

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

MINUTES

January 19, 2023

The South Carolina Commission on Disabilities and Special Needs met on Thursday, January 19, 2023, at 10:00 a.m., at the Department of Disabilities and Special Needs Central Office, 3440 Harden Street Extension, Columbia, South Carolina.

The following were in attendance:

COMMISSION

Present In-Person

Stephanie Rawlinson – Chairman

Barry Malphrus – Vice Chairman

Robin Blackwood – Secretary

Gary Kocher, MD

Eddie Miller

David Thomas

Michelle Woodhead

DDSN Administrative Staff

Constance Holloway, Interim State Director/General Counsel; Harley Davis, Ph.D., Chief Administrative Officer; Lori Manos, Associate State Director of Policy; Janet Priest, Associate State Director of Operations; Courtney Crosby, Director of Internal Audit; Greg Meetze, Chief Information Officer; Ann Dalton, Quality Management Director; Stephanie Turner, Autism Program Manager; Carolyn Benzon, Attorney; Sam McKenzie, Law Clerk; PJ Perea, Public Information Director; Melissa Ritter, Head and Spinal Cord Injury Director; Valerie Duncan, Procurement Director; Preston Southern, Information Technology Division; and Christie Linguard, Executive Assistant.

Notice of Meeting Statement

Chairman Rawlinson called the meeting to order and Secretary Blackwood read a statement of announcement about the meeting that was distributed to the appropriate media, interested persons, and posted at the Central Office and on the website in accordance with the Freedom of Information Act.

Welcome

Chairman Rawlinson welcomed everyone to the meeting this morning. She acknowledged the guests in the audience.

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Adoption of the Agenda

Commissioner Malphrus made a motion to approve the agenda as presented; seconded by Commissioner Blackwood and unanimously approved by the Commission. (Attachment A)

Invocation

Commissioner Woodhead gave the invocation.

Approval of Commission Meeting Minutes

Commissioner Thomas made a motion to approve both the Emergency Commission Meeting on January 4, 2023, and the regularly scheduled Commission Meeting minutes from November 17, 2022; this motion was seconded by Commissioner Malphrus and unanimously approved by the Commission. (Attachment B)

Commissioners' Update

Commissioner Blackwood attended the Greenwood Genetics Board Meeting, which was held on December 14, 2022. She thanked the members for inviting her. She then thanked Dr. Michelle Fry for her commitment to the Agency. She went on to say that she has tremendous respect and admiration for her [Dr. Fry's] strong leadership, passion and dedication to this Agency. Commissioner Blackwood also thanked Constance Holloway for agreeing to serve as Interim State Director. She is confident that the agency is in good hands and promises that the Commission will work hard to find another state director to continue the important changes that Dr. Fry and her executive team were working on. Lastly, Commissioner Blackwood recognized her son's personal care aide, Ms. Susan Teague, who died unexpectedly in November. This is a devastating loss to all who knew her.

Commissioner Woodhead noted that she and her family visited and toured the National Ability Center in Park City, Utah. It was a great facility.

Commissioner Malphrus noted that he received a Christmas card from someone who retrofitted his home to make it more accessible.

Chairman Rawlinson acknowledged that she is one-month post-surgery and is feeling better each day. She thanked everyone for their thoughts and prayers. Secondly, she attended Governor McMaster's Inaugural Ball last Wednesday where she was able to speak to several legislators about the Agency. And lastly, Chairman Rawlinson reminded the public that Commissioners cannot change

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rules or override policy. Typically, when Commissioners cannot assist a caller, they have to refer the caller to staff for answers and/or resolutions.

Commissioner Thomas spoke briefly about the bill introduced by Governor McMaster recently for \$5 million. He also noted that the Legislative Audit Council's report on the Agency should be coming out soon.

Public Input

There was no public input.

Silver Palmetto Award

Mr. Perea stated that there were no nominations for this award. There have been previous years where no one was nominated. Since November and December are not ideal times of the year to request award submissions, due to holidays and vacations, Mr. Perea would like to start the nominating process a little earlier this year and work harder to spread the word. Commission members wanted to know if they could nominate cities/municipalities. Commissioner Blackwood asked if Mr. Perea can secure a spot on the agenda for the Municipalities meeting in February to discuss the Silver Palmetto Award. Commissioner Malphrus noted that the parent groups at the Regional Centers may be a good source for nominations.

Commission Committee Business

A. Finance and Audit Committee

The Finance and Audit Committee did not meet this month; however, there are two items presented today for approval:

Financial Approval and Threshold Report – Armed Security Services for DDSN Central Office and Unarmed Security Services for DDSN Pee Dee Regional Center. Both solicitations have a total potential value of \$100,000 per year - \$500,000 for a 5-year term. This would be a one (1) year contract with four (4) one (1) year renewals. Commissioner Blackwood made a motion to approve both solicitations, seconded by Commission Kocher. Discussion was held regarding obtaining a solicitation to include a metal detector and a solicitation without a metal detector. Commission Thomas then made a motion to amend the motion on the floor to include obtaining quotes with and without metal detectors; this motion to amend was seconded by Commission Miller and unanimously approved. (Attachment C)

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B. Policy Committee

Commissioner Malphrus noted that the Committee did not meet in January; however, there below are policies that were out for public comment that need approval:

367-08-DD: Central Office Telephone Call Coverage Backup Policy – Coming out of Committee as a motion and a second, the Commission unanimously approved to make this policy obsolete. (Attachment D)

367-11-DD: Telephone Policy – Coming out of committee as a motion and a second, the Commission unanimously approved this policy as presented. (Attachment E)

367-20-DD: Portable Computing Devices - Coming out of committee as a motion and a second, the Commission unanimously approved this policy as presented. (Attachment F)

104-01-DD: Certification and Licensure of DDSN Residential and Day Facilities – Coming out of committee as a motion and a second, the Commission unanimously approved this policy as presented. (Attachment G)

100-28-DD: Quality Management - Commissioner Malphrus noted there were several comments made but most were grammatical in nature. Therefore, he has made a motion to approve this policy with the changes made as presented; the motion was seconded by Commissioner Thomas and unanimously approved. (Attachment H)

The Policy Committee will meet on the 2nd Tuesday in February.

Chairman Rawlinson stated that she will put the Personnel Committee back in action. If any Commissioner would like to chair this Committee, please contact her.

Old Business

A. Outreach Update

Mr. Perea discussed the social media outlets used to date and the number of impressions received by each source. He has been working to increase the value of the Agency's partnerships by reporting what is happening here at the Agency and sharing what is happening with our partners. He noted that if traditional news does not pick up on our articles, Mr. Perea will then submit to Newsbreak, which generally receives a lot of

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impressions/tractions. The Agency is hiring a Videographer and will work with Mr. Perea to develop the video aspect of social media.

The Agency will be working with the SC Philharmonic on their family-friendly sensory concert on February 19, 2023 at The Koger Center. The SC Assistive Technology Conference will be held on March 7th at the Columbia Metropolitan Convention Center. DDSN is a regular partner with the SC State Museum every 2nd Saturday of the month for "Accessibility Morning".

Commission members requested that Mr. Perea promote the Technology Summit sponsored by the SC Human Service Providers and hosted by The Charles Lea Center on January 25, 2023.

New Business

A. Financial Update

Dr. Davis presented the FY23 Spending Plan vs Actual as of December 31, 2022. To date, the Agency has expended \$475M, 50.59% of our approved spending plan of \$939.1M. We are currently .59% over budget. Commissioner Blackwood made a motion to approve the Spending Plan, seconded by Commissioner Miller and unanimously approved by the Commission. (Attachment I)

B. Family Training and Support

Dr. Davis noted that the Agency's staff has been reviewing services provided in other states for those who have autism spectrum disorder (ASD). As a result of these findings, staff has developed a new service, Family Training and Support. The goals of this new service are to reduce the need for emergency/crisis services and to provide a more flexible service option for families and guardians to best meet their needs. The Agency is asking the Commission to approve state funding to support piloting this new service to evaluate and refine service delivery with select providers. Commissioner Thomas made a motion to approve the Family Training and Support pilot, which was seconded by Commissioner Miller. Commissioner Thomas noted that perhaps the Agency can partner with universities and colleges to provide a certificate program around the work being done through this pilot. The Commission unanimously approved this pilot program. (Attachment J)

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C. Head and Spinal Cord Injury (HASCI) Drop-In Centers

Head and Spinal Cord Injury (HASCI) Drop-In Centers were developed across the state (Charleston, Columbia, Horry, Greenville) to provide people with brain or spinal cord injury (particularly brain injury) a place to go several hours each week, on a regular or occasional basis, with some limited onsite assistance, supervision and instruction.

Staff recommendation is to continue funding the four (4) HASCI Drop-in Centers at their current rates (\$28,000 per quarter, per center) through the end of the 2023 Fiscal Year. This will allow time for development of the provider qualification process and provider onboarding for the independent living skills service. Commissioner Thomas made a motion to approve the continued funding of the HASCI Drop-in Centers for one (1) year, seconded by Commissioner Woodhead and unanimously approved by the Commission. Ms. Manos noted that she will report on the progress of these Drop-in Centers in six (6) months.

D. Board Certified Behavioral Analyst (BCBA) Program

Ms. Turner explained that DDSN plans to enroll regional center staff members in an online Verified Course Sequence offered through Clemson University's Center for Behavior Analysis. The coursework will start in March 2023 and should last approximately two (2) years, and will satisfy the Behavior Analyst Certification Board's requirements for a Board-Certified Behavior Analyst (BCBA). Supervised fieldwork will be provided by DDSN's Autism Program Manager at each of the regional facilities.

Executive Session

At 11:32 AM, on a motion by Commissioner Thomas, seconded by Commissioner Woodhead, the commission entered into executive session.

Enter into Public Session

Upon rising out of executive session at 2:01 PM, Chairman Rawlinson announced that no decisions made or votes taken.

Commissioner Thomas reminded all Commissioners that the Strategic Planning meeting will take place tomorrow morning at 10:00 AM.

Chairman Rawlinson stated that the Commission will meet in Columbia next month. They have decided to hold off on traveling to other parts of the state. If there is a request to travel in the future, the Commission will review and consider the request at that time.

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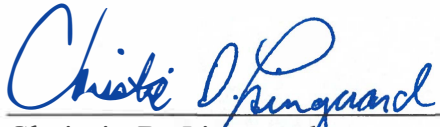
Next Regular Meeting

February 16, 2023 at 10:00 AM

Adjournment


On a motion by Commissioner Miller, seconded by Commissioner Woodhead and unanimously approved by the commission, the meeting was adjourned at 2:02 P.M.

Submitted by:



Christie D. Linguard
Executive Assistant

Approved by:

DocuSigned by:


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Commissioner Robin Blackwood
Secretary

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

A G E N D A

**South Carolina Department of Disabilities and Special Needs
3440 Harden Street Extension
Conference Room 251 (TEAMS)
Columbia, South Carolina**

January 19, 2023

10:00 A.M.

1. Call to Order *Chairman Stephanie Rawlinson*
2. Notice of Meeting Statement *Commissioner Robin Blackwood*
3. Welcome
4. Adoption of Agenda
5. Invocation *Commissioner Michelle Woodhead*
6. Approval of Commission Meeting Minutes
 1. Emergency Commission Meeting – January 4, 2023
 2. Commission Meeting – November 17, 2022
7. Commissioners' Update *Commissioners*
8. Public Input
9. Silver Palmetto Award *PJ Perea*
10. Commission Committee Business
 - A. Finance & Audit Committee *Committee Chair Robin Blackwood*

Financial Approval & Threshold Report

 - Armed Security Services for DDSN Central Office
 - Unarmed Security Services for DDSN Pee Dee Regional Center
 - B. Policy Committee *Committee Chair Barry Malphrus*
 1. 367-08-DD: Central Office Telephone Call Coverage Backup Policy
 2. 367-11-DD: Telephone Policy
 3. 367-20-DD: Portable Computing Devices
 4. 104-01-DD: Certification and Licensure of DDSN Residential and Day Facilities
 5. 100-28-DD: Quality Management
11. Old Business:

Outreach Update *Mr. PJ Perea*

12. New Business:

- A. Financial Update
- B. Family Training and Support
- C. Head and Spinal Cord Injury (HASCI) Drop-In Centers
- D. Board Certified Behavioral Analyst (BCBA) Program

Dr. Harley Davis
Dr. Harley Davis
Ms. Lori Manos
Ms. Stephanie Turner

13. Executive Session

- Litigation Update
- Legal Advice Regarding Freedom of Information Act (FOIA) Request
- Personnel Matter Regarding Search for State Director
- Contractual Matter – Consulting Contract for Dr. Michelle Fry

14. Enter into Public Session

15. Next Regular Meeting – February 16, 2023

16. Adjournment

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

EMERGENCY COMMISSION MEETING MINUTES

January 4, 2023

The South Carolina Commission on Disabilities and Special Needs met on Wednesday, January 4, 2023, at 10:00 a.m. at the Department of Disabilities and Special Needs Central Office, 3440 Harden Street Extension, Columbia, South Carolina.

The following were in attendance:

COMMISSION

Microsoft Teams

Stephanie Rawlinson – Chairman

Barry Malphrus – Vice Chairman

Robin Blackwood – Secretary

Eddie Miller

Michelle Woodhead

David Thomas

Not Present

Gary Kocher, MD

DDSN Administrative Staff

Constance Holloway, General Counsel; Courtney Crosby, Director of Internal Audit; Carolyn Benzon, Attorney; Preston Southern, Information Technology Division; and Colleen Honey, Administrative Coordinator.

Call to Order and Notice of Meeting Statement

Chairman Rawlinson called the meeting to order and Vice Chairman Malphrus read a statement of announcement about the meeting that was distributed to the appropriate media, interested persons, and posted at the Central Office and on the website in accordance with the Freedom of Information Act.

Adoption of the Agenda

On a motion by Commissioner Miller, seconded by Commissioner Thomas and unanimously approved by the Commission members, the agenda was unanimously approved as presented. (Attachment A)

Executive Session

At 10:04 AM Chairman Rawlinson announced that the Commission would be entering into Executive Session to discuss a personnel matter.

Rise from Executive Session

At 10:41 AM the Commission rose out of Executive Session. Chairman Rawlinson stated that no decisions, motions or actions were taken during Executive Session.

Commissioner Thomas made a motion to name Constance Holloway as the Interim State Director with a standard salary up to the maximum level of \$168,000. Anything above this range, will need to go before the Agency Head [Salary] Commission and that the Commission would take whatever appropriate action is necessary to obtain as much as possible for her in the interim. The motion was seconded by Commissioner Miller and the Commission unanimously approved.

Commissioner Thomas asked if another motion should be made to contract with Dr. Michelle Fry as a consultant. Chairman Rawlinson replied that no motion was needed at this time and that staff will check the policy and bring a contract to the Commission at the next regularly scheduled meeting. Commissioner Malphrus asked if the salary for the new Interim State Director went above the salary maximum of \$168,000, would a vote by the Commission take place to which Chairman Rawlinson confirmed, yes a vote from the Commission would take place in this event.

Chairman Rawlinson along with Commissioners Thomas, Miller and Woodhead thanked Dr. Fry for the work she has done on behalf of the agency.

Adjournment

On a motion by Commissioner Miller, seconded by Commissioner Woodhead and unanimously approved by the Commission, the meeting was adjourned at 10:47 AM.

Submitted by:

Approved by:

Colleen Honey
Administrative Coordinator

Commissioner Robin Blackwood
Secretary

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

MINUTES

November 17, 2022

The South Carolina Commission on Disabilities and Special Needs met on Thursday, November 17, 2022, at 10:00 a.m., at the Department of Disabilities and Special Needs Central Office, 3440 Harden Street Extension, Columbia, South Carolina.

The following were in attendance:

COMMISSION

Present In-Person

Stephanie Rawlinson – Chairman

Barry Malphrus – Vice Chairman

Robin Blackwood – Secretary

Gary Kocher, MD

Eddie Miller

David Thomas

Michelle Woodhead

DDSN Administrative Staff

Michelle Fry, State Director; Constance Holloway, General Counsel; Harley Davis, Ph.D., Chief Administrative Officer; Lori Manos, Associate State Director of Policy; Quincy Swygert, Chief Financial Officer; Janet Priest, Associate State Director of Operations; Greg Meetze, Chief Information Officer; Ann Dalton, Quality Management Director; PJ Perea, Public Information Director; Preston Southern, Information Technology Division; and Christie Linguard, Administrative Coordinator.

Notice of Meeting Statement

Chairman Rawlinson called the meeting to order and Secretary Blackwood read a statement of announcement about the meeting that was distributed to the appropriate media, interested persons, and posted at the Central Office and on the website in accordance with the Freedom of Information Act.

Welcome

Chairman Rawlinson welcomed everyone to the meeting this morning.

Adoption of the Agenda

Commissioner Blackwood made a motion to approve the agenda as presented; seconded by Commissioner Kocher and unanimously approved by the Commission. (Attachment A)

Invocation

Commissioner Thomas gave the invocation.

Approval of Commission Meeting Minutes

After a correction of the time on the Special Called meeting minutes, Commissioner Blackwood made a motion to approve minutes from the Emergency Commission Meeting (November 9, 2022); Special Called Commission Meeting/Listening Session (October 20, 2022); and the regularly scheduled Commission Meeting held on October 20, 2022, seconded by Commissioner Woodhead and unanimously approved by the Commission. (Attachment B)

Commissioners' Update

Commissioner Woodhead noted that she has been busy with adaptive sporting events.

Commissioner Malphrus stated that he and Commissioner Miller attended a meeting of the Beaufort County Council to present them with the Golden Palmetto Award.

Commissioner Blackwood attended the board meeting at Charles Lea Center; she thanked them for welcoming her.

Chairman Rawlinson acknowledged that she is in a wheelchair today and challenged all Commission members to spend a day in a wheelchair to gain some understanding for the anyone who has a disability and who moves by the aid of a wheelchair.

Public Input

Mr. Gerald Bernard of the Charles Lea Center announced that the Human Service Providers Association (HSPA) has announced its first Technology Summit, which will take place on January 25, 2022. There will be more information to come in the future. He invited Dr. Fry to attend and provide opening remarks. The March HSPA Conference will have several technology presenters. Mr. Bernard was asked to send information to PJ Perea to help spread the word about the Summit in January. (Attachment C)

Programs and Services

Level of Care Need Assessment Instrument for DDSN – Drs. Gerald Koocher (Consulting Technical Advisor) and Stanley Rabinowitz (Senior Technical Advisor) of EdMetric, LLC presented the Acuity Tool for the agency. Dr. Fry thanked Mr. Thoyd Warren of the Babcock Center as well as Mr. Gene Baughman of the DDSN Midlands Center for hosting their site visits. (Attachment D)

Strategic Planning for DDSN – Dr. Harley Davis introduced Erika C. Robbins, M.A., PMP (Owner/Partner) and Dr. Sheli Reynolds (Senior Associate Director, UMKC Institute of Human Development, University Center in Excellence on Developmental Disabilities) of Sage Squirrel Consulting, LLC.

Commission Committee Business

A. Finance and Audit Committee

The Finance and Audit Committee met on November 9, 2022. The following items were presented for approval:

Financial Approval and Threshold Report – Cooperative Grants

Commissioner Blackwood noted that the staff has requested an increase in the threshold of Cooperative Training Grants from \$400,000 to \$1.0 million in the FY23 Spending Plan. The grants are still in the planning phase but the agency has recognized that \$400,000 will not be sufficient to sustain the new initiative in addition to the multi-year approach that the agency is seeking. DDSN is optimistic that these grant opportunities will encourage and support innovative and financially viable approaches to Provider's needs in these areas. Coming out of the Committee as a motion and a second, the Commission unanimously approved the grant increase to \$1.0 million. (Attachment E)

275-05-DD: General Duties of DDSN Internal Audit

This Directive was posted for external review. One comment was received and that comment was addressed by adding some clarifying language. Coming out of the Committee as a motion and a second, the Commission unanimously approved this Directive as presented. (Attachment F)

There is not a planned Finance and Audit Committee meeting in December.

