

From: [Linguard, Christie](#)
Subject: Meeting Notice - The Commission of the SCDDSN - Policy Committee Meeting - March 16, 2022
Date: Tuesday, March 15, 2022 12:40:40 AM
Attachments: [March 16 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 Wednesday, March 16, 2022, at 1:30 p.m. The Committee Meetings are held at the SC Department of Disabilities and Special Needs Central Administrative Office, 3440 Harden Street Extension, Columbia, SC. This meeting can also be viewed via a live audio stream at www.ddsn.sc.gov.

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

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

Thank you.

POLICY COMMITTEE AGENDA

DRAFT

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

March 16, 2022

1:30 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 January 11 Meeting (**TAB 1, pg. 1-2**)
6. Old Business: (**TAB 2**)
 - A. 413-03-DD: Code of Conduct (**pg. 3-10**)
7. New Business: (**TAB 3**)
 - A. 413-08-DD: Anti-Harassment (**pg. 11-22**)
 - B. 250-10-DD: Funding for Services (**pg. 23-31**)
 - C. 250-11-DD: Outlier Funding Request System – Capitated Funding System (**pg. 32-44**)
 - D. 738-01-DD: Discharge Planning for those leaving an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) and Enrolling in a Home and Community-Based Services (HCBS) Waiver Program (**pg. 45-49**)
8. Status Update on Directives Referred to Staff
9. Adjournment – Next Meeting April 12, 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
January 11, 2022

**IN ATTENDANCE: Chairman, Barry Malphrus; Commissioner Gary Lemel; Commissioner David Thomas
Lori Manos; 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 December 15, 2021 Meeting

Chairman Malphrus requested committee members to adopt the summary notes.

As there were no objections, summary notes from the December 15, 2021 meeting were adopted.

3. Old Business

A. 535-10-DD: National Voter Registration Act (Motor Voter)

Chairman Malphrus stated the directive was posted for public comment. No public comments were received. As there were no objections, the directive would be presented to the full Commission for approval.

4. New Business

A. 200-08-DD: Travel Regulations

Chairman Malphrus indicated staff completed a thorough review of the directive and made recommended changes. Chairman Malphrus requested one minor modification. As there were no objections, the directive was approved for posting for 10-day public comment. Any comments received will be presented to the Chairman and Committee for full review.

B. 200-13-DD: Travel Regulations for DSN Boards and Contracted Service Providers

Chairman Malphrus indicated this directive was last reviewed February 2020; however, given the similarity staff determined it should be included to insure consistency. Due to Chairman Malphrus' request to make the same minor modification as 200-08-DD: Travel Regulations, it was determined that no external review period is required and staff will bring before the full Commission for approval. As there were no objections, the directive would be presented to the full Commission for approval.

5. Status Update on Directives Referred to Staff

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

300-04-DD: Maintenance of Physical Plant

600-10-DD: Individual Clothing and Personal Property-DDSN Regional Centers

These two directives were posted for public comment, and should be ready to present to the Commission for approval and signing at the January 20, 2022 Commission meeting. Only one comment was received regarding 600-10-DD and was taken under advisement.

Six Standards were given final approval by the South Carolina Department of Health and Human Services.

- Employment Services – Group Standards
- Employment Services – Individual Standards
- Day Activity Services Standard
- Career Preparation Services Standard
- Community Services Standards
- Support Center Services Standards

We hope to present all six to the full Commission for approval at the January 20, 2022 meeting.

6. Adjournment

The next meeting will be held February 8, 2022.

Reference Number: 413-03-DD

Title of Document: Code of Conduct

Date of Issue: November 3, 2015

~~Effective Date: November 3, 2015~~

~~Last Review Date: July 23, 2019~~

Date of Last Revision: ~~July 23, 2019~~ XXXX, 2022 (REVISED)

~~Effective Date: XXXX, 2022~~

Applicability: All DDSN State Employees, Temporary Staff and Volunteers

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

South Carolinians deserve good government, which includes, in part, citizens having the highest degree of confidence in the conduct of state officials and employees. Citizens depend on state officials and employees to make lawful, ethical decisions and expect them to serve the interests of the people, not their own, which is demonstrated by remaining free from favoritism, undue influence, and all forms of impropriety, real or perceived.

All state officials and employees are bound by the State Ethics Act (Ethics Act). In addition, this Code of Conduct (Code) is intended to provide clear guidance, setting forth stringent and

uniform standards of official conduct. Much of this Code merely restates in simple terms the rules that currently exist in the Ethics Act. All DDSN employees are bound by this Code and continue to be bound by all federal and state laws, including the Ethics Act.

DDSN's General Counsel has been appointed as the Ethics Officer who will be responsible for assisting employees with questions concerning ethical conduct. In all cases of uncertainty, employees must seek guidance from the Ethics Officer.

GENERAL POLICY

Five (5) ethical principles are central to all of the rules contained in the Code:

Honesty: Employees should be truthful and sincere in all interactions with the public and with each other.

Fairness: Employees should seek to make impartial, just, and equitable decisions.

Integrity: Employees should always act in a manner that instills public confidence and should avoid participating in any matter where a real or perceived conflict of interest exists.

Respect: Employees should demonstrate respect to others at all times.

Loyalty: Employees should remain loyal to the State and the citizens they serve and should not engage in any conduct that calls into question this loyalty.

Employees should be guided, first and foremost, by these ethical principles while performing their individual job duties and responsibilities. The following more specific rules are intended to be an application of these principles. Violation of any of these principles is grounds for discipline up to and including termination.

EIGHT STANDARDS OF CONDUCT

I. Gifts and Other Things of Value

DDSN employees work hard and it is understandable that citizens and businesses may want to show gratitude for quality customer service, a good working relationship, or a job well done. Acceptance of these gifts by state employees; however, has the potential to create real or perceived favoritism toward particular customers, vendors, or businesses, undue influence, or a real or perceived conflict of interest. Thus, the best practice is to avoid this situation.

Rule 1: **Except as provided below, employees may not accept a gift or anything of value for themselves from an individual or entity given as a result of their employment with the State.**

Clarifications:

Gifts given because of a relationship that existed before their employment with the State or for reasons other than their employment with the State are not prohibited.

Gifts given by your employer and co-workers are not prohibited. Gifts are not prohibited as long as they are not intended to violate the ethical principles of this directive.

Promotional, informational, or educational items, such as calendars, pamphlets, or pens, given to the employee as a result of your state employment with a value of less than \$10 are not prohibited by this rule. These items; however, shall at no time be prominently displayed in the agency to create an appearance of favoritism or endorsement of a particular product, vendor, or business.

Acceptance of a personalized trophy or plaque with a value of less than \$150 is not prohibited by this rule.

Items given to an employee, division, or DDSN, not otherwise excluded from this rule and not easily returned may be donated to a charity or placed in a common area for the enjoyment of all DDSN employees. These items may not be retained for the benefit of any one employee or particular group of employees. Any items donated or retained by DDSN for the benefit of all employees must be approved by the State Director, and DDSN must retain a file documenting all of these items.

Employees may not receive compensation for speaking; however, may accept a meal provided in conjunction with the speaking engagement where all participants are entitled to the same meal. In addition, employees may accept or be reimbursed for actual and reasonable travel and lodging expenses related to the speaking engagement.

Gifts that include travel, lodging and/or meal expenses paid for on behalf of an employee to participate in a work-related event, which could otherwise have been paid for by DDSN, is a gift to DDSN not the individual employee, and is not prohibited with the following two exceptions:

1. A state agency may never receive any gift from a lobbyist; and,
2. A state agency may receive a gift from a lobbyist principal up to the amounts prescribed by the State Ethics Commission.

II. Conflicts of Interest

DDSN employees have a duty of loyalty to the State as their employer. Certain dealings outside of work, both personal and financial, have the potential to create an actual or perceived conflict in fulfilling this duty to the State. Employees should avoid these situations by limiting certain dealings outside of their employment or removing themselves from particular matters.

Rule 2: Employees may not make, participate in, or influence a governmental decision in which the employee, a family member, an individual with whom the employee is associated, or a business with which the employee is associated has an economic interest.

~~Employees may not have outside employment which creates a real or perceived conflict of interest or is incompatible with the duties and expectations of state employees. Refer to DDSN Directive 413-09-DD: Outside Employment, for information on employment outside of DDSN.~~ The State Director must receive written approval from the Governor before engaging in outside employment. If the State Director seeks to be employed by another state agency or institution of higher education, the State Director must still obtain the approvals as required by S.C. Code Ann. § 8-11-170 (2019).

Employees may not have an economic interest in a contract with the State or its political subdivisions if employees are authorized to perform an official function relating to the contract.

Recusal: Employees must report, in writing, any actual or perceived conflicts to DDSN’s Ethics Officer, who will review and determine whether a conflict exists. Reporting should occur as soon as possible. If the Ethics Officer determines no conflict exists, the Ethics Officer must document, in writing, the basis for the determination. If it is determined that a conflict exists, the employee must immediately remove themselves from the decision, vote, or process. The Ethics Officer must keep written documentation of all recusals.

Definitions:

For purposes of this rule, a “*family member*” includes a spouse, parent, sibling, child, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparent, grandchild, and an individual claimed by the employee as a dependent for income tax purposes.

