

From: [Linguard, Christie](#)
Subject: Meeting Notice - The Commission of the SCDDSN - Policy Committee Meeting - May 11, 2022
Date: Friday, May 6, 2022 12:07:38 PM
Attachments: [May 11 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, May 11, 2022, at 3:00 p.m. The Committee Meetings are held at the SC Department of Disabilities and Special Needs Central Administrative Office, 3440 Harden Street Extension, Columbia, SC. This meeting can also be viewed via a live audio stream at www.ddsn.sc.gov.

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**

May 11, 2022

3:00 p.m.

- 1. Call to Order** **Committee Chair Barry Malphrus**
- 2. Statement of Announcement** **Lori Manos on behalf of Chairman Malphrus**
- 3. Invocation** **Committee Chair Barry Malphrus**
- 4. Adoption of Agenda**
- 5. Approval of Summary Notes from April 12, 2022 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. 275-01-DD: Missing Property Reporting (pg. 11-17)
 - B. 535-02-DD: Human Rights Committee (pg. 18-25)
 - C. 104-01-DD: Certification and Licensure of DDSN Residential and Day Facilities (pg. 26-41)
 - D. 104-03-DD: DDSN Contract Compliance/Quality Assurance Reviews for Non-ICF/IID Programs (pg.42-48)
- 8. Status Update on Directives Referred to Staff**
- 9. Adjournment – Next Meeting June 14, 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
April 12, 2022

IN ATTENDANCE: Chairman, Barry Malphrus; Commissioner Eddie Miller; Commissioner David Thomas
Dr. Michelle Fry, Lori Manos, Harley Davis, Tracey Hunt, Janet Priest, PJ Perea, Erin Oehler
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 March 16, 2022 Meeting

Chairman Malphrus requested committee members to adopt the summary notes.

As there were no objections, summary notes from the March 16, 2022 meeting were adopted.

3. New Business

A. 800-03-CP: SC Commission on DSN Executive Limitations

At the Chairman's discretion, language was added to note any changes to the executive staff portion of the organizational chart must be approved by the full Commission. As there were no objections, the directive will be presented to the full Commission for approval and signing.

B. 800-08-CP: SCDSN Commission Meeting – Public Input

At the Chairman's discretion, language was added to note citizens with a disability did not have to attend in person. The attachment was also updated to reflect this change. As there were no objections, the directive will be presented to the full Commission for approval and signing.

C. 200-05-DD: Use of Consultants

At the Chairman's discretion, language was added to state that all DDSN exceptions must be presented to the Finance and Audit Committee wherein that Committee will determine if there is a need for full Commission approval. As there were no objections, the directive will be presented to the full Commission for approval and signing.

D. 700-08-DD: Single Case Agreement for Residential Habilitation

Ms. Manos explained this is a new directive being implemented based on Fee for Service. The South Carolina Department of Health and Human Services (DHHS) has final authority on single case agreements. There were eight (8) tiers designed by DHHS. This directive provides instructions for requesting additional funding outside of the eight (8) tiers. DHHS must agree to pay the overage and DHHS has final approval. This directive outlines DDSN's rule in the process. As there were no objections, the directive will be presented to the full Commission for approval and signing.

4. Status Update on Directives Referred to Staff

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

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

603-02-DD: Employee Health Requirements

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

The three directives are out for public comment (expires April 21, 2022), and staff will present to the Commission for approval and signing at the May Commission meeting. To date, no comments have been received.

6. Adjournment

The next meeting will take place on May 11, 2022.

Michelle G. Fry, J.D., Ph.D.
State Director
Constance Holloway
General Counsel
Tracey Hunt
Chief Financial Officer
Janet Priest
Interim Associate State Director
Operations
Lori Manos
Associate State Director
Policy



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Michelle Woodhead

Reference Number: 413-03-DD

Title of Document: Code of Conduct

Date of Issue: November 3, 2015

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

Effective Date: March 17, 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 do not 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.

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 within 14 calendar days of the identification of the conflict. 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 on the Department of Administration's website. The training 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.



Barry D. Malphrus
Vice Chairman



Stephanie M. Rawlinson
Chairman

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Reference Number: 275-01-DD

Title of Document: Missing Property Reporting

Date of Issue: May 27, 1987

~~Effective Date: May 27, 1987~~

~~Last Review Date: February 2, 2016~~

Date of Last Revision: ~~February 2, 2016~~ **XXXX, 2022** (REVISED)

Effective Date: ~~May 27, 1987~~ **XXXX, 2022**

Applicability: DDSN Central Office, ~~DDSN District Offices, and~~ DDSN Regional Centers, ~~and DDSN-Operated Residential Habilitation Settings~~ **Autism Residential Homes**

PURPOSE

This document establishes minimum procedures for reporting lost or stolen property. For the purpose of this document, “property” is defined as:

1. Items valued at \$100 or more which are owned by the South Carolina Department of Disabilities and Special Needs (DDSN) including, but not limited to computers, cell phones, vehicles, tools, supplies and equipment (DDSN Property), and
2. Items owned by DDSN employees which are lost or stolen from the employee’s workplace (personal property).

~~This document establishes minimum procedures for reporting lost, stolen, or missing property, which is under the jurisdiction of the South Carolina Department of Disabilities and Special Needs (DDSN). Each District Director is responsible for the implementation of these requirements in the Regional Offices. Each Facility Administrator is responsible for the implementation of these requirements in residential area. This system of reporting property~~

~~losses will ensure that all such losses are investigated and that adequate internal controls are established to prevent recurrence. This document does not affect the immediate reporting requirements of DDSN Directive 100-09-PD: Reporting of Critical Incidents.~~

PROCEDURES: RESPONSIBILITIES

I. DDSN Property

It is the responsibility of all DDSN employees to be good stewards of the DDSN property with which they are entrusted. Being “good stewards” of DDSN property at a minimum includes ensuring DDSN property is used for the benefit of agency and ensuring DDSN property is securely kept/maintained. While every effort may be made to securely keep DDSN property, it may still be lost or stolen.

When DDSN property valued at \$100 or above is suspected or determined to be lost or stolen (missing), the employee entrusted with the property must report the occurrence as soon as the property is discovered to be missing. Failure to report missing property could result in disciplinary action. Reports of missing property must be made by the entrusted employee as follows:

- When the missing property is a mobile device including, but not limited to, cell phones, computers, tablets, and removable media, which is used to access DDSN data or the DDSN Network:
 - First, report to DDSN's Information Technology Division via the Helpdesk (Refer to DDSN Directive 367-32-DD: Information and Security Privacy).
 - Second, report to the:
 - Chief Information Security Officer when the employee is assigned to Central Office;
 - Facility Administrator (or his/her designee) of the DDSN Regional Center to which the employee is assigned; or
 - Director of Facility Operations (or his/her designee) when the employee is assigned to a DDSN-Operated Residential Habilitation setting.
- Other missing property (e.g., tools, equipment, supplies) must be reported to the:
 - Procurement Director when the employee is assigned to Central Office;
 - Facility Administrator (or his/her designee) of the DDSN Regional Center to which the employee is assigned; or
 - Director of Facility Operations (or his/her designee) when the employee is assigned to a DDSN-operated Residential Habilitation setting.

Chief Information Security Officer, Procurement Director, Facility Administrator, or Director of Facility Operations will be responsible for ensuring the occurrence is accurately documented, investigated (if appropriate) and reported to in accordance with other DDSN policy (e.g., a missing mobile device is reported to the Information Technology Division; missing property is reported as an adverse operational event).

The Missing Property Report form (Attachment) should be used to document the details of an occurrence, including:

- A description of the property (e.g., type, DDSN Decal number, etc.).
- The circumstances of the occurrence or discovery (date/time, place, etc.).
- Actions taken by the entrusted employee to recover. If a report made to a law enforcement entity, a copy of the report should be attached.
- The results of an internal investigation (if conducted).
- Confirmation of the completion of reporting to other DDSN staff (e.g, IT, Adverse Event, etc.).
- Any recommendations for prevention of future occurrences.

Completed Missing Property Report forms which document the loss of DDSN property will be maintained by the Procurement Director, Facility Administrator, or Director of Facility Operations. Copies of the completed forms will be provided to the following DDSN staff:

- Director of Internal Audit.
- Chief Financial Officer.
- Chief Information Security and Privacy Officer, if any confidential or protected health information was potentially compromised by the missing property.

II. Employee - Personal Property

While not prohibited, employees are strongly discouraged from bringing unnecessary personal property items into their workplace. Before choosing to bring personal property into the workplace, consideration should be given to the necessity having the item(s) at work and the ability to securely maintain the item(s) in the environment. DDSN will not be responsible for any lost or stolen personal property.

When the personal property of an employee is determined to be lost or stolen (missing) from the workplace, the employee should report the loss to the:

- Procurement Director when the employee is assigned to Central Office;
- Facility Administrator (or his/her designee) of the DDSN Regional Center to which the employee is assigned; or
- Director of Facility Operations (or his/her designee) when the employee is assigned to a DDSN-operated Residential Habilitation setting.

Note: The reporting of missing personal property to designated DDSN officials is not intended to limit in any way the right of an employee to report incidents perceived as unlawful to an appropriate policing authority.

The Missing Property Report form (Attachment) should be used to document:

- A description of the property.
- The circumstances of the occurrence or discovery (date/time, place, etc.).

- Actions taken to recover. If a report made to a law enforcement entity, a copy of the report should be attached.
- The results of an internal investigation (if conducted).
- Confirmation of the completion of reporting to other DDSN staff (e.g. IT, Adverse Event, etc.).
- Any recommendations for prevention of future occurrences.