B. Policy Committee

Commissioner Malphrus presented the following item to the Commission:

Administrative Agency Standard – This Standard was posted for external review and comments were received. Comments were addressed and additional clarifying language was made to the Standard. Coming out of the Committee as a motion and a second, the Commission unanimously approved this Standard as presented. (Attachment G)

Committee Update: Ms. Manos noted that there were five other policies presented at the Committee meeting. Three of these policies centered around telephone usage. Directive 367-08-DD was approved by the Committee to make it obsolete; Directive 367-11-DD was updated to add some language from the 367-08-DD Directive; and Directive 367-20-DD which governs mobile devices was presented and sent out for external review. These Directives should be brought to the Commission at the January 2023 meeting. Both Directives 104-01-DD (Certification and Licensure) and 100-28-DD (Quality Management) were approved by the Committee and sent out for public comment. Again, these two directives will be brought to the Commission for approval at the January 2023 meeting.

The Policy Committee does not plan to meet in the month of December.

Old Business

A. Quarterly Incident Report

Chairman Rawlinson thanked Ms. Dalton for all of her hard work with the Emergency Commission Meeting that took place last week. Ms. Dalton briefly spoke on the five-year incident trend data for Community-Based Services (including Residential and Day Service Settings) and Regional Centers through September 30, 2022. (Attachment H)

B. Human Resources Update

Ms. Lemmond presented hiring date for Direct Support Professionals (DSP); job postings for the central office; recruitment and retention initiatives; Weekend Warrior Program; onboarding redesign; employee performance management system (EPMS); exit interview process and the United Way campaign amongst other human resources related topics. Dr. Fry informed the Commission that the agency is in the process of hiring a Visual Media Design II person to work on short recruiting videos for social media, amongst other visual job duties and responsibilities. Interviews for the Public Information Director II will take place in December. Ms. Lemmond noted the division created referral cards for current staff to refer individuals to the agency for specific posted job positions. Human Resources is working with the Information Technology division to develop an electronic document for the agency's position descriptions, planning documents and evaluations, which will assist with easy flow and a paperless system. Lastly, the third annual Halloween Door Decorating Contest and the United Way Pet Contest winners were announced. (Attachment I)

C. Outreach Update

On November 12, DDSN partnered with the South Carolina State Museum to grow the audience attending the Museum Accessibility Morning. With help from the DDSN Communication Department, the event has grown from 50 to more than 150 participants through targeted marketing, social media postings and Newsbreak blog postings. DDSN's Stephanie Turner and PJ Perea have provided DDSN resources and information to many consumers and their families and the program partnership will continue into 2023.

On November 22 from 12-4pm at the Icehouse Amphitheater, DDSN will partner with Serve and Connect, First Community Bank, Town of Lexington, Lexington Sheriff's Department, Cayce Police Department, West Columbia Police Department, Uplift Lexington County, and Si Se Puede to host Bountiful Harvest. This multi-agency event aims at bringing neighbors together while packing free, non-perishable boxes of food called Greg's Groceries. Items will be Thanksgiving themed so every family can celebrate the holidays. There will be a free meal for all, as well as music and a resource fair for people of all ages to enjoy. DDSN will host a vendor booth to meet and greet families attending the event.

On Dec 1, 2022, DDSN will sponsor the South Carolina First Steps Summit on Early Childhood. The conference will provide early childhood professionals and advocates, parents, members of the business community, and elected officials an open platform to share strategies, research, and dialogue in order to foster a strong foundation for the children of South Carolina.

On December 7, 8 and 9, DDSN will attend as a sponsor/vendor at the Columbia's Edventure Museum Sensory Nights. The free event offers families a calming and quiet experience after hours to explore the exhibits and programs at the museum. The December event will feature a Sensory Santa for families. DDSN will be available to provide information for families and free sensory toys for children.

On December 8, 2022, DDSN will hold its third annual Holiday Market at the central office. We encourage the public to come and shop with our consumers.

Congratulations to Beaufort County on winning the 2021 Golden Palmetto Award honoring counties that excel in serving the disabled community. Commissioners Barry Malphrus and Eddie Miller presented the award at the Beaufort County Council meeting earlier this week. The 2022 nominations for the Silver Palmetto Award to honor city governments that support individuals with disabilities and special needs will officially open today and close next month on December 30, 2022. An official memo will

be announced through the provider network and distributed electronically after today's Commissioner meeting.

New Business

Financial Update

On October 20, the agency's budget staff began validating the paid claims data from the monthly Medicaid reports. The findings thus far appear to be accurate. The validation process is still ongoing. Mr. Swygert will provide an update at the January Commission meeting. Mr. Swygert presented the FY23 Spending Plan vs Actual Expenditures as of October 31, 2022. The agency is on target with the projections. Commissioner Thomas made a motion to approve the financial update; seconded by Commissioner Blackwood and unanimously approved by the Commission.

Mr. Swygert updated the Commission on the budget submission. Approximately three weeks ago, he and key staff members met with the Executive Budget Office (EBO) as well as the Governor's Office staff. The EBO budget will be released right before session starts, usually the first week in January. The House Ways and Means Budget presentation will take place in January as well. And Senate Finance Budget Proposal will be presented in March.

All but one Cost Report has been received from the Boards. The agency is on target to submit last year's Cost Report before the mid-December deadline. (Attachment J)

Director's Update

Dr. Fry announced that the agency's contract extension with Alliant has been approved by the Materials Management Office (MMO). Agency staff is actively working on an QIO RFP to put in place once the contract with Alliant expires.

The Crisis Intervention Stabilization initiative is coming along as building improvements are currently taking place. We are recruiting on various positions and will hopefully begin to hold interviews in December. We will provide updates as needed.

Dr. Fry gave an update on the Conflict-Free Case Management Initiative as well as a timeline for completion. Essentially, we wanted to have at least 20% of participants deconflicted by the end of the year; however, we have 50% deconflicted at this time. It is our hope to have everyone deconflicted by December 30, 2023. Communication was sent to providers earlier this month requesting a report on their transition progress by early January. A formal report on statewide progress must be submitted to SC Department of Health and Human Services (DHHS) in February, 2023.

The Agency has contracted with IntellectAbility to provide a Learning Management System (LMS) that will be accessible via the agency's website. Providers will be updated on trainings as they become available.

We are continuing to make progress on the Commission approved Regional Center improvement projects, some of which include but not limited to, Highlands drain line repairs; roof replacement on three roofs at the Midlands Center; Walnut improvements to incorporate the Crisis Center Stabilization; pool renovations at Pee Dee Regional Center; bathroom renovations at Pecan dorms; roof replacements for both Pecan and mulberry are in the works; and flooring replacements at Whitten Regional Center.

The Monthly Provider Meeting will take place on Monday, November 28th at 2:00 PM. A request was made to providers to send any topics they would like to discuss.

Chairman Rawlinson announced the following new staff members:

- September 3rd
 - Jana Brown, Network Technician II - Tier 1, IT Systems, Central Office
 - Valerie Duncan, Director of Procurement, Procurement & Supply, Central Office
- November 2nd
 - Michael Bailey, Systems Programmer/Developer I, ITD, Central Office
 - Erica Crawford, Constituent Services Coordinator, Quality Mgmt., Central Office
 - Trina Sawyer, Direct Support Professional I, Autism Division, Piedmont Autism CTH
 - Trarisa Merritt, Direct Support Professional I, Autism Division, Piedmont Autism CTH
- November 14th
 - Sharon Roberts, Benefits Manager, Human Resources, Central Office

The Commission is planning on not having a Commission or Committee meeting in the month of December. We are planning to have a Listening Session with our providers the afternoon of January 19th after the regularly scheduled meeting. This Listening Session will be to discuss whether or not the agency should remain as is with a Commission or become a cabinet agency. The Strategic Planning work-session meeting will take place on January 20th.

Discussion was held on whether or not the Commission should wait to have the Listening Session for the Providers after a bill has been introduced next year. Commissioner Thomas stated that a bill has been pre-filed.

Commissioner Kocher asked for an update on the family that presented to the Commission a few months ago. Ms. Manos updated the Commission by stated that the agency is still working with the family on a few options.

Next Regular Meeting

January 19, 2022 at 10:00 AM

Adjournment

On a motion by Commissioner Thomas, seconded by Commissioner Malphrus and unanimously approved by the commission, the meeting was adjourned at 12:43 P.M.

Submitted by:

Approved by:

Christie D. Linguard
Administrative Coordinator

Commissioner Robin Blackwood
Secretary

Monthly DDSN Staff Report - Financial Approval & Threshold Reporting for January, 2023.

The purpose of this monthly report is to ensure staff comprehensively reports on all Executive Limitation Policy (800-CP-03) financial transactions for approval and financial threshold reporting requirements. The Finance and Audit Committee will decide which items require presentation to the Commission for a formal vote, as well as which items need only be reported via this report to the Commission to ensure transparent reporting. After the Finance and Audit Committee's decisions, this report will highlight item wording in red to notify Commission that the items will not need a formal vote and highlight items in yellow to indicate that the item will require a formal Commission vote to approve.

I. **New Non-Service Contracts \$200,000 or Greater:**

DDSN Procurement Staff is requesting approval to solicit for the following services:

1. Armed Security Services for DDSN Central Office
2. Unarmed Security Services for DDSN Pee Dee Regional Center

Both solicitations have a total potential value of \$100,000 per year - \$500,000 for a 5-year term; which would be one (1) year with four (4) one (1) year renewals.

II. **Existing Service Contracts Increasing \$200,000 or Greater (simple list if based on indiv. choice; detail summary if not):**

III. **\$200,000 or Greater Increase in Personnel Positions for a Program or Division:**

IV. **New CPIP or Re-Scoping of an Existing CPIP:**

V. **New Consulting Contract:**

VI. **New Federal Grant:**

VII. **Current Year Spending Plan Revisions:**

(NOTE: In August of each year, a report of all prior FY non-service expenditures by vendor over \$200,000 will be presented as a "post-payment" review. This will add visibility for expenditures from contracts originated in prior FYs and vendors with separate purchases aggregating over \$200,000 in current FY.)

PROPOSED TO MARK OBSOLETE

Attachment D

Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy
Thomas P. Waring
Associate State Director
Administration



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Reference Number: 367-08-DD

Title of Document: Central Office Telephone Call Coverage Backup Policy

Date of Issue: May 25, 1995
Effective Date: May 25, 1995
Last Review Date: September 29, 2017
Date of Last Revision: September 29, 2017 (REVISED)

Applicability: DDSN Central Office

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

PURPOSE

The purpose of this directive is to document the Department's policy, regarding the proper procedures to be followed by all Central Office employees relative to answering telephones and providing for incoming telephone call coverage during normal business hours within each division and section. The manner and efficiency in which incoming telephone calls are answered and processed is basic to providing quality service to both internal and external customers of each division and section within Central Office.

DISTRICT I

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

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

DISTRICT II


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

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

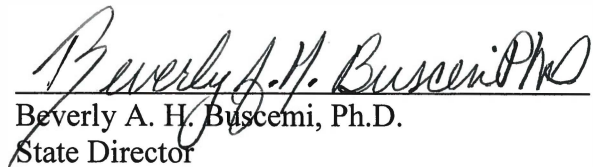
POLICY

Each division and section within Central Office is responsible for answering incoming telephone calls to their area, and must provide coverage within their section or division during all normal business hours (8:30 to 5:00), Monday through Friday. Incoming calls should not be allowed to ring through to the Receptionist or Executive Suite Administrative Support. Every effort should be made within the divisions and sections to avoid this situation. When a call does ring through to the Receptionist or Executive Suite, it should be only because all telephones within the division or section are busy. The answering of “ring through” calls from within Central Office should be an **extremely rare** occurrence.

Employees should help answer ringing telephones in their area, by using the call pickup feature, when they are aware that a telephone is not going to be answered by the intended recipient.



Deirdre Blake-Sayers
Director of Human Resources
(Originator)



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

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Michelle G. Fry, J.D., Ph.D.*State Director***Janet Brock Priest***Associate State Director
Operations***Lori Manos***Associate State Director
Policy***Constance Holloway***General Counsel***Harley T. Davis, Ph.D.***Chief Administrative Officer***Nancy Rumbaugh***Interim Chief Financial Officer***Greg Meetze***Chief Information Officer*3440 Harden Street Extension
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Stephanie M. Rawlinson*Chairman***Barry D. Malphrus***Vice Chairman***Robin B. Blackwood***Secretary***Gary Kocher, M.D.****Eddie L. Miller****David L. Thomas****Michelle Woodhead**

Reference Number: 367-11-DD

Title of Document: Telephone Policy

Date of Issue: January 22, 2003

Date of Last Revision: ~~June 16, 2022~~ **XXXX, 2023****(REVISED)**Effective Date: ~~June 16, 2022~~ **XXXX, 2023**

Applicability: All DDSN Employees

PURPOSE:

The purpose of this policy is to document the Department of Disabilities and Special Needs (DDSN) procedures regarding the management and utilization of stationary telephones, ~~cellular telephones, and State telephone credit cards~~. This policy also follows the regulations established by the South Carolina Department of Administration for local and long-distance calls. Employees who violate the provisions of this policy will be subject to disciplinary action, in accordance with the department's progressive discipline policy and will be required to reimburse the department actual charges. This policy also documents the procedures to be followed by all Central Office employees relative to answering telephones and providing for incoming telephone call coverage during normal business hours within each division and section. The manner and efficiency in which incoming telephone calls are answered and processed is basic to providing quality service to both internal and external customers of each division and section within Central Office.

SECTION I: STATIONARY TELEPHONES

The South Carolina Department of Administration has issued statewide regulations establishing the proper use of South Carolina state government telephone systems. These guidelines permit South

Carolina state government employees to make reasonable use of state telephones while simultaneously guarding against abuse.

- A. The use of state government telephone services is limited to official business. It is a violation of S.C. Code Ann. § 16-13-400 (Supp. ~~2021~~2022), to abuse state telecommunication services. In addition to official business calls, the following non-business telephone calls may be made using state telephone services for 15 minutes or less, ~~including, if necessary, long distance services paid for by the state~~.
1. Calls to notify the family, physician, etc., when an employee is injured on the job.
 2. Calls to notify family of a schedule change when an employee (traveling on state government business) is delayed due to official business or a transportation delay.
 3. An employee, traveling in the United States for more than one (1) night on state government business, makes a brief call to his or her residence (averaging no more than one (1) call per day).
 4. An employee is required to work overtime without advance notice and calls within the local commuting area (the area from which the employee regularly commutes) to advise his or her family of the change in schedule or to make alternate transportation or childcare arrangements.
- B. Permissible Calls

The following calls are considered permissible calls under this policy and when necessary, employees may make such brief calls. However, an employee may be prohibited from placing such calls if, in the discretion of the supervisor, the employee's telephone usage is interfering with the employee's job performance or if the usage otherwise impacts upon the division's operations. If the listed calls generate or activate a long-distance ~~charge~~charge, the employee must charge the call to a personal credit card, ~~or~~ to the employee's home telephone number, ~~or place the call collect~~. Under no circumstances shall an employee charge a personal, long distance call to a government or DDSN telephone number.

The following calls, ~~if of a short duration~~, for 15 minutes or less, may be placed by an employee while on duty:

1. An employee makes brief daily calls to locations within the local commuting area to speak to a spouse or minor children (or those responsible for them, i.e., a school or day care center) to make certain of their well-being and/or safety.
2. The employee makes brief calls to locations within the local commuting area that can be reached only during normal working hours, such as a local government agency or a physician.

3. An employee makes brief calls to locations within the local commuting area to arrange for emergency repairs to his or her residence or automobile.
4. A call that reasonably could not be made at another time if it is of moderate duration and it does not adversely affect the performance of the state telephone system (e.g., unauthorized calls made in rapid succession to call-in contest on radio stations are considered detrimental to telephone system service levels).

C. Collect calls

Collect calls ~~should not be accepted under any circumstances.~~ may be accepted if the person calling identifies the call as an emergency or the call is from a DDSN employee, commission member, client, or client family member. While the use of collect calls is not favored, if an employee anticipates or expects to make a collect call to DDSN, the switchboard should be informed in advance. Employees are encouraged to secure a state telephone credit card prior to travel for use in making official business calls while in travel status. If a collect call is accepted, the name of the calling party and purpose of the call should be recorded and forwarded to the Facility Administrator, if at a DDSN Regional Center, or the Associate State Director Administration otherwise.

- D. Visitors may be given use of telephones as needed, but under no circumstances may a visitor charge a long-distance call to the state telephone system. ~~The DDSN employee responsible for the visitor may allow the visitor to use a state telephone to place a long distance call if the call will not disrupt official business and if the call is charged to a personal or business credit card, to the caller's home telephone number, or if the call is placed collect.~~

SECTION II: CELLULAR TELEPHONES TELEPHONE COVERAGE

Each division and individual in each section within Central Office is responsible for answering incoming telephone calls to their direct line during normal business hours (8:30 to 5:00), Monday through Friday. Officials and employees who have been assigned a cellular telephone by DDSN must adhere to the following guidelines.

- A. ~~To the extent possible, mobile communication device usage should be limited to official state government business. The employee will reimburse DDSN for any personal or unauthorized calls. Employees should use stationary phones when available and practical.~~
- B. ~~No wireless device will be issued to any employee without the approval of the Chief Information Officer. Justification for the mobile device must be submitted by the requesting employee's supervisor detailing the need and usage.~~
- C. ~~The Division of Information Technology will maintain a current inventory of all mobile communication devices. At a minimum the inventory shall include device description, employee who was issued the device and cellular vendor.~~

~~D. — The Division of Information technology will monitor the use of mobile communication devices. All unauthorized use will be reported to the Chief Information Officer and the employee's supervisor.~~

~~E. — All agency issued cell phones capable of storing data must have security activated that requires a password, passcode, or Personal Identification Number to unlock the phone and gain access to its data.~~

~~SECTION III: — STATE TELEPHONE CREDIT CARDS~~

~~Telephone calls charged to state telephone credit cards should be limited to official state government business. In addition to official business calls, DDSN considers the non-business calls listed in Section I-A & B to be permissible under this policy. The use of a state telephone credit card for purposes other than those established by this policy, in addition to progressive disciplinary action, may result in the revocation of the state telephone credit card.~~

Barry D. Malphrus
Vice Chairman

Stephanie M. Rawlinson
Chairman



**South Carolina
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and Special Needs**

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Reference Number: 367-11-DD

Title of Document: Telephone Policy

Date of Issue: January 22, 2003

Date of Last Revision: January 19, 2023

Effective Date: January 19, 2023

(REVISED)

Applicability: All DDSN Employees

PURPOSE:

The purpose of this policy is to document the Department of Disabilities and Special Needs (DDSN) procedures regarding the management and utilization of stationary telephones. This policy also follows the regulations established by the South Carolina Department of Administration for local and long-distance calls. Employees who violate the provisions of this policy will be subject to disciplinary action, in accordance with the department's progressive discipline policy and will be required to reimburse the department actual charges. This policy also documents the procedures to be followed by all Central Office employees relative to answering telephones and providing for incoming telephone call coverage during normal business hours within each division and section. The manner and efficiency in which incoming telephone calls are answered and processed is basic to providing quality service to both internal and external customers of each division and section within Central Office.

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3. An employee, traveling in the United States for more than one (1) night on state government business, makes a brief call to his or her residence (averaging no more than one (1) call per day).
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The following calls are considered permissible calls under this policy and when necessary, employees may make such brief calls. However, an employee may be prohibited from placing such calls if, in the discretion of the supervisor, the employee's telephone usage is interfering with the employee's job performance or if the usage otherwise impacts upon the division's operations. If the listed calls may generate or activate a long-distance charge, the employee must charge the call to a personal credit card or use their personal cell phone. Under no circumstances shall an employee charge a personal, long distance call to a state government or DDSN telephone number.

The following calls, for 15 minutes or less, may be placed by an employee while on duty:

1. An employee makes brief daily calls to locations within the local commuting area to speak to a spouse or minor children (or those responsible for them, i.e., a school or day care center) to make certain of their well-being and/or safety.
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SECTION II: TELEPHONE COVERAGE

Each division and individual in each section within Central Office is responsible for answering incoming telephone calls to their direct line during normal business hours (8:30 to 5:00), Monday through Friday.

