

# **SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS**

## **MINUTES**

July 16, 2020

The South Carolina Commission on Disabilities and Special Needs met on Thursday, July 16, 2020, 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 via Skype:

Gary Lemel – Chairman

Barry Malphrus – Vice Chairman

Eddie Miller

Stephanie Rawlinson

David Thomas

#### Present In-Person

Robin Blackwood – Secretary

### DDSN Administrative Staff

Director Mary Poole; Pat Maley, Deputy Director; Chris Clark, CFO; Rufus Britt, Associate State Director, Operations; Susan Beck, Associate State Director, Policy; Joyce Kimrey, Director of Children's Services; Andrew Tharin, Director of Engineering and Planning; Lori Manos, Program Manager; Randy Davis, Whitten Center Facility Administrator (Skype); Administrative Coordinator, Sandra Delaney

### Notice of Meeting Statement

Chairman Lemel 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.

### Adoption of the Agenda

On motion of Commissioner Malphrus, seconded by Commissioner Thomas, the Commission unanimously adopted the July 16, 2020 Meeting Agenda. (Attachment A)

### Invocation

Commissioner Miller gave the invocation.

Approval of the Minutes of the June 18, 2020 and July 9, 2020 Commission Meetings

On motion of Commissioner Blackwood, seconded by Commissioner Thomas, the Commission unanimously approved the June 18, 2020 and July 9, 2020 Commission Meeting minutes.

**Commissioners' Update**

There were no updates.

**Public Input**

There was no requests for Public Input. Chairman Lemel stated there is now a mechanism in place that is available on the website. He encouraged anyone who has interest in signing up for public input to please go the website.

**Commission Committee Business**

A. Finance Committee

Committee Chairman Blackwood stated the Committee met on July 10, 2020. There were no motions made to bring forth to the full Commission to vote on. Various topics were discussed which the Commission will need to take action on in the near future that included the state master lease program, directives coming from the Policy Committee, the Internal Audit Charter and directive, and the Band B and I fee for service proposal.

B. Policy Committee

Committee Chairman Malphrus presented the following policy revisions to the Commission that were reviewed and discussed at the July 14, 2020 Committee meeting:

800-01-CP-DDSN Ends Policy – Committee Chairman Malphrus made a motion on behalf of the Policy Committee for the Commission to accept the revisions of this policy. The policy was approved unanimously. (Attachment B).

800-03-CP- DDSN Executive Limitations Policy – Committee Chairman Malphrus made a motion on behalf of the Policy Committee for the Commission to accept the revisions of this policy. Discussion followed. A grammatical change was requested in Paragraph 14. The policy was approved unanimously with the modifications. (Attachment C)

800-04-CP-DDSN Commission Staff Linkage Delegation – Committee Chairman Malphrus made a motion on behalf of the Policy Committee for Commission approval to retire this directive. The retirement/marking OBSOLETE of the policy was approved unanimously. (Attachment D)

800-06-CP-Video Recording of DDSN Commission Meeting – Committee Chairman Malphrus made a motion on behalf of the Policy Committee for the Commission to accept the revisions of this policy. The policy was approved unanimously (Attachment E)

Public Input Process Document – Committee Chairman Malphrus made a motion on behalf of the Policy Committee for the Commission to accept the amended public input document in place for the next full Commission Meeting and edit the document into a Commission policy. The Commission unanimously approved the document procedure.

800-07-CP-**NEW** - DSN Commission Committee Procedures  
Committee Chairman Malphrus stated the Policy Committee is considering creating this new directive so the Commission Committees can have a procedure to go by when conducting meetings. The Policy Committee is working on a draft to bring to the full Commission at the next meeting. The chairs of the committees will be asked for their input. Chairman Lemel asked the Committee Chairs and those serving on the committee to please give input to Committee Chairman Malphrus.

100-04-DD-Adaptive Behavior Scales – On behalf of Committee Chairman Malphrus, Ms. Beck explained the revisions of the policy. The Commission unanimously approved the revisions of the policy. (Attachment F)

100-07-DD-Naming of Facilities – On behalf of Committee Chairman Malphrus, Ms. Beck explained the revisions of the policy. With the motion coming from the Policy Committee, the Commission unanimously approved the revisions of the policy. (Attachment G)

101-02-DD-Preventing and Responding to Suicidal Behavior – On behalf of Committee Chairman Malphrus, Ms. Beck explained the revisions of the policy. With the motion coming from the Policy Committee, the Commission unanimously approved the revisions of the policy. (Attachment H)

508-01-DD-Competency to Stand Trial Evaluation – On behalf of Committee Chairman Malphrus, Ms. Beck explained the revisions of the policy. Discussion followed on magistrates being able to order evaluations. With the motion coming from the Policy Committee, the

Commission unanimously approved the revisions of the policy. (Attachment I)

603-13-DD–Medication Technician Certification – On behalf of Committee Chairman Malphrus, Ms. Beck explained the revisions of the policy. With the motion coming from the Policy Committee, the Commission unanimously approved the revisions of the policy. (Attachment J)

700-02-DD–Compliance with Title VI of the Civil Rights Act of 1964, Americans with Disabilities Act of 1990, Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act of 1973 and Establishment of a Complaint Process – On behalf of Committee Chairman Malphrus, Ms. Beck explained the changes of the policy. With the motion coming from the Policy Committee, the Commission unanimously approved the revisions of the policy. (Attachment K)

502-10-DD–Transition of Individuals from Regional Centers to Community – Committee Chairman Malphrus stated this policy is not a document for approval. He gave an update based on referral from the Policy Committee. The policy is in external review and will bring forth to the full Commission for approval at a later date.

### **Old Business**

A. Case Management Report

Ms. Manos provided a Case Management Report. Discussion followed. (Attachment L)

B. Early Intervention Report

Ms. Kimrey provided an Early Intervention Report. Discussion followed. (Attachment M)

### **New Business**

A. Financial Update

B. Mr. Clark stated because of the year-end process did not close until July 14, 2020, a draft overview of the agency's financial activity and the agency's financial position was presented. The final June report will be presented along with the July report in August which will include the cash balance. Discussion followed. Mr. Clark stated a training guide for the provider network is being developed for completing cost reports and a training session will be held, hopefully, in August. (Attachment N)

F. Consideration of Bid – HVAC Replacement – Coastal Center

Mr. Tharin brought forth the consideration of bid that was presented at the June 18, 2020 Commission Meeting and deferred until a meeting was held to discuss the mechanics of the bid. Commissioner Thomas moved to accept the bid from Swygert & Associates for the HVAC replacement at Coastal Center. Commissioner Rawlinson seconded the motion. Discussion followed. Commissioner Thomas read a July 6, 2020 email he sent to the Commission Members with information on energy savings and if it would be an advantage for DDSN to use an energy services company. Chairman Lemel requested the email be included in the minutes of this meeting and recommended that staff look into Commissioner Thomas' suggestion for energy savings. The Commission unanimously approved accepting the bid from Swygert & Associates. (Attachment O – Bid) (Attachment P - Email)

State Director's Report

Director Poole provided a State Director's Report. Mr. Maley discussed Whitten in detail and Mr. Davis answered additional questions. (Attachment Q)

Executive Session

An Executive Session was not held.

Next Regular Meeting

August 20, 2020

Adjournment

On motion of Commissioner Miller seconded by Commissioner Malphrus and passed, the meeting was adjourned at 12:55 p.m.

Submitted by,

Sandra J. Delaney

Approved:

A handwritten signature in blue ink that reads "Robin Blackwood" followed by a stylized monogram.

Commissioner 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  
Columbia, South Carolina**

**July 16, 2020**

**10:00 A.M.**

1. Call to Order *Chairman Gary Lemel*
2. Notice of Meeting Statement *Commissioner Robin Blackwood*
3. Welcome
4. Adoption of Agenda
5. Invocation *Commissioner Eddie Miller*
6. Approval of the Minutes of the June 18, 2020 and July 9, 2020 Commission Meetings
7. Commissioners' Update *Commissioners*
8. Commission Committee Business
  - A. Finance Committee *Committee Chairman Robin Blackwood*
  - B. Policy Committee *Committee Chairman Barry Malphrus*
    - 100-04-DD – Use of Adaptive Behavior Scales
    - 100-07-DD – Naming of Facilities
    - 101-02-DD – Preventing and Responding to Suicidal Behavior
    - 508-01-DD – Competency to Stand Trial Evaluation
    - 603-13-DD – Medication Technician Certification
    - 700-02-DD – Compliance with Title VI of the Civil Rights Act of 1964, Americans with Disabilities Act of 1990, Age Discrimination Act of 1975 and Section 504 of the Rehabilitation Act of 1973 and Establishment of a Complaint Process
    - 800-01-CP – DDSN Ends Policy
    - 800-03-CP – DDSN Executive Limitations Policy
    - 800-04-CP – DDSN Commission Staff Linkage Delegation
    - 800-06-CP – Video Recording of DDSN Commission Meeting
    - 502-10-DD Transition of Individuals from Regional Centers to Community
    - 800-07-CP NEW - DSN Commission Committee Procedures
9. Old Business:
  - A. Case Management Report *Ms. Lori Manos*
  - B. Early Intervention Report *Ms. Joyce Kimrey*
10. New Business:
  - A. Financial Update *Mr. Chris Clark*
  - B. Consideration of Bid - HVAC Replacement – Coastal Center *Mr. Andrew Tharin*
11. State Director's Report *State Director Mary Poole*
12. Executive Session
13. Next Regular Meeting (August 20, 2020)
14. Adjournment

**Mary Poole**  
*State Director*  
**Patrick Maley**  
*Deputy Director*  
**Rufus Britt**  
*Associate State Director*  
*Operations*  
**Susan Kreh Beck**  
*Associate State Director*  
*Policy*  
**W. Chris Clark**  
*Chief Financial Officer*



**COMMISSION**  
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*Chairman*  
**Barry D. Malphrus**  
*Vice Chairman*  
**Robin B. Blackwood**  
*Secretary*  
**Eddie L. Miller**  
**Stephanie M. Rawlinson**  
**David L. Thomas**

3440 Harden Street Ext (29203)  
 PO Box 4706, Columbia, South Carolina 29240  
**803/898-9600**  
**Toll Free: 888/DSN-INFO**  
**Home Page: [www.ddsn.sc.gov](http://www.ddsn.sc.gov)**

Reference Number: 800-01-CP

Title of Document: South Carolina Department of Disabilities and Special Needs Ends Policy

Date of Issue: January 18, 2007  
 Effective Date: January 18, 2007  
 Last Review Date: July 16, 2020  
 Date of Last Revision: July 16, 2020 **(REVISED)**

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The South Carolina Department of Disabilities and Special Needs (DDSN) exists to coordinate person-centered services and programs for persons with an intellectual disability and related disabilities, autism, head injuries and spinal cord injuries so that each person supported may reach his/her full potential. DDSN will, accordingly:

1. Support a statewide network of disabilities and special needs boards, Regional Centers and qualified private providers to, as possible:
  - a. Offer choice of provider to those supported;
  - b. Provide services as needed, as near as possible to the person’s home, in family-like settings;
  - c. Achieve respect for and community integration of those supported.
2. Assist local service providers with quality management, licensure, technical assistance and training to achieve compliance with all department policies, directives and regulations, and applicable state and federal laws and regulations.