For purposes of this rule, an “*individual with whom the employee is associated*” means an individual with whom the employee (or a member of the employee’s immediate family) have a mutual business interest, and any business of which the employee or a member of the employee’s immediate family is a director, officer, owner, employee, compensated agent, or holder of stock worth \$100,000 or more at fair market value, and which constitutes five percent (5%) or more of the total outstanding stock of any class.

For purposes of this rule, a “*business with which the employee is associated*” means a business of which the employee or a member of the employee’s immediate family is a director, officer, owner, employee, compensated agent, or holder of stock worth \$100,000 or more at fair market value, and which constitutes five percent (5%) or more of the total outstanding stock of any class.

For purposes of this rule, “*official function*” means writing or preparing the contract specifications, acceptance of bids, award of the contract, or other action on the preparation or award of the contract.

III. Financial Disclosures

Employees that affect the daily decisions of DDSN are more accountable through financial disclosure to the public.

The current law expressly requires the first and second levels of an agency to file a disclosure report, which could be limited to an agency head and a chief of staff, if that position exists. Additional employees that serve in important decision-making positions should also be required to file a disclosure report.

Rule 3: State employees who are:

- (1) Agency heads;
- (2) Chief, deputy, or assistant administrative officials or directors of a division, institution, facility, or department;
- (3) Chief finance employees; and
- (4) Chief purchasing employees are required by statute to annually file a Statement of Economic Interests with the State Ethics Commission pursuant to S.C. Code Ann. § 8-13-1110 (Supp. 2021).

DDSN will examine its organizational structure to determine if additional employees, because of their positions in the agency, should file a Statement of Economic Interests. Upon a determination that you should file, DDSN will notify you, in writing, of the filing requirement. Such employees, if not already required to file with the State Ethics Commission, must file a Statement of Economic Interests with the Department of Administration.

IV. Use of State Resources

State resources are limited, and the public must trust state officials and employees to be good stewards of these resources. The public should have confidence that state resources are being used for the benefit of all citizens, the owners of the property, and not as personal property of state employees.

Rule 4: Employees may only use state resources and/or property for conducting official business, except that incidental use of state property is permitted as long as it does not result in additional public expense. Incidental use is infrequent and minimal.

Employees may never use state resources for private business and/or financial gain.

Employees shall not permit others to access or use any assigned equipment, including state cars, laptops, cell phones, or other electronic devices, except as authorized by the agency.

Employees may never use state personnel, equipment, materials, or facilities for political campaigns.

Unless specifically required by the agency to perform a job function, employees may not use social media, including, but not limited to Facebook, Instagram, and Twitter, while on duty or through the use of state resources or equipment.

V. Confidentiality

Many times the State requires its citizens and businesses to file personal information. The State has a duty to protect this information. The public must be able to trust that employees with access to this information will protect its confidentiality and not use the information for personal or financial gain.

Rule 5: Employees must not disclose restricted or confidential information acquired through their employment to any unauthorized person or entity.

DDSN will only provide employees access to data required to perform their job duties and will regularly re-examine employee access levels to ensure that they remain aligned with job duties.

Employees must only access, review, or examine data as necessary to perform their job function and not for any unlawful or improper purpose, including personal curiosity.

Employees must only use information gained through their employment in furtherance of official business.

Employees must protect the integrity of agency data and strive to diligently protect all restricted and confidential information from unauthorized disclosure.

DDSN will designate in writing, information that is deemed restricted or confidential for purposes of this rule. The Ethics Officer will maintain this information.

VI. Nondiscriminatory Work Environment

Rule 6: Employees must promote a nondiscriminatory work environment that provides equal employment opportunities to all employees and applicants without regard to race, color, religion, sex, gender, genetic information, national origin, age, veteran status, disability, or any other status protected by federal or state law.

VII. Post-Employment Restrictions

Employees gain many valuable skills and connections while employed by DDSN. It is understandable that employees may one day want to use these skills and connections outside of state employment. Citizens must have confidence; however, that while employed with the State, employees are working solely for the benefit of the State and not using their position to create opportunities for themselves upon their departure that could result in a conflict of interest. The following post-employment rules are found in current state law and are not intended to limit employment opportunities of state employees; instead, it prohibits individuals from engaging in certain activities on behalf of individuals or entities with state government.

Rule 7: For one (1) year following the employee's departure from state government, the former employee may not represent another individual or entity before the employee's former agency in a matter you directly and substantially participated in during employment (S.C. Code Ann. § 8-13-755 (2019)). Employees may not participate directly in the procurement of a contract and then depart the State agency and accept employment with an individual contracting with the governmental body if the contracts fell or would have fallen under their official responsibilities (S.C. Code Ann. § 8-13-760 (2019)).

VIII. Reporting Requirements and Whistleblower Protections

At times, employees are aware that others are committing wrongdoing within an agency, but for various reasons, may have chosen not to report the misconduct. This may create the perception that this type of behavior is condoned by the agency. Citizens must be able to trust that state employees are doing all they can to prevent wrongdoing and at all times are protecting the interests and property of the State.

Rule 8: Employees must report an intentional violation of this Code of Conduct or any federal or state law or regulation by any agency employee, whether temporary or full-time, including a co-worker, subordinate, supervisor, senior manager, or any other employee.

You must report any action by DDSN that results in substantial abuse, misuse, destruction, or loss of substantial public funds or resources.

Violation of any of these principles is grounds for discipline up to and including termination.

Reporting Requirements:

DDSN designates the following process for such reports to be made to the appropriate authority. Depending on the facts of each case, the appropriate authority may be the DDSN General Counsel, DDSN Human Resources, the State Director, the DSN Commission Chairperson, or the State Ethics Commission. If you are uncertain who the appropriate authority is, contact the Ethics Officer.

These Whistleblower reports must be made verbally or in writing as soon as possible after the employee first learns of the wrongdoing, but no later than 180 days of the date the reporting employee first learns of the wrongdoing (S.C. Code Ann. §8-27-10 (2019)). This Whistleblower report must include the date of disclosure, the name of the employee making the report, the nature of the wrongdoing, and the date or date range of when the conduct occurred. If the Whistleblower report is oral, the DDSN Ethics Officer, or other state official to whom the report is made must reduce the report to writing. This is separate from reporting requirements related to Abuse or Neglect, see DDSN Directive 534-02-DD: Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contracted Provider Agency.

Good Faith Requirement:

All reports of wrongdoing must be made in good faith. An employee may be disciplined or terminated for making a report that he or she knows or reasonably should know is false.

Whistleblower Protections:

An employee who files a report within the specified time frame, to the appropriate authority, and in good faith, is considered a whistleblower. Whistleblowers may not be demoted, lose compensation, or be dismissed or suspended from employment as a result of filing a report of wrongdoing.

Nothing prevents an agency from disciplining or terminating a whistleblower for causes independent of the filing of a report of wrongdoing.

Code of Conduct Training

The Department of Administration's Division of State Human Resources has developed a web-based training video on the requirements of this Code, located at <http://www.admin.sc.gov/humanresources/code-of-conduct> on the [Department of Administration's website](#). The training ~~which~~ includes specific examples and hypothetical situations to provide concrete guidance to employees.

Every employee must review this initial web-based training video on this Code and certify, in writing, their understanding of this Code. Thereafter, all employees must receive annual refresher training on the Code and re-certify their understanding. All new employees must receive training on the Code within one (1) week of employment and certify their understanding of its requirements.

[Patrick J. Maley](#)

[Deputy Director](#)

[Barry D. Malphrus](#)

[Vice Chairman](#)

[Mary Poole](#)

[State Director](#)

[Stephanie M. Rawlinson](#)

[Chairman](#)

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Michelle G. Fry, J.D., Ph.D.
State Director
Rufus Britt
Associate State Director
Operations
Lori Manos
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Policy



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Reference Number: 413-08-DD
Title of Document: Anti-Harassment
Date of Issue: May 20, 2021
Date of Last Revision: ~~May 20, 2021~~ XXXX, 2022 (NEW REVISED)
Effective Date: ~~May 20, 2021~~ XXXX, 2022
Applicability: All DDSN State Employees, Contracted Personnel and Volunteers

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PURPOSE

The purpose of this directive is to define specific prohibited workplace conduct and to outline the protocols in place for reporting and investigating discrimination and harassment, sexual harassment, retaliation, and hostile work environment.

I. STATEMENT OF POLICY

The South Carolina Department of Disabilities and Special Needs (DDSN) is committed to maintaining a work environment that is free from all forms of discrimination and harassment, sexual harassment, retaliation, and hostile work environment. DDSN prohibits any workforce member from engaging in the acts and/or behaviors categorized by this directive, including all

forms of discrimination and harassment, sexual harassment, retaliation, and hostile work environment, with respect to employment.

Federal and state laws prohibiting discrimination include but are not limited to: Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1975 (ADEA), and the Americans with Disabilities Act of 1990 (ADA) and the South Carolina Human Affairs Law. This directive is intended to be consistent with federal and state discrimination laws. Discrimination in violation of this directive is subject to appropriate discrimination laws.

Any unacceptable, unprofessional, offensive, discriminatory, harassing, sexually harassing, or retaliatory conduct that violates this directive or this directive's intent, even if not considered unlawful, is wholly prohibited. This directive applies to all employees, contracted personnel, and volunteers, and all conduct in DDSN workplaces, and at all DDSN sponsored events occurring outside of the workplace.

