody, or legal guardian is a legal resident of a state which is an active member of the Interstate Compact on Mental Health and qualifies for services under it.

Eligibility for DDSN services is determined in ~~three~~ four (~~3~~4) phases. Those phases are:

1. screening,
2. intake,
3. determination of eligibility, and
4. notification of Decision and Right to Appeal.

~~Based on the category in which the applicant is likely to qualify or the age of the applicant, the required phases may vary. For that reason, the remainder of this document is organized as follows:~~

~~I. — SCREENING~~

- ~~A. — Children less than two (2) years, 11 months of age.~~
- ~~B. — Applicants older than two (2) years, 11 months of age applying under the category of ID, RD, or ASD.~~
- ~~C. — Applicants older than two (2) years, 11 months of age applying under the category of TBI, SCI or both or SD.~~

~~II. — INTAKE~~

- ~~A. — Children less than two (2) years, 11 months of age.~~
- ~~B. — Applicants older than two (2) years, 11 months of age applying under the category of ID, RD, or ASD.~~
- ~~C. — Applicants older than two (2) years, 11 months of age applying under the category of TBI, SCI or both or SD.~~

III. DETERMINATION OF ELIGIBILITY

- A. ~~Intellectual Disability~~
- B. ~~Related Disability~~
- C. ~~High Risk Infant~~
- D. ~~Autism Spectrum Disorder~~
- E. ~~Head and Spinal Cord Injury and Similar Disability~~

IV. NOTIFICATION OF DECISION AND RIGHT TO APPEAL

I. SCREENING

Screening is used to ensure that those interested in DDSN services are likely to qualify under one of the eligibility categories established by the South Carolina Code of Laws. During screening, questions are asked of the applicant or someone who knows the applicant well in order to identify those who are likely eligible from those with other non-qualifying disabilities. If an individual's needs may be met by another entity, he/she will be referred elsewhere.

A. Children less than two (2) years, 11 months of age

~~BabyNet is South Carolina's interagency early intervention system for infants and toddlers under three years of age with developmental delays, or who have conditions associated with developmental delays. BabyNet is funded and regulated through the Individuals with Disabilities Education Act, and managed through South Carolina Department of Health and Human Services. Therefore, if a child is less than two (2) years, 11 months of age, the child must be referred to BabyNet before any referral to DDSN can be processed.~~

~~If a child who is less than two (2) years, 11 months of age is receiving Early Intervention services through BabyNet from a DDSN-qualified provider, screening is not required.~~

~~If a child who is less than two (2) years, 11 months of age is receiving Early Intervention services through BabyNet from an Early Intervention provider that is not affiliated with DDSN, the child will be screened using the process outlined in under section II., B. of this document.~~

~~Note: When determined eligible for DDSN services, children who are less than two (2) years, 11 months of age are typically eligible under the category of High Risk Infant. By definition, the High Risk Infant category may only be applied to children who are less than 36 months of age. Therefore, except when in pursuit of DDSN eligibility under the ASD category, children who reach 37 months of age and have not been determined eligible for DDSN services under a category other than High Risk Infant will be closed.~~

B. ID, RD, ASD and for Applicants 2 years, 11 Months of Age or older

The applicant, his/her legal guardian or someone familiar with the applicant must call DDSN's call center at 1-800-289-7012 to answer questions about the applicant.

If determined by the responses to the questions that the applicant is not likely to be eligible for services (i.e., they are screened out), the applicant/legal guardian will be informed of other community resources or providers from whom assistance may be sought.

If determined by the responses to the questions to likely be eligible for services (i.e., screened in) in the categories of Intellectual Disability (ID), ~~or~~ Related Disability (RD), High-Risk Infant/At Risk Child, Traumatic Brain Injury (TBI), Spinal Cord Injury (SCI) or Similar Disability (SD), the screener will refer the applicant to the provider of their choosing for Intake.

If determined by the responses to the questions to likely be eligible for services (i.e., screened in) in the category of Autism Spectrum Disorder, the screener will refer the applicant to the DDSN Autism Division for Determination of Eligibility.

~~C. — TBI, SCI, or both or SD~~

~~The applicant, his/her legal guardian or someone familiar with the applicant must call DDSN's call center at 1-800-289-7012 to answer questions about the applicant.~~

~~If determined by the responses to the questions that the applicant is not likely to be eligible for services (i.e., they are screened out), the applicant/legal guardian will be informed of other community resources or providers from whom assistance may be sought.~~

~~If determined by the responses to the questions to likely be eligible for services (i.e., screened in) in the categories of TBI, SCI or both or SD, the screener will refer the applicant to the provider of their choosing for Intake.~~

II. INTAKE

Intake is defined as the collection and submission of an accurate and complete set of documents in order for DDSN to determine if the applicant is eligible for DDSN services. The document set includes a properly executed "Permission to Evaluate" form; the current, appropriate psychological, medical, social, and/or educational records/reports required in order for DDSN eligibility to be determined.

~~A. — Children less than two (2) years, eleven (11) months of age~~

For children who have a diagnosis, as recognized by the Individuals with Disabilities Education Act (IDEA) Part C program (BabyNet) Established Risk Condition List, confirmed by a medical professional and are actively receiving Early Intervention services through Baby Net, Intake will be conducted in one of the two following ways:

1. For a child who is actively receiving Early Intervention services through BabyNet from a DDSN-qualified provider, the DDSN-qualified Early Intervention provider may begin Intake for the child when the child's legal guardian so requests. "Actively receiving" is defined as having received Early Intervention services within six (6) months prior to the

submission of the set of Intake documents. Intake ends when the accurate and complete set of documents is submitted to DDSN for Determination of Eligibility.

2. For a child who is actively receiving Early Intervention services through BabyNet, but not from a DDSN-qualified provider, Intake begins when the child is determined to likely be eligible for services (i.e., screened in) under the ID or RD category and the child’s legal guardian either:

a) Chooses to personally collect and submit the complete set of documents needed to determine eligibility to DDSN; or

b) Chooses a DDSN-qualified Intake provider to collect and submit the complete set of documents to DDSN on behalf of the applicant.

~~For a child who is actively receiving Early Intervention services through BabyNet from a DDSN-qualified provider, the DDSN-qualified Early Intervention provider may begin Intake for the child when the child’s legal guardian so requests. “Actively receiving” is defined as having received Early Intervention services within six (6) months prior to the submission of the set of Intake documents. Intake ends when the accurate and complete set of documents is submitted to DDSN for Determination of Eligibility.~~

~~For a child who is actively receiving Early Intervention services through BabyNet, but not from a DDSN-qualified provider, Intake begins when the child is determined to likely be eligible for services (i.e., screened in) under the ID or RD category and the child’s legal guardian either:~~

~~• Chooses to personally collect and submit the complete set of documents needed to determine eligibility to DDSN; or~~

~~• Chooses a DDSN-qualified Intake provider to collect and submit the complete set of documents to DDSN on behalf of the applicant.~~

Intake ends when the complete set of documents is submitted to DDSN.

When a child who is actively receiving Early Intervention services through BabyNet, but not from a provider that is not affiliated with DDSN, has been determined to likely be eligible for services (i.e., screened in) under the ASD category, Intake is not required.

~~B. ID, RD, ASD and for Applicants 2 years, 11 Months of Age or older~~

For applicants determined to likely be eligible for services (i.e., screened in) under the categories of ID or RD, TBI, SCI or both or SD, Intake begins when the applicant/legal guardian either:

1. Chooses to personally collect and submit the complete set of documents needed to determine eligibility to DDSN; or

2. Chooses a DDSN-qualified Intake provider to collect and submit the complete set of documents to DDSN on behalf of the applicant.

Intake ends when the accurate and complete set of documents is submitted to DDSN for Determination of Eligibility.

For applicants determined to likely be eligible for services (i.e., screened in) under the category of ASD, Intake is not required.

~~C.~~ TBI, SCI, or both or SD

~~For applicants determined to likely be eligible for services (i.e., screened in) under the categories of TBI, SCI or both or SD, Intake begins when the applicant/legal guardian either:~~

- ~~• Chooses to personally collect and submit the complete set of documents needed to determine eligibility to DDSN; or~~
- ~~• Chooses a DDSN-qualified Intake provider to collect and submit the complete set of documents to DDSN on behalf of the applicant.~~

~~Intake ends when the accurate and complete set of documents is submitted to DDSN for Determination of Eligibility.~~

III. DETERMINATION OF DDSN ELIGIBILITY

In accordance with S.C. Code Ann. § 44-20-390 - 430 (2018), no individual believed to have Intellectual Disability, a Related Disability, Head Injury, Spinal Cord Injury, Similar Disability or Autism Spectrum Disorder may be admitted to the services of DDSN until he/she has been determined eligible by DDSN on the basis of acceptable data to have Intellectual Disability, a Related Disability, Head Injury, Spinal cord Injury, Similar Disability or Autism Spectrum Disorder unless he/she is an infant at risk of a developmental disability and in need of DDSN services. The Determination of Eligibility for DDSN services is made by DDSN ~~using the accurate and complete set of documents collected and submitted as part of Intake or appropriate testing which confirms the presence of ASD~~ following the procedures outlined in S.C. Code Regs. § 88-505-520 (2022).

~~The criteria for DDSN eligibility are:~~

~~A.~~ Intellectual Disability

Definition

~~S.C. Code Ann. § 44-20-30 (2018) defines “Intellectual Disability” as significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period.~~

Diagnostic Criteria

~~DDSN evaluates referred individuals in accordance with the definition of Intellectual Disability outlined in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders Fifth Edition, (DSM-5).~~

~~Intellectual Disability refers to substantial limitations in present functioning. Diagnosis of Intellectual Disability based on the DSM-5 definition requires the following three (3) criteria be met:~~

- ~~1. Significantly sub-average intellectual functioning; an IQ of approximately 70 or below on an individually administered intelligence test (for infants, a clinical judgment of significantly sub-average intellectual functioning); and~~
- ~~2. Concurrent deficits in present overall adaptive functioning (i.e., the person's effectiveness in meeting the standards expected for his/her age by his/her cultural group) with deficits in at least two (2) of the following adaptive skills areas:~~
 - ~~• communication,~~
 - ~~• self care,~~
 - ~~• home living,~~
 - ~~• social/interpersonal skills,~~
 - ~~• use of community resources,~~
 - ~~• self direction,~~
 - ~~• functional academic skills,~~

 - ~~• work,~~
 - ~~• leisure,~~
 - ~~• health, and safety; and~~
- ~~3. The onset of Intellectual Disability is prior to age 22.~~

~~There must be concurrent deficits in intellectual and adaptive functioning that fall approximately two (2) or more standard deviations below the mean (approximately 70 or below) on standardized measures in order to meet criteria for diagnosis of Intellectual Disability. However, a score of 70 on any intelligence and/or adaptive test does not equate to a diagnosis of Intellectual Disability.~~

~~DDSN relies on qualified testing providers to administer psychological testing to applicants. This includes testing conducted by school psychologists and other professionals who regularly administer psychological tests to persons with disabilities. The tests are then analyzed by the DDSN Eligibility Division to determine if they are reliable and valid, and to determine whether they are consistent with other psychological tests, school records including academic achievement scores, placement in special education and Individualized Education Plan (IEP) data, medical reports, psychiatric and mental health records, family history, and other pertinent information. In order to ensure the reliability and validity of the tests administered to applicants,~~

~~only standardized measures are used to determine if criteria for Intellectual Disability are met. Therefore, DDSN maintains a list of all approved psychometric tests that must be used for eligibility purposes.~~

~~In the event that assessment results are unavailable or updated assessment information is needed, DDSN will contact the intake provider to assist in coordinating for testing to take place at a location convenient to the applicant.~~

~~B. — Related Disability~~

~~Definition and Diagnostic Criteria~~

~~S.C. Code Ann. § 44-20-30 and 42 CFR 435.1009 defines eligibility for DDSN services under “Related Disability” as follows:~~

~~A severe, chronic condition found to be closely related to Intellectual Disability or to require treatment similar to that required for persons with Intellectual Disability and must meet all four (4) of the following conditions:~~

- ~~1. — It is attributable to cerebral palsy, epilepsy, or any other condition other than mental illness found to be closely related to Intellectual Disability because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with Intellectual Disability and requires treatment or services similar to those required for these persons; and~~
- ~~2. — The Related Disability is likely to continue indefinitely; and~~
- ~~3. — It results in substantial functional limitations in three (3) or more of the following areas of major life activity:
 - ~~• — Self care,~~
 - ~~• — Understanding and use of language,~~
 - ~~• — Learning,~~
 - ~~• — Mobility,~~
 - ~~• — Self direction,~~
 - ~~• — and Capacity for Independent Living; and~~~~
- ~~4. — The onset is before age 22 years.~~

~~DDSN relies on qualified testing providers to administer psychological testing to applicants. This includes testing conducted by school psychologists and other professionals who regularly administer psychological tests to persons with disabilities. The tests are then analyzed by the DDSN Eligibility Division to determine if they are reliable and valid, and to determine whether they are consistent and congruent with other psychological tests, school records including academic achievement scores, placement in special education and Individualized Education Plan~~

~~(IEP) data, medical reports, psychiatric and mental health records, family history, and other pertinent information. In order to ensure the reliability and validity of the decisions made, DDSN uses standardized measures to determine if criteria for a Related Disability are met. Specifically, a standardized test of functional abilities that yields a composite score of two standard deviations or more below the mean (i.e., Composite < 70) must be met to qualify for eligibility under the Related Disability category. DDSN maintains a list of all approved psychometric tests that will be used to determine if criteria for a related condition are met.~~

~~In the event that assessment results are unavailable or updated assessment information is needed, DDSN will contact the intake provider to assist in coordinating for testing to take place at a location convenient to the applicant.~~

~~C. High Risk Infant~~

~~Definition~~

~~S.C. Code Ann. § 44-20-30 defines “high risk infant” as a child less than 36 months of age whose genetic, medical or environmental history is predictive of a substantially greater risk for a developmental disability than that for the general population.~~

~~Diagnostic Criteria~~

~~Children younger than 36 months of age are served under this category when they:~~

- ~~• Exhibit significant documented delays in three or more areas of development; or~~
- ~~• Have an approved diagnosis confirmed by a medical professional and exhibit significant documented delays in two areas of development.~~

~~This category of eligibility allows DDSN to provide services to infants and young children under 36 months in instances where the future diagnosis is not absolutely clear due to situations (genetic, environmental or medical) present at birth or manifesting themselves thereafter, including accident and injury. In such instances, eligibility may be established in a time-limited fashion until a more comprehensive and conclusive assessment can be made regarding the presence or absence of a qualifying disability (not to exceed 36 months of age). Infants and young children under 36 months are eligible to receive all DDSN services for which they qualify based on need and resource availability. Once the child turns 36 months of age, he/she must qualify for DDSN eligibility in another category, such as Intellectual Disability, a Related Disability, Autism, Traumatic Brain Injury or Spinal Cord Injury to continue to receive services from DDSN. The one exception is for those children ages three (3) to six (6) years of age eligible in the at risk category. These children may continue to receive Early Intervention services (i.e., family training and case management provided by an Early Interventionist) until further notified by the State Director. Any child 36 months of age or older whose eligibility is not updated by DDSN’s Eligibility Division by their 37th month of age must have their file closed. The child is no longer eligible to receive any service from DDSN.~~

~~D. — Autism Spectrum Disorder~~

Definition

~~DDSN uses the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5) definition of “Autism Spectrum Disorder” (i.e., ASD) which states Autism Spectrum Disorder is “persistent deficits in social communication and social interaction across multiple contexts defined by restricted, repetitive patterns of behavior, interests, or activities.”~~

Diagnostic Criteria

~~DDSN evaluates referred individuals in accordance with the definition of Autism Spectrum Disorder outlined in the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5).~~

- ~~1) — Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following three (3) criteria, currently or by history:
 - ~~a) — Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.~~
 - ~~b) — Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.~~
 - ~~c) — Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.~~~~
- ~~2) — Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two (2) of the following, currently or by history:
 - ~~a) — Stereo-typed or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).~~
 - ~~b) — Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).~~~~

- ~~c) — Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).~~
- ~~d) — Hyper or hypo reactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).~~
- ~~3) — Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).~~
- ~~4) — Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.~~
- ~~5) — These disturbances are not better explained by Intellectual Disability (intellectual developmental disorder) or global developmental delay. Intellectual Disability and Autism Spectrum Disorder frequently co-occur; to make comorbid diagnoses of Autism Spectrum Disorder and Intellectual Disability, social communication should be below that expected for general developmental level.~~

~~E. — Head and Spinal Cord Injury and Similar Disability~~

Definition

~~Under S.C. Code Ann. § 44-38-370, which establishes DDSN legislative authority for the Head and Spinal Cord Injury (HASCI) Division, a person is eligible for case management services under this article when at the time of determining eligibility the person has a severe chronic limitation that:~~

- ~~1. — Is attributed to a physical impairment, including head injury, spinal cord injury or both, or a similar disability, regardless of the age of onset, but not associated with the process of a progressive degenerative illness or disease, dementia, or a neurological disorder related to aging;~~
- ~~2. — Is likely to continue indefinitely without intervention;~~
- ~~3. — Results in substantial functional limitation in at least two (2) of these life activities:~~
 - ~~a) — Self care;~~
 - ~~b) — Receptive and expressive communication;~~
 - ~~c) — Learning;~~
 - ~~d) — Mobility;~~

- e) ~~Self direction;~~
 - f) ~~Capacity for independent living;~~
 - g) ~~Economic self sufficiency; and~~
4. ~~Reflects the person's need for a combination and sequence of special interdisciplinary or generic care or treatment or other services, which are of lifelong or extended duration and are individually planned and coordinated.~~

Diagnostic Criteria

~~S.C. Code Ann. § 44-38-20, which relates to the South Carolina Head and Spinal Cord Information System, defines head injury and spinal cord injury:~~

~~“Head injury” means an insult to the skull or brain, not of a degenerative or congenital nature, but one caused by an external physical force that may produce a diminished or altered state of consciousness, which results in impairment of cognitive abilities or physical functioning and possibly in behavioral or emotional functioning. It does not include cerebral vascular accidents or aneurysms.~~

~~“Spinal cord injury” means an acute traumatic lesion of neural elements in the spinal canal resulting in any degree of sensory deficit, motor deficit, or major life functions. The deficit or dysfunction may be temporary or permanent.~~

~~“Similar disability” is not specifically defined within South Carolina Codes of Law; however, S.C. Code Ann. § 44-38-370 states that similar disability is “not associated with the process of a progressive degenerative illness or dementia, or a neurological disorder related to aging.” There must be medical documentation and functional/adaptive assessments to substantiate that Traumatic Brain Injury, Spinal Cord Injury or Similar Disability occurred and produced ongoing substantial functional limitations. There must be documentation of pre-existing/concurrent conditions, which impact functioning.~~

IV. NOTICE OF DECISIONS AND RIGHT TO APPEAL

Following the Determination of Eligibility by DDSN, written notice of the results of the Determination will be provided to the applicant/legal guardian. If the applicant is determined to not be eligible for DDSN services, the notice will outline the basic reasons why the applicant did not meet eligibility criteria. Upon request of the applicant/legal guardian, a DDSN Eligibility Division staff member will read or explain the eligibility decision and appeal process to the applicant/legal guardian.

The notice of the decision will also include information on the applicant's right to appeal the eligibility determination and the process for doing so in accordance with S.C. Code Ann. Regs 88-705-715. As established by the SC Code of Laws, the State Director of DDSN or his/her designee has the final authority over applicant eligibility.

Eligibility information for applicants and those determined eligible is available to providers through DDSN's electronic health record system.

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<u>Vice Chairman</u>	<u>Chairman</u>

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: DDSN Intake and Eligibility Process Flow Chart

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Reference Number: 100-30-DD

Title Document: Eligibility Determination

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Applicability: DDSN Eligibility Division, Intake Providers

INTRODUCTION

The following Departmental Directive sets forth the policy, process and procedures used in the determination of eligibility for services and supports through the South Carolina Department of Disabilities and Special Needs (DDSN).

Criteria designated within South Carolina Code of Laws indicate seven (7) different categories of eligibility under the authority of DDSN:

Intellectual Disability (n/k/a, Intellectual Developmental Disorder) (ID);
Related to Intellectual Disability (RD);
High Risk Infant;
Autism Spectrum Disorder (ASD);
Head Injury (i.e., Traumatic Brain Injury); (TBI); Spinal Cord Injury (SCI); and
Similar Disability (SD).

Some individuals may meet DDSN eligibility criteria under more than one (1) category. In such situations, DDSN will consider which category will offer the most appropriate resources and service models to address the needs of the particular person. Individuals with primarily medical conditions such as Diabetes, Hypertension, Multiple Sclerosis, Parkinson's Disease, Cancer, etc., will not necessarily meet DDSN eligibility criteria under any category. To be determined eligible, the criteria described herein must be met.

DDSN services are available to those who meet the specific criteria described herein and meet residency requirements in at least one of the following categories:

1. The applicant or his spouse, parent, with or without legal custody, or legal guardian is domiciled in South Carolina.
2. The applicant or his/her spouse, parent, with or without legal custody, or legal guardian lives outside South Carolina, but retains legal residency in this State and demonstrates to DDSN's satisfaction his/her intent to return to South Carolina.
3. The applicant or his spouse or parent, with or without legal custody, or legal guardian is a legal resident of a state which is an active member of the Interstate Compact on Mental Health and qualifies for services under it.

Eligibility for DDSN services is determined in four (4) phases. Those phases are:

1. Screening;
2. Intake;
3. Determination of eligibility, and
4. Notification of Decision and Right to Appeal.

I. SCREENING

Screening is used to ensure that those interested in DDSN services are likely to qualify under one of the eligibility categories established by the South Carolina Code of Laws. During screening, questions are asked of the applicant or someone who knows the applicant well in order to identify those who are likely eligible from those with other non-qualifying disabilities. If an individual's needs may be met by another entity, he/she will be referred elsewhere.

The applicant, his/her legal guardian or someone familiar with the applicant must call DDSN's call center at 1-800-289-7012 to answer questions about the applicant.

If determined by the responses to the questions that the applicant is not likely to be eligible for services (i.e., they are screened out), the applicant/legal guardian will be informed of other community resources or providers from whom assistance may be sought.

If determined by the responses to the questions to likely be eligible for services (i.e., screened in) in the categories of Intellectual Disability (ID), Related Disability (RD), High-Risk Infant/At Risk Child, Traumatic Brain Injury (TBI), Spinal Cord Injury (SCI) or Similar Disability (SD), the screener will refer the applicant to the provider of their choosing for Intake.

If determined by the responses to the questions to likely be eligible for services (i.e., screened in) in the category of Autism Spectrum Disorder, the screener will refer the applicant to the DDSN Autism Division for Determination of Eligibility.

II. INTAKE

Intake is defined as the collection and submission of an accurate and complete set of documents in order for DDSN to determine if the applicant is eligible for DDSN services. The document set includes a properly executed "Permission to Evaluate" form; the current, appropriate psychological, medical, social, and/or educational records/reports required in order for DDSN eligibility to be determined.

For children who have a diagnosis, as recognized by the Individuals with Disabilities Education Act (IDEA) Part C program (BabyNet) Established Risk Condition List, confirmed by a medical professional and are actively receiving Early Intervention services through Baby Net, Intake will be conducted in one of the two following ways:

1. For a child who is actively receiving Early Intervention services through BabyNet from a DDSN-qualified provider, the DDSN-qualified Early Intervention provider may begin Intake for the child when the child's legal guardian so requests. "Actively receiving" is defined as having received Early Intervention services within six (6) months prior to the submission of the set of Intake documents. Intake ends when the accurate and complete set of documents is submitted to DDSN for Determination of Eligibility.
2. For a child who is actively receiving Early Intervention services through BabyNet, but not from a DDSN-qualified provider, Intake begins when the child is determined to likely be eligible for services (i.e., screened in) under the ID or RD category and the child's legal guardian either:
 - a) Chooses to personally collect and submit the complete set of documents needed to determine eligibility to DDSN; or
 - b) Chooses a DDSN-qualified Intake provider to collect and submit the complete set of documents to DDSN on behalf of the applicant.

Intake ends when the complete set of documents is submitted to DDSN.

When a child who is actively receiving Early Intervention services through BabyNet, but not from a provider that is not affiliated with DDSN, has been determined to likely be eligible for services (i.e., screened in) under the ASD category, Intake is not required.

For applicants determined to likely be eligible for services (i.e., screened in) under the categories of ID or RD, TBI, SCI or both or SD, Intake begins when the applicant/legal guardian either:

1. Chooses to personally collect and submit the complete set of documents needed to determine eligibility to DDSN; or
2. Chooses a DDSN-qualified Intake provider to collect and submit the complete set of documents to DDSN on behalf of the applicant.

Intake ends when the accurate and complete set of documents is submitted to DDSN for Determination of Eligibility.

For applicants determined to likely be eligible for services (i.e., screened in) under the category of ASD, Intake is not required.

III. DETERMINATION OF DDSN ELIGIBILITY

In accordance with S.C. Code Ann. § 44-20-390 - 430 (2018), no individual believed to have Intellectual Disability, a Related Disability, Head Injury, Spinal Cord Injury, Similar Disability or Autism Spectrum Disorder may be admitted to the services of DDSN until he/she has been

determined eligible by DDSN on the basis of acceptable data to have Intellectual Disability, a Related Disability, Head Injury, Spinal cord Injury, Similar Disability or Autism Spectrum Disorder unless he/she is an infant at risk of a developmental disability and in need of DDSN services. The Determination of Eligibility for DDSN services is made by DDSN following the procedures outlined in S.C. Code Regs. § 88-505-520 (2022).

IV. NOTICE OF DECISIONS AND RIGHT TO APPEAL

Following the Determination of Eligibility by DDSN, written notice of the results of the Determination will be provided to the applicant/legal guardian. If the applicant is determined to not be eligible for DDSN services, the notice will outline the basic reasons why the applicant did not meet eligibility criteria. Upon request of the applicant/legal guardian, a DDSN Eligibility Division staff member will read or explain the eligibility decision and appeal process to the applicant/legal guardian.

The notice of the decision will also include information on the applicant's right to appeal the eligibility determination and the process for doing so in accordance with S.C. Code Ann. Regs 88-705-715. As established by the SC Code of Laws, the State Director of DDSN or his/her designee has the final authority over applicant eligibility.

Eligibility information for applicants and those determined eligible is available to providers through DDSN's electronic health record system.

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: DDSN Intake and Eligibility Process Flow Chart



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All DDSN Divisions; DDSN Regional Centers; DSN Boards and Contract Service Providers

INTRODUCTION:

This directive establishes policies and procedures for appeal of decisions concerning eligibility for and services solely ~~state~~-funded by the South Carolina Department of Disabilities and Special Needs (DDSN), Disabilities and Special Needs Boards, and Contracted Providers. Authority for this procedure is set forth in S.C. Code Ann. § 44-26-80 (2018) relating to the rights of individuals receiving services from DDSN. ~~Additionally, this~~ **This** directive establishes the procedure for the reconsideration of decisions made by DDSN and/or its network of providers that affect the receipt of Medicaid services by Medicaid participants.

POLICY:

It is the policy of DDSN that each applicant or service recipient has the right to appeal or request reconsideration of decisions made by DDSN, DSN Boards, or Contracted Service Providers. DDSN DSN Boards, and Contracted Service Providers shall ensure that all concerns of applicants and service recipients are handled appropriately and in a timely manner.

DDSN utilizes funding appropriated by the South Carolina General Assembly to support those eligible for the agency's services. For some DDSN services, the funding appropriated by the South Carolina General Assembly is the only source of funding. However, in order to maximize the appropriated funding, DDSN also partners with the South Carolina Department of Health and Human Services (SCDHHS) to utilize Medicaid as a source of funding for services. Therefore, DDSN has final authority

over some decisions, but when Medicaid funding is used or affected, SCDHHS, the Medicaid Agency, has final authority over the decision.