3. Assess eligibility according to S.C. Code Ann. § 44-20-390 and applied in an individual service plan to develop each person's full potential in the least restrictive environment for those who meet residency requirements.
4. The Commission expects DDSN, as the Regulatory agency, to utilize all available federal and state funds, and encourages local leaders to develop additional sources of supplementary support recognizing that:
  - a. Resources may not be adequate for all needs and that funding priority must be based on severity of need and vulnerability;
  - b. Funding is a resource to individuals to meet identified needs;
  - c. Funding accountability will be maintained and enforced.
5. Support prevention research and public education to reduce the incidence and severity of all disabilities addressed by DDSN.
6. Insure that all activities meet or exceed the quality of services and satisfaction achieved by comparable departments in other states.
7. No Commission Policy, Department Directive, Procedure or Regulation shall be interpreted to limit Commission members' rights as citizens or limit in any way their authority given by the governor or this Commission.

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Barry Malphrus  
Vice Chairman

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Gary Lemel  
Chairman



**Mary Poole**  
*State Director*  
**Patrick Maley**  
*Deputy Director*  
**Rufus Britt**  
*Associate State Director*  
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*Secretary*  
**Eddie L. Miller**  
**Stephanie M. Rawlinson**  
**David L. Thomas**

Reference: Number:	800-03-CP
Title of Document:	Executive Limitations Policy
Date of Issue:	January 18, 2007
Effective Date:	January 18, 2007
Last Review Date:	July 16, 2020
Date of Last Revision:	July 16, 2020 <b>(REVISED)</b>

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The State Director of the South Carolina Department of Disabilities and Special Needs (DDSN) is selected and appointed by the Commission on Disabilities and Special Needs (Commission) and serves at its pleasure. The State Director is responsible for the operation of DDSN, subject to Commission policies and actions applied through Department Directives.

Only decisions of the Commission when acting as a body are binding upon the State Director. Decisions, instructions or requests of individuals are not binding on the State Director, except as specifically authorized by the Commission.

The State Director shall:

1. Maintain ethics and prudence in the operation of DDSN and conform DDSN to all federal, state, and Commission requirements, and protect DDSN assets. Make all decisions, take all actions, establish all practices, and develop all activities within the confines of the reasonable interpretation of the Commission's policies.
2. Hire adequate qualified personnel, and implement effective programs necessary to carry out the legislative mandate and Commission Ends policy.

3. Use resources effectively and efficiently and maintain transparency and accountability with the Commission through reports on services, finances, and other monitoring data necessary to the Commission's policy governance.
  - a. Present to the Commission for approval any contracts for procurement when the full contractual amount exceeds \$200,000, excluding contract adjustments due to filling vacancies based on individual choice. Contracts with providers to increase capacity that exceed \$200,000 must be presented to the Commission for approval. The Commission will receive a quarterly report of provider contract amendments below the required \$200,000 individually approved threshold.
  - b. Present to the Commission for approval any recommendations for the creation of new Capital Improvement accounts, as well as any re-scoping of Capital Improvement Projects after Commission approval. On an annual basis, provide the Commission a report of agency's Capital Improvement Projects with corresponding expenditures, as well as an explanation for any project lagging behind its expected completion timeframe.
  - c. Present to the Commission for approval prior to implementation any recommendations for positions, programs, and/or divisions that result in the cost of the positions exceeding \$200,000.
4. Follow the personnel grievance procedures of the Division of State Human Resources of the Department of Administration.
5. Communicate effectively with the Commission, DDSN staff and the public, make the Commission aware of relevant trends, anticipated adverse media coverage, material change, or assumptions on which Commission policy has been established.
6. Clearly present information necessary for monitoring, making decisions, and for policy deliberations without using acronyms whenever possible.
7. Inform the Commission when, in the opinion of the State Director, the Commission is not in compliance with its own policies.
8. The DSN Commission retains its authority to revise and approve all existing and new Commission Policies, Department Directives, and Service Standards. However, the DSN Commission delegates authority and responsibility to the Policy Committee to establish procedures to coordinate the review, revision, and recommendation of all policies to the full DSN Commission. The State Director's role in the review, revision, and approval of agency policies will be set by the Policy Committee Procedures.

9. The Commission will remain apprised of any anticipated, significant changes to the following:
  - a. The service delivery system, or increase restrictions in reporting abuse, neglect, exploitation, critical incidents or sexual assault, prior to implementation.
  - b. The responsiveness in person-centered services as expressed in a money-follows-the-individual concept/practice and consumer choice of provider.
  - c. Establishment of advisory councils for those supported and/or families by county DSN boards and contracted service providers, and regional and local human rights advisory groups.
  - d. Quality management of administration, finances, program and service delivery functions such as standards, licensing/certification and reviews, independent quality review, consumer/family surveys, annual independent financial audits, periodic compliance audits, special audits, critical incident reporting/tracking, abuse/neglect/exploitation reporting/follow-up.
10. Present assessments to the Commission for approval of any proposed procedures and actual assessment instruments being considered for use in the allocation of resources to those eligible for DDSN services.
11. Enforce directives concerning eligibility of applicants and make final decisions on sequence of admissions.
12. Oversee the Internal Audit Director administratively according to an annual work plan, while not restricting the auditor's independence or the functional oversight of the Commission. The State Director shall obtain Commission consent before hiring or firing the Internal Audit Director.
13. Deal with the Commission as a whole except when individuals are specifically authorized to speak for the Commission.
14. Present to the Commission for review and approval any recommendations for changes to existing law or proposed legislation prior to taking any actions to initiate.
15. Implement an interim policy when faced with a time-sensitive decision. The State Director is encouraged to attempt to consult with all members of the Commission whenever possible prior to implementation of the interim policy. The State Director will present the interim policy to the full Commission at the next Commission meeting.
16. Present to the Commission for approval recommendations for a new DDSN-operated Home and Community Based Services (HCBS) Waiver and/or recommendations for changes to existing DDSN-operated HCBS Waivers prior to making an official request to SCDHHS.

17. The State Director shall keep the Commission informed of all matters involving inquiries from the Centers for Medicare and Medicaid Services (CMS) regarding DDSN services and/or programs of which the State Director is aware.
- 18<sup>1</sup> In order to assist the Commission in making recommendations to SCDHHS concerning the implementation and operation of all programs it operates directly or through contracted Providers, the State Director will submit relevant information to the Commission concerning all changes being considered by SCDHHS that would affect the administering of federal funds for programs governed by DDSN, including but not limited to:
- Rates and proposed changes in rates.
  - Billing methodology for Providers contracted with DDSN, including recommending which agency providers are to bill for services.
  - Timelines of implementation for program changes, billing changes, or rate changes.

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Barry Malphrus  
Vice Chairman

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Gary Lemel  
Chairman

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<sup>1</sup>SECTION 44-20-270. Administration of federal funds.

The department is designated as the state's intellectual disability, related disabilities, head injuries, and spinal cord injuries authority for the purpose of administering federal funds allocated to South Carolina for intellectual disability programs, related disability programs, head injury programs, and spinal cord injury programs. This authority does not include the functions and responsibilities granted to the South Carolina Department of Health and Environmental Control or to the South Carolina Department of Vocational Rehabilitation or the administration of the "State Hospital Construction and Franchising Act".

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Reference: Number:	800-04-CP
Title of Document:	South Carolina Department of Disabilities and Special Needs Commission Staff Linkage Delegation
Date of Issue:	January 18, 2007
Effective Date:	January 18, 2007
Last Review Date:	July 16, 2020
Date of Last Revision:	July 16, 2020 <b>(OBSOLETE)</b>

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The South Carolina Department of Disabilities and Special Needs (DDSN) Commission authority delegated to staff is delegated through the State Director so that all authority and accountability of staff - so far as the Commission is concerned - is considered to be the authority and accountability of the State Director.

Accordingly:

1. The Commission requires the State Director to achieve certain results for certain recipients at a certain cost through the establishment of “Ends Policy,” and limits the latitude the State Director may exercise in all “means” through the establishment of “Executive Limitations Policy.”
2. As long as the State Director uses any reasonable interpretation of the Commission’s “Ends and Executive Limitations” policies, the State Director is authorized to establish all directives, make all decisions, take all actions, establish all practices, and develop all activities.
3. As long as a particular delegation is in place, it will be respected by the Commission. Any unresolved concerns with interpretation of policies will be addressed through clarifying amendment of those policies.

4. Only decisions of the Commission acting as a body are binding upon the State Director. Decisions, instructions or requests of individuals are not binding on the State Director, except as specifically authorized by the Commission.
5. The Commission, in delegating its authority to promulgate directives that accurately express and apply federal and state laws and regulations, and Commission policies, retains its responsibility to govern the Department. Of particular concern to the Commission are directives regarding:
  - a. Department responsiveness in person-centered services as expressed in a money-follows-the-individual concept/practice and consumer choice of provider;
  - b. Establishment of family/consumer advisory councils by county DSN boards and private service providers, and regional and local human rights advisory groups;
  - c. Quality management of administration, finances, program and service delivery functions such as standards, licensing/certification and reviews, independent quality review, consumer/family surveys, annual independent financial audits, periodic compliance audits, special audits, critical incident reporting/tracking, abuse/neglect/exploitation reporting/follow-up;
  - d. Inclusion in appropriate directives those statements listed in rescinded Commission policies 106-03-CP: Commission Policies Relative to County DSN Boards/Private Agencies; 107-01-CP: Organization and General Duties of the S.C. Commission on Disabilities and Special Needs; 108-01-CP: General Duties of the Office of the State Director; 509-01-CP: Commission Policies Relative to Disabilities and Special Needs Services and Programs; and 400-13-CP: Private Practice or Employment by Employees of the Department, but not listed specifically in commission policies adopted to establish Policy Governance on January 18, 2007, but determined by the Commission to be appropriate “means” to be addressed by department directive.
6. Directives promulgated pursuant to this policy govern:
  - a. Contract Providers;
  - b. DSN Boards;
  - c. SCDDSN staff.

No directive is to be interpreted to limit Commission members’ rights as citizens or hinder their fiduciary duties.

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Barry Malphrus  
Vice Chairman

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Gary Lemel  
Chairman

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Reference Number: 800-06-CP

Title of Document: Video Recording and Meeting Records Retention for DDSN Commission Meetings

Date of Issue: September 21, 2017  
Effective Date: September 21, 2017  
Last Review Date: July 16, 2020  
Date of Last Revision: July 16, 2020 **(REVISED)**

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This policy was created in order to establish parameters for the purpose of posting and retention of meeting records and video recordings of DDSN Commission Meetings.

1. The DDSN Commission Meeting Minutes are completed in accordance with the South Carolina Freedom of Information Act (SCFOIA) and serve as the official record of the meeting. Meeting Minutes are posted on the DDSN website for a period of seven (7) years.
2. The video recordings of DDSN Commission Meetings are not the official record of the meeting and video recordings are not required to have a valid meeting.
3. DDSN will post a link to the DDSN Commission Meeting video recording on the DDSN Website. The video link will be posted within three (3) business days of the DDSN Commission Meeting.
4. After two (2) years the link to the video will be removed from the DDSN public website. DDSN will maintain a copy of the recording for seven (7) years.