Completed Missing Property Report forms which document the loss of an employee's personal property will be maintained by the Procurement Director, Facility Administrator, or Director of Facility Operations.

~~Any property which is determined to be missing, lost, or stolen from a residence, office, vehicle, or any section within DDSN should be reported, regardless of value, due to the nature of the item. For example, a flash drive with personal information or keys to a security box, these items would need an investigation on how it was lost or stolen and a report filed. The "Missing Property Report" (Attachment) will be used to report the loss of state owned property, any individual's personal property, or the property of a DDSN employee from state owned property.~~

~~Each District Office/Regional IT Coordinator, as well as the DDSN Central Office IT Division must be notified immediately of any missing electronic equipment (i.e. cellphone, laptop, IPAD, etc.).~~

~~It is the responsibility of each employee to report a suspected loss of any property from DDSN jurisdiction to his immediate supervisor. Failure to do so may result in disciplinary action.~~

~~The reporting employee's immediate supervisor will verify that a loss has occurred and notify the Facility Administrator, or security and safety officer (herein known as "investigating officer"). The immediate supervisor will complete Section I of the Missing Property Report, then forward it on to the investigating officer for review and initiate an investigation as deemed necessary. A copy of the report should be sent up the chain of command and the Facility Administrator will notify the State Director if outside assistance was called and the final disposition of the missing item. The Missing Property Report will remain a part of the facilities permanent file.~~

~~After an investigation, Section II of the Missing Property Report will be completed and distributed as follows:~~

- ~~Facility Administrator;~~
- ~~DDSN internal audit;~~
- ~~Security or safety officer, and~~
- ~~Originating section's program administrator.~~

~~If the missing property is equipment owned by DDSN, the investigating officer will notify the Regional Property Control Office so that action can be initiated to adjust the records of the fixed asset system.~~

~~If the missing property is owned by an individual, the loss will be recorded in the individual's property record in accordance with DDSN Directive 604-01-PD: Individual Clothing and Personal Property, and a copy of the Missing Property Report will be filed in the individual's record under the personal needs section.~~

~~Internal audit will review the Missing Property Report and follow up as necessary on losses which have DDSN-wide implications.~~

~~Tom Waring~~

~~Associate State Director Administration~~

~~(Originator)~~

Barry D. Malphrus

Vice Chairman

~~Beverly A.H. Busecemi, Ph.D.~~

~~State Director~~

~~(Approved)~~

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: Missing Property Report

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

MISSING PROPERTY REPORT

**Immediately notify DDSN's IT Helpdesk (803-898-9767),
if the missing property is a device used to access DDSN data or the DDSN Network**

Section I:

Type of Property: DDSN Property Employee's Personal Property

Name of Employee Reporting the Loss or Property Owner (if personal property):

Description of the Missing Property (Provide as much information as possible. Include DDSN Decal number, if applicable):

Date property was last seen, where it was seen, and by whom:

Date property was first discovered missing:

Circumstances leading to the discovery of the missing property:

Actions taken to attempt to recover the missing property:

Section II:

Name and Title of the Person to whom the loss is being reported:

Actions taken in response to report (check if action taken and provide the additional information requested):

DDSN IT Notification:

Name of person who called the Helpdesk:

Date and time of call to Helpdesk:

Internal Investigation:

Date investigation opened and Name of Investigator:

Report made to local law enforcement entity:

Name of entity:

Person making report:

Date of reporting:

Section III:

Follow-up actions taken (check if action taken and provide the additional information requested):

Internal Investigation completed. Attach report of the findings of the investigation.

Report made to local law enforcement entity. Attach report.

Incident reported as Adverse Operational Event as required by DDSN Directive 100-21-DD.

Actions taken to prevent other occurrences. List actions:

Date:

Signature/title of person completing this form

DISTRIBUTION (Indicate to whom copies of this completed form has been sent)

Chief Information Security and Privacy Officer Director-Internal Audit Division Director-Finance Division

SOUTH CAROLINA DISABILITIES AND SPECIAL NEEDS

MISSING PROPERTY REPORT

The DDSN Central Office, IT Division, must be notified immediately of any missing electronic equipment. Fax a copy of this form to: (803) 898-9658

SECTION I:

Date: _____ Building No.: _____ Program: _____ Region: _____

LIST OF PROPERTY (please note if the property listed below includes any electronic devices (i.e., cell phone, IPAD, laptop, USB sticks, etc.), then the IT Security Officer **MUST** be notified immediately)

QUANTITY	DESCRIPTION	DECAL OR SERIAL NO.	ESTIMATED VALUE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL VALUE			_____

PROPERTY OWNED BY:

DDSN CLIENT (NAME): _____ DDSN

DDSN EMPLOYEE (NAME): _____ OTHER (Specify): _____

COMMENTS AND SPECIFIC INFORMATION CONCERNING THIS LOSS (Include how this loss was discovered and where it originated if possible)

DISCOVERED BY: _____ POSITION: _____

REPORTED BY: _____ POSITION: _____

SECTION II: FOLLOW UP AND PREVENTION (Include remarks and recommendations on how this type of loss could be prevented)

DDSN CENTRAL OFFICE
INFORMATION SECURITY OFFICER: _____ DATE: _____

SECURITY OFFICER: _____ DATE: _____

DISTRIBUTION: Facility Administrator, Security/Safety Officer, DDSN Central Office IT Division, DDSN Audit, Originating Section Program Administrator

Reference Number:	535-02-DD	
Title Document:	Human Rights Committee	
Date of Issue:	May 31, 1996	
Effective Date:	May 31, 1996	
Last Review Date:	April 8, 2016	
Date of Last Revision:	April 8, 2016 <u>XXXX, 2022</u>	(REVISED)
Effective Date:	May 31, 1996 <u>XXXX, 2022</u>	
Applicability:	DDSN Autism Division <u>DDSN-Operated Residential Programs</u> ; DDSN Regional Centers; DSN Boards; and Contract Service Providers	

PURPOSE

This directive establishes policies and procedures for the establishment, and operation of a Human Rights Committee (HRC) at each Department of Disabilities and Special Needs (DDSN) Regional Center, ~~DDSN Autism Division~~ DDSN-Operated Residential Programs, Disabilities and Special Needs (DSN) Boards and Contract Service Providers, and sets forth guidelines for the authority, role, and responsibility of such committees.

PHILOSOPHY

Individuals with disabilities are entitled to exercise their civil, political, social, economic and cultural rights on an equal basis with others. Each individual who receives services from DDSN is encouraged and assisted to exercise his/her rights as a citizen and as a service recipient. When an individual is unable to fully exercise their rights, it is the responsibility of society to safeguard and protect those rights. The Human Rights Committee serves as society’s representative to protect the due process rights of individuals receiving services from DDSN, DSN Boards, and contract service providers.

AUTHORITY

S.C. Code Ann. § 44-26-70 (~~Supp. 2015~~ 2018) relating to the rights of individuals receiving services from DDSN requires that each DDSN Regional Center and DSN Board establish a Human Rights Committee. Contract service providers may either use the Human Rights Committee of the local DSN Board or establish their own Committee.

~~DDSN Autism Division~~ DDSN-Operated Residential Programs may utilize an existing Human Rights Committee of a DSN Board or of a DDSN Regional Center or it may establish its own Committee.

The regulations governing Intermediate Care Facilities for Individuals with an Intellectual Disability (ICF/IID) require the establishment of a specially constituted committee which functions as a Human Rights Committee to review, approve, and monitor programs to manage inappropriate behavior and other programs that involve risk to protection and rights. Policies and procedures of this directive are applicable to these specially constituted Committees.

ROLE

The role of the Human Rights Committee is to safeguard and protect the rights of individuals receiving services to ensure that they are treated with dignity and respect in full recognition of their rights as citizens as opposed to their rights as consumers, and to review and advise regarding issues which present ethical questions involving service recipients. It is not a “rubber stamp” committee which approves anything and everything that comes before it.

Members of the Human Rights Committee serve in an advisory capacity and are exempt from liability.

The Human Rights Committee is an entity separate from the service organization. It should not duplicate advocacy efforts that have been established to represent the rights and interests of individuals with disabilities or special needs, but shall serve in an adjunct capacity to those efforts.

Human Rights Committees shall develop bylaws for the conduct and operation of its committee that minimally include: a definition of “quorum,” and the distribution of the current agenda and prior meeting minutes to the members before scheduled meetings. At the discretion of the Human Rights Committee, appropriate staff or an advocacy representative may attend meetings. However, information shared, obtained, or disclosed during the conduct of the meeting is confidential and must not be disclosed.

The Human Rights Committee may organize into subcommittees for specific purposes in order to meet its responsibilities (e.g., medication review, behavior support plan review, grievance appeal, ethics review, etc.). Any business conducted by the sub-committees must be brought before the full committee for review and approval.

Minutes shall be taken of each meeting and shall reflect the date and time of the meeting, those Committee members present and absent, and a record of decisions and recommendations in a manner that readily identifies the issues reviewed, the decisions reached, and the follow-up that is necessary. A tape recorder may be used for this purpose. The minutes shall also reflect the names of others attending the meeting.

RESPONSIBILITIES

The Human Rights Committee is charged with the responsibility of protecting the due process rights of individuals receiving services and supports and functions to provide a community perspective in advising the Facility Administrator/Executive Director/CEO on the acceptability of procedures and programs involving rights issues.

Specific responsibilities include:

1. Review and approve all actions, practices or policies which restrict any individual's rights.
2. Review and advise on policies and practices pertaining to the rights of individuals who receive services.
3. Review and approve individual habilitation plans prior to implementation which:
 - a. Restrict personal freedoms or rights.
 - b. Use restrictive or intrusive procedures as part of a Behavior Support Plan (e.g., restraint, door alarms, visual or auditory monitoring devices, locked cabinets or locked rooms where items needed or used by supported individuals are kept, time out, or aversive conditioning).