DDSN has the final authority over decisions that are solely state-funded by DDSN (i.e., not funded by Medicaid) and those solely within its established authority. Appeals procedures for adverse decisions solely state-funded by DDSN are outlined in S.C. Code Reg. § 88-705-715. These procedures are outlined in Attachment C: Process for Appeal of DDSN Decisions. ~~In the context of this document those decisions will be referred to as “**DDSN Decisions**.” When an applicant or service recipient disagrees with a decision that was made by or on behalf of DDSN, the applicant or service recipient can appeal the decision to DDSN. Appeals of DDSN decisions that fall within DDSN’s purview to hear are those decisions related to eligibility for DDSN services and decisions about services that are solely funded by DDSN. **DDSN decisions** that may be appealed include, but may not be limited to:~~

- ~~• Eligibility for DDSN services~~
- ~~• Determination of Critical Needs or Placement on Residential Waiting list for people not enrolled in the Intellectual Disability/Related Disability (ID/RD) or the Head and Spinal Cord Injury (HASCI) Waiver~~
- ~~• Individual and Family Support and State Funded Respite~~
- ~~• State Funded Case Management~~
- ~~• State Funded Follow Along~~
- ~~• State Funded Community Supports~~
- ~~• Calculation of Room and Board~~

SCDHHS, the Medicaid Agency, has final authority over decisions made regarding programs and services funded by Medicaid. In the context of this document, these decisions will be referred to as “**SCDHHS decisions.**” While the final authority for Medicaid decisions rests with SCDHHS, because DDSN operates Medicaid Home and Community Based Services (HCBS) Waivers on behalf of the SCDHHS and is a provider of Medicaid-funded services, SCDHHS allows DDSN to reconsider decisions made by DDSN or its network of providers before providing a Fair Hearing to a Medicaid participant. The reconsideration by DDSN is allowed to ensure that established Medicaid policy and procedures were followed and appropriately applied when the decision was made.

SCDHHS decisions that may be reconsidered by DDSN include, but may not be limited to:

- Denial of Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) Level of Care.
- Denial of Nursing Facility (NF) Level of Care when reevaluated.
- Other:
 - Denial of Placement on an HCBS Waiver waiting list
 - Denial of ID/RD Waiver Reserved Capacity
 - Denial of HASCI Waiver Reserved Capacity
 - Denial of Community Supports (CS) Waiver Reserved Capacity
 - Denial, suspension, reduction or termination of a HCBS Waiver funded service
 - Denial, suspension, reduction or termination of a Medicaid State Plan service authorized by a Waiver Case Manager
 - Denial of the choice of HCBS Waiver service provider

DEFINITIONS:***Applicant:***

- a. One who has contacted DDSN (via the toll-free telephone number) to seek a determination of eligibility for DDSN services or by proxy, contact was made by the applicant's legal guardian.
- b. One who has contacted DDSN or a DDSN qualified Case Management provider to seek enrollment or one for whom enrollment is sought by a legal guardian in one of the Home and Community Based Services Waivers operated by DDSN.
- c. One who has contacted their Case Management provider or DDSN to seek a determination of ICF/IID Level of Care or one for whom a determination is sought by a legal guardian.

Service Recipient:

- a. One who has been determined by DDSN to meet the criteria for eligibility for DDSN services, or his/her legal guardian.
- b. One who is enrolled in a Home and Community Based Services Waiver operated by DDSN or by proxy, his/her legal guardian.

Representative:

- a. One, who with the consent of an individual who is not adjudicated incompetent, assists the applicant or service recipient.
- b. One, who with the consent of an individual's legal guardian, assists the applicant or service recipient.

Appeal:

A procedure by which a party dissatisfied with a decision, determination or ruling may refer the matter to a higher authority for review. In the context of this document, an appeal is a request by a DDSN applicant ~~or service recipient~~ to reverse a decision regarding DDSN eligibility or a service or program solely state funded by DDSN. Procedures for appeal of adverse decisions solely state-funded by DDSN are outlined in S.C. Code Reg. § 88-705-715. Refer to Attachment C: Process for Appeal of DDSN Decisions for an outline of this process.

Reconsideration:

A review of a decision to ensure the decision comports with applicable Medicaid policy or procedures. In the context of this document, a reconsideration is a review by DDSN of a decision made by DDSN or its network of service providers to ensure that applicable Medicaid policy and/or procedures were appropriately applied when making the decision. If dissatisfied with the outcome of the reconsideration, the Medicaid participant may request a Fair Hearing from the Division of Appeals and Hearings at SCDHHS.

PROCEDURES FOR APPEAL OF DDSN DECISIONS:

A. Eligibility for DDSN Services

Step 1: Appeal in Writing:

~~When an appeal is desired by the applicant, a signed and dated written appeal of the denial must be made within 30 calendar days of the date of the eligibility decision. The appeal must state the reason(s) the denial was in error, and include any additional supporting information. The appeal must be made in writing to the State Director and sent by letter to the South Carolina Department of Disabilities and Special Needs Appeals, 3440 Harden Street Extension, Columbia, South Carolina 29203 or by email to appeals@ddsn.sc.gov. Reasonable accommodations to assist with communication will be provided upon request. (See Attachment C: PROCESS FOR APPEAL OF DDSN DECISIONS)~~

Step 2: Review of Decision:

~~Upon receipt of the written appeal, all information shall be reviewed by the State Director using the eligibility criteria as set forth in the Department's regulation addressing "Eligibility." If the State Director determines new evaluation data is needed, no decision shall be made until this new evaluation data is received.~~

~~The applicant shall be notified in writing that the new evaluation is needed within 30 calendar days of receipt of the written appeal.~~

Step 3: Decision Rendered:

~~A written decision shall be provided to the applicant within 30 calendar days of receipt of the written appeal or receipt of the new evaluation data. In accordance with S.C. Code Ann. § 44-20-430 (2018), the decision of the State Director is final.~~

B. Services Solely Funded By DDSN or Issues Solely Within The Established Authority of DDSN

Step 1: Appeal in Writing:

~~When an appeal is desired by the person eligible for services from the Department, a signed and dated written appeal of a decision to deny, suspend, reduce or terminate a service solely funded by the Department shall be made within 30 calendar days of the notification of the decision. The appeal shall state the reason(s) the denial/suspension/reduction/termination was in error including any additional supporting information. The appeal shall be made by letter: South Carolina Department of Disabilities and Special Needs Appeals, 3440 Harden Street Extension, Columbia, South Carolina 29203 or email: appeals@ddsn.sc.gov sent to the State Director of the Department. Reasonable accommodations to assist with communication will be provided upon request. (See Attachment C: PROCESS FOR APPEAL OF DDSN DECISIONS)~~

Step 2: Review of Decision:

~~Upon receipt of the appeal, all available information shall be reviewed by the State Director.~~

~~Step 3: Decision Rendered:~~

~~A written decision shall be provided to the person eligible for services within 30 calendar days of receipt of the written appeal. The decision of the State Director shall be final.~~

RECONSIDERATION OF SCDHHS DECISIONS:

A. ICF/IID Level of Care

An adverse decision regarding an initial determination or an annual re-determination of ICF/IID Level of Care made by or upheld by the DDSN Eligibility Division may be reconsidered if relevant information not previously considered is available. Requests for reconsideration must be made in writing by the applicant/representative within 30 calendar days of the adverse decision. Written requests for reconsideration may be sent to the State Director of DDSN by email to appeals@ddsn.sc.gov or by mail to 3440 Harden Street Extension, Columbia, SC 29203. (See Attachment A: PROCESS FOR RECONSIDERATION OF SCDHHS DECISIONS)

If after reconsideration, including consideration of new information, the determination remains unchanged, the applicant may appeal to DHHS-Division of Appeals and Hearings. (See Attachment B: SCDHHS MEDICAID FAIR HEARING PROCESS)

NOTE: For those applying for Medicaid through the Tax Equity and Fiscal Responsibility Act (TEFRA), appeals of adverse ICF/IID Level of Care decisions must be made directly to DHHS-Division of Appeals and Hearings. DDSN cannot reconsider these decisions.

B. Nursing Facility Level of Care Re-Evaluations

An adverse decision regarding an annual re-evaluation of a Nursing Facility Level of Care by a Waiver Case Manager will automatically be reviewed by staff of DDSN's Head and Spinal Cord Injury (HASCI) Division prior to the expiration of the current Level of Care determination. A written request to DDSN for reconsideration is not required.

If the adverse decision is upheld by HASCI Division staff, an appeal may be made by the waiver participant to DHHS-Division of Appeals and Hearings. (See Attachment B: SCDHHS MEDICAID FAIR HEARING PROCESS)

C. Other SCDHHS Decisions

Written requests for reconsideration may be sent to the State Director of DDSN by email to appeals@ddsn.sc.gov or by mail to 3440 Harden Street Extension, Columbia, SC 29203. A formal request must be made in writing within 30 calendar days of receipt of notification of the adverse decision. A copy of the written notification of the adverse decision must be submitted along with the basis of the complaint and the relief sought. The request must be dated and signed by the Medicaid participant/representative. Reasonable accommodations to assist with communication will be provided upon request. (See Attachment A: PROCESS FOR RECONSIDERATION OF SCDHHS DECISIONS)

If, after reconsideration, the decision is upheld, a Fair Hearing may be requested by the Medicaid participant to SCDHHS-Division of Appeals and Hearings. (See Attachment B: SCDHHS MEDICAID FAIR HEARING PROCESS)

Barry D. Malphrus
Vice Chairman

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

To access the following attachments, please see the agency website page “Attachments to Directives” under this directive number at <https://ddsn.sc.gov/providers/ddsn-directives-standards-and-manuals/current-directives>

Attachment A: PROCESS FOR RECONSIDERATION OF SCDHHS DECISIONS

Attachment B: SCDHHS MEDICAID FAIR HEARING PROCESS

Attachment C: PROCESS FOR APPEAL OF DDSN DECISIONS

Related Policies:

535-08-DD: Concerns of People Receiving Services: Reporting and Resolution

700-02-DD: Compliance with Title VI of the Civil Rights Act of 1964, Americans with Disabilities Act of 1990, Age Discrimination Act of 1975 and Section 504 of the Rehabilitation Act of 1973 and Establishment of a Complaint Process

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS (DDSN) PROCESS FOR APPEAL OF DDSN DECISIONS

“**DDSN decisions**” are decisions made by DDSN or its network of providers regarding services that are solely state funded by DDSN (i.e., not funded by Medicaid) and those solely within its established authority. When an applicant ~~or service recipient~~ disagrees with a decision that was made by or on behalf of DDSN, the applicant ~~or service recipient~~ can appeal the decision to DDSN. Appeals of DDSN decisions that fall within DDSN’s purview to hear are those decisions related to eligibility for DDSN services and decisions about services that are solely state-funded by DDSN.

When an appeal is desired by an applicant ~~or service recipient~~, a signed and dated written appeal of the ~~decision denial~~ must be made within 30 calendar days ~~of from~~ the date of the ~~decision written correspondence from DDSN which communicates the eligibility decision of the Department.~~ The appeal must state the reason(s) the ~~decision denial~~ was in error, and include any additional supporting information. The appeal shall be made ~~in writing to~~ by letter or email to:

State Director

South Carolina Department of Disabilities and Special Needs - Appeals
3440 Harden Street Extension
Columbia, SC 29203
appeals@ddsn.sc.gov

Reasonable accommodations to assist with communication will be provided upon request.

Upon receipt of ~~an the~~ appeal ~~of a DDSN eligibility decision by the State Director, all of the information on which the decision was based shall be reviewed~~ all information shall be reviewed by the State Director using the eligibility criteria as set forth in the Department's regulation addressing “Eligibility,” S.C. Reg. § 88-705-715. If, ~~based on this review,~~ the State Director determines new evaluation data is needed, no decision shall be made until ~~the new evaluation this~~ data is received. The applicant shall be notified ~~that the a~~ new evaluation is needed within 30 business days of receipt of the written appeal.

A written decision ~~regarding eligibility~~ shall be provided ~~by mail~~ to the applicant within 30 ~~business calendar~~ days of receipt of the written appeal or receipt of the new evaluation data. In accordance with S.C. Code Ann. § 44-20 430 (2018), the decision of the State Director is final.

~~A written decision regarding services solely funded by DDSN shall be provided by mail to the service recipient within 30 calendar days of receipt of the written appeal.~~



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

State Director

Janet Brock Priest

Associate State Director

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Eddie L. Miller

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Toll Free: 888/DSN-INFO

Home Page: www.ddsn.sc.gov

Reference Number:

535-11-DD

Title of Document:

Appeal and Reconsideration of Decisions

Date of Issue:

May 31, 1996

Date of Last Revision:

July 21, 2022

(REVISED)

Effective Date:

July 21, 2022

Applicability:

All DDSN Divisions; DDSN Regional Centers; DSN Boards
and Contract Service Providers

INTRODUCTION:

This directive establishes policies and procedures for appeal of decisions concerning eligibility for and services solely state-funded by the South Carolina Department of Disabilities and Special Needs (DDSN), Disabilities and Special Needs Boards, and Contracted Providers. Authority for this procedure is set forth in S.C. Code Ann. § 44-26-80 (2018) relating to the rights of individuals receiving services from DDSN. This directive establishes the procedure for the reconsideration of decisions made by DDSN and/or its network of providers that affect the receipt of Medicaid services by Medicaid participants.

POLICY:

It is the policy of DDSN that each applicant or service recipient has the right to appeal or request reconsideration of decisions made by DDSN, DSN Boards, or Contracted Service Providers. DDSN DSN Boards, and Contracted Service Providers shall ensure that all concerns of applicants and service recipients are handled appropriately and in a timely manner.

DDSN utilizes funding appropriated by the South Carolina General Assembly to support those eligible for the agency's services. For some DDSN services, the funding appropriated by the South Carolina General Assembly is the only source of funding. However, in order to maximize the appropriated funding, DDSN also partners with the South Carolina Department of Health and Human Services (SCDHHS) to utilize Medicaid as a source of funding for services. Therefore, DDSN has final authority

over some decisions, but when Medicaid funding is used or affected, SCDHHS, the Medicaid Agency, has final authority over the decision.

- DDSN has the final authority over decisions that are solely state-funded by DDSN (i.e., not funded by Medicaid) and those solely within its established authority. Appeals procedures for adverse decisions solely state-funded by DDSN are outlined in S.C. Code Reg. § 88-705-715. These procedures are outlined in Attachment C: Process for Appeal of DDSN Decisions.

SCDHHS, the Medicaid Agency, has final authority over decisions made regarding programs and services funded by Medicaid. In the context of this document, these decisions will be referred to as “**SCDHHS decisions.**” While the final authority for Medicaid decisions rests with SCDHHS, because DDSN operates Medicaid Home and Community Based Services (HCBS) Waivers on behalf of the SCDHHS and is a provider of Medicaid-funded services, SCDHHS allows DDSN to reconsider decisions made by DDSN or its network of providers before providing a Fair Hearing to a Medicaid participant. The reconsideration by DDSN is allowed to ensure that established Medicaid policy and procedures were followed and appropriately applied when the decision was made.

SCDHHS decisions that may be reconsidered by DDSN include, but may not be limited to:

- Denial of Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) Level of Care.
- Denial of Nursing Facility (NF) Level of Care when reevaluated.
- Other:
 - Denial of Placement on an HCBS Waiver waiting list
 - Denial of ID/RD Waiver Reserved Capacity
 - Denial of HASCI Waiver Reserved Capacity
 - Denial of Community Supports (CS) Waiver Reserved Capacity
 - Denial, suspension, reduction or termination of a HCBS Waiver funded service
 - Denial, suspension, reduction or termination of a Medicaid State Plan service authorized by a Waiver Case Manager
 - Denial of the choice of HCBS Waiver service provider

DEFINITIONS:

Applicant:

- a. One who has contacted DDSN (via the toll-free telephone number) to seek a determination of eligibility for DDSN services or by proxy, contact was made by the applicant’s legal guardian.
- b. One who has contacted DDSN or a DDSN qualified Case Management provider to seek enrollment or one for whom enrollment is sought by a legal guardian in one of the Home and Community Based Services Waivers operated by DDSN.
- c. One who has contacted their Case Management provider or DDSN to seek a determination of ICF/IID Level of Care or one for whom a determination is sought by a legal guardian.

Service Recipient:

- a. One who has been determined by DDSN to meet the criteria for eligibility for DDSN services, or his/her legal guardian.
- b. One who is enrolled in a Home and Community Based Services Waiver operated by DDSN or by proxy, his/her legal guardian.

Representative:

- a. One, who with the consent of an individual who is not adjudicated incompetent, assists the applicant or service recipient.
- b. One, who with the consent of an individual's legal guardian, assists the applicant or service recipient.

Appeal:

A procedure by which a party dissatisfied with a decision, determination or ruling may refer the matter to a higher authority for review. In the context of this document, an appeal is a request by a DDSN applicant to reverse a decision regarding DDSN eligibility or a service or program solely state funded by DDSN. Procedures for appeal of adverse decisions solely state-funded by DDSN are outlined in S.C. Code Reg. § 88-705-715. Refer to Attachment C: Process for Appeal of DDSN Decisions for an outline of this process.

Reconsideration:

A review of a decision to ensure the decision comports with applicable Medicaid policy or procedures. In the context of this document, a reconsideration is a review by DDSN of a decision made by DDSN or its network of service providers to ensure that applicable Medicaid policy and/or procedures were appropriately applied when making the decision. If dissatisfied with the outcome of the reconsideration, the Medicaid participant may request a Fair Hearing from the Division of Appeals and Hearings at SCDHHS.

RECONSIDERATION OF SCDHHS DECISIONS:

A. ICF/IID Level of Care

An adverse decision regarding an initial determination or an annual re-determination of ICF/IID Level of Care made by or upheld by the DDSN Eligibility Division may be reconsidered if relevant information not previously considered is available. Requests for reconsideration must be made in writing by the applicant/representative within 30 calendar days of the adverse decision. Written requests for reconsideration may be sent to the State Director of DDSN by email to appeals@ddsn.sc.gov or by mail to 3440 Harden Street Extension, Columbia, SC 29203. (See Attachment A: PROCESS FOR RECONSIDERATION OF SCDHHS DECISIONS)

If after reconsideration, including consideration of new information, the determination remains unchanged, the applicant may appeal to DHHS-Division of Appeals and Hearings. (See Attachment B: SCDHHS MEDICAID FAIR HEARING PROCESS)

NOTE: For those applying for Medicaid through the Tax Equity and Fiscal Responsibility Act (TEFRA), appeals of adverse ICF/IID Level of Care decisions must be made directly to DHHS-Division of Appeals and Hearings. DDSN cannot reconsider these decisions.

B. Nursing Facility Level of Care Re-Evaluations

An adverse decision regarding an annual re-evaluation of a Nursing Facility Level of Care by a Waiver Case Manager will automatically be reviewed by staff of DDSN's Head and Spinal Cord Injury (HASCI) Division prior to the expiration of the current Level of Care determination. A written request to DDSN for reconsideration is not required.

If the adverse decision is upheld by HASCI Division staff, an appeal may be made by the waiver participant to DHHS-Division of Appeals and Hearings. (See Attachment B: SCDHHS MEDICAID FAIR HEARING PROCESS)

C. Other SCDHHS Decisions

Written requests for reconsideration may be sent to the State Director of DDSN by email to appeals@ddsn.sc.gov or by mail to 3440 Harden Street Extension, Columbia, SC 29203. A formal request must be made in writing within 30 calendar days of receipt of notification of the adverse decision. A copy of the written notification of the adverse decision must be submitted along with the basis of the complaint and the relief sought. The request must be dated and signed by the Medicaid participant/representative. Reasonable accommodations to assist with communication will be provided upon request. (See Attachment A: PROCESS FOR RECONSIDERATION OF SCDHHS DECISIONS)

If, after reconsideration, the decision is upheld, a Fair Hearing may be requested by the Medicaid participant to SCDHHS-Division of Appeals and Hearings. (See Attachment B: SCDHHS MEDICAID FAIR HEARING PROCESS)

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 at <https://ddsn.sc.gov/providers/ddsn-directives-standards-and-manuals/current-directives>

Attachment A: PROCESS FOR RECONSIDERATION OF SCDHHS DECISIONS
Attachment B: SCDHHS MEDICAID FAIR HEARING PROCESS
Attachment C: PROCESS FOR APPEAL OF DDSN DECISIONS

Related Policies:

535-08-DD: Concerns of People Receiving Services: Reporting and Resolution

700-02-DD: Compliance with Title VI of the Civil Rights Act of 1964, Americans with Disabilities Act of 1990, Age Discrimination Act of 1975 and Section 504 of the Rehabilitation Act of 1973 and Establishment of a Complaint Process

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS (DDSN) PROCESS FOR APPEAL OF DDSN DECISIONS

“**DDSN decisions**” are decisions made by DDSN or its network of providers regarding services that are solely state funded by DDSN (i.e., not funded by Medicaid) and those solely within its established authority. When an applicant disagrees with a decision that was made by or on behalf of DDSN, the applicant can appeal the decision to DDSN. Appeals of DDSN decisions that fall within DDSN’s purview to hear are those decisions related to eligibility for DDSN services and decisions about services that are solely state-funded by DDSN.

When an appeal is desired by an applicant, a signed and dated written appeal of the denial must be made within 30 calendar days from the date of the written correspondence from DDSN which communicates the eligibility decision of the Department. The appeal must state the reason(s) the denial was in error, and include any additional supporting information. The appeal shall be made by letter or email to:

South Carolina Department of Disabilities and Special Needs - Appeals
3440 Harden Street Extension
Columbia, SC 29203
appeals@ddsn.sc.gov

Reasonable accommodations to assist with communication will be provided upon request.

Upon receipt of the appeal all information shall be reviewed by the State Director using the eligibility criteria as set forth in the Department's regulation addressing “Eligibility,” S.C. Reg. § 88-705-715. If the State Director determines new evaluation data is needed, no decision shall be made until this data is received. The applicant shall be notified a new evaluation is needed within 30 business days of receipt of the written appeal.

A written decision shall be provided to the applicant within 30 business days of receipt of the written appeal or receipt of the new evaluation data. In accordance with S.C. Code Ann. § 44-20-430 (2018), the decision of the State Director is final.

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

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Vice Chairman

Robin B. Blackwood

Secretary

Gary Kocher, M.D.

Eddie L. Miller

David L. Thomas

Michelle Woodhead

Reference Number: 567-04-DD

Title of Document: DDSN Approved Crisis Prevention Curricula List and Curriculum Approval Process

Date of Issue: January 1, 2009

~~Effective Date: January 1, 2009~~

~~Last Review Date: November 19, 2020~~

Date of Last Revision: ~~November 19, 2020~~ XXXX 2022

(REVISED)

Effective Date: ~~January 1, 2009~~ XXXX, 2022

Applicability: DDSN Regional Centers, DDSN Operated Community Settings, DSN Boards, Adult Companion Providers, Day Service Providers (Career Prep, Day Activity, Community Services, Support Center), Early Intervention Providers, Employment Service Providers, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID), Residential Habilitation Providers and Respite Providers

PURPOSE

This document establishes the requirement for all South Carolina Department of Disabilities and Special Needs (DDSN) operated programs (DDSN Regional Centers and DDSN Operated Community Settings), DSN Boards, and Contract Service Providers to choose and utilize a validated, competency-based curriculum or system for teaching and certifying staff to prevent and respond to disruptive behavior and crisis situations.

This document also establishes the requirement for the DDSN approval of curricula and includes procedures for submission of curricula to DDSN for review.

POLICY

Any system utilized to prevent and respond to disruptive behavior and crisis situations must reflect the values and principles of DDSN. A Crisis Prevention Management Curriculum is only approved once it has been determined that it aligns with DDSN philosophies and it has a strong focus of training in the area of interpersonal skills (e.g., active listening, problem solving, negotiation, and conflict management). ~~In addition, DDSN prohibits training curricula that include techniques involving the use of force (such as chokeholds that would cut off air in any form that would prevent breathing, prone restraints or other techniques that inhibit breathing etc.) for self-defense or control that entities such as law enforcement would utilize.~~ Providers should refer to DDSN Directive 600-05-DD: Behavior Support, Psychotropic Medications and Prohibited Practices.

~~Only the techniques included in the approved system/curriculum shall be used. Techniques included in the chosen system/curriculum shall only be employed by staff members who have been fully trained and deemed competent in the application of the techniques. The use of techniques not included in the chosen system/curriculum including homemade techniques or placing hands on someone in anyway, and/or the application of techniques by untrained staff shall constitute abuse.~~

Staff members (professional and paraprofessional) who provide direct support/services or supervise those who provide direct supports/services must be certified in the system chosen before performing the skill (refer to DDSN Directive 567-01-DD: Employee Orientation, Pre-service and Annual Training Requirements). When those supported are present and under the supervision of staff, at least one staff member who is certified in the chosen system must be ~~present. By present, staff who are certified must, at a minimum, be within a five (5) minute response time of any who are not certified.~~ at a minimum, within a five (5) minute response time of any who are not certified. Certified staff must be clearly identified and known to non-certified staff so, if needed, assistance can be obtained.

Neither this directive nor the content of the chosen curriculum in any way affects the requirements for individualized Behavior Support Plans (refer to DDSN Directive 600-05-DD: Behavior Support, Psychotropic Medications and Prohibited Practices). The techniques employed by a chosen system are for use during emergency situations when no Behavior Support Plan has been designed (i.e., unpredictable occurrences) or when the current Behavior Support Plan fails to protect those involved from harm. In the event a person's Behavior Support Plan and the crisis response techniques within are unable to safely manage the situation, staff may call 911.

APPROVED CURRICULA

Only the systems/curricula listed below have been approved for use by DDSN:

1. MANDT
2. Crisis Prevention Institute
3. PCM – Professional Crisis Management
4. Therapeutic Options Training Curriculum

5. PCS Life Experience Model
6. TCI – Therapeutic Crisis Intervention System
7. Safety-Care
8. Ukeru Systems

9. The Aegis System

This directive will be updated when additional systems/curricula are approved. Any system on the list may be selected for use. Appropriate use of an approved system/curriculum includes competency-based assessment of employee skills and re-certification on the schedule required by the system/curriculum for trainers and staff.

When a system or curriculum that has not previously been approved is desired, the board/provider must submit to ~~DDSN Central Office, Intellectual Disabilities/Related Disabilities Division~~ the DDSN Quality Management Director a request that includes the name of the system for which approval is sought and either information about the system or a Web-address where system information can be located. Once information is reviewed, the board/provider will be notified of the decision in writing.

Barry D. Malphrus
Vice-Chairman

Stephanie M. Rawlinson
Chairman

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

State Director

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Gary Kocher, M.D.

Eddie L. Miller

David L. Thomas

Michelle Woodhead

Reference Number: 567-04-DD

Title of Document: DDSN Approved Crisis Prevention Curricula List and Curriculum Approval Process

Date of Issue: January 1, 2009

Date of Last Revision: July 21 2022

(REVISED)

Effective Date: July 21, 2022

Applicability: DDSN Regional Centers, DDSN Operated Community Settings, DSN Boards, Adult Companion Providers, Day Service Providers (Career Prep, Day Activity, Community Services, Support Center), Early Intervention Providers, Employment Service Providers, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID), Residential Habilitation Providers and Respite Providers

PURPOSE

This document establishes the requirement for all South Carolina Department of Disabilities and Special Needs (DDSN) operated programs (DDSN Regional Centers and DDSN Operated Community Settings), DSN Boards, and Contract Service Providers to choose and utilize a validated, competency-based curriculum or system for teaching and certifying staff to prevent and respond to disruptive behavior and crisis situations.