II. GENERAL PROVISIONS

A. **Definitions:** For purposes of this directive, the following definitions shall apply:

1. **Hostile Work Environment** – Situation in which one employee's behavior within a workplace creates an environment that is difficult or uncomfortable for another person to work in due to discrimination and harassment, sexual harassment and/or retaliation.
2. **Protected Activity** – Employee's opposition to any practice made an unlawful practice by Title VII or employee's participation in an investigation, proceeding, or hearing under Title VII.
3. **Workplace** – Any area in which employees work or work-related activities occur to include travel, field sites, state buildings, other facilities, and vehicles or other conveyances used for travel while on department business.

B. **Anti-Discrimination Training:** In an effort to ensure all DDSN employees understand the severity of the issue of harassment and discrimination, all employees shall complete initial Anti-Harassment and Anti-Discrimination training within 90 days of employment with DDSN and no less than annually thereafter. Existing DDSN employees, contracted personnel and volunteers must receive this training within 90 calendar days of approval of this directive.

III. PROHIBITED WORKPLACE CONDUCT

Prohibited conduct in the workplace includes, but is not limited to, the following:

A. **Discrimination and Harassment**

1. Discrimination is any unfair treatment or harassment because of race, color, religion, sex, gender, age, disability, pregnancy (including childbirth or related medical conditions), or national origin.

2. Harassment consists of substantial and unreasonable words, gestures, or actions that are intended to frighten, alarm, or abuse another person, and/or cause a reasonable person mental or emotional distress. Harassment includes conduct by an employee that creates an intimidating, hostile or offensive work environment or interferes with an employee's work performance. Harassing conduct is characterized as unwanted, unwelcome, and non-consensual.
3. The discriminatory and/or harassing conduct may be between, but is not limited to: employee to employee, employee to supervisor, supervisor to employee, employee to non-employee or non-employee to employee. An employee is prohibited from harassing anyone by use of the employee's position or state-owned equipment.
4. Examples of discriminatory and/or harassing conduct includes, but is not limited to, the following:
 - a. Use of "hate speech," slurs, negative stereotyping, threatening and/or intimidating words or gestures, yelling, or any hostile conduct related to one of the protected characteristics described above; and/or,
 - b. Distribution, display or discussion of any written, graphic or sexually explicit material that ridicules, denigrates, insults, belittles or shows hostility or aversion toward an individual or group. This includes e-mail, text messages, and social media posts.
 - c. Physically threatening or intimidating actions like pushing, shoving, and blocking another's path with intent to intimidate.

B. Sexual Harassment

Sexual harassment in any form is prohibited under this directive. Sexual harassment is a form of discrimination and is unlawful under Title VII of the Civil Rights Act of 1964. According to the Equal Employment Opportunity Commission (EEOC), sexual harassment includes unsolicited and unwelcome sexual advances, requests for sexual favors and/or other verbal or physical conduct of a sexual nature, when such conduct is:

- (a) Made explicitly or implicitly a term or condition of employment;
 - (b) Is used as a basis for an employment decision; and/or
 - (c) Unreasonably interferes with an employee's work performance by creating an intimidating, hostile or otherwise offensive working environment.
1. Examples of sexual harassment include, but are not limited to, the following:
 - a. Sexual innuendoes, suggestive comments, jokes and/or questions of a sexual nature, sexual propositions, lewd remarks or threats, references to gender-specific traits, or requests for any type of sexual favor, including repeated and unwelcomed requests for dates;

- b. The distribution, display or discussion of any written or graphic material, physical or digital, that is sexually suggestive or shows hostility toward an individual or group because of sex, suggestive or insulting sounds, leering, staring, whistling, obscene gestures or content in letters; and/or,
- c. Unwelcome, unwanted physical contact like touching, tickling, pinching, patting, brushing up against, hugging, cornering, kissing, fondling, forced sexual intercourse or assault.

C. Retaliation

No hardship, loss of benefit and/or other penalty may be imposed on an employee as punishment for filing or responding to a bona fide complaint of discrimination/harassment, sexual harassment or hostile work environment, appearing as a witness in the investigation of a complaint, or serving as an investigator. Retaliation or attempted retaliation is a violation of this directive and anyone who does so is subject to appropriate action, up to and including termination. Lodging a valid complaint will in no way be used against the employee or have an adverse impact on the complainant's employment status.

D. Hostile Work Environment

- 1. A hostile work environment exists where any harassing conduct creates an offensive and/or unpleasant working environment. Anyone in the work place is capable of creating a hostile work environment including, but not limited to, supervisors, other employees, or supported individuals.
- 2. Harassment which creates a hostile work environment may include, but is not limited to, unwanted sexual or discriminatory verbiage, unwelcome distribution of sexually explicit or discriminatory materials, and/or nonconsensual physical contact.

IV. WORKPLACE RELATIONSHIPS

- A. Supervisors may not have a romantic or sexual relationship with a subordinate, nor may they threaten or imply that an employee's response to sexual advances or any other harassing behaviors will, in any way, influence that employee's continued employment or career development.
- B. If a romantic relationship exists between peers, the parties must be aware that one or both may be moved to a different work unit or other actions may be taken. Although having a consensual romantic relationship with another employee is not harassment, harassment may occur if either person in the relationship engages in conduct in the workplace that is inappropriate or unwelcome.
- C. Employees may not provide DDSN sponsored services to family members or to individuals with whom they have a romantic or sexual relationship.

V. MANAGEMENT/SUPERVISORY ACTION

Managers and supervisors shall:

- A. Take appropriate measures to prevent, identify, and stop discrimination and harassment, sexual harassment, retaliation, and hostile work environment, and/or retaliation;
- B. Take all reasonable steps to protect the person/people targeted by discrimination and harassment, sexual harassment, retaliation, and hostile work environment, and/or retaliation; and
- C. A manager or supervisor who becomes aware of an incident of alleged discrimination and harassment, sexual harassment, retaliation, and hostile work environment, and/or retaliation shall forward the information regarding the incident to the DDSN Office of Human Resources.

VI. REPORTING PROHIBITED WORKPLACE CONDUCT

DDSN encourages the reporting of all perceived incidents of prohibited workplace conduct including unacceptable and offensive conduct, regardless of the offender's identity or position within DDSN. If any employee believes he/she is being treated in an unlawful, discriminatory manner or is being harassed, sexually harassed, is subject to a hostile work environment or is the target of retaliation, the employee should inform the individual/offender that such conduct is unwelcome and immediately report the conduct to their supervisor, the DDSN Office of Human Resources, or another member of management.

This directive is not intended to limit in any way the right of an employee to report incidents perceived as unlawful to an appropriate policing authority.

A. **Complaint Procedures**

A complaint may be made verbally or in writing. If made in writing, the employee should use the Formal Complaint Form ~~available on the DDSN's Application Portal~~ and submit it to DDSN's Office of Human Resources. If the complaint is made verbally, the employee will be strongly encouraged to complete the Formal Complaint Form to assist DDSN in its investigation of the alleged violation within ten (10) calendar days. The Formal Complaint Form will be held confidential as allowed by law. All supervisors and other management-level employees having knowledge of complaints or allegations of harassment or discrimination are required to contact DDSN's Office of Human Resources immediately. Any workforce member who witnesses a violation of this directive should report the violation in the same manner as outlined above. Failure by a knowledgeable or witnessing party to report a violation of this directive will result in appropriate action, up to and including that party's termination.

B. **Investigations and Confidentiality**

DDSN will take all necessary action to promptly and impartially complete an investigation into all complaints of prohibited conduct. An appropriate DDSN official will normally conduct the investigation, but another impartial investigator may be designated in certain circumstances.

DDSN will maintain confidentiality in its investigation to the extent possible. However, DDSN cannot guarantee complete confidentiality of the prohibited conduct allegation and the identity of the complainant. Nor, can DDSN guarantee complete confidentiality of the alleged perpetrator.

Employees are expected to cooperate both with internal investigations and external investigations conducted by appropriate policing authorities. Refusal to cooperate during an investigation will result in appropriate action, up to and including termination. Upon completion of the investigation, DDSN will communicate the findings to the complainant and any other necessary and appropriate parties.

To effectively investigate and resolve complaints associated with violations of this directive, DDSN requests and advises that those with knowledge of such violations report them within 120 calendar days of the occurrence of the alleged conduct.

VII. CORRECTIVE ACTIONS

A. Disciplinary Action

In accordance with DDSN directive 413-01-DD: Standards of Disciplinary Action, a finding of discrimination, harassment, and/or sexual misconduct will be addressed on a case by case basis. Consequences for violating this directive will depend upon the facts and circumstances of each particular situation. The severity of the corrective action will depend on the frequency and/or severity of the offense and any history of past discriminatory, harassing and/or sexual misconduct. An employee found to have engaged in prohibited conduct may be subject to disciplinary action, up to and including, termination.

B. False Reports

Filing groundless and malicious complaints is an abuse of this directive and is strictly prohibited. Such actions are subject to appropriate action, up to and including termination.

Barry D. Malphrus
Vice Chairman

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

[Attachment: Harassment Complaint Form](#)

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Michelle G. Fry, J.D., Ph.D.
State Director
Constance Holloway
General Counsel
Tracey Hunt
Chief Financial Officer
Janet Priest
Interim Associate State Director
Operations
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3440 Harden Street Extension
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David L. Thomas
Michelle Woodhead

Reference Number: 413-08-DD

Title of Document: Anti-Harassment

Date of Issue: May 20, 2021

Date of Last Revision: March 17, 2022

(REVISED)

Effective Date: March 17, 2022

Applicability: All DDSN State Employees, Contracted Personnel and Volunteers

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

PURPOSE

The purpose of this directive is to define specific prohibited workplace conduct and to outline the protocols in place for reporting and investigating discrimination and harassment, sexual harassment, retaliation, and hostile work environment.