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Barry Malphrus  
Vice Chairman

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Gary Lemel  
Chairman

## **SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS**

### **COMMISSION PUBLIC INPUT**

*The Commission has no obligation, legal or otherwise, to allow citizens to address the Commission during Commission meetings. However, as a courtesy, the Commission will allow citizens an opportunity to make the Commission aware of issues the administrative staff has been unable to resolve or to express a viewpoint concerning Commission business. The Commission will listen to the viewpoint expressed, but will not respond to the individual(s) at the meeting. The Commission will direct the State Director to do so within two weeks, if possible. Note: Public comment for subcommittee meetings must be submitted in writing.*

#### **REQUEST TO SPEAK**

If a citizen wishes to address the Commission at its regular Commission meeting, the individual must complete the form provided at the sign in desk in front of the Commission meeting room. The form must be submitted at least five (5) minutes prior to the scheduled opening of the meeting at which it is requested to speak. It is within the discretion of the Chair to select who will speak to the Commission in public during Public Input. Therefore, the Chair could reject any individual at any time including in the middle of their speech.

At the appropriate time, the citizen will be recognized by the Commission Chair. Each speaker will only be allowed seven (7) minutes and not more than five (5) individuals.

A maximum of 35 minutes during the regular Commission meeting will be allocated for citizens to speak. Citizens will speak in the order in which they register. In cases of abusive language or of purely personal attacks on staff or Commission members, the Chair may rule the person out of order and require her/him to relinquish the floor.

*PURSUANT TO THE PROCEDURE ADOPTED BY THE COMMISSION, INDIVIDUALS WITH LEGAL ACTION PENDING AGAINST SCDDSN MAY NOT SPEAK.*

*ADMINISTRATIVE APPEALS THROUGH SCDHHS ARE EXCLUDED.*

Date:

Name:

Address:

Telephone Number:

I am representing:

Myself

A group/organization (please name)

I wish to comment on (select one):

Commission Meeting Agenda Item:

A specific incident or concern NOT on the Commission Meeting Agenda. The specific concern to be addressed is:



## Attachment F

Reference Number: 100-04-DD

Title of Document: Use of Adaptive Behavior Scales

Date of Issue: June 2, 1997

Effective Date: June 2, 1997

Last Review Date: ~~March 16, 2015~~ XXXX, 2020

Date of Last Revision: ~~March 16, 2015~~ XXXX, 2020 (REVISED)

Applicability: DDSN Eligibility Division

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### **PURPOSE:**

The purpose of this document is to provide guidelines for the use of appropriate and reliable adaptive behavior measures for people with developmental disabilities. Adaptive behavior is defined as the degree to which people are competent to function independently in meeting the culturally imposed demands and social demands of his or her environment. Adaptive behavior includes areas such as independence in daily living skills, communication (i.e., receptive and expressive language skills), socialization, motor skills, and academic competencies across different situations. Both a formal adaptive behavior assessment and a measure of intellectual functioning are required in order to render a diagnosis of an intellectual disability. Concurrent deficits in intellectual and adaptive behavior functioning with onset before age ~~18~~ 22 must be present before a diagnosis of an intellectual disability is appropriate. Adaptive scales identify a person's strengths and deficits.

### **ADMINISTRATION OF ADAPTIVE TESTS:**

The Department of Disabilities and Special Needs (DDSN) requires the use of age-appropriate, valid, and reliable adaptive behavior scales for people with developmental disabilities. The adaptive instrument shall meet psychometric standards for the assessment of adaptive functioning. An adaptive instrument ~~should~~ shall be administered in a face-to-face interview

with a reliable informant unless otherwise approved by the ~~Consumer Assessment Team (CAT), Director of the Eligibility Division~~. Adaptive behavior instruments ~~should~~ shall be completed only by a psychologist or qualified professional trained in the administration and scoring of the particular adaptive measure being completed.

A measure of adaptive behavior ~~should~~ shall be administered during intake for determination of eligibility for DDSN services unless an adaptive scale has already been administered. ~~The adaptive assessment~~ Previously administered adaptive Behavior Instruments must be accepted by the DDSN ~~Consumer Assessment Team Eligibility Division~~ as a valid and reliable measure of the person's current adaptive functioning. The necessity of administration of future adaptive behavior measures for those being served in the DDSN system will be determined by the DDSN ~~Consumer Assessment Team Eligibility Division~~ upon recommendation from the person's Case Manager or interdisciplinary team. ~~The specific instrument used to assess adaptive behavior may be selected at the discretion of the psychologist or qualified professional knowledgeable and trained in the administration of valid and reliable adaptive measures.~~ Adaptive instruments should be the most current assessment tool in use at the time of the evaluation.

### **ADAPTIVE BEHAVIOR INSTRUMENTS:**

DDSN does not mandate the administration of a specific adaptive behavior instrument. ~~, but requires the selection of an adaptive instrument~~ Instruments may be selected at the discretion of the psychologist or qualified professional. However, selected instruments shall be appropriate for the age and needs of the person being evaluated.

Examples of adaptive behavior scales which, ~~when appropriately administered~~, are acceptable by DDSN and considered to meet psychometric standards are the following:

#### **Vineland Adaptive Behavior Scales-~~Second~~ Third Edition (Vineland-~~II~~ III):**

Assesses adaptive behavior of people from birth through 90 years. Three versions of the Vineland II include: Survey Interview Form, Parent/Caregiver Rating Form, and the Teacher Rating Edition. Adaptive behavior is measured in the areas of communication, daily living skills, socialization, motor skills, and includes the maladaptive behavior domain which assesses behavior problems.

#### **Adaptive Behavior Assessment System-~~Second~~ Third Edition (ABAS-~~II~~ III):**

Assesses adaptive skills of people ages birth through 89 years. Five rating forms include: Parent/Primary Caregiver Form (ages 0-5), Parent Form (ages 5-21), Teacher/Daycare Provider Form (ages 2-5), Teacher Form (ages 5-21), and an Adult Form (ages 16-89). Adaptive behavior is measured in the areas of conceptual, social, and practical domains.

#### **Scales of Independent Behavior-Revised (SIB-R):**

Assesses competence of people from birth through 40 years and older. The SIB-R measures adaptive behavior in the areas of motor skills, communication, social interaction, personal living, community living, and maladaptive behavior.

**Adaptive Behavior Inventory (ABI):**

Assesses people from age 5 through 18 years. The ABI measures adaptive skills in five areas that include self-care skills, communication skills, social skills, academic skills, and occupational skills.

**Adaptive Behavior Evaluation Scale—~~Revised~~ Third Edition (ABES-~~R2~~ 3):**

Assesses the adaptive skills of people ages 5 through 18 years of age. Two versions include a school version for educators and a home version for parent/guardian input. The ABES-~~R~~ 3 measures 10 adaptive skills which include communication, self-care, home living, social, community use, self-direction, health and safety, functional academics, leisure, and work.

**Street Survival Skills Questionnaire (SSSQ):**

Assesses people from age nine through 40 years. The SSSQ measures knowledge of adaptive skills in areas which include basic concepts, functional signs, health, first aid, safety, tool identification and use, domestic management, public services (i.e., knowledge concerning public transportation, postal and banking services), money, and measurement.

**Note:** To be used only with another acceptable adaptive measure.

**DOCUMENTATION OF ADAPTIVE BEHAVIOR SCORES:**

When assessed as part of intake, the adaptive instrument and all standard scores of adaptive behavior ~~will~~ shall be documented (along with the month, day, and year the measure was completed) in the person's evaluation report ~~as part of the intake process for determination of eligibility~~ and will remain a part of the person's Case Management record.

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Robin Blackwood  
Vice Chairman

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Gary Lemel  
Chairman

Reference Number:	100-04-DD	
Title of Document:	Use of Adaptive Behavior Scales	
Date of Issue:	June 2, 1997	
Effective Date:	June 2, 1997	
Last Review Date:	July 16, 2020	
Date of Last Revision:	July 16, 2020	(REVISED)
Applicability:	DDSN Eligibility Division	

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**PURPOSE:**

The purpose of this document is to provide guidelines for the use of appropriate and reliable adaptive behavior measures for people with developmental disabilities. Adaptive behavior is defined as the degree to which people are competent to function independently in meeting the culturally imposed demands and social demands of his or her environment. Adaptive behavior includes areas such as independence in daily living skills, communication (i.e., receptive and expressive language skills), socialization, motor skills, and academic competencies across different situations. Both a formal adaptive behavior assessment and a measure of intellectual functioning are required in order to render a diagnosis of an intellectual disability. Concurrent deficits in intellectual and adaptive behavior functioning with onset before age 22 must be present before a diagnosis of an intellectual disability is appropriate. Medical/genetic diagnosis of a condition highly associated with an Intellectual Disability, and significant deficits in adaptive behavior functioning with onset before age 22, must be present before a diagnosis of related disability is appropriate. Adaptive scales identify a person's strengths and deficits.

**ADMINISTRATION OF ADAPTIVE TESTS:**

The Department of Disabilities and Special Needs (DDSN) requires the use of age-appropriate, valid, and reliable adaptive behavior scales for people with developmental disabilities. The

adaptive instrument shall meet psychometric standards for the assessment of adaptive functioning. An adaptive instrument shall be administered in a face-to-face interview with a reliable informant unless otherwise approved by the Director of the Eligibility Division. Adaptive behavior instruments shall be completed only by a psychologist or qualified professional trained in the administration and scoring of the particular adaptive measure being completed. Adaptive instruments should be the most current assessment tool in use at the time of the evaluation.

A measure of adaptive behavior shall be administered during intake for determination of eligibility for DDSN services unless an adaptive scale has already been administered. Previously administered adaptive Behavior Instruments may be accepted by the DDSN Eligibility Division as a valid and reliable measure of the person's current adaptive functioning. The necessity of administration of future adaptive behavior measures for those being served in the DDSN system will be determined by the DDSN Eligibility Division.

### **ADAPTIVE BEHAVIOR INSTRUMENTS:**

DDSN does not mandate the administration of a specific adaptive behavior instrument. Instruments may be selected at the discretion of the psychologist or qualified professional provided the selected instruments are the most current and appropriate for the age and needs of the person being evaluated.

Examples of adaptive behavior scales which, when appropriately administered, are acceptable by DDSN and considered to meet psychometric standards are the following:

#### **Vineland Adaptive Behavior Scales Third Edition (Vineland-3):**

Assesses adaptive behavior of people from birth through 90 years. Three (3) versions of the Vineland 3 include: Survey Interview Form, Parent/Caregiver Rating Form, and the Teacher Rating Edition. Adaptive behavior is measured in the areas of communication, daily living skills, socialization, motor skills, and includes the maladaptive behavior domain which assesses behavior problems.