NOTE: Time out and aversive conditioning also require prior written approval of the DDSN State Director.
 - c. Use behavior control medications for behavior management.
4. Receive notification of the use of emergency restraints. Each Human Rights Committee, in coordination with DDSN, may establish its own mechanism for receipt of such reports.
5. Review and advise on research proposals to ensure that the rights, dignity and welfare of research participants are protected and they are not used as a source for research which is not associated with disability issues.
6. Receive notification of alleged abuse, neglect, or exploitation. Each Human Rights Committee, in coordination with DDSN, may establish its own mechanism to receive such reports.
7. Ensure that prior informed consent is obtained as set forth in S.C. Code Ann. § 44-66-10 (Supp. 2021) "Adult Health Care Consent Act" and DDSN Directive 535-07-DD: Obtaining Consent for Minors and Adults Obtaining Consent for Individuals Regarding Health Care - Making Health Care Decisions, when:
 - a. An individual considers participation in a research proposal approved by DDSN.
 - b. An activity, plan or procedure that intrudes physically, psychologically, socially, or has irreversible effects is proposed.

8. Review and advise on concerns of applicants for services, service recipients, or their representative when concerns cannot be resolved through other efforts. The Human Rights Committee shall review the concern at its next regularly scheduled meeting or within 30 days from the date of appeal to the Human Rights Committee. If a more expedient resolution (less than 30 days) is required as determined by the Human Rights Committee Chairperson or the Facility Administrator/Executive Director/CEO there should be a called meeting of the Human Rights Committee. Areas that may be reviewed by the Human Rights Committee include, but are not limited to:
 - a. Habilitation plans (day, residential, service coordination).
 - b. Program, supports, and service placement decisions.
 - c. Restriction of personal freedoms and rights.
 - d. Access to medical or habilitation (treatment) records.
 - e. Determination of a person's ability to give informed consent.
 - f. Program, supports, or service termination.
 - g. Refusal of treatment services.
9. Educate individuals supported and staff about the structure and purpose of the Human Rights Committee.
10. Advise the DDSN Regional Center, DDSN-Operated Residential Program, or local DSN Board or contract provider on other matters pertaining to the rights of individuals receiving services and other issues identified by the Human Rights Committee or DDSN.

MEMBERSHIP

The DDSN State Director shall appoint members to each DDSN Regional Center Human Rights Committee upon recommendation of the Facility Administrator. Additionally, should the ~~DDSN Autism Division~~ DDSN-Operated Residential Program choose to have its own committee, members will be appointed by the DDSN State Director upon the recommendation of the Associate State Director-Policy. The Director of a DSN Board or contract service provider shall appoint members to the Human Rights Committee.

Current employees of a DDSN Regional Center, DDSN-operated Residential programs, local DSN Board, or contract provider may not serve on their respective Human Rights Committees. Former employees may not serve on their respective Human Rights Committee. They may; however, serve on any other provider's Human Rights Committee at any time.

The Human Rights Committee is an independent, impartial entity.

Membership should reflect the cultural, racial, and disabilities diversity of the community in which it functions.

A minimum of not less than five (5) individuals shall be appointed to each Human Rights Committee. Membership shall include:

1. A user of DDSN services from any service area, representing those receiving services or a self-advocate nominated by the local self-advocacy group.
2. A family member of an individual who has an intellectual disability or related disability, autism, head and spinal cord injury or similar disability.
3. A representative of the community at large with expertise or demonstrated interest in services to individuals with an intellectual disability or related disability, autism, head and spinal cord injuries, or similar disabilities.
4. A community professional with expertise in behavioral or medical fields. This may include a physician, nurse, pharmacist, psychologist, etc.
5. Other community representatives (e.g., clergy, educator, lay citizen, etc.).

Exceptions to the minimum number, composition, and terms of service must be approved by the Associate State Director-Policy or his/her designee.

Members shall be appointed for three (3) years with terms of service staggered for the purpose of continuity. Members may be reappointed for one (1) additional consecutive term. A chairperson shall be elected annually by the membership.

An attendance log shall be maintained and when a member fails to attend three (3) meetings without excuse from the chairperson or 50% of scheduled meetings within one (1) year that member shall be removed from the committee.

Board/Provider responsibility is one of support and resource; therefore, staff shall not serve as a member of the Human Rights Committee, but may serve in a staff capacity to the Human Rights Committee. The board/provider will provide clerical support to the Human Rights Committee.

The board/provider shall ensure that appropriate resource staff are available to the Human Rights Committee to provide expertise and assistance. Resource staff may include a physician, nurse, pharmacist, psychologist, or other professionals.

TRAINING

All new Human Rights Committee members shall receive training and orientation before attending a meeting that requires a vote. Members shall be afforded an opportunity to tour programs and services and meet individuals receiving services. Ongoing training shall be provided to the Human Rights Committee members to assist them in carrying out their

responsibilities. This training shall occur at least annually or sooner if there is a change in the majority of committee members since the last training. A log of training shall be maintained and the training topics should include:

1. Rights of individuals with disabilities and special needs;
2. Due process;
3. Role and responsibilities of the Human Rights Committee;
4. Confidentiality, Informed consent, and release of information;
5. Disabilities (intellectual or a related disability, autism, head and spinal cord injuries, and related disabilities);
6. Behavior support;
7. Medications (including dosages, interactions, contraindications, and side effects);
8. Principles of least restrictive alternatives, normalization, inclusion, protection from harm, active treatment, individualized supports, quality of life issues, etc., and
9. HIPAA - members should receive privacy notice as a part of this training.
10. Other areas that may be specified by the Human Rights Committee or DDSN.

The Facility/Executive Director/CEO or his/her designee shall provide this training and shall be responsible for scheduling on-going training. A sample training manual compiled by DDSN is available on the agency website at [Human Rights Committee Training](#).

MEETINGS

The Human Rights Committees shall meet as often as necessary, but at least every other month six (6) times a year. Exceptions to this rule must be approved by the Associate State Director-Policy or her designee.

The Human Rights Committee shall assure that individuals whose rights may be restricted are afforded the opportunity to be present at the Human Rights Committee meeting and that they have the opportunity to present their wishes.

The Human Rights Committee shall assure that individuals coming before the Human Rights Committee are offered a personal representative to accompany them to the meeting to support him/her to speak or to speak on his/her behalf.

Case presentations coming before the committee shall include a summary. The presentation shall include all of the information needed for the committee's deliberations; however, all

information that might identify the individual and the outcome of any discussion along with any recommendations shall be coded to protect the identity of the individual. If the individual and/or his/her representative attend the committee meeting, their attendance shall overrule the coding requirement.

Procedures shall be established for expedient review of emergency situations, which require a Human Rights Committee review and decision. Reviews may be accomplished through a subcommittee, telephone poll, mail, electronic mail, or other procedures established by the Human Rights Committee. The minimum number of contacts must equal the quorums defined in the By-Laws. Emergency review procedures should be used when it is in the individual's best interest not to wait until the next regularly scheduled Human Rights Committee as determined by the Human Rights Committee Chairperson or Facility/Executive Director/CEO.

At its next regularly scheduled meeting, the full Human Rights Committee should be informed and the full Human Rights Committee shall approve or rescind the action when emergency approval procedures have been utilized. This provision shall not apply to the review of abuse, neglect, exploitation, and critical incidents.

Case presentations should include the following:

- Statement of concerns
- History of the concern
- History of intervention
- Current data
- Tardive Dyskinesia (TD) scores when applicable
- Recommended course of action
- Informed consent
- Individual's concerns
- Family concerns
- Measures for follow up and review

CONFIDENTIALITY

All information concerning individuals receiving services and their families and staff shall be considered confidential. All members of the Human Rights Committee shall sign a statement of confidentiality upon appointment.

QUALITY ASSURANCE

~~DDSN Autism Division~~ DDSN-Operated Residential Programs, DDSN Regional Centers, DSN Boards, and contract service providers shall develop quality assurance/improvement procedures for implementing this directive.

These procedures shall be indicated in the Quality Assurance/Improvement Plan.

~~DDSN Autism Division~~ DDSN-Operated Residential Programs, DDSN Regional Centers, DSN Boards, and contract service providers shall also develop monitoring procedures to ensure compliance with this directive.

The Facility/Executive Director/CEO or his/her designee shall regularly attend the Human Rights Committee meetings to assure the proper functioning of the Human Rights Committee.

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

Barry D. Malphrus
Vice Chairman

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

Stephanie M. Rawlinson
Chairman

Reference Number: 104-01-DD

Title of Document: Certification and Licensure of DDSN Residential and Day Facilities

Date of Issue: October 21, 1988

~~Effective Date: January 5, 2015~~

~~Last Review Date: December 1, 2017~~

Date of Last Revision: ~~December 1, 2017~~ XXXX, 2022 (REVISED)

Effective Date: ~~January 5, 2015~~ XXXX, 2022

Applicability: DDSN and Contracted Providers of Residential, Day, and Respite Facilities (Excluding Family-Arranged Respite) ~~and Recreational Camps~~

PURPOSE:

To identify authority and guidance for the South Carolina Department of Disabilities and Special Needs (DDSN) to contract with an independent entity that is CMS-certified as a Quality Improvement Organization to certify and/or license residential and day facilities.

AUTHORITY:

S.C. Code Ann. § 44-20-710 (~~Supp. 2016~~2018), authorizes DDSN to license or contract for licensure day facilities for adults. Facilities may be licensed ~~as Residential, Day Camps,~~ Adult Activity Centers, Work Activity Centers, or Unclassified Programs. These settings provide Career Preparation, Community Services, Day Activity, and Employment Services, as authorized, to DDSN eligible participants.