Barry D. Malphrus
Vice Chairman

Stephanie M. Rawlinson
Chairman

Reference Number: 367-20-DD

Title of Document: Portable Computing Devices

Date of Issue: December 10, 2014

~~Late Review Date: December 10, 2014~~

Date of Last Revision: ~~July 13, 2016~~ XXXX, 2023 (**NEW REVISION**)

Effective Date: ~~December 10, 2014~~ XXXX, 2023

Applicability: All DDSN Employees

I. — PURPOSE

~~The purpose of the Portable Computing Devices security policy is to establish security mechanisms to protect both portable computing devices, such as laptops, and the information they contain.~~

II. — Access Control for Mobile Devices

- ~~• DDSN employs whole disk encryption to protect the confidentiality and integrity of information stored on portable computing devices, including laptops.~~
- ~~• DDSN prohibits any passwords to be written or notated on any portable computing devices, including laptops.~~
- ~~• DDSN configures portable computing devices operating system so that only approved services are enabled and/or installed by a DDSN information technology (IT) administrator.~~
- ~~• DDSN utilizes a configuration management process that includes flaw remediation, installs the most current stable security patches, critical security updates and hot fixes for the relevant operating system.~~

- ~~DDSN utilizes antivirus management tools to automatically update virus definition files on laptops and other portable computing devices susceptible to viruses.~~
- ~~DDSN installs firewall software on laptops and implements mechanisms that prevent users from making firewall configuration changes.~~
- ~~DDSN does not allow unauthorized software to be installed on laptops and/or other portable computing devices. Approval shall be obtained for the installation of any software that may be required for business use. A DDSN IT administrator will install any approved software.~~
- ~~DDSN places asset tags on portable computing devices.~~
- ~~DDSN does not allow Bluetooth, Infrared, or other wireless technologies to transfer unencrypted data.~~
- ~~DDSN shall disable Peer to Peer wireless connections, otherwise known as “Ad Hoc Connections,” on all portable computing devices, including laptops.~~
- ~~Employees must notify the DDSN IT Division immediately in the event of a theft or loss using the Helpdesk phone number at 1-803-898-9767 or by email at Helpdesk@ddsn.sc.gov.~~
- ~~DDSN IT Division shall securely remove Agency data from portable computing devices rendered inoperable or retired.~~

~~III. LAPTOP COMPUTER CUSTODY RECEIPT~~

~~The Laptop Computer Custody Receipt must be signed by any employee who is issued or returns a permanently assigned laptop. The IT Division maintains a log of short term loaner laptops.~~

~~IV. IMPLEMENTATION, MAINTENANCE, AND COMPLIANCE~~

- ~~DDSN’s designated Information Security Officer is responsible for insuring that this policy is implemented and communicated throughout DDSN.~~
- ~~Any revisions to this policy shall be developed by the designated Information Security Officer and follow the normal approval process according to DDSN Directive 100-02-DD: Implementation Procedures for the Internal Communications System.~~
- ~~Violation of the provisions of this directive will be subject to disciplinary action in accordance with DDSN’s progressive discipline policy.~~

Tom Waring

Associate State Director Administration

(Originator)

Beverly A.H. Busecemi, Ph.D.

State Director

(Approved)

*To access any Guidance references, please see the attached link at:
<http://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-53Ar4.pdf>*

OVERVIEW

Mobile computing devices (smartphones, tablets, laptops, etc.) are becoming an implementation standard in today's computing environment. Their size, portability, and ever-increasing functionality are making the devices desirable in replacing traditional desktop devices. However, the portability offered by these devices can also increase security exposure to individuals using the devices.

PURPOSE

The purpose of this directive is to establish the procedures and protocols for the use of Department of Disabilities and Special Needs (DDSN) mobile devices and their connection to the network.

SCOPE

This directive applies to all DDSN staff who use agency issued mobile computing devices.

GENERAL

All DDSN mobile devices that have access to agency systems and applications are governed by this policy. Applications, including cloud storage software used by staff on their own personal devices are also subject to this policy. The following general procedures and protocols apply to the use of mobile devices:

- Mobile computing devices must be protected with a password or Personal Identification Number (PIN) required at the time the device is powered on.
- Passwords/PINs must meet the requirements outlined in the DDSN Access Control and Password Policy.
- Mobile Device Management (MDM) will be used to enforce security standards and configurations on devices.
- All mobile device physical storage partitions shall be encrypted.
- Wireless encrypted security and access protocols shall be used with all wireless network connections.
- Staff shall refrain from using public or unsecured network connections while using their mobile device.

- Unattended mobile computing devices shall be physically secured.
- Mobile computing devices that access the DDSN network shall have active and up-to-date virus, anti-malware and firewall protection.
- Lost or stolen devices shall have location services enabled and the units wiped of all information so they are unusable until recovered or destroyed.

MOBILE DEVICE USE

- Mobile communication devices are to be used for official use just as other office equipment, subject only to limited incidental personal use that does not increase the state's cost or violate any laws or ethical standards.
- Employees must reimburse DDSN for any incidental personal use that results in an additional expense to the Department.
- Managers for each Division where these devices are assigned are responsible for collecting any required reimbursement.
- Employees have no expectation of privacy as to the use of a Department issued mobile communication device. Management will have access to detailed records of mobile communication device usage from the service provider, which will be subject to audit.
- Employees who, as part of their official job duties, must use DDSN mobile communication devices while operating a motor vehicle, must follow all South Carolina wireless telecommunication laws (S.248).

USER DEVICE RESPONSIBILITIES

The following procedures and requirements shall be followed by all users of mobile devices:

- Staff must immediately report any lost or stolen devices to the Chief Information Officer or the Chief Information Security Officer.
- Unauthorized access to a mobile device or company data must be immediately reported to the Chief Information Officer or the Chief Information Security Officer.
- Mobile devices shall not be "rooted" or have unauthorized software/firmware installed.
- Staff shall not load illegal content or pirated software onto any DDSN mobile device.
- Only DDSN approved applications are allowed on mobile devices.
- Mobile devices and applications shall be kept up-to-date.

- Operating system and application patches should be installed upon release.
- Personal firewalls will be installed and active where available.

ADMINISTRATIVE RESPONSIBILITIES

- Specific configuration settings shall be defined for personal firewall and malware protection software to ensure that that this software is not alterable by users of mobile devices.
- Mobile Device Management (MDM) software is used to manage risk, limit security issue, and reduce costs and business risks related to mobile devices. The software shall include the ability to inventory, monitor (e.g. application installations), issue alerts (e.g. disabled passwords, categorize system software (operating systems, rooted devices), and issue various reports (e.g. installed applications, carriers).
- MDM software enforces security features such as encryption, password or PIN requirements, remote wiping, inactivity timeouts and key lock on mobile devices.
- MDM software shall include the ability to distribute applications, data, and global configuration settings against groups and categories of devices.
- Regular reviews and updates of security standards and strategies used with mobile computing devices.
- Procedures and policies exist to manage requests for exemptions and deviations from this policy.

ENFORCEMENT

Failure to comply with the mobile device directive may, at full discretion of DDSN, result in the suspension of technology use and connectivity privileges, disciplinary action, and possibly termination of employment.

Barry D. Malphrus
Vice Chairman

Stephanie M. Rawlinson
Chairman



South Carolina
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Reference Number: 367-20-DD
Title of Document: Portable Computing Devices
Date of Issue: December 10, 2014
Date of Last Revision: January 19, 2023 (REVISED)
Effective Date: January 19, 2023
Applicability: All DDSN Employees

OVERVIEW

Mobile computing devices (smartphones, tablets, laptops, etc.) are becoming an implementation standard in today's computing environment. Their size, portability, and ever-increasing functionality are making the devices desirable in replacing traditional desktop devices. However, the portability offered by these devices can also increase security exposure to individuals using the devices.

PURPOSE

The purpose of this directive is to establish the procedures and protocols for the use of Department of Disabilities and Special Needs (DDSN) mobile devices and their connection to the network.

SCOPE

This directive applies to all DDSN staff who use agency issued mobile computing devices.

GENERAL

All DDSN mobile devices that have access to agency systems and applications are governed by this policy. Applications, including cloud storage software used by staff on their own personal devices are also subject to this policy. The following general procedures and protocols apply to the use of mobile devices:

- Mobile computing devices must be protected with a password or Personal Identification Number (PIN) required at the time the device is powered on.
- Passwords/PINs must meet the requirements outlined in the DDSN Access Control and Password Policy.
- Mobile Device Management (MDM) will be used to enforce security standards and configurations on devices.
- All mobile device physical storage partitions shall be encrypted.
- Wireless encrypted security and access protocols shall be used with all wireless network connections.
- Staff shall refrain from using public or unsecured network connections while using their mobile device.
- Unattended mobile computing devices shall be physically secured.
- Mobile computing devices that access the DDSN network shall have active and up-to-date virus, anti-malware and firewall protection.
- Lost or stolen devices shall have location services enabled and the units wiped of all information so they are unusable until recovered or destroyed.

MOBILE DEVICE USE

- Mobile communication devices are to be used for official use just as other office equipment, subject only to limited incidental personal use that does not increase the state's cost or violate any laws or ethical standards.
- Employees must reimburse DDSN for any incidental personal use that results in an additional expense to the Department.
- Managers for each Division where these devices are assigned are responsible for collecting any required reimbursement.

- Employees have no expectation of privacy as to the use of a Department issued mobile communication device. Management will have access to detailed records of mobile communication device usage from the service provider, which will be subject to audit.
- Employees who, as part of their official job duties, must use DDSN mobile communication devices while operating a motor vehicle, must follow all South Carolina wireless telecommunication laws (S.248).

USER DEVICE RESPONSIBILITIES

The following procedures and requirements shall be followed by all users of mobile devices:

- Staff must immediately report any lost or stolen devices to the Chief Information Officer or the Chief Information Security Officer.
- Unauthorized access to a mobile device or company data must be immediately reported to the Chief Information Officer or the Chief Information Security Officer.
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- Only DDSN approved applications are allowed on mobile devices.
- Mobile devices and applications shall be kept up-to-date.
- Operating system and application patches should be installed upon release.
- Personal firewalls will be installed and active where available.

ADMINISTRATIVE RESPONSIBILITIES

- Specific configuration settings shall be defined for personal firewall and malware protection software to ensure that that this software is not alterable by users of mobile devices.
- Mobile Device Management (MDM) software is used to manage risk, limit security issue, and reduce costs and business risks related to mobile devices. The software shall include the ability to inventory, monitor (e.g. application installations), issue alerts (e.g. disabled passwords, categorize system software (operating systems, rooted devices), and issue various reports (e.g. installed applications, carriers).
- MDM software enforces security features such as encryption, password or PIN requirements, remote wiping, inactivity timeouts and key lock on mobile devices.

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- Procedures and policies exist to manage requests for exemptions and deviations from this policy.

ENFORCEMENT

Failure to comply with the mobile device directive may, at full discretion of DDSN, result in the suspension of technology use and connectivity privileges, disciplinary action, and possibly termination of employment.

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Michelle Woodhead

Reference Number: 104-01-DD

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

Date of Issue: October 21, 1988

Date of Last Revision: ~~June 16, 2022~~ XXXX, 2023 (REVISED)

Effective Date: ~~June 16, 2022~~ XXXX, 2023

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

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 (2018), authorizes DDSN to license or contract for licensure day facilities for adults. Facilities may be licensed 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. ~~2021~~ 2022), 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 (2018), § 44-20-10 (2018), and § 44-21-10 (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 (2018). DDSN standards meet Child Foster Care Regulation S.C. Regs. § 114-550 (Supp. ~~2021~~2022) 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 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).

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.

E. Supervised Living Program-I (SLP-I): Supports are provided by qualified and trained staff to adults who need intermittent supervision and supports. Participants need support in their own apartment or home setting. Support is provided through a 15 minute-unit and support is available 24 hours per day by phone. An annual assessment is completed for each participation to verify support needs in their own setting.

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 center-based setting having an identifiable program designed to provide therapeutic activities for individuals with intellectual and related disabilities whose physical or mental impairment which would otherwise interfere with 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 its participants, staff and the public. This would include non-work-related day supports. Participants must be at least 12 years of age.

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 ([Attachment A](#)) 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. 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 Residential Services Request/Notification](#) 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](#) [700-09-DD: Determining Need for Residential Services](#).

For CTH-I Settings, a supplemental application is required (Attachment D). For SLP-I participants, an approved Assessment is required prior to service delivery, and annually thereafter (Attachment E).

**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.

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 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.

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.

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.

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) 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 4 have been issued, then step 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.

SITE CLOSURE:

Whenever a DDSN licensed or certified setting must close, whether temporarily or permanently, a Site Closure Notification Form (Attachment F) must be submitted to DDSN. The reason for the closure must be stated, including the effective date and the expected duration of the closure. If renovations are completed within the setting, a new licensing inspection will be required prior to occupancy.

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 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.

Barry D. Malphrus
Vice Chairman

Stephanie M. Rawlinson
Chairman

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

ATTACHMENTS:

- Attachment A: Application to Operate Residential, Day, or Respite Facility
- Attachment B: Request for Exception Form
- Attachment C: SC State Fire OSFM Informational Bulletin #18-2001 (March 1, 2022)
- Attachment D: Supplemental Application for CTH-I Settings
- Attachment E: Supported Living Assessment
- Attachment F: Site Closure Form

APPLICATION TO OPERATE
RESIDENTIAL, DAY OR RESPITE FACILITY

Date of Application: _____

Reason for Application: Initial Licensing of a New Facility

_____ Termination/Closure

Reason for termination/closure: _____

_____ Change

_____ in location _____ in facility type

_____ in number of people served

1. Facility Information (Name): _____

Address: _____

County: _____ Telephone Number (include area code): _____

Type of Facility:

SLP II CIRS CTH I CTH II ASW

AAC WAC Respite Camp Unclassified Program

Capacity (Number of): Children: _____ Adult(s): _____ Respite: _____
(under age 21)

2. Changed Information (Updated): _____

Address: _____

County: _____ Telephone Number (include area code): _____

Type of Facility:

SLP II CIRS CTH I CTH II ASW

AAC WAC Respite Camp Unclassified Program

Capacity (Number of): Children: _____ Adult(s): _____ Respite: _____
(under age 21)

3. For CTH I or Respite locations: Please Identify all household members (including child(ren) 21 years or younger):

Full Name Age Relationship to Caregiver

Add/Delete/Same

Add/Delete/Same

Add/Delete/Same

Add/Delete/Same

Add/Delete/Same

4. List all licenses and/or certificates maintained by the facility:

Type of license and/or certificate By Whom

5. Provider organization having jurisdiction over the facility:

Name:

Address:

County: Telephone Number (include area code):

When requesting a new license, please submit Electrical, HVAC and State Fire Marshal Inspection reports. If a consumer is under 21 years of age and moving into a CTH I or CTH II, also submit DHEC Sanitation Inspection. Send to Central Office Attn: Quality Management/Licensing. Documents should be submitted as a single packet.

Statements contained in this application are correct. I understand the facility must be in compliance with all applicable Federal, State, and local laws and regulations, and all applicable DDSN contracts, policies, procedures, and standards, and that noncompliance with these terms may results in enforcement actions as identified in DDSN Directive 104-01-DD and/or DDSN/Provider Contract.

Signature/Head of the Provider Organization Title

Notary Public County, South Carolina

My Commission Expires:

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
APPLICATION TO OPERATE/CHANGE
RESIDENTIAL, DAY OR RESPITE FACILITY

Date of Application: _____

REASON FOR APPLICATION

Initial Application for Contracted Operation with other Agency License (DHEC or DSS) Renewal

DDSN Contracted Operation of DHEC Licensed Facility (Residential Habilitation)

DDSN Contracted Operation of DHEC Licensed Facility (ICF/IID Services)

Initial Application for DDSN License Renewal

Facility Type: SLP-I SLP-II CIRS CTH-I CTH-II Respite Adult Activity Center
 Work Activity Center Unclassified Program

Termination/Closure: Permanent Temporary

Reason for Termination/closure: _____

Change: In Location In Facility Type In Number of people Served

Notes: _____

LICENSEE INFORMATION

(The Licensee is the name of the legal entity licensed to operate the business at the facility named below. This entity must be qualified as a provider with DDSN).

Licensee Name: _____ County: _____

Physical Address (include zip code): _____

The License is: For Profit Not Profit

Executive Director (Name): _____

Mailing Address (include zip code): _____

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

Name of Alternate Staff for Licensing Contact: _____

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

FACILITY INFORMATION

Facility Name: _____

Physical Address (include zip code): _____

Phone Number (include area code): _____ Contact Person: _____

Will this location be licensed by any other agency? Yes No If yes, state agency: _____

Occupancy Requested:

(The maximum capacity for CTH-II Settings is four (4). SLP-I, SLP-II, and CTH-I settings may not exceed two (2) occupants per setting, unless prior approval has been granted.)

Children (under 21): _____ Adult(s): _____ Respite: _____ Male Female Co-Ed

Is the building where services are offered leased/rented? Yes No

If yes, please complete the following on the building property owner and provide a copy of the lease agreement.

Name: _____

Address (include zip code): _____

Phone Number (include area code): _____ Fax Number (include area code): _____

INDIVIDUALIZED SETTINGS – REQUIRED ATTACHMENTS

For SLP-I settings, please attach the Supported Living Assessment. This assessment is individual and location specific and non-transferrable. An explanation must be provided for any indicators scored “no.” For CTH-I’s, please submit the CTH-I Application Attachment.

HOME AND COMMUNITY-BASED SETTINGS RULE REQUIREMENTS

The Home and Community-Based Services (HCBS) Settings Regulation, issued by the Centers for Medicare and Medicaid Services (CMS) requires that all home and community-based settings meet certain requirements. The DDSN Licensing Standards reflect the agency’s values and incorporate the HCBS Settings Rule requirements which are listed below:

- The setting is integrated in and supports full access to the greater community.
- The setting is selected by the individual from among setting options.
- The setting is physically accessible.
- Individual rights of privacy, dignity and respect, and freedom from coercion and restraint are ensured.
- Autonomy and independence in making life choices are optimized.
- Choice regarding services and who provides them is facilitated.
- The individual has a lease or other legally enforceable agreement providing similar protections.
- The individual has privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate the unit.
- The individual controls his/her own schedule including access to food at any time.
- The individual can have visitors at any time.

For settings initially licensed on or after July 1, 2020, the setting must be free from qualities that may be presumed institutional. Settings that may have qualities presumed to be institutional include:

- Settings in a publicly or privately-owned facility that provides inpatient treatment; and
- Settings on the grounds of or adjacent to a public institution.

Refer to: 42 CFR§441.301(c)(5) (i-iv)

For settings initially licensed on or after July 1, 2020, the setting must be free from characteristics that have the effect of discouraging integration of residents from the broader community. Settings that may have characteristics that have the effect of discouraging integration of residents from the broader community include, but may not be limited to:

- Settings completely enclosed by walls or fences with locked gates;
- Settings in a multi-unit housing complex whose owners or lessees are limited to only those with ID/RD, HASCI or Autism Spectrum Disorder; and
- An additional setting added to an existing cluster (i.e., 2 or more) of DDSN-licensed residential or day settings.

Refer to: 42 CFR§441.301(c)(5)(v)

OTHER INSPECTIONS REQUIRED FOR SUBMISSION

When requesting a new license, please submit Electrical, HVAC and State Fire Marshal Inspection reports with the Application to Operate. All documents should be submitted together as a single packet. Submit the packet to Licensing/Quality Management at License@ddsn.sc.gov. Please allow a minimum of two (2) weeks from the receipt of the completed packet to schedule the licensing inspection.

ATTESTATION

The Licensee listed above attests to their ability to demonstrate compliance with DDSN Directives, Administrative and Service Standards, and Medicaid Policies. This includes, but is not limited to: compliance with Staff Qualifications and Training Requirements, Medication Administration Requirements, Infection Control Procedures, Incident Management Reporting (including allegations of Abuse/Neglect/Exploitation, Critical Incidents, and Death Reporting), Human Rights Committees, Risk Management, Quality Management, and timely handling of participant grievances.

Statements contained in this application are correct. I understand the facility must be in compliance with all applicable Federal, State, and local laws and regulations, and all applicable DDSN contracts, policies, procedures, and standards, and that noncompliance with these terms may results in enforcement actions as identified in DDSN Directive 104-01-DD: Certification and Licensure of DDSN Residential and Day Facilities, and/or the DDSN/Provider Contract. The provider is responsible for maintaining evidence of service delivery to support claims.

