South Carolina Department of Disabilities and Special Needs

ADMINISTRATIVE AGENCY STANDARDS

Effective July 1, 2012

Effective July 17, 2015

Effective August 31, 2017

Effective January 1, 2023

INTRODUCTION

The mission of the South Carolina Department of Disabilities and Special Needs (DDSN) is to assist people with disabilities and their families through choice in meeting needs, pursuing possibilities, and achieving life goals, and minimize the occurrence and reduce the severity of disabilities through prevention.

DDSN has embraced certain values that guide it in its efforts to assist people and their families and principles that are expected to be features of all services and supports. They are:

Values: Our Guiding Beliefs

Health, safety and well-being of each person
Dignity and respect for each person
Individual and family participation, choice, control, and responsibility
Relationships with family, friends, and community connections
Personal growth and accomplishments

Principles: Features of Services and Supports

Person-Centered
Responsive, efficient, and accountable
Practical, positive, and appropriate
Strengths-Based, results-oriented
Opportunities to be productive, and maximize potential
Best and promising practices

These Administrative Agency Standards serve as a foundation on which DDSN contracted services and supports are provided. The standards set forth in this document, unless otherwise noted, will be used to evaluate all Agencies receiving funds from DDSN for service provision. Therefore, these standards are applicable to DSN Boards and Contracted Service Providers, including Financial Management Service providers.

GENERAL OPERATIONS	
	STANDARD
101	The Agency has a clear statement of its mission that is consistent with DDSN's mission and is reviewed regularly by the governing board/body.
102	The Agency provides information about its mission, services, and relationships with major funding sources to service users, their family members/advocates, and the community at large.
103	The Agency complies with all applicable federal and state laws and regulations.
104	The Agency complies with all applicable policies, procedures, and standards issued by DDSN.
105	The Agency complies with the terms of its contract with DDSN.
106	The Agency protects the rights of people.
107	The Agency uses positive approaches in all service and support activities.
108	The Agency promotes consumer choice and decision making in service delivery.
109	The Agency engages in activities that educate and inform people about the Agency itself, the abilities and talents of people with disabilities, local, state, and federal resources, and DDSN.
110	The Agency has a records management system for tracking and safeguarding individual and Agency records and complies with applicable laws, regulations, and policies.
111	As required by DDSN, the Agency keeps information about its service users up to date on Therap, DDSN's Consumer Data Support System/Service Tracking System and Waiver Tracking Systems. The Therap modules required by DDSN can be found at: https://secure.therapservices.net/auth/login
112	The Agency has established internal monitoring processes to ensure the health, safety, and welfare of participants.
113	The Agency has established internal monitoring processes to ensure the integrity of the services provided meets the scope of the defined service(s), DDSN, and Medicaid requirements.
114	The Agency has established clear policies/procedures for documenting service delivery, consistent with the scope of the defined service(s), DDSN, and Medicaid requirements.

GOVERNING BOARD: DISABILITIES AND SPECIAL NEEDS (DSN) BOARD	
	STANDARD
201	When the Administrative Agency is a DSN Board, the Board of Directors (BOD) meets all state and local laws and regulations related to composition and operation. Refer to S.C. Code Ann. § 44-20-375 to 385 (2018)
202	The membership of the BOD is representative of the community it serves.
203	The BOD is the governing body and determines the general direction for the Agency by establishing policies pertaining to the operation of the Agency. These policies are reviewed at least annually by the Executive Director and reaffirmed by the Board. The Board of Directors will review, approve and document the vote in the minutes and the spending limits, to include credit cards, of the Executive Director on an annual basis. Polices include, but are not limited to: • Agency structure. • Personnel. • Preventing and Reporting Abuse. • Reporting Critical Incidents. • Fiscal Accountability. • Staff training and Development. • Emergency Response/Disaster Preparedness. • Program and Services. • Code of Ethics. • Records Retention Policy covering Individual Service Records and Official Agency business.
204	Training is provided to members of the BOD within 90 days of appointment to the Board and their participation is documented.
205	The BOD participates in and oversees the fiscal management of the Agency and approves the annual budget, reviews comprehensive financial reports at every meeting and reviews an annual audit report including a written management audit letter. • Management audit letter comments are presented to the BOD by the external auditor or CPA.
206	All board meetings and minutes comply with the South Carolina's Freedom of Information Act. • All boards must adopt consistent rules of procedure including a records retention policy for all official agency business. • Minutes, policies, and by-laws must be consistent with state and local laws (S.C. Code Ann. § 30-4-20 (Supp. 2022)).
207	The BOD: • Employs an Executive Director with at least a bachelor's degree from an accredited college or university in a human services field of study and at least three (3) years of experience working with people who have disabilities with at least one (1) year of experience in supervision/administration, and • Delegates the authority for the day-to-day management of the Agency in accordance with written policy.
208	The BOD defines the expectations for the Executive Director's performance and at least annually evaluates and provides feedback regarding performance.