S.C. Code Ann. § 44-7-260 (Supp. ~~2016~~2021), authorizes DDSN to sponsor, certify, or license community-based housing for adults or contract for these functions. These settings provide Residential Habilitation, as authorized, to DDSN eligible participants.

S.C. Code Ann. § 44-7-110 (~~2002~~2018), § 44-20-10 (Supp. ~~2016~~2018), and § 44-21-10 (Supp. ~~2016~~2018), grants DDSN authority to license or contract the licensure function for respite facilities for children and/or adults. Respite services are provided, as authorized, to DDSN eligible participants.

Since 1985 DDSN has maintained a Memorandum of Agreement (MOA) with the Department of Social Services (DSS), which grants DDSN authority to license Community Training Homes (CTH) for children. The MOA is in accordance with provisions of S.C. Code Ann. § 44-20-1000 (Supp. ~~2016~~2018). DDSN standards meet Child Foster Care Regulation S.C. Regs. § 114-550 (Supp. ~~2012~~2021) for homes licensed as a CTH-I and for homes licensed as a CTH-II as approved annually by DSS. DSS defines a child as a person under the age of 21 and any movement of these children within DDSN Residential Services must be coordinated through the ~~District Offices~~ DDSN Operations Division and the Quality Management Division.

South Carolina Law grants DHEC the authority to license Community Residential Care Facilities (CRCF) for adults and Intermediate Care Facilities for Individuals with an Intellectual or Related Disability (ICF/IID). ~~CRCF Providers are required to submit a copy of their DHEC CRCF Licensing Inspection Reports and a copy of their license certificate within 15 days of receipt to the DDSN Quality Management Division.~~

GENERAL:

No residential, day or respite facility shall provide services and supports unless the service provider is:

1. Qualified by DDSN;
2. Compliant with applicable federal, state and local laws;
3. Compliant with all applicable DDSN policies, procedures, and standards; and,
4. Issued a license or certification by DDSN or DHEC.

For services and supports contracted by DDSN, the facilities shall only provide the type of service that is identified on the certificate or license, and shall serve no more than the maximum number of individuals identified on the certificate and/or license.

The certificate and/or license shall be maintained in the facility at all times. Certificates and/or licenses are non-transferable. Reviews of facilities may be conducted at any time, without prior notice.

When a license or certificate is issued by DDSN, the DDSN Director of Quality Management is responsible for insuring reviews conducted by DDSN, or its contractor, are conducted according to DDSN protocol.

SUPPORT MODELS LICENSED/CERTIFIED BY DDSN OR ITS CONTRACTOR:

I. Residential:

Residential Habilitation, as defined by the DDSN Residential Habilitation Standards, is provided in each of the models for residential support listed below:

A. Community Training Home-I (CTH-I) including the enhanced CTH-I:

Personalized care, supervision and individualized training provided in accordance with the resident's service plan to no more than two (2) individuals who live in a support provider's home unless an exception has been granted by DDSN. The enhanced CTH-I model builds in additional respite, personal care and enhanced payment to the caregiver due to the significant needs of the individual with disability. Both CTH-I models are licensed/certified using the same criteria. Support providers are qualified and trained private citizens.

B. Community Training Home-II (CTH-II):

A home environment in the community where no more than four (4) individuals live.

Care, supervision and skills training are provided by qualified and trained staff in accordance with the resident's service plan.

C. Supervised Living Program-II (SLP-II):

Supports are provided by qualified and trained staff to adults who need intermittent supervision and supports. Staff are available on-site or in a location from which they can be on-site within 15 minutes of being called, 24 hours a day, seven (7) days a week.

D. Community Inclusive Residential Services (CIRS):

Supports promote the development and independence of individuals with disabilities in homes leased by the individuals. A customized plan is developed to transition the individual from a 24-hour setting to a semi-independent living arrangement. Individuals with a disability are the focus. They choose where they live, with whom they live, and which support staff work with them in their new home. Staffing is provided according to the participant's assessed need and assistive technology may be used to assist with monitoring.

DDSN's contracted provider organizations may provide additional residential options, including CRCFs and ICFs/IID. These homes are licensed by DHEC. For any CRCF or ICF/IID contracted for services by DDSN, a copy of the license and corresponding licensing inspection report (and any applicable Plan of Correction) must be forwarded to DDSN Quality Management within 15 days of receipt.

II. Respite:

Services may be provided in the individual's home, another residence selected by the individual/family, or a home licensed/certified by DDSN or DHEC.

III. Day:

A. Adult Activity Center:

A goal-oriented program of developmental, prevocational services designed to develop, maintain, increase or maximize an individual's functioning in activities of daily living, physical growth, emotional stability, socialization, communication, and vocational skills. Participants must be at least 18 years of age.

B. Work Activity Center:

A ~~workshop~~ center-based setting having an identifiable program designed to provide therapeutic activities for individuals with intellectual and related disabilities whose physical or mental impairment ~~is so severe as to~~ which would otherwise interfere with ~~normal productive capacity~~ a typical work setting or schedule. Work or production is not the main purpose of the program; however, the development of work skills is its main purpose. The program must have a certificate from the United States Department of Labor designating it as a Work Activity Program when applicable.

C. Unclassified Program:

A program that provides a beneficial service and observes appropriate standards to safeguard the health and safety of ~~clients~~ its participants, staff and the public. This would include non-work-related day supports. Participants must be at least 12 years of age.

~~IV. Recreational Day Camps:~~

~~A program of recreational activities with an emphasis on outdoor and camping activities that utilize trained leadership and the natural or man-made outdoor surroundings to contribute to the camper's mental, physical, and social growth. Services are provided for less than 24 hours a day to adults and/or children.~~

SCHEDULE FOR REVIEWS

Facilities licensed or certified by a DDSN contractor will be reviewed on an annual inspection cycle. A review of all applicable Licensing Standards/indicators will take place during the annual review process. A provider staff must be on-site during the inspection at the time indicated by the licensing contractor. Documentation required on-site is specified in the Licensing Standards. Providers are advised to be review ready at all times.

APPLICATION PROCESS:

A. For A New Home or Facility:

To initiate licensing/certification reviews of new homes and facilities, all sections of the DDSN Licensing/Certification Application to Operate must be completed with sufficient time to allow a licensing inspection prior to the opening of the facility. A notice of at least three (3) weeks is suggested, as the Licensing Contractor may need up to two (2) weeks to complete the inspection from the date they receive the packet. The Application must be submitted with all required inspections, to include the applicable State Fire Marshal, Electrical, and HVAC inspection reports. This information should be submitted as a single packet. The projected opening date of the home or facility must be noted. ~~DDSN must approve all new facilities prior to licensure by DDSN.~~ The home/facility must not be occupied prior to the licensing inspection and receipt of an actual license/certificate from DDSN. The provider must ensure receipt of required authorizations for services prior to acceptance of any participants. Admission/Discharge/Transfer forms must be submitted for each occupant as required in DDSN Directive 502-01-DD: Admission/Discharge/Transfer of Individuals To/From DDSN Contracted Residential Settings.

**During designated emergencies, DDSN will expedite the initial application process, as necessary, to arrange for short-term placement options.*

B. To Update Existing Application:

A DDSN Licensing/Certification Application must be completed when/if any information contained in the previously submitted application changes. The provider must ensure that the address, occupancy, and contact information for the location are current and accurate in the DDSN Service Provider Management Module (SPM) within the Applications Portal and Therap.

~~C. For A Residential Home Serving Children under 21 years(CTH-I or CTH-II):~~

~~A completed DDSN Licensing/Certification Application to Operate must be submitted with sufficient time to allow a licensing inspection prior to the opening of the facility. A notice of at least three (3) weeks is suggested, as the Licensing Contractor may need up to two (2) weeks to complete the inspection from the date they receive the packet. The Application must be submitted with all required inspections, to include the State Fire Marshal, Electrical, and HVAC inspection reports. For CTH-I or CTH-II serving DDSN participants under 21 years, a DHEC Health and Sanitation inspection must also be included. This information should be submitted as a single packet and the projected opening date of the home must be noted. DDSN must approve all new homes prior to licensure by DDSN.~~

~~Completed applications should be mailed to the address noted on the application.~~

FIRE SAFETY INSPECTIONS:

Initial Fire Safety Inspections, when required, must be made by a Fire Marshal employed by the State Fire Marshal's Office. Fees for this service are pre-paid by DDSN, but inspections must be requested. Requests should only be made via ~~the Internet following these steps:~~ the Office of State Fire Marshal's On-line Request Portal. www.fire.llr.sc.gov/portal Please follow the prompts to set-up an account for your provider agency and each site requiring an inspection.

~~Step 1: Go to www.llr.state.sc.us/fmarshal/;~~

~~Step 2. Select "Online Inspection Report;"~~

~~Step 3. Enter password "america" in lower case letters;~~

~~Step 4. Selection "Request For Inspection - Other" (Residential) **OR** "Work Camps" (Day);~~

~~Step 5. Fill in all sections of the request; and~~

~~Step 6. Submit the request.~~

Requests for annual inspections and/or follow-up inspections must be completed in the portal on or before the 15th of the month in order to be scheduled for the following month. The State Fire Marshal Deputy completing the inspection will contact the designated staff to schedule the inspection time. It is important for staff to be on-site at the time of the inspection.

For CTH-I and CTH-II Settings, the State Fire Marshal's Office will also complete a Health and Sanitation Inspection at the time of their annual fire/safety inspection. No additional request is required for this inspection.