Date:

Signature of Executive Director/CEO of Provider Organization

**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/Designee	Recommendation: <input type="checkbox"/> Approved _____ <input type="checkbox"/> Deny _____ Date: _____		

Provider Requesting Exception:

Date:

Facility/Program:

Signature of Provider Executive

Participant or Staff for whom Exception is Requested:

<u>Policy/Standard from which Exception is requested (e.g., 000-00- DD, DDSN Residential Habilitation Standards, etc.)</u>	<u>Nature and Reason for Exception Request</u>	<u>Explain how the health, safety, and welfare of participants will be maintained and the Quality and Quantity of Services will continue:</u>

DDSN Comments:

Time Limited Approval: Yes No

Effective Dates:

Unless otherwise stated, the exception is in effect for as long as the conditions noted in the justification remain current

Approved Denied

Date:

Signature – Director-Quality Management

Approved Denied

Date:

Signature – State Director/Designee



**SOUTH CAROLINA DEPARTMENT OF DISABILITIES
AND SPECIAL NEEDS
SUPPLEMENTAL APPLICATION TO OPERATE
FOR COMMUNITY TRAINING HOME I (CTH-I) LICENSES**

In the Community Training Home-I (CTH-I) Model, personalized care, supervision and individualized training are provided in accordance with a service plan and the participant lives in a support provider’s home where they essentially become one of the family. CTH-I Support Providers are qualified and trained private citizens. They may be employed or contracted by a Residential Habilitation provider agency. Residential Habilitation services are coordinated through the direction and management of a Qualified Provider or Disabilities and Special Needs Board (herein known as the “licensee”).

A CTH-I Support Provider and all family members residing at their home address must meet background check requirements, as defined in DDSN Directive 406-04-DD: Criminal Record Checks and Reference Checks of Direct Caregivers. If additional adult family members return to the family home after the initial license is issued, the Provider/licensee must update their records and ensure appropriate background checks are completed. In addition, the Provider/Licensee sponsoring the CTH-I must attest to their ability to demonstrate compliance with DDSN Directives, Administrative and Service Standards, and Medicaid Policies. This includes, but is not limited to: compliance with Staff Qualifications and Training Requirements, Medication Administration Requirements, Infection Control Procedures, Incident Management Reporting (including allegations of Abuse/Neglect/Exploitation, Critical Incidents, and Death Reporting), Human Rights Committees, Risk Management, Quality Management, and timely handling of participant grievances.

CTH-I homes are private family homes and meet Office of State Fire Marshal Foster Home Regulations. Many CTH-I Support Providers previously served as Foster Parents and continue to support the participants in their home. It is important to distinguish the difference between Foster Care and the surrogate role with the paid service provider of an adult receiving Residential Habilitation, as a Medicaid service. Training must be provided to ensure the CTH-I Supports Provider understands their role in providing Care, Skills Training, and Supervision according to a specifically developed Plan of Support for the individual. The CTH-I Support Provider and Licensee are fully responsible for evidence of service delivery to support claims for Residential Habilitation.

CTH-I SETTING:

CTH-I Setting/Name: _____

Physical Address (include zip code): _____

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

LICENSEE INFORMATION:

Licensee/Qualified Provider Agency: _____

Name of Alternate Staff for Licensing Contact: _____

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

CTH-I SUPPORT PROVIDER/FAMILY SETTING

For CTH-I or Respite locations, please identify all household members (including child(ren)):

FULL NAME	AGE	RELATIONSHIP TO CAREGIVER	BACKGROUND CHECKS COMPLETED

RESPIRE/EMERGENCY CONSIDERATIONS

The Residential Services Provider must have an Emergency Plan available in the event the authorized CTH-I Support Provider becomes incapacitated or experiences an emergency which renders them unable to provide service delivery. In addition, the Residential Services Provider will need to establish procedures with the CTH-I Support Provider for any Respite needs and how the individual will continue to be supported in his/her home, or comparable setting of their choosing.

TRANSFER TO ANOTHER RESIDENTIAL SERVICES PROVIDER ORGANIZATION

A CTH-I Support Provider may choose to contract with any Qualified Residential Services Provider. Each Residential Services Provider may establish the terms of their contracts with CTH-I Support Providers and any process for sharing licensing, training, or other records in the event the CTH-I Support Provider desires to contract with a different Qualified Provider organization. In addition, in compliance with DDSN Directive 406-04-DD: Criminal Record Checks and Reference Checks of Direct Caregivers, Residential Service Providers must provide a reference check for prospective CTH-I Support Providers when inquiries are made from other organizations. CTH-I Support Providers who are not in good standing are not eligible for transfer to another organization.

TRAINING ASSURANCES FOR CTH-I SUPPORT PROVIDERS

- Yes No Has the CTH-I Support Provider been trained on the Licensee's policies for reporting allegations of Abuse, Neglect, and Exploitation, as well as other types of Critical Incidents?
- Yes No Has the CTH-I Support Provider been trained on the Licensee's competency-based Medication Technician Curriculum and documentation requirements regarding Medication Administration?
- Yes No Has the CTH-I Support Provider been trained on the Licensee's policies for resident's rights, behavior support, and prohibited practices?
- Yes No Have the CTH-I Support Provider and the Residential Habilitation participant agreed to the terms of a legally enforceable lease or residential agreement?
- Yes No Has the CTH-I Support Provider been trained on the individual's Support Plan and the expectations for Residential Habilitation, to include Care, Skills Training and Supervision?
- Yes No Has the CTH-I Support Provider been trained on the Licensee's expectations to maintain documentation to support Medicaid Claims for each date of service?

ATTESTATION

Statements contained in this application are correct. I understand the facility must be in compliance with all applicable Federal, State, and local laws and regulations, and all applicable DDSN contracts, policies, procedures, and standards, and that noncompliance with these terms may result in enforcement actions as identified in DDSN Directive 104-01-DD: Certification and Licensure of DDSN Residential and Day Facilities and/or the DDSN/Provider Contract. The provider is responsible for maintaining evidence of service delivery to support claims.

Print Name: _____

Date: _____

Signature of Executive Director/CEO of Provider Agency



**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
SUPPORTED LIVING I (SLP-I) ASSESSMENT**

Provider Agency Responsible for Residential Habilitation: _____

Date of Assessment: _____ Assessment Completed By: _____

Participant's Name: _____

Address (include zip code): _____

Purpose: Annual Review New Site

The SLP-I Assessment is participant and location specific. This assessment is not transferrable. The Assessment must be completed prior to receiving residential habilitation and annually thereafter. Any item unmet at the time of review requires an explanation and a detailed description of the plan to address the issue. If the person moves to another location, a new assessment must be completed. The assessment must be kept on file at the Provider site and a copy sent to DDSN via email at license@ddsn.sc.gov.

#	REQUIREMENT	SCORE	COMMENTS	PLAN TO ADDRESS ISSUE	COMPLETION DATE
1	Hot and cold running water. <i>(If water temperature exceeds 130 degrees, assessment results must be available to show that the person is capable of regulating the temperature and is not at risk.)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO			
2	Functioning heating system.	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3	Operable electricity.	<input type="checkbox"/> YES <input type="checkbox"/> NO			
4	Functioning tub or shower with hot and cold running water.	<input type="checkbox"/> YES <input type="checkbox"/> NO			
5	Mattress and bedding for each resident <i>(married couples may elect to share a bed).</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO			
6	Functional toilet.	<input type="checkbox"/> YES <input type="checkbox"/> NO			
7	Lockable doors and windows.	<input type="checkbox"/> YES <input type="checkbox"/> NO			
8	Sanitary environment.	<input type="checkbox"/> YES <input type="checkbox"/> NO			
9	Free from obvious hazards.	<input type="checkbox"/> YES <input type="checkbox"/> NO			
10	Medications stored safely on site unless contraindicated. <i>(If contraindicated, a plan must be available for how/where medications will be stored.)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO			
11	When more than one resident lives in a site, there is sufficient space and opportunity for privacy <i>(bathroom and bathing facilities must be behind lockable doors, lockable doors on bedroom/ sleeping areas, each person must have lockable storage).</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO			

12	For residents unable to self-medicate, a log is maintained which records: <ul style="list-style-type: none"> • Name of medication. • Name of staff giving medication. • Time and date medication was given. • Amount of medication given. 	<input type="checkbox"/> YES <input type="checkbox"/> NO			
13	Resident successfully demonstrates the ability to evacuate the site in under three (3) minutes in response to fire alarm (<i>Prior to receiving residential habilitation and annually thereafter</i>).	<input type="checkbox"/> YES <input type="checkbox"/> NO			
14	The site has at least one fire extinguisher that is operable.	<input type="checkbox"/> YES <input type="checkbox"/> NO			

The Provider Agency listed above attests to their ability to demonstrate compliance with DDSN Directives, Administrative and Service Standards, and Medicaid Policies. This includes, but is not limited to: compliance with Residential Habilitation Standards, Administrative Agency Standards, Staff Qualifications and Training Requirements, Medication Administration Requirements, Infection Control Procedures, Incident Management Reporting (including allegations of Abuse/Neglect/Exploitation, Critical Incidents, and Death Reporting), Human Rights Committees, Risk Management, Quality Management, and timely handling of participant grievances.

The results of this assessment are correct as of the date of assessment and I understand the assessment must be completed annually or whenever the participant moves to a new location. I understand the facility must be in compliance with all applicable Federal, State, and local laws and regulations, and all applicable DDSN contracts, policies, procedures, and standards, and that noncompliance with these terms may result in enforcement actions as identified in DDSN Directive 104-01-DD: Certification and Licensure of DDSN Residential and Day Facilities, and/or the DDSN/Provider Contract. The provider is responsible for maintaining evidence of service delivery to support claims.

Print Name: _____

Date: _____

 Signature of Executive Director/CEO of Provider Agency

****A copy of the Assessment must be maintained in the Participant's Case Management and Residential Habilitation Provider files. All Supported Living participants must be included in the DDSN database for Residential Habilitation.****

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
SITE CLOSURE NOTIFICATION**

Date of Notification: _____

This form is used to report the emergency closure of a licensed or provider operated service location for one (1) or more days. This is reported as a site report and does not apply to person's who reside in homes owned, rented or leased solely by the person and/or family member.

In the event of temporary closure due to an emergency, the facility shall notify DDSN in writing within 24 hours of the closure. At a minimum this notification shall include, but not be limited to, the reason for the temporary closure, the manner in which the records are being stored, the identification of those participants displaced, the relocated site, and the anticipated date of reopening. DDSN shall consider, upon appropriate review, the necessity of inspecting and determining the applicability of current construction standards to the facility prior to its reopening.

The facility shall notify DDSN no later than the following workday when evacuees have been relocated to the facility by providing the names of the individuals received.

LICENSEE INFORMATION:

Licensee's Name: _____

Address (include zip code): _____ County: _____

Executive Director: _____

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

Name of Alternate Staff for Licensing Contact: _____

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

FACILITY INFORMATION:

Closure is: Permanent Temporary (expected re-opening date: _____)

REASON FOR SITE CLOSURE:

- Communicable Diseases** - Epidemic outbreaks or other unusual occurrences that threaten the health and safety of clients or staff and require facility closure.
- Infestation** - The closure of a site due to the need to treat for animal, insect, or other pests.
- Loss of Utilities** - The closure of a site due to loss of utility that was not related to a failure on the part of the operating entity. This includes electrical outages, issues with water and/or sewer systems and heating and/or cooling system failures.
- Natural Disaster/Weather Related** - The closure of a site due to a natural disaster or weather conditions. The facility shall immediately notify DDSN regarding any fire, regardless of size or damage that occurs in the facility, or any natural disaster in the facility which requires displacement of participants or jeopardizes or potentially jeopardizes the safety of the participants.
- Structural** - The closure of a site due to structural issues.
- Zero Census** - No participants are receiving services at the designated facility and there are no immediate plans to provide services at that address.

ADDITIONAL NOTES:

Facility Name: _____

Facility Type: SLP-I SLP-II CIRS CTH-I CTH-II Respite Adult Activity Center
 Work Activity Center Unclassified Program

Physical Address (include zip code): _____

Phone Number (include area code): _____ Contact Person: _____

PERMANENT FACILITY CLOSURE:

Prior to the permanent closure of a facility, the licensee shall notify DDSN in writing of the intent to close and the effective closure date. Within ten (10) days of the closure, the facility shall notify DDSN of the provisions for the maintenance of the facility records, the identity of those participants displaced, and the relocated site. On the date of closure, the current license shall be terminated.

ATTESTATION:

Statements contained in this application are correct. I understand the facility must be in compliance with all applicable Federal, State, and local laws and regulations, and all applicable DDSN contracts, policies, procedures, and standards, and that noncompliance with these terms may result in enforcement actions as identified in DDSN Directive 104-01-DD: Certification and Licensure of DDSN Residential and Day Facilities, and/or the DDSN/Provider Contract. The provider is responsible for maintaining evidence of service delivery to support claims.

Print Name: _____ Date: _____

Signature of Executive Director/CEO of Provider Organization

****The Site Closure Notification Form must be submitted to License@ddsn.sc.gov****



South Carolina
Department of Disabilities
and Special Needs

3440 Harden Street Extension
Columbia, South Carolina 29203
(803) 898-9600

Toll Free: 888/DSN-INFO
Home Page: ddsn.sc.gov

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Reference Number: 104-01-DD

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

Date of Issue: October 21, 1988

Date of Last Revision: January 19, 2023 (REVISED)

Effective Date: March 1, 2023

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

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 (2018), authorizes DDSN to license or contract for licensure day facilities for adults. Facilities may be licensed 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.2022), 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 (2018), § 44-20-10 (2018), and § 44-21-10 (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 (2018). DDSN standards meet Child Foster Care Regulation S.C. Regs. § 114-550 (Supp. 2022) 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 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).

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. 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.

E. Supervised Living Program-I (SLP-I):

Supports are provided by qualified and trained staff to adults who need intermittent supervision and supports. Participants need support in their own apartment or home setting. Support is provided through a 15 minute-unit and support is available 24 hours per day by phone. An annual assessment is completed for each participation to verify support needs in their own setting.

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 center-based setting having an identifiable program designed to provide therapeutic activities for individuals with intellectual and related disabilities whose physical or mental impairment which would otherwise interfere with 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 its participants, staff and the public. This would include non-work-related day supports. Participants must be at least 12 years of age.

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 (Attachment A) 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. 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. Residential Services Request/Notification forms must be submitted for each occupant as required in DDSN Directive 700-09-DD: Determining Need for Residential Services.

For CTH-I Settings, a supplemental application is required (Attachment D). For SLP-I participants, an approved Assessment is required prior to service delivery, and annually thereafter (Attachment E).

**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.

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 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.

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.

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.

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) 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 4 have been issued, then step 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.

SITE CLOSURE:

Whenever a DDSN licensed or certified setting must close, whether temporarily or permanently, a Site Closure Notification Form (Attachment F) must be submitted to DDSN. The reason for the closure must be stated, including the effective date and the expected duration of the closure. If renovations are completed within the setting, a new licensing inspection will be required prior to occupancy.

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 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.

Barry D. Malphrus
Vice Chairman

Stephanie M. Rawlinson
Chairman

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

ATTACHMENTS:

Attachment A:	Application to Operate Residential, Day, or Respite Facility
Attachment B:	Request for Exception Form
Attachment C:	SC State Fire OSFM Informational Bulletin #18-2001 (March 1, 2022)
Attachment D:	Supplemental Application for CTH-I Settings
Attachment E:	Supported Living Assessment
Attachment F:	Site Closure Form



**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
APPLICATION TO OPERATE/CHANGE
RESIDENTIAL, DAY OR RESPITE FACILITY**

Date of Application: _____

REASON FOR APPLICATION

Initial Application for Contracted Operation with other Agency License (DHEC or DSS) Renewal

DDSN Contracted Operation of DHEC Licensed Facility (Residential Habilitation)

DDSN Contracted Operation of DHEC Licensed Facility (ICF/IID Services)

Initial Application for DDSN License Renewal

Facility Type: SLP-I SLP-II CIRS CTH-I CTH-II Respite Adult Activity Center
 Work Activity Center Unclassified Program

Termination/Closure: Permanent Temporary

Reason for Termination/closure: _____

Change: In Location In Facility Type In Number of people Served

Notes: _____

LICENSEE INFORMATION

(The Licensee is the name of the legal entity licensed to operate the business at the facility named below. This entity must be qualified as a provider with DDSN).

Licensee Name: _____ County: _____

Physical Address (include zip code): _____

The License is: For Profit Not Profit

Executive Director (Name): _____

Mailing Address (include zip code): _____

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

Name of Alternate Staff for Licensing Contact: _____

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

FACILITY INFORMATION

Facility Name: _____

Physical Address (include zip code): _____

Phone Number (include area code): _____ Contact Person: _____

Will this location be licensed by any other agency? Yes No If yes, state agency: _____

Occupancy Requested:

(The maximum capacity for CTH-II Settings is four (4). SLP-I, SLP-II, and CTH-I settings may not exceed two (2) occupants per setting, unless prior approval has been granted.)

Children (under 21): _____ Adult(s): _____ Respite: _____ Male Female Co-Ed

Is the building where services are offered leased/rented? Yes No

If yes, please complete the following on the building property owner and provide a copy of the lease agreement.

Name: _____

Address (include zip code): _____

Phone Number (include area code): _____ Fax Number (include area code): _____

INDIVIDUALIZED SETTINGS – REQUIRED ATTACHMENTS

For SLP-I settings, please attach the Supported Living Assessment. This assessment is individual and location specific and non-transferrable. An explanation must be provided for any indicators scored “no.” For CTH-I’s, please submit the CTH-I Application Attachment.

HOME AND COMMUNITY-BASED SETTINGS RULE REQUIREMENTS

The Home and Community-Based Services (HCBS) Settings Regulation, issued by the Centers for Medicare and Medicaid Services (CMS) requires that all home and community-based settings meet certain requirements. The DDSN Licensing Standards reflect the agency’s values and incorporate the HCBS Settings Rule requirements which are listed below:

- The setting is integrated in and supports full access to the greater community.
- The setting is selected by the individual from among setting options.
- The setting is physically accessible.
- Individual rights of privacy, dignity and respect, and freedom from coercion and restraint are ensured.
- Autonomy and independence in making life choices are optimized.
- Choice regarding services and who provides them is facilitated.
- The individual has a lease or other legally enforceable agreement providing similar protections.
- The individual has privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate the unit.
- The individual controls his/her own schedule including access to food at any time.
- The individual can have visitors at any time.

For settings initially licensed on or after July 1, 2020, the setting must be free from qualities that may be presumed institutional. Settings that may have qualities presumed to be institutional include:

- Settings in a publicly or privately-owned facility that provides inpatient treatment; and
- Settings on the grounds of or adjacent to a public institution.

Refer to: 42 CFR§441.301(c)(5) (i-iv)

For settings initially licensed on or after July 1, 2020, the setting must be free from characteristics that have the effect of discouraging integration of residents from the broader community. Settings that may have characteristics that have the effect of discouraging integration of residents from the broader community include, but may not be limited to:

- Settings completely enclosed by walls or fences with locked gates;
- Settings in a multi-unit housing complex whose owners or lessees are limited to only those with ID/RD, HASCI or Autism Spectrum Disorder; and
- An additional setting added to an existing cluster (i.e., 2 or more) of DDSN-licensed residential or day settings.

Refer to: 42 CFR§441.301(c)(5)(v)

OTHER INSPECTIONS REQUIRED FOR SUBMISSION

When requesting a new license, please submit Electrical, HVAC and State Fire Marshal Inspection reports with the Application to Operate. All documents should be submitted together as a single packet. Submit the packet to Licensing/Quality Management at License@ddsn.sc.gov. Please allow a minimum of two (2) weeks from the receipt of the completed packet to schedule the licensing inspection.

ATTESTATION

The Licensee listed above attests to their ability to demonstrate compliance with DDSN Directives, Administrative and Service Standards, and Medicaid Policies. This includes, but is not limited to: compliance with Staff Qualifications and Training Requirements, Medication Administration Requirements, Infection Control Procedures, Incident Management Reporting (including allegations of Abuse/Neglect/Exploitation, Critical Incidents, and Death Reporting), Human Rights Committees, Risk Management, Quality Management, and timely handling of participant grievances.

Statements contained in this application are correct. I understand the facility must be in compliance with all applicable Federal, State, and local laws and regulations, and all applicable DDSN contracts, policies, procedures, and standards, and that noncompliance with these terms may result in enforcement actions as identified in DDSN Directive 104-01-DD: Certification and Licensure of DDSN Residential and Day Facilities, and/or the DDSN/Provider Contract. The provider is responsible for maintaining evidence of service delivery to support claims.