GOVERNING BOARD/BODY: QUALIFIED PROVIDERS	
	STANDARD
301	When the Administrative Agency is a Contracted Provider, the governing body of the Contracted Provider determines the general direction for the Agency by establishing policies pertaining to the operation of the Agency. These policies are reviewed at least annually by the President/Chief Executive Officer (CEO) unless the provider agency is a sole proprietor partnership. Polices include but are not limited to: • Agency structure. • Personnel. • Preventing and Reporting Abuse. • Reporting Critical Incidents. • Fiscal Accountability. • Staff training and Development. • Emergency Response/Disaster Preparedness. • Program and Services. • Code of Ethics.
302	The governing body participates in the fiscal management of the Agency and approves the annual budget, reviews comprehensive financial reports at every meeting and reviews an annual audit report including a written management audit letter for SCDDSN contracted services. • Management audit letter comments are presented to the governing board by the external auditor or CPA.
303	The governing body: • Employs Executive leadership where at least one member has a bachelor's degree from an accredited college or university in a human services field of study and at least three (3) years' experience working with people who have disabilities with at least one (1) year of experience in supervision/administration, and • Delegates the authority for the day-to-day management of the Agency in accordance with written policy. **Does not apply to sole proprietor partnership**
304	The governing body defines the expectations for the President/CEO's performance and at least annually evaluates and provides feedback regarding performance. **Does not apply to sole proprietor partnership**
305	All board meetings and minutes related to DDSN contracted services comply with the South Carolina's Freedom of Information Act. • All boards must adopt consistent rules of procedure including a records retention policy for all official agency business wherein records are retained for at least six (6) years. Minutes, policies, and by-laws must be consistent with state and local laws (S.C. Code Ann. § 30-4-20 (Supp. 2022)). **Does not apply to sole proprietor partnership**

MANAGEMENT STRUCTURE		
	STANDARD	
401	The Agency has in place clear lines of authority and written responsibilities for all staff members.	
402	A specific staff member must be named to administer the Agency in the absence of the President/CEO or Executive Director and be fully authorized to make decisions as the acting President/CEO or Executive Director.	
403	When the Agency provides residential services, the Agency's upper level management staff will conduct quarterly, unannounced visits to all residential settings, to assure that the staffing is sufficient and supervision is provided. • "Residential setting" means a licensed, certified or assessed location in which Residential Habilitation is provided. • When the residential setting uses a shift model for staffing, visits during a year must include a visit made during each shift • When the residential setting does not utilize a shift model (e.g., CTH-I, SLP-I), visits need only to be conducted quarterly and need not be conducted on third or overnight shifts. • When the residential setting is an SLP-II, overnight or 3rd shift visits in each apartment is not required. • Quarterly mean four times per year with no more than four months between visits. • When managers are used to conduct the unannounced visits, managers are not allowed to conduct visits in homes for which they are directly responsible, but are allowed to visit homes for which their counterparts are responsible. NOTE: A manager, who is the immediate supervisor of any staff of the home, is considered to be "directly responsible." • Visits must be documented and documentation must include the date/time of the visit, the names of the staff/caregivers and residents present, notation of any concerns and the actions taken in response to the concern.	