I. STATEMENT OF POLICY

The South Carolina Department of Disabilities and Special Needs (DDSN) is committed to maintaining a work environment that is free from all forms of discrimination and harassment, sexual harassment, retaliation, and hostile work environment. DDSN prohibits any workforce member from engaging in the acts and/or behaviors categorized by this directive, including all

forms of discrimination and harassment, sexual harassment, retaliation, and hostile work environment, with respect to employment.

Federal and state laws prohibiting discrimination include but are not limited to: Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1975 (ADEA), and the Americans with Disabilities Act of 1990 (ADA) and the South Carolina Human Affairs Law. This directive is intended to be consistent with federal and state discrimination laws. Discrimination in violation of this directive is subject to appropriate discrimination laws.

Any unacceptable, unprofessional, offensive, discriminatory, harassing, sexually harassing, or retaliatory conduct that violates this directive or this directive's intent, even if not considered unlawful, is wholly prohibited. This directive applies to all employees, contracted personnel, and volunteers, and all conduct in DDSN workplaces, and at all DDSN sponsored events occurring outside of the workplace.

II. GENERAL PROVISIONS

A. **Definitions:** For purposes of this directive, the following definitions shall apply:

1. **Hostile Work Environment** – Situation in which one employee's behavior within a workplace creates an environment that is difficult or uncomfortable for another person to work in due to discrimination and harassment, sexual harassment and/or retaliation.
2. **Protected Activity** – Employee's opposition to any practice made an unlawful practice by Title VII or employee's participation in an investigation, proceeding, or hearing under Title VII.
3. **Workplace** – Any area in which employees work or work-related activities occur to include travel, field sites, state buildings, other facilities, and vehicles or other conveyances used for travel while on department business.

B. **Anti-Discrimination Training:** In an effort to ensure all DDSN employees understand the severity of the issue of harassment and discrimination, all employees shall complete initial Anti-Harassment and Anti-Discrimination training within 90 days of employment with DDSN and no less than annually thereafter. Existing DDSN employees, contracted personnel and volunteers must receive this training within 90 calendar days of approval of this directive.

III. PROHIBITED WORKPLACE CONDUCT

Prohibited conduct in the workplace includes, but is not limited to, the following:

A. **Discrimination and Harassment**

1. Discrimination is any unfair treatment or harassment because of race, color, religion, sex, gender, age, disability, pregnancy (including childbirth or related medical conditions), or national origin.

2. Harassment consists of substantial and unreasonable words, gestures, or actions that are intended to frighten, alarm, or abuse another person, and/or cause a reasonable person mental or emotional distress. Harassment includes conduct by an employee that creates an intimidating, hostile or offensive work environment or interferes with an employee's work performance. Harassing conduct is characterized as unwanted, unwelcome, and non-consensual.
3. The discriminatory and/or harassing conduct may be between, but is not limited to: employee to employee, employee to supervisor, supervisor to employee, employee to non-employee or non-employee to employee. An employee is prohibited from harassing anyone by use of the employee's position or state-owned equipment.
4. Examples of discriminatory and/or harassing conduct includes, but is not limited to, the following:
 - a. Use of "hate speech," slurs, negative stereotyping, threatening and/or intimidating words or gestures, yelling, or any hostile conduct related to one of the protected characteristics described above; and/or,
 - b. Distribution, display or discussion of any written, graphic or sexually explicit material that ridicules, denigrates, insults, belittles or shows hostility or aversion toward an individual or group. This includes e-mail, text messages, and social media posts.
 - c. Physically threatening or intimidating actions like pushing, shoving, and blocking another's path with intent to intimidate.

B. Sexual Harassment

Sexual harassment in any form is prohibited under this directive. Sexual harassment is a form of discrimination and is unlawful under Title VII of the Civil Rights Act of 1964. According to the Equal Employment Opportunity Commission (EEOC), sexual harassment includes unsolicited and unwelcome sexual advances, requests for sexual favors and/or other verbal or physical conduct of a sexual nature, when such conduct is:

- (a) Made explicitly or implicitly a term or condition of employment;
 - (b) Is used as a basis for an employment decision; and/or
 - (c) Unreasonably interferes with an employee's work performance by creating an intimidating, hostile or otherwise offensive working environment.
1. Examples of sexual harassment include, but are not limited to, the following:
 - a. Sexual innuendoes, suggestive comments, jokes and/or questions of a sexual nature, sexual propositions, lewd remarks or threats, references to gender-specific traits, or requests for any type of sexual favor, including repeated and unwelcomed requests for dates;

- b. The distribution, display or discussion of any written or graphic material, physical or digital, that is sexually suggestive or shows hostility toward an individual or group because of sex, suggestive or insulting sounds, leering, staring, whistling, obscene gestures or content in letters; and/or,
- c. Unwelcome, unwanted physical contact like touching, tickling, pinching, patting, brushing up against, hugging, cornering, kissing, fondling, forced sexual intercourse or assault.

C. Retaliation

No hardship, loss of benefit and/or other penalty may be imposed on an employee as punishment for filing or responding to a bona fide complaint of discrimination/harassment, sexual harassment or hostile work environment, appearing as a witness in the investigation of a complaint, or serving as an investigator. Retaliation or attempted retaliation is a violation of this directive and anyone who does so is subject to appropriate action, up to and including termination. Lodging a valid complaint will in no way be used against the employee or have an adverse impact on the complainant's employment status.

D. Hostile Work Environment

- 1. A hostile work environment exists where any harassing conduct creates an offensive and/or unpleasant working environment. Anyone in the work place is capable of creating a hostile work environment including, but not limited to, supervisors, other employees, or supported individuals.
- 2. Harassment which creates a hostile work environment may include, but is not limited to, unwanted sexual or discriminatory verbiage, unwelcome distribution of sexually explicit or discriminatory materials, and/or nonconsensual physical contact.

IV. WORKPLACE RELATIONSHIPS

- A. Supervisors may not have a romantic or sexual relationship with a subordinate, nor may they threaten or imply that an employee's response to sexual advances or any other harassing behaviors will, in any way, influence that employee's continued employment or career development.
- B. If a romantic relationship exists between peers, the parties must be aware that one or both may be moved to a different work unit or other actions may be taken. Although having a consensual romantic relationship with another employee is not harassment, harassment may occur if either person in the relationship engages in conduct in the workplace that is inappropriate or unwelcome.
- C. Employees may not provide DDSN sponsored services to family members or to individuals with whom they have a romantic or sexual relationship.

V. MANAGEMENT/SUPERVISORY ACTION

Managers and supervisors shall:

- A. Take appropriate measures to prevent, identify, and stop discrimination and harassment, sexual harassment, retaliation, and hostile work environment, and/or retaliation;
- B. Take all reasonable steps to protect the person/people targeted by discrimination and harassment, sexual harassment, retaliation, and hostile work environment, and/or retaliation; and
- C. A manager or supervisor who becomes aware of an incident of alleged discrimination and harassment, sexual harassment, retaliation, and hostile work environment, and/or retaliation shall forward the information regarding the incident to the DDSN Office of Human Resources.

VI. REPORTING PROHIBITED WORKPLACE CONDUCT

DDSN encourages the reporting of all perceived incidents of prohibited workplace conduct including unacceptable and offensive conduct, regardless of the offender's identity or position within DDSN. If any employee believes he/she is being treated in an unlawful, discriminatory manner or is being harassed, sexually harassed, is subject to a hostile work environment or is the target of retaliation, the employee should inform the individual/offender that such conduct is unwelcome and immediately report the conduct to their supervisor, the DDSN Office of Human Resources, or another member of management.

This directive is not intended to limit in any way the right of an employee to report incidents perceived as unlawful to an appropriate policing authority.

A. Complaint Procedures

A complaint may be made verbally or in writing. If made in writing, the employee should use the Formal Complaint Form and submit it to DDSN's Office of Human Resources. If the complaint is made verbally, the employee will be strongly encouraged to complete the Formal Complaint Form to assist DDSN in its investigation of the alleged violation within ten (10) calendar days. The Formal Complaint Form will be held confidential as allowed by law. All supervisors and other management-level employees having knowledge of complaints or allegations of harassment or discrimination are required to contact DDSN's Office of Human Resources immediately. Any workforce member who witnesses a violation of this directive should report the violation in the same manner as outlined above. Failure by a knowledgeable or witnessing party to report a violation of this directive will result in appropriate action, up to and including that party's termination.

B. Investigations and Confidentiality

DDSN will take all necessary action to promptly and impartially complete an investigation into all complaints of prohibited conduct. An appropriate DDSN official will normally conduct the investigation, but another impartial investigator may be designated in certain circumstances.

DDSN will maintain confidentiality in its investigation to the extent possible. However, DDSN cannot guarantee complete confidentiality of the prohibited conduct allegation and the identity of the complainant. Nor, can DDSN guarantee complete confidentiality of the alleged perpetrator.

Employees are expected to cooperate both with internal investigations and external investigations conducted by appropriate policing authorities. Refusal to cooperate during an investigation will result in appropriate action, up to and including termination. Upon completion of the investigation, DDSN will communicate the findings to the complainant and any other necessary and appropriate parties.