~~Requests must be made at least 90 days in advance. For additional guidance, please contact the Senior Deputy Fire Marshal at (803) 896-9880.~~

~~Annual Fire Safety Inspections will be coordinated by the Office of State Fire Marshal, based on the licensing expiration date for existing licenses.~~

FINDINGS/PLANS OF CORRECTION/RECONSIDERATION

Staff from the Licensing Contractor will make an on-site annual review of the physical plant and records, then compare their finding with the requirements as set forth in standards, policies, and procedures. Standards not in compliance at the time of the licensing inspection will be noted. As a result of these activities, a report will be issued to the provider organization within 30 days.

Each report will include the standard, policy, or procedure determined to be deficient at the time of the licensing review, a statement of the specific findings and the classification of the deficiency. Each standard cited as deficient will be classified as one of the following:

- ◆ Class 1 Deficiency: An individual's physical, emotional, and financial well being is in immediate jeopardy. Immediate correction is required.
- ◆ Class 2 Deficiency: A failure of organizational safeguards which could put the individual's physical, emotional, and financial well being in jeopardy. The Plan of

Correction from the provider is either required before the end of the survey or within 15 days of receiving the written licensing report. The nature, circumstances, and extent of the deficiency will be evaluated by the surveyor to determine the time frame requirements for the Plan of Correction. Corrections are required to be completed no later than 60 days after receiving the written licensing report unless otherwise specified and subsequently approved by DDSN or its designee.

- ◆ Class 3 Deficiency: All other reportable deficiencies. The Plan of Correction from the provider is required within 15 days of receiving the written licensing report. The nature, circumstances, and extent of the deficiency will be evaluated by the surveyor to determine the time frame requirements for the Plan of Correction. Corrections are required to be completed no later than 60 days after receiving the written licensing report unless otherwise specified.

Upon receipt of the report, the provider will have 15 days to submit a written Plan of Correction on the QIO portal. The Plan of Correction should not only address the individual deficiency cited, but should also include a systemic response to ensure correction across the organization. Corrections are required to be completed no later than 60 days after receiving the written licensing report unless otherwise specified and subsequently approved by the Licensing Contractor or DDSN.

If the provider does not agree with the content of the report, reconsideration may be requested. The provider may request reconsideration of the deficiencies by submitting, in writing, the standard, policy, or procedure cited; the finding related to the standard, policy, or procedure; the nature of their disagreement with the finding; and any documentation to support its position. The provider is allowed one reconsideration request for each citation per survey cycle. The provider must submit the request of citation reconsideration within 15 days of receiving the licensing report. The Appeal/Reconsideration Request form must be completed on the QIO Portal, with the form and supporting documentation uploaded as an attachment for the review in question. Upon receipt, the appeal/reconsideration request will be reviewed by the appropriate program staff at DDSN for the particular service area.

If reconsideration is requested, a Plan of Correction for the indicated citation is not required to be submitted until a decision regarding the reconsideration is reached. However, any deficiency not being reconsidered must be corrected according to the timelines as outlined in this document.

The reconsideration will be completed within 30 days of receiving the request. Based on the results of the reconsideration, if needed, a revised report will be issued. A Plan of Correction for all deficiencies upheld must be submitted through the QIO portal within 15 days of the reconsideration decision. Corrections are required to be completed no later than 60 days after receiving the reconsideration decision unless otherwise specified and subsequently approved by DDSN.

FOLLOW-UP

All deficiencies cited in a licensing report will require a follow-up review. Most follow-up reviews will be completed as a remote desk review, with the provider submitting documentation on the QIO portal to validate that the actions described in the Plan of Correction have taken place

by the target date. A provider may have two follow-up reviews for annual surveys, if necessary to ensure remediation. All timeframes identified above apply to these follow-up surveys. All citations identified on the reports will be individually reviewed by the Licensing Contractor to determine the type of follow up needed (i.e., documentation request or onsite review). All Class I citations will be resolved onsite at the time of the review. Each Class II or Class III citation will be reviewed individually by the Licensing Contractor to determine the most appropriate method for follow-up. Results of the Follow-up Review will be included in a report format that is similar to the annual inspection report and will provide a percentage score for compliance.

DDSN's Licensing Contractor will contact the provider organization and discuss the follow-up process, as it relates to their review. Contact will be made within 90 days of the approved Plan of Correction, but providers may choose to upload documentation on the QIO portal at any time. Citation determinations will be identified as follows:

1. ~~Need documentation review; or~~
2. ~~Need onsite review.~~

Any findings of repeat/recurring citations and the use of documentation for citation correction will be discussed at the exit meeting and a report will be sent to the provider within 30 days. A written Plan of Correction will be submitted by the provider in response to any citations that remain after the follow-up review.

SANCTIONS:

Unannounced follow-up visits will be conducted by DDSN or the Licensing Contractor in situations where the severity and/or prevalence of deficiencies may adversely impact someone's health and safety and will determine if deficiencies have been corrected. Failure to correct deficiencies result in the following sanctions:

- ◆ Sanction 1 – Failure to correct a Class 1 deficiency, no matter what level or quantity of deficiency existing, will result in the removal of the license/contract and movement of the individual.
- ◆ Sanction 2 – Depending on the level or quantity of deficiencies, any of the following sanctions may be issued:
 - 1) Ongoing site monitoring;
 - 2) Required technical assistance;
 - 3) The issuance of a provisional license/certificate with a shortened expiration date;
 - 4) The license/certificate capacity of the program may be reduced;
 - 5) ~~Financial payments for that program may be held in a reserve account;~~
 - 6) ~~Financial payments may be reduced; or~~
 - 7) The license/certificate may be denied, suspended, revoked, or rescinded.

For example, if there is a combination of deficiencies across licensed facilities with no repeated findings, step 1 or 2 may be used. If multiple deficiencies are discovered across licensed facilities and systemic problems that exist are not resolved after step 1 through ~~6~~4 have been issued, then step ~~7~~5 will be applied.

APPEALS:

The imposition of the specific sanction that involves denial, suspension or revocation of a license may be appealed. DDSN Directive 167-01-DD: Appeal Procedure for Facilities Licensed or Certified by DDSN, governs these appeals.

EXCEPTIONS:

DDSN reserves the right to make exceptions to standards or policies if the exception will not jeopardize the health and safety of the service recipient, staff or the public, and when the exception will not significantly reduce the quality or quantity of services provided. No exception should be implemented until first approved, in writing, by the Director of Quality Management and the State Director/designee.

The request for exception should be submitted to the DDSN Quality Management Director using the DDSN Request for Exception Form (Attachment B). All sections of the form must be complete and accurate. The form must be signed by the Executive Director and Board Chairperson.

Unless otherwise noted, exceptions to Adult Day Standards ~~and Recreation Camp Standards~~ will be valid for one (1) year from the date approved.

Unless otherwise requested and approved, exceptions to Residential and Respite Standards will remain valid for as long as the information contained on the initial request remains the same.

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

Barry D. Malphrus
Vice Chairman

~~Beverly A.H. Busecemi, Ph.D.
State Director
Approved~~

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>

ATTACHMENTS:

Attachment A: Application to Operate Residential, or Day Facility, ~~or Camp~~

Attachment B: Request for Exception Form

Attachment C: SC State Fire OSFM Informational Bulletin #18-2001 (March 1, 2022)

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
 CERTIFICATION AND LICENSING STANDARDS
REQUEST FOR EXCEPTION**

Provider Requesting Exception:		Date:	
Facility Type:	Signature of Provider Executive Director:		
Name of Facility:	Signature of Governing Board Chairperson:		
Policy or Standard from which Exception is requested (e.g., 000-00-DD, DDSN Respite Standards, etc.)	Nature and reason for Exception Request (specify if for one individual (give name), one Facility (give name), for all residential programs, day, etc., or for the entire Organization along with the reason)	Explain how the safety of program participant(s), the staff or the public will not be endangered, if this Exception is Granted	
Explain how this Exception, if granted, the Quality and Quantity of Services will be maintained			
Comments:			
Signature: _____ Director-Quality Management	Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Deny Date: _____		
Signature: _____ State Director/ <u>Designee</u>	Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Deny Date: _____		



OSFM
INFORMATIONAL BULLETIN

Table with 2 columns and 5 rows containing metadata: NUMBER (18-2001), EFFECTIVE DATE (April 2, 2018 / Revision March 1, 2022), FROM (Shawn Stickle), APPROVED (Nathan Ellis), SECTION (Code Enforcement), SUBJECT (Fire Inspection Requirements for DSS Foster Homes and DDSN CTHI's)

I. Objectives:

- A. To provide Deputy State Fire Marshals with guidance and clarification on South Carolina Code of Regulations - R.71-8301.3, R.144-550, and R.144-592 for consistent application statewide.
B. To provide DSS Caseworkers, Child Placement Agencies, Foster Parents, and DDSN CTHI providers with fire inspection requirements prior to requesting the inspection in the State Fire Informational Management System (IMS).
C. To provide DSS Caseworkers, Child Placement Agencies, Foster Parents, DDSN CTHI, and DDSN CTHII providers with health inspection requirements prior to requesting the inspection in the State Fire IMS.