This document also establishes the requirement for the DDSN approval of curricula and includes procedures for submission of curricula to DDSN for review.

POLICY

Any system utilized to prevent and respond to disruptive behavior and crisis situations must reflect the values and principles of DDSN. A Crisis Prevention Management Curriculum is only approved once it has been determined that it aligns with DDSN philosophies and it has a strong focus of training in the area of interpersonal skills (e.g., active listening, problem solving, negotiation, and conflict management). Providers should refer to DDSN Directive 600-05-DD: Behavior Support, Psychotropic Medications and Prohibited Practices.

Staff members (professional and paraprofessional) who provide direct support/services or supervise those who provide direct supports/services must be certified in the system chosen before performing the skill (refer to DDSN Directive 567-01-DD: Employee Orientation, Pre-service and Annual Training Requirements). When those supported are present and under the supervision of staff, at least one staff member who is certified in the chosen system must be, at a minimum, within a five (5) minute response time of any who are not certified. Certified staff must be clearly identified and known to non-certified staff so, if needed, assistance can be obtained.

Neither this directive nor the content of the chosen curriculum in any way affects the requirements for individualized Behavior Support Plans (refer to DDSN Directive 600-05-DD: Behavior Support, Psychotropic Medications and Prohibited Practices). The techniques employed by a chosen system are for use during emergency situations when no Behavior Support Plan has been designed (i.e., unpredictable occurrences) or when the current Behavior Support Plan fails to protect those involved from harm. In the event a person's Behavior Support Plan and the crisis response techniques within are unable to safely manage the situation, staff may call 911.

APPROVED CURRICULA

Only the systems/curricula listed below have been approved for use by DDSN:

1. MANDT
2. Crisis Prevention Institute
3. PCM – Professional Crisis Management
4. Therapeutic Options Training Curriculum
5. PCS Life Experience Model
6. TCI – Therapeutic Crisis Intervention System
7. Safety-Care
8. Ukeru Systems
9. The Aegis System

This directive will be updated when additional systems/curricula are approved. Any system on the list may be selected for use. Appropriate use of an approved system/curriculum includes competency-based assessment of employee skills and re-certification on the schedule required by the system/curriculum for trainers and staff.

When a system or curriculum that has not previously been approved is desired, the board/provider must submit to the DDSN Quality Management Director a request that includes the name of the system for which approval is sought and either information about the system or a Web-address where system information can be located. Once information is reviewed, the board/provider will be notified of the decision in writing.

Barry D. Malphrus
Vice-Chairman

Stephanie M. Rawlinson
Chairman

Reference Number: 600-05-DD
Title of Document: Behavior Support, Psychotropic Medications, and Prohibited Practices

Date of Issue: June 1, 1987
~~Effective Date: June 1, 1987~~
~~Last Review Date: January 17, 2019~~
Date of Last Revision: ~~January 17, 2019~~ XXXX, 2022 (REVISED)
Effective Date: ~~June 1, 1987~~ XXXX, 2022

Applicable for Intermediate Care Facilities for Individuals with Persons Receiving: Intellectual Disabilities (ICF/IID), Residential Habilitation, and Employment/Day Services (Day Activity, Career Preparation, Community Services, Employment Services, Support Center Services)

PURPOSE

The purpose of this directive is to establish the expectations of the South Carolina Department of Disabilities and Special Needs (DDSN) regarding interventions used to address concerning or problem behaviors exhibited by those served in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), those receiving Residential Habilitation in a DDSN-sponsored residential setting, and those for whom such interventions are necessary in order for them to participate in a DDSN-licensed employment/day program. Those interventions include: Behavior Support Plans; Psychotropic Medications; Emergency Interventions; and Health-Related Protections.

- ~~Behavior Support Plans which are defined as specific plans that teach or assist someone to build positive behaviors to replace or reduce problem behaviors and, when necessary, include strategies to be used to protect the person when dangerous and unsafe behaviors are exhibited.~~
- ~~Psychotropic Medications which are defined as any medication used for the primary purpose of affecting overt maladaptive behavior, mood, or thought processes, or alleviating symptoms related to a specific diagnosed psychiatric condition.~~

- ~~Emergency Interventions which are defined as procedures used to provide protection from harm in situations where the person is endangering him/herself or, others with severely aggressive, self-injurious, or destructive behavior. These behaviors could not reasonably have been anticipated in the current setting and there is no approved behavioral, medical or psychiatric program in effect that provides adequate protection from harm.~~
- ~~Health Related Protections which are defined as restraint (chemical, physical, or mechanical) used during the conduct of a specific medical, dental, or surgical procedure or used out of necessity during the time a medical condition exists. Examples of devices used as a health-related protection include, but are not limited to: splints, braces, bed rails, wheelchair harnesses, helmets, and lap belts.~~

NOTE:

- Throughout this directive, DDSN Regional Centers and ICFs/IID operated by DSN Boards or contracted service providers will be referred to as “facility.” When referring to agencies (DDSN, DSN Boards or contracted service providers) that provide Residential Habilitation and/or Employment/Day Services, “provider” will be used.
- Throughout this directive, “client representative” is used. In the context of this directive, “client representative” means the parent, guardian, legal counsel or other person who acts on behalf or in the best interest of a person with Intellectual Disability or a Related Disability (ID/RD) including Autism. This definition is consistent with S. C. Code Ann. § 44-26-10 et. seq. (2018).
- Client representative does not apply to those receiving services under the category of HASCI as there is no statutory authority for such.

DEFINITIONS

- Behavior Support Plans: Specific plans that teach or assist someone to build positive behaviors to replace or reduce problem behaviors and, when necessary, include strategies to be used to protect the person when dangerous and unsafe behaviors are exhibited.
- Chemical restraint: The use of psychotropic medication for the specific and exclusive purpose of controlling acute, episodic behavior that is not standard treatment or dosage for the individual’s medical or psychiatric condition.
- Differential reinforcement: Reinforcing a specific target behavior while withholding reinforcement from an unwanted behavior;
- Emergency Interventions: Restrictive procedures (manual restraint and chemical restraint) used to provide protection from harm in situations where the person is endangering him/herself or others with severely aggressive, self-injurious, or destructive behavior. These behaviors could not reasonably have been anticipated in the current setting and there is no approved behavioral, medical or psychiatric program in effect that provides adequate protection from harm.

- Health-Related Protections: Restraints (manual or mechanical) used during the conduct of a specific medical, dental, or surgical procedure or used out of necessity during the time a medical condition exists. Examples of devices used as a health-related protection include, but are not limited to: splints, braces, bed rails, wheelchair harnesses, helmets, and lap belts.
- Manual restraint: Any physical method that purposely limits or restricts a person's freedom of movement, or normal functioning of, or normal access to, a portion or portions of a person's body. Manual restraint means and includes the term "physical restraint."
- Mechanical restraint: Any device, material or equipment attached to a person's body which cannot easily be removed and is used to restrict a person's free movement or access to the person's body. Examples include, but are not limited to: humane wraps, blanket wraps, transport jackets, mittens, four-point restraints, head straps, camisoles, helmets with fasteners, belts, cuffs, chest restraints, etc. Mechanical restraint would also include the unauthorized use of a person's adaptive equipment such as lap trays, gait belts, Merry Walkers, bean bags, etc.
- Overcorrection: Corrective efforts which go beyond a simple correction by requiring an individual to vastly improve the condition of the environment, which may be considered a form of punishment;
- Planned restraint: The use of a very specific and identified manual or mechanical restraint, on which staff have been trained, in response to a specific and identified behavior, based upon the results of the functional behavioral assessment, and that is incorporated into a behavior support program.
- Pro re nata (PRN): A term which means the administration of the medical order is not scheduled and is, instead, provided on an as needed basis.
- Psychotropic Medications: Any medication used for the primary purpose of affecting overt maladaptive behavior, mood, or thought processes, or alleviating symptoms related to a specific diagnosed psychiatric condition.
- Response cost: The loss of either a previously earned reinforcer, or the opportunity to obtain future reinforcers, in response to undesirable or disruptive behavior;
- Restrictive Intervention: A procedure or practice that limits a person's movement, activity, or function. The practice may also interfere with a person's ability to acquire positive reinforcement or loss of objects or activities that a person values.
- Simple correction: Requiring the individual to only restore the environment to the pre-problem behavior state;
- Social disapproval: A response to an unwanted behavior where staff members provide a statement of disapproval that may include a re-directive prompt or reminder of social rules.
- Time-out room: A room outside the normal environment that is devoid of positive reinforcers and where an individual is safely placed and prevented from leaving until specific exit criteria have been met;

Commented [HC1]: Laura Villeponteaux – Charleston DSN Board

Is there a difference between a PRN psychotropic medication (prohibited) and the use of a chemical restraint as an emergency intervention (permitted)? If so, how are they distinguished?

Commented [PJ2R1]: Yes, an as needed (PRN) medication is given to a specific person when the person displays known behavior - the medication is pre-ordered and given when the predetermined criteria is met.

An emergency medication is given when someone displays extremely challenging behavior that is unanticipated and could not have been predicted.

PHILOSOPHY

Consistent with DDSN's values, it is expected that all supports and interventions to address problem behavior:

- Ensure the health, safety, and well-being of each person;
- Ensure that each person is treated with dignity and respect;
- Encourage participation, choice, control and responsibility;
- Encourage relationships with family and friends, and connections in the community; and
- Result in personal growth and accomplishment.

Consistent with DDSN's principles, it is expected that supports and interventions to address problem behavior will:

- Be person-centered and community inclusive;
- Be responsive, effective and accountable;
- Be practical, positive and appropriate;
- Be strengths-based and results-oriented;
- Offer opportunities to be productive and maximize potential; and
- Feature best and promising practices.

As a foundation of all supports, DDSN embraces positive behavior support. Positive behavior support recognizes that people exhibit problem behavior because it serves a useful purpose for them in their current situation/circumstances. The focus of positive behavior support begins with understanding the purpose or function of the problem behavior. Once it is known why the behavior occurs, interventions to promote positive behavior that serves the same function can be developed.

The goal of positive behavior support is not solely to eliminate problem behavior but to create environments and patterns of support that make the problem behavior irrelevant, inefficient or ineffective while making the positive behavior that is promoted as an alternative, relevant, effective and efficient.

DDSN believes that all who develop intervention strategies for people with disabilities must be knowledgeable in the values, theory, and practices of positive behavior support. Literature such as Functional Assessment and Program Development for Problem Behavior: A Practical Handbook (O'Neill, Horner, et. al., 2014) or similar guides to evidence-based practices in positive behavior support are recommended for review and study.

POLICY

Those supported will be free from any serious risk to physical and psychological health and safety at all times, including while the function of the problem behavior is being determined and while the interventions to address the behavior are being developed.

DDSN prohibits the use of the following:

- Procedures or devices used for disciplinary purposes, for the convenience of staff, or as a substitute for needed supports;
- The use of medication for disciplinary purposes, for the convenience of staff, as a substitute for training or engagement, or in quantities that interfere with someone's quality of life;
- Seclusion which is defined as placing someone alone in a locked room;
- Enclosed cribs;
- Interventions that result in a nutritionally inadequate diet or the denial of a regularly scheduled meal;
- Encouraging/using someone supported to discipline a peer;
- ~~Prone basket hold restraint (i.e., person held face down with arms folded under the chest);~~
- Restraints that obstruct the airway or impair breathing;
- Any strategy in which a pillow, blanket or other item is used to cover the individual's face as part of restraint process;
- Any restraint that causes hyperextension of joints;
- Physical holds that rely on pain inducement;
- Time out rooms;
- Aversive consequences which are defined as the use or threatening the use of startling, unpleasant or painful consequences;
- As needed (PRN) orders for psychotropic medications ~~or mechanical restraint~~ except when prescribed by a physician while treating the person in a hospital setting or prescribed as part of the palliative care provided by Hospice;
- As needed (PRN) order for manual restraint or mechanical restraint;
- Use of psychotropic medications in the absence of a Behavior Support Plan or an authorized Emergency Intervention ~~for problem behavior and/or psychiatric symptoms that pose a risk to the person, peers, or the environment and interfere with the person's daily functioning;~~
- The planned use of restrictive procedures and/or restraint (manual, chemical or mechanical) prior to the exhaustion of less intrusive measures;
- The use of restraint (manual or mechanical) for more than one (1) continuous hour (60 continuous minutes);
- The use of restraint (manual, chemical or mechanical) when not necessary to protect the person or others from harm;

- Coercion/use of intimidation or use of force to gain compliance;
- Contingent use of painful body contact;
- Untested or experimental procedures.

Each DDSN Regional Center, DDSN-operated Residential Services, DSN Board or contracted service provider of ICF/IID, Residential Habilitation and/or DDSN-sponsored Employment/Day Services shall adopt written policies and procedures governing the prevention and management of problem behavior. These policies and procedures shall focus on the prevention of problem behavior and specify the facility, program or DDSN-approved procedures that may be used. If consequence-based procedures are approved for use, the policies and procedures shall include each procedure on a hierarchy ranging from most positive/least restrictive to least positive/most restrictive. The policies and procedures shall address the use of restraint, the use of medications to manage problem behavior, and the practices prohibited by the facility, program or board/provider.

For ICF/IID residents, consent for programming, including Behavior Support, must be obtained pursuant to DDSN Directive 535-07-DD: Obtaining Health Care Consent for Minors and Adults.

In accordance with DDSN Directive 535-02-DD: Human Rights Committee, each facility or provider must designate and use a Human Rights Committee to review and approve planned interventions which involve risk to individual protection and rights. Pursuant to the DDSN Directive 535-02-DD: Human Rights Committee, the Human Rights Committee must review and approve of the use of planned interventions prior to implementation and appropriate consents/approvals have been obtained. Additionally, the Human Rights Committee must be notified of the use of any Emergency Interventions.

I. BEHAVIOR SUPPORT PLANS

Behavior Support Plans must be developed and monitored in accordance with the regulations governing ICFs/IID when developed for ICF/IID residents and in accordance with DDSN Residential Habilitation Standards for those receiving Residential Habilitation.

Behavior Support Plans include specific procedures or techniques to be utilized to prevent and respond to behavior. These procedures or techniques may be nonrestrictive, restrictive, or employ restraint.

A. BEHAVIOR SUPPORT PLANS: NONRESTRICTIVE

When the procedures or techniques within a Behavior Support Plan do not limit freedom, rights, or allow for the loss of access to personal property, the Behavior Support Plan is considered nonrestrictive. Examples of nonrestrictive procedures or techniques include, but are not limited to, teaching appropriate and functionally-equivalent replacement behavior; differential reinforcement, social disapproval, simple correction, re-directions and interrupting with educative prompts.

NOTE: Behavior Support Plans which accompany the use of psychotropic medications **ARE** considered restrictive.

Prior to implementation of a Behavior Support Plan that utilizes only nonrestrictive procedures/techniques for an ICF/IID resident, the Behavior Support Plan must be approved by the ICF/IID resident's Interdisciplinary Team which includes the person, his/her legal guardian ~~or the~~

~~person or client representative~~ authorized to make health care decisions on behalf of the person, ~~or client representative of a person with an Intellectual Disability/Related Disability and incorporated into the person's Individualized Program Plan (IPP).~~

Prior to implementation of a Behavior Support Plan for those receiving Residential Habilitation, the Behavior Support Plan must be approved by the person, client representative of a person with ID/RD, and the person responsible for the development of the Residential Habilitation Support Plan. If the Behavior Support Plan is to also be implemented by other service providers (i.e., Employment/Day Services providers), the Behavior Support Plan must be approved by the person(s) who develop the Service Plan(s) for the other services (i.e., the person who develops the Individual Plan for Supported Employment if the plan is to be implemented as part of the provision of Employment Services).

Prior to the implementation of a Behavior Support Plan that utilizes only nonrestrictive procedures/techniques for those who reside in their own homes (i.e., not receiving ICF/IID or Residential Habilitation) and participate in a DDSN-sponsored Employment/Day Service, the Behavior Support Plan must be approved by the person, client representative of a person with ID/RD, and the person who develops the Employment/Day Service Plan.

Behavior Support Plans that utilize only nonrestrictive procedure/techniques must be monitored in accordance with the regulations or standards governing the program/service in which the Behavior Support Plan is implemented (e.g., ICF/IID Regulations, DDSN Residential Habilitation Standards, Day Activity Standards, etc.).

B. BEHAVIOR SUPPORT PLANS: RESTRICTIVE

When the procedures or techniques within a Behavior Support Plan limit the person's rights, freedom of movement, or cause loss of access to personal property, the Behavior Support Plan is considered restrictive. Examples of restrictive procedures/techniques include, but are not limited to, increasing the level of supervision provided in response to behavior, one-on-one supervision, response cost, overcorrection, and separation lasting more than five (5) minutes (excluding time-out rooms which are prohibited).

NOTE: Behavior Support Plans which accompany the use of psychotropic medication **are** considered restrictive.

Prior to implementation of a Behavior Support Plan that includes restrictive procedures/techniques, appropriate approvals must be obtained.

Additionally, for ICF/IID residents, written informed consent for the Behavior Support Plan must be ~~approved by the person's~~ obtained and it must be approved by the Interdisciplinary Team which includes the person, his/her legal guardian, or ~~person authorized to make health care decisions on behalf of the person and the facility's Human Rights Committee~~ client representative and the Human Rights Committee.

For those receiving Residential Habilitation, written informed consent for the Behavior Support Plan must be obtained from the person or client representative of a person with ID/RD.

Additionally, for those receiving Residential Habilitation, the Behavior Support Plan must be approved by the person or his/her legal guardian and the person responsible for the development of the Residential Habilitation Support Plan. If the Behavior Support Plan is also to be implemented by other

service providers (i.e., Employment/Day Service providers), it must be approved by the person responsible for developing the Service Plan or the other service (i.e., person who develops the Individual Plan for Supported Employment if being implemented as part of Employment Services). The Behavior Support Plan must be approved by the provider's Human Rights Committee.

For those who reside in their own homes (i.e., not receiving ICF/IID services or Residential Habilitation) and who receive DDSN-Sponsored Employment/Day Services, written informed consent must be obtained from the person or client representative of a person with ID/RD.

Additionally, for those who reside in their own homes (i.e., not receiving ICF/IID or Residential Habilitation) and who receive DDSN-sponsored Employment/Day Services, the Behavior Support Plan must be approved by the person or client representative of a person with ID/RD, the person who develops the Employment/Day Service Plan, and the provider's Human Rights Committee.

Behavior Support Plans that include restrictive procedures/techniques must be monitored by the Human Rights Committee and in accordance with the regulations or standards governing the program/service in which the Behavior Support Plan is implemented (e.g., ICF/IID Regulations, Residential Habilitation Standards, Career Preparation Standards, etc.).

C. BEHAVIOR SUPPORT PLAN: RESTRAINT

~~Restraint is defined as a procedure/technique that involves holding someone (i.e., manual restraint) or applying a device (i.e., mechanical restraint) that restricts the free movement of or normal access to a portion or portions of one's own body.~~

Only when necessary to protect the person or others from harm and only when the procedure/technique is the least restrictive/intrusive alternative possible to meet the needs of the person may ~~restraint procedures/techniques~~ planned restraints be included in Behavior Support Plans.

NOTE: The use of mechanical devices to support proper body positioning, even when movement may be restricted, is not considered restraint. Devices used for proper body positioning must only be used when the medical necessity for the device is clearly documented.

NOTE: ~~Restraint Planned restraints (manual or mechanical) procedures may only be included as an integral part of a in Behavior Support Plans that is intended to lead to less restrictive means of managing and eliminating the behavior that will immediately result in harm, as a planned response to behavior that will immediately result in harm. Planned Mechanical restraints procedures may also be included in a Behavior Support Plans to address behavior that does not immediately result in harm, but due to the chronic/long term nature of the behavior (i.e., hand mouthing that results in skin breakdown, head banging, removing/picking post-operative sutures, etc.), will result in harm.~~

When ~~restraint procedures (manual or mechanical) are included in~~ Behavior Support Plans incorporate planned restraints, the Behavior Support Plan must include strategies directed toward decreasing or eliminating their use. These Behavior Support Plans must also include provisions for the use of less intrusive techniques prior to the application of the planned restraint when the problem behavior is occurring.

When ~~restraint procedures (manual or mechanical) are included in~~ Behavior Support Plans as a planned response to problem behavior that will immediately result in harm to self, others, or the

~~environment, incorporate planned restraints;~~ the plan must direct that, when applied, the person will be released from the planned restraint when he/she is calm and no longer dangerous (not to exceed one continuous hour). When a mechanical restraint ~~procedures are~~ is utilized, the ~~procedures~~ mechanical restraint must be designed and used in a manner that causes no injury and minimizes discomfort.

When mechanical restraint is utilized in a Behavior Support Plan as a response to behavior that will immediately result in harm, the Behavior Support Plan must ~~specify direct staff members to how the person will be supervised~~ maintain visual supervision during the time the mechanical restraint is applied. The person's response to the mechanical restraint application and his/her physical condition (i.e., breathing, circulation) must be continually monitored ~~at least every 30 minutes~~. Documentation of response and condition must be completed and maintained every 15 minutes during the duration of the mechanical restraint.

When mechanical restraint is utilized in a Behavior Support Plan ~~as a~~ response to chronic/long term behavior that will result in harm, the Behavior Support Plan must specify the schedule for the use of the mechanical restraint. The schedule must provide for release from restraint for 10 minutes ~~every hour~~ following every 50-minute restraint period. The Behavior Support Plan must include the specific plan for supervising the person when the mechanical restraint is not in use (i.e., during times of release) and specify that the mechanical restraint is not to automatically be reapplied unless the behavior recurs. The person's response to mechanical restraint application and his/her physical condition (i.e., breathing, circulation), must be monitored at least every ~~30~~ 15 minutes. Documentation of response and condition must be completed and maintained.

When, for an ICF/IID resident, a physician-ordered mechanical restraint is employed during sleeping hours to avoid interruption of sleep, release from the mechanical restraint is not required every hour. However, the application of the restraint must be monitored every 60 minutes (1 hour) to ensure it is properly applied and the person is comfortable.

When, for those receiving Residential Habilitation, mechanical restraints are employed during sleeping hours to avoid interruption of sleep, release from the mechanical restraint is not required every hour. However, the application of the restraint must be monitored every 60 minutes (1 hour) to ensure it is properly applied and the person is comfortable.

Prior to the implementation of a Behavior Support Plan that includes a planned restraint ~~(manual or mechanical) procedures~~, appropriate approvals must be obtained.

For ICF/IID residents, written informed consent for the Behavior Support Plan must be obtained from the person or client representative of a person with an Intellectual Disability/Related Disability, or the person authorized to make health care decisions on behalf of the ICF/IID resident.

Additionally, for ICF/IID residents, the Behavior Support Plan that includes ~~manual or mechanical restraint~~ planned restraint must be approved by the person's Interdisciplinary Team, which includes the person, his/her legal guardian or person authorized to make health care decisions on behalf of the persons and either the DDSN Regional Center Facility Administrator or the Executive Director of the facility. The Behavior Support Plan must be approved by the facility's Human Rights Committee.

For those receiving Residential Habilitation, written informed consent for the Behavior Support Plan must be obtained from the person or client representative of a person with ID/RD.

Additionally, for those receiving Residential Habilitation, the Behavior Support Plan that includes ~~manual or mechanical restraint procedures~~ planned restraint must be approved by the person or client representative of a person with ID/RD, the staff responsible for developing the Residential Habilitation Support Plan, the Executive Director of the Residential Habilitation provider, and the provider's Human Rights Committee.

If the Behavior Support Plan requires implementation by other service providers (i.e., Employment/Day Service providers), it must also be approved by the staff responsible for developing the service plan for the other service (i.e., the person who develops the Day Activity Plan of Service) and as appropriate, the other service provider's Executive Director/CEO.

For those who reside in their own homes (i.e., not receiving ICF/IID services or Residential Habilitation) and who receive DDSN-Sponsored Employment/Day Services, written informed consent must be obtained from the person or client representative of a person with ID/RD.

Additionally, for those who reside in their own homes (i.e., not receiving ICF/IID or Residential Habilitation) and receive DDSN-sponsored Employment/Day Services, a Behavior Support Plan that includes restraint (manual or mechanical) must be approved by the provider's Human Rights Committee, the person or client representative of a person with ID/RD, the provider staff responsible for developing the Employment/Day Service Plan and the Executive Director of the Employment Day Service board/provider.

Behavior Support Plans that include ~~restraint (manual or mechanical) procedures~~ planned restraint must be monitored by the Human Rights Committee and in accordance with the regulations or standards governing the program/service in which the Behavior Support Plan is implemented (e.g., ICF/IID Regulations, Residential Habilitation Standards, etc.). Additionally, the use of planned restraints ~~procedures~~ will be monitored by DDSN. When a Behavior Support Plan which includes specific restraint procedures planned restraints (manual or mechanical) is approved, the approved Plan must be submitted to DDSN within 20 business days of approval. When the restraint procedure is employed, its actual use must be reported to DDSN. A report of the use of planned manual or mechanical restraint will be made to DDSN quarterly. Reports must be made to DDSN by the 15th day of January, April, July and October for any planned restraint employed during the previous quarter.

January 1st – March 31st	April 15
April 1st – June 30th	July 15
July 1st – September 30th	October 15
October 1st – December 31st	January 15

II. PSYCHOTROPIC MEDICATION

Before psychotropic medications are used as an intervention to address problem behavior, the potential risks of those medications must be carefully weighed against the risk of the behavior for which the medication will be given. The specific concerning behaviors/symptoms for which the medication will be given must be documented along with the consideration of the associated risk.

When psychotropic medications are given, DDSN Directive 603-01-DD: Tardive Dyskinesia Monitoring, must be followed.

When given, psychotropic medications must be reviewed based on the person's needs as determined by the psychiatrist or physician but must be reviewed at least quarterly. Through this review, the Psychotropic Drug Review, the combination of the psychotropic medication and Behavior Support Plan are monitored using the behavioral data collected as part of the Behavior Support Plan for effectiveness with addressing the specific behaviors/symptoms for which the medication is given. The Psychotropic Drug Review should provide for gradually diminishing medication dosages and ultimately discontinuing the medication unless clinical evidence justifies that the medication is necessary. The Psychotropic Drug Review should be completed with those who know the person well. Those involved in the Psychotropic Drug Review should include, but are not limited to, the physician and/or psychiatrist, the person and/or his/her legal guardian, the person responsible for the Behavior Support Plan, the person responsible for the ICF/IID Individual Program Plan or Residential Habilitation Support Plan, the ICF/IID Nurse and a direct support professional who knows the person well. The health care provider responsible for prescribing the psychotropic medication is responsible for ensuring compliance with the Adult Health Care Consent Act.

For ICF/IID residents, when psychotropic medication is given outside an emergency intervention, a Behavior Support Plan is also required. The Behavior Support Plan must address the behaviors/symptoms for which the medication is given. In combination, the psychotropic medication and the Behavior Support Plan should lead to a less restrictive/intrusive way of managing and, if possible, eliminating the problem behavior and/or psychiatric symptoms for which they are employed.

For those receiving Residential Habilitation in a DDSN-sponsored residential setting, when psychotropic medication is given, outside an emergency intervention, to address problem behavior that poses a significant risk to the person (i.e., self-injury), others (i.e., physical aggression), or the environment (i.e., property destruction), a Behavior Support Plan is required. The Behavior Support Plan must address the specific behaviors/symptoms for which the medication is given. In combination, the psychotropic medication and the Behavior Support Plan should lead to a less restrictive/intrusive way of managing and if possible, eliminating the behaviors/symptoms for which they are employed. For those receiving Residential Habilitation, a Behavior Support Plan is not required in conjunction with psychotropic medication when the person's record clearly documents that he/she:

- Does not exhibit behavior that poses a significant risk to him/herself, others or the environment, and/or;
- Has reached the lowest effective dosage of the medication based on data regarding the occurrence of the specific behavior/symptoms for which the medication is prescribed which is confirmed in writing each quarter by the physician/psychiatrist prescribing the psychotropic medication.