Date: _____

Signature of Executive Director/CEO of Provider Organization

104-01-DD

Attachment A (Revised 01/19/23)

Page 2

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

Provider Requesting Exception: _____ Date: _____

Facility/Program: _____

 Signature of Provider Executive

Participant or Staff for whom Exception is Requested: _____

Policy/Standard from which Exception is requested (e.g., 000-00- DD, DDSN Residential Habilitation Standards, etc.)	Nature and Reason for Exception Request	Explain how the health, safety, and welfare of participants will be maintained and the Quality and Quantity of Services will continue:

DDSN Comments:

Time Limited Approval: Yes No Effective Dates: _____

Unless otherwise stated, the exception is in effect for as long as the conditions noted in the justification remain current

 Signature – Director-Quality Management Approved Denied Date: _____

 Signature – State Director/Designee Approved Denied Date: _____



**SOUTH CAROLINA DEPARTMENT OF DISABILITIES
AND SPECIAL NEEDS
SUPPLEMENTAL APPLICATION TO OPERATE
FOR COMMUNITY TRAINING HOME I (CTH-I) LICENSES**

In the Community Training Home-I (CTH-I) Model, personalized care, supervision and individualized training are provided in accordance with a service plan and the participant lives in a support provider’s home where they essentially become one of the family. CTH-I Support Providers are qualified and trained private citizens. They may be employed or contracted by a Residential Habilitation provider agency. Residential Habilitation services are coordinated through the direction and management of a Qualified Provider or Disabilities and Special Needs Board (herein known as the “licensee”).

A CTH-I Support Provider and all family members residing at their home address must meet background check requirements, as defined in DDSN Directive 406-04-DD: Criminal Record Checks and Reference Checks of Direct Caregivers. If additional adult family members return to the family home after the initial license is issued, the Provider/licensee must update their records and ensure appropriate background checks are completed. In addition, the Provider/Licensee sponsoring the CTH-I must attest to their ability to demonstrate compliance with DDSN Directives, Administrative and Service Standards, and Medicaid Policies. This includes, but is not limited to: compliance with Staff Qualifications and Training Requirements, Medication Administration Requirements, Infection Control Procedures, Incident Management Reporting (including allegations of Abuse/Neglect/Exploitation, Critical Incidents, and Death Reporting), Human Rights Committees, Risk Management, Quality Management, and timely handling of participant grievances.

CTH-I homes are private family homes and meet Office of State Fire Marshal Foster Home Regulations. Many CTH-I Support Providers previously served as Foster Parents and continue to support the participants in their home. It is important to distinguish the difference between Foster Care and the surrogate role with the paid service provider of an adult receiving Residential Habilitation, as a Medicaid service. Training must be provided to ensure the CTH-I Supports Provider understands their role in providing Care, Skills Training, and Supervision according to a specifically developed Plan of Support for the individual. The CTH-I Support Provider and Licensee are fully responsible for evidence of service delivery to support claims for Residential Habilitation.

CTH-I SETTING:

CTH-I Setting/Name: _____

Physical Address (include zip code): _____

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

LICENSEE INFORMATION:

Licensee/Qualified Provider Agency: _____

Name of Alternate Staff for Licensing Contact: _____

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

CTH-I SUPPORT PROVIDER/FAMILY SETTING

For CTH-I or Respite locations, please identify all household members (including child(ren)):

FULL NAME	AGE	RELATIONSHIP TO CAREGIVER	BACKGROUND CHECKS COMPLETED

RESPIRE/EMERGENCY CONSIDERATIONS

The Residential Services Provider must have an Emergency Plan available in the event the authorized CTH-I Support Provider becomes incapacitated or experiences an emergency which renders them unable to provide service delivery. In addition, the Residential Services Provider will need to establish procedures with the CTH-I Support Provider for any Respite needs and how the individual will continue to be supported in his/her home, or comparable setting of their choosing.

TRANSFER TO ANOTHER RESIDENTIAL SERVICES PROVIDER ORGANIZATION

A CTH-I Support Provider may choose to contract with any Qualified Residential Services Provider. Each Residential Services Provider may establish the terms of their contracts with CTH-I Support Providers and any process for sharing licensing, training, or other records in the event the CTH-I Support Provider desires to contract with a different Qualified Provider organization. In addition, in compliance with DDSN Directive 406-04-DD: Criminal Record Checks and Reference Checks of Direct Caregivers, Residential Service Providers must provide a reference check for prospective CTH-I Support Providers when inquiries are made from other organizations. CTH-I Support Providers who are not in good standing are not eligible for transfer to another organization.

TRAINING ASSURANCES FOR CTH-I SUPPORT PROVIDERS

- Yes No Has the CTH-I Support Provider been trained on the Licensee's policies for reporting allegations of Abuse, Neglect, and Exploitation, as well as other types of Critical Incidents?
- Yes No Has the CTH-I Support Provider been trained on the Licensee's competency-based Medication Technician Curriculum and documentation requirements regarding Medication Administration?
- Yes No Has the CTH-I Support Provider been trained on the Licensee's policies for resident's rights, behavior support, and prohibited practices?
- Yes No Have the CTH-I Support Provider and the Residential Habilitation participant agreed to the terms of a legally enforceable lease or residential agreement?
- Yes No Has the CTH-I Support Provider been trained on the individual's Support Plan and the expectations for Residential Habilitation, to include Care, Skills Training and Supervision?
- Yes No Has the CTH-I Support Provider been trained on the Licensee's expectations to maintain documentation to support Medicaid Claims for each date of service?

ATTESTATION

Statements contained in this application are correct. I understand the facility must be in compliance with all applicable Federal, State, and local laws and regulations, and all applicable DDSN contracts, policies, procedures, and standards, and that noncompliance with these terms may result in enforcement actions as identified in DDSN Directive 104-01-DD: Certification and Licensure of DDSN Residential and Day Facilities and/or the DDSN/Provider Contract. The provider is responsible for maintaining evidence of service delivery to support claims.

Print Name: _____

Date: _____

Signature of Executive Director/CEO of Provider Agency



**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
SUPPORTED LIVING I (SLP-I) ASSESSMENT**

Provider Agency Responsible for Residential Habilitation: _____

Date of Assessment: _____ Assessment Completed By: _____

Participant's Name: _____

Address (include zip code): _____

Purpose: Annual Review New Site

The SLP-I Assessment is participant and location specific. This assessment is not transferrable. The Assessment must be completed prior to receiving residential habilitation and annually thereafter. Any item unmet at the time of review requires an explanation and a detailed description of the plan to address the issue. If the person moves to another location, a new assessment must be completed. The assessment must be kept on file at the Provider site and a copy sent to DDSN via email at license@ddsn.sc.gov.

#	REQUIREMENT	SCORE	COMMENTS	PLAN TO ADDRESS ISSUE	COMPLETION DATE
1	Hot and cold running water. <i>(If water temperature exceeds 130 degrees, assessment results must be available to show that the person is capable of regulating the temperature and is not at risk.)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO			
2	Functioning heating system.	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3	Operable electricity.	<input type="checkbox"/> YES <input type="checkbox"/> NO			
4	Functioning tub or shower with hot and cold running water.	<input type="checkbox"/> YES <input type="checkbox"/> NO			
5	Mattress and bedding for each resident <i>(married couples may elect to share a bed).</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO			
6	Functional toilet.	<input type="checkbox"/> YES <input type="checkbox"/> NO			
7	Lockable doors and windows.	<input type="checkbox"/> YES <input type="checkbox"/> NO			
8	Sanitary environment.	<input type="checkbox"/> YES <input type="checkbox"/> NO			
9	Free from obvious hazards.	<input type="checkbox"/> YES <input type="checkbox"/> NO			
10	Medications stored safely on site unless contraindicated. <i>(If contraindicated, a plan must be available for how/where medications will be stored.)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO			
11	When more than one resident lives in a site, there is sufficient space and opportunity for privacy <i>(bathroom and bathing facilities must be behind lockable doors, lockable doors on bedroom/ sleeping areas, each person must have lockable storage).</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO			

#	REQUIREMENT	SCORE	COMMENTS	PLAN TO ADDRESS ISSUE	COMPLETION DATE
12	For residents unable to self-medicate, a log is maintained which records: <ul style="list-style-type: none"> • Name of medication. • Name of staff giving medication. • Time and date medication was given. • Amount of medication given. 	<input type="checkbox"/> YES <input type="checkbox"/> NO			
13	Resident successfully demonstrates the ability to evacuate the site in under three (3) minutes in response to fire alarm (<i>Prior to receiving residential habilitation and annually thereafter</i>).	<input type="checkbox"/> YES <input type="checkbox"/> NO			
14	The site has at least one fire extinguisher that is operable.	<input type="checkbox"/> YES <input type="checkbox"/> NO			

The Provider Agency listed above attests to their ability to demonstrate compliance with DDSN Directives, Administrative and Service Standards, and Medicaid Policies. This includes, but is not limited to: compliance with Residential Habilitation Standards, Administrative Agency Standards, Staff Qualifications and Training Requirements, Medication Administration Requirements, Infection Control Procedures, Incident Management Reporting (including allegations of Abuse/Neglect/Exploitation, Critical Incidents, and Death Reporting), Human Rights Committees, Risk Management, Quality Management, and timely handling of participant grievances.

The results of this assessment are correct as of the date of assessment and I understand the assessment must be completed annually or whenever the participant moves to a new location. I understand the facility must be in compliance with all applicable Federal, State, and local laws and regulations, and all applicable DDSN contracts, policies, procedures, and standards, and that noncompliance with these terms may result in enforcement actions as identified in DDSN Directive 104-01-DD: Certification and Licensure of DDSN Residential and Day Facilities, and/or the DDSN/Provider Contract. The provider is responsible for maintaining evidence of service delivery to support claims.

Print Name: _____

Date: _____

Signature of Executive Director/CEO of Provider Agency

****A copy of the Assessment must be maintained in the Participant’s Case Management and Residential Habilitation Provider files. All Supported Living participants must be included in the DDSN database for Residential Habilitation.****



**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
SITE CLOSURE NOTIFICATION**

Date of Notification: _____

This form is used to report the emergency closure of a licensed or provider operated service location for one (1) or more days. This is reported as a site report and does not apply to person’s who reside in homes owned, rented or leased solely by the person and/or family member.

In the event of temporary closure due to an emergency, the facility shall notify DDSN in writing within 24 hours of the closure. At a minimum this notification shall include, but not be limited to, the reason for the temporary closure, the manner in which the records are being stored, the identification of those participants displaced, the relocated site, and the anticipated date of reopening. DDSN shall consider, upon appropriate review, the necessity of inspecting and determining the applicability of current construction standards to the facility prior to its reopening.

The facility shall notify DDSN no later than the following workday when evacuees have been relocated to the facility by providing the names of the individuals received.

LICENSEE INFORMATION:

Licensee’s Name: _____

Address (include zip code): _____ County: _____

Executive Director: _____

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

Name of Alternate Staff for Licensing Contact: _____

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

FACILITY INFORMATION:

Closure is: Permanent Temporary (expected re-opening date: _____)

REASON FOR SITE CLOSURE:

- Communicable Diseases** - Epidemic outbreaks or other unusual occurrences that threaten the health and safety of clients or staff and require facility closure.
- Infestation** - The closure of a site due to the need to treat for animal, insect, or other pests.
- Loss of Utilities** - The closure of a site due to loss of utility that was not related to a failure on the part of the operating entity. This includes electrical outages, issues with water and/or sewer systems and heating and/or cooling system failures.
- Natural Disaster/Weather Related** - The closure of a site due to a natural disaster or weather conditions. The facility shall immediately notify DDSN regarding any fire, regardless of size or damage that occurs in the facility, or any natural disaster in the facility which requires displacement of participants or jeopardizes or potentially jeopardizes the safety of the participants.
- Structural** - The closure of a site due to structural issues.
- Zero Census** - No participants are receiving services at the designated facility and there are no immediate plans to provide services at that address.

ADDITIONAL NOTES:

Facility Name: _____

Facility Type: SLP-I SLP-II CIRS CTH-I CTH-II Respite Adult Activity Center
 Work Activity Center Unclassified Program

Physical Address (include zip code): _____

Phone Number (include area code): _____ Contact Person: _____

PERMANENT FACILITY CLOSURE:

Prior to the permanent closure of a facility, the licensee shall notify DDSN in writing of the intent to close and the effective closure date. Within ten (10) days of the closure, the facility shall notify DDSN of the provisions for the maintenance of the facility records, the identity of those participants displaced, and the relocated site. On the date of closure, the current license shall be terminated.

ATTESTATION:

Statements contained in this application are correct. I understand the facility must be in compliance with all applicable Federal, State, and local laws and regulations, and all applicable DDSN contracts, policies, procedures, and standards, and that noncompliance with these terms may result in enforcement actions as identified in DDSN Directive 104-01-DD: Certification and Licensure of DDSN Residential and Day Facilities, and/or the DDSN/Provider Contract. The provider is responsible for maintaining evidence of service delivery to support claims.

Print Name: _____ Date: _____

Signature of Executive Director/CEO of Provider Agency

****The Site Closure Notification Form must be submitted to License@ddsn.sc.gov****

Reference Number: 100-28-DD

Title of Document: Quality Management

Date of Issue: July 1, 2001

~~Last Review Date: May 21, 2015~~

Date of Last Revision: ~~May 21, 2015~~ XXXX, 2023 (REVISED)

Effective Date: ~~July 1, 2001~~ XXXX, 2023

Applicability: All DDSN Community-Based Programs and Contracted Services

PURPOSE

The purpose of this ~~departmental~~ directive is to establish the conceptual framework for the South Carolina Department of Disabilities and Special Needs (DDSN) Quality Management (QM) Systems oversight of services delivered to those eligible for DDSN's services and ensures compliance with standards, policies and/or other requirements.

DEFINITIONS

Continuous Quality Improvement (CQI) - a quality management strategy that is based on the idea that most processes can be improved and made more efficient. Instead of focusing on an issue only when a problem is inevitable, and a dramatic intervention is necessary, CQI advocates for incremental, but regular changes that become a part of an organization's day-to-day activities.

Quality Assurance (QA) - measures quality as a function of compliance with standards/rules/expectations. QA activities most often involve gathering data via a look-behind (monitoring) of objective standards/rules/expectations.

Quality Improvement (QI) - often measures quality in subjective terms as a function of an opinion/perception/experience of something in the service system. QI typically involves a proactive approach, includes continuous learning, and includes qualitative measures that align with subjective expectations.

Commented [CH1]: Ralph Courtney – Aiken DSN Board

Remove the "s" from "ensures."

DDSN Response:

Addressed

Risk Management (RM) - The efforts to eliminate, reduce, and/or control exposure to risk, loss and injury. A broad-based agency Risk Management program should fulfill the following purposes: a) Improve the safety and quality of life for those supported and employees; b) Conserve financial resources; and c) Maintain relationships of trust among stakeholders.

Commented [CH2]: Ralph Courtney – Aiken DSN Board

We added a 4th purpose for RM to our agency's policy which DDSN might want to consider. The additional purpose involves helping in reducing the need for litigation.

DDSN Response:

Considered, but not changed.

CONTEXT/BACKGROUND

The organizational context within which DDSN provides services and supports has been well established through the creation and publication of its Vision, Mission, and Values Statements.

VISION: To provide the very best services to assist individuals with disabilities and their families.

MISSION: Our mission is to assist individuals 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.

VALUES: Health, safety and well-being of each individual; dignity and respect for each individual; individual and family participation, choice, control and responsibility; relationships with family, friends and community connections; personal growth and accomplishments.

SUMMARY

~~DDSN shifted from a quality assurance process oriented toward inspection and licensing to a quality enhancement process based in person-centered outcomes and customer satisfaction in 1998. DDSN has a nine-tiered, multifaceted, coordinated risk management/quality assurance/quality improvement program that is based on national best practices.~~

~~A. Risk Management: Risk management activities and programs strive to prevent negative occurrences in the lives of consumers. DDSN conducts many risk management activities using several different sources and measures. We call this purposeful redundancy so we can assess from multiple angles the status of the health and welfare of the individuals we support. The three primary risk management activities are:~~

- ~~1) Traditional Activities: DDSN and its provider network are involved in all of the traditional areas of risk management that are common to any operating business that owns buildings, vehicles, equipment and that hires employees and deals with the public. These activities include ensuring the safety of buildings, complying with OSHA standards, and taking appropriate measures to protect against loss through pre-employment screening, pre-service training, insurance coverage, financial auditing and legal consultation.~~
- ~~2) Consumer Oriented Activities: Since DDSN and its providers are not manufacturers of products, but rather are a service and support network that is~~

intimately involved in the lives of thousands of consumers, much of the risk that occurs is a result of the responsibility that the provider has to care for people with individualized special needs 24 hours a day, 7 days a week, 365 days a year. Activities under this heading include the tracking and review of, and response to allegations of abuse, neglect and exploitation, critical incidents, complaints/appeals, and mortality.

- 3) ~~Consumer Determined Activities:~~ This is an area of Risk Management that has developed as a result of the paradigm shift in the treatment and services that has empowered consumers to be more in control of their lives/choices and the decisions that are made regarding the services and supports they receive. These consumer determined risk factors may relate to issues of diet, exercise, use of potentially harmful substances, sexual practices, hygiene, conformance with medical advice, acceptance of behavioral health services and acceptance of staffing levels of supervision, to name a few. At the core of all of these issues is the balance between the individual's right to determine the direction and quality of his/her life and DDSN's duty to protect the individual from foreseeable harmful occurrences. Some of the tools DDSN and its network of providers use in this area are consumer and family councils, circles of support, pre approval of plans of service, ongoing Case Management monitoring of service delivery, the annual planning process, and human rights committees.

B. ~~Quality Assurance: Quality Improvement Activities~~—Once appropriate risk management activities are in place, then a strong quality assurance and quality improvement program must rest on a foundation of health, safety, and financial integrity. Quality Assurance/Quality Improvement activities strive to increase positive occurrences in the lives of individuals served.

- 1) ~~Licensing Activities:~~ DDSN uses licensing activities to assist in providing a foundation of health and safety upon which other quality of life initiatives may be built. South Carolina state law requires licensing of day programs and residential facilities. The law permits the establishment of standards for the qualifications of staff, staff ratios, fire safety, medication management, consumer health and safety and the like. DDSN contracts with a licensing entity to coordinate licensing inspection activities. Additional inspections may also be coordinated with the Department of Social Services (DSS) and the State Fire Marshall's Office. Follow up licensing reviews are completed to assure that corrective action for deficiencies has been taken.
- 2) ~~Contract Compliance Activities:~~ The second component of this elaborate Quality Assurance/Quality Improvement system is the work done by a private company, a Quality Improvement Organization designated by the Federal Centers for Medicare and Medicaid Services (CMS). DDSN, under contract with the Quality Improvement Organization, conducts a Quality Assurance review on every provider in the system to measure and evaluate the health and welfare of people receiving services. The reviews may take place every 12 to 18 months, depending

on provider performance. As part of their activities, the Quality Improvement Organization, with the assistance of the Human Services Research Institute, uses three (3) nationally recognized surveys which are administered to 10% of DDSN consumers and their families on an annual to bi-annual basis, and if funding is available. The surveys have been tested by the Human Services Research Institute for reliability and validity on persons with an intellectual disability or related disability and their families and 43 states across the country use or have used these survey instruments.