To effectively investigate and resolve complaints associated with violations of this directive, DDSN requests and advises that those with knowledge of such violations report them within 120 calendar days of the occurrence of the alleged conduct.

VII. CORRECTIVE ACTIONS

A. Disciplinary Action

In accordance with DDSN directive 413-01-DD: Standards of Disciplinary Action, a finding of discrimination, harassment, and/or sexual misconduct will be addressed on a case by case basis. Consequences for violating this directive will depend upon the facts and circumstances of each particular situation. The severity of the corrective action will depend on the frequency and/or severity of the offense and any history of past discriminatory, harassing and/or sexual misconduct. An employee found to have engaged in prohibited conduct may be subject to disciplinary action, up to and including, termination.

B. False Reports

Filing groundless and malicious complaints is an abuse of this directive and is strictly prohibited. Such actions are subject to appropriate action, up to and including termination.

Barry D. Malphrus
Vice Chairman

Stephanie M. Rawlinson
Chairman

Attachment: Harassment Complaint Form

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PROPOSED TO MARK OBSOLETE

DRAFT



Beverly A. H. Buscemi, Ph.D.
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David A. Goodell
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
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Reference Number: 250-10-DD

Title of Document: Funding for Services

Date of Issue: May 1, 2009
Effective Date: May 1, 2009
Last Review Date: January 9, 2017
Date of Last Revision: January 9, 2017 (REVISED)

Applicability: All DSN Boards, All Financial Managers, All Contracted Service Providers

I. PURPOSE

This document describes the system for funding services used by the South Carolina Disabilities and Special Needs (DDSN). In all cases, DDSN is required by law to serve consumers in the least restrictive environment. Funding for services is subject to changes in DDSN's budget.

II. FINANCIAL MANAGERS

In their administrative role, the DSN Boards, and those grandfathered in as DSN Boards, act as Financial Managers for the majority of community-based services. If approved through a Request For Proposal (RFP) process through the State Fiscal Accountability Authority (SFAA), a Self-Directed Support Corporation (SDSC) may also act as a Financial Manager for the people for whom the SDSC was established. Funds for community-based services are managed by the applicable county DSN Board or SDSC. The DSN Board either provides the service itself or subcontracts with a qualified provider for the services rendered. The SDSC would not provide service itself, but rather arrange for services and pay the service provider. DDSN, at its option, may contract directly with and pay qualified providers. Qualified providers are those service providers who are qualified through the State Medicaid Agency's service provider enrollment process or through a request for proposal (RFP) process in place through the State Procurement

DISTRICT I

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

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

DISTRICT II

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

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

Office (SPO). Contracted qualified providers have the option of billing Medicaid directly for Medicaid eligible consumers.

DDSN allocates funds for services in one of two ways:

- (1) Through a capitated system based on funding bands, or
- (2) Through a non-capitated fee for service system.

III. CAPITATED SYSTEM

The funding band system is a budgeting system that assigns one of twelve different funding levels to consumers based on their needs. The amount of funding assigned to each level is an average cost of services in each level. Each consumer's needs are different and, as such, the associated costs to fund services to meet those needs vary. The amount of funding attached to a given funding level is not an entitlement; all services provided to a consumer must be based on assessed needs and properly justified in their approved plan. Financial Managers are expected to utilize all available funds to meet the needs of all consumers to whom they provide services. Financial Managers are required to inform DDSN when funds are not available to address identified needs listed in a consumer's current plan. Additional funding is possible through an outlier request system when a consumer's circumstances and needs are substantially higher than the average. Certain threshold levels must be reached before outlier funding may be considered. The outlier request system is described in detail in DDSN Directive 250-11-DD: Outlier Funding Request System – Capitated Funding System.

There are nine (9) residential budgeting levels and three (3) non-residential (persons living at home) budgeting levels. A description of each level follows. The current funds allocated for each level and the outlier thresholds are listed in Attachment A: Statewide Individual Funding Levels.

A. Residential

Residential funding bands are sufficient on average to cover the following services:

- Residential Habilitation
- Day Services
- Employment Services
- Enhanced Supports

The following enhanced supports are included as part of the residential habilitation service definition. The cost for these enhanced supports is included in the residential habilitation reimbursement rate. Payment for the following enhanced supports is the responsibility of the residential habilitation service provider:

- Psychological Services, which includes counseling and behavior support services

People in residential placements can also receive the following enhanced supports. These enhanced supports are not included as part of residential habilitation service definition. The cost for these services is included in the residential funding band, but is not included in the residential habilitation reimbursement rate. As such, the contracted residential service provider is not responsible for the cost of the following services: (Please note that Financial Managers receiving the funding band for residential consumers are responsible for the cost of the following services.)

- Adult Companion Services (only allowed if consumer is living in an SLP-I)
- Adult Dental
- Adult Vision
- Audiology
- Assistive Technology
- Prescription Drugs (limit of two (2) over the Medicaid State Plan limit)

Transportation to/from day supports is the responsibility of the residential service provider.

The Residential Funding Bands are as follows:

BAND R Individuals Moving from a Regional Center to the Community

Usually consumers residing in:

- ICFs/IID
- Community Residential Care Facility – Higher Needs
- Community Training Home II – Higher Needs

BAND H Residential Higher Needs

Usually consumers residing in:

- ICFs/IID
- Community Residential Care Facility – Higher Needs
- Community Training Home II – Higher Needs

BAND G Residential Lower Needs

Usually consumers residing in:

- Community Residential Care Facility – Lower Needs
- Community Training Home II – Lower Needs

BAND F Supported Residential – Enhanced Community Training

Usually consumers living in Enhanced Community Training Home I

BAND E Supported Residential – Community Training Home-I

Usually consumers living in Community Training Home-I

BAND D Supported Residential – Supervised Living Program I

Usually consumers living in Supervised Living Program I

BAND C Supported Living – Supervised Living II

Usually consumers living in Supervised Living Program II

BANDS K and L CIRS

Usually consumers living in a Community Inclusive Residential Supports Placement.

B. Non-Residential, “At Home” Levels

“At home” funding bands are sufficient on average to cover the following services:

- Day Services
- Employment Services

Transportation to/from day supports for consumers living at home (Bands A, B and I consumers) is the responsibility of the day supports provider.

The Non-Residential, “At Home” Funding Bands are as follows:

BAND B Family Supports – Home Supports - Intellectual Disabilities/Related Disabilities Home and Community Based Waiver

Consumers who:

- Reside at home, and
- Are in the IID/RD Home and Community Based Waiver, and
- Receive a combination of Day Services, Employment Services, and/or Enhanced Supports.

Enhanced Supports that may be received include:

- Adult Companion Services
- Adult Dental
- Adult Vision
- Audiology

- Assistive Technology
- Nursing
- Personal Care I
- Personal Care II
- Prescription Drugs (limit of two (2) above State Medicaid Plan)
- Psychological Services, including counseling, and behavior support services
- Respite

BAND I Family Supports – Home Supports - Community Supports Home and Community Based Waiver

Consumers who:

- Reside at home, and
- Are in the Community Supports Home and Community Based Waiver, and
- Receive a combination of Day Services, Employment Services, and/or Enhanced Supports.

Enhanced Supports that may be received include:

- Personal Care I
- Personal Care I
- Psychological Services, including counseling, and behavior support services
- Respite

BAND A State Funded Community Supports

Consumers who reside at home and are not enrolled in a waiver.

There is a Budget Calculator on DDSN's Business Tools Portal which lists available services.

C. Outlier Thresholds

When a consumer's circumstances and needs are substantially higher than the average, additional funding is possible through an outlier request system.

Residential Band H: Consumers whose budgets exceed the outlier threshold may be considered for outlier status.

At Home Band B: Consumers whose budgets exceed the outlier threshold may be considered for outlier status. The majority of the approved outliers are for people with high levels of nursing service needs.

When a consumer is given outlier status, the Financial Manager is given funding in addition to the funding band to cover the cost of the approved higher level of services. If the consumer is designated as needing a residential outlier and is served by a contracted qualified provider, the additional approved funding will be added to the contracted qualified provider's reimbursement rate.

IV. NON-CAPITATED SYSTEM

The non-capitated system pays the Financial Manager for specific types of services, rather than for groups of services. The services include:

- For people with Intellectual Disabilities – Related Disabilities or Autism: Case Management, Respite (for those not enrolled in the Home and Community Based Waivers), Individual Rehabilitation Supports, and Early Intervention.
- For people with Head and Spinal Cord Injuries: Case Management, Supported Employment, Individual Rehabilitation Supports, Residential Habilitation, Day Habilitation, Prevocational Services, and Respite.

V. HOW CHOICE WORKS WITH THE FUNDING SYSTEM

A Request For Proposal process is in place through the State Procurement Office to increase the choices available to consumers by identifying and approving providers of services. When a consumer is satisfied with the current services and supports he/she is receiving, it is likely that no changes will be made. However, when services are necessary, justified by an assessment, included in the consumer's approved plan, and the consumer desires another service provider, the consumer may select another service provider from the Qualified Provider List. Funding follows the consumer if he/she elects to change service provider. If another service is appropriate to meet a consumer's needs, he/she may opt for the other service and then select a contracted qualified provider to provide the new service.

If a consumer chooses another contracted qualified provider, the Financial Manager will:

- Document the consumer's/guardian's choice of a qualified provider;
- Obtain the consumer's/guardian's permission (through signature) to transfer the original file and related information specific to the service being delivered; and
- Transfer the original file and all related information to the selected qualified provider.