II. Procedures

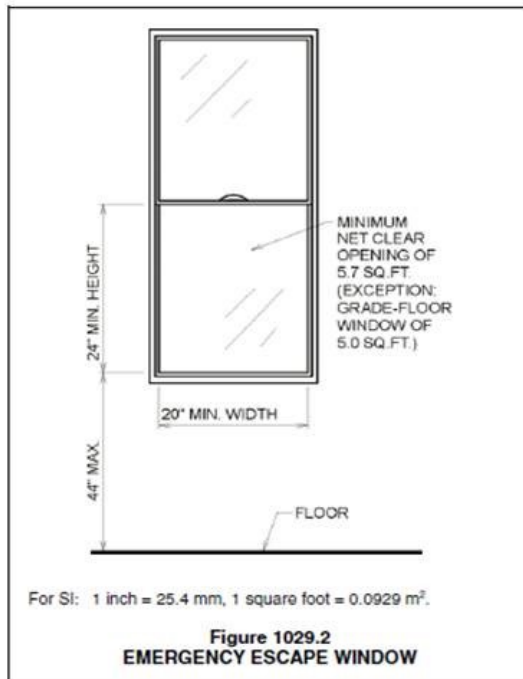
- A. Inspection request periods will run from the 16th of each month to C.O.B. the 15th of the following month. Inspections will be scheduled for the period within 5 business days of the inspection request period end. Providers will submit requests for annual and re-inspections into the State Fire IMS 90 days prior to license expiration. Requests for initial inspection of homes shall be submitted for the following inspection period.
B. Only approved requesting agencies may request and/or cancel inspections. Inspections will not be scheduled without a proper request in the IMS. No Show/Cancellations for Initial Homes shall be requested as Initial Homes until an in person inspection occurs,
C. Requesting Agencies shall list the home owner/operator as the owner on the individual tab of the IMS, with correct contact information (including email) to guarantee delivery of this bulletin of requirements prior to the fire inspection.
D. Reports will no longer contain health inspection "collected data" and will only reflect deficiencies found. Both Fire and Health deficiencies will be cited as applicable, or the report will notate "No fire inspection deficiencies noted at the time of inspection" and "No health inspection deficiencies noted at the time of inspection" as a reference.

III. Contents

A. Fire Safety

1. Approved address numbers shall be placed in a position that is plainly legible and visible from the street.
 - a. Address number shall be a minimum of 4 inches high with a minimum stroke width of 0.5 inch and shall contrast with their background.
2. Foster Home shall be designed and constructed with the intent to be used as a dwelling.
3. One (1) portable fire extinguisher with a minimum classification of 2A:10BC shall be readily accessible and installed near cooking areas on your way to an exit outside.
 - a. Fire extinguishers shall be visually inspected monthly to ensure the needle is in the green.
 - b. Annual maintenance is not required for foster homes, however, extinguishers shall be replaced or serviced by a fire equipment dealer every 6 years from the manufacture date.
4. All egress doors and pathways shall not be obstructed, diminished, reduced, or require special knowledge, effort or a key to exit. No more than three actions, including opening the door, are permitted. (e.g. **1.** Unlock deadbolt. **2.** Unlock door knob. **3.** Turn door knob and open the door.)
 - a. Dual Cylinder locks are not permitted (lock requires a key to lock and unlock on the inside).
 - b. Doors are permitted to be equipped with a night latch, dead bolt or security chain, provided such devices are openable from the inside without the use of a key or tool, however, shall be installed no higher than 48” inches and it requires no more than three total actions.
5. Each sleeping room shall have an operable door that closes and latches to provide compartmentation that protects occupants in case of a fire event. A residential automatic fire sprinkler system will be considered an alternate method to compartmentation requirements.
 - a. Doors shall be positive latching (self-latch when pushed closed and require an action to unlatch/open) that resist not less than 5 pounds of force. Roller latches are prohibited.
 - b. Bedroom walls shall terminate at the ceiling, without unprotected openings, or lofts.
 - c. Barn Doors are permitted, however:
 - i. The barn door edges shall overlap the opening on the sides, top, and bottom if applicable.
 - ii. If provided with a latch, the latching mechanism shall be hardware that is manufactured for the purpose of latching sliding barn doors in place. Homemade solutions for latches, such as hook and eye or staple hasp latches, are not permitted.
6. All sleeping rooms below the fourth story shall have operable emergency escape and rescue openings that open from the inside. Emergency and escape rescue openings shall meet the dimensions illustrated below and have a net clear opening of not less than 5.7 square feet. Exception: Grade floor is permitted to be 5.0 square feet. Foster homes that do not comply with

minimum dimensions* of emergency escape and rescue opening shall have either smoke alarms interconnected in such a manner that the activation of one alarm will activate all of the alarms in the dwelling unit, or a have a residential automatic fire sprinkler system installed. Regardless, at the Deputy’s discretion, openings are still be required to allow an average size adult to escape and sill height shall not be higher than 44 inches from the floor.



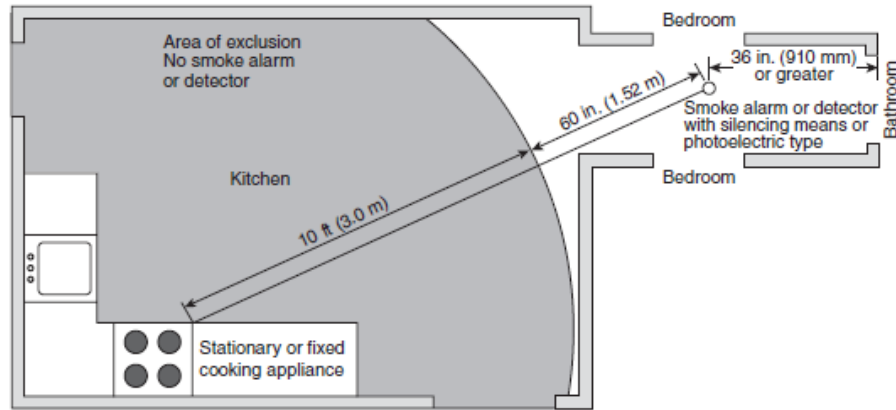
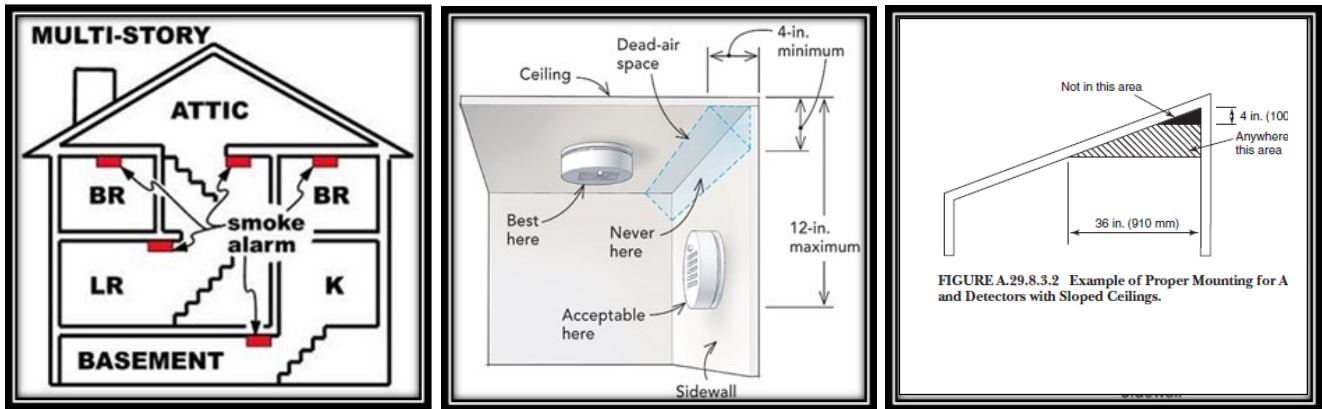
Equation: (Length x Width) ÷ 144

Example: (20" x 24") = 480 ÷ 144
= 3.33 Square feet

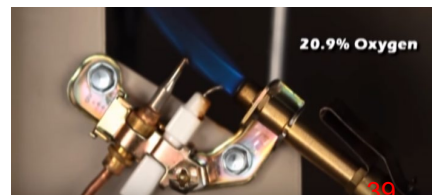
Note: The example shown does NOT meet the minimum area required, though it does meet the minimum dimensions. Thus, interconnected smoke alarms or a residential automatic fire sprinkler system are required.

- a. **Below Grade:** Where the sill height is below grade, it shall be provided with a window well with the horizontal area of the window well shall be not less than 9 square feet with a horizontal projection and width of not less than 36 inches. The area of the window well shall allow the emergency escape and rescue opening to be fully opened. The ladder or steps required shall be permitted to encroach not more than 6 inches into the required dimensions of the window well. Nothing shall obstruct these openings.
7. Listed smoke alarms shall be installed on the ceiling or wall outside of each separate sleeping area in the immediate vicinity of bedrooms (within 21 feet per NFPA 72), in each room used for sleeping purposes, and on each habitable story within a dwelling (including basements).
- a. Smoke alarms expire based on the manufacture’s guidelines or 10 years from the date of manufacture, whichever is less, and shall be installed per illustrations below.
 - b. Hardwired and/or interconnected alarms are required to be maintained if installed per illustrations below.
 - c. Homes without hardwired interconnected alarms shall be provided with a sealed 10-year life battery if emergency escape and rescue openings meet minimum size and dimensions.
 - i. If emergency escape and rescue openings do not meet minimum size requirements, listed wireless interconnected smoke alarms shall be installed.
 - ii. If the home is provided with hardwired in the common areas and installed properly, a wireless “bridge” unit shall be installed to communicate with wireless alarms in the bedrooms.

- d. Fire Alarm Systems need to comply with regulations and NFPA 72, and may only be approved by a supervisor.