#### **Adaptive Behavior Assessment System-Third Edition (ABAS-3):**

Assesses adaptive skills of people ages birth through 89 years. Five rating forms include: Parent/Primary Caregiver Form (ages 0-5), Parent Form (ages 5-21), Teacher/Daycare Provider Form (ages 2-5), Teacher Form (ages 5-21), and an Adult Form (ages 16-89). Adaptive behavior is measured in the areas of conceptual, social, and practical domains.

#### **Scales of Independent Behavior-Revised (SIB-R):**

Assesses competence of people from birth through 40 years and older. The SIB-R measures adaptive behavior in the areas of motor skills, communication, social interaction, personal living, community living, and maladaptive behavior.

Adaptive Behavior Inventory (ABI):

Assesses people from age 5 through 18 years. The ABI measures adaptive skills in five (5) areas that include self-care skills, communication skills, social skills, academic skills, and occupational skills.

Adaptive Behavior Evaluation Scale-Third Edition (ABES-3):

Assesses the adaptive skills of people ages 5 through 18 years of age. Two (2) versions include a school version for educators and a home version for parent/guardian input. The ABES-3 measures 10 adaptive skills which include communication, self-care, home living, social, community use, self-direction, health and safety, functional academics, leisure, and work.

Street Survival Skills Questionnaire (SSSQ):

Assesses people from age nine through 40 years. The SSSQ measures knowledge of adaptive skills in areas which include basic concepts, functional signs, health, first aid, safety, tool identification and use, domestic management, public services (i.e., knowledge concerning public transportation, postal and banking services), money, and measurement.

**Note:** To be used only with another acceptable adaptive measure.

**DOCUMENTATION OF ADAPTIVE BEHAVIOR SCORES:**

When assessed as part of intake, the adaptive instrument and all standard scores of adaptive behavior shall be documented, along with the month, day, and year the measure was completed in the person's evaluation report and must be signed by the examiner. The report will remain a part of the person's Case Management record.

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Robin Blackwood  
Vice Chairman

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Gary Lemel  
Chairman

Attachment G

Reference Number: 100-07-DD

Title of Document: Naming of Facilities, Building Dedications and Groundbreakings

Date of Issue: May 26, 1987

Effective Date: May 26, 1987

Last Review Date: ~~August 21, 2015~~ XXXX, 2020

Date of Last Revision: ~~August 21, 2015~~ XXXX, 2020 (REVISED)

Applicability: All DDSN Programs and Facilities

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~~In accordance with Commission policy, no~~ South Carolina Department of Disabilities and Special Needs (DDSN) facility, building, or portion thereof shall be named to honor any individual, either living or deceased, without the ~~DDSN Commission's~~ prior approval of the ~~South Carolina Commission of Disabilities and Special Needs (Commission)~~. The Commission recognizes the prerogative of the Legislature of South Carolina by law to name buildings and facilities. ~~The Commission and will therefore~~ implement all such decisions made in this manner.

~~Questions will occasionally arise regarding Non-Commission initiated groundbreakings and dedications of smaller projects. This directive is intended to offer clarification for questions arising in this context.~~

- ~~1.——~~ Dedicatory and groundbreaking ceremonies for DDSN facilities are the sole prerogative of the ~~DDSN~~ Commission. No ceremonies or functions shall be so labeled without the prior notification and consent of the Commission.
- ~~2.——~~ It is impossible and, in fact, undesirable to “dedicate” each unit or facility which may be developed at a particular ~~DDSN Regional Center or community location.~~
- ~~3.——~~ The distinction should be made between a dedication ceremony and an “open house.” ~~Both may be used to signify the opening of a new physical facility. However, the latter is~~

~~normally viewed as a more informal arrangement and can be utilized on an annual basis to blanket any capital improvements made during a particular year or period of time.~~

- ~~4. Scheduling of open house activities is hereby delegated to the respective DDSN District Directors provided that advance notification to the Associate State Director-Administration be made in order that appropriate representation of the Agency can be arranged when feasible. Invitations to attend open house festivities should also be directed to the members of the DDSN Commission through the DDSN Director's Office.~~

Individual units or facilities which may be developed at a particular DDSN Regional Center or community location will not be individually dedicated.

While dedication ceremonies and groundbreaking ceremonies are the sole prerogative of the Commission, an informal "open house" may be held to signify the opening of a new unit or facility or showcase capital improvements completed.

"Open house" activities may only be held with the prior approval of the Associate State Director-Operations. When approved, invitations to attend the open house shall be directed to the members of the Commission through the DDSN State Director's Office.

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Barry Malphrus  
Vice Chairman

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Gary Lemel  
Chairman



Reference Number: 101-02-DD

Title of Document: ~~*Preventing and Responding to*~~ Suicidal Behavior-  
*Preventing and Responding*

Date of Issue: November 27, 1990  
Effective Date: November 27, 1990  
Last Review Date: ~~*April 7, 2015 XX, 2020*~~  
Date of Last Revision: ~~*April 7, 2015-XX, 2020*~~ (REVISED)

Applicability: DDSN Regional Centers, ~~*DDSN Autism Division, DSN Boards, Contract Service Providers Adult Companion Providers, Case Management Providers, Day Service Providers, Early Intervention Providers, Employment Service Providers, ICF/IID, Intake Providers, Residential Habilitation Providers and Respite Providers*~~

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**Purpose:**

The purpose of this directive is to establish guidelines ~~*and procedures*~~ for dealing with individuals displaying suicidal thoughts, and/or behaviors/gestures.

**Philosophy: Policy:**

The Department of Disabilities and Special Needs (DDSN) values the health, safety, and well-being of each *individual person*. ~~*However, many individuals served by DDSN have mental health needs which necessitate special precautions to prevent the risk of harm to themselves or others. Therefore, any expression of suicidal wishes, thoughts, gestures, or actions shall be taken seriously and appropriate actions shall immediately be taken in response.*~~

**Problem: General:**

~~*Suicidal wishes, gestures or attempts must be taken seriously. Historically suicidal wishes have been associated with those who are in a depressed state; however, they can occur in individuals who appear non-depressed. One of the key factors in suicidal potential is*~~ In 2020,

*suicide was the 11th leading cause of death in South Carolina. On average, in South Carolina, one person dies by suicide every 11 hours.*

*There is no single cause for suicide. Suicide most often occurs when stressors and health issues converge to create an experience of hopelessness and despair. The degree of hopelessness and/or helplessness experienced by ~~the individual~~ someone is a key factor in determining his/her potential for suicide. When ~~an individual~~ someone begins to view the future ~~in totally negative terms~~ negatively and view themselves as powerless to help themselves, they may perceive life ~~becomes as~~ pointless and intolerable ~~and he/she becomes a high suicide risk~~. When this perception is held, the person's risk for suicide exists. This risk exists particularly and may increase if the individual person is depressed or has a history of impulsive behavior. ~~The risk associated with suicidal symptoms is obvious, since it poses a~~ Because of the high probability of fatal consequences, ~~It should be noted that the impulsive suicidal attempt may be just as dangerous as the deliberately planned attempt~~ each person's potential risk for suicide should be considered.*

### INDICATORS:

*The early detection of the ~~potential~~ common indicators for suicide is an important aspect of prevention. Some ~~of the important indicators of suicidal potential~~ behaviors that are indicative of an immediate risk for suicide are:*

- ~~1. Expression of intent to harm oneself;~~
- ~~2. Prior attempts to harm oneself;~~
- ~~3. Negative view of the future (I feel so hopeless);~~
- ~~4. Illogical thinking such as reporting hearing or responding to voices telling the individual to harm him or herself;~~
- ~~5. Expression of desire to be like others who have attempted or committed suicide;~~
- ~~6. Recent loss of someone significant through death, divorce, moving away, etc.;~~
- ~~7. Feelings of depression as evidenced by sadness, crying, etc.;~~
- ~~8. Increases or decreases in appetite;~~
- ~~9. Loss of interest in activities;~~
- ~~10. Isolation from activities and people;~~
- ~~11. Changes in sleep pattern;~~
- ~~12. Inability to decide whether or not they want to live or die;~~
- ~~13. Sudden improvement in mood after a period of depression or hopelessness;~~
- ~~14. Agitation or irritability.~~

*Individuals with intellectual disabilities may not appreciate the lethality or degree of dangerousness of their acts. In an agitated state they may commit a fatal act when they were intending to make a gesture.*

- *Talking about or otherwise expressing wanting to die or kill oneself;*
- *Looking for a way to kill oneself;*
- *Talking about or otherwise expressing feeling hopeless or having no reason to live.*

*Other behaviors may also indicate a serious risk for suicide, especially if the behavior is new or has increased, and/or the behavior seems to be related to a painful event, loss or change. Those behaviors are:*

- *Talking about or otherwise expressing feelings of being trapped or in unbearable pain;*
- *Talking about or otherwise expressing being a burden to others;*
- *Increasing the use of alcohol or drugs;*
- *Acting anxious or agitated;*
- *Behaving recklessly;*
- *Sleeping too much or sleeping too little;*
- *Withdrawing from others or feeling isolated;*
- *Showing rage or talking about seeking revenge;*
- *Displaying extreme mood swings.*

### **PROCEDURES: Requirements:**

*~~DDSN Regional Centers, DSN Boards, and Contract Service Providers shall~~ Each provider (i.e., DDSN Regional Center, DDSN Autism Division, DSN Board, and Contract Service Provider) shall develop a formal policy on ~~the detection and preventing and responding to prevention of~~ suicidal behaviors ~~and shall develop procedures to be followed by staff in the event a risk for suicide is detected.~~*

The policy and *procedures* shall specify that when any staff member *detects any of the indicators for suicide noted in this document or* has any reason to believe that ~~an individual someone~~ intends to injure himself/herself ~~because the individual is expressing thoughts of suicide, suicide gestures or symptoms of major depression, or any of the indications listed above,~~ the staff member ~~should immediately notify their supervisor. The supervisor shall:~~ shall ensure that the person is not left alone and is safe. Additionally the policy/procedures shall specify that professional help for the person shall immediately be sought.