The Financial Manager will receive the band payment or other funding allocated to the consumer. If the qualified provider elects not to bill Medicaid directly and instead bills the Finance Manager for Medicaid eligible consumers, the Financial Manager will contract with and pay the qualified provider upon delivery of service and submission of appropriate service reporting information including bills presented. If the qualified provider chooses to bill Medicaid directly for those consumers who are Medicaid eligible, the State Medicaid Agency will make payments directly to the provider of a covered service furnished to an eligible consumer in accordance with Section 1902(a)(32) of the Social Security Act. Any amounts paid by the State Medicaid Agency to a qualified provider will be deducted from the funding band payment to the Financial Manager. DDSN may also contract directly with and pay qualified providers.

VI. ASSIGNMENT OF FUNDING BANDS

A. Analyzing the Data

Every month the Cost Analysis Division will download data from three (3) of DDSN's mainframe applications:

- Consumer Data Support System (CDSS); and
- Service Tracking System (STS); and
- Waiver Tracking System (WVR).

The Cost Analysis Division will run different queries and reports and analyze the data.

- Residential reports will be produced to determine who has moved into or out of a residential placement and if a funding band needs to be assigned or changed. In addition, the Cost Analysis Division will sign off on all residential admission/discharge/transfer forms. The form with all approvals will be scanned into a PDF file and sent to the residential service provider. The form indicates what funding band will be assigned to the consumer when he/she moves. If the consumer is moving to a service provider from the Qualified Provider List, the form will also indicate what rate will be paid.
- Reports will be produced to determine which consumers have been enrolled in an “at-home” family support waiver slot and have an approved budget. The reports will also indicate which consumers have been terminated from an “at home” family support slot. Band B funding is provided from the month the waiver budget starts through the month the waiver budget ends. If the consumer attends center-based day supports and that service is in his/her waiver budget, a day program slot will be awarded.

If the consumer initially does not receive center-based day supports (a slot was not awarded), but later started receiving center-based day supports, a day program can be requested at that time.

- Other reports will indicate which consumer living “at home” receives day supports funded either by facility-based rehabilitation support, state funds, or other. It will indicate who has been admitted or discharged from center-based supports and supported employment. Consumers’ Band A funding designations will be made as appropriate. This does not affect the amount of funding received, but it does indicate if a provider has vacancies or is over-enrolled.

B. New Residential Admissions

Consumers moving from “at home” in the community will be automatically funded at the following levels unless otherwise justified through review of the available needs assessments.

- Band G level for ICF/IID, CRCF, and CTH-II placements; or
- Band C level for SLP-II placements; or
- Band D level for SLP-I placements; or
- Band E level for CTH-I placements; or
- Band F level for Enhanced CTH-I placements

In accordance with DDSN Directive 502-01-DD: Admissions/Discharge of Individuals to/from DDSN Funded Community Residential Settings, only those consumers pre-approved by DDSN officials for residential admission will be funded.

Funding Band Changes: If the residential service provider feels a different funding band level is warranted, the residential service provider must provide detailed justification along with supporting documentation (behavioral support plan, behavioral data, the annual plan or Needs Assessments). This justification must be submitted to the appropriate DDSN District Office along with the Community Residential Admissions/Discharge Report. This information, along with any other information DDSN may have, will be staffed and a determination will be made.

Outlier Funding: If the residential service provider feels outlier funding is warranted, the residential service provider must submit the "Initial Request for Outlier Funding" to the appropriate DDSN District Office.

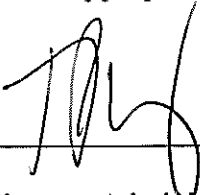
C. Residential Transfers

Consumers moving from DDSN Regional Centers or Alternative Placements will be funded at the following levels, unless otherwise indicated through internal review of assessments of need:

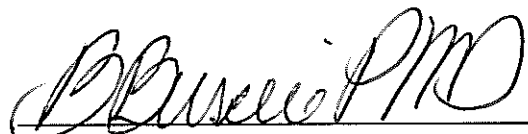
- Band H level for ICF/IID, CRCF, and CTH-II placements; or
- Band C level for SLP-II, Band D level for SLP-I, Band E level for CTH-I, and Band F level for Enhanced CTH-I.

SLP-II, SLP-I, CTH-I and Enhanced CTH-I consumers moving to more restrictive placements in CTH-II's, CRCF's, and ICFs/IID will be funded at the Band G level unless otherwise justified.

Consumers moving to SLP-II, SLP-I, CTH-I, and Enhanced CTH-I placements will be funded at the funding band level appropriate for that type of residential placement



Tom Waring
Associate State Director-Administration
(Originator)



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

Related Directives: 250-11-DD
502-01-DD

To access the following attachment, 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: Statewide Individual Funding Levels

**South Carolina Department of Disabilities and Special Needs
 FY 2017 Statewide Individual Funding Levels
 Effective July 1, 2016
 Adjusted Rates for Health Insurance and Retirement Increases**

		Revised Funding Bands effective <u>07/01/16</u>
Band A	Day Supports Only - Non Waiver Funded	\$14,222
Band B	At Home Waiver Supports	\$12,990
Band C	Supported Residential - SLP-II	\$31,666
Band D	Supported Residential - SLP-I	\$19,568
Band E	Supported Residential - CTH-I	\$24,297
Band F	Supported Residential - Enhanced CTH-I	\$38,104
Band G	Residential Low Needs	\$61,563
Band H	Residential High Needs	\$82,398
Band I	At Home – Community Support Waiver	\$13,612
Band K/L	Community Inclusive Residential Supports	See CIRS Manual
	Residential Band H - Individuals whose costs exceed \$104,632 may be considered for outlier status.	

At Home Band B - Individuals whose costs exceed \$34,358 may be considered for outlier status. The majority of the approved outliers are for individuals with high levels of nursing service needs.

CASE MANAGEMENT RATE

Per Year	\$1,643.32
Per month	\$136.94

PROPOSED TO MARK OBSOLETE

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Reference Number: 250-11-DD

Title of Document: Outlier Funding Request System – Capitated Funding System

Date of Issue: May 1, 2009
Effective Date: May 1, 2009
Last Review Date: July 11, 2016
Date of Last Revision: July 11, 2016 (REVISED)

Applicability: All DSN Boards, All Financial Managers, All Contracted Residential and Day Support Service Providers

I. PURPOSE

The purpose of this document is to provide procedures for requesting outlier funding and band changes for residential services from the South Carolina Department of Disabilities and Special Needs (DDSN) in connection to the funding band system.

The funding band system is a budgeting system that assigns nine (9) different funding levels to consumers based on their needs. The amount of funding assigned to each level is an average cost of services in each level. Each consumer's needs are different and, as such, the associated costs to fund services to meet each consumer's needs vary. The amount of funding attached to a given funding level is not an entitlement; all services provided to a consumer must be based on assessed needs and properly justified in their approved plan. In all instances, DDSN is required by law to serve consumers in the least restrictive environment.

In their administrative role, the Disabilities and Special Needs Boards (DSN Boards), and those grandfathered in as DSN Boards, act as Financial Managers for the majority of community-based services. If approved through a Request For Proposal (RFP) process through the Budget and Control Board's Materials Management Office, a Self-Directed Support Corporation (SDSC) may also act as a Financial Manager for the individuals for whom the SDSC is established. Funds for community-based services are managed by the applicable county DSN Board or SDSC. The DSN Board either provides the service itself or subcontracts with a qualified

DISTRICT I

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Midlands Center -Phone: 803/935-7500
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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

provider for the services rendered. The SDSC would not provide service itself, but rather arrange for services and pay the service provider.

Financial Managers are expected to utilize all available funds to meet the needs of all their consumers. Financial Managers are required to inform DDSN when funds are not available to address identified needs in consumers' current plans. Additional funding is possible through an outlier or band change request system when consumers' circumstances and needs are substantially higher than the average. Certain threshold levels must be reached before outlier funding may be considered. The outlier thresholds are published along with the official funding band levels in DDSN Directive 250-10-DD: Funding for Services. Outlier threshold levels are adjusted as funding band levels are adjusted.

The amount of funding available for outlier requests is subject to changes in DDSN's budget.

II. PROCEDURES

A. Initial Outlier and Band Change Requests

All Residential Outliers, Band B Outliers, and Band change requests will be submitted to the appropriate DDSN District Director for review and subsequent recommendation to the DDSN Central Office for final programmatic and fiscal review. The documentation requirements for requesting outlier funding are detailed below in Section II. C. Justification Requirements and Evaluation Criteria. The Cost Analysis Division will notify providers as to the disposition of the funding request.

B. Follow-Up Reviews

1. Residential Outliers

All residential outliers will be reviewed annually to re-evaluate consumers' needs. The review will coincide with each consumer's annual planning meeting. Within 30 days of the annual planning meeting, the service provider must re-justify the need for outlier funding both from a programmatic and fiscal perspective, noting any changes since the most recent review.

Failure to submit timely re-justification will result in discontinuance of outlier funding until such time as the re-justification is submitted and reviewed. This does not affect the consumer's receipt of services. The service provider is still required to maintain sufficient staffing to ensure consumer health and safety. The due date for re-justification will be 30 days after the consumer's annual support plan date indicated on the Assessment and Planning Module of the Consumer Data Support System. The due date for ICF/IID consumers will be one (1) year from the last re-justification. The Cost Analysis Division will send notices to service providers reminding them of the due dates. Documentation and routing requirements will be the same as in the initial application for such funding.