PERSONNEL ADMINISTRATION		
	STANDARD	
501	Adequate numbers of qualified staff are employed to enable the Agency to conduct business and provide services in accordance with applicable local, state and federal rules, regulations, and standards and with the Agency's mission.	
502	The Agency maintains personnel policies which meet all governmental fair labor regulations, are approved by the Governing Board/Body, and are reviewed at least annually by the President/CEO or Executive Director.	
503	The Agency has personnel policies and procedures for screening employees in order to minimize unnecessary and unreasonable risk and include, but are not limited to, the Agency's position on the following: a. Employee benefits; b. Procedures for hiring and recruiting including its position regarding the prohibition of hiring of people with substantiated allegations of abuse or neglect; c. Procedures for verifying references, previous employment, and credentials; d. Rules for employee conduct; e. Lines of authority for handling personnel matters including the disciplinary system to be used; f. The probationary period for new employees; g. The schedules for wages, hours, and salaries; h. Employee vacations, holidays, annual leave, sick leave, family sick leave, and staff absences; i. Initial and ongoing training, orientation, and skill development for all staff; j. Criminal background check; k. Drug screening; and, l. The use of screening, training, and supervision of volunteers.	
504	When the Agency is a DSN Board, it has a policy which prohibits the following: • The employment of or contracting with a Board member or relative of a Board member. • Employment of or contracting with a relative of the Executive Director. • A supervisor from supervising an employee who is a relative.	
505	A position/job description is available for each position.	
506	The Agency keeps comprehensive personnel records for all employees. Employee records may include, but are not limited to: a. Application form, signed and dated which contains education, past work history, references and verification of references, past employment, and appropriate credentials, for the particular job;	

PERSONNEL ADMINISTRATION		
	STANDARD	
	b. Job description that is signed and dated; c. Cumulative leave records; d. Performance evaluation performed annually; e. Personnel actions such as raises, promotions, commendations, etc.; f. Disciplinary action, as applicable with documentation of consultation and action taken; g. Authorization allowing agency to perform a criminal investigation (this may be part of the application); h. A record of inspection of the official Department of Motor Vehicles driving record for employees who will be transporting participants, as required by the Agency's insurance carrier. i. Verification, no more than 30 days old, that the employee is free from tuberculosis or other communicable diseases; and, j. Documentation via certified copies of educational records that the employee meets all educational qualifications established by DDSN licensing and program standards.	
507	The Agency regularly evaluates and provides feedback to employees on their performance.	
508	The Agency will ensure all employees are informed and sign annual statements of understanding that fraud, abuse, neglect or exploitation can lead to arrest and conviction and termination of employment. New employee training shall cover these issues. The Annual Statement should also include the following statement concerning the False Claims Recovery Act: "I am aware of the False Claims Act and that the Federal Government can impose a penalty on any person who submits a claim to the federal government that he or she knows (or should know) is false. I am also aware that I must report abuse of the Medicaid program and that I am protected by Whistleblower Laws."	
509	The Agency complies with the provisions of the Deficit Reduction Act of 2005 - False Claims Recovery a. Establish written procedures for all employees, including management, and contractor or agent detailing information about the False Claims Recovery Act. b. Must have written policies detailing the entity's policies and procedures for detecting and preventing fraud, waste, and abuse. c. Formal Employee communications must contain: • Discussion of the laws described in the written policies; • Rights of the employees to be protected as whistleblowers, and • Discussion of the entity's policies and procedures for detecting and preventing fraud, waste, and abuse.	
510	The DSN Board shall comply with State of South Carolina Employee Bonus Guidelines.	

FISCAL MANAGEMENT	
	STANDARD
601	The Agency manages its fiscal affairs in accordance with generally accepted accounting principles (GAAP) and sound business principles.
602	The Agency's assets and resources are properly insured. To include, but not limited to: a. Fire and Causality; b. Liability; c. Vehicle; d. Bonding of officers, employees, and agents of the Agency who are authorized to handle or be responsible for the Agency's and/or service users' funds; e. Directors and Officer's insurance; f. Tort liability; and, g. Workers' Compensation.
603	Insurance types and amounts are reviewed and approved by the Governing Board/Body.
604	All contracts and agreements to provide services are reviewed annually for appropriateness by the Governing Board/Body.
605	When an Agency charges for DDSN Contracted Service Delivery, it has a fee schedule that has been approved in writing by the Governing Board/Body and by DDSN. The fee schedule is provided to the service users or their guardians upon request.
606	DSN Boards grant equal access to Individual Family Support Funds to all who are eligible.
607	The DSN Board shall provide DDSN copies of financial statements as of the end of each calendar quarter at a minimum. These financial statements shall include, but not be limited to, a statement of financial position and results of operations of fiscal year to date. The Provider shall present these financial statements to the DSN Board's Board of Directors.
608	The DSN Board shall submit an annual cost allocation plan prepared in accordance with Medicaid cost principles in accordance with DDSN Directive 250-05-DD: Cost Principles for Grants and Contracts with Community Providers.
609	All expenditures of DDSN funds shall be in accordance with DDSN Directive 250-05-DD: Cost Principles for Grants and Contracts with Community Providers.
610	The Agency shall submit a certified annual audit of its agency's financial statements as specified in DDSN Directive 275-04-DD: Procedures for Implementation of DDSN Provider Audit Policy for DSN Boards, by September 30th of each year for the prior year, unless DDSN provides an extension. The Provider also shall submit a reconciliation of the cost reports to the audited financial statements.