- 3) **Personal Outcomes Measures:** Another way DDSN assesses consumers' health, welfare, and satisfaction is through a contract DDSN has with The Council on Quality and Leadership, a nationally recognized accrediting organization. Historically, measures of quality were often far removed from the actual impact services had in the lives of the consumers. As the nation's long term care system's quality measures have evolved, the indicators over the past 20 years have continued to focus more on the service users and their personal goals. The Council on Quality and Leadership uses Personal Outcome Measures to help DDSN determine how well services and supports are helping an individual achieve personal goals.
- 4) **Consumer/Family Satisfaction Measures:** These measures typically have a larger affective component than personal outcomes. It is very possible for a consumer to have met all of his/her personal goals, but still feel dissatisfied with life or the services and supports he/she is receiving. Thus, measures of consumer satisfaction must go hand in hand with person-centered goals in order for an agency to be truly person-centered. Consumer and family satisfaction surveys are conducted annually to bi-annually using a planned redundancy model. Each service provider is required to develop and administer their own satisfaction survey. Results are tabulated and identified areas of weakness are addressed for correction. In addition, as mentioned earlier, DDSN through its contract with a Quality Improvement Organization administers three (3) national standardized satisfaction surveys to 10% of its service population on an annual to biannual basis.
- 5) **Quality Enhancement Activities:** With the many different approaches DDSN uses to measure and improve quality, it became important to develop a process that would allow the synthesis of all data in order to understand overall performance of the DDSN system. In collaboration with the Council on Quality and Leadership, DDSN designed a quality enhancement process that allows for just such an assessment. The process is built on a technical assistance and learning approach to quality enhancement. The effort is grounded in the Council's Basic Assurances[®] and Shared Values[®]; therefore, much of the work focuses on the organization's leadership, systems and quality management and planning. Team members talk with a variety of employees throughout the organization, meet with individuals receiving services and their families, read policies and literature, observe team meetings, identify current data collection strategies and processes;

~~learn how data is used, observe services in motion, and attend meetings/staffings/psychotropic drug reviews and self-advocacy efforts. Ultimately the team synthesizes all the information and jointly, with the provider, identifies the strengths of their system and develop, or build upon, existing quality management plans.~~

- ~~6) Other Quality Management Activities: Another important aspect of DDSN's Quality Assurance System that both assures and improves the quality of the services being provided is the official body of policies, directives, and procedures. These documents represent a significant source of guidance to the system as a whole and outline the expectations for service delivery. A system is in place to regularly review and revise these policies (see DDSN Directive 100-02-DD: Implementation Procedures for the Internal Communications System). Further, independent CPA's are utilized to conduct audits of providers' financial activities and DDSN Internal Audit assesses other financial performance issues.~~

PRINCIPLES

~~The following seven (7) principles provide the framework within which the quality management systems and initiatives are designed and implemented.~~

I. CONTINUOUS QUALITY IMPROVEMENT

~~The achievement of quality requires efforts at continuous improvement and on-going, repeated attention.~~

~~The principles of Continuous Quality Improvement will be applied by DDSN in assessing whether its policies encourage the meeting of consumers' expectations and which service and support providers are striving for the same goal. Service providers are required to design and modify supports and services to meet the expectations of the individuals who benefit from those services.~~

H. TOTAL QUALITY MANAGEMENT

~~Quality does not just happen; it requires the management and orchestration of the total system. It crosses all facets of an organization. Quality is everybody's business; it cannot be isolated or delegated in a way that absolves anyone from some responsibility.~~

~~In order to benefit from the best thinking in quality, a quality management plan should be broad-based in nature and draw from the many models and approaches that have merit.~~

~~Quality requires a willingness on the part of all stakeholders to work collaboratively to identify and then solve problems.~~

~~Quality requires strategic planning initiatives that maintain consistent parameters over a period of time. It is an iterative process where repeated efforts contribute to progressive cycles of quality enhancement.~~

~~Quality requires attending to all aspects of an organization and service delivery system.~~

III. — CUSTOMER DRIVEN

~~DDSN utilizes a customer driven approach, and the primary customer is the individual with the disability. Needs, both met and unmet, are identified. System changes are planned to increase consumer and family satisfaction and increase service provider productivity and efficiency. Increases in efficiencies are re-deployed to address unmet service and support needs. This approach maintains DDSN's accountability to the citizens of South Carolina.~~

~~Customer satisfaction is a priority in DDSN's approach to planning quality service delivery. Customer satisfaction measures/guides DDSN in determining whether service providers are meeting their responsibilities, and also whether DDSN policies are facilitating this goal. A primary measure of quality is how the individual with the disability and the family view the responsiveness of the services being provided.~~

~~Customer satisfaction assessments are performed by all service providers and DDSN throughout the state on a regular basis. DDSN and service providers are required to use this data to design and modify policies, supports and services to meet the expectations of the individuals who benefit from those services.~~

IV. — COMPREHENSIVE

~~A comprehensive quality management plan should draw ideas, standards, and measures from a number of important and/or controlling sources that may include: local ordinances, state statutes and regulations, federal statutes and regulations, applicable case law and court orders, funding source standards/requirements, professional practice board standards, specific consumer goals, consumer/family satisfaction surveys, other stakeholder satisfaction surveys, national accreditation boards (i.e., The Council on Quality on Leadership, CARF, Malcolm Baldrige Award criteria), "best practices" that are emerging from educational and research organizations, and using previously met departmental quality goals as benchmarks against which to measure progress.~~

~~Quality requires a carefully thought out system of planning, delegating, implementing, data gathering, analyzing, synthesizing, reporting, and problem solving, that is comprehensive, reliable, valid, timely, documented and on-going.~~

~~Quality programs take into consideration some process indicators (i.e., how things are done), but more importantly, outcome indicators (i.e., what has really been accomplished).~~

V. — DASHBOARD INDICATORS

~~Dashboard indicators are data sets, either quantitative or more qualitative/narrative in nature that can quickly indicate the overall health, safety, stability and quality performance of a service and support provider. DDSN strongly encourages the below listed dashboard indicators be collected and used by DDSN Regional Centers, DSN Boards, and Contracted Service Providers to monitor the basic health, safety, stability and quality of the services and supports they provide. The dashboard indicators should become an integral component of the provider's overall Quality Assurance/Risk Management process. It is recommended that each data set, applicable to the organization, be monitored by the provider's quality assurance/risk management staff and/or appropriate standing committees on a regularly scheduled basis.~~

~~Data collected should be historically compiled and analyzed for trends. A plan of action should be developed and implemented when adverse trends are identified.~~

~~Providers may decide to add additional indicators as local conditions seem to warrant. Also, not all dashboard indicators will apply to all service and support providers. Operational definitions of these dashboard indicators are also included for consideration.~~

a) ~~Allegations of Abuse, Neglect or Exploitation:~~

~~Abuse, Neglect or Exploitation will be tracked by using:~~

- ~~i) The total number of allegations made, and~~
- ~~ii) The number of those substantiated, using the definitions and procedures contained in 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.~~

~~These figures may be used in conjunction with the total number of consumers receiving services to develop a rate per 100 on an annual basis. Narrative information may also be analyzed in order to identify more specific trends.~~

b) ~~Critical Incidents:~~

~~Critical incidents will be tracked using the definitions and procedures contained in DDSN Directive 100-09-DD: Critical Incident Reporting. These figures may be used in conjunction with the total number of consumers receiving services to develop a rate per 100 on an annual basis. Narrative information may also be analyzed in order to identify more specific trends.~~

e) ~~Medication Errors/ Events:~~

~~Medication errors/events will be tracked 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:~~

- ~~i) Medication errors,~~
- ~~ii) Transcription/documentation errors, and~~
- ~~iii) Red flag events.~~

~~In addition, providers are required to maintain a medication error rate per service location to identify trends related to specific settings.~~

d) ~~Use of Restraints:~~

~~Use of restraints (physical and mechanical) may be calculated by the total duration of uses in hours divided by number of consumers served annually. Consumer/staff injury resulting from the use of restraints should be collected and analyzed. Narrative information may also be analyzed in order to identify more specific trends with a continual emphasis on restraint reduction and elimination.~~

e) ~~Use of Psychotropic Medications by individuals receiving residential supports:~~

~~Use of psychotropic medications (other than for seizure control) may be calculated as a percentage of consumers served. Some providers may choose to track the percentage of polypharmacy in this area as well.~~

f) ~~Mortality:~~

~~Deaths will be tracked using the definitions and procedures contained in DDSN Directive 505-02-DD: Death or Impending Death of Persons Receiving Services from DDSN.~~

g) ~~Employee Injuries:~~

~~Employee injuries will be tracked using the number of employee injuries that have occurred and been reported to their Worker's Compensation insurance carrier. Providers may also want to establish a rate per 100 employees on an annual basis.~~

h) ~~Vehicular Accidents:~~

~~Vehicular accidents will be tracked using the number of traffic accidents that have occurred involving provider vehicles. These should be broken out by "employee's fault" versus "fault of other."~~

i) ~~Licensing Activity:~~

~~Each provider will track the major themes of weakness or deficiency that appear in annual and follow-up licensing reports, particularly those themes that were also reported in previous reviews. Plan of Correction dates should be tracked and monitored as well as evaluation of implemented corrections.~~

j) ~~Contractual Compliance Review:~~

~~Percent of compliance with key indicators in the three (3) major domain areas (i.e., Administrative, General Provider, and Early Intervention); plus major themes of weakness or deficiency that appear in the regular reviews and follow-up reports. Plan of Correction dates should be tracked and monitored as well as evaluation of implemented corrections.~~

k) ~~Contracted Licensing Entity Activity:~~

~~The citation numbers of standards and/or conditions found to be out of compliance; plus major themes of weakness or deficiency that appear in annual and follow-up ICF/ID or CRCE surveys.~~

l) ~~Independent Financial Audit & Internal Audit Activity:~~

~~Major themes of weakness or deficiency that appear in the provider's annual audit by an independent CPA firm, plus any DDSN Division of Internal Audit reports.~~

m) ~~Quality Enhancement Review Activity:~~

~~Progress towards the provider's Quality Enhancement Plan should be monitored and revised, as needed.~~

n) ~~Consumer/Family Satisfaction Surveys:~~

~~Major areas of need identified as a result of the annual consumer/family satisfaction surveys and action planned and taken.~~

o) ~~Monthly Provider Financial Statements:~~

~~This data set may include the expenditure to budget variance reports, an analysis of Cash Flows, Cash Reserve Position, percentage of administrative expenditure to total expenditures, and other financial reports as deemed helpful.~~

p) ~~Staffing Reports:~~

~~This data set may include an analysis of the annual direct care staff turnover rates, report of position vacancies and length of time vacant, total staff to consumer ratio, as measured by total employed staff divided by the number of consumers served, and other staffing reports as deemed helpful.~~

~~VI. RESULTS ORIENTED~~

~~Quality requires a provider to move beyond mere program evaluation and into the arena of true personal outcome measures.~~

~~Important quality outcome measures should include:~~

- ~~1) Serving individuals in a healthy and safe environment;~~
- ~~2) Consumer/family satisfaction;~~
- ~~3) Effectiveness (did we meet the desired goals);~~
- ~~4) Efficiency (did we make good use of our resources);~~
- ~~5) Other stakeholders' satisfaction; and~~
- ~~6) Is the provider/program "state of the art" and consistent with "best practice" nation wide and world wide.~~

~~VII. EDUCATION BASED~~

~~Quality requires hiring good staff, a strong, well coordinated pre service orientation program, and then sustaining staff's enthusiasm through ongoing in service training and professional development programs.~~

~~Quality requires on going educational efforts for all stakeholders (i.e., consumers, families, employees, advocacy groups, payees, regulators, legislators, the media, and the public at large).~~

~~Quality requires constant vigilance in monitoring the emergence of “best practice” trends nation-wide and world-wide. This requires being in communication with service providers and policy makers through personal communication, newsletters, periodicals, and national meetings on an on-going basis.~~

DDSN, as the oversight entity for both Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) services and Home and Community-Based Services (HCBS) services, must provide assurances to the South Carolina Department of Health and Human Services (SCDHHS) that Medicaid-funded services are delivered as authorized. Additionally, DDSN must ensure both State-Funded services and Medicaid services are also delivered as authorized. There is an expectation that each service provider engages in internal monitoring of the services they deliver. The basic requirements for internal monitoring, including Risk Management and Quality Assurance activities, are outlined in the DDSN Administrative Agency Standards. In addition, DDSN monitors the provider agencies to ensure continued compliance with basic requirements and efforts towards quality improvement.

DDSN believes quality services must be:

- Person-centered and Community Inclusive;
- Responsive, efficient and accountable;
- Practical, positive and appropriate;
- Strengths-based, results-oriented;
- Inclusive of opportunities to be productive and maximize potential, and
- Based on best and promising practices.

DDSN's QM Strategy is a comprehensive approach that includes utilizing quality assurance (QA) and quality improvement (QI) activities to drive continuous quality improvement (CQI). This QM strategy is developed and implemented to:

- Offer the highest quality services that promote choice and control in people's lives;
- Promote and protect the health, safety and rights of people receiving services;
- Implement promising practices; and
- Ensure compliance with standards, policies and/or other requirements.

A successful QM strategy combines the use of QA and QI activities in such a way that processes are built into every day work and quality outcomes are possible as a result. It is important to remember that QA, or compliance with minimum standards, is only the quality floor, not the ceiling. To go beyond, for systemic improvement, QI is also needed.

DDSN must also embed requirements set forth by the Centers for Medicare and Medicaid Services (CMS) into QM strategy/plans. Specifically, DDSN addresses the requirements set forth in CMS HCBS waiver applications and the HCBS Quality Framework in QM activities.

Commented [CH3]: Ralph Courtney – Aiken DSN Board

This paragraph appears to have left out non-Medicaid services. Examples include ensuring that prevention services, advocacy services, contracted monitoring of services, etc., are delivered as contracted. I believe it is important to think beyond Medicaid services when we look at Quality Management.

DDSN Response:

Considered, but no change.

Commented [CH4]: Ralph Courtney – Aiken DSN Board

I do not understand the following sentence. I believe some word or words are missing between “services” and “Medicaid.” If you simply add the word “and” between those two words, I still am unable to understand the meaning of this sentence.

DDSN Response:

Addressed

The HCBS Quality Framework establishes common language for QM functional priorities. The framework focuses attention on seven participant-centered desired outcomes:

1. Participant Access;
2. Participant-Centered Service Planning and Delivery;
3. Provider Capacity and Capabilities;
4. Participant Safeguards;
5. Participant Rights and Responsibilities;
6. Participant Outcomes and Satisfaction, and
7. System Performance.

RISK MANAGEMENT ACTIVITIES

DDSN has included measurable risk management activities in the Administrative Agency Standards. Risk management activities strive to prevent negative occurrences in the lives of those supported. DDSN conducts many risk management activities using several sources and measures. This purposeful redundancy is necessary to assess from multiple angles the status of the health and welfare of those supported. The four primary risk management activities are:

- 1) Traditional Activities: DDSN and its provider network are involved in all of the traditional areas of risk management that are common to any operating business that owns buildings, vehicles, equipment, and that hires employees and deals interacts with the public. These activities include ensuring the safety of buildings, complying with OSHA standards, and taking appropriate measures to protect against loss through pre-employment screening, pre-service training, insurance coverage, financial auditing, and legal consultation.
- 2) Participant-Oriented Activities: ~~Since DDSN and its providers are not manufacturers of products, but rather~~ are a service and support network that is intimately involved in the lives of thousands of people, much of the risk that occurs is a result of the responsibility that the provider has to care for people with 24-hours a day, 7 days a week, 365 days a year. Activities under this heading include the tracking and review of, and response to allegations of abuse, neglect and exploitation, critical incidents, complaints/appeals, and mortality.
- 3) Participant-Determined Activities: This is an area of Risk Management that has developed as a result of the paradigm shift in the treatment and services that has empowered participants to be more in control of their lives/choices and the decisions that are made regarding the services and supports they receive. These participant determined risk factors may relate to issues of diet, exercise, use of potentially harmful substances, sexual practices, hygiene, conformance with medical advice, acceptance of behavioral health services, and acceptance of levels of supervision, to list a few but not all possible factors. At the core of all of these issues is the balance between the person's right to determine the direction and quality of his/her life and the duty to protect the person from foreseeable harmful occurrences. Some of the tools DDSN ~~used~~ in this area are participant and family councils, circles of support, pre-approval of plans of service, ongoing Case Management monitoring of service delivery, the annual planning process, and human rights committees.

Commented [CH5]: Ralph Courtney – Aiken DSN Board

I take exception to the phrase at the beginning of the paragraph that is labelled "2)." It reads: "~~Since DDSN and its providers are not manufacturers of products, but rather a service provider network.~~" This may be true in the case of some providers, but not all. Some providers do manufacture products. I suggest simply removing this phrase and beginning this paragraph as follows: "DDSN and its providers are a service and support network that is intimately involved" This would result in no change in what I believe is the intent of this paragraph.

DDSN Response:

Addressed

Commented [CH6]: Ralph Courtney – Aiken DSN Board

Should be changed to "Some of the tools DDSN ~~uses~~"

DDSN Response:

Addressed

- 4) Internal and External Audit Activities: Internal Audit provides independent and objective assurance and advice to DDSN and the DDSN Commission on the adequacy and effectiveness of governance and risk management, including internal controls, to support the achievement of organizational objectives, and to promote and facilitate continuous improvement. External audit activities provide additional assurance to satisfy expectations that serve to protect the interest of stakeholders and satisfy requests by management and the Commission to complement internal sources of assurance.

QUALITY ASSURANCE/QUALITY IMPROVEMENT ACTIVITIES

Once appropriate risk management activities are in place, then a strong quality assurance and quality improvement program must rest on a foundation of health, safety, and financial, and operational/administrative integrity. Quality Assurance/Quality Improvement activities strive to increase positive occurrences in the lives of persons served. DDSN has included measurable quality assurance/quality improvement activities in the Administrative Agency Standards.

- 1) Licensing Activities: DDSN uses licensing activities to assist in providing a foundation of health and safety upon which other quality of life initiatives may be built. South Carolina state law requires licensing of day programs and residential settings. The law permits the establishment of standards for the qualifications of staff, staff ratios, fire safety, medication management, and health and safety. DDSN contracts with an entity to coordinate licensing inspection activities. Additional inspections may also be coordinated with the State Fire Marshall's Office. Follow-up licensing reviews are completed to assure that corrective action for deficiencies has been taken.
- 2) Contract Compliance Activities: The second component of the DDSN Quality Management system is the work done performed by a Quality Improvement Organization (QIO), as designated by the CMS. The QIO, pursuant to its contract with DDSN, conducts a Quality Assurance review of every provider to measure and evaluate the health and welfare of people receiving services. The reviews may take place every 12 to 18 months, depending on the provider's prior performance
- 3) Post-Payment Claims Review: DDSN performs a post payment claims review of a representative, random sample of Medicaid claims for services rendered annually to determine if those claims are supported by documentation which substantiates that authorized services were delivered. Post-Payment Claims Reviews will be conducted as a desk review versus on-site review, and providers are required to submit to DDSN documentation to substantiate the sampled claims. Claims from each provider will be reviewed no less than once every three (3) years.
- 4) Observation of Residential and Day Services: The Day and Residential Observation/Participant Experience Survey stands alone as a distinct measure of QI/QM. Day Observation/Participant Experience Surveys will be completed annually at all DDSN-licensed facility-based Day Services locations. Residential Observations/Participant Experience Surveys will be completed annually at 25% of Residential Habilitation settings operated by the provider. The Observation/Participant Experience Surveys may be completed in conjunction with other QA/QI activities or may be conducted as a separate activity.

5) Participant/Family Satisfaction Measures: It is very possible for a participant to receive needed services and supports but still feel dissatisfied with life or the services and supports he/she is receiving. Thus, measures of participant’s satisfaction with the services and supports received must be considered in order for an agency’s services to be truly person-centered and as an important component of data triangulation. Participant and family satisfaction surveys are conducted annually using a planned redundancy model. Each service provider is required to develop and administer its own satisfaction survey. Each provider must comprehensively analyze results must be tabulated and identify areas of weakness, and design and implement a plan of correction. In addition, approximately 500 participants must complete National Core Indicator (NCI) Surveys each year with the assistance of their Case Managers -completing Background Documents. The NCI Surveys are coordinated through the Human Services Research Institute (HSRI). This survey information can be used to compare various data for the state to data from other states.

Commented [CH7]: Ralph Courtney – Aiken DSN Board

It now reads: “Thus, measures of participant with the services and supports” I believe the word “satisfaction” was meant to be placed between the words “participant” and “with.”

DDSN Response:

Addressed

Commented [CH8]: Ralph Courtney – Aiken DSN Board

Case Manager should be changed to Case Managers in order to be in agreement with the other words used in this sentence.

DDSN Response:

Addressed

Commented [CH9]: Ralph Courtney – Aiken DSN Board

Remove the word “were.” Also, after the word “organization,” change the comma to a period.

DDSN Response:

Addressed

6) Personal Outcomes Measures: Another way participants’ health, welfare, and satisfaction is assessed is through Personal Outcome Measures©, which were developed by The Council on Quality and Leadership (CQL), a nationally recognized accrediting organization. Personal Outcome Measures© can be used to determine how well services and supports are being received by the person.