When, for those receiving Residential Habilitation, a Behavior Support Plan is not used in conjunction with psychotropic medication, the specific behavior/psychiatric symptoms targeted for change by the use of psychotropic medications must be clearly noted. Data must be collected on the occurrence of those behaviors/symptoms targeted for change. The collected data must be provided as part of the Psychotropic Drug Review to inform the decisions made therein. Any other problem behavior, especially those which pose a significant risk to the person, others, or the environment, must also be documented and shared as part of the Psychotropic Drug Review.

When psychotropic medications are prescribed for those who participate in a DDSN-sponsored Employment/Day Program and reside in their own homes (i.e., not receiving ICF/IID or Residential Habilitation), efforts must be made to obtain information about those medications and the specific problem behaviors or symptoms for which they were prescribed. If those behaviors/symptoms interfere with the person's ability to fully benefit from Employment/Day Services or are sufficiently severe to likely jeopardize the person's ability to continue to live in his/her own home, the need for Behavior Support Services must be discussed with the person's case manager.

NOTE: Services are available through:

- State Funded Community Supports;
- State Funded Follow Along;
- Intellectual Disabilities/Related Disabilities (ID/RD) Waiver;
- Community Supports Waiver; or
- Head and Spinal Cord Injury (HASCI) Waiver.

III. EMERGENCY INTERVENTIONS

DDSN Directive 567-04-DD: Preventing and Responding to Disruptive Behavior and Crisis Situations, establishes the requirement that all DDSN-operated facilities/programs, DSN Board operated facilities/programs and DDSN-qualified service providers utilize a DDSN approved system for teaching and certifying staff to prevent and respond to disruptive behavior and crisis situations. Only the techniques that are part of a DDSN-approved system may be used. ~~in situations where someone is endangering him/herself or others with severely aggressive, self-injurious, or destructive behavior and, because the behavior could not have reasonably been anticipated, there is no approved plan or program in effect that provides adequate protection from harm. It is noted that the prohibited practices listed in the Policy section of this Directive equally inhibit the techniques used during an emergency intervention.~~ When manual restraint techniques are employed as an emergency response, the Facility Administrator or the ~~provider~~ Executive Director must be immediately notified. Within 24 hours of the incident, a written report of the incident must be provided to the Facility Administrator/Executive Director and either the person's Interdisciplinary Team or the staff responsible for the person's service plan development.

When a manual restraint is implemented during an emergency intervention, the manual restraint must only be applied until the person is calm and no longer dangerous. While the manual restraint is applied, the person's response to its application must be continually monitored.

~~A chemical restraint is the use of medication for the specific and exclusive purpose of controlling acute, episodic behavior that is not standard treatment or dosage for the individual's medical or psychiatric condition. Chemical restraints are permitted in emergency interventions; however, the Facility Administrator or Executive Director must have given prior written authorization when possible, or prior verbal authorization that must be followed by written authorization within 24 hours of the verbal authorization. The written authorization must document the initial attempt(s) of less~~

intrusive measures being implemented, the specific medication and dosage to be administered, the time of the verbal authorization, and specify the date and time period for which the authorization is valid.

~~The emergency use of manual restraint is considered a critical incident and must be reported to DDSN in accordance with DDSN Directive 100-09-DD: Critical Incident Reporting.~~

~~As soon as possible following the emergency use of manual restraint, the person's legal guardian must be notified of the incident. With the consent of the person, his/her family correspondent should be notified of the incident unless the person communicates that they do not want their family to be contacted. If the person is unable to communicate, the family will be contacted. The person must be provided any needed augmentative or alternative communication devices/technology to assist in that dialogue.~~

~~The facility or provider's Human Rights Committee must be notified of the emergency use of manual restraint. The notification must be made in accordance with facility/board/provider policy.~~

~~Each time manual restraint is used as an emergency response, consideration must be given to the circumstances under which the incident occurred and the frequency with which the emergency use of manual restraint is necessary for the person. Once a pattern emerges or when manual restraint is employed twice in a 30-day period or employed three (3) times during any three (3) consecutive month's period, a specific plan must be developed to prevent and/or respond to the behavior.~~

~~In rare circumstances, psychotropic medications or mechanical restraints may be used to provide protection from harm in unanticipated situations where the person is endangering him/herself or others. Prior to use, authorization by the Facility Administrator or provider Executive Director must be given. When possible, prior written authorization should be given. When not possible, prior verbal authorization may be given, but must be followed with written authorization that is completed, signed, and available within 24 hours of the verbal authorization. The written authorization must justify the use of the emergency intervention including the less-intrusive measures that were tried but failed. The written authorization must include the specific medication and dosage to be given or the specific mechanical restraint to be applied. If prior verbal authorization was given, the time of the verbal authorization must be included. The authorization must specify the date and time period for which the authorization is valid; authorizations may not exceed 12 hours.~~

~~When mechanical restraint is authorized as an emergency intervention, the restraint may only be applied until the person is calm and no longer dangerous or for a maximum of one (1) continuous hour. While the restraint is applied, the person's response to its application and his/her condition must be monitored at least every 30 minutes. Documentation of the monitoring must be maintained.~~

The emergency use of ~~psychotropic medications~~ manual restraint or chemical ~~mechanical~~ restraint is considered a critical incident and must be reported to DDSN in accordance with DDSN Directive 100-09-DD: Critical Incident Reporting.

As soon as possible following the emergency intervention, the person's legal guardian must be notified of the incident. With the consent of the person, his/her family or correspondent should be notified of the incident ~~unless the person communicates that they do not want their family to be contacted~~. If the person is unable to communicate, the family will be contacted.

The facility or provider’s Human Rights Committee must be notified of the emergency use of these interventions. ~~The notification must be made~~ in accordance with facility/board/provider policy.

Each time these interventions are used as an emergency response, consideration must be given to the circumstances under which the incident occurred and with which emergency interventions are necessary for the person. Should a pattern emerge, or if ~~manual~~~~mechanical~~ restraint or ~~psychotropic medications~~~~chemical restraint~~ ~~is~~~~are~~ employed in response to an emergency twice in a 30-day period or three (3) times during any three (3) consecutive month’s period, a specific plan must be developed to prevent and respond to the behavior.

IV. HEALTH RELATED PROTECTIONS

When during the conduct of a specific medical, dental or surgical procedure or during the time in which a medical condition exists, the person requires protection, restraint (~~chemical~~, manual or mechanical) may be used. These health-related protections must be ordered by the person’s physician/dentist. The physician/dentist must specify the schedule for its use and how the use of the protection is to be monitored. Examples of restraints that may be used as a health-related protection include, but are not limited to, splints, braces, bed rails, wheelchair harness, helmets, lap belts and abdominal/torso belts. Because the primary purpose of a health-related protection is not to manage behavior, a Behavior Support Plan is not required.

For an ICF/IID resident receiving services in a DDSN Regional Center, DDSN Directive 603-03-DD: ~~Medical and Dental Treatment of Uncooperative Consumers~~ Safety Precautions for Medical and Dental Treatment, must be followed.

Gary C. Lemel	Eva R. Ravenel
Vice Chairman	Chairman
(Originator)	(Approved)
<u>Barry D. Malphrus</u>	<u>Stephanie M. Rawlinson</u>
<u>Vice Chairman</u>	<u>Chairman</u>

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

Attachment: Reporting the Use of Planned Restraint

Reporting the Use of Planned Restraint to DDSN

Submitting Behavior Support Plans That Include Restraint Procedures

When any approved Behavior Support Plan (BSP) includes planned restraint (mechanical or manual) procedures, a copy of the BSP must be provided to DDSN. Additionally, a copy of any amendments to BSPs which include planned restraint (mechanical or manual) procedures must be provided to DDSN. “Planned restraint” is intended to mean when mechanical or manual restraint is specifically indicated in the BSP as a planned response to problem behavior that will immediately, or cumulatively result in harm. This does not include the use of restraint as a response to unanticipated dangerous or disruptive behavior or crisis situations.

~~A copy of any BSP which includes planned restraint procedures in use on October 1, 2017 must be provided to DDSN no later than November 1, 2017. Any amendments to these BSPs must be submitted to DDSN within 20 days of approval.~~

~~After October 1, 2017, w~~When a new BSP which includes the use of planned restraint (mechanical or manual) procedures is approved for use or when any existing BSP is amended and approved to add planned restraint procedures, the BSPs must be submitted to DDSN within 20 days of approval.

Copies of BSPs and amendments must be submitted to Mark Morgan through Therap’s S-Comm system.

Reporting the Use of Restraint

When, in accordance with the Behavior Support Plan, planned restraint (manual or mechanical) is employed, the use of the planned restraint must be reported to DDSN. These reports should be made quarterly based on the following schedule:

Reporting Period	Report to DDSN
January 1 – March 31	April 15
April 1 – June 30	July 15
July 1 – September 30	October 15
October 1 – December 31	January 15

The report must include the following:

- The Residential Habilitation or ICF/IID provider’s name.
- The name of the person for whom restraint was employed.
- The date the restraint was employed. If released and restraint reapplied, two (2) applications should be reported.
- The nonoccurrence of planned restraint procedures during the review period.

These quarterly reports should be submitted to Mark Morgan and should be submitted through Therap’s S-Comm system.

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Reference Number:	600-05-DD
Title of Document:	Behavior Support, Psychotropic Medications, and Prohibited Practices
Date of Issue:	June 1, 1987
Date of Last Revision:	July 21, 2022
Effective Date:	July 21, 2022
Applicable for Receiving:	Intermediate Care Facilities for Individuals with Persons Intellectual Disabilities (ICF/IID), Residential Habilitation, and Employment/Day Services (Day Activity, Career Preparation, Community Services, Employment Services, Support Center Services)

(REVISED)

PURPOSE

The purpose of this directive is to establish the expectations of the South Carolina Department of Disabilities and Special Needs (DDSN) regarding interventions used to address concerning or problem behaviors exhibited by those served in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), those receiving Residential Habilitation in a DDSN-sponsored residential setting, and those for whom such interventions are necessary in order for them to participate in a DDSN-licensed employment/day program. Those interventions include Behavior Support Plans; Psychotropic Medications; Emergency Interventions; and Health-Related Protections.

NOTE:

- Throughout this directive, DDSN Regional Centers and ICFs/IID operated by DSN Boards or contracted service providers will be referred to as “facility.” When referring to agencies

(DDSN, DSN Boards or contracted service providers) that provide Residential Habilitation and/or Employment/Day Services, “provider” will be used.

- Throughout this directive, “client representative” is used. In the context of this directive, “client representative” means the parent, guardian, legal counsel or other person who acts on behalf or in the best interest of a person with Intellectual Disability or a Related Disability (ID/RD) including Autism Spectrum Disorder. This definition is consistent with S. C. Code Ann. § 44-26-10 et. seq. (2018).
- Client representative does not apply to those receiving services under the category of HASCI as there is no statutory authority for such.

DEFINITIONS

- Behavior Support Plans: Specific plans that teach or assist someone to build positive behaviors to replace or reduce problem behaviors and, when necessary, include strategies to be used to protect the person when dangerous and unsafe behaviors are exhibited.
- Chemical restraint: The use of psychotropic medication for the specific and exclusive purpose of controlling acute, episodic behavior that is not standard treatment or dosage for the individual’s medical or psychiatric condition.
- Differential reinforcement: Reinforcing a specific target behavior while withholding reinforcement from an unwanted behavior;
- Emergency Interventions: Restrictive procedures (manual restraint and chemical restraint) used to provide protection from harm in situations where the person is endangering him/herself or others with severely aggressive, self-injurious, or destructive behavior. These behaviors could not reasonably have been anticipated in the current setting and there is no approved behavioral, medical or psychiatric program in effect that provides adequate protection from harm.
- Health-Related Protections: Restraints (manual or mechanical) used during the conduct of a specific medical, dental, or surgical procedure or used out of necessity during the time a medical condition exists. Examples of devices used as a health-related protection include, but are not limited to: splints, braces, bed rails, wheelchair harnesses, helmets, and lap belts.
- Manual restraint: Any physical method that purposely limits or restricts a person’s freedom of movement, or normal functioning of, or normal access to, a portion or portions of a person’s body. Manual restraint means and includes the term “physical restraint.”
- Mechanical restraint: Any device, material or equipment attached to a person’s body which cannot easily be removed and is used to restrict a person’s free movement or access to the person’s body. Examples include, but are not limited to: humane wraps, blanket wraps, transport jackets, mittens, four-point restraints, head straps, camisoles, helmets with fasteners, belts, cuffs, chest restraints, etc. Mechanical restraint would also include the unauthorized use of a person’s adaptive equipment such as lap trays, gait belts, Merry Walkers, bean bags, etc.

- **Overcorrection:** Corrective efforts which go beyond a simple correction by requiring an individual to vastly improve the condition of the environment, which may be considered a form of punishment;
- **Planned restraint:** The use of a very specific and identified manual or mechanical restraint, on which staff have been trained, in response to a specific and identified behavior, based upon the results of the functional behavioral assessment, and that is incorporated into a behavior support program.
- **Pro re nata (PRN):** A term which means the administration of the medical order is not scheduled and is, instead, provided on an as needed basis.
- **Psychotropic Medications:** Any medication used for the primary purpose of affecting overt maladaptive behavior, mood, or thought processes, or alleviating symptoms related to a specific diagnosed psychiatric condition.
- **Response cost:** The loss of either a previously earned reinforcer, or the opportunity to obtain future reinforcers, in response to undesirable or disruptive behavior.
- **Restrictive Intervention:** A procedure or practice that limits a person's movement, activity, or function. The practice may also interfere with a person's ability to acquire positive reinforcement or loss of objects or activities that a person values.
- **Simple correction:** Requiring the individual to only restore the environment to the pre-problem behavior state.
- **Social disapproval:** A response to an unwanted behavior where staff members provide a statement of disapproval that may include a re-directive prompt or reminder of social rules.
- **Time-out room:** A room outside the normal environment that is devoid of positive reinforcers and where an individual is safely placed and prevented from leaving until specific exit criteria have been met.

PHILOSOPHY

Consistent with DDSN's values, it is expected that all supports and interventions to address problem behavior:

- Ensure the health, safety, and well-being of each person;
- Ensure that each person is treated with dignity and respect;
- Encourage participation, choice, control and responsibility;
- Encourage relationships with family and friends, and connections in the community; and
- Result in personal growth and accomplishment.

Consistent with DDSN's principles, it is expected that supports and interventions to address problem behavior will:

- Be person-centered and community inclusive;
- Be responsive, effective and accountable;
- Be practical, positive and appropriate;
- Be strengths-based and results-oriented;
- Offer opportunities to be productive and maximize potential; and
- Feature best and promising practices.

As a foundation of all supports, DDSN embraces positive behavior support. Positive behavior support recognizes that people exhibit problem behavior because it serves a useful purpose for them in their current situation/circumstances. The focus of positive behavior support begins with understanding the purpose or function of the problem behavior. Once it is known why the behavior occurs, interventions to promote positive behavior that serves the same function can be developed.

The goal of positive behavior support is not solely to eliminate problem behavior but to create environments and patterns of support that make the problem behavior irrelevant, inefficient or ineffective while making the positive behavior that is promoted as an alternative, relevant, effective and efficient.

DDSN believes that all who develop intervention strategies for people with disabilities must be knowledgeable in the values, theory, and practices of positive behavior support. Literature such as Functional Assessment and Program Development for Problem Behavior: A Practical Handbook (O'Neill, Horner, et. al., 2014) or similar guides to evidence-based practices in positive behavior support are recommended for review and study.

POLICY

Those supported will be free from any serious risk to physical and psychological health and safety at all times, including while the function of the problem behavior is being determined and while the interventions to address the behavior are being developed.

DDSN prohibits the use of the following:

- Procedures or devices used for disciplinary purposes, for the convenience of staff, or as a substitute for needed supports;
- The use of medication for disciplinary purposes, for the convenience of staff, as a substitute for training or engagement, or in quantities that interfere with someone's quality of life;
- Seclusion which is defined as placing someone alone in a locked room;

- Enclosed cribs;
- Interventions that result in a nutritionally inadequate diet or the denial of a regularly scheduled meal;
- Encouraging/using someone supported to discipline a peer;
- Prone restraint;
- Restraints that obstruct the airway or impair breathing;
- Any strategy in which a pillow, blanket or other item is used to cover the individual's face as part of restraint process;
- Any restraint that causes hyperextension of joints;
- Physical holds that rely on pain inducement;
- Time out rooms;
- Aversive consequences which are defined as the use or threatening the use of startling, unpleasant or painful consequences;
- As needed (PRN) orders for psychotropic medications except when prescribed by a physician while treating the person in a hospital setting or prescribed as part of the palliative care provided by Hospice;
- As needed (PRN) order for manual restraint or mechanical restraint;
- Use of psychotropic medications in the absence of a Behavior Support Plan or an authorized Emergency Intervention;
- The planned use of restrictive procedures and/or restraint (manual, chemical or mechanical) prior to the exhaustion of less intrusive measures;
- The use of restraint (manual or mechanical) for more than one (1) continuous hour (60 continuous minutes);
- The use of restraint (manual, chemical or mechanical) when not necessary to protect the person or others from harm;
- Coercion/use of intimidation or use of force to gain compliance;
- Contingent use of painful body contact;
- Untested or experimental procedures.

Each DDSN Regional Center, DDSN-operated Residential Services, DSN Board or contracted service provider of ICF/IID, Residential Habilitation and/or DDSN-sponsored Employment/Day Services shall adopt written policies and procedures governing the prevention and management of problem behavior. These policies and procedures shall focus on the prevention of problem behavior and specify the facility, program or DDSN-approved procedures that may be used. If consequence-based procedures are approved for use, the policies and procedures shall include each procedure on a hierarchy ranging from most positive/least restrictive to least positive/most restrictive. The policies and procedures shall address the use of restraint, the use of medications to manage problem behavior, and the practices prohibited by the facility, program or board/provider.

In accordance with DDSN Directive 535-02-DD: Human Rights Committee, each facility or provider must designate and use a Human Rights Committee to review and approve planned interventions which involve risk to individual protection and rights. Pursuant to the DDSN Directive 535-02-DD: Human Rights Committee, the Human Rights Committee must review and approve of the use of planned interventions prior to implementation and appropriate consents/approvals have been obtained. Additionally, the Human Rights Committee must be notified of the use of any Emergency Interventions.

I. BEHAVIOR SUPPORT PLANS

Behavior Support Plans must be developed and monitored in accordance with the regulations governing ICFs/IID when developed for ICF/IID residents and in accordance with DDSN Residential Habilitation Standards for those receiving Residential Habilitation.

Behavior Support Plans include specific procedures or techniques to be utilized to prevent and respond to behavior. These procedures or techniques may be nonrestrictive, restrictive, or employ restraint.

A. BEHAVIOR SUPPORT PLANS: NONRESTRICTIVE

When the procedures or techniques within a Behavior Support Plan do not limit freedom, rights, or allow for the loss of access to personal property, the Behavior Support Plan is considered nonrestrictive. Examples of nonrestrictive procedures or techniques include, but are not limited to, teaching appropriate and functionally-equivalent replacement behavior; differential reinforcement, social disapproval, simple correction, re-directions and interrupting with educative prompts.

NOTE: Behavior Support Plans which accompany the use of psychotropic medications **ARE** considered restrictive.

Prior to implementation of a Behavior Support Plan that utilizes only nonrestrictive procedures/techniques for an ICF/IID resident, the Behavior Support Plan must be approved by the ICF/IID resident's Interdisciplinary Team which includes the person, his/her legal guardian or client representative authorized to make health care decisions on behalf of the person.

Prior to implementation of a Behavior Support Plan for those receiving Residential Habilitation, the Behavior Support Plan must be approved by the person, client representative of a person with ID/RD, and the person responsible for the development of the Residential Habilitation Support Plan. If the Behavior Support Plan is to also be implemented by other service providers (i.e., Employment/Day Services providers), the Behavior Support Plan must be approved by the person(s) who develop the

Service Plan(s) for the other services (i.e., the person who develops the Individual Plan for Supported Employment if the plan is to be implemented as part of the provision of Employment Services).

Prior to the implementation of a Behavior Support Plan that utilizes only nonrestrictive procedures/techniques for those who reside in their own homes (i.e., not receiving ICF/IID or Residential Habilitation) and participate in a DDSN-sponsored Employment/Day Service, the Behavior Support Plan must be approved by the person, client representative of a person with ID/RD, and the person who develops the Employment/Day Service Plan.

Behavior Support Plans that utilize only nonrestrictive procedure/techniques must be monitored in accordance with the regulations or standards governing the program/service in which the Behavior Support Plan is implemented (e.g., ICF/IID Regulations, DDSN Residential Habilitation Standards, Day Activity Standards, etc.).

B. BEHAVIOR SUPPORT PLANS: RESTRICTIVE

When the procedures or techniques within a Behavior Support Plan limit the person's rights, freedom of movement, or cause loss of access to personal property, the Behavior Support Plan is considered restrictive. Examples of restrictive procedures/techniques include, but are not limited to, increasing the level of supervision provided in response to behavior, one-on-one supervision, response cost, overcorrection, and separation lasting more than five (5) minutes (excluding time-out rooms which are prohibited).

NOTE: Behavior Support Plans which accompany the use of psychotropic medication **are** considered restrictive.

Prior to implementation of a Behavior Support Plan that includes restrictive procedures/techniques, appropriate approvals must be obtained.

Additionally, for ICF/IID residents, written informed consent for the Behavior Support Plan must be obtained and it must be approved by the Interdisciplinary Team which includes the person, his/her legal guardian, or client representative and the Human Rights Committee.

For those receiving Residential Habilitation, written informed consent for the Behavior Support Plan must be obtained from the person or client representative of a person with ID/RD.

Additionally, for those receiving Residential Habilitation, the Behavior Support Plan must be approved by the person or his/her legal guardian and the person responsible for the development of the Residential Habilitation Support Plan. If the Behavior Support Plan is also to be implemented by other service providers (i.e., Employment/Day Service providers), it must be approved by the person responsible for developing the Service Plan or the other service (i.e., person who develops the Individual Plan for Supported Employment if being implemented as part of Employment Services). The Behavior Support Plan must be approved by the provider's Human Rights Committee.

For those who reside in their own homes (i.e., not receiving ICF/IID services or Residential Habilitation) and who receive DDSN-Sponsored Employment/Day Services, written informed consent must be obtained from the person or client representative of a person with ID/RD.

Additionally, for those who reside in their own homes (i.e., not receiving ICF/IID or Residential Habilitation) and who receive DDSN-sponsored Employment/Day Services, the Behavior Support Plan must be approved by the person or client representative of a person with ID/RD, the person who develops the Employment/Day Service Plan, and the provider's Human Rights Committee.

Behavior Support Plans that include restrictive procedures/techniques must be monitored by the Human Rights Committee and in accordance with the regulations or standards governing the program/service in which the Behavior Support Plan is implemented (e.g., ICF/IID Regulations, Residential Habilitation Standards, Career Preparation Standards, etc.).

C. BEHAVIOR SUPPORT PLAN: RESTRAINT

Only when necessary to protect the person or others from harm and only when the procedure/technique is the least restrictive/intrusive alternative possible to meet the needs of the person may planned restraints be included in Behavior Support Plans.

NOTE: The use of mechanical devices to support proper body positioning, even when movement may be restricted, is not considered restraint. Devices used for proper body positioning must only be used when the medical necessity for the device is clearly documented.

NOTE: Planned restraints may only be included as an integral part of a Behavior Support Plan that is intended to lead to less restrictive means of managing and eliminating the behavior that will immediately result in harm. Planned mechanical restraints may also be included in a Behavior Support Plan to address behavior that does not immediately result in harm, but due to the chronic/long term nature of the behavior (i.e., hand mouthing that results in skin breakdown, head banging, removing/picking post-operative sutures, etc.), will result in harm.

When Behavior Support Plans incorporate planned restraints, the Behavior Support Plan must include strategies directed toward decreasing or eliminating their use. These Behavior Support Plans must also include provisions for the use of less intrusive techniques prior to the application of the planned restraint when the problem behavior is occurring.

When Behavior Support Plans incorporate planned restraints the plan must direct that, when applied, the person will be released from the planned restraint when he/she is calm and no longer dangerous (not to exceed one continuous hour). When a mechanical restraint is utilized, the mechanical restraint must be designed and used in a manner that causes no injury and minimizes discomfort.

When mechanical restraint is utilized in a Behavior Support Plan as a response to behavior that will immediately result in harm, the Behavior Support Plan must direct staff members to maintain visual supervision during the time the mechanical restraint is applied. The person's response to the mechanical restraint application and his/her physical condition (i.e., breathing, circulation) must be continually monitored. Documentation of response and condition must be completed and maintained every 15 minutes during the duration of the mechanical restraint.

When mechanical restraint is utilized in a Behavior Support Plan as a response to chronic/long term behavior that will result in harm, the Behavior Support Plan must specify the schedule for the use of the mechanical restraint. The schedule must provide for release from restraint for 10 minutes

following every 50-minute restraint period. The Behavior Support Plan must include the specific plan for supervising the person when the mechanical restraint is not in use (i.e., during times of release) and specify that the mechanical restraint is not to automatically be reapplied unless the behavior recurs. The person's response to mechanical restraint application and his/her physical condition (i.e., breathing, circulation), must be monitored at least every 15 minutes. Documentation of response and condition must be completed and maintained.

When, for an ICF/IID resident, a physician-ordered mechanical restraint is employed during sleeping hours to avoid interruption of sleep, release from the mechanical restraint is not required every hour. However, the application of the restraint must be monitored every 60 minutes (1 hour) to ensure it is properly applied and the person is comfortable.

When, for those receiving Residential Habilitation, mechanical restraints are employed during sleeping hours to avoid interruption of sleep, release from the mechanical restraint is not required every hour. However, the application of the restraint must be monitored every 60 minutes (1 hour) to ensure it is properly applied and the person is comfortable.

Prior to the implementation of a Behavior Support Plan that include a planned restraint, appropriate approvals must be obtained.

For ICF/IID residents, written informed consent for the Behavior Support Plan must be obtained from the person or client representative of a person with an Intellectual Disability/Related Disability, or the person authorized to make health care decisions on behalf of the ICF/IID resident.

Additionally, for ICF/IID residents, the Behavior Support Plan that includes planned restraint must be approved by the person's Interdisciplinary Team, which includes the person, his/her legal guardian or person authorized to make health care decisions on behalf of the persons and either the DDSN Regional Center Facility Administrator or the Executive Director of the facility. The Behavior Support Plan must be approved by the facility's Human Rights Committee.

For those receiving Residential Habilitation, written informed consent for the Behavior Support Plan must be obtained from the person or client representative of a person with ID/RD.

Additionally, for those receiving Residential Habilitation, the Behavior Support Plan that includes planned restraint must be approved by the person or client representative of a person with ID/RD, the staff responsible for developing the Residential Habilitation Support Plan, the Executive Director of the Residential Habilitation provider, and the provider's Human Rights Committee.

If the Behavior Support Plan requires implementation by other service providers (i.e., Employment/Day Service providers), it must also be approved by the staff responsible for developing the service plan for the other service (i.e., the person who develops the Day Activity Plan of Service) and as appropriate, the other service provider's Executive Director/CEO.

For those who reside in their own homes (i.e., not receiving ICF/IID services or Residential Habilitation) and who receive DDSN-Sponsored Employment/Day Services, written informed consent must be obtained from the person or client representative of a person with ID/RD.