*When the provider delivers a direct service, the specific procedures to be followed by staff members in response to any detection of indicators for suicide during the provision of the service shall be developed and shared with all staff. “Direct Service” means any service other than Case Management, Early Intervention, or Intake. “Direct Service” includes, but is not limited to, ICF/IID services, Residential Habilitation, and Day Services.*

*The Direct Service Provider’s procedures, may, at the discretion of the Provider, establish levels of precaution based on the person’s status and the specific procedures to be followed based on the level of precaution determined. For example, someone may be considered to be in “Level I - Critical Suicide Risk Status” because he/she is actively self-destructive or he/she:*

- *Expresses suicidal thoughts or intent;*
- *Has a realistic suicide plan;*
- *Has attempted suicide in the past;*
- *Self-mutilates;*
- *Is impulsive, frightened or threatening;*

- *At risk for elopement;*
- *Expresses hopelessness;*
- *Displays agitated behavior.*

*In addition to ensuring that the person is not left alone, is safe, and professional help for the person is immediately sought, the procedures for someone considered to be in “Level I - Critical Suicide Risk Status” may include:*

- ~~*Immediately place the individual on*~~ *Maintaining* one-to-one supervision. ~~*The staff member assigned on each shift shall remain within arm’s length of the individual person*~~ at all times, even in the bathroom, and while sleeping *until the risk status is removed by a physician, psychologist or responsible professional (one who has experience in the diagnosis and treatment of mental disorders) or other recommendations for level of supervision are given by the physician, psychologist or responsible professional.*
- *Removing all belts, jewelry, sharp objects, shoestrings, radios, long cords, etc., that may be used by the person to injure him/herself.*
- *Accounting for all eating utensils after every meal.*
- ~~*2. Have*~~ *Having the person examined by a* physician, psychologist or responsible professional (one who has training and experience in diagnosis and treatment of mental ~~*disorders*~~ *illness) within 24 hours of the identification of the detection of any indicators of suicide and securing specific recommendations for post-examination actions to be taken by staff.*
- *Documenting all actions taken to keep the person safe, including the implementation of recommendations of the professional. ~~conduct an examination of the individual immediately after the one-to-one supervision is initiated. The examination shall be documented and include the following elements:~~*
  - ~~*a. Behavior and thought content;*~~
  - ~~*b. Actual potential danger to self and others;*~~
  - ~~*c. The level of precaution and specific actions (in accordance with this directive) to be taken; and,*~~
  - ~~*d. Whether or not immediate transfer to a psychiatric facility is indicated.*~~

*Whenever an individual in the community is deemed to be a suicide risk, the Provider should immediately seek assistance from one or more of the following sources:*

- ~~*1. Local Community Mental Health Center;*~~
- ~~*2. Consulting physician, psychiatrist or psychologist; and/or,*~~
- ~~*3. Public or private psychiatric facility.*~~

*As a general precaution individuals who have a history of suicidal behavior should be identified. In DDSN Regional Centers, a list of these individuals should be maintained by the A.O.D.*

#### *LEVELS OF PRECAUTION:*

~~1. Critical Suicide Risk Status: Individual should be considered to be “Critical Suicide Risk Status” when he/she is actively self-destructive or when he/she:~~

- ~~• Expresses suicidal thoughts or intent;~~
- ~~• Has a realistic suicide plan;~~
- ~~• Has attempted suicide in the past;~~
- ~~• Self-mutilates;~~
- ~~• Is impulsive, frightened or threatening;~~
- ~~• At risk for elopement;~~
- ~~• Expresses hopelessness;~~
- ~~• Displays agitated behavior.~~

~~When an individual is determined to be in “Critical Suicide Risk Status,” the following actions must be taken:~~

- ~~a. Continue 24-hour one-to-one or greater staff supervision as necessary to assure safety.~~
  - ~~b. Remove all belts, jewelry, sharp objects, shoestrings, radios, long cords, etc., that may be used to injure the person.~~
  - ~~c. Take the individual to a quiet area with a safe environment away from other individuals.~~
  - ~~d. Document observations of the individual’s appearance, behaviors, and vocalizations in the individual’s record at least on an hourly basis and summarize at the end of each shift.~~
  - ~~e. Account for all eating utensils after every meal.~~
  - ~~f. Continue (A-E) until determined and documented by a physician, psychologist or responsible professional (one who has experience in the diagnosis and treatment of mental disorders) to no longer be necessary.~~
  - ~~g. Refer for Psychiatric evaluation.~~
  - ~~h. Report to the DDSN Central Office following the critical incident reporting format.~~
  - ~~i. Involve the Interdisciplinary team at the initiation of suicide precaution/prevention procedures for those served in ICFs/IID. Notify the individual’s Case Manager at the initiation of the suicide precaution/prevention procedures.~~
- ~~2. Suicide Risk Status: An individual should be considered “Suicide Risk Status” when he/she:~~

~~If levels of precaution are used, someone could, for example, be considered in “Level II - Suicide Risk Status” because he/she:~~

- Has no suicidal plan or vague plans and statement about suicide;
- Has no record of prior suicide attempts;
- Talks about future plans and activities;
- Exhibits a non-lethal gesture such as holding breath, choking self with their hands.

*In addition to ensuring that the person is not left alone, is safe, and professional help for the person is immediately be sought, the procedures for someone considered to be in “Level II - Suicide Risk Status” may specify that :*

*~~When an individual is determined to be in “Suicide Risk Status” the following actions must be taken:~~*

- ~~Provide~~ Constant visual supervision *is provided* until ~~this suicidal precaution~~ the risk status is removed *and documented* by a physician, psychologist or responsible professional (one who has experience in the diagnosis and treatment of mental disorders).*
- ~~Specifically observe~~ The individual’s appearance, behaviors, and vocalizations *are specifically observed and documented* every four (4) hours *and document the observations*.*
- ~~Provide~~ One-on-one supervision *is provided* when the *individual person* leaves the unit, facility, or program area.*
- ~~d. — Involve the Interdisciplinary team in the initiation of suicide precaution/prevention procedures for those in ICFs/ID. Notify the individual’s Case Manager at the initiation of the suicide precaution/prevention procedures.~~*

### **REPORTING:**

*When a risk for suicide is detected, the incident shall be reported to DDSN in accordance with DDSN Directive 100-09-DD: Critical Incident Reporting.*

### **TRAINING:**

*Provide All staff shall participate in pre-service training ~~on~~ during which recognizing and preventing responding to suicidal behavior *is taught and ensure*. Staff shall demonstrate knowledge and understanding of how to recognize suicidal behavior and how to appropriately respond ~~to suicidal behavior in accordance with the provider’s policy~~.*

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Robin Blackwood  
Vice Chairman

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Gary Lemel  
Chairman

Reference Number: 101-02-DD

Title of Document: Suicidal Behavior-Preventing and Responding

Date of Issue: November 27, 1990

Effective Date: November 27, 1990

Last Review Date: July 16, 2020

Date of Last Revision: July 16, 2020 (REVISED)

Applicability: DDSN Regional Centers, DDSN Autism Division, Adult Companion Providers, Case Management Providers, Day Service Providers, Early Intervention Providers, Employment Service Providers, ICF/IID, Intake Providers, Residential Habilitation Providers and Respite Providers

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**PURPOSE:**

The purpose of this directive is to establish guidelines for dealing with individuals displaying suicidal thoughts, and/or behaviors/gestures.

**POLICY:**

The Department of Disabilities and Special Needs (DDSN) values the health, safety, and well-being of each person. Therefore, any expression of suicidal wishes, thoughts, gestures, or actions shall be taken seriously and appropriate actions shall immediately be taken in response.

**GENERAL:**

In 2020, suicide was the 11th leading cause of death in South Carolina. On average, in South Carolina, one person dies by suicide every 11 hours.

There is no single cause for suicide. Suicide most often occurs when stressors and health issues converge to create an experience of hopelessness and despair. The degree of hopelessness and/or helplessness experienced by someone is a key factor in determining his/her potential for suicide. When someone begins to view the future negatively and view themselves as powerless to help themselves, they may perceive life as pointless and intolerable. When this perception is held, the person's risk for suicide exists. This risk exists and may increase if the person is depressed or has a history of impulsive behavior. Because of the high probability of fatal consequences each person's potential risk for suicide should be considered.

The early detection of the common indicators for suicide is an important aspect of prevention. Some behaviors that are indicative of an immediate risk for suicide are:

- Talking about or otherwise expressing wanting to die or kill oneself;
- Looking for a way to kill oneself;
- Talking about or otherwise expressing feeling hopeless or having no reason to live.

Other behaviors may also indicate a serious risk for suicide, especially if the behavior is new or has increased, and/or the behavior seems to be related to a painful event, loss or change. Those behaviors are:

- Talking about or otherwise expressing feelings of being trapped or in unbearable pain;
- Talking about or otherwise expressing being a burden to others;
- Increasing the use of alcohol or drugs;
- Acting anxious or agitated;
- Behaving recklessly;
- Sleeping too much or sleeping too little;
- Withdrawing from others or feeling isolated;
- Showing rage or talking about seeking revenge;
- Displaying extreme mood swings.

### **REQUIREMENTS:**

Each provider (i.e., DDSN Regional Center, DDSN Autism Division, DSN Board, and Contract Service-Provider) shall develop a formal policy on the detection and prevention of suicidal behaviors and shall develop procedures to be followed by staff in the event a risk for suicide is detected.

The policy and procedures shall specify that when any staff member detects any of the indicators for suicide noted in this document or has any reason to believe that someone intends to injure himself/herself the staff member shall ensure that the person is not left alone and is safe. Additionally the policy/procedures shall specify that professional help for the person shall immediately be sought.

When the provider delivers a direct service, the specific procedures to be followed by staff members in response to any detection of indicators for suicide during the provision of the service



shall be developed and shared with all staff. “Direct Service” means any service other than Case Management, Early Intervention, or Intake. “Direct Service” includes, but is not limited to, ICF/IID services, Residential Habilitation, and Day Services.

The Direct Service provider’s procedures, may, at the discretion of the provider, establish levels of precaution based on the person’s status and the specific procedures to be followed based on the level of precaution determined. For example, someone may be considered to be in “Level I - Critical Suicide Risk Status” because he/she is actively self-destructive or he/she:

- Expresses suicidal thoughts or intent;
- Has a realistic suicide plan;
- Has attempted suicide in the past;
- Self-mutilates;
- Is impulsive, frightened or threatening;
- At risk for elopement;
- Expresses hopelessness;
- Displays agitated behavior.

In addition to ensuring that the person is not left alone, is safe, and professional help for the person is immediately be sought, the procedures for someone considered to be in “Level I - Critical Suicide Risk Status” may, at the discretion of the provider, include:

- Maintaining one-to-one supervision-of the person at all times, even in the bathroom, and while sleeping until the risk status is removed by a physician, psychologist or responsible professional (one who has experience in the diagnosis and treatment of mental disorders) or other recommendations for level of supervision are given by the physician, psychologist or responsible professional.
- Removing all belts, jewelry, sharp objects, shoestrings, radios, long cords, etc., that may be used by the person to injure him/herself.
- Accounting for all eating utensils after every meal.
- Having the person examined by a physician, psychologist or responsible professional (one who has training and experience in diagnosis and treatment of mental illness) within 24 hours of the identification of the detection of any indicators of suicide and securing specific recommendations for post-examination actions to be taken by staff.
- Documenting all actions taken to keep the person safe, including the implementation of recommendations of the professional.

If levels of precaution are used, someone could, for example, be considered in “Level II -Suicide Risk Status” because he/she:

- Has no suicidal plan or vague plans and statement about suicide;
- Has no record of prior suicide attempts;
- Talks about future plans and activities;
- Exhibits a non-lethal gesture such as holding breath, choking self with their hands.

In addition to ensuring that the person is not left alone, is safe, and professional help for the person is immediately be sought, the procedures for someone considered to be in “Level II - Suicide Risk Status” may specify that :

- a. Constant visual supervision is provided until the risk status is removed by a physician, psychologist or responsible professional (one who has experience in the diagnosis and treatment of mental disorders).
- b. The individual’s appearance, behaviors, and vocalizations are specifically observed and documented every four (4) hours.
- c. One-on-one supervision is provided when the person leaves the unit, facility, or program area.