8. An approved carbon monoxide alarm shall be installed and maintained* outside of **each** separate sleeping area in the immediate vicinity of the bedrooms** if home has:
- a. Fuel fired appliances are installed.
 - b. Attached garages (3 sides enclosed).
 - c. Fireplaces.
 - d. Combination smoke/carbon monoxide alarms are permissible.
- * Carbon monoxide alarms expire based on the manufacture’s guidelines.
**Bedrooms with fuel fired appliances or fireplaces shall also have carbon monoxide alarms.
9. All heating devices shall be installed per manufacturer’s guidelines.
- a. Unvented gas heaters shall have an operating oxygen depletion device that shuts off at 18% oxygen (picture below), an operating safety shutoff device, and shall be located or guarded to prevent burn injuries.



- b. Portable, unvented heaters are not permitted; e.g. Kerosene heaters.
- c. Fireplaces shall be equipped with fire screens, partitions, or other means to protect clients from burns.
- d. Listed space heaters shall have a tip over switch, have a three foot clearance on all sides and be directly plugged into an outlet.

10. The dwelling shall be free of dangers that constitute an obvious fire hazard such as the following:

- a. Hoarding conditions (contact supervisor).
- b. Electrical Hazards, including using extension cords as permanent wiring.
- c. Improperly installed/maintained dryer vent.
- d. Storage of flammable liquids or gases.
- e. Items considered a fire hazard by the Deputy’s judgement (contact supervisor)

11. A fire escape plan describing what actions are to be taken by the family in the event of a fire must be developed and posted in one location.

- a. Recommended example found on our website, not required:

[Foster Home Fire Drill Planner](#)

Draw the layout of your home as best you can. Include:

- Doorways
- Windows
- Each room
- Smoke alarm locations (label "SA") *Date installed _____
- Carbon monoxide alarm location(s) (label "CO") *Date installed _____
- Fire extinguisher location(s) (label "FE") *Date Serviced _____

Visit each room in your home and:

- Find two ways out
- Draw arrows on your "Fire Drill Planner" showing two ways out

Draw a separate floor plan for:

- Basements, 2nd or 3rd floors, Finished room over garage (FROG)

Mark your Fire Drill Planner with your safe meeting place:

- Pick a solid object that isn't easily moved, such as a tree
- Make sure the object is far enough from your home so it's safe to stand there

Legend:

- Window — Blue arrow
- Primary Escape Path — Red arrow
- Secondary Escape Path — Yellow arrow
- Smoke Alarm — SA in a circle
- Carbon Monoxide Alarm — CO in a diamond
- Fire Extinguisher — FE in a triangle

- b. A fire escape drill shall be conducted every three (3) months and records of the drills shall be maintained on the premises for three (3) years.
 - i. The records shall give the date, time, and weather conditions during the drill, number evacuated, description, and evaluation of the fire drill. Fire drills shall include complete evacuation of all persons from the building.
 - ii. A fire escape drill shall be conducted within twenty-four (24) hours of the arrival of each new foster child.

B. Health Safety – All Initial Foster/Kinship Homes, Annual CTH I and CTH II Inspections

1. *Health Hazards – South Carolina Code of Regulations – Foster Homes R.114-550
 - CTH II’s - R.114-592
 - b. Water temperature below 120 degrees Fahrenheit - R.114-550.N.2.c
 - CTH II Water temperature between 100 to 120 degrees Fahrenheit - R.114-592.A.5.f
 - c. Excessive garbage and uncleanliness. (contact supervisor) - R.114-550.L.2
 - CTH II - R.114-592.C.1.a
 - d. Insect/rodent Infestations. - R.114-550.L.3.b
 - CTH II – R.114-592.B.5.b
 - e. *Prevent the child’s access, as appropriate for his or her age and development, to all medications, poisonous materials, cleaning supplies, other hazardous materials, and alcoholic beverages - R.114.550.N.5.a
 - Poisonous materials, cleaning supplies and Hazardous materials shall not be stored in a manner that spills or leaks may come in contact with consumables or be mistaken as a consumable. - R.114-550. N.5.a
 - CTHII – R.114-592.B.4.a
 - f. Be free from objects, materials, and conditions that constitute a danger to health or life safety by the Deputy’s judgement. (contact supervisor) - R.114-550.L.3.a
 - CTH II - R.114-592.A.4.b
2. Public Water/Waste or Well Water Sample R.114-550.N.2 (OSFM not citing pending tests).
 - a. Shall be negative for Coliform and E.coli.
 - b. Positive samples will be handled by the Senior Deputy – Notification will be made to the caseworker and homeowner for disinfection procedures in accordance with SCDHEC.
 - DDSN providers perform annual tests. State Fire does not collect DDSN Well samples for testing.
3. Septic hazards that constitute a danger to health - R.114-550.L.3.a
 - CTH II - R.114-592.A.5.d
4. Pet Inoculations annual per SC Code of Laws §47-5-60. - R.114-550.N.3.b
 - a. Pet Inoculations are required for Cats, Dogs, and Ferrets
 - CTH II - R.114-592.B.3.a
5. CTH II Fridge Temperatures maintained at or below 41 degrees Fahrenheit (5 degrees Celsius) per DDSN. Items in Freezer shall be maintained frozen, - R.61-25 3-501.12 (A).
 - a. Refrigerators shall be equipped with ambient air temperature measuring devices. - R.61-25 4-204.112 (A) In a mechanically refrigerated or hot food storage unit, the sensor of a temperature measuring device shall be located to measure the air temperature in the warmest part of a mechanically refrigerated unit and in the coolest part of a hot food storage unit.

***Note: State Fire does not inspect Swimming pools, medications, weapons, alcoholic beverages, or any other item covered in R.114-550 or R.114-592 not included above.**

IV. Interpretation Contact

- A. Senior Deputy State Fire Marshal
- B. Chief Deputy State Fire Marshal
- C. Assistant State Fire Marshal

Reference Number: 104-03-DD

Title of Document: DDSN Contract Compliance/Quality Assurance Reviews for Non-Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Programs

Date of Issue: November 18, 2013
~~Effective Date: November 18, 2013~~
~~Last Review Date: January 22, 2015~~
Date of Last Revision: January 22, 2015 XXXX, 2022 (REVISED)
Effective Date: November 18, 2013 XXXX, 2022

Applicability: DSN County Board and Contracted Providers (Excludes ICFs/IID Programs)

PURPOSE:

To establish guidance for the implementation of the contract between the Department of Disabilities and Special Needs (DDSN) and providers selected to conduct ~~quality assurance reviews~~ Contract Compliance Reviews (CCR).

GENERAL:

In order to determine compliance with applicable DDSN standards and policies, reviews of DDSN qualified providers are completed approximately every 12 to 18 months, based on the provider’s prior performance. Providers scoring at or above 75~~85~~% ~~on their overall review score in each service area~~ will be placed on an approximate 18-month review cycle and providers scoring below 75% will be placed on an approximate 12-month review cycle. ~~In addition, providers scoring below 70% in any one or more individual areas of the review (administrative indicators, or day, residential, case management, or early intervention service areas) will be placed on an approximate 12-month review cycle.~~ The reviews include an assessment of the provider’s administrative capabilities, ~~review of consumer records and observation of staff~~ and a review of participant records. Any deficiencies found with the provider’s compliance will

require a written Plan of Correction (POC) that addresses the deficiency both individually and systemically. ~~The providers will receive technical assistance from the District Office to address when the overall score is under 75% or any individual service area(s) below 70%.~~ A follow-up review will be conducted approximately six (6) to eight (8) months after the original review to determine if the corrections have been made. Failure to comply with certain performance requirements and failure to correct noted deficiencies may result in the imposition of sanctions by DDSN.

~~For providers scoring below 65% in any one service area during their Contract Compliance Review (regardless of the overall score), will be placed on an approximate 12-month review cycle and receive technical assistance from the District Office and assistance in developing their Plan of Correction.~~

~~For providers scoring below 60% in any one service area during their Contract Compliance Review (regardless of the overall score), will be placed on an approximate 12-month review cycle and receive technical assistance from the District Office and assistance in developing their Plan of Correction. In addition, the Executive Director/CEO/staff will be required to meet formally with DDSN personnel to address performance issues and develop a separate corrective provider action plan. The corrective plan of action may involve the suspension of any new referrals to the provider.~~

REVIEW PROCESS

DDSN will contract with a Quality Improvement Organization (QIO) selected from those certified by the Centers for Medicare and Medicaid Services (CSM). The QIO will utilize Key Indicators to evaluate the administrative capability of each provider reviewed ~~and General Agency indicators for each service provided to consumers~~ along with a sample of participant records to verify service delivery in accordance with applicable standards. A statistically valid and random sampling methodology will be used for all providers. For each case reviewed, the QIO will review the consumer's primary record/file as well as those records/files pertaining to ancillary supports/services as provided by DDSN. Each case review will include an evaluation of the most current assessment data used in developing the consumer's current plan(s). The review also will have an evaluation of the consumer's "Plan" or "Individual Family Services Plan (IFSP)" or "Family Service Plan (FSP)" as well as an evaluation of progress notes and file documentation pertinent to the quality of services delivered. ~~The QIO also will observe and evaluate the implementation of Residential Habilitation and Day Services standards promulgated by DDSN.~~ To the extent possible, participant records will be reviewed using documentation available in the agency's electronic record. At the conclusion of the review, a conference between the QIO representatives and the provider reviewed will be conducted to discuss preliminary findings of the review.

All newly qualified providers will be reviewed between three (3) to six (6) months of accepting their first consumer. Qualified providers who are beyond their first year, will be reviewed on a schedule of approximately 12 to 18 months, depending on prior performance. Follow-up reviews are conducted approximately six (6) ~~to eight (8)~~ months following the regular 12 to 18 month review. Patterns of poor performance may result in sanctions against provider and could result in contract termination.