Additionally, for those who reside in their own homes (i.e., not receiving ICF/IID or Residential Habilitation) and receive DDSN-sponsored Employment/Day Services, a Behavior Support Plan that includes restraint (manual or mechanical) must be approved by the provider's Human Rights Committee, the person or client representative of a person with ID/RD, the provider staff responsible for developing the Employment/Day Service Plan and the Executive Director of the Employment Day Service board/provider.

Behavior Support Plans that include planned restraint must be monitored by the Human Rights Committee and in accordance with the regulations or standards governing the program/service in which the Behavior Support Plan is implemented (e.g., ICF/IID Regulations, Residential Habilitation Standards, etc.). Additionally, the use of planned restraints will be monitored by DDSN. When a Behavior Support Plan which includes specific planned restraints is approved, the approved Plan must be submitted to DDSN within 20 business days of approval. When the restraint procedure is employed, its actual use must be reported to DDSN. A report of the use of planned manual or mechanical restraint will be made to DDSN quarterly. Reports must be made to DDSN by the 15th day of January, April, July and October for any planned restraint employed during the previous quarter.

January 1st – March 31st	April 15
April 1st – June 30th	July 15
July 1st – September 30th	October 15
October 1st – December 31st	January 15

II. PSYCHOTROPIC MEDICATION

Before psychotropic medications are used as an intervention to address problem behavior, the potential risks of those medications must be carefully weighed against the risk of the behavior for which the medication will be given. The specific concerning behaviors/symptoms for which the medication will be given must be documented along with the consideration of the associated risk.

When psychotropic medications are given, DDSN Directive 603-01-DD: Tardive Dyskinesia Monitoring, must be followed.

When given, psychotropic medications must be reviewed based on the person's needs as determined by the psychiatrist or physician but must be reviewed at least quarterly. Through this review, the Psychotropic Drug Review, the combination of the psychotropic medication and Behavior Support Plan are monitored using the behavioral data collected as part of the Behavior Support Plan for effectiveness with addressing the specific behaviors/symptoms for which the medication is given. The Psychotropic Drug Review should provide for gradually diminishing medication dosages and ultimately discontinuing the medication unless clinical evidence justifies that the medication is necessary. The Psychotropic Drug Review should be completed with those who know the person well. Those involved in the Psychotropic Drug Review should include, but are not limited to, the physician and/or psychiatrist, the person and/or his/her legal guardian, the person responsible for the Behavior Support Plan, the person responsible for the ICF/IID Individual Program Plan or Residential Habilitation Support Plan, the ICF/IID Nurse and a direct support professional who knows the person well. The health care provider responsible for prescribing the psychotropic medication is responsible for ensuring compliance with the Adult Health Care Consent Act.

For ICF/IID residents, when psychotropic medication is given outside an emergency intervention, a Behavior Support Plan is also required. The Behavior Support Plan must address the behaviors/symptoms for which the medication is given. In combination, the psychotropic medication and the Behavior Support Plan should lead to a less restrictive/intrusive way of managing and, if possible, eliminating the problem behavior and/or psychiatric symptoms for which they are employed.

For those receiving Residential Habilitation in a DDSN-sponsored residential setting, when psychotropic medication is given, outside an emergency intervention, to address problem behavior that poses a significant risk to the person (i.e., self-injury), others (i.e., physical aggression), or the environment (i.e., property destruction), a Behavior Support Plan is required. The Behavior Support Plan must address the specific behaviors/symptoms for which the medication is given. In combination, the psychotropic medication and the Behavior Support Plan should lead to a less restrictive/intrusive way of managing and if possible, eliminating the behaviors/symptoms for which they are employed. For those receiving Residential Habilitation, a Behavior Support Plan is not required in conjunction with psychotropic medication when the person's record clearly documents that he/she:

- Does not exhibit behavior that poses a significant risk to him/herself, others or the environment, and/or;
- Has reached the lowest effective dosage of the medication based on data regarding the occurrence of the specific behavior/symptoms for which the medication is prescribed which is confirmed in writing each quarter by the physician/psychiatrist prescribing the psychotropic medication.

When, for those receiving Residential Habilitation, a Behavior Support Plan is not used in conjunction with psychotropic medication, the specific behavior/psychiatric symptoms targeted for change by the use of psychotropic medications must be clearly noted. Data must be collected on the occurrence of those behaviors/symptoms targeted for change. The collected data must be provided as part of the Psychotropic Drug Review to inform the decisions made therein. Any other problem behavior, especially those which pose a significant risk to the person, others, or the environment, must also be documented and shared as part of the Psychotropic Drug Review.

When psychotropic medications are prescribed for those who participate in a DDSN-sponsored Employment/Day Program and reside in their own homes (i.e., not receiving ICF/IID or Residential Habilitation), efforts must be made to obtain information about those medications and the specific problem behaviors or symptoms for which they were prescribed. If those behaviors/symptoms interfere with the person's ability to fully benefit from Employment/Day Services or are sufficiently severe to likely jeopardize the person's ability to continue to live in his/her own home, the need for Behavior Support Services must be discussed with the person's case manager.

NOTE: Services are available through:

- State Funded Community Supports;
- State Funded Follow Along;
- Intellectual Disabilities/Related Disabilities (ID/RD) Waiver;

- Community Supports Waiver; or
- Head and Spinal Cord Injury (HASCI) Waiver.

III. EMERGENCY INTERVENTIONS

DDSN Directive 567-04-DD: Preventing and Responding to Disruptive Behavior and Crisis Situations, establishes the requirement that all DDSN-operated facilities/programs, DSN Board operated facilities/programs and DDSN-qualified service providers utilize a DDSN approved system for teaching and certifying staff to prevent and respond to disruptive behavior and crisis situations. Only the techniques that are part of a DDSN-approved system may be used. It is noted that the prohibited practices listed in the Policy section of this Directive equally inhibit the techniques used during an emergency intervention. When manual restraint techniques are employed as an emergency response the Facility Administrator or the Executive Director must be immediately notified. Within 24 hours of the incident, a written report of the incident must be provided to the Facility Administrator/Executive Director and either the person's Interdisciplinary Team or the staff responsible for the person's service plan development.

When a manual restraint is implemented during an emergency intervention, the manual restraint must only be applied until the person is calm and no longer dangerous. While the manual restraint is applied, the person's response to its application must be continually monitored.

Chemical restraints are permitted in emergency interventions; however, the Facility Administrator or Executive Director must have given prior written authorization when possible, or prior verbal authorization that must be followed by written authorization within 24 hours of the verbal authorization. The written authorization must document the initial attempt(s) of less intrusive measures being implemented, the specific medication and dosage to be administered, the time of the verbal authorization, and specify the date and time period for which the authorization is valid.

The emergency use of manual restraint or chemical restraint is considered a critical incident and must be reported to DDSN in accordance with DDSN Directive 100-09-DD: Critical Incident Reporting.

As soon as possible following the emergency intervention, the person's legal guardian must be notified of the incident. With the consent of the person, his/her family or correspondent should be notified of the incident. If the person is unable to communicate, the family will be contacted.

The facility or provider's Human Rights Committee must be notified of the emergency use of these interventions, in accordance with facility/board/provider policy.

Each time these interventions are used as an emergency response, consideration must be given to the circumstances under which the incident occurred and with which emergency interventions are necessary for the person. Should a pattern emerge, or if manual restraint or chemical restraint is employed in response to an emergency twice in a 30-day period or three (3) times during any three (3) consecutive month's period, a specific plan must be developed to prevent and respond to the behavior.

IV. HEALTH RELATED PROTECTIONS

When during the conduct of a specific medical, dental or surgical procedure or during the time in which a medical condition exists, the person requires protection, restraint (manual or mechanical) may be used. These health-related protections must be ordered by the person’s physician/dentist. The physician/dentist must specify the schedule for its use and how the use of the protection is to be monitored. Examples of restraints that may be used as a health-related protection include, but are not limited to, splints, braces, bed rails, wheelchair harness, helmets, lap belts and abdominal/torso belts. Because the primary purpose of a health-related protection is not to manage behavior, a Behavior Support Plan is not required.

For an ICF/IID resident receiving services in a DDSN Regional Center, DDSN Directive 603-03-DD: Safety Precautions for Medical and Dental Treatment, must be followed.

Barry D. Malphrus
Vice Chairman

Stephanie M. Rawlinson
Chairman

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

Attachment: Reporting the Use of Planned Restraint

Reporting the Use of Planned Restraint to DDSN

Submitting Behavior Support Plans That Include Restraint Procedures

When any approved Behavior Support Plan (BSP) includes planned restraint (mechanical or manual) procedures, a copy of the BSP must be provided to DDSN. Additionally, a copy of any amendments to BSPs which include planned restraint (mechanical or manual) procedures must be provided to DDSN. “Planned restraint” is intended to mean when mechanical or manual restraint is specifically indicated in the BSP as a planned response to problem behavior that will immediately, or cumulatively result in harm. This does not include the use of restraint as a response to unanticipated dangerous or disruptive behavior or crisis situations.

When a new BSP which includes the use of planned restraint (mechanical or manual) procedures is approved for use or when any existing BSP is amended and approved to add planned restraint procedures, the BSPs must be submitted to DDSN within 20 days of approval.

Copies of BSPs and amendments must be submitted to Mark Morgan through Therap’s S-Comm system.

Reporting the Use of Restraint

When, in accordance with the Behavior Support Plan, planned restraint (manual or mechanical) is employed, the use of the planned restraint must be reported to DDSN. These reports should be made quarterly based on the following schedule:

Reporting Period	Report to DDSN
January 1 – March 31	April 15
April 1 – June 30	July 15
July 1 – September 30	October 15
October 1 – December 31	January 15

The report must include the following:

- The Residential Habilitation or ICF/IID provider’s name.
- The name of the person for whom restraint was employed.
- The date the restraint was employed. If released and restraint reapplied, two (2) applications should be-reported.
- The nonoccurrence of planned restraint procedures during the review period.

These quarterly reports should be submitted to Mark Morgan and should be submitted through Therap’s S-Comm system.

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Reference Number: 300-04-DD

Title of Document: Maintenance of Physical Plant

Date of Issue: February 10, 1988
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Applicability: DDSN Owned Facilities

Purpose

This directive establishes policies relative to the proper maintenance of South Carolina Department of Disabilities and Special Needs (DDSN) owned facilities, including minor modifications and renovations.

Definition

For the purpose of this directive, maintenance is defined as including minor renovations such as installation of handicapped accessible devices, wall relocation, repair, and preventive maintenance, which are the responsibility of the DDSN Regional Center. Renovation work shall not be commenced until approved by Engineering and Planning.

Responsibility

Except as provided for community residential facilities under management contract with DDSN, this directive covers maintenance of all physical plant facilities owned by DDSN.

Maintenance of structural, mechanical, electrical, and life safety components of buildings, on a repair or scheduled basis, to maintain a safe, comfortable and livable environment shall be the

DISTRICT I

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Clinton, SC 29325-5328
Phone: (864) 938-3497

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

DISTRICT II

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

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

responsibility of the DDSN Regional Center, in accordance with Agency Procurement Manual and State Guidelines.

Minor renovations or modifications/upgrades cited as deficiencies shall be the responsibility of the DDSN Regional Center and shall be scheduled to be done from the DDSN Regional Center operating budget or as a preventive maintenance or accessibility project if approved.

Major renovation and upgrade of facilities shall be requested through the permanent improvement project process.

Procedures

Except as provided for community residences under management contract, all general maintenance work, including maintenance of mechanical, electrical and fire alarm systems and fixed equipment, shall be done by the sub-District/Regional Center maintenance staff. Maintenance may be done by outside contracts under one or more of the following conditions:

- A. The facility requiring maintenance is located more than 20 miles of travel from the DDSN Regional Center.
- B. The urgency of the maintenance is such that it is a life safety hazard to the consumers, and the sub-District/Regional Center staff cannot complete the work in an acceptable timely manner.
- C. Major work requiring funding through a permanent improvement project.
- D. The type work is performed so infrequently that it is impractical to maintain an adequate staff including:
 - (1) Major roof replacement or repair.
 - (2) Vinyl wall covering, tile and carpet installation.
 - (3) Asphalt and concrete paving work.
 - (4) Elevator service and repair.
 - (5) Servicing of major food preparation/service and laundry equipment.
- E. Life safety systems such as fire alarm and fire sprinkler that require a licensed technician to perform service.

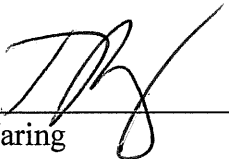
All contracted maintenance work shall be procured in accordance with the department procurement manual and the state consolidated procurement code.

Each DDSN Regional Center shall budget for and carry out a planned preventive maintenance program to maintain the physical plant in good repair. Preventive maintenance done with DDSN Regional Center maintenance staff or contractually, within the DDSN Regional Center procurement limit, shall be the responsibility of the District or as approved for a preventive maintenance project.

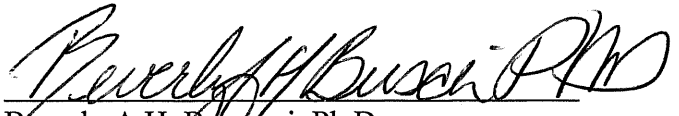
Maintenance Staff

DDSN Regional Centers shall have properly qualified and licensed personnel in the areas of plumbing, electrical and HVAC to maintain the technically sophisticated systems.

The engineering and planning division shall provide technical assistance to the DDSN Regional Center maintenance staff to trouble shoot problems, to insure compliance with building codes and regulations and for procurement of construction services.



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Reference Number: 300-05-DD

Title of Document: Maintenance ~~Management Contract Requirements for Properties Owned by DDSN and Operated by Local County Providers~~ and Improvements of DDSN-Owned Properties

Date of Issue: February 8, 1990

~~Reviewed Date: March 23, 1992~~

~~Last Review Date: June 18, 2020~~

Date of Last Revision: ~~June 18, 2020~~ XXXX, 2022 (REVISED)

Effective Date: ~~February 8, 1990~~ XXXX, 2022

Applicability: DDSN Providers Occupying DDSN-owned Properties ~~All DDSN "State Owned" Licensed Homes and Facilities~~

1. PURPOSE

It is the policy of the South Carolina Department of Disabilities and Special Needs (DDSN) that properties owned by the agency be structurally sound, cost effectively maintained, and promote the health, safety, and welfare of those who utilize the property.

~~The purpose of this directive is to establish maintenance and emergency repair responsibilities pertaining to residential and non-residential properties owned by DDSN and operated by local county providers. It is the policy of DDSN to ensure the structural soundness of facilities; ensure cost effective preventive maintenance on residences; and ensure that facilities promote health, safety, and welfare of individuals supported. Pursuant to Proviso 36.6, the purpose of this directive is to establish the process whereby properties that are owned by DDSN and are occupied by a DDSN services provider (Occupant) are adequately maintained and improved.~~

DEFINITIONS

Building Envelope: Includes all exterior components such as the roof, cladding, foundation, exterior windows, and exterior doors. The building envelope refers to all building elements that would protect the Interior Components of the building from the ambient environment and allow for climate control.

Fixed Equipment: Includes building elements such as HVAC systems, fire protection systems, electrical systems, plumbing systems, hard-wired or ducted kitchen equipment, refrigerator, washer, and dryer.

Interior Components: Includes interior finishes and accessories such as flooring, tile work, cabinets, countertops, interior doors/jambs, and lighting fixtures.

Custodial Maintenance: Refers to daily or routine tasks to maintain the property in a workable and livable condition. These activities include, but are not limited, to housekeeping, lawn care, painting, minor repairs to toilets and faucets to stop leaks or running, unclogging drain lines, changing out HVAC filters or electrical ballast/bulbs.

Improvements: Refers to modifications, renovations or alterations of DDSN-owned properties.

Emergency: Refers to an immediate threat to public health, welfare, critical economy and efficiency, or safety.

GENERAL

DDSN-owned properties include residences that may be operated by the Occupant as an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), a Community Residential Care Facility (CRCF), or a Community Training Home II (CTH-II); program buildings through which the Occupant delivers DDSN-sponsored Day Services; or office space. As the owner of the property, DDSN is committed to adequately maintaining the property.

DDSN will be responsible for:

- All care, maintenance, and replacement of the **Building Envelope**.
- All care, maintenance, and replacement of the **Fixed Equipment**.
- All care, maintenance, and replacement of the **Interior Components**, except in the case of damages by those supported or staff members.
- Ensuring each property is properly insured for hazard and loss protection, which will include any DDSN-owned furnishings. DDSN will not provide insurance coverage for any structures not erected by DDSN, nor any furnishings or belongings beyond those listed.
- Removal of dead trees.
- Maintaining a termite bond and protection as deemed prudent by DDSN.
- Maintaining possession of keys to all properties. Except in an emergency, DDSN will provide the Occupant 24 hours' notice prior to entering the property for the purpose of property inspection, maintenance, and/or repairs.
- Following processes described below.

Occupant will be responsible for:

- Demonstrating a basic level of knowledge, understanding, and competence with regards to property maintenance. This includes employing competent and capable maintenance staff with a general knowledge of care and maintenance of residential and commercial buildings.
- Notifying DDSN immediately upon discovery of any life safety deficiencies.
- Notifying DDSN immediately upon discovery of any critical maintenance deficiency that could result in larger or more costly maintenance and repairs if not addressed. Failure to notify DDSN of these critical maintenance deficiencies may result in the Occupant being held financially responsible for the repairs of such items.
- Damages (excluding normal wear and tear) caused to the **Building Envelope, Fixed Equipment, or Interior Components** by those supported or staff members. Such damages must be reported to DDSN within ten (10) business days.
- All **Custodial Maintenance**.
- All required inspections related to maintaining any required licensure. Any deficiencies cited on those inspections should be reported to DDSN immediately.
- Using sound judgement to determine if the issue constitutes an **Emergency** as defined above.
- Adhering to South Carolina Consolidated Procurement Code (<https://www.scstatehouse.gov/code/t11c035.php>). Failure to properly procure maintenance and repair work may result in any requests to DDSN being denied. Vendors must be registered with the state (<https://procurement.sc.gov/doing-biz/registration>).
- Following processes described below.

When the property is used as a residential setting in which Residential Habilitation is delivered, the Room and Board payments charged to residents will not include “maintenance,” “taxes and insurance,” and “pest control.”

IMPROVEMENTS

The Occupant shall make no **Improvements** to the property without written approval from DDSN. Examples of such improvements include, but are not limited to:

- Dividing or opening rooms by adding or removing interior walls.
- Cutting new door/window openings.
- In-filling existing door/window opening.
- Cutting existing doors.
- Removing door closers.
- Modifying the fire alarm system.
- Adding a carport, covered entry, and/or patio cover.
- Constructing or adding a storage building or shed.
- Adding fencing

All approved **Improvements** shall comply with state and local laws and be approved by the Authority Having Jurisdiction (AHJ) prior to commencement. If **Improvements** are desired, the Occupant must submit a request to DDSN's Division of Engineering and Planning. Requests must include a written description and projected cost of the proposed **Improvements**. DDSN will reserve the right to consider the benefits of requested **Improvements** to those who use the property, and if the **Improvements** will impact the property's value. No work can begin until DDSN's written approval is received by the Occupant.

PROCESSES

Non-Emergency Requests Related to Building Envelope, Fixed Equipment, and/or Interior Components

1. All non-emergency requests related to the care, maintenance, or replacement of the property's **Building Envelope, Fixed Equipment, and Interior Components**, should be made to DDSN using the email address **maintenance@ddsn.sc.gov**.
2. Requests are required to include the following information:
 - a. A written description of what repairs and/or replacements are needed,
 - b. All required procurement documentation, to include but is not limited to, required quotes, written requests for quotes, and written "scope of work" used to obtain quotes from contractors (see <https://www.procurement.sc.gov/osp/policy> for details), and
 - c. A completed Request for Purchase (RFP).
3. DDSN will review all submitted requests within 30 days.
4. If the request complies with this Directive, DDSN's Division of Engineering and Planning will approve the request and DDSN's Division of Procurement will generate a purchase order (PO) for the approved quotes. No maintenance or repair work shall commence prior to the Occupant receiving a PO from DDSN.
5. Upon completion of repairs and/or replacements, the Occupant shall verify all work is complete and/or ensure proper operations.
6. Invoices shall be made out to DDSN and be submitted to DDSN at the email address above along with written verification that all work is completed to satisfaction. DDSN will be responsible for approving invoices that meet the above-mentioned criteria, and processing them upon receipt.

Emergency Requests Related to Building Envelope, Fixed Equipment, and/or Interior Components

1. In the event of an **Emergency**, the Occupant may proceed with repairs and/or replacements without approval from DDSN. However, DDSN must be notified using the email address above.
 - a. The notification should document the emergency condition and the circumstances or events that resulted in the emergency condition.
 - b. The notification should be provided as soon as reasonably possible.
2. DDSN reserves the right to protest the Occupant's emergency determination.

Requests Related to Improvements

1. Requests for **Improvements** should be made to the email address above and include the following information:
 - a. Type of **Improvement** being requested and
 - b. Justification for how the **Improvement** will benefit those that use the property and/or impact the property's value.
2. DDSN will review requests for **Improvements** and provide written approval or denial in within 30 days.

Previously Completed Care, Maintenance, and Replacement by The Occupant to DDSN-Owned Properties

1. If **Improvements** were completed, or care, maintenance, and/or replacements were made to the **Building Envelope, Fixed Equipment, and Interior Components** by the Occupant after Proviso 36.6 was effective (July 1, 2021), but before this directive was effective, DDSN will review documentation related to the care, maintenance, or replacement to determine if reimbursement is allowable.
2. All previously completed work must have followed the South Carolina Consolidated Procurement Code and all documentation must be submitted to the DDSN Division of Engineering using the email address listed above in order for the request to be considered for reimbursement.

~~To achieve the goals stated above, DDSN and boards/providers shall divide responsibilities for maintenance, repairs, and replacement as follows:~~

2. ~~Procedure~~

~~A. DDSN mandates that the board/provider submit to DDSN proof of home insurance. Until such time the properties are deeded to providers, any premiums incurred by DDSN related to insuring the properties will be billed to and reimbursed by providers.~~

~~DDSN does not provide routine interior and exterior maintenance and upkeep for state owned community residential homes and facilities. Inspection of these settings is conducted annually.~~

~~B. Boards/Providers will be responsible for all routine interior and exterior maintenance and upkeep of residences and facilities. These costs are included in the boards/providers budget. The board/provider shall be responsible for:~~

~~1. Preventative maintenance/repair of the fire alarm system, sprinkler system, if applicable, on all fixed equipment including the water heater, dishwasher, and heating/ventilation and air conditioning through annual maintenance/service contracts.~~

~~2. Replacement of all fixed equipment including water heater, dishwasher, automatic door opener, heating/ventilation and air conditioning;~~

~~*3. Roofing repairs and replacement;~~

~~*4. Exterior door and window repair/replacement when damage is covered by insurance;~~

~~*5. Replacement and repair of all items covered under the insurance policy of DDSN;~~

~~6. Fire alarm inspection and certification of the sprinkler system;~~

~~7. Adequate funding in the management contract budget to assist with items listed below as board/provider responsibilities.~~

~~8. The board/provider should contact the DDSN Regional Center Office/Maintenance Director on any of the above issues listed in items 3, 4, and 5 of this section and denoted with an asterisk above.~~

~~9. Take all reasonable actions to safeguard the facility and fixed asset items (FAS), as required contractually, from theft, destruction, or loss of any kind. (DDSN will carry insurance on the Facility and DDSN owned furnishings, for hazard and loss protection.)~~

~~10. Maintain the premises and fixed assets items in good order and in substantially the same condition as received, excepting reasonable wear and tear and damage by fire or other causality over which the board/provider has no control in coordination with licensing requirements as follows:~~

- ~~a. — Maintenance of all appliances including the washer, dishwasher, dryer, refrigerator, stove, freezer, and ice machine as applicable;~~
- ~~b. — All interior and exterior caulking and painting on a recommended frequency of once every three (3) years or on an as-needed basis; replace windows and doors when damage results from failure to maintain caulking and painting.~~
- ~~c. — Repair/replacement of all interior doors, door frames, floor coverings, cabinets and counter tops, tile work, and ceilings (unless damaged by water leaks);~~
- ~~d. — Replacement of light switches, lighting fixtures, emergency light batteries, and electrical receptacles (to be done by licensed electrician using same quality materials);~~
- ~~e. — Watering, pruning, and fertilizing of landscaping including replacement of shrubbery, as required;~~
- ~~f. — Mowing of grassed area;~~
- ~~g. — Regular cleaning and maintenance of rain gutters and diverters;~~
- ~~h. — Installation and maintenance of television antennas and/or cable;~~
- ~~i. — Installation and maintenance of door exit alarms;~~
- ~~j. — Maintenance and repair of water line leaks and leaky fixtures;~~
- ~~k. — Maintenance and repair of sewer line blockage;~~
- ~~l. — Replacement of window sash/screen, if broken, by accident, by client or staff and not otherwise covered by insurance;~~
- ~~m. — Maintenance and upkeep of outdoor equipment and furnishing such as basketball goal, other sports equipment, patio furniture, etc.~~

~~C. — In addition, the provider agrees to the following in regard to any fixed assets items associated with the residence:~~

- ~~1. — Keep accurate records, as required by DDSN, for the maintenance and accountability of the building and fixed assets items and inform DDSN promptly of any lost, stolen, or damaged fixed assets items or of any damage to the building or permanent fixtures;~~

- ~~2. — Replace any fixed asset items returned to DDSN and include the expense as part of the cost of operation of the community residence under the management contract; consistent with federal regulations and generally accepted accounting principles;~~
- ~~D. — The board/provider further agrees to indemnify DDSN from any liability from the use or possession of any fixed asset items and of the building and permanent fixtures.~~
- ~~E. — The board/provider shall make no modification, renovation, or alteration to the facility without express written authority from the Engineering & Planning Division of DDSN. Types of alterations would include, but not be limited to:~~
- ~~• — Dividing or opening rooms by adding or removing interior walls;~~
 - ~~• — Cutting new door/window openings;~~
 - ~~• — In-filling existing door/window openings;~~
 - ~~• — Cutting existing doors;~~
 - ~~• — Removing door closers;~~
 - ~~• — Modifying the fire alarm system;~~
 - ~~• — Additions such as a carport, covered entry, and/or patio cover, etc.~~
- ~~F. — The maintenance/service contract specifications shall be generated by the DDSN Engineering and Planning Division and shall basically consist of items outlined in paragraph “B” above.~~
- ~~G. — The board/provider shall comply with DHEC and DDSN requirements for design by professionals and plan review by authorities having jurisdiction, as appropriate and in consultation with the Engineering and Planning Division of DDSN.~~

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Reference Number: 700-09-DD

Title of Document: Determining Need for Residential Services

Date of Issue: July 21, 2022

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

Effective Date: July 21, 2022

Applicability: All DSN Boards and Contracted Service Providers

GENERAL:

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

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

MINIMUM CRITERIA FOR RESIDENTIAL SERVICES:

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

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

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

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

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

TYPES OF DDSN-SPONSORED RESIDENTIAL SERVICES:

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

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

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

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

2. Residential Habilitation:

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

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

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

- **High Management (Intensive Support Residential Habilitation)** is delivered through the Community Training Home II (CTH-II) model which is shared by up to three (3) people who have a brain injury, spinal cord injury or similar disability or those who have a diagnosis of intellectual disability/related disabilities and display extremely challenging behaviors.
- **Tier 4 (Intensive Support Residential Habilitation)** is delivered through the CTH-II model which is shared by up to four (4) people who may have been involved with the criminal justice system and individuals with severe behaviors requiring heightened staffing levels.
- **Tier 3 (Intensive Support Residential Habilitation)** is delivered through the CTH-II model which is shared by up to four (4) people or CRCF model which is shared by up to twelve (12) people who have a diagnosis of brain injury, spinal cord injury or similar disability or those who have a diagnosis of intellectual disability/related disabilities and display extremely challenging behaviors. Includes people being discharged from a DDSN Regional Center (ICF/IID) or community ICF/IID. Also includes people who need additional supports to prevent or delay institutional placement and to participate in community life due to: behavioral health concerns,

physical health conditions, medical support needs, and/or limitations in physical abilities which impact the person's ability to perform Activities of Daily Living without support from another.