7) Quality Enhancement Activities: With the multiple approaches the DDSN system uses to measure and improve quality, it is important for providers to have a process that allows for the synthesis of all data to understand overall performance of their services. As a part of the provider’s Quality Management Plan, the provider’s assessment process should include discussion with a variety of employees throughout the organization, meeting with persons receiving services and their families, reading policies and literature, observing team meetings, identifying current data collection strategies and processes, learning how data is used, observing services in motion, and attending meetings/staffings and self-advocacy efforts. Ultimately, the team synthesizes all the information, identifies the strengths of their system, and develops, or builds upon, existing quality management plans.

Commented [CH10]: Ralph Courtney – Aiken DSN Board

Add commas between “information” and “identifies” and then between “system” and “and.”

DDSN Response:

Addressed

QUALITY MANAGEMENT PLAN

Each DDSN Contracted Provider Agency is required to have a Quality Management Plan, which shall 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; and
- Roles and responsibilities of the staff persons related to the practice of quality management.

The provider 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.

DDSN QUALITY MANAGEMENT OVERSIGHT ACTIVITIES

DDSN employs a Quality Management system that includes the cycle of design, discovery, remediation, and improvement. Through its Risk Management and Quality Assurance/Quality Improvement processes, DDSN ensures that individual services are being implemented as planned and based on the needs of the person supported, compliance with contract and/or funding requirements, and implement best practices. In addition, the provider's administrative and operational capabilities are routinely reviewed to ensure compliance with DDSN standards, contracts, policies, and procedures.

Meeting service standards and employing qualified staff are basic expectations for service delivery. In addition, DDSN and its provider network have the responsibility to prevent, as much as possible, the occurrence of unfavorable events in the lives of people served. Examples of unfavorable events for people supported include the following: abuse, mistreatment, exploitation, critical incidents, accidents/injuries, medication errors, preventable illnesses, preventable restraints, and preventable deaths. It is very important that service providers have reliable systems for reporting, analyzing, and following up on unfavorable events for people supported. Each of these systems should be governed by policies and procedures and have sufficient resources at their disposal to assure that corrective actions are undertaken to prevent the reoccurrence of unfavorable events in the future. As additional oversight, DDSN ~~has~~ implements Administrative Reviews, Material Deficiencies Notices, ~~and~~ Corrective Action Plans, and Sanctions to prompt corrective actions necessary for quality improvement.

PROVIDER REPORTING DASHBOARD

The need for improved transparency among government-funded services continues to increase as the public demands more accountability. DDSN believes it is important to maintain a transparent reporting system as a resource for a variety of stakeholders. This resource must reflect reliable measures that will help inform participants and family members when selecting service providers.

The Provider Reporting Dashboard is a resource featured on the DDSN Website. It is available to all stakeholders to learn about the ~~service providers~~ DDSN contracted service providers. The Dashboard includes a three (3)-year trend for compliance reviews, licensing, health and safety reporting, finance and business reporting, and quality indicators. The provider's size, the frequency of reviews, and any special certification information is also included. If a provider has had any Contract Enforcement Actions taken in the past three (3) years, that information is also noted.

Commented [HC11]: Ralph Courtney – Aiken DSN Board

1. Something is wrong with the structure of this sentence. After the comma following **supported**, I suggest adding **"are in."**

DDSN Response:

Considered

Commented [CH12]: Ralph Courtney – Aiken DSN Board

Replace **"implement"** with **"in accordance with."** **"Implement"** does not flow in this sentence.

DDSN Response:

Considered

Commented [CH13]: Ralph Courtney – Aiken DSN Board

Add the word **"of"** between **providers** and **DDSN**.

DDSN Response:

Addressed

Commented [CH14]: Ralph Courtney – Aiken DSN Board

I suggest a comma be placed between **"years"** and **"that."**

DDSN Response:

Addressed

As additional information for stakeholders, information about the review processes is provided in a prelude to the data. This ~~will~~ includes a description of the criteria to qualify for an 18-month review and the process for determining how often a particular site is licensed, reporting requirements for allegations of Abuse, Neglect, and Exploitation or Critical Incident Reporting, Plan of Correction timelines, and possible enforcement actions.

Commented [CH15]: Ralph Courtney – Aiken DSN Board
"This will include" to "This includes."
DDSN Response:
Addressed

Each indicator or scoring area has ~~will have~~ an icon available for the reader to view a description of the measures used to determine compliance.

Commented [CH16]: Ralph Courtney – Aiken DSN Board
"will have" to "has."
DDSN Response:
Addressed

DDSN ADMINISTRATIVE REVIEWS

The DDSN Risk Management Division may conduct an Administrative Review of Incident Management Report(s) or conduct a review in response to significant concerns related to service delivery. The Administrative Review is designed to ensure appropriate safeguards for DDSN service recipients and that compliance with DDSN Standards/Directives/policies is maintained. The level of Administrative Review will be determined using the following criteria:

- Significant Injury: Incidents involving significant injury.
- Significant risk: Concerns resulting from the supervision and supports rendered being inconsistent with those outlined in the person’s Plan.
- Multiple reports of unauthorized activities, gaps in oversight, or concerns regarding the physical condition of the service settings.
- Complaints and/or observations noted through OA/QI activities, or through contacts with, or contacts related to, the provider.
- Inconsistent documentation related to incident reports.
- A noticeable change in reporting trends.
- Upon the request of the provider agency or another state agency.

The Administrative Review is designed to ensure appropriate safeguards for DDSN service recipients and that compliance with DDSN Standards/Directives/policies is maintained.

Commented [CH17]: Ralph Courtney – Aiken DSN Board
I suggest moving the sentence in the middle of the page that begins "The Administrative Review is designed to ensure . . ." to immediately below the bold worded "DDSN ADMINISTRATIVE REVIEWS." To me it would make sense to put the purpose of this section immediately after the section’s title.
DDSN Response:
Addressed

MATERIAL DEFICIENCIES and CORRECTIVE ACTION PLANS

When providers fail to meet compliance through the typical remediation process, or when there are documented trends adversely affecting service delivery, a notice of material deficiencies will be issued. When such notice is issued, the provider must submit a Corrective Action Plan (CAP) to the Quality Management Division outlining the actions it will take to thoroughly remediate the areas of deficiency, including, but not limited to, updates in policy(ies), procedures, training(s) by appropriately-credentialed entities or individuals, and/or increased oversight by the agency management.

Criteria for issuing a Notice of Material Deficiencies may include, but are not limited to, the following:

- Incident Management Reports demonstrating a trend of significant injuries or staff actions/inactions that pose a risk to individuals supported;

- 86% (or below) compliance with timely submission of Incident Management Reports for two consecutive quarters;
- Two (2) or more Class I Deficiencies cited for any settings operated by the provider within a 12-month review period;
- 75% (or below) compliance with licensing requirements at two (2) or more settings operated by the provider within a 12-month review period. The compliance score will be determined by the final Report of Findings;
- 60% (or below) compliance with Staff Qualifications and Staff Training requirements as determined through the appropriate review tool for a service (e.g., Contract Compliance or Licensing Reviews). The compliance score will be determined by the final Report of Findings;
- 60% (or below) compliance with service specific requirements as determined through the Contract Compliance Review for a service (e.g., Day Service, Residential Habilitation, Early Intervention, etc.). The compliance score will be determined by the final Report of Findings;
- Evidence of systemic non-compliance in maintaining service delivery documentation to support claims for services rendered; and/or
- Evidence of systemic non-compliance in monitoring participant funds and personal property.

DDSN will specify requirements for a CAP, but will not provide its content. Each provider will be expected to rely upon or develop their internal capacities to reach compliance.

The CAP must identify, with specificity, each of the following elements:

- The dates by which each component will be completed;
- Specific topics and goals of any staff trainings;
- The credentials and experience of the person/entity conducting any staff training that were basis for selection;
- What policies, procedures, or practices will be amended and how; and
- The strategies to be employed to ensure the actions identified in the CAP are implemented and effective to both correct the problem noted and prevent reoccurrence.

Upon receipt of a CAP, DDSN will accept or reject elements of the proposed CAP or the plan in its entirety. In the event of a rejection, the provider shall be required to resubmit a revised CAP. Upon acceptance of the CAP, the provider shall implement the corrective action plan and submit to DDSN an update of progress toward CAP fulfillment every 90 days. If actions from the CAP are not completed by the date specified in the plan, sanctions may be applied.

SANCTIONS

DDSN Licensed Settings

When DDSN Director of Quality Management determines that a licensed setting is in violation of any statutory provision, rule, or regulation relating to the operation or maintenance of such

Commented [CH18]: Ralph Courtney – Aiken DSN Board
 The way I read this, it seems inequitable for larger providers. I am not sure this is clearly written. Is your intention that we understand that whether or not a provider has 50 sites or 1 site, their total Class I Deficiencies cannot be more than 1 within a 12-month review period or they will receive a Notice of Material Deficiencies. Did you mean "setting" rather than "settings" so large and small providers would be treated equally. Perhaps, you meant "per setting."
 DDSN Response:
 Considered

Commented [CH19]: Ralph Courtney – Aiken DSN Board
 I would suggest that this percentage be increased from 60% to 75%. That Staff Qualifications and Staff Training be broken into two separate bullets.
 DDSN Response:
 Considered

Commented [CH20]: Ralph Courtney – Aiken DSN Board
 Somewhere, perhaps here, I would use the words **Corrective Action Plan** along with the acronym, **CAP**.
 DDSN Response:
 No changes necessary as the full word and acronym appear on page 15 in the first paragraph under the title "MATERIAL DEFICIENCIES and CORRECTIVE ACTION PLANS."

Commented [CH21]: Ralph Courtney – Aiken DSN Board
 I think something should be added such as follows. **DDSN consultations with providers will be made available. In addition, DDSN will recommend possible sources of assistance in developing and implementing effective CAPs specific to the citation noted in order to assist providers in achieving improved service delivery.**
 DDSN Response:
 Considered

setting, DDSN, upon proper notice to the licensee, may impose a sanction, including but not limited to:

- Deny, suspend, or revoke licenses;
- Require implementation of a system for Competency Based Training that includes an evaluation/measure of the effectiveness of staff training to ensure staff members demonstrate the skills necessary to consistently provide the individualized supports;
- Require specific changes in leadership/oversight personnel;
- Implement Enhanced Monitoring. Enhanced Monitoring is a short term, intense intervention that leads to issue resolution and increased capacity to promote the health, safety and welfare of people supported by DDSN;
- DDSN may make referrals to the South Carolina Department of Labor, Licensing and Regulation (SCLLR) for matters related to professional licensing;
- DDSN may recommend that SCDHHS terminate the Medicaid provider agreement;
- DDSN may refer the provider to South Carolina Law Enforcement Division (SLED) and/or the Office of the Inspector General for investigation;
- DDSN may impose any other sanctions in accordance with DDSN policies and procedures.

DDSN shall utilize inspections, investigations, consultations, and other pertinent documentation regarding the licensed setting to enforce DDSN Standards and Directives.

In determining sanctionable activity, DDSN shall consider the specific conditions and their impact or potential impact on health, safety or well-being of participants including, but not limited to: serious deficiencies in medication management; serious housekeeping/maintenance/fire and life safety related problems that pose a health threat to the residents; unsafe condition of the building; direct evidence of abuse, neglect, or exploitation with untimely reporting/response; lack of food or evidence that participants are not being fed properly; no staff available at the setting with participants present; and/or unsafe procedures/treatment being practiced by staff. DDSN may also consider any other pertinent conditions that may be applicable to current Directives and Standards.

The Director of Quality Management will make a recommendation for penalties to the DDSN Sanctions Review Committee. The recommendation will include documentation of the deficiency, the provider's appeal, if applicable, and corresponding Plan of Correction. The Sanctions Review Committee will be composed of the Associate State Director of Operations, the Associate State Director of Policy, the Chief Administrative Officer, the DDSN General Counsel, a member selected by I.M.P.A.C.T. S.C., a DDSN Provider representative elected among their peers, and a representative from the State Long Term Care Ombudsman Program and will meet on a quarterly basis. Upon recommendation from the Sanctions Review Committee, the Licensee will receive prompt, formal notification of the Sanction and the terms required to satisfy remaining requirements.

Community-Based Services

Commented [CH22]: Ralph Courtney – Aiken DSN Board

Place "of" between the words "implementation" and "a."

DDSN Response:

Addressed

Commented [CH23]: Ralph Courtney – Aiken DSN Board

Should something about other licensing bodies such as the State Nursing Board, etc., also be mentioned, or is that already covered through SCLLR?

DDSN Response:

SNB is part of LLR

DDSN may also impose sanctions for non-compliance with Administrative Agency Standards, including staff qualifications and training requirements. DDSN may also impose sanctions for failure to meet key elements of service delivery which are not subject to post-payment claims review.

The Director of Quality Management will make a recommendation for sanction to the DDSN Sanctions Review Committee. The recommendation will include documentation of the deficiency, the provider’s appeal, if applicable, and corresponding Plan of Correction. The Sanctions Review Committee will be composed of the Associate State Director of Operations, the Associate State Director of Policy, the Chief Administrative Officer, the DDSN General Counsel, a member selected by I.M.P.A.C.T. S.C., and a DDSN Provider representative ~~elected among their peers~~ and will meet on a quarterly basis. Service Provider Associations may submit the name of a representative to DDSN and the representative will be selected by the DDSN State Director from among the submissions. Upon recommendation from the Sanctions Review Committee, the provider will receive formal notification of the Sanction and the terms required to satisfy remaining requirements.

When a provider demonstrates non-compliance in one or more areas of contractual responsibility or failure to submit or implement a CAP, DDSN, upon proper notice, may impose a sanction, including but not limited to:

- Require implementation of a system for Competency Based Training that includes an evaluation/measure of the effectiveness of staff training to ensure staff members demonstrate the skills necessary to consistently provide the individualized supports;
- Require specific changes in leadership/oversight personnel;
- Implement Enhanced Monitoring. Enhanced Monitoring is a short term, intense intervention that leads to issue resolution and increased capacity to promote the health, safety and welfare of people supported by DDSN;
- DDSN may make referrals to SCLLR for matters related to professional licensing;
- DDSN may recommend that SCDHHS terminate the Medicaid provider agreement;
- DDSN may refer the provider to SLED and/ or the Office of the Inspector General for investigation;
- DDSN may impose any other sanctions in accordance with DDSN policies and procedures.

DDSN will empanel a Sanctions Board to review circumstances which could lead to the imposition of a sanction. The Sanctions Board will make a recommendation regarding the specific sanction to be imposed to the DDSN State Director. The DDSN State Director will determine the sanction, if any, to be imposed.

POST-PAYMENT CLAIMS REVIEW

Performance Measures in the DDSN-operated HCBS Waivers require DDSN and DHHS to assure that services are provided in accordance with the service definitions and/or are supported by documentation of service delivery. To that end, DDSN will conduct Post Payment Claims Reviews (PPCR). The PPCR is used to verify that service authorized to a person was delivered

Commented [CH24]: Ralph Courtney – Aiken DSN Board

How will the provider network select a representative? Is this the SCHSPA, the Coalition? Neither includes all providers.

DDSN Response:

Addressed

Commented [CH25]: Ralph Courtney – DSN Board

Add the word “of” between the words “implementation” and “a.”

DDSN Response:

Addressed

Commented [CH26]: Ralph Courtney – Aiken DSN Board

Again, are there licensing bodies other than SCLLR to whom unprofessional conduct should be reported?

DDSN Response:

Addressed

Commented [CH27]: Ralph Courtney – Aiken DSN Board

For licensed settings the State Director’s approval of the Sanctions Board’s recommendations is not required while it is for community-based services. I have no idea why this would be the case.

DDSN Response:

Considered

by the provider on every date reimbursement for the service was sought. This Review will include a determination of whether:

- The person was eligible for services at the time of the claim;
- The service was authorized in the person's Case Management Plan;
- The units of service align with the authorized units in the plan; and
- There is sufficient documentation to support the service was delivered in accordance with the applicable service standards and service definitions. Supporting documentation will vary depending on the service delivered. Documentation may include, but is not limited to: evidence of training goal/objective implementation, evidence of implementation of supervision plan, service notes, T-Logs, evidence of recreation/leisure activities, behavior support data, meeting notes, medication administration records, medical appointment records, etc.

Provider agencies must have an established internal monitoring processes to ensure the integrity of the services provided meets the scope of the defined service(s), DDSN, and Medicaid requirements. The agencies must also have policies/procedures for documenting service delivery, consistent with the scope of the defined service(s), DDSN, and Medicaid requirements. Discrepancies found within the service documentation and actual service delivery will be reported to SCDHHS Program Integrity for further investigation.

~~Susan Kreh Beek, 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~~



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PURPOSE

The purpose of this directive is to establish the conceptual framework for the South Carolina Department of Disabilities and Special Needs (DDSN) Quality Management (QM) oversight of services delivered to those eligible for DDSN's services and ensures compliance with standards, policies and/or other requirements.

DEFINITIONS

Continuous Quality Improvement (CQI) - a quality management strategy that is based on the idea that most processes can be improved and made more efficient. Instead of focusing on an issue only when a problem is inevitable, and a dramatic intervention is necessary, CQI advocates for incremental, but regular changes that become a part of an organization's day-to-day activities.

Quality Assurance (QA) - measures quality as a function of compliance with standards/rules/expectations. QA activities most often involve gathering data via a look-behind (monitoring) of objective standards/rules/expectations.

Quality Improvement (QI) - often measures quality in subjective terms as a function of an opinion/perception/experience of something in the service system. QI typically involves a proactive approach, includes continuous learning, and includes qualitative measures that align with subjective expectations.

Risk Management (RM) - The efforts to eliminate, reduce, and/or control exposure to risk, loss and injury. A broad-based agency Risk Management program should fulfill the following purposes: a) Improve the safety and quality of life for those supported and employees; b) Conserve financial resources; and c) Maintain relationships of trust among stakeholders.

BACKGROUND

The organizational context within which DDSN provides services and supports has been well established through the creation and publication of its Vision, Mission, and Values Statements.

VISION: To provide the very best services to assist individuals with disabilities and their families.

MISSION: Our mission is to assist individuals 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.

VALUES: Health, safety and well-being of each individual; dignity and respect for each individual; individual and family participation, choice, control and responsibility; relationships with family, friends and community connections; personal growth and accomplishments.

DDSN, as the oversight entity for both Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) services and Home and Community-Based Services (HCBS) services, must provide assurances to the South Carolina Department of Health and Human Services (SCDHHS) that Medicaid-funded services are delivered as authorized. Additionally, DDSN must ensure both State-Funded services Medicaid services are also delivered as authorized. There is an expectation that each service provider engages in internal monitoring of the services they deliver. The basic requirements for internal monitoring, including Risk Management and Quality Assurance activities, are outlined in the DDSN Administrative Agency Standards. In addition, DDSN monitors the provider agencies to ensure continued compliance with basic requirements and efforts towards quality improvement.

DDSN believes quality services must be:

- Person-centered and Community Inclusive;
- Responsive, efficient and accountable;
- Practical, positive and appropriate;
- Strengths-based, results-oriented;
- Inclusive of opportunities to be productive and maximize potential, and
- Based on best and promising practices.

DDSN's QM Strategy is a comprehensive approach that includes utilizing quality assurance (QA) and quality improvement (QI) activities to drive continuous quality improvement (CQI). This QM strategy is developed and implemented to:

- Offer the highest quality services that promote choice and control in people's lives;
- Promote and protect the health, safety and rights of people receiving services;
- Implement promising practices; and
- Ensure compliance with standards, policies and/or other requirements.

A successful QM strategy combines the use of QA and QI activities in such a way that processes are built into every day work and quality outcomes are possible as a result. It is important to remember that QA, or compliance with minimum standards, is only the quality floor, not the ceiling. To go beyond, for systemic improvement, QI is also needed.

DDSN must also embed requirements set forth by the Centers for Medicare and Medicaid Services (CMS) into QM strategy/plans. Specifically, DDSN addresses the requirements set forth in CMS HCBS waiver applications and the HCBS Quality Framework in QM activities.

The HCBS Quality Framework establishes common language for QM functional priorities. The framework focuses attention on seven participant-centered desired outcomes:

1. Participant Access;
2. Participant-Centered Service Planning and Delivery;
3. Provider Capacity and Capabilities;
4. Participant Safeguards;
5. Participant Rights and Responsibilities;
6. Participant Outcomes and Satisfaction, and
7. System Performance.