**REPORTING:**

When a risk for suicide is detected, the incident shall be reported to DDSN in accordance with DDSN Directive 100-09-DD: Critical Incident Reporting.

**TRAINING:**

All staff shall participate in pre-service training during which recognizing and responding to suicidal behavior is taught. Staff shall demonstrate knowledge and understanding of how to recognize suicidal behavior and how to appropriately respond in accordance with the provider’s policy.

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Robin Blackwood  
Vice Chairman

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Gary Lemel  
Chairman

## Attachment I

Reference Number: 508-01-DD

Title of Document: Competency to Stand Trial Evaluations

Date of Issue: December 19, 1990

Effective Date: December 19, 1990

Last Review Date: *July 9, 2015 XX, 2020*

Date of Last Revision: *July 9, 2015 XX, 2020* (REVISED)

Applicability: DDSN Regional Centers, *DSN Boards, Contracted Service Providers and* Psychologists Who Conduct Competency Evaluations, *Case Management Providers, Day Service Providers, Intake Providers and Residential Habilitation Providers*

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### Purpose

This directive is to establish guidelines for performing Competency to Stand Trial (CST) Evaluations. CST evaluations may only be ordered by the Family Court for juveniles or the Court of General Sessions for adults. The evaluations aid the court in determining the defendant's rights in confronting the case against him/her under the United States Constitution. The final decision concerning competency to stand trial rests with the court. The evaluation is an opinion which will assist the court in its decision process. Note, the term "person," "defendant," "accused," or "individual" may be used interchangeably in this directive.

### Statutory Mandates

In accordance with state law, S.C. Code Ann. § 44-23-410 (*Supp. 20142019*), whenever Defense Counsel or the Solicitor in Circuit Court or Family Court has reason to believe that a person, on trial for a criminal offense, is not fit to stand trial because the person lacks the capacity to understand the proceedings against him/her or to assist in his/her own defense as a result of a lack of mental capacity, either Defense Counsel or the Solicitor can request the judge order an

examination of the person. The examination shall be done by two examiners designated by the Department of Mental Health (DMH), if the person is suspected of having a mental illness or designated by the Department of Disabilities and Special Needs (DDSN), if the person is suspected of having an intellectual disability or a related disability. If, after initial assessment either DDSN or DMH determines the defendant evidences symptoms of both mental illness and an intellectual disability or a related disability, they may defer the case for a joint evaluation. If the person is suspected of having both mental illness and an intellectual disability or a related disability, then both Departments will conduct a joint CST evaluation with one examiner from each Department designated to further evaluate the person and render a final report on his mental capacity.

If DDSN finds no intellectual disability or a related disability but mental illness, no determination of competency shall be rendered. The court will be informed and a recommendation be made that DMH perform the CST.

By order of the SC Supreme Court, effective April 2005, DMH has sole responsibility to conduct criminal responsibility evaluations for the Court of General Sessions. ~~*By administrative order of the SC Supreme Court, effective October 2007, the Family Court may no longer order criminal responsibility evaluations for juvenile defendants from either Agency.*~~ The CST orders must be on the forms approved by the South Carolina Supreme Court *and can be found on the Judicial Department website at: . <https://www.sccourts.org/forms/>.*

### Procedures

Court orders for CST evaluations are referred to the DDSN Central Office, Office of Clinical Services. All statutory time frames are calculated from the date the order and required documents are received. The examination must be conducted within 30 days after receipt of the court's order unless a 15 day extension is requested and granted. The examination will be done on an outpatient basis at one of the DDSN Regional Centers. An appointment letter with date, time, and location will be sent to defense counsel and the solicitor along with Protocol for Court Ordered Forensic Mental Evaluations. The defense counsel in charge of the case shall assist in arranging transportation with the appropriate law enforcement office if the person is in a correctional facility or with a family member if the person is not incarcerated per the court order. Should the defendant refuse to cooperate with the examiners during the evaluation, the examiners shall terminate the evaluation and DDSN will contact Defense Counsel to request assistance in facilitating cooperation from the defendant. If, upon re-evaluation, the defendant continues to refuse to cooperate, DDSN's General Counsel will notify the court and all counsel of such.

S.C. law requires DDSN to designate two examiners to conduct the examination within the required timeline. In conducting the examination, one examiner who has had experience in determination of CST ~~*trials evaluations*~~, shall be designated as the lead examiner. A secondary examiner is assigned from one of the DDSN Regional Centers. Within 10 days of the examination, the lead examiner must make a written report to the court which shall include:

1. A diagnosis of the person's mental condition;

2. Clinical findings bearing on the issues of whether or not the person is capable of understanding the proceedings against him/her and assisting in his/her own defense; and
3. If deemed to be presently incompetent to stand trial, a statement indicating whether or not there is any substantial possibility that the person will obtain that capacity in the foreseeable future.

The written report is filed with the Clerk of Court and sent to the solicitor and defense counsel. *All information related to CST evaluations is maintained by DDSN. All information related to CST evaluations is maintained by the DDSN Office of Clinical Services for a period of 10 years. After 10 years the record is destroyed with the exception of the CST Court Order and CST evaluation which is archived and retained indefinitely.* Examiners may be subpoenaed to testify, although the state statute indicates the evaluation can be admitted into evidence without the testimony of the examiner.

### Evaluation Guidelines

In order to ensure the consistency of CST evaluations conducted by DDSN examiners, the following items should be addressed in competency reports:

1. Notification of the Purpose of the CST Examination:

The examiner should document that he/she has fully informed the person of the purpose and nature of the evaluation procedure. At a minimum, disclosure should include the legal questions to be addressed, the extent of non-confidentiality, identification of all third parties to whom the report will be sent, and the possibility that the examiners may have to testify in court. There is no requirement to give a “Miranda Rights” warning to the individual being evaluated.

2. Mental Status:

The report should contain a detailed description of the current mental status of the person. Specific reference should be made to his/her ability to communicate effectively and the results and explanation of intellectual and adaptive measures available. If suspected, the possibility of the presence of a psychiatric disorder should be noted. If mental illness is detected, the examiner should recommend that the individual be referred to DMH for evaluation to determine its bearing on the person’s competency to stand trial or recommend a joint CST evaluation.

3. Competency Opinion:

The report should include specifics in regards to whether or not the person has the capacity to understand the proceedings against him/her and to assist in his/her own defense. The United States Supreme Court in the case of Dusky v. United States, 362 U.S. 402 (1960), established the modern legal definition of competency to stand trial. The court held that “the test must be whether he (the defendant) has sufficient present ability to consult with his attorney with a reasonable degree of rational understanding and

a rational as well as a factual understanding of the proceedings against him.” South Carolina has adopted this test in the case of State v. Law, 270 S.C. 664, 244 S.E. 2d 302 (1978). The Dusky standard has several core elements:

- a. A competency assessment evaluates the defendant’s present ability to consult with his/her attorney and to understand the proceedings against him/her.
- b. The assessment focuses on the defendant’s capacity, not willingness, to relate to his/her attorney and understand the proceedings. However, if the defendant’s unwillingness is based on irrational factors as a result of a mental condition, then the defendant’s capacity to assist in his/her defense may be called into question.
- c. The assessment is flexible since it only calls for a “reasonable” degree of understanding the proceedings, not a perfect or complete understanding on the part of the defendant.
- d. The Dusky assessment also emphasizes the defendant’s cognitive functioning due to the presence or absence of “factual” or “rational” understanding of the proceedings. The presence of a mental deficiency is relevant only insofar as that deficiency affects the defendant’s “rational understanding” as he consults with his attorney and undergoes a criminal trial. However, note that S.C. statutory law emphasizes “capacity to understand” as a result of “lack of mental capacity.” Thus, S.C. statutory law has amended case law to some extent in that a defendant may be found competent if he/she has the capacity to understand the proceedings against him/her, but presently does not possess a factual and rational understanding where such lack of understanding is not based on a mental deficiency, but rather on other factors, (e.g., a lack of knowledge of the U.S. criminal justice system by a child or a foreigner).
- e. Under the Dusky standard, “competency” is that level of “present ability” and “factual and rational understanding” exhibited by the defendant which meets Constitutional standards. The South Carolina statute refers to these concepts as “capacity to understand.” On the theory that one should not be tried in his/her absence, the Constitutional standard requires only that the defendant be “present” at trial from a mental perspective. Thus, the presence of mental illness or mental deficiency would not preclude a criminal trial, except where such mental illness or mental deficiency would so cloud the defendant’s present mental faculties that he/she would not be “mentally present” for trial. This minimal standard does not require the defendant have the capacity or ability to formulate a defense, just assist legal counsel in their defense.

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Barry Malphrus  
Vice Chairman

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Gary Lemel  
Chairman

Reference Number: 603-13-DD  
 Title of Document: Medication Technician Certification  
 Date of Issue: November 1, 2002  
 Effective Date: November 1, 2002  
 Last Review Date: ~~October 25, 2016 April 30, 2018XXXX, 2020~~  
 Date of Last Revision: ~~October 25, 2016 April 30, 2018XXXX, 2020~~  
 (REVISED)

~~Applicability:~~ ~~Boards/Providers of Community-Based Residential and Day Programs who have contracts with DDSN (excluding ICFs/HD)~~ Operators of DDSN Licensed Residential Settings/Facilities, Community Residential Care Facilities, and/or DDSN Licensed Day Facilities

I. PURPOSE

The purpose of this departmental directive is to establish a framework within which a Medication Technician Certification program shall be initiated for ~~selected~~ unlicensed ~~assistive healthcare~~ personnel (i.e., non-nursing staff) who ~~administer~~ provide medications to ~~DDSN consumers in Community-Based Residential and Day Program settings~~ those receiving services in South Carolina Department of Disabilities and Special Needs (DDSN) licensed residential settings/facilities, Community Residential Care Facilities (CRCFs), and/or DDSN licensed day facilities.

II. INTRODUCTION

~~As a result of a provision contained in the 2017-2018 Budget Bill, H5001 – Part 1B, 36.7, the~~ General Assembly of the State of South Carolina has granted to ~~the Department of Disabilities and Special Needs (DDSN) the statutory authority for selected designated unlicensed persons health care personnel~~ to ~~administer~~ provide selected ~~prescribed~~ medications to DDSN

Commented [DN1]: Language from the proviso

~~consumers service recipients persons~~ in community settings only when those ~~individuals selected designated~~ unlicensed ~~people healthcare personnel~~ have documented ~~successful completion of~~ medication training and skill competency evaluation. This training and competency is achieved by the ~~successful successfully completed~~ completion of a DDSN approved Medication Technician Certification program. ~~This Excluded from this provision does not apply to a facility licensed as a habilitation center for individuals with intellectual or developmental disabilities (i.e., are facilities licensed by the South Carolina Department of Health and Environmental Control (DHEC) as Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID), either at the DDSN Regional Centers or in the community, but may apply to those individuals-~~ However, the provision may apply to those receiving ICF/IID services when they are ~~attending an offsite when they are~~ receiving services in a DDSN Licensed Day ~~Program~~ Facility.

The provision of medication does not include judgment, evaluation or assessment by the selected unlicensed person.