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

RESIDENTIAL SERVICES REVIEW COMMITTEE:

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

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

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

INITIAL REQUEST FOR DETERMINATION OF NEED FOR RESIDENTIAL SERVICES:

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

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

DDSN must complete a review and acknowledge receipt of requests /notifications submitted via Therap SComm to “DDSN, Residential Service Requests” within five (5) business days of submission. This review will be completed only to ensure the required information is available for evaluation. When acknowledging the submission, DDSN will indicate if the submission is:

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

As soon as possible, but no later than ten (10) business days of receipt of a thorough and complete request, the Residential Review Committee will evaluate the submitted and available documentation. The Committee may, at their discretion, before making a decision, determine that a face-to-face visit with the person in his/her current residence/location or face-to-face visit with this person’s caregiver is needed to better understand the circumstances. These face-to-face visits will be conducted by DDSN staff with assistance, as needed, from the person’s case manager. These face-to-face visits will be conducted by DDSN staff with assistance, as needed, from the person’s case manager.

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

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

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

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

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

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

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

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

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

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

Requests for change must be submitted to DDSN via Therap SComm to "DDSN, Residential Service Requests." All requests must be thorough and complete. DDSN will utilize information available in the person's electronic health record and specific forms/information submitted to DDSN to evaluate each request. Submitted requests will be acknowledged by DDSN within five (5) business days of submission and will include an initial review to ensure the required information is available. When acknowledging the submission, DDSN will indicate if the submission is complete and will be evaluated or if information or clarification will be needed.

Within ten (10) business days of the receipt, the Residential Review Committee will evaluate the submitted and available information. The Committee may at any time request additional information or clarification. Using the submitted and available information the Committee will decide to approve or deny the request. If approved, the Committee must document the **type** Residential Services (ICF/IID or Residential Habilitation) and either the ICF/IID **setting** or **tier of service**.

DDSN must communicate the Committee's decision in writing within two (2) business days. The written communication must be transmitted via certified mail to the person, his/her representative (if

appropriate) and his/her case manager. The communication must include written notice of the person's right to appeal or request reconsideration of the decision.

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

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

NOTIFICATION OF DESIRED CHANGE OR ANTICIPATED NEED:

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

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

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

RESIDENTIAL SERVICES INFORMATION:

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

shared (e.g., initials, age in years). Specific information such as full name, date of birth, current address will only be shared with specific provider(s) and only with appropriate consent.

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

Barry D. Malphrus
Vice Chairman

Stephanie M. Rawlinson
Chairman

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

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

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

Description of Residential Habilitation Models

Community Training Home I (CTH-I):

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

Community Training Home II (CTH-II):

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

Supported Living Program I (SLP-I):

This model is similar to the SLP-II; however, people generally require only occasional support. It is offered in an apartment or house setting and staff are available 24 hours a day by phone.

Supervised Living Program II (SLP-II):

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

Community Residential Care Facility (CRCF):

This model, like the CTH-II, offers the opportunity to live in the community in a homelike environment under the supervision of qualified, trained caregivers. Care, skills training and supervision are provided according to identified needs as reflected in the service plan. See S.C. Code Ann. Regs. 61- 84 for specific licensing requirements (DHEC).

Note: The DHEC licensing requirements must be met by a CRCF provider who wishes to become a residential habilitation provider using their CRCF as the setting.

Residential Habilitation Tiers of Service

The following criteria will be used to determine which of the nine (9) tiers of service is appropriate for each person who receives Residential Habilitation:

High Management:

- A. Services will be delivered through the CTH-II model, **and**
- B. The CTH-II may not be licensed for more than 3 people, **and**
- C. The person meets (1) **or** (2) below:
 - 1) Has a dual diagnosis of intellectual disability/related disabilities and mental illness; **or**
 - 2) Meets (a) and (b) below:
 - a) Has diagnosis of intellectual disability/related disabilities and displays extremely challenging behaviors which are defined as culturally abnormal behavior(s) of such intensity, frequency, or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behavior which is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities. Extremely challenging behaviors may be categorized as:
 - i. Hurting others (e.g., hair pulling, hitting, kicking, scratching, head-butting, striking with objects);
 - ii. Self-injury (e.g., head banging, eye poking, hand biting, scratching, hair pulling);
 - iii. Destructive behaviors (e.g., throwing things, breaking furniture, tearing things up, fire setting);
 - iv. Disruptive behaviors (e.g., spitting, smearing bodily substances, yelling, offensive language, removing clothes in public, elopement, stealing);
 - v. Eating inedible objects (e.g., cigarette butts, pen lids, bedding); **and**
 - b) Requires the following support:
 - i. Intermittent assistance with ADLs and/or IADLs throughout the day,
 - ii. Close, in-person supervision throughout the day, and
 - iii. Daily Interventions to learn new skills or to prevent the loss of acquired skills.

Tier 4:

- A. Services will be delivered through the CTH-II, **and**
- B. The CTH-II may be licensed for up to 4 people, **and**
- C. The person may have been involved with the criminal justice system, **and/or**
- D. The person meets (a) **and** (b) below:
 - a) Has diagnosis of intellectual disability/related disabilities and displays extremely challenging behaviors which are defined as culturally abnormal behavior(s) of such intensity, frequency, or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behavior which is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities. Extremely challenging behaviors may be categorized as:
 - i. Hurting others (e.g., hair pulling, hitting, kicking, scratching, head-butting, striking with objects);
 - ii. Self-injury (e.g., head banging, eye poking, hand biting, scratching, hair pulling);
 - iii. Destructive behaviors (e.g., throwing things, breaking furniture, tearing things up, fire setting);
 - iv. Disruptive behaviors (e.g., spitting, smearing bodily substances, yelling, offensive language, removing clothes in public, elopement, stealing);

- v. Eating inedible objects (e.g., cigarette butts, pen lids, bedding); **and**
- b) Requires the following support:
 - i. Intermittent assistance with ADLs and/or IADLs throughout the day,
 - ii. Close, in-person supervision throughout the day, and
 - iii. Daily Interventions to learn new skills or to prevent the loss of acquired skills.

Tier 3:

- A. Services will be delivered through the CTH-II model or the CRCF model.
- B. The person meets one of the following (1, 2 or 3):

1) Has a diagnosis of intellectual disability/related disability and display extremely challenging behaviors which are defined as culturally abnormal behavior(s) of such intensity, frequency, or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behavior which is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities. Extremely challenging behaviors may be categorized as:

- a) Hurting others (e.g., hair pulling, hitting, kicking, scratching, head-butting, striking with objects);
- b) Self-injury (e.g., head banging, eye poking, hand biting, scratching, hair pulling);
- c) Destructive behaviors (e.g., throwing things, breaking furniture, tearing things up, fire setting);
- d) Disruptive behaviors (e.g., spitting, smearing bodily substances, yelling, offensive language, removing clothes in public, elopement, stealing);
- e) Eating inedible objects (e.g., cigarette butts, pen lids, bedding); **and**

Requires the following support:

- a) Intermittent assistance with ADLs and/or IADLs throughout the day,
- b) In-person supervision throughout the day, and
- c) Daily Interventions to learn new skills or to prevent the loss of acquired skills.

2) The person has been discharged from an ICF/IID **and**

Requires the following support:

- a) Intermittent assistance with ADLs and/or IADLs throughout the day,
- b) In-person supervision throughout the day, and
- c) Daily Interventions to learn new skills or to prevent the loss of acquired skills.

3) The person requires additional supports (*greater than Tier 2*) to prevent or delay institutional placement and to participate in community life due to:

- a) Behavioral health concerns,
- b) Physical health conditions,
- c) Medical support needs, and/or
- d) Limitations in physical abilities which impact the person's ability to perform Activities of Daily Living without support from another, **and**

Requires the following support:

- a) Intermittent assistance with ADLs and/or IADLs throughout the day,
- b) In-person supervision throughout the day, and
- c) Daily Interventions to learn new skills or to prevent the loss of acquired skills.

Tier 2:

- A. Services will be delivered through a CTH-II model or a CRCF model, **and**
- B. The person requires a degree of support greater than those provided in Tier 1 in order to prevent or delay institutional placement and to participate in community life due to:
 - 1) Behavioral health concerns,
 - 2) Physical health conditions,
 - 3) Medical support needs, and/or
 - 4) Limitations in physical abilities which impact the person’s ability to perform Activities of Daily Living without support from another, **and**
- C. The person requires the following support:
 - 1) Intermittent assistance with ADLs and/or IADLs throughout the day,
 - 2) In-person supervision throughout the day, and
 - 3) Daily interventions to learn new skills or to prevent the loss of acquired skills.

Tier 1:

- A. Services will be delivered through a CTH-II model or a CRCF model, **and**
- B. The person requires the following support:
 - 1) Intermittent assistance with ADLs and/or IADLs throughout the day; and
 - 2) In-person or remote supervision throughout the day, and
 - 3) Daily interventions to learn new skills or to prevent the loss of acquired skills.

Supervised Living Program (SLP) II:

- A. Services are delivered through the SLP-II model, **and**
- B. The person requires the following support:
 - 1) Intermittent assistance with ADLs and/or IADLs throughout the day,
 - 2) Daily in-person or remote supervision, and
 - 3) Daily interventions to learn new skills or to prevent the loss of acquired skills.

CTH-I Tier 2:

- A. Services will be delivered through the CTH-I model, **and**
- B. The person requires a degree of support greater than those provided in CTH-I Tier 1 in order to prevent or delay institutional placement and to participate in community life due to:
 - 1) behavioral health concerns,
 - 2) physical health conditions,
 - 3) medical support needs, and/or
 - 4) limitations in physical abilities which impact the person’s ability to perform Activities of Daily Living without support from another; **and**
- C. The person requires the following support:
 - 1) Intermittent assistance with ADLs and/or IADLs throughout the day,
 - 2) In-person supervision throughout the day, and
 - 3) Daily interventions to learn new skills or to prevent the loss of acquired skills, **and**
- D. Due to the amount/intensity of supports required by the person, the support provider requires relief/assistance to meet the person’s needs (e.g., a break from delivering supports).

CTH-I Tier 1:

- A. Services will be delivered through the CTH-I model, **and**
- B. The person requires the following supports:
 - 1) Intermittent assistance with ADLs (fundamental skills required to independently care for oneself) and/or IADLs (more complex activities related to the ability to live independently in the community) throughout the day; and
 - 2) In-person or remote supervision throughout the day, and
 - 3) Daily interventions to learn new skills or to prevent the loss of acquired skills.

SLP-I:

- A. Services are delivered through the SLP I model; **and** \
- B. The person requires occasional either in-person or remotely:
 - 1) Assistance with ADLs and/or IADLs,
 - 2) Supervision or guidance, and
 - 3) Interventions to learn new skills or to prevent the loss of acquired skills.

**South Carolina Department of Disabilities and Special Needs
Residential Services Request/Notification**

Identifying Information:

Name: _____

Date of Birth: _____ Gender: Male Female

County of Residence: _____

DDSN Eligibility Category: ID RD ASD TBI SCI SD

Is this person currently:

Enrolled in the ID/RD Waiver Enrolled in the HASCI Waiver Not enrolled in either

Reason for this request/notification *(check one and provide additional information as requested)*

Requesting a determination of the need for Residential Services (must also submit the Assessment of Need for Residential Services form and have available all information noted in the “Initial Request for Residential Services” section of Directive 700-08-DD: Single Case Agreement for Residential Habilitation)

Indicate the following **preferences** for living arrangements:

Location *(city/town, county, acceptable proximity to preferred places)*: _____

Residential Services Provider:

Setting: *(facility, shared residence, apartment)*: _____

Living Arrangements *(max number of housemates; shared bedroom)*: _____

Staff support *(24 hours on site, remote support)*: _____

Other: _____

Requesting change to current Residential Service (type, setting or model/tier) (must also submit supporting information as noted in the “Request for Change to Residential Services” section of Directive 700-08-DD: Single Case Agreement for Residential Habilitation):

Requested change:

From: _____

To: _____

Explanation of reason for change: _____

Notification of termination of Residential Habilitation or discharge from ICF/IID:

Current service type and setting/tier: _____

Name of current Residential Service provider: _____

Name of current licensed setting: _____

Date: _____

Reason: _____

Place of residence following termination/discharge (if applicable): _____

Seeking different Residential Services provider.

Current service type and setting/tier: _____

Indicate the following **preferences** for living arrangements:

Location (*city/town, county, acceptable proximity to preferred places*): _____

Residential Services Provider: _____

Setting: (*facility, shared residence, apartment*): _____

Living arrangements (*max number of housemates; shared bedroom*): _____

Staff support (*24 hours on site, remote support*): _____

Other: _____

Anticipating the need for Residential Services within the next 24 months. Explanation:

Comments:

Requestor Contact Information:

Requestor's Name: _____

Requestor's Provider Name: _____

Requestor's Mailing Address (*include zip code*): _____

Phone Number (*include area code*): _____ Email Address: _____

**ASSESSMENT OF NEED FOR RESIDENTIAL SERVICES
SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS**

Answer each question, giving detailed explanations, and provide documentation, when needed, to support the responses. Copies of South Carolina Annual Assessments, Support Plans and Case Management Service Notes will be reviewed, but copies need not be provided. This assessment must be completed with input from the person's current primary caregiver/family. Once completed, the Assessment must be signed by the person, his/her primary caregiver/family representative, and the person completing the assessment. Each question must be answered to be accepted.

1. Describe where and with whom this person currently lives:

2. Describe any other services/supports that have been tried, but have failed to meet this person's needs. Indicate when (dates) the services/supports were tried and why the services/supports were ineffective:

3. Indicate any services/supports available which could address this person's needs that have not been tried and indicate why they have not been tried.

4. Indicate which of these situations/circumstances exists for this person. For each situation/circumstance noted to exist, provide a detailed explanation of the situation/circumstance and provide documentation to support the existence of the situation/circumstance.

This person:

Has been recently abused/neglected/exploited by his/her primary caregiver.

Documentation Provided: _____

Is/will be homeless (is being discharged from placement and is unable to independently or with family; unable to live without support and has no family or friends with whom he/she may live; is living with his/her family or friends, but the family will not continue to provide housing. A statement signed by the person's family/primary caregiver must be included which clearly indicates that the person will no longer be permitted to live in the residence or will not be permitted to return to the family's/caregiver's home and that the family is unwilling to continue to care for and support the person. If the person refuses to return to his/her home after being away, he/she should indicate such.

Describe current situation: _____

Has seriously injured self or others and continues to pose a threat to the health and safety of others. Examples of documentation include, police reports and/or medical records specifying the injuries caused or threats posed must be included.

Documentation Provided: _____

Has recently lost a primary caregiver or is at imminent risk of losing a primary caregiver and no other caregiver is available. Examples of documentation include obituary/death notices or medical records for the primary caregiver.

Documentation Provided: _____

Has a primary caregiver who is 80 years of age or older with diminished ability to provide care. The caregiver's diminished capacity is likely to continue indefinitely due to the caregiver's physical or mental status. Care is provided now, but it is clear that the need for another caregiver is imminent and no other caregiver is available. Examples of documentation include proof of age of the caregiver and medical records demonstrating his/her diminished capacity.

Documentation Provided: _____

5. If none of the situations/circumstances from question #4 exists, describe in detail why the person's current living arrangement cannot continue.

As the person completing this assessment, I attest that the information contained in this document is true and accurate.

Signature

Date: _____

Printed Name and Title

I, _____, as the primary caregiver/family representative of the person named above, attest that I have been given the opportunity to have input into the creation of this document, I have read it and I agree with the information it contains.

Signature

Date: _____

Relationship to the Person Named Above

**South Carolina Department of Disabilities and Special Needs
Notification of Anticipated Residential Availability**

Provider Name: _____

Type of Setting in which opening is anticipated (within approximately 24 months):

Intermediate Care Facility for individuals with Intellectual Disability (ICF/IID)

Residential Habilitation – If yes, indicate the model:

- Community Training Home-I (CTH-I)
- Community Training Home II (CTH-II)
- Supervised Living Program II (SLP-II)
- Supported Living Program I (SLP-I)
- Community Residential Care Facility (CRCF)

Location of the setting (*address*)(*include zip code*): _____

Additional Information about the setting (As appropriate, provide additional information about the specific setting in which the opening is anticipated. When the setting is a shared living arrangement, the preferences of those currently residing in the setting should be solicited and reflected in this description. Information such as the gender, the age range, and interests/preferences of those supported could be included. If the setting is equipped to support people with behavior or health challenges, such information should be included.)

Date the opening is anticipated: _____

Name of Person Submitting

Date of Submission: _____

Constance Holloway
Interim State Director
Patrick Maley
Chief Financial Officer
Rufus Britt
Associate State Director
Operations
Lori Manos
Interim Associate State Director
Policy



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Reference Number: 700-03-DD

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

Date of Issue: November 1, 2006

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Effective Date: ~~September 16, 2021~~ XXXX, 2022

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

PURPOSE

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

GENERAL

In accordance with the decision by the United States Supreme Court in the case of *Olmstead v. L.C.*, the South Carolina Department of Disabilities and Special Needs (DDSN) is committed to providing services in community-based settings which are not ICF/IIDs when it is appropriate and honors the wishes of those who desire to move from ICF/IIDs. In July 1999, the United States Supreme Court issued a decision in the case of *Olmstead v. L.C.* that required states to administer their services, programs, and activities in the most integrated setting appropriate to the need of qualified individuals with disabilities. Specifically it requires states to place persons with intellectual disabilities in community settings rather than in institutions (ICF/IIDs) when the state's treatment professionals (interdisciplinary teams) determine that community placement is

appropriate, the transfer is not opposed by the person, and the placement can be reasonably accommodated, taking into account the resources available to the state and needs of others with developmental disabilities. This decision is consistent with S.C. Code Ann. § 44-20-390 (2018) and § 44-20-20 (2018) ~~which and~~ requires ~~that~~ services be provided in the least restrictive environment.

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

POLICY

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

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

~~All~~ The ICF/IID staff provider must ~~be taught about the~~ have staff who are knowledgeable of Medicaid funded service options ~~and~~ community living options and potential benefits. ~~This information must be part of the initial/pre-service training for all staff~~ of those options.

All ICF/IID residents must be evaluated at least annually to determine their interest in and capacity for receiving needed services outside of an ICF/IID. The results of each resident's evaluation must be discussed by his/her interdisciplinary team and documented in his/her record. The "Evaluation for Community Living" (Attachment 2) can be used for that purpose. If it is determined that a resident is interested in living outside of the ICF/IID, interventions to assist the resident toward that end must be added to his/her program plan and implemented accordingly. Such interventions may include requesting Case Management services from DDSN, assisting with visits to different ~~residential care~~ Residential Habilitation settings or with Residential

Habilitation providers, ~~referrals to qualified residential service providers~~, discussions with family members including mediation with family members who may oppose a move, etc.

~~A listing of those individuals residing at the DDSN Regional Centers who desire to receive services in a community setting will be compiled on a regular basis. This listing will be shared with community service providers in a manner that preserves the confidentiality of protected health information to facilitate movement to a community service setting. DDSN must be notified when an ICF/IID resident has been identified as someone for whom community-based services are desired and appropriate. The ICF/IID provider is responsible for notifying DDSN. The process for notifying DDSN is outlined in DDSN Directive 700-09-DD: Determining Need for Residential Services.~~

Barry D. Malphrus
Vice Chairman

Stephanie M. Rawlinson
Chairman

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

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

**South Carolina Department of Disabilities and Special Needs
Medicaid Funded Service Options**

You Have a Choice!

Medicaid Funded Services

Intermediate Care Facility for Individuals with Intellectual Disabilities or Home and Community Based Waiver

Prior to 1991, Medicaid only paid for habilitation and other services for people with Intellectual Disability/Related Disabilities if the person was admitted to an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). The federal approval of Home and Community-Based Waiver programs allowed Medicaid to pay for those services outside of an ICF/IID. Section 1915(c) of the Federal Social Security Act enables the state's Medicaid agency, South Carolina Department of Health and Human Services (DHHS), to collaborate with the South Carolina Department of Disabilities and Special Needs (DDSN) to operate a Home and Community-Based Waiver so that South Carolinians with Intellectual Disability/Related Disabilities can have a choice about where needed services are received. South Carolina's Intellectual Disability/Related Disabilities (ID/RD) Waiver allows those who currently live in an ICF/IID to choose to receive needed services outside of the ICF/IID in a home-like setting. These settings may be ones that are sponsored by DDSN such as a Community Training Home, Supervised Living Program or Community Residential Care Facility or may be the consumer's own home or the home of a family member.

Because you or your family member currently receives Medicaid funded services in an ICF/IID, you can choose to receive needed Medicaid funded services outside of the ICF/IID by requesting enrollment in the Intellectual Disability/Related Disabilities (ID/RD) Waiver.

ID/RD Waiver Enrollment

It is likely that you/your family member already meets the requirements for participation in the ID/RD Waiver, which are that the participant:

- ✓ Have an Intellectual Disability or a Related Disability;
- ✓ Be Medicaid eligible;
- ✓ Require the degree of care that would be provided in an ICF/IID; therefore, meet ICF/IID Level of Care criteria; and
- ✓ Have needs that can be met by providing the services covered by available through the waiver.

In addition to these requirements, in order to participate, you/your family member must choose to receive needed services in a home-like setting rather than in an ICF/IID.

Services Funded by the ID/RD Waiver

ID/RD Waiver participants can receive the services listed on page 3 when there is a need for the service, the service is authorized, and a provider is available.

Waiver enrollment will only be terminated if the participant:

- Is re-admitted to an ICF/IID or nursing facility;
- No longer requires the degree of care that would be provided in an ICF/IID; therefore, no longer meets ICF/IID Level of Care;
- Is no longer eligible for Medicaid as determined by DHHS;
- No longer wishes to receive services funded by the ID/RD Waiver; or
- Does not receive a ID/RD waiver service for 30 consecutive days.

If you want to know more ~~or want to choose~~ about the ID/RD Waiver:

Please visit the DDSN website at www.ddsn.sc.gov. Specific information about the ID/RD Waiver can be found on the DDSN website by selecting “Services” then clicking “Medicaid Home and Community Based Services.”

~~Contact your/your family member’s Qualified Intellectual Disability Professional (QIDP) or the Executive Director of the Disabilities Board in your county.~~

Services Funded by the ID/RD Waiver

Service	Definition
Adult Attendant Care Services	Assistance to perform activities of daily living (e.g., bathing, dressing, preparing meals, etc.) and/or instrumental activities of daily living for adults (age 21 or older); directed by the participant or his/her representative; limited to 28 hours per week (or, if in combination with PC II and/or Adult Companion, a combined total of 28 hours per week)
Adult Companion Services	Non-medical care, supervision, and socialization provided to an adult (age 21 or older); limited to 28 hours per week (or, if in combination with PC II and/or Adult Attendant Care, a combined total of 28 hours per week)
Adult Day Health Care	Care provided in an outpatient setting five (5) or more hours per day for one (1) or more days per week that encompasses both health and social services (age 21 or older)
Adult Day Health Care Nursing	Provided in ADHC center; limited to ostomy care, urinary catheter care, decubitus/wound care, tracheotomy care, tube feedings and nebulizer treatment (age 21 or older)
Adult Day Health Care Transportation	Prior authorized for participants receiving Adult Day Health Care (ADHC) who reside within 15 miles of the ADHC center
Adult Dental Services	Extension of the State Plan Medicaid benefit for adults (age 21 or older)
Adult Vision	Extension of the State Plan Medicaid benefit for adults (age 21 or older)
Audiology Services	Extension of the State Plan Medicaid benefit for adults (age 21 or older)
Behavior Support Services	Services to assist participants to learn to manage their own behavior
Career Preparation Services	Services aimed at preparing participants for careers through exposure to and experience with various careers and through teaching such concepts as attendance, task completion, problem solving, safety, self-determination, and self-advocacy
Community Services	Services aimed at developing one's awareness of, interaction with and/or participation in his/her community through exposure to and experience in the community and through teaching such concepts as self-determination, self-advocacy, socialization and the accrual of social capital
Day Activity	Activities and services provided in therapeutic settings to enable participants to achieve, maintain, improve or decelerate the loss of personal care, social or adaptive skills
Employment Services	Intensive, on-going supports for participants for whom competitive employment at or above minimum wage is unlikely without the provision of supports and who, because of their disabilities, need supports to perform in a regular work setting

Environmental Modifications	Necessary adaptations to the participant's home to ensure his/her health and safety (e.g., installation of ramps, widening of doorways, etc.); Lifetime cap of \$7,500.00
Nursing Services	Nursing tasks/services ordered by a physician and provided by a licensed nurse; maximum number of hours weekly is 56 by an LPN or 42 by an RN
Personal Care Services (I and II)	Assistance with personal care and activities of daily living (e.g., bathing, dressing, meal preparation, laundry, etc.); limited to 28 hours per week (or, if in combination with Adult Attendant Care and/or Adult Companion, a combined total of 28 hours per week); extension of State Plan Medicaid benefit to adults (age 21 or older)
Personal Emergency Response System (PERS)	An electronic device that enables participants at high risk of institutionalization to secure help in an emergency; limited to those participants who live alone or who are alone in their own home for significant parts of the day or night and who would otherwise require extensive routine supervision
Private Vehicle Modifications	Modifications to a privately owned vehicle used to transport the participant (e.g., installation of a lift, tie-downs, etc.); limited to \$7,500.00 per vehicle and a lifetime cap of two (2) vehicles
Residential Habilitation	Care, skills training and supervision provided in a non-institutional setting
Respite Care	Care provided on a short-term basis because of the absence of or need for relief of those persons normally providing the care; Limited to 68 hours per month unless approved for an exception by DDSN
Specialized Medical Equipment, Supplies and Assistive Technology	Equipment and supplies not available under State Plan Medicaid that provide medical or remedial benefit to the participant; diapers and under pads available for participants age three (3) years and older; limited to three (3) cases of diapers/month and three (3) cases of under pads/month.
Support Center	Non-medical care, supervision and assistance provided in a non-institutional, group setting outside of the participant's home to people who, because of their disability, are unable to care for and supervise themselves

EVALUATION FOR COMMUNITY LIVING

Name: _____

DOB: _____

SSN: _____

Date: _____

This evaluation is to be completed by the Interdisciplinary Team after appropriate information and an explanation of other settings and possible services have been given to the resident, his/her legal guardian or ~~surrogate consent giver (if applicable) and anyone who assists this person with decision making~~ representative. Indicate when and how information and an explanation of other settings and possible services were provided and to whom:

I. Interest

1. This person or his/her legal guardian or ~~surrogate consent giver~~ representative expresses an interest or desire to live in a setting other than an ICF/IID:

No, stop; do not proceed with evaluation.

Yes, proceed with evaluation.

How was this interest or desire (or lack of) expressed and by whom?

2. Which best describes this person's ~~(or legal guardian's or surrogate consent giver's)~~ interest/desire regarding a move from this ICF/IID:

Interested – will move but will be selective regarding choice of location, situation, provider, etc.

Strongly desires - Is ready to move as soon as possible.

3. Where does this person wish to live; what are his/her preferences? Include as much information as possible (i.e., close to family, in a specific town or city, alone/without others with disabilities, in house with others and staff, ~~must have own bedroom/single occupancy bedroom~~, etc.).
-

4. If he/she expresses a preference to live with his/her family ~~/(“at home.”)~~ is that a true possibility?

Yes No

If no, explain: give detailed explanation including date of conversation with family during which information about the person's preferences and services that could support him/her if such a move occurred and the specific results of the conversation.