PLANS OF CORRECTION

All providers will be required to submit a Plan of Correction to the QIO for all citations within 30 days of receipt of the report of findings from the QIO. The POC will address the findings in each individual record as well as systemic findings related to the citations and as identified by the QIO. The latest completion date for any correction or action cannot exceed 90 calendar days following the report of findings. A response will be provided by the QIO within 30 calendar days. The Plan of Correction must be submitted to the QIO for approval, via their online portal.

For providers scoring below 65% in any one service area during their Contract Compliance Review (regardless of the overall score), will be placed on an approximate 12-month review cycle and receive technical assistance from the District Office and assistance in developing their Plan of Correction within 30 calendar days of receipt of the Report of Findings. Due to the number of citations resulting in a score of less than 65% compliance, the provider will also be required to develop an action plan that goes beyond the typical requirements of the Plan of Correction submitted to the QIO. The action plan must address systemic issues within the organization that have resulted in the low scores. The District Director and/or designee will provide guidance to the provider, as necessary, regarding the provider's Action Plan. This Plan will be submitted to the District Director for review.

FOLLOW-UP REVIEWS

The QIO will conduct a follow-up review to assure that all elements detailed in the provider's Plan of Correction have been implemented. The QIO review will include the criteria and timeframes for evaluating the extent to which the provider's Plan of Correction has been implemented. Follow-up reviews will include records/consumers from the original sample as well as new records. Upon receipt of the report, the Provider will have 30 days to submit a written Plan of Correction. The Plan of Correction should not only address the individual deficiency cited, but should also include a systemic response to ensure correction across the provider's system of services. Corrections are required to be completed no later than 90 days after receiving the written quality assurance report unless otherwise specified and subsequently approved by the QIO or DDSN. If a provider scores at less than ~~75~~85% compliance on the follow-up visit, the provider will be required to participate in enhanced monitoring and technical assistance from ~~the District Office~~DDSN. In addition, the provider will be required to work collaboratively with the District Office to develop a Plan of Correction to address continuing citations. ~~The District Director and/or designee~~DDSN Program staff will provide guidance to the provider, as necessary, regarding the Plan of Correction. The Plan of Correction must be submitted to the QIO for approval, via their online portal, and a second follow-up review will be scheduled through the QIO.

SPECIAL CIRCUMSTANCE REVIEWS

The QIO may complete special circumstance reviews at the direction of DDSN. The Special Circumstance Review follows the same format and scope as a Follow-up Review.

APPEALS

If the provider does not agree with the content of the report of findings, reconsideration may be requested through a formal appeal. The provider may request reconsideration of the deficiencies

by submitting, in writing, the Key Indicator cited, the finding, the nature of the disagreement with the finding, and any documentation to support their position. The provider is allowed one appeal request per identified deficient practice per survey cycle. The provider may submit their appeal with their Plan of Correction (i.e., within 30 days of receiving the QIO report). Requests for appeal should be submitted via the QIO Reporting Portal with notification to DDSN Quality Management. DDSN program staff will review the appeal request and the supporting documentation to make a determination to uphold or remove the citation and notify the provider of the outcome. The QIO will be advised of the outcome of the appeal so that future reviews will be conducted in accordance with DDSN's decision.

If an appeal is submitted, a Plan of Correction is not required to be submitted until a decision regarding the reconsideration is reached. However, any citation not being appealed must be corrected according to the timelines as outlined in this document.

The appeal review will be completed within 30 days of receiving the request. Based on the results of the appeal, if needed, a revised report will be issued. A Plan of Correction for all citations must be submitted to the QIO within 30 days of the appeal decision. Corrections are required to be completed no later than 90 days after receiving the QIO report unless otherwise specified and subsequently approved by DDSN.

TECHNICAL ASSISTANCE:

For providers scoring below 85% in any one service area during their Contract Compliance Review (regardless of the overall score), will be placed on an approximate 12-month review cycle and receive technical assistance from DDSN and assistance in developing their Plan of Correction. In addition, the Executive Director/CEO/staff will be required to meet formally with DDSN personnel to address performance issues and develop a separate corrective provider action plan. The corrective plan of action may involve the suspension of any new referrals to the provider.

Due to the number of citations resulting in a score of less than 85% compliance, the provider will also be required to develop an action plan that goes beyond the typical requirements of the Plan of Correction submitted to the QIO. The action plan must address systemic issues within the organization that have resulted in the low scores. DDSN Program Staff will provide guidance to the provider, as necessary, regarding the provider's Action Plan. This Plan will be submitted to DDSN Quality Management for review.

Technical assistance (TA) should be a collaborative and coordinated approach between the provider and DDSN subject matter experts. TA should be provided to assist the provider in improving their policies/procedures and promoting compliance with DDSN directives and standards. Technical assistance should be the first step in assisting a provider with items needed to be successful and to try to prevent the need for any future corrective measures. The intensity of TA should be based on the provider's CCR score. For example, a score of 80% to 84.0%, may require a less intrusive approach, such as a phone call, to offer clarification regarding the interpretation of a standard. A score below 80%, may warrant a more structured approach, such as an on-site visit or desk review. The ultimate goal in TA is to offer guidance and constructive feedback in hopes to alleviate the need for any corrective measures.

Process:

Quality Management (QM) staff will review provider performance on Contract Compliance Reviews each quarter. The quarterly review will take place 60 days after the end of the quarter. During the quarterly review, QM staff will identify low performing providers. For providers that score below 85% in any area, QM staff will send a report outlining any trends or patterns in citations (i.e. low percentage on specific areas, areas of concerns) to DDSN Operations and appropriate program staff (DDSN Subject Matter Experts). The DDSN "Subject Matter Expert" will contact the provider to arrange technical assistance. The type and/or intensity of TA will be based on the following threshold:

Threshold - Providers scoring within 84.9% - 80%:

- DDSN Subject Matter Expert (Program or Operations staff) contacts the provider within 45 to 60 days.
- Contact can be an email or phone call.
- TA is offered to the provider. Provider may accept or decline assistance.
- If assistance is not needed, the provider must indicate how the citations were corrected. For example, the provider may indicate that organizational changes were made, training was provided, citations were not valid, etc.
- DDSN staff documents the provider's corrective action plan and submits the information to QM for the record.

Threshold - Providers scoring within 79.9% - 70%:

- DDSN Subject Matter Expert (Program or Operations staff) contacts the provider within 45 days.
- TA is conducted. At this level, the provider may not decline assistance from DDSN.
- Once contact is made, DSN staff can determine if TA can be completed via phone call, review of POC, desk review of records, or on-site visit, etc.
- DDSN staff may request that the provider attend counterpart meetings related to the citations, residential training, or a 1:1 training session.
- DDSN staff should review the provider's plan of corrective action submitted to the QIO.
- DDSN staff may request additional information to determine if the provider's POC is sufficient in correcting the citation and preventing future occurrences.
- DDSN staff will document the provider's corrective action plan and submit the information to QM for the record.

Threshold - Providers scoring within 84.9% - 80%:

- DDSN Subject Matter Expert (Program or Operations staff) contacts the provider within 45 to 60 days.
- Contact can be an email or phone call.
- TA is offered to the provider. Provider may accept or decline assistance.
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- DDSN staff documents the provider’s corrective action plan and submits the information to QM for the record.

Threshold - Providers scoring within 79.9% - 70%:

- DDSN Subject Matter Expert (Program or Operations staff) contacts the provider within 45 days.
- TA is conducted. At this level, the provider may not decline assistance from DDSN.
- Once contact is made, DSN staff can determine if TA can be completed via phone call, review of POC, desk review of records, or on-site visit, etc.
- DDSN staff may request that the provider attend counterpart meetings related to the citations, residential training, or a 1:1 training session.
- DDSN staff should review the provider’s plan of corrective action submitted to the QIO.
- DDSN staff may request additional information to determine if the provider’s POC is sufficient in correcting the citation and preventing future occurrences.
- DDSN staff will document the provider’s corrective action plan and submit the information to QM for the record.

EXCEPTIONS:

DDSN reserves the right to make exceptions to standards or policies if the exception does not jeopardize the health and safety of the service recipient, staff or the public, and when the exception does not significantly reduce the quality or quantity of services provided. No exception may be implemented until first approved by the Director of Quality Management/designee and the State Director/designee. The QIO will be advised of the approval of any exceptions so that future reviews will be conducted in accordance with DDSN’s decision.

The request for exception should be submitted to the DDSN Quality Management Director using the DDSN Request for Exception form. All sections of the form must be complete and accurate. The form must be signed by the Executive Director and Board Chairperson, when applicable. Unless otherwise noted, exceptions remain valid for as long as the information contained on the initial request remains the same.

Susan Kreh Beck, Ed.S, NCSP
Associate State Director Policy
(Originator)
Barry D. Malphrus
Vice Chairman

Beverly A.H. Busecemi, Ph.D.
State Director
Approved
Stephanie M. Rawlinson
Chairman

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

ATTACHMENTS:

Request for Exception Form

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
 CERTIFICATION AND LICENSING STANDARDS
REQUEST FOR EXCEPTION**

Provider Requesting Exception:		Date:	
Facility Type:	Signature of Provider Executive Director:		
Name of Facility:	Signature of Governing Board Chairperson:		
Policy or Standard from which Exception is requested (e.g., 000-00-DD, DDSN Respite Standards, etc.)	Nature and reason for Exception Request (specify if for one person (give name), one Facility (give name), for all residential programs, day, etc., or for the entire Agency along with the reason)	Explain how the safety of program participant(s), the staff or the public will not be endangered, if this Exception is Granted	
Explain how this Exception, if granted, the Quality and Quantity of Services will be maintained			
Comments:			
Signature: _____ Director-Quality Management	Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Deny Date: _____		
Signature: _____ State Director/ <u>Designee</u>	Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Deny Date: _____		