The provision of medication by selected unlicensed ~~persons healthcare personnel~~ is limited to oral, sublingual, buccal, topical, inhalation and transdermal medications, ear drops, eye drops, nasal sprays, injections of regularly scheduled insulin, and injections of prescribed anaphylactic treatments.

***Selected unlicensed healthcare personnel shall not provide sliding scale insulin, or other injectable medications, vaginal medications and/or rectal medications.***

A written or electronic record of each medication provided, including time and amount provided, is required as part of the provision of medication. ~~Furthermore, with regard to injectable medications, this authority only applies to "regularly scheduled insulin and prescribed anaphylactic treatments under established medical protocol and does not include~~

Medication ordered on an as needed or PRN basis may only be provided by ~~selected designated~~ unlicensed ~~persons healthcare personnel~~ the DDSN Protocol for PRN Medications (Attachment XXXX) shall be adhered to. ~~when authorization from a nurse is obtained prior to provision. All other regulations within the South Carolina Nurse Practice Act remain intact. Selected unlicensed persons shall not provide sliding scale insulin, or other injectable medications, vaginal medications and/or rectal medications.~~

***In accordance with state law (S.C. Code Ann. § 40-33-42 and the Proviso noted above), Selected-Designated*** unlicensed ~~assistive healthcare personnel~~ shall not ~~administer~~ provide any medication to any DDSN ~~consumers person~~ unless ~~they have been~~ currently certified through a DDSN approved Medication Technician Certification program.

Self-administration of medication is a procedure by which any medication is taken orally, injected, inserted, topically applied or otherwise administered by the person to whom the medication is prescribed without prompting or assistance. The procedure includes removing an individual dose from a previously dispensed and labeled container (including a unit dose container), verifying it with the directions on the label, taking it orally, injecting, inserting, applying topically or otherwise administering the medication. ~~While an individual served~~

**Commented [DN2]:** The term 'provision' of medication rather than 'administration' of medication is used throughout the Proviso. This is consistent with the language in the SC Nurse Practice Act and it is my understanding that this was the agreed upon verbiage when the Proviso was first written and the DDSN exception was included in the SC Nurse Practice Act. The definition of Administration of Medications in the Nurse Practice Act has a much broader meaning requiring more indepth knowledge.

**Commented [DN3]:** Directly from the proviso and the allowable routes need to be included.

**Commented [DN4]:** Definition directly from DHEC 61-84 – Standards for Licensing Community Residential Care Facilities



DDSN service recipients may “self-administer” their own medications, ~~a review~~ only when an assessment of the ~~individual’s~~ service recipient’s ability to self-administer medications ~~shall be~~ is conducted and documented in writing using ~~DDSN approved standardized review tools and~~ all appropriate DDSN “Self-Administration of Medication Assessments(s),” ~~a DDSN approved assessment, or and~~ there must be a written physician’s order authorizing the self-administration of medication. ~~In CRCFs, the frequency of written orders must comply with the directions provided in DHEC Regulation 61—84: Standards for Licensing Community Residential Care Facilities. The assessment(s) must be completed by a registered nurse (RN), licensed physician, or a licensed practical nurse (LPN) under the supervision of a RN. If completed by an LPN, the RN must verify in writing that the LPN has the skill to accurately review the consumer’s ability to self-administer medication. The consumer’s ability to self-administer medications must be re-assessed at least annually and when a new route for medication is prescribed. The These reviews assessment(s) must be completed by a registered nurse (RN) or a licensed practical nurse (LPN) under the supervision of a RN. The If completed by an LPN, the RN must verify in writing that the LPN has the skill to accurately review individual’s the service recipient’s consumer’s ability to self-administer medication. The individual’s service recipient’s consumer’s ability to self-administer medications should must be re-reviewed re-assessed at least annually or and when a new type of route for medication is prescribed.~~

**Commented [DN5]:** The CRCF regulations include ‘or’ rather than ‘and’ but I strongly suggest that ‘and’ is used here. Most physicians do not know if the person is capable nor will they assess a person’s ability to self-administer medication

### III. OVERVIEW

~~DDSN has reviewed the Medication Technician Certification courses of a number of states that have successfully implemented this program. Most of these states’ programs contain common elements that have been incorporated into the DDSN approach.~~

~~In order to make this training available to as many staff as possible, the~~ The DDSN Medication Technician Certification ~~course~~ program may be offered in one of three ways:

- 1) By selected technical or four (4) year colleges;
- 2) By DDSN ~~employed or contracted clinical staff~~; or
- 3) By ~~community provider organizations~~ the facility operator themselves.

**Commented [DN6]:** Is this the new language for community providers?

Regardless of the forum, all Medication Technician Certification ~~courses will be required to~~ programs shall meet the ~~standards enumerated below while adhering to pre-approved curriculum guidelines~~ Program Standards and Curriculum Standards enumerated herein.

### IV. STANDARDS

~~Two types of standards govern DDSN’s Medication Technician Certification program: Program Standards and Curriculum Standards. The Program Standards outline the general requirements of the overall program. The Curriculum Standards outline the specific requirements of the units to be taught, the practicum experience, and the supervised medication passes.~~

#### Program Standards

1. Length of Program

The length of the ~~initial medication technician training~~ Medication Technician Certification program, including classroom instruction, practicum experience, and supervised medication passes, shall not be less than 16 hours, ~~but may be longer, if required to develop the necessary student competencies.~~ Lengths exceeding 16 hours may be necessary to develop student competencies.

2. Approved Instructors

- i. Approved instructors for Medication Technician Certification programs may include:
  - Registered Nurses (RNs);
  - Licensed Practical Nurses (LPNs) who have at least two (2) years of clinical nursing experience and who work under the supervision of an RN. The RN supervising an LPN instructor must verify in writing that the LPN instructor is capable of effectively teaching the concepts and skills covered in the Medication Technician Certification program curriculum;
  - Licensed Pharmacists;
  - Licensed ~~medical doctors~~ physicians.

~~Instructors For those Nurse Approved instructors~~ who do not work in an academic setting (i.e., DDSN employed or community provider employed), ~~completion~~ must complete ~~of~~ a “train the trainer” orientation class ~~will be required by DDSN in order to enhance the consistency and the quality of the Medication Technician courses being offered. Exceptions to the “train the trainer” requirement may be approved by DDSN through a formal process on an individual basis, based on experience of the respective instructor.~~

An approved instructor may authorize an LPN who is not an instructor to oversee 1:1 supervised medication passes. The approval must be in writing and verify that the LPN is capable of supervising the 1:1 medication pass.

3. Instructor/Student Ratio

Adherence to the following instructor to student ratios is required:

- For classroom instruction, no more than 1:24;
- For supervised practicum experience, no more than 1:8;
- For supervised medication passes, no more than 1:1.

~~LPNs under the direction of the Instructor, may be authorized to oversee the 1:1 supervised medication passes.~~

~~NOTE: When an LPN authorized by an approved instructor supervises a medication pass in lieu of the approved instructor, the LPN to student ratio is 1:1.~~

4. Testing

Competency testing ~~will~~ shall occur for each unit in the curriculum. Tests will measure the knowledge and all basic skills required for safe and effective functioning as a Certified Medication Technician. A passing score of 85% will be required on each unit test with an opportunity to retake each test up to two (2) additional times after additional tutoring has occurred. If all unit tests are not passed with a score of at least 85% after 3 attempts, the entire Medication Technician Certification course must be repeated.

5. Certificate

A certificate ~~will~~ shall be awarded ~~to the employee~~ by ~~the technical or four (4) year college,~~ DDSN, or the ~~facility operator DSN Board/contracted service provider~~ upon successful completion of all components of the ~~training~~ Medication Technician Certification program ~~including the supervised medication passes.~~

~~6. Roster~~

~~A roster of all currently employed Medication Technicians will be maintained by each DSN board/provider.~~

~~6. Continuing Education Units Annual Refresher Courses~~

To maintain certification, each Certified Medication Technician ~~will~~ shall be required to complete an annual refresher course on the ~~administration~~ provision of medication ~~within one year (365 days) of the previous recertification date.~~ ~~not less than~~ The refresher course shall be no less than two (2) hours duration. ~~The instructor for the annual refresher course may be a RN or LPN under the supervision of a RN. The RN supervising a LPN instructor must verify in writing that the LPN is capable of effectively teaching the concepts and skills covered in the Medication Technician curriculum.~~ The refresher course shall be taught by an approved instructor as defined herein.

7. Oversight

~~Each provider will have a policy regarding medication administration by Medication Technicians that includes information on the process for Medication Technicians to contact an RN or LPN if they have questions while performing their duties. An RN or LPN under the supervision of a RN will review medication records and provide onsite consultation tailored to the specific needs of the board/provider and its Medication Technicians on a quarterly basis. The RN supervising an LPN instructor must verify that the LPN is capable of effectively teaching the concepts and skills covered in the Medication Technician curriculum.~~

A. Policies:

- i. Each facility operator utilizing Certified Medication Technicians shall have a written policy governing the provision of medications by Certified Medication

Technicians. The policy shall specify activities that will be performed by Certified Medication Technicians, the process to review, monitor and oversee the work of the Certified Medication Technicians, the frequency of the activities to be performed, and by whom.

- ii. *Providers utilizing Certified Medication Technicians shall identify a health-care professional who will, as needed, answer questions posed by or provide directions to the Certified Medication Technicians. The health-care professional identified shall be a physician, pharmacist, or nurse. The process for contacting the health-care professional shall be included in the Medication Administration policy.*

**B. Nursing Responsibilities:**

~~ii. Review, oversight, and monitoring activities shall be conducted by an approved instructor and shall include: Review, oversight, and monitoring activities shall be conducted by an RN or an LPN under the supervision of an RN who has verified in writing that the LPN is capable of effectively conducting such activities. These activities shall include:~~

- Teaching the 16 hour curriculum as an approved instructor.
- Conducting the annual two (2) hour refresher course.
- Review of medication records (medication administration records and medication error reports) on a regular basis.
- On-site, quarterly visits to a ~~the facilities/settings~~ in which Certified Medication Technicians are utilized. ~~Visits shall be conducted while Certified Medication Technicians are present. During the on-site quarterly visits, training/technical assistance shall be provided to Certified Medication Technicians based on the findings of the regularly conducted medication records review. Consultation shall also be provided to Certified Medication Technicians as needed including when newly prescribed medications are to be given. When needed based on the operator's policy and/or the performance of the Certified Medication Technician, follow-up supervised medication passes shall occur as part of the on-site, quarterly visit.~~
- ~~Conducting quarterly quality assurance consultation meeting and follow-up based on review of medication records, errors, and trends.~~
- ~~Training and technical assistance based on the review of medication records, medication error reports, and when new medications or routes of medications are prescribed.~~
- ~~Monitoring that may include observation of medication passes to ensure ongoing competence of the Certified Medication Technician.~~
- ~~Review of consumer's ability to self-administer medications~~
- ~~Providing and documenting one-on-one instruction to specific staff members for the administration of regularly scheduled insulin and prescribed anaphylactic treatments for individual consumers. Follow-up monitoring to occur at least every six (6) months.~~

**Commented [DN7]:** Yes – this should be part of the process performed by licensed nurses and not unlicensed residential or QA staff .