5. Which best describes the interest/desire of this person's family/representative regarding a move from this ICF/IID:

Interested – will support a move, but will be selective regarding choice of location, situation, provider, etc.

Strongly desires - Is ready for a move as soon as possible.

Does not want the resident to move.

No family involvement.

Who/which family members were contacted?

When were they contacted?

How were they contacted? (*i.e., phone, letter, etc.*)

II. Capacity

1. Does this person currently meet ICF/IID Level of Care?

Yes No

2. Can this person's needs be met and his/her progress toward independence continue without the continuous, aggressive consistent implementation of training and treatment programs?

Yes No

3. ~~What medications (oral, topical and/or injectable) are prescribed to this person and what is the frequency/schedule for administration?~~

4. ~~What medical treatments or skilled nursing tasks are ordered by a physician on this person's behalf? (Include the frequency/schedule for the treatments/tasks.)~~ Does this person's routine daily care include skilled nursing tasks or tasks that require professional nursing judgement?

5. Does this person ~~have a condition for which a special diet is prescribed?~~ require a prescribed diet or diet consistency?

Yes No

~~If yes, does a registered dietician monitor the person and the diet regularly?~~

~~Yes No~~

6. ~~Does this person take medication for behavior control?~~

~~Yes No~~

If yes, how often does he/she receive services from a psychologist (monitoring of plan, staff training for program implementation, counseling, re-assessment, program revision, etc.)?

6. Are there any other care or supervision needs; including any critical interventions necessary for maintaining this person’s health and safety or the health and safety of others (i.e., requires 1:1 supervision; requires assistance with transfers; cannot evacuate building without physical assistance; PICA; etc.)?

Yes No

If yes, explain:

7. Indicate which ID/RD Waiver services would likely be needed if living outside of the ICF/IID:

- Adult Attendant Care Services
- Adult Companion Services
- Adult Day Health Care
- Adult Day Health Care Nursing
- Adult Day Health Care Transportation
- Adult Dental Services
- Adult Vision
- Audiology Services
- Behavior Support Services
- Career Preparation Services
- Community Services
- Day Activity
- Employment Services
- Environmental Modifications
- Nursing Services
- Personal Care I
- Personal Care II
- Personal Emergency Response System (PERS)
- Private Vehicle Modifications
- Residential Habilitation
- Respite Care
- Specialized Medical Equipment, Supplies and Assistive Technology
- Support Center Services

Evaluator (Participating Interdisciplinary Team Members)	Title	<u>Date of Evaluation</u>
<u>Interdisciplinary Team Members</u>	<u>Title</u>	<u>Date of Team Meeting</u>

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Reference Number: 502-01-DD

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

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

Applicability: DSN Boards and Contracted Residential Service Providers

Purpose:

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

I. General Conditions of Community Residential Service Provision

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

II. Initial Admission into Community Residential Services

The following conditions must be met prior to admission.

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

DISTRICT I

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

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Summerville, SC 29485
Phone: 843/832-5576

DISTRICT II

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

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

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

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

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

IV. Residential Discharge

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

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

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

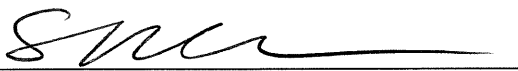
V. Residential Vacancies

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

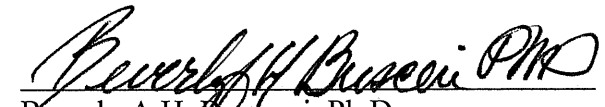
- B. Residential service providers must provide a monthly summary of efforts to fill any vacancies using the attached DDSN “Residential Vacancy” form (Attachment B). This report must be submitted to the Assistant District Director no later than the first (1st) Monday of each month.
- C. Residential service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

VI. Respite

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



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



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

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

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

PROPOSED TO MARK OBSOLETE



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Reference Number: 502-05-DD

Title of Document: DDSN Waiting Lists

Date of Issue: January 1, 1988
Effective Date: July 29, 2014
Last Review Date: November 30, 2017
Date of Last Revision: November 30, 2017 **(REVISED)**

Applicability: DDSN Central Office, DDSN District Offices, DSN
Boards, Contracted Service Providers

I. Purpose

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

II. Determination of Critical Needs

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

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

DISTRICT I

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DISTRICT II

Coastal Center - Phone: 843/873-5750
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Saleeby Center - Phone: 843/332-4104

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

III. Residential Services Waiting Lists

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

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

Procedures

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

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

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

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

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

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

Procedures

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

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

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

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

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

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

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

For the Head And Spinal Cord Injury (HASCI) Waiver

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

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

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

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

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

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

For the Community Supports (CS) Waiver

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

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

For the Pervasive Developmental Disorder (PDD) Waiver

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

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

V. Procedures for Reporting Age of Caregivers of Consumers

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

VI. Appeals

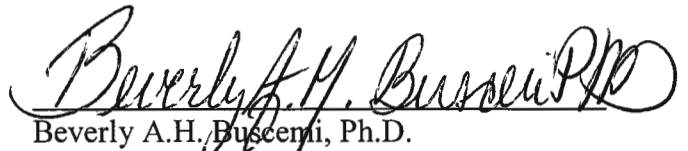
Adverse decisions regarding requests for determination of critical needs and/or the placement on a DDSN waiting list may be appealed in accordance with the procedures outlined in the DDSN Directive 535-11-DD: Appeal and Reconsideration Policy and Procedures.

VII. Quality Assurance

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



Susan Kreh Beck
Associate State Director-Policy
(Originator)



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

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

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

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Reference Number: 275-04-DD

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

Date of Issuance: May 11, 1988

Date of Last Revision: ~~June 17, 2021~~ July 21, 2022 (REVISED)

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Applicability: DSN Boards

GENERAL PROVISIONS

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

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

The audit is to be performed in accordance with Generally Accepted Governmental Auditing Standards (GAGAS or “Yellow Book”) by an independent Certified Public Accountant (CPA). If the entity expended over the threshold set by OMB Uniform Guidance (currently \$750,000) in federal awards during the fiscal year, then it must obtain an audit in accordance with the Uniform Administration Requirements, Cost Principles, and Audit Requirements for Federal Awards, under 2 C.F.R., Subtitle A, Chapter II, Part 200 (“Uniform Guidance”). Please note that Medicaid funds received are not considered federal awards.

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

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

AUDIT REPORT AND PROCEDURES

The following applies:

1. The financial statements must be prepared in conformity with generally accepted accounting principles (GAAP). Effective implementation dates for recently issued and adopted accounting pronouncements must be followed. Early implementation of any standard must be approved by DDSN in advance of adoption. Requests for consideration of early implementation must be submitted in writing to the DDSN Chief Financial Officer (CFO) by July 31 of the applicable year. A written response will be provided to the requestor within 30 days of receipt of the request.
2. The Management Discussion and Analysis (MD&A), if applicable, must be written by the DSN Board’s staff.
3. The financial information outlined in this directive for the DDSN funding year ended June 30 must be included in the audit report. Failure to do so will make the report unacceptable.
4. The auditor must express an opinion on whether the information in the supplementary schedules is fairly stated in all material respects in relation to the financial statements taken as a whole.
5. DDSN required supplementary financial information:
 - a) Schedules of Revenues and Expenses
 - i) These schedules must be presented on the full accrual, economic resources basis and not on the modified accrual, current financial resources basis.

- ii) These schedules must be developed using the same line item detail as illustrated on Attachment A. Use of additional line items not shown in the attachment are not permitted without written approval from the DDSN CFO.
- iii) Schedules must be prepared for the following, if applicable:
 - (1) General fund;
 - (2) Capitated programs (utilizing the capitated services contract);
 - (3) Non-capitated programs (utilizing the non-capitated services contract);
 - (4) Special grant programs (utilizing special grant contracts);
 - (5) Intermediate cost centers; and
 - (6) Other programs.
- iv) The auditor must present the revenues and expenses separately by program. Expenses for residential programs must also be presented in detail for each residence within the program. Additionally, residential programs must be clearly distinguished as being HUD or non-HUD home(s).

b) Room and Board Computation

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

c) Schedule of Special Grant Revenues and Expenses

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

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

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

e) Audit Directive Compliance Statement

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

f) Supplementary Schedule of Questioned Costs

In performing the audit, the auditor must consider whether expenses are reasonable and necessary for the program to which they are charged. Limitations on costs for awards are detailed in DDSN Directive 250-05-DD: Cost Principles for Grants and Contracts with Community DSN Boards. Individual negotiations and reviews will occur between the DSN Board and DDSN on all questioned costs pertaining to DDSN programs. Final resolution, use of audit information, and applicability resides with DDSN. A schedule of questioned costs must be provided by the auditor. See Attachment E for an example schedule.

6. Combining or Consolidation Schedules

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

REPORT ON APPLYING AGREED-UPON PROCEDURES (RoAAP):

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

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

The CPA must follow AU-C 530 "Audit Sampling" in its sampling selection process and determination of the population and sample sizes required. DDSN ~~was not~~ prescriptive in selecting audit sampling, but will closely scrutinize the results for reasonableness. Attachment B contains a new chart to tease out specific number of Medicaid bills tested to permit both aggregating RoAAP data statewide to assess risk and crystalize CPA's level of effort in sampling.

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

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

a) Background Information

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

b) Procedures

i) The CPA must gain an understanding of the Medicaid billing process and controls over Medicaid billable services (enhanced board and direct billed services). In order to gain an accurate understanding of this process, the CPA should consult with the program staff and supervisors as these employees are directly responsible for Medicaid compliance and should be familiar with how Medicaid is billed. The CPA must perform sufficient work to determine if the DSN Board's policies and procedures are adequate to provide reasonable assurance that Medicaid billable services are properly supported.

ii) The CPA must select a representative sample from all persons from each Medicaid billable service area for which the DSN Board or a third-party vendor is receiving payments for Medicaid billable services through DDSN or DHHS. For the sample selected, the CPA must perform sufficient work to determine the following:

- Tests determine that the supporting documentation provides reasonable assurance that billings are supported by complete and accurate information.

Gain an understanding of the monitorship (scan service notes, phone contacts with family members and/or employers, visits to

family members' homes and/or persons' job sites, etc.) procedures established by the DSN Board to monitor each program. Test monitorship is being provided and documented by supervisory staff on an ~~on-going~~ continual basis ~~so as~~ to provide reasonable assurance to the DSN Board that the billable services are being provided to the persons and/or families as indicated by the documentation on file.

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

- a) Background Information

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

- b) Procedures

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

- i) Determine that the persons' personal funds are not borrowed, loaned, or co-mingled by the DSN Board or another person or entity for any purpose; or, combined or co-mingled in any way with the DSN Board's operating funds.
- ii) Determine that the person's accounts are established in the person's name and social security number, and that they indicate that the accounts are for the benefit of the person (fiduciary relationship).

- iii) Determine that bank signature cards are updated timely for changes in personnel and that a copy of the signature card is maintained.
- iv) Determine that bank reconciliations are being performed and documented within 20 business days of receipt of the bank statements by a staff member who is not a co-signer on the account.
- v) Determine, through a representative sample of all purchases, that receipts are on hand to support purchases made from the persons' personal funds.
- vi) Determine that the amount paid for by the person is properly charged to their personal funds. Consider if amounts should have been paid by the Waiver program, from residential program funds, or if items/services purchased are proper.
- vii) For any item purchased that is required to be inventoried, verify that the persons' personal property record is properly updated. Procedures used by the Provider should be evaluated to ensure they are adequate to ensure the item is properly marked in accordance with the directive. Actual observation of the items is not required, but may be deemed necessary by the CPA to test the procedures used by the Provider.
- viii) Determine if checks written to the person cause them to exceed their cash on hand limit. Gift cards are also considered cash and must be included in the cash on hand limit. Funds written payable to the person and cashed are considered cash on hand until expended and should be considered in conjunction with other cash held by the person or by program staff.
- ix) Determine that actual counts of the persons' cash held by residential staff, and agreement of the counts to the records, are completed monthly by someone who does not have authority to receive or disburse cash. The count and agreement to the records must be documented. The CPA is only expected to test the procedures used by the Provider.
- x) Evaluated the controls over cash to ensure that the provider has adequate controls to identify and safeguard cash held by the provider and cash held by the person.
- xi) Determine that the persons' total countable resources do not exceed the established limits mandated by Medicaid (generally: \$2,000).
- xii) Determine that the DSN Board has a process established to identify those with recurring excess resources and have established a plan to eliminate risk of loss of benefits – for example, participation in the ABLE program, participation in a special needs trust (individual or pooled), spend down of resources, establishment of burial savings accounts, and/or establishment of prepaid burial arrangements.

- xiii) For collective accounts, determine~~d~~ that the account is being managed in accordance with the Social Security Organizational Representative Payee guide ~~that can be~~ found on the Social Security Administration's website at <https://www.ssa.gov/payee>.

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

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

a) Background Information

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

b) Procedures

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

- i) The CPA must test the minimum pay rate used by the Provider. A variety of testing procedures may be used. One such procedure could be selecting two (2) pay periods to test proper application of the pay rate.

- ii) ~~For all years with a direct care staff pay increase raising DDSN's minimum hourly wage, the timing of the pay rate increase must be determined to ensure the increase was paid on the first pay date in July.~~ The CPA must test the timing of disbursements when a pay increase has been instituted which in the past has been the first pay date in July. Retroactivity of the pay rate is permitted, but the CPA must perform sufficient work to ensure it was completed properly. If there was a retroactive payment to the employee, then the CPA is only expected to verify that the process used appears to be completed correctly to ensure compliance.
 - iii) If direct care staff are paid less than \$13 per hour, ~~then verify that~~ verification is required that they meet the requirements above noted in 3a. that permit a lower rate be paid for a period not to exceed 90 days that there is If this requirement has not been met there must be a written exception approved by DDSN.
4. Determine that the DSN Board has adopted a Board of Director approved room and board policy. Also, test that the provider has properly and timely implemented the DDSN approved room and board rate, in accordance with their policy.
- a) Background Information

DSN Boards are required to adopt a fee for services policy in accordance with DDSN Directive 250-09-DD: Calculation of Room and Board for Non-ICF/IID Programs. Additionally, they are to obtain DDSN approval at least annually on the room and board rates to be charged to persons' in residential programs.
 - b) Procedures
 - i) The CPA must determine that the DSN Board has established a room and board policy for persons' fees that has been reviewed and approved by the Board of Directors.
 - ii) The CPA must obtain the DDSN approved room and board rates utilized during the fiscal year.
 - iii) The CPA must familiarize themselves with the policy and the approved rates.
 - iv) Test actual charges made to persons to ensure that they comply with the policy and do not exceed the approved room and board rates.
 - v) Test individuals' move-ins and move-outs and verify that room and board charges were properly applied. The CPA is testing the proper proration of the room and board charge.

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

a) Background Information

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

b) Procedures

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

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

a) Background Information

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

b) Procedures

- i) The CPA must determine that the DSN Board has established a procurement policy that has been reviewed and approved by the Board of Directors.
- ii) The CPA must perform tests to determine if the DSN Board's procurement policies and procedures are in compliance with the Directive.
- iii) ~~We determined if~~ When standards of conduct are included ~~that~~ which require the members of the Board of Directors, Executive Director, President/CEO, ~~persons working in the finance department~~ staff, procurement staff, and staff directly reporting to the Executive Director/President/CEO to provide sign statements to disclose potential conflicts of interest and to acknowledge/prevent potential conflicts of

interest, the CPA firm is required to ensure these statements have been provided and are on file.

iv) ~~The CPA must also determine that these statements have been provided and are on file.~~

v) A sample of purchase transactions must be selected to test compliance with the DSN Board's procurement policy.

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

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

The audit report, separate letter to management (if issued), ~~cost report~~, and RoAAP are to be filed with DDSN by ~~October 31st~~ September 30th of each year for ~~the~~ fiscal year ending June 30th according to the Distribution section listed below. If this due date falls on a weekend, or any due date, then the due date is the next workday.

A request for an extension of time to file the audit, cost, and/or RoAAP reports must be submitted to DDSN Internal Audit by the DSN Board in writing on the DSN Board's letterhead stationery and signed by the Executive Director and must be approved by DDSN Internal Audit. The request for an extension must be received by DDSN Internal Audit by October 10th of the applicable year. Such requests will only be approved in extreme circumstances that are beyond the control of the DSN Board or the Auditor or when approval would be to the benefit of DDSN.

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

AMENDMENTS TO AUDIT REPORTS

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

CORRECTIVE ACTION PLANS (CAP) AND EXTENSIONS

When the auditor's report, separate letter to management (if issued), or the RoAAP identify material weaknesses, ~~significant deficiencies~~, any deficiencies, findings or questioned costs, then

the DSN Board must submit a CAP to address and resolve the problem identified by the auditor/CPA, or submit a statement of reasons why no corrective action is necessary. The CAP must be prepared on DSN Board's letterhead stationery and signed by the Executive Director. The CAP must be submitted to DDSN Internal Audit within 20 business days after issuance of the audit report or RoAAP. If the CAP is not received within 20 business days of the issuance date, then a ~~contract reduction~~ **financial sanction** of \$100 per calendar day for financials and/or RoAAP will be assessed until the CAP is received by DDSN or a maximum of \$2,500 per cap has been assessed. The total amount of the ~~contract reductions~~ **financial sanction** will be ~~deducted from a subsequent contract payment~~ **invoiced**. It is recommended that the CAP be submitted with or be included as part of the audit report and RoAAP when issued. The CAP must include the specific dates when deficiencies will be corrected. Copies of documents that clarify the resolution of deficiencies must be included with the CAP, ~~such as found missing receipts, relevant Service Error Correction Forms, and logs.~~

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

ADDRESSEE

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

DISTRIBUTION

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

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

~~DDSN Internal Audit
3440 Harden Street Extension
Columbia, S.C. 29203~~

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

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

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

that management is aware of the contents of the final report, management letter comments, the RoAAP, and deficiencies noted.

DISCLOSURE OF THREATS TO INDEPENDENCE

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

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

INSPECTION/ACCEPTANCE

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

~~Failure to meet these audit requirements may result in further withholding of subsequent payments and/or suspension of funding.~~

AUDIT QUALITY

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

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

4. Maintain a follow-up system on audit findings and investigative matters.

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

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

WORKING PAPERS

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

Working papers must be available, upon request, for examination by representatives of DDSN or its designee as well as successor auditors who may perform audits of the DSN Board.

Availability of working papers must be provided at no additional cost to the representatives of DDSN or the successor auditor.

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

CONTRACTS

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

OUT-OF-STATE (CPA FIRM) REGISTRATION

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

CONFIRMATIONS - DDSN PAYMENTS

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

AMENDMENTS TO AUDIT POLICY

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

Barry D. Malphrus
Vice-Chairman

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

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

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

Independent Accountant’s Report on Applying Agreed-Upon Procedures

To the Board of Directors

_____ (Provider’s Name)
 _____ (City/State/Zip Code)

We have performed the procedures enumerated below based upon the requirements outlined in the Department of Disabilities and Special Needs (DDSN) Provider Audit Policy (DDSN Directive 275-04-DD: Procedures for Implementation of DDSN Provider Audit Policy for DSN Boards) for the period ended _____ related to Medicaid billings. We have also performed the procedures enumerated in the compliance section below solely to assist the specified parties in evaluating the _____ (DSN Board’s name) in compliance with applicable DDSN Contracts and Directives. These procedures were agreed to by the management of _____ (DSN Board’s name) for the period ended _____ (DSN Board’s year-end or initial alternative period). _____’s (DSN Board’s name) management is responsible for establishing policies and procedures, and for the maintenance of records and supporting documentation. This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants.

~~The sufficiency of these procedures is solely the responsibility of those parties specified in this report. Consequently, we make no representations regarding the sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose. The _____ has agreed to and acknowledged that the procedures performed are appropriate to meet the intended purpose of satisfying procedures as outlined in DDSN Directive 275-04-DD: Procedures for Implementation of DDSN Provider Audit Policy for DSN Boards. This report may not be suitable for any other purpose. The procedures performed may not address all the items of interest to a user of this report and may not meet the needs of all users of this report and, as such, users are responsible for determining whether the procedures performed are appropriate for their purposes.~~

The procedures performed and the results of our testing are as follows:

Medicaid Billing

Total Population Served			
#	Program/Service	#	Program/Service
	<u>ICF/ID</u>		Supported Employment
	<u>CRCF</u>		Board Billed Waiver Services
	<u>CTH-II</u>		Early Intervention
	<u>CTH-I/Specialized Family Homes</u>		Case Management
	<u>SLP-II/SLP-III</u>		Adult Day
	<u>CIRS (Cloud Program)</u>		Other (Specify)
	<u>SLP-I</u>		Other (Specify)

1. We obtained an understanding of the Medicaid billing process and controls over Medicaid billable services through discussions with management and consultations with program staff. In documenting our understanding, we also learned that the DSN Board served a total of _____ persons (unduplicated) for whom Medicaid services were billed for the period tested.

2. We selected a sample of _____ persons from the total number of persons for which the DSN Board is receiving payments for Medicaid billable services. We ensured that our sample represented Medicaid billings from all programs. The programs covered and number of persons selected for our procedures are identified below:

Sample Selected			
#	Program/Service	#	Program/Service
	ICF/ID		Supported Employment
	CRCF		Board Billed Waiver Services
	CTH-II		Adult Day
	CTH-I/Specialized Family Homes		CIRS (Cloud)
	SLP-II/SLP-III		Case Management
	SLP-I		Early Intervention
	Other (Specify)		Other (Specify)
	Other (Specify)		Other (Specify)

The CPA must follow AU-C 530 “Audit Sampling” in its sampling selection process and determination of the sample sizes required.

3. For the persons selected, we tested Medicaid billings for the period of _____ to determine the following:
- a. For the persons selected, we tested Medicaid billings and determined if there was sufficient documentation on file to provide reasonable assurance the billing was complete, accurate, and the service was performed, which is reflected in the below table:

Medicaid Billing Testing & Results				
# Individuals Sampled	Program/Service	# of individual billings tested	# of individual billings supported by documentation	# of individual billings NOT supported by documentation
	ICF/ID			
	CRCF			
	CTH-II			
	CTH-I/Specialized Family Homes			
	SLP-II/SLP-III			
	SLP-I			
	Supported Employment			
	Board Billed Waiver Services			
	Adult Day			
	CIRS (Cloud)			
	Case Management			
	Early Intervention			
	Other (Specify)			
	Other (Specify)			
	TOTAL			

Results/Finding:

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

Results/Finding:

Compliance Section

1. Persons' Personal Funds and Property:

In order to gain a more accurate understanding of the nature and treatment of persons' personal funds and personal property, we consulted with the residential program staff since these employees are directly responsible for compliance with DDSN Directive 200-12-DD: Management of Funds for Individuals Participating in Community Residential Programs and 604-01-DD: Individual Clothing and Personal Property. In documenting our understanding, we also learned that the DSN Board served a total of _____ persons (unduplicated) for whom the provider manages personal funds and property for the period tested.

We selected a sample of _____ persons from the total number of persons for which the DSN Board is managing personal funds and personal property. The programs covered and number of persons selected for our procedures are identified below:

Total Population Served			
#	Program/Service	#	Program/Service
	<u>ICF/ID</u>		<u>SLP-I</u>
	<u>CRCF</u>		<u>CIRS (Cloud)</u>
	<u>CTH-II</u>		<u>Other (Specify)</u>
	<u>CTH-I/Specialized Family Homes</u>		<u>Other (Specify)</u>
	<u>SLP-II/SLP-III</u>		<u>Other (Specify)</u>

Sample Selected			
#	Program/Service	#	Program/Service
	<u>ICF/ID</u>		<u>SLP 1</u>
	<u>CRCF</u>		<u>CIRS (Cloud)</u>
	<u>CTH-II</u>		<u>Other (Specify)</u>
	<u>CTH-I/Specialized Family Homes</u>		<u>Other (Specify)</u>
	<u>SLP-II/SLP-III</u>		<u>Other (Specify)</u>

For the persons selected, we tested personal funds for the period of _____ to determine the following:

- a. Persons' personal funds were not borrowed, loaned, or co-mingled by the DSN Board or another person or entity for any purpose or combined or co-mingled in any way with the DSN Board's operating funds.

Results/Finding:

- b. Persons' checking and/or savings accounts were established in the persons' names and social security numbers, or they indicated that the accounts were for the benefit of the persons (fiduciary relationship).

Results/Finding:

- c. Bank signature cards were updated timely for changes in personnel and a copy of the signature card is maintained.

Results/Finding:

- d. Bank reconciliations for persons' accounts are being performed and documented within 20 business days of receipt of the bank statements by a staff member who is not a co-signer for the accounts.

Results/Finding:

- e. Through a representative sample of persons' purchases, determined that receipts are on hand to support purchases made from the persons' personal funds.

Results/Finding:

- f. Determined that the amounts paid for by the persons were properly charged to their personal funds. Considered if amounts should have been paid by the Waiver program, from residential program funds, or if items/services purchased were proper for the persons expending the funds.

Results/Finding:

- g. For any item purchased that is required to be inventoried, verified that the persons' personal property record was properly updated, and determined procedures are in place to ensure the item is properly marked in accordance with the directive.

Results/Finding:

- h. Determined if checks written to persons caused them to exceed their cash on hand limit.

Results/Finding:

- i. Determined that actual counts of the persons' cash held by residential staff, and agreement of the counts to the records, were completed monthly by someone who does not have authority to receive or disburse cash. Verified the count and agreement to the records was documented.

Results/Finding:

- j. Review the controls over cash on hand to ensure that the provider has adequate controls to identify and safeguard cash held by the provider and cash held by the person.

Results/Finding:

- k. Determined that the persons' total countable resources did not exceed the established limits mandated by Medicaid (generally: \$2,000).

Results/Finding:

- l. Determined that the DSN Board has a process established to identify those with recurring excess resources and have established a plan to eliminate risk of loss of benefits – for example, participation in the Palmetto ABLE Savings Program, participation in a special needs trust (individual or pooled), spend down of resources, establishment of burial savings accounts, establishment of prepaid burial arrangements, etc.

Results/Finding:

- m. For collective accounts, determined that the account is being managed in accordance with the Social Security Organizational Representative Payee guide.

Results/Finding:

2. Direct Care Staff Minimum Hourly Wage:

We gained an understanding of the requirements of paying all direct care staff in accordance with the DSN Board's contract with DDSN.

- a. We selected at least two (2) pay periods or used an alternative selection process to test proper application of the pay rate.

Results/Finding:

- b. If there was a direct care staff pay increase during the year raising DDSN's minimum hourly wage, the timing of the pay rate increase must be determined to ensure the increase was paid on the first pay date in July. Retroactivity of the pay rate is permitted. Any retroactivity was tested to ensure it was completed properly.

Results/Finding:

- c. For any direct care staff paid less than \$13 per hour, we verified that they met the requirements that permit a lower rate be paid for a period not to exceed 90 days or that there is a written exception approved by DDSN.

Results/Finding:

3. Room and Board Policy:

We gained an understanding of the policies and controls over room and board charges.

- a. We determined that the DSN Board established a room and board policy for persons' fees that was reviewed and approved by the Board of Directors.

Results/Finding:

- b. We obtained the DDSN approved room and board rates utilized during the fiscal year.

Results/Finding:

- c. We reviewed the actual charges made to persons to ensure that they complied with the policy, including consideration of timing of application of rate changes, and that they did not exceed the approved room and board rates.

Results/Finding:

- d. We sampled person move-ins and move-outs and ensured that room and board charges were properly prorated.

Results/Finding:

4. Indirect Cost Allocations and Cost Allocation Plan

We gained an understanding of the DSN Board's direct and indirect costs incurred. We obtained the cost allocation plan prepared and submitted to DDSN. Through discussions with fiscal staff, we determined application of the cost plan to the actual accounting procedures of the DSN Board.