2. Band B Outliers

The Cost Analysis Division will review approved Band B Outliers on a six (6) month basis. The review will be based on the level of services delivered including an analysis of Medicaid paid claims history. Providers will be notified of changes to outlier funding levels. Unless requested by the Cost Analysis Division, no submission of documentation from the provider is required for this review.

C. Justification Requirements and Evaluation Criteria

1. Residential Outliers and Band Change Requests

a. Request Forms

Use the Initial Request for Outlier Funding form (Attachment A) to submit justifications for initial outlier and Band change requests and the Re-justification Request for Outlier Funding form (Attachment B) for re-justifications for residential outliers. These forms are in Microsoft Word format and are available on the DDSN Portal located under Business Tools, Forms.

All requests must include confirmation from the service provider's Executive Director that:

- The level of services approved for outlier funding are being provided to the consumer, and
- The services are properly documented, and
- The dollars approved for outlier funding are specifically used for the purposes intended using a Certification of Provision of Services for Residential Outliers form (Attachment C). This certification page must accompany all initial and re-justification requests.

b. Criteria for Outlier Payments

- i. The cost to provide enhanced services to consumers must exceed established thresholds. The cost should be calculated by considering the entire residential setting in which each consumer will be served.

Required Documentation:

- Initial Request: proposed budget of residential setting in which consumer is served to include proposed staffing schedule, or

- Annual Re-justification: financial statement covering the previous 12 months for the residential setting in which the consumer was served, and
 - Identify what costs the provider incurred to accommodate the consumer's new level of needs or in the case of a new consumer filing a vacancy, what additional costs are incurred to accommodate the new consumer. Attach before and after staffing patterns – if additional staffing was the primary reason for the increased costs. Use the Residential Staffing Pattern spreadsheet (Attachment D) to demonstrate the current, additional staff needed and new staffing pattern. Examples of residential staffing patterns (Attachment E) are also available. The Residential Staffing Pattern spreadsheet is in Microsoft Excel format and is available on CDSS. It may also be requested from the Cost Analysis Division.
- ii. The consumer's or others' health and/or safety are shown to be at imminent risk of serious harm without enhanced services.

Required Documentation:

- Initial Requests or Annual Re-justifications: critical incident reports; police reports, medical/psychiatric evaluations, behavioral support plan, behavioral data graphs, risk management reports, or a description of how enhanced staffing or 1 on 1 staffing will be utilized to reduce or alleviate risk.
- iii. Alternative less intrusive/less costly interventions have been attempted and proven unsuccessful.

Examples of less intrusive/costly interventions: effective behavior support plans, consumer compatibility adjustments, consumer activity/scheduling enhancement/adjustment, technology (e.g., door alarms, video monitoring, GPS tracking devices), 1:2 enhanced staffing is attempted prior to 1:1 staffing.

Required Documentation:

- Initial Request: written description of alternatives attempted and specific details of how and why alternatives were unsuccessful, or

- Annual Re-justification: written description of efforts to and results of fading enhanced services.

2. In Home Band B Outliers

Information Required

- Initial Request: Include a synopsis of the consumer's needs and justification for the level of service being provided, a copy of the current and/or proposed waiver budget, and any needs assessment or physician's order required by the ID/RD Waiver Manual.
- Re-justification: The Cost Analysis Division will review Band B Outliers on a quarterly basis. The review will be based on the level of services delivered including an analysis of Medicaid paid claims history. Providers will be notified of changes to outlier funding levels. Unless requested by the Cost Analysis Division, no submission of documentation from the provider is required for this review.


D. Documentation Requirements for Approved Residential Outliers

The following documentation must be maintained by the residential services provider and made available at the time of contractual compliance reviews. DDSN's QA/QI contractor will review this documentation for all residential outliers as part of their annual review:

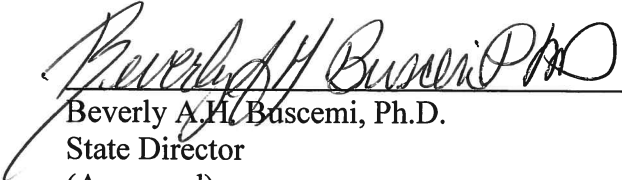
1. Service providers must document the need for 1:1 Supervision or Intensive Supervision in the consumer's plan.
 - a. The time periods for which 1:1 supervision is to be provided (for example, 4:00 pm to 10:00 pm everyday) must be documented in the plan.
 - b. The plan must document how the enhanced staffing or 1:1 staffing will be used to minimize or alleviate risks. For example, the staff assigned should be provided with a schedule of intensive activities for the consumer(s).
 - c. In instances where funding was approved for intensive supervision (for example, additional staff caring for two (2) or more consumers), the service provider should document the intensive staffing in the plan of support of all consumers involved.
2. Service providers must document that 1:1 Supervision or Intensive Supervision was provided.
 - a. 1:1 Supervision: At the end of each shift that 1:1 supervision was provided, the direct care staff assigned to provide the 1:1 supervision must document that it was provided. This can be done

- by signing a log at the end of each shift certifying that the 1:1 supervision was provided. This log should be retained in the consumer's file.
- b. Intensive Supervision: A staffing schedule documenting the scheduling and provision of intensive activities for each consumer must be retained.
3. Service providers must cost the 1:1 or Intensive Supervision to the residential cost center where the supervision is being provided.
- a. Accounting for 1:1 and Intensive Staffing Supervision: When a consumer approved for such staffing moves from one residence to another, the service provider must account for the staffing in both residential cost centers. For example, if a consumer approved for 1:1 supervision lived in Residence A for five (5) months and Residence B for seven (7) months, the service provider should account for five (5) months in Residence A's cost center and seven (7) months in Residence B's cost center and be able to document the total cost for the supervision for the fiscal year.

In instances where intensive staffing is approved for an entire residence (additional staff to care for all consumers in the residence), the cost of the intensive staffing must be charged to that residential cost center. The service provider should maintain staffing patterns/staffing schedules information as backup for personnel costs charges to that cost center.



Tom Waring
Associate State Director-Administration
(Originator)



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

Related Policies: 250-10-DD

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: Initial Request for Outlier/Band Change Funding
Attachment B: Re-justification Request for Outlier Funding
Attachment C: Certification of Provision of Services for Residential Outliers
Attachment D: Residential Staffing Pattern Spreadsheet
Attachment E: Residential Staffing Pattern Examples



INITIAL REQUEST FOR OUTLIER/BAND CHANGE FUNDING

1:1 OR ENHANCED STAFF SUPPORT PROVIDED IN A RESIDENTIAL OR DAY PROGRAM SETTING

I. Nature of Request:

- 1:1 staff support
- Enhanced staff support due to the needs of one person.
- Enhanced staff support due to the needs of more than one person.

II. Amount of Funding Request: \$ _____

III. Location(s): Name(s) and type(s) of setting(s) in which enhanced staff support will be provided. _____

IV. Name(s)/SSN(s) of those who will be provided with enhanced staff support.

V. Current staffing pattern: Use "Residential Staffing Grid" if provided in a residential setting. _____

VI. Staffing Pattern Requested: Use "Residential Staffing Grid" if provided in a residential setting. _____

VII. Reason for Request: Describe why current staffing pattern is insufficient.

VIII. Interventions: Describe the interventions that have been tried, the date(s) implemented, and the results. Attach BSP, behavior data, annual and any other pertinent supporting documentation.

XI. Include the most recent financial report for the residential cost center.

Requester's Name: _____ Date: _____

DSN Board/Provider: _____ Phone: _____

_____ Email: _____

REJUSTIFICATION REQUEST FOR OUTLIER FUNDING
1:1 OR ENHANCED STAFF SUPPORT
PROVIDED IN A RESIDENTIAL OR DAY PROGRAM SETTING

I. Currently approved for:

- 1:1 staff support
- Enhanced staff support due to the needs of one person.
- Enhanced staff support due to the needs of more than one person.

II. Request:

- Continue as is. (No change in supervision level or funding). Complete Items III through VIII.
- Amend pattern. (Include updated "Residential Staffing Grid" if provided in a residential setting). Complete Items III through VIII.

Amount of Funding Requested: \$ _____

Describe Change: _____

- No longer needed. (Provide statement as to why 1:1/enhanced staff support is no longer needed) Skip Items III through VIII.

III. Location(s) in which staffing is provided. _____

IV. Name(s) and Social Security Number(s) of those receiving enhanced staff support.

V. Approved staffing pattern: (from previously approved request). Use "Residential Staffing Grid" if provided in a residential setting. _____

VI. For each recipient, describe how the enhanced staffing or 1:1 staffing is being utilized and the progress/improvements that resulted from the enhanced staff support. (Attach BSP, behavior data, annual plan, enhanced schedule of activities, and any other pertinent supporting documentation.)