RISK MANAGEMENT ACTIVITIES

DDSN has included measurable risk management activities in the Administrative Agency Standards. Risk management activities strive to prevent negative occurrences in the lives of those supported. DDSN conducts many risk management activities using several sources and measures. This purposeful redundancy is necessary to assess from multiple angles the status of the health and welfare of those supported. The four primary risk management activities are:

- 1) **Traditional Activities:** DDSN and its provider network are involved in all of the traditional areas of risk management that are common to any operating business that owns buildings, vehicles, equipment, and that hires employees and deals interacts with the public. These activities include ensuring the safety of buildings, complying with OSHA standards, and taking appropriate measures to protect against loss through pre-employment screening, pre-service training, insurance coverage, financial auditing, and legal consultation.

- 2) **Participant Oriented Activities:** Since DDSN and its providers are not manufacturers of products, but rather are a service and support network that is intimately involved in the lives of thousands of people, much of the risk that occurs is a result of the responsibility that the provider has to care for people with 24-hours a day, 7 days a week, 365 days a year. Activities under this heading include the tracking and review of, and response to allegations of abuse, neglect and exploitation, critical incidents, complaints/appeals, and mortality.
- 3) **Participant Determined Activities:** This is an area of Risk Management that has developed as a result of the paradigm shift in the treatment and services that has empowered participants to be more in control of their lives/choices and the decisions that are made regarding the services and supports they receive. These participant determined risk factors may relate to issues of diet, exercise, use of potentially harmful substances, sexual practices, hygiene, conformance with medical advice, acceptance of behavioral health services, and acceptance of levels of supervision, to list a few but not all possible factors. At the core of all of these issues is the balance between the person's right to determine the direction and quality of his/her life and the duty to protect the person from foreseeable harmful occurrences. Some of the tools DDSN used in this area are participant and family councils, circles of support, pre-approval of plans of service, ongoing Case Management monitoring of service delivery, the annual planning process, and human rights committees.
- 4) **Internal and External Audit Activities:** Internal Audit provides independent and objective assurance and advice to DDSN and the DDSN Commission on the adequacy and effectiveness of governance and risk management, including internal controls, to support the achievement of organizational objectives, and to promote and facilitate continuous improvement. External audit activities provide additional assurance to satisfy expectations that serve to protect the interest of stakeholders and satisfy requests by management and the Commission to complement internal sources of assurance.

QUALITY ASSURANCE/QUALITY IMPROVEMENT ACTIVITIES

Once appropriate risk management activities are in place, then a strong quality assurance and quality improvement program must rest on a foundation of health, safety, and financial, and operational/administrative integrity. Quality Assurance/Quality Improvement activities strive to increase positive occurrences in the lives of persons served. DDSN has included measurable quality assurance/quality improvement activities in the Administrative Agency Standards.

- 1) **Licensing Activities:** DDSN uses licensing activities to assist in providing a foundation of health and safety upon which other quality of life initiatives may be built. South Carolina state law requires licensing of day programs and residential settings. The law permits the establishment of standards for the qualifications of staff, staff ratios, fire safety, medication management, and health and safety. DDSN contracts with an entity to coordinate licensing inspection activities. Additional inspections may also be coordinated with the State Fire Marshall's Office. Follow-up licensing reviews are completed to assure that corrective action for deficiencies has been taken.

- 2) **Contract Compliance Activities:** The second component of the DDSN Quality Management system is the work done performed by a Quality Improvement Organization (QIO), as designated by the CMS. The QIO, pursuant to its contract with DDSN, conducts a Quality Assurance review of every provider to measure and evaluate the health and welfare of people receiving services. The reviews may take place every 12 to 18 months, depending on the provider's prior performance
- 3) **Post-Payment Claims Review:** DDSN performs a post payment claims review of a representative, random sample of Medicaid claims for services rendered annually to determine if those claims are supported by documentation which substantiates that authorized services were delivered. Post-Payment Claims Reviews will be conducted as a desk review versus on-site review, and providers are required to submit to DDSN documentation to substantiate the sampled claims. Claims from each provider will be reviewed no less than once every three (3) years.
- 4) **Observation of Residential and Day Services:** The Day and Residential Observation/Participant Experience Survey stands alone as a distinct measure of QI/QM. Day Observation/Participant Experience Surveys will be completed annually at all DDSN-licensed facility-based Day Services locations. Residential Observations/Participant Experience Surveys will be completed annually at 25% of Residential Habilitation settings operated by the provider. The Observation/Participant Experience Surveys may be completed in conjunction with other QA/QI activities or may conducted as a separate activity.
- 5) **Participant/Family Satisfaction Measures:** It is very possible for a participant to receive needed services and supports but still feel dissatisfied with life or the services and supports he/she is receiving. Thus, measures of participant with the services and supports received must be considered in order for an agency's services to be truly person-centered and as an important component of data triangulation. Participant and family satisfaction surveys are conducted annually using a planned redundancy model. Each service provider is required to develop and administer its own satisfaction survey. Each provider must comprehensively analyze results must be tabulated and identify areas of weakness, and design and implement a plan of correction. In addition, approximately 500 participants must complete National Core Indicator (NCI) Surveys each year with the assistance of their Case Manager completing Background Documents. The NCI Surveys are coordinated through the Human Services Research Institute (HSRI). This survey information can be used to compare various data for the state to data from other states.
- 6) **Personal Outcomes Measures:** Another way participants' health, welfare, and satisfaction is assessed is through Personal Outcome Measures© were developed by The Council on Quality and Leadership (CQL), a nationally recognized accrediting organization, Personal Outcome Measures© can be used to determine how well services and supports are being received by the person.
- 7) **Quality Enhancement Activities:** With the multiple approaches the DDSN system uses to measure and improve quality, it is important for providers to have a process that allows for the synthesis of all data to understand overall performance of their services. As a part of the

provider's Quality Management Plan, the provider's assessment process should include discussion with a variety of employees throughout the organization, meeting with persons receiving services and their families, reading policies and literature, observing team meetings, identifying current data collection strategies and processes, learning how data is used, observing services in motion, and attending meetings/staffing's and self-advocacy efforts. Ultimately, the team synthesizes all the information identifies the strengths of their system and develops, or builds upon, existing quality management plans.

QUALITY MANAGEMENT PLAN

Each DDSN Contracted Provider Agency is required to have a Quality Management Plan, which shall 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; and
- Roles and responsibilities of the staff persons related to the practice of quality management.

The provider 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.

DDSN QUALITY MANAGEMENT OVERSIGHT ACTIVITIES

DDSN employs a Quality Management system that includes the cycle of design, discovery, remediation, and improvement. Through its Risk Management and Quality Assurance/Quality Improvement processes, DDSN ensures that individual services are being implemented as planned and based on the needs of the person supported, compliance with contract and/or funding requirements, and implement best practices. In addition, the provider's administrative and operational capabilities are routinely reviewed to ensure compliance with DDSN standards, contracts, policies, and procedures.

Meeting service standards and employing qualified staff are basic expectations for service delivery. In addition, DDSN and its provider network have the responsibility to prevent, as much as possible, the occurrence of unfavorable events in the lives of people served. Examples of unfavorable events for people supported include the following: abuse, mistreatment, exploitation, critical incidents, accidents/injuries, medication errors, preventable illnesses, preventable restraints, and preventable deaths. It is very important that service providers have reliable systems for reporting, analyzing, and following up on unfavorable events for people supported. Each of these systems should be governed by policies and procedures and have sufficient resources at their disposal to assure that corrective actions are undertaken to prevent the reoccurrence of unfavorable events in the future. As additional oversight, DDSN has implemented Administrative Reviews, Material Deficiencies Notices, and Corrective Action Plans, and Sanctions to prompt corrective actions necessary for quality improvement.

PROVIDER REPORTING DASHBOARD

The need for improved transparency among government-funded services continues to increase as the public demands more accountability. DDSN believes it is important to maintain a transparent reporting system as a resource for a variety of stakeholders. This resource must reflect reliable measures that will help inform participants and family members when selecting service providers.

The Provider Reporting Dashboard is a resource featured on the DDSN Website. It is available to all stakeholders to learn about the service providers DDSN. The Dashboard includes a three (3)-year trend for compliance reviews, licensing, health and safety reporting, finance and business reporting, and quality indicators. The provider's size, the frequency of reviews, and any special certification information is also included. If a provider has had any Contract Enforcement Actions taken in the past three (3) years that information is also noted.

As additional information for stakeholders, information about the review processes is provided in a prelude to the data. This will include a description of the criteria to qualify for an 18-month review and the process for determining how often a particular site is licensed, reporting requirements for allegations of Abuse, Neglect, and Exploitation or Critical Incident Reporting, Plan of Correction timelines, and possible enforcement actions.

Each indicator or scoring area will have an icon available for the reader to view a description of the measures used to determine compliance.

DDSN ADMINISTRATIVE REVIEWS

The DDSN Risk Management Division may conduct an Administrative Review of Incident Management Report(s) or conduct a review in response to significant concerns related to service delivery. The level of Administrative Review will be determined using the following criteria:

- Significant Injury: Incidents involving significant injury.
- Significant risk: Concerns resulting from the supervision and supports rendered being inconsistent with those outlined in the person's Plan.
- Multiple reports of unauthorized activities, gaps in oversight, or concerns regarding the physical condition of the service settings.
- Complaints and/or observations noted through OA/QI activities, or through contacts with, or contacts related to, the provider.
- Inconsistent documentation related to incident reports.
- A noticeable change in reporting trends.
- Upon the request of the provider agency or another state agency.

The Administrative Review is designed to ensure appropriate safeguards for DDSN service recipients and that compliance with DDSN Standards/Directives/policies is maintained.

MATERIAL DEFICIENCIES and CORRECTIVE ACTION PLANS

When providers fail to meet compliance through the typical remediation process, or when there are documented trends adversely affecting service delivery, a notice of material deficiencies will be issued. When such notice is issued, the provider must submit a Corrective Action Plan (CAP) to the Quality Management Division outlining the actions it will take to thoroughly remediate the areas of deficiency, including, but not limited to, updates in policy(ies), procedures, training(s) by appropriately-credentialed entities or individuals, and/or increased oversight by the agency management.

Criteria for issuing a Notice of Material Deficiencies may include, but are not limited to, the following:

- Incident Management Reports demonstrating a trend of significant injuries or staff actions/inactions that pose a risk to individuals supported;
- 86% (or below) compliance with timely submission of Incident Management Reports for two consecutive quarters;
- Two (2) or more Class I Deficiencies cited for any settings operated by the provider within a 12-month review period;
- 75% (or below) compliance with licensing requirements at two (2) or more settings operated by the provider within a 12-month review period. The compliance score will be determined by the final Report of Findings;
- 60% (or below) compliance with Staff Qualifications and Staff Training requirements as determined through the appropriate review tool for a service (e.g., Contract Compliance or Licensing Reviews). The compliance score will be determined by the final Report of Findings;
- 60% (or below) compliance with service specific requirements as determined through the Contract Compliance Review for a service (e.g., Day Service, Residential Habilitation, Early Intervention, etc.). The compliance score will be determined by the final Report of Findings;
- Evidence of systemic non-compliance in maintaining service delivery documentation to support claims for services rendered; and/or
- Evidence of systemic non-compliance in monitoring participant funds and personal property.

DDSN will specify requirements for a CAP, but will not provide its content. Each provider will be expected to rely upon or develop their internal capacities to reach compliance.

The CAP must identify, with specificity, each of the following elements:

- The dates by which each component will be completed;
- Specific topics and goals of any staff trainings;
- The credentials and experience of the person/entity conducting any staff training that were basis for selection;
- What policies, procedures, or practices will be amended and how; and
- The strategies to be employed to ensure the actions identified in the CAP are implemented and effective to both correct the problem noted and prevent reoccurrence.

Upon receipt of a CAP, DDSN will accept or reject elements of the proposed CAP or the plan in its entirety. In the event of a rejection, the provider shall be required to resubmit a revised CAP. Upon acceptance of the CAP, the provider shall implement the corrective action plan and submit to DDSN an update of progress toward CAP fulfillment every 90 days. If actions from the CAP are not completed by the date specified in the plan, sanctions may be applied.

SANCTIONS

DDSN Licensed Settings

When DDSN Director of Quality Management determines that a licensed setting is in violation of any statutory provision, rule, or regulation relating to the operation or maintenance of such setting, DDSN, upon proper notice to the licensee, may impose a sanction, including but not limited to:

- Deny, suspend, or revoke licenses;
- Require implementation a system for Competency Based Training that includes an evaluation/measure of the effectiveness of staff training to ensure staff members demonstrate the skills necessary to consistently provide the individualized supports;
- Require specific changes in leadership/oversight personnel;
- Implement Enhanced Monitoring. Enhanced Monitoring is a short term, intense intervention that leads to issue resolution and increased capacity to promote the health, safety and welfare of people supported by DDSN;
- DDSN may make referrals to the South Carolina Department of Labor, Licensing and Regulation (SCLLR) for matters related to professional licensing;
- DDSN may recommend that SCDHHS terminate the Medicaid provider agreement;
- DDSN may refer the provider to South Carolina Law Enforcement Division (SLED) and/or the Office of the Inspector General for investigation;
- DDSN may impose any other sanctions in accordance with DDSN policies and procedures.

DDSN shall utilize inspections, investigations, consultations, and other pertinent documentation regarding the licensed setting to enforce DDSN Standards and Directives.

In determining sanctionable activity, DDSN shall consider the specific conditions and their impact or potential impact on health, safety or well-being of participants including, but not limited to: serious deficiencies in medication management; serious housekeeping/maintenance/fire and life safety related problems that pose a health threat to the residents; unsafe condition of the building; direct evidence of abuse, neglect, or exploitation with untimely reporting/response; lack of food or evidence that participants are not being fed properly; no staff available at the setting with participants present; and/or unsafe procedures/treatment being practiced by staff. DDSN may also consider any other pertinent conditions that may be applicable to current Directives and Standards.

The Director of Quality Management will make a recommendation for penalties to the DDSN Sanctions Review Committee. The recommendation will include documentation of the deficiency, the provider's appeal, if applicable, and corresponding Plan of Correction. The Sanctions Review Committee will be composed of the Associate State Director of Operations, the Associate State

Director of Policy, the Chief Administrative Officer, the DDSN General Counsel, a member selected by I.M.P.A.C.T. S.C., a DDSN Provider representative elected among their peers, and a representative from the State Long Term Care Ombudsman Program and will meet on a quarterly basis. Upon recommendation from the Sanctions Review Committee, the Licensee will receive prompt, formal notification of the Sanction and the terms required to satisfy remaining requirements.

Community-Based Services

DDSN may also impose sanctions for non-compliance with Administrative Agency Standards, including staff qualifications and training requirements. DDSN may also impose sanctions for failure to meet key elements of service delivery which are not subject to post-payment claims review. The Director of Quality Management will make a recommendation for sanction to the DDSN Sanctions Review Committee. The recommendation will include documentation of the deficiency, the provider's appeal, if applicable, and corresponding Plan of Correction. The Sanctions Review Committee will be composed of the Associate State Director of Operations, the Associate State Director of Policy, the Chief Administrative Officer, the DDSN General Counsel, a member selected by I.M.P.A.C.T. S.C., and a DDSN Provider representative elected among their peers. and will meet on a quarterly basis. Upon recommendation from the Sanctions Review Committee, the provider will receive formal notification of the Sanction and the terms required to satisfy remaining requirements.

When a provider demonstrates non-compliance in one or more areas of contractual responsibility or failure to submit or implement a CAP, DDSN, upon proper notice, may impose a sanction, including but not limited to:

- Require implementation a system for Competency Based Training that includes an evaluation/measure of the effectiveness of staff training to ensure staff members demonstrate the skills necessary to consistently provide the individualized supports;
- Require specific changes in leadership/oversight personnel;
- Implement Enhanced Monitoring. Enhanced Monitoring is a short term, intense intervention that leads to issue resolution and increased capacity to promote the health, safety and welfare of people supported by DDSN;
- DDSN may make referrals to SCLLR for matters related to professional licensing;
- DDSN may recommend that SCDHHS terminate the Medicaid provider agreement;
- DDSN may refer the provider to SLED and/ or the Office of the Inspector General for investigation;
- DDSN may impose any other sanctions in accordance with DDSN policies and procedures.

DDSN will empanel a Sanctions Board to review circumstances which could lead to the imposition of a sanction. The Sanctions Board will make a recommendation regarding the specific sanction to be imposed to the DDSN State Director. The DDSN State Director will determine the sanction, if any, to be imposed.

POST-PAYMENT CLAIMS REVIEW

Performance Measures in the DDSN-operated HCBS Waivers require DDSN and DHHS to assure that services are provided in accordance with the service definitions and/or are supported by documentation of service delivery. To that end, DDSN will conduct Post Payment Claims Reviews (PPCR). The PPCR is used to verify that service authorized to a person was delivered by the provider on every date reimbursement for the service was sought. This Review will include a determination of whether:

- The person was eligible for services at the time of the claim;
- The service was authorized in the person's Case Management Plan;
- The units of service align with the authorized units in the plan; and
- There is sufficient documentation to support the service was delivered in accordance with the applicable service standards and service definitions. Supporting documentation will vary depending on the service delivered. Documentation may include, but is not limited to: evidence of training goal/objective implementation, evidence of implementation of supervision plan, service notes, T-Logs, evidence of recreation/leisure activities, behavior support data, meeting notes, medication administration records, medical appointment records, etc.

Provider agencies must have an established internal monitoring processes to ensure the integrity of the services provided meets the scope of the defined service(s), DDSN, and Medicaid requirements. The agencies must also have policies/procedures for documenting service delivery, consistent with the scope of the defined service(s), DDSN, and Medicaid requirements. Discrepancies found within the service documentation and actual service delivery will be reported to SCDHHS Program Integrity for further investigation.

Barry D. Malphrus
Vice Chairman

Stephanie M. Rawlinson
Chairman

FY 23 Spending Plan VS Actual Expenditures - 12/31/2022

Category	Approved Spending Plan	Cash Expenditures YTD	SCDHHS Monthly "Wash" Expenditures with Revenue YTD *	Total Monthly Expenditures YTD	Remaining Spending Plan	Spending Plan Deviation with Actual
DDSN spending plan budget	\$ 939,135,153	\$ 164,172,941	\$ 310,923,559	\$ 475,096,500	\$ 464,038,653	REASONABLE
Percent of total spending plan remaining	100.00%	17.48%	33.11%	50.59%	49.41%	
% of FY Remaining					50.00%	
Difference % - over (under) budgeted expenditures					0.59%	
* In December, providers billed & paid by SCDHHS an estimate of \$309 million in services (waiver services + state plan services).						

Methodology & Report Owner: DDSN Budget Division

Family Training and Support Summary

January 19, 2023 SC Commission on Disabilities and Special Needs

Harley T. Davis

- As part of autism strategic planning, DDSN staff have been reviewing services provided in other states for those with autism spectrum disorder (ASD).
- Based on this review and current gaps in service, DDSN staff have developed a new service, Family Training and Support.
 - This service would be available to individuals at the age of 6 (so after eligibility for early intervention expires).
 - This service would provide persons supported and their families with training to promote functional skills and effectively respond to problem behaviors.
 - Individuals receiving the service will be evaluated in order to reauthorize services after a period of time and the hours of service receive will be restricted to 2-12 hours per week face-to-face.
 - Transition planning will be a large component of this service.
- The goals of this new service are to reduce the need for emergency/crisis services and to provide a more flexible service option for families and guardians to best meet their needs.
- DDSN is asking the commission to approve state funding to support piloting this new service to evaluate and refine service delivery with select providers. This will allow for data collection and analysis to optimize the service, and to finalize provider qualifications and service standards.
- Depending on the data, DDSN could potentially seek to add this service to the waivers administered by DDSN (i.e., Medicaid fund the service). However, DDSN would not want to limit this service to only waiver-enrolled individuals as we believe state funding will always need to be available.
- The service plan has been reviewed by the ITAC as well as the ACT Early team at the University of South Carolina Center for Disability Resources.
- Next steps will include outlining the pilot project requirements, soliciting providers to pilot the service, and enrolling individuals into the service. The commission will continue to be updated