- a. The CPA must determine if the cost allocation plan being used had been submitted and approved by DDSN.

Results/Findings:

- b. The CPA must determine if the approved cost allocation plan is implemented as designed and note any material exceptions.

Results/Finding:

5. Procurement

We gained an understanding of the policies and controls over procurement.

- a. We determined that the DSN Board has established a procurement policy that was reviewed and approved by the Board of Directors.

Results/Finding:

- b. We performed tests to determine if the DSN Board's procurement policies and procedures are in compliance with the DDSN Directive.

Results/Finding:

- c. We determined if standards of conduct are included that require the members of the Board of Directors, Executive Director, President/CEO, persons working in the finance department, procurement staff, and staff directly reporting to the Executive Director/President/CEO to provide signed statements to disclose potential conflicts of interest and to acknowledge/prevent potential conflicts of interest.

Results/Finding:

- d. We determined that these statements were provided and on file.

Results/Finding:

- e. We sampled purchase transactions to test compliance with the DSN Board's procurement policy.

Results/Finding:

6. Key Staff Spending

We selected a representative sample of financial transactions made by or on behalf of the Executive Director and top administrative staff (i.e., travel, credit cards, personal use of

agency owned vehicles, etc.). We determined if transactions were proper and any tax reporting was properly reported.

Results/Finding:

We were not engaged to and did not conduct an examination, the objective of which would be the expression of an opinion on compliance with the specified requirements. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the management of (DSN Board's name) and DDSN and is not intended to be or should not be used by anyone other than these specified parties.

[Practitioner's Signature]
[Practitioner's City and State]
[Date]

Constance Holloway
Interim State Director
Patrick Maley
Chief Financial Officer
Rufus Britt
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy



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Eddie L. Miller
Stephanie M. Rawlinson
David L. Thomas

Reference Number:	275-06-DD
Title of Document:	Procedures for Implementation of DDSN Audit Policy for Contracted Service Providers
Date of Issuance:	April 5, 2017
Date of Last Revision:	June 17, 2021 <u>July 21, 2022</u> (REVISED)
Effective Date:	June 17, 2021 <u>July 21, 2022</u>
Applicability:	Contracted Service Providers

GENERAL PROVISIONS

Contracted Service Providers (QPLs) that receive funding, directly or indirectly, (program contracts, grants, sub-grants or payments from DSN Boards, etc.) originating from South Carolina Department of Disabilities and Special Needs (DDSN) contracts, including billings direct to the South Carolina Department of Health and Human Services (DHHS), in excess of \$250,000 during their fiscal year must engage a Certified Public Accountant (CPA) to perform and report on applying agreed-upon procedures (RoAAP) in compliance with this directive. DDSN is contractually required by DHHS to ensure billings through BRIDGES are properly documented to support units billed.

Additionally, QPLs that **PROVIDE ANY RESIDENTIAL HABILITATION SERVICE** and meet the dollar threshold for a RoAAP above, must also engage a CPA to perform an audit in accordance with generally accepted governmental auditing standards (Generally Accepted Governmental Auditing Standards (GAGAS) or “Yellow Book”) and/or the standards of the Public Company Accounting Oversight Board (PCAOB). The audit requirement is in addition to the requirement to engage a CPA to perform and report on applying agreed-upon procedures (RoAAP) in compliance with this directive.

The audit, excluding the RoAAP, is to be performed in accordance with GAGAS or “Yellow Book” by an independent CPA. If the entity expended over the threshold set by OMB Uniform Guidance (currently \$750,000) in federal awards during the fiscal year, then it must obtain an audit in accordance with the Uniform Administration Requirements, Cost Principles, and Audit Requirements for Federal Awards, under 2 C.F.R., Subtitle A, Chapter II, Part 200 (“Uniform Guidance”). Please note that Medicaid funds received are not considered Federal awards.

AUDIT REPORT AND PROCEDURES

1. The financial statements must be prepared in conformity with Generally Accepted Accounting Principles (GAAP). Effective implementation dates for recently issued and adopted accounting pronouncements must be followed. Early implementation of any standard must be approved by DDSN in advance of adoption. Requests for consideration of early implementation must be submitted in writing to the DDSN Chief Financial Officer (CFO) within 30 calendar days subsequent to the fiscal year end in which the implementation is to be applied. A written response will be provided to the requestor within 30 days of receipt of the request.
2. The financial information outlined in this directive for the QPL’s year-end must be included in the audit report. Failure to do so will make the report unacceptable.
3. The auditor must express an opinion on whether the information in the supplementary schedules is fairly stated in all material respects in relation to the financial statements taken as a whole. As with the financial statements, the supplementary schedules must be prepared in conformity with generally accepted accounting principles.
4. DDSN required supplementary financial information:

- a) **Room and Board Computation – ONLY QPLs PROVIDING RESIDENTIAL SERVICES.**

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

- b) **Schedule of Special Grant Revenues and Expenses**

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

- c) **Audit Directive Compliance Statement**

The QPL must give a copy of this audit policy to the auditor prior to the start of the audit to ensure that DDSN’s audit requirements are met. The auditor must

include a signed statement with the audit report stating that he/she has read and complied with the requirements of the policy. The statement must indicate the revision date of the audit policy that was followed.

REPORT ON APPLYING AGREED-UPON PROCEDURES (RoAAP)

QPLs must contract with an independent CPA to apply and report on applying agreed-upon procedures for the procedures listed below.

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

The CPA must follow AU-C 530 “Audit Sampling” in its sampling selection process and determination of the population and sample sizes required. DDSN was not prescriptive in selecting audit sampling, but will closely scrutinize the results for reasonableness. Attachment A contains a chart to tease out specific number of Medicaid bills tested to permit both aggregating RoAAP data statewide to assess risk and crystalize CPA’s level of effort in sampling.

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

1. Test the QPL’s control and procedures for Medicaid billings – ALL QPLs.
 - a) Background Information

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

b) Procedures

- i) The CPA must gain an understanding of the Medicaid billing process and controls over Medicaid billable services (including enhanced board and direct billed services). In order to gain an accurate understanding of this process, the CPA should consult with the program staff and supervisors, as these employees are directly responsible for Medicaid compliance and should be familiar with the Medicaid billing process. The CPA must perform sufficient work to determine if the QPL's policies and procedures are adequate to provide reasonable assurance that Medicaid billable services are properly supported.
- ii) The auditor must select a representative sample from all persons from each Medicaid billable service area for which the QPL or a third-party vendor is receiving payments for Medicaid billable services through DDSN or DHHS. For the sample selected, the CPA must perform sufficient work to determine the following:
 - Tests determine that the supporting documentation provides reasonable assurance that billings are supported by complete and accurate information.
 - Gain an understanding of the monitorship (review of service notes, phone contacts with family members and/or employers, visits to family members' homes and/or persons' job sites, etc.) procedures established by the QPL to monitor each program. Test monitorship is being provided and documented by supervisory staff on an on-going basis so as to provide reasonable assurance to the QPL that the billable services are being provided to the persons and/or families as indicated by the documentation on file.

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

a) Background information

CPAs should familiarize themselves with the following directives: DDSN Directives 200-12-DD: Management of Funds for Individuals Participating in Community Residential Programs and 604-01-DD: Individual Clothing and Personal Property, outline regulations related to DSN Board management of personal funds and property. Procedures may vary by residential program and will also vary based on whether funds are retained in individual checking

accounts, savings accounts, burial accounts, Achieving a Better Life Experience (ABLE) accounts, or collective accounts. Care must be taken to gain an understanding of the unique characteristics of each and to ensure procedures are developed accordingly. Additionally, CPAs must understand eligibility, regulations, and resource limits established by Medicaid. Eligibility will vary by coverage group.

b) Procedures

The CPA must perform sufficient work to determine if the QPL's policies and procedures are adequate to safeguard the persons' personal funds and property and are in compliance with DDSN Directives. The CPA must select a representative sample of accounts from each residential program and transactions to ensure proper coverage.

- i) Determine that persons' personal funds are not borrowed, loaned, or co-mingled by the QPL or any other person or entity for any purpose; or, combined or co-mingled in any way with the QPL's operating funds.
- ii) Determine that persons' accounts are established in the person's name and social security number, and that they indicate the accounts are for the benefit of the person (fiduciary relationship).
- iii) Determine that copies of bank signature cards are maintained and updated timely for changes.
- iv) Determine that bank reconciliations are being performed and documented within 20 business days of receipt of the bank statements by a staff member who is not a co-signer on the account.
- v) Determine, through a random sample of 10% of all purchases that receipts are on hand to support purchases made from the person's personal funds.
- vi) Determine that the amount paid by the person is properly charged to their personal funds. Consider if amounts should have been paid by the Waiver program, from residential program funds, or if items/services purchased are appropriate for the person expending the funds.
- vii) For any item purchased that is required to be inventoried, verify that the persons' personal property record is properly updated. Procedures used by the Provider should be reviewed to ensure they are adequate to ensure the item is properly marked in accordance with the directive. Actual observation of the items is not required, but may be deemed necessary by the CPA to test the procedures used by the Provider.
- viii) Determine if checks written to the person cause those to exceed their cash on hand limit. Gift cards are also considered cash and must be included in

the cash on hand limit. Funds written payable to the person and cashed are considered cash on hand until expended and should be considered in conjunction with other cash held by the person and/or by program staff.

- ix) Determine that actual counts of the persons' cash held by residential staff, and agreement of the counts to the records, are completed monthly by someone who does not have authority to receive or disburse cash. The count and agreement to the records must be documented. The CPA is only expected to test the procedures used by the Provider.
- x) Evaluate controls over cash to ensure that the provider has adequate controls to identify and safeguard cash held by the provider and cash held by the person.
- xi) Determine that the persons' total countable resources do not Exceed the established limits mandated by Medicaid (generally: \$2,000).
- xii) Determine that the QPL has a process in which to identify those with recurring excess resources and a plan is established to eliminate risk of loss of benefits – for example, participation in the ABLE Program, participation in a special needs trust (individual or pooled), spend down of resources, establishment of burial savings accounts, and establishment of prepaid burial arrangements.
- xiii) For collective accounts, the CPA must determine that the account is being managed in accordance with the Social Security Organizational Representative Payee guide that can be found on the Social Security Administration's website.

If the auditor becomes aware of a misappropriation involving the QPL or persons' funds and/or any falsification of Medicaid billable services, then the auditor must promptly report this information to management, with a follow-up to DDSN Internal Audit. Consideration should be given as to deficiencies in internal controls and whether there are any questioned costs to report.

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

a) Background Information

DDSN is appropriated funds from the State to establish a minimum pay rate for direct care staff. These funds are passed to QPL through an increase in rates and contract amounts. Direct support professionals are defined as persons that are in a regular shift rotation and are directly involved in the care of persons in residential or day program settings. Supervisors, House Managers, and other similar positions would qualify if they meet the criteria above. Job classifications vary by service provider and the same job classification at different service providers may or may not involve the same level of hands-on care. As a result, DDSN did not

take a prescriptive approach. Each QPL will have the responsibility of determining which employees qualify based on their unique circumstances. The minimum pay rate for direct support professionals will be \$13 per hour. QPLs are permitted to pay new hires a rate less than \$13 for staff training hours and for any on the job training hours where the direct support professional is not permitted to work alone. If a staff is able and has been cleared to work alone, but does not work alone due to staffing patterns in the home, then they must be paid \$13 per hour. In no case should a new hire direct support professional make less than \$13 per hour for a period to exceed 90 calendar days.

a) Procedures

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

- i) The CPA must test the minimum pay rate used by the Provider. A variety of testing procedures may be used. One such procedure could be selecting two (2) randomly selected pay periods to test proper application of the pay rate.
- ii) For all years with a direct care staff pay increase raising DDSN's minimum hourly wage, the timing of the pay rate increase must be determined to ensure the increase was paid on the first pay date in July. Retroactivity of the pay rate is permitted, but the CPA must perform sufficient work to ensure it was completed properly. If there was a retroactive payment to the employee, then the CPA is only expected to verify the process used appears to be completed correctly to ensure compliance.
- iii) If direct care staff are paid less than \$13 per hour, verify they meet the requirements above which permits a lower rate be paid for a period not to exceed 90 days or there is a written exception approved by DDSN.

4. **APPLICABLE ONLY TO QPLs PROVIDING RESIDENTIAL SERVICES**

Determine that the QPL has adopted a room and board policy. Test that they have properly and timely implemented the DDSN approved room and board, in accordance with their policy.

a) Background information

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

b) Procedures

- i) The auditor must determine that the QPL has established a room and board policy for persons' fees and such policy has been reviewed and approved by the Board of Directors, if the QPL has a Board of Directors. In the absence of the Board of Directors, room and board must be approved by someone in authority (Owner/CEO).
- ii) The CPA must obtain the DDSN approved room and board rates utilized during the reporting period.
- iii) The CPA should familiarize themselves with the policy and the approved rates.
- iv) The CPA must test actual charges made to persons to ensure that they comply with the policy. This would include consideration of the timing of the application of rate changes and verification that these charges do not exceed the approved room and board rates.
- v) The CPA must test move-ins and move-outs that occur within any given month to ensure that room and board charges were properly applied and the proper proration of the room and board was appropriately charged. Any miscalculations must be communicated by the CPA.

AUDIT REPORT AND RoAAP REPORT DUE DATES AND EXTENSIONS

The RoAAP and audit report, if required, are to be filed with DDSN within ~~120~~90 calendar days of the year-end audited. If this due date falls on a weekend, or any due date, then the due date is the next workday.

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

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

AMENDMENTS TO AUDIT REPORTS

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

CORRECTIVE ACTION PLANS (CAP) AND EXTENSIONS

When the auditor’s report, separate letter to management (if issued), and/or the RoAAP identify material weaknesses, deficiencies (significant or not), findings or questioned costs, the QPL must submit a CAP to address and resolve the problem(s) identified by the auditor/CPA, or submit a statement of reasons why no corrective action is necessary. The CAP should be prepared on contracted service provider’s letterhead and signed by the Executive Director/CEO/President. The CAP must be submitted to DDSN Internal Audit within 20 business days after issuance of the audit report and/or RoAAP. If the CAP is not received within 20 business days of the due date, then a ~~contract reduction~~ **financial sanction** of \$100 per calendar day will be assessed until the CAP is received by DDSN or up to a maximum of \$2,500 per CAP has been assessed. The total amount of the ~~contract reductions~~ **financial sanction** will be ~~deducted from a subsequent payment~~ **invoiced**. It is recommended that the CAP be submitted with or included as part of the audit report and/or RoAAP when issued. The CAP should include the specific dates when deficiencies will be corrected. Copies of documents that clarify the resolution of deficiencies must be included with the CAP, such as found missing receipts, relevant Service Error Correction Forms, and logs.

A request for an extension of time to file a CAP must be submitted to DDSN Internal Audit by the QPL in writing on letterhead and signed by the Executive Director/CEO/President, and must be approved by DDSN Internal Audit. The request for an extension must be filed 15 business days prior to the due date for the CAP. Such requests will only be approved in extreme circumstances that are beyond the control of the contracted service provider, the auditor, or when approval would be to the benefit of DDSN.

ADDRESSEE

Any reports issued in accordance with this directive are to be addressed to the governing boards or to management if the entity does not have a Board of Directors.

DISTRIBUTION

The RoAAP report, audit report, management letters, and/or internal control reports shall be filed as follows:

1. Executive Director/CEO/President of the QPL.
2. Chairperson of the QPL’s governing board (if applicable).

3. Hard copy of audit reports to:

DDSN Director of Cost Analysis
3440 Harden Street Extension
Columbia, SC 29203

4. Electronic pdf copy of audit reports and RoAAPs to financial.reports@ddsn.sc.gov.

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

DISCLOSURE OF THREATS TO INDEPENDENCE

When the audit reports are filed with DDSN, QPLs must also submit a statement on letterhead and signed by the Executive Director/CEO/President disclosing all identified threats to independence. The letter must outline the type and extent of all attestation, consulting, bookkeeping, and/or other services performed under contract or agreement with the audit firm. Examples that must be considered include, but not limited to maintenance of the depreciation schedule, preparation of the financial statements, income tax preparation and advisory services, management advisory services, third-party administrator services, preparation of the Schedule of Expenditures of Federal Awards (SEFA), completion of the Federal Audit Clearinghouse Data Collection Form, individual or aggregate, material adjustments made, payroll services, bookkeeping services, budget preparation, and software selection/implementation.

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

INSPECTION/ACCEPTANCE

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

AUDIT QUALITY

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

1. Ensure that audit reports of QPLs are received, reviewed and distributed to appropriate DDSN officials.
2. Ensure that if significant inadequacies relating to the professional performance of the audit are disclosed, the QPL will be advised and the auditor will be required to take

corrective action. If corrective action is not taken, DDSN shall notify the QPL and other state agencies of the facts. Major inadequacies or repetitive substandard performance of auditors shall be referred to the appropriate professional bodies.

3. Ensure that satisfactory audit coverage is provided in a timely manner in accordance with DDSN audit requirements.
4. Maintain a follow-up system on audit findings and investigative matters.

The SC Board of Accountancy may review all or a sample of QPL audit reports for compliance with professional standards.

Audit firms that receive a peer review report with results other than ‘pass’ must timely notify the QPL client and DDSN Internal Audit of the peer review results.

WORKING PAPERS

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

Working papers must be available upon request, at no additional cost, for examination by DDSN representatives or its designee, as well as successor auditors, who may perform audits of the QPL.

CONTRACTS

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

OUT-OF-STATE (CPA FIRM) REGISTRATION

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

CONFIRMATIONS - DDSN PAYMENTS

The independent auditor’s confirmation of DDSN payments made to a QPL is to be secured from DDSN’s Director of Finance. Requests for confirmations must be emailed to confirmations@ddsn.sc.gov. If electronic responses are desired, then please indicate such in the request along with the email address or other method of remitting the information. The auditor

must reconcile DDSN payments per the confirmation with revenue per the QPL's books. Any questions regarding confirmations should be emailed to confirmations@ddsn.sc.gov.

AMENDMENTS TO AUDIT POLICY

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

Barry D. Malphrus
Vice-Chairman

Stephanie M. Rawlinson
Chairman

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

Attachment A: Sample - Independent Accountant's Report on Applying Agreed-Upon Procedures
Attachment B: Sample – Supplementary Room and Board Calculation
Attachment C: Sample – Supplementary Schedule of Special Grants

Independent Accountant's Report on Applying Agreed-Upon Procedures

To the Board of Directors/Management

(Provider's Name)
(City/State/Zip Code)

We have performed the procedures enumerated below based upon the requirements outlined in the South Carolina Department of Disabilities and Special Needs (DDSN) Provider Audit Policy (Directive 275-06-DD) for the period ended _____ related to ~~tests of controls and procedures for~~ Medicaid billings. [If you provide residential services insert – “We have also performed the procedures enumerated in the compliance section below solely to assist the specified parties in evaluating the _____’s (QPL’s name) compliance with applicable DDSN Contracts and Directives.”] These procedures were agreed to by the management of _____ (QPL’s name) for the period ended _____ (QPL’s year-end or initial year alternative period). _____’s (QPL’s name) management is responsible for establishing policies and procedures, and for the maintenance of records and supporting documentation. This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. ~~The sufficiency of these procedures is solely the responsibility of those parties specified in this report. Consequently, we make no representations regarding the sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose.~~

_____ Has agreed to and acknowledged that the procedures performed are appropriate to meet the intended purpose of the requirements outlined in DDSN Directive 275-06-DD for the period ended _____. This report may not be suitable for any other purpose. The procedures performed may not address all the items of interest to a user of this report and may not meet the needs of all users of this report and, as such, users are responsible for determining whether the procedures are appropriate for their purposes.

The procedures performed and the results of our testing are as follows:

Medicaid Billing

We obtained an understanding of the Medicaid billing process and controls over Medicaid billable services through discussions with management and consultations with program staff. In documenting our understanding, we also learned that the contracted service provider served a total of _____ persons (unduplicated) for whom Medicaid services were billed for the period tested.

1. We obtained an understanding of the Medicaid billing process and controls over Medicaid billable services through discussions with management and consultations with program staff. In documenting our understanding, we also learned that the contracted service provider served a total of _____ persons (unduplicated) for whom Medicaid services were billed for the period tested.

Total Population Served			
#	Program/Service	#	Program/Service
	<u>ICF/ID</u>		Supported Employment
	<u>CRCF</u>		Board Billed Waiver Services
	<u>CTH-II</u>		Early Intervention
	<u>CTH-I/Specialized Family Homes</u>		Case Management
	<u>SLP-II/SLP-III</u>		Adult Day
	<u>CIRS (Cloud Program)</u>		Other (Specify)
	<u>SLP-I</u>		Other (Specify)

2. We selected a sample of _____ people from the total number of people for which the QPL is receiving payments for Medicaid billable services. We ensured that our sample represented Medicaid billings from all programs. The programs covered and number of persons selected for our procedures are identified below:

Sample Selected			
#	Program/Service	#	Program/Service
	ICF/ID		Supported Employment
	CRCF		Board Billed Waiver Services
	CTH-II		Adult Day
	CTH-I/Specialized Family Homes		CIRS (Cloud)
	SLP-II/SLP-III		Case Management
	SLP-I		Early Intervention
	Other (Specify)		Other (Specify)
	Other (Specify)		Other (Specify)

The CPA must follow AU-C 530 “Audit Sampling” in its sampling selection process and determination of the sample sizes required.

3. For the people selected, we tested Medicaid billings for the period of _____ determine the following:

a. For the persons selected, we performed tests to determine if there was sufficient documentation on file to provide reasonable assurance the billing was complete, accurate, and the service was performed, which is reflected in the below table:

Medicaid Billing Testing & Results				
#	Program/Service	# of individual	# of individual	# of individual
	ICF/ID			
	CRCF			
	CTH-II			
	CTH-I/Specialized Family			
	SLP-II/SLP-III			
	SLP-I			
	Supported Employment			
	Board Billed Waiver			
	Adult Day			
	CIRS (Cloud)			
	Case Management			
	Early Intervention			
	Other (Specify)			
	Other (Specify)			
	TOTAL			

Results/Finding:

b. Gained an understanding of the monitorship procedures (review of service notes, phone contacts with family members and/or employers, visits to family members’ homes and/or persons’ job sites, etc.) established by the QPL to monitor each program. We tested that monitorship is being provided and documented by supervisory staff on an on-going basis so as to provide reasonable assurance to the QPL that the billable services are being provided to the persons’ and/or families as indicated by the documentation on file.

Results/Finding:

Compliance Section

1. People’s Personal Funds and Property [note this only applies to residential service providers]:

We gained an understanding of the controls over persons’ personal funds and personal property managed by QPL staff through our discussions and inquiries with management. In order to gain a more accurate understanding of the nature and treatment of people’s personal funds and personal property, we consulted with the residential program staff since these employees are directly responsible for compliance with DDSN Directives 200-12-DD: Management of Funds for Individuals Participating in Community Residential Programs and 604-01-DD: Individual Clothing and Personal Property. In documenting our understanding, we also learned that the

contracted service provider served a total of _____ persons for whom the provider managed personal funds for the period tested.

We selected a sample of _____ people from the total number of people for which the QPL is managing personal funds and personal property. The programs covered and number of people selected for our procedures are identified below:

Total Population Served			
#	Program/Service	#	Program/Service
	ICF/ID		SLP-I
	CRCF		CIRS (Cloud)
	CTH-II		Other (Specify)
	CTH-I/Specialized Family Homes		Other (Specify)
	SLP-II/SLP-III		Other (Specify)

Sample Selected			
#	Program/Service	#	Program/Service
	ICF/ID		SLP-I
	CRCF		CIRS (Cloud)
	CTH-II		Other (Specify)
	CTH-I/Specialized Family Homes		Other (Specify)
	SLP-II/SLP-III		Other (Specify)

For the persons selected, we tested personal funds for a minimum of two months to determine the following:

- a. People’s personal funds are not borrowed, loaned, or co-mingled by the QPL or any other person or entity for any purpose or combined or co-mingled in any way with the QPL’s operating funds.

Results/Finding:

- b. People’s checking and/or savings accounts are established in the persons’ names and social security numbers or they have indicated that the accounts are for the benefit of the persons (fiduciary relationship).

Results/Finding:

- c. Bank signature cards were updated timely for changes in personnel and a copy of the signature card is maintained.

Results/Finding:

- d. Bank reconciliations for people’s accounts are being performed and documented within 20 business days of receipt of the bank statements by a staff member who is not a co-signer for the accounts.

Results/Finding:

- e. Through a representative sample of people’s purchases, determined that receipts are on hand to support purchases made from people’s personal funds.

Results/Finding:

- f. Determined that the amounts paid by people were properly charged to their personal funds. Determined if amounts should have been paid by the Waiver program, from residential program funds, or if items/services purchased were proper for the persons expending the funds.

Results/Finding:

- g. For items purchased that is required to be inventoried, verified that the persons' personal property record was properly updated, and determined procedures are in place to ensure items are properly marked in accordance with the directive.

Results/Finding:

- h. Determined if checks written to persons caused them to exceed their cash on hand limit.

Results/Finding:

- i. Determined that actual counts of the persons' cash held by residential staff, and agreement of the counts to the records, were completed monthly by someone who does not have authority to receive or disburse cash. Verified the count and agreement to the records was documented.

Results/Finding:

- j. Reviewed the controls over cash on hand to ensure that the provider has adequate controls to identify and safeguard cash held by the provider and cash held by the person.

Results/Finding:

- k. Determined that the persons' total countable resources did not exceed the established limits mandated by Medicaid (generally: \$2,000).

Results/Finding:

- l. Determined that the QPL has a process in which to identify those with recurring excess resources and a plan is established to eliminate risk of loss of benefits – for example, participation in the ABLÉ program, participation in a special needs trust (individual or pooled), spend down of resources, establishment of burial savings accounts, establishment of prepaid burial arrangements, etc.

Results/Finding:

- m. For collective accounts, determined that the account has been managed in accordance with the Social Security Organizational Representative Payee guide.
2. Direct Care Staff Minimum Hourly Wage – [note this only applies to residential service providers]:

We gained an understanding of the requirements of paying all direct care staff in accordance with the QPL's contract with DDSN.

- a. We selected at least two (2) randomly selected pay periods or used an alternative selection process to test proper application of the pay rate.

Results/Finding:

- b. If there was a direct care staff pay increase during the year raising DDSN's minimum hourly wage, the timing of the pay rate increase was determined to ensure the increase was paid on the first pay date in July. Retroactivity of the pay rate is permitted. Any retroactivity was tested to ensure it was completed properly.

Results/Finding:

- c. For any direct care staff paid less than \$13 per hour, we verified that they met the requirements that permit a lower rate be paid for a period not to exceed 90 days or there is a written exception approved by DDSN.

Results/Finding:

3. Room and Board Policy – [note this only applies to residential service providers]:

We gained an understanding of the policies and controls over room and board charges.

- a. We determined that the QPL established a room and board policy for individuals' fees that was reviewed and approved by the Board of Directors.

Results/Finding:

- b. We obtained the DDSN approved room and board rates utilized during the fiscal year.

Results/Finding:

- c. We reviewed the actual charges made to the people to ensure the provider complied with the policy, including consideration of timing of application of rate changes, and that they did not exceed the approved room and board rates.

Results/Finding:

- d. We sampled move-ins and move-outs and ensured that room and board charges were properly prorated.

Results/Finding:

We were not engaged to and did not conduct an examination, the objective of which would be the expression of an opinion on compliance with the specified requirements. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the management of (QPL's name) and DDSN and is not intended to be or should not be used by anyone other than these specified parties.

[Practitioner's Signature]
[Practitioner's City and State]
[Date]