VII. For each recipient, describe the plan for fading the enhanced staff support. (May attach BSP if plan is included.) _____

VIII. Include the most recent financial report for the residential cost center. _____

Requester's Name: _____ Date: _____

DSN Board/Provider: _____ Phone: _____

_____ Email: _____

~~CERTIFICATION OF PROVISION OF SERVICES FOR RESIDENTIAL OUTLIERS~~

~~I hereby certify that the level of services approved for _____ (*name of consumer*) are being provided and are properly documented.~~

~~I also certify that the funding of \$ _____ (*funding band plus outlier funding*) approved for such services is being used for the purposes intended and is accounted for properly.~~

~~Executive Director~~

~~Service Provider Organization~~

RESIDENTIAL STAFFING PATTERN

NAME OF RESIDENCE:

Please check one:

- ~~Current Staffing Pattern~~
 ~~Proposed Staffing Pattern~~

-	SU	M	T	W	TH	F	SA
MIDNIGHT	0	0	0	0	0	0	0
1:00 AM	0	0	0	0	0	0	0
2:00 AM	0	0	0	0	0	0	0
3:00 AM	0	0	0	0	0	0	0
4:00 AM	0	0	0	0	0	0	0
5:00 AM	0	0	0	0	0	0	0
6:00 AM	0	0	0	0	0	0	0
7:00 AM	0	0	0	0	0	0	0
8:00 AM	0	0	0	0	0	0	0
9:00 AM	0	0	0	0	0	0	0
10:00 AM	0	0	0	0	0	0	0
11:00 AM	0	0	0	0	0	0	0
NOON	0	0	0	0	0	0	0
1:00 PM	0	0	0	0	0	0	0
2:00 PM	0	0	0	0	0	0	0
3:00 PM	0	0	0	0	0	0	0
4:00 PM	0	0	0	0	0	0	0
5:00 PM	0	0	0	0	0	0	0
6:00 PM	0	0	0	0	0	0	0
7:00 PM	0	0	0	0	0	0	0
8:00 PM	0	0	0	0	0	0	0
9:00 PM	0	0	0	0	0	0	0
10:00 PM	0	0	0	0	0	0	0
11:00 PM	0	0	0	0	0	0	0
-	0	0	0	0	0	0	0

Total hours per week **0**

FTE's per week **0.00**

RESIDENTIAL STAFFING PATTERN

NAME OF RESIDENCE: **Current Staffing Pattern**

Please check one:

- ~~Current Staffing Pattern~~
- ~~Additional Staffing Needed~~
- ~~Proposed Staffing Pattern~~

-	SU	M	T	W	TH	F	SA
MIDNIGHT	1	1	1	1	1	1	1
1:00 AM	1	1	1	1	1	1	1
2:00 AM	1	1	1	1	1	1	1
3:00 AM	1	1	1	1	1	1	1
4:00 AM	1	1	1	1	1	1	1
5:00 AM	1	2	2	2	2	2	1
6:00 AM	2	2	2	2	2	2	2
7:00 AM	2	2	2	2	2	2	2
8:00 AM	2	2	2	2	2	2	2
9:00 AM	2	0	0	0	0	0	2
10:00 AM	2	0	0	0	0	0	2
11:00 AM	2	0	0	0	0	0	2
NOON	2	0	0	0	0	0	2
1:00 PM	2	0	0	0	0	0	2
2:00 PM	2	0	0	0	0	0	2
3:00 PM	2	2	2	2	2	2	2
4:00 PM	2	2	2	2	2	2	2
5:00 PM	2	2	2	2	2	2	2
6:00 PM	2	2	2	2	2	2	2
7:00 PM	2	2	2	2	2	2	2
8:00 PM	2	2	2	2	2	2	2
9:00 PM	1	1	1	1	1	1	1
10:00 PM	1	1	1	1	1	1	1
11:00 PM	1	1	1	1	1	1	1
-	39	28	28	28	28	28	39

Total hours per week **218**

FTE's per week **5.45**

RESIDENTIAL STAFFING PATTERN

NAME OF RESIDENCE: **Additional Staffing Needed**

Please check one:

- Current Staffing Pattern
- Additional Staffing Needed
- Proposed Staffing Pattern

	SU	M	T	W	TH	F	SA
MIDNIGHT	0	0	0	0	0	0	0
1:00 AM	0	0	0	0	0	0	0
2:00 AM	0	0	0	0	0	0	0
3:00 AM	0	0	0	0	0	0	0
4:00 AM	0	0	0	0	0	0	0
5:00 AM	0	1	1	1	1	1	0
6:00 AM	1	1	1	1	1	1	1
7:00 AM	1	1	1	1	1	1	1
8:00 AM	1	1	1	1	1	1	1
9:00 AM	1	0	0	0	0	0	1
10:00 AM	1	0	0	0	0	0	1
11:00 AM	1	0	0	0	0	0	1
NOON	1	0	0	0	0	0	1
1:00 PM	1	0	0	0	0	0	1
2:00 PM	1	0	0	0	0	0	1
3:00 PM	1	0	0	0	0	0	1
4:00 PM	1	1	1	1	1	1	1
5:00 PM	1	1	1	1	1	1	1
6:00 PM	1	1	1	1	1	1	1
7:00 PM	1	1	1	1	1	1	1
8:00 PM	0	0	0	0	0	0	0
9:00 PM	0	0	0	0	0	0	0
10:00 PM	0	0	0	0	0	0	0
11:00 PM	0	0	0	0	0	0	0
	14	8	8	8	8	8	14

Total hours per week **68**

FTE's per week **1.70**

RESIDENTIAL STAFFING PATTERN

NAME OF RESIDENCE: **Proposed Staffing Pattern**

Please check one:

- Current Staffing Pattern
- Additional Staffing Needed
- Proposed Staffing Pattern

	SU	M	T	W	TH	F	SA
MIDNIGHT	1	1	1	1	1	1	1
1:00 AM	1	1	1	1	1	1	1
2:00 AM	1	1	1	1	1	1	1
3:00 AM	1	1	1	1	1	1	1
4:00 AM	1	1	1	1	1	1	1
5:00 AM	1	3	3	3	3	3	1
6:00 AM	3	3	3	3	3	3	3
7:00 AM	3	3	3	3	3	3	3
8:00 AM	3	3	3	3	3	3	3
9:00 AM	3	0	0	0	0	0	3
10:00 AM	3	0	0	0	0	0	3
11:00 AM	3	0	0	0	0	0	3
NOON	3	0	0	0	0	0	3
1:00 PM	3	0	0	0	0	0	3
2:00 PM	3	0	0	0	0	0	3
3:00 PM	3	2	2	2	2	2	3
4:00 PM	3	3	3	3	3	3	3
5:00 PM	3	3	3	3	3	3	3
6:00 PM	3	3	3	3	3	3	3
7:00 PM	3	3	3	3	3	3	3
8:00 PM	2	2	2	2	2	2	2
9:00 PM	1	1	1	1	1	1	1
10:00 PM	1	1	1	1	1	1	1
11:00 PM	1	1	1	1	1	1	1
	53	36	36	36	36	36	53

Total hours per week **286**

FTE's per week **7.15**

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Reference Number: 738-01-DD

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

Date of Issue: February 1, 2008

Date of Last Revision: ~~September 16, 2021~~ March 17, 2022 (REVISED)

Effective Date: ~~September 16, 2021~~ March 17, 2022

Applicability: Community ICFs/IID, DDSN Regional Centers, and Waiver Case Management (WCM) Providers

PURPOSE:

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

POLICY:

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

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

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

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

The chosen Transitional WCM Case Management Services provider will assign a Case Manager to service the individual preparing for ICF/IID discharge. Services rendered will be in accordance with DDSN-Operated Home and Community Based Standards and applicable DDSN Directives. Services rendered prior to discharge from the ICF/IID setting will be recorded by the Case Manager and billed directly to the South Carolina Department of Health and Human Service (SCDHHS) using procedure codes as outlined in the providers contract using the “Report of Case Management Services Rendered for ICF/IID Discharge Planning” (Attachment 3). Activity should be recorded as often as necessary monthly for up to six (6) consecutive months prior to the date of discharge from the ICF/IID. For example, if discharged from an ICF/IID on June 15, the Report may be submitted for reportable activities provided prior to discharge, during June, May, April, March, February and January. If the discharge did not occur on the planned date of discharge, the Case Management provider can still report activity, provided the activity rendered is still within the six (6) months, prior to the actual discharge date. Transitional WCM Services are limited to 80 units (20 hours per occurrence. The completed “Report of Case Management Services Rendered for ICF/IID Discharge Planning” and a copy of case notes supporting the units of service reported must be submitted to DDSN.

ICF/IID services are funded by Medicaid. In South Carolina, DDSN-operated Home and Community-Based (HCB) Services Waiver programs, allow services similar to those provided in

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

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

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

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

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

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

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

- A completed request for ICF/IID Level of Care (refer to the appropriate Waiver manual for the appropriate request form).

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

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

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

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

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

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

For ICFs/IID, the Code of Federal Regulations at §483.440(b)(5)(ii) - [W205] requires that a post-discharge plan of care be provided that will assist the individual to adjust to the new living environment to which they are moving. DDSN HCB Waiver programs require that *only* the

services included in the plan of care be provided. If any waiver services are to be received immediately following discharge from the ICF/IID (e.g., residential habilitation), appropriate planning prior to discharge from the ICF/IID must occur.

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

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

Barry D. Malphrus
Vice-Chairman

Stephanie M. Rawlinson
Chairman

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

Attachment 1: Case Management Services

Attachment 2: Freedom of Choice

~~Attachment 3: [Report of Case Management Services Rendered for ICF/IID Discharge Planning](#)~~

Attachment 34: DDSN Regional Center Individual Transition Checklist

Related Documents:

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

[Community Support Waiver Information Sheet](#)

[HASCI Waiver Information Sheet](#)

DDSN Directive 502-01-DD: Admissions/Discharges/Transfers of Individuals to/from DDSN Funded Community Residential