QUALITY/RISK MANAGEMENT	
	STANDARD
701	The Agency has a Quality Management Plan to include the following information: • Performance measures. • Performance improvement targets and strategies. • Methods to obtain feedback relating to personal experience from individuals, staff persons and other affected parties. • Data sources used to measure performance. • Roles and responsibilities of the staff persons related to the practice of quality management. The Agency shall revise the quality management plan no less than every three (3) years. A comprehensive quality management plan should draw ideas, standards, and measures from multiple sources and align with the Mission, Vision, Values, Principles, and Priorities of DDSN. Providers are encouraged to seek consultation and accreditation from nationally recognized leaders in the field.
702	The President/CEO or Executive Director reviews all internal and external quality assurance reports and ensures implementation of Plans of Correction.
703	The Agency has a process for soliciting and analyzing feedback on services and supports from service users, their families/advocates, employees and as appropriate, other agencies.
704	The Agency uses solicited feedback to improve or expand services. The provider will track major areas of need identified as a result of the annual participant/family satisfaction surveys and actions planned and taken.
705	The Agency participates in statewide surveys to evaluate the service delivery system. This includes surveys for service participants, staff, and family members.
706	The Agency has a Risk Management Committee that meets on a quarterly basis to review data collection, training and monitoring activities, and the completion of tracking/trending/analysis.
707	The Agency completing the administrative review must follow reporting requirements and track/trend/analyze Allegations of Abuse, Neglect or Exploitation on a quarterly basis using the following information: 1. The total number of allegations made; 2. The types of allegations, including a trend of when and where they were reported; 3. The number of substantiated allegations, as determined by local law enforcement, SLED, DSS, or the Attorney General's Office; 4. The number of Administrative Findings, as determined by verified Standard of Care allegations, through DSS or the State Long Term Care Ombudsman's Office or a Regional Ombudsman. A distinction should be made between allegations with known and unknown perpetrators and the types of violations cited (i.e., Administrative Oversight, Dignity & Respect, Supervision, etc.); 5. The number of initial reports submitted in compliance with policy; and 6. The number of final reports submitted in compliance with policy. Narrative information may also be analyzed in order to identify more specific trends.

708	The Agency will must follow reporting requirements and track/trend/analyze Critical incidents and General Event Reports on a quarterly basis using the following information: 1. The type and frequency of incidents reported, including a trend of when and where they were reported, and ensuring the appropriate reporting category has been selected; 2. The number of initial reports submitted in compliance with policy; and 3. The number of final reports submitted in compliance with policy. Narrative information may also be analyzed in order to identify more specific trends.
709	The Agency must follow reporting requirements and track/trend/analyze Medication Errors/Events on a quarterly basis using the definitions and procedures contained in DDSN Directive 100-29-DD: Medication Error/Event Reporting. Three (3) categories of errors/events will be analyzed: A. Medication errors; B. Transcription/documentation errors; and C. Red flag events. Providers are required to maintain a monthly medication error rate, per service location, to identify trends related to specific settings.
710	The Agency must follow reporting requirements and track/trend/analyze the use of restraints and/or other restrictive interventions on a quarterly basis by reviewing documentation of each restraint employed, by type, to include the staff implementing the restraint, the duration of the restraint, notification provided to the Human Rights Committee, and notification provided to the Behavior Supports provider. When planned restraints are included in the Behavior Support Plans, the provider ensures the Behavior Support Plans are submitted to DDSN for approval. When restrictive interventions are employed as a default action because other measures in the Behavior Support Plan were not effective, the restraint/restrictive intervention must be reported as a Critical Incident. Consumer/staff injury resulting from the use of restraints must be tracked and analyzed. Narrative information may also be analyzed in order to identify more specific trends with a continual emphasis on restraint reduction and elimination. If there are no restraints or restrictive interventions reported for the prior review period, the Agency must document their monitoring efforts to ensure unauthorized restraints were not implemented.