**Commented [DN8]:** This is not feasible in our settings.

- Rescinding medication technician certificates if it is determined that a Certified Medication Technician is no longer competent to safely provide medications to consumers.
- Ongoing efforts to ensure that Certified Medication Technicians only perform within the scope of the statutory authority and within their competency.

**C. Documentation of Oversight Activities:**

~~Each facility operator utilizing Certified Medication Technicians shall identify a medical professional who will, as needed, answer questions posed by or provide directions to the Certified Medication Technicians. The medical professional identified shall be a medical physician, pharmacist, or nurse. The process for contacting the medical professional shall be included in the Medication Administration policy. Each Certified Medication Technician shall be provided with the name and contact information of the medical professional.~~

~~Documentation of the type of oversight and evidence must be maintained in a centralized location for each board/provider. This documentation must be available for DDSN staff or approved contractors to review, upon request. Documentation of Quarterly Oversight should address the review and discussion of any training and/or technical assistance needs for the Medication Technicians. This would include Medication Errors along with any trends discovered during the review. Other items to note might include whether there were particular staff/shifts that need more training and/or any new types of medications that have been initiated for residents.~~

~~Each facility operator Providers utilizing Certified Medication Technicians shall maintain documentation with supporting evidence of the review, monitoring and/or oversight activities. The records should include performed including the location, date, time of the activity, content covered, and the name of the authorized instructor performing RN, LPN, or other medical professional performing the activity.~~

**8. Medication Error Reporting**

All ~~DSN boards/providers~~ facility operators who utilize Certified Medication Technicians ~~to administer medications will be required to~~ shall follow DDSN Directive 100-29-DD: Medication Error/Event Reporting. ~~This will~~ which includes tracking of medication errors and error rates on a monthly basis, by individual program location (i.e., facility/setting).

~~10. Sanctions: Boards/Providers will track and appropriately follow up with Medication Technicians who commit medication errors. Tracking records should be maintained for each Medication Technician as well as the aggregate for each board/provider and available for review by the RN or LPN under the supervision of an RN who provides Quarterly Oversight. Appropriate follow up may include closer nursing supervision, re-training, progressive discipline or the removal of medication administration privileges. Boards/Providers will also be responsible for ensuring Medication Technicians are working within their designated training and supervision and following the SC Nurse Practice Act. The RN supervising an~~

**Commented [DN9]:** I have developed Guidance documents for the quarterly review and annual training that I distribute to nurses. They may need to be updated when tis version of the directive is finalized.

~~LPN instructor must verify that the LPN is capable of effectively teaching the concepts and skills covered in the Medication Technician curriculum.~~

9. **Evaluation**

~~Periodic review of the training being provided to prospective Certified Medication Technicians by approved instructors and training provided as an annual refresher course will be conducted by DDSN staff and/or consultants.~~

10. **Records**

~~Each instructor teaching a Medication Technician course will be required to When Medication Technician Certification is offered by the facility operator, the facility operator shall maintain the following records:~~

~~Colleges, DDSN instructors, and providers teaching a Medication Technician course are required to maintain the following records:~~

~~The following information shall be maintained for all medication certification courses taught. If the facility operator makes arrangements for employees to take courses taught by a college, training consultant, or DDSN instructor, access to this information should be part of the agreement to teach.~~

- ~~Their~~ Instructor qualifications;
- Student attendance;
- Lesson/curriculum plans;
- A master copy of all tests administered;
- Student test results;
- A list of all graduates; and
- Proof of that students successfully ~~completion~~ completed the classroom, practicum and supervised medication portions of the Medication Technician Certification ~~training~~ program.

~~The documentation of the return demonstration includes oral and topical medications and may also include a simulation of nasal sprays, eye and ear drops, respiratory inhalers, sublingual medication and transdermal patches. For medication administration that does not fall into one of these categories (i.e., regularly scheduled insulin, and prescribed anaphylactic treatments), the RN or LPN under the supervision of a RN must also document the individualized, one-on-one instruction provided to the staff (by name) regarding the specific type of medication and consumer, their supervision of the administration and continued monitoring, and plans for re-evaluation for this type of medication.~~

~~The RN or LPN under the supervision of a RN may approve the designated staff on a time limited basis, subject to re-evaluation. The RN supervising a LPN instructor must verify that the LPN is capable of effectively teaching the concepts and skills covered in the Medication Technician curriculum.~~

~~Boards/Providers~~ Facility operators Providers employing Certified Medication Technicians are required to maintain the following records:

- A roster of all Certified Medication Technicians employed;
- Copies of Certified Medication Technician certificates with date of award;
- ~~Record of~~ Documentation of quarterly ~~oversight sessions~~ on-site visits as described herein;
- Record of annual refresher ~~class~~ course attendance and topics covered;
- Record of any medication errors ~~committed, and errors~~/events as specified in DDSN Directive 100-29-DD: Medication Error and Event Reporting.
- ~~Corrective actions taken.~~

~~These records will be available for review during DDSN's annual licensing and contractual compliance review processes. If the Instructor is employed by the board/provider, duplicate records are not required to be maintained.~~

## V. CURRICULUM STANDARDS

### 1. Integrated

Classroom instruction that establishes a knowledge base ~~will~~ shall be integrated with practicum experiences that the student receives at a simulated (or real) treatment setting, and with the supervised medication passes that occur.

### 2. Objectives

Classroom instruction ~~will~~ shall be based on objectives for each unit that reflect the purposes of the training program and give direction to the instructor and the students. These objectives will be tied to the various competencies ~~that~~ on which the students will be tested ~~on~~.

### 3. General Information

Classroom instruction shall include general information relevant to the ~~administration~~ provision of medication. Topics will include:

- Relevant state & federal laws and regulations;
- Terminology;
- Forms of medication;
- Routes of administration;
- Abbreviations/symbols;
- Documentation guidelines; and
- Medication reference works, etc. (See the attached curriculum outline.)

### 4. Body Systems

Classroom instruction shall include an overview of the general structure and function of body systems, and the pharmacological effect of medications on these systems.

5. ~~Classes~~ Categories of Medication

Classroom instruction shall address the major categories of medications and how each category is related to a body system and its pathology.

6. Duties of a Certified Medication Technician

Classroom instruction shall focus on the role and scope of practice of the Certified Medication Technician, as well as what is not within their scope of practice. ~~According to the SC Nurse Practice Act.~~ The approved instructor must distinguish between the approved scope of the Certified Medication Technician ~~and Curriculum and Nursing Delegation,~~ the delegation of nursing tasks which is not ~~a part~~ within the scope of the Medication Technician ~~Curriculum approved by DDSN~~ Certification.

7. Practicum Experience

This portion of the curriculum will utilize physical facilities that reasonably simulate a health care setting (or utilize an actual health care setting) and the types of medication ~~delivery~~ dispensing systems used ~~in that area~~ by the ~~facility operator~~ DSN Board/contracted service provider.

- A. The approved instructor will design exercises for skill demonstration that simulate the various aspects of safe and effective medication ~~administration~~ provision and documentation thereof.
- B. Oral and topical medications: ~~eye and ear drops, nasal sprays, respiratory inhalers, sublingual medication and transdermal patches,~~ sublingual, buccal, inhalation medications, transdermal medications, ear drops, eye drops, and nasal sprays may be included in a simulated skill demonstration.

~~C.~~  
~~C.~~ ~~Other types of medications, such as~~ Injection of regularly scheduled insulin and prescribed anaphylactic treatments will require individualized instruction and documentation of successful completion of training from an approved instructor. Competence will be re-evaluated and documented every six (6) months. ~~training from a RN or LPN under the supervision of a RN. The RN supervising an LPN instructor must verify that the LPN is capable of effectively teaching the concepts and skills covered in the Medication Technician curriculum an approved instructor.~~

8. Supervised Medication Passes

~~At the conclusion of the course, each candidate for the Medication Technician Certification~~  
When classroom instruction and practicum experiences have been successfully completed, each



student will be required to demonstrate their competency by ~~participating in~~ successfully completing three (3) ~~supervised~~ medication passes supervised by a licensed nurse, including medication setup, delivery and documentation. ~~The nurse may observe the candidate. The student must complete the medication passes independently without verbal and non-verbal prompts or manual assistance.~~ Three (3) supervised passes may be defined as passing medications to three (3) different people during a single visit to a facility. The student's performance during supervised medication passes shall be documented on the appropriate Employee Checklist found in Attachment C.

~~Follow-up supervised medication passes will occur as appropriate based on performance of the Medication Technician (i.e., if the Medication Technician has not had any med errors/event they would not require an annual supervised medication pass). This may occur as part of the Quarterly Oversight provided by a RN or LPN, as mentioned above an approved instructor as listed above. Oral, topical, medications and ear and eye drops, nasal sprays and respiratory inhalers may be included in the Medication Technician Supervised Medication Pass.~~

~~Other types of medications, such as injection of regularly scheduled insulin will require individualized instruction and documentation of training from a RN or LPN under the supervision of a RN an approved instructor as listed above. The RN supervising a LPN instructor must verify in writing that the LPN is capable of effectively teaching the concepts and skills covered in the Medication Technician curriculum.~~

## 9. Curriculum Outline

~~An outline of an A~~ "Curriculum Outline" approved ~~curriculum is attached to this document~~ by DDSN is an attachment to this directive. Any curriculum used in the ~~training of DDSN~~ certification ~~of~~ Medication Technicians ~~must~~ shall address each of the components ~~of this~~ included in the outline, and shall possess corresponding learning objectives, and shall require competency-based testing.

~~Administering Medications the Right Way (2018 version) has been selected as the standardized curriculum to be used for the DDSN Medication Technician Certification program. All community provider organizations shall begin using this curriculum by July 1, 2020. DDSN will purchase the Trainer Manual and Participant Manuals for providers.~~

~~All Medication Technician Certification~~All Medication Technician Certification courses programs must be approved in writing by the DDSN Division of Quality Management prior to use and every three (3) years thereafter. Curriculum approved by DDSN prior to October 2016 must be updated as appropriate and resubmitted to DDSN Division of Quality Management for approval. ~~This will include core curricula such as One Little Pill, Administering Medications~~

Commented [DN10]: This would remain if we are not going to transition to Administering Medications the Right Way.

~~the Right Way, etc., to ensure addition of individual procedures per provider. Curricula must be adapted, as necessary, to comply with the SC Nurse Practice Act.~~

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

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~~Beverly A. H. Buscemi, Ph.D.-Mary Poole~~  
State Director  
~~(Approved)~~

To access the following attachments, please see the agency website at  
<http://www.ddsn.sc.gov/about/directives-standards/Pages/CurrentDDSNDirectives.aspx>.

- Attachment A: CURRICULUM OUTLINE - Medication Technician Certification  
Attachment B: ~~Glucometer Self-Use Assessment~~  
~~Attachment C: SAM Insulin Injection Form~~  
~~Attachment D: SAM Oral Medication Form~~  
~~Attachment E: SAM Topical Medication Form~~  
~~Attachment F: Guidance for completing SAM and Glucometer Review~~  
~~Attachment B:~~ SAM Assessment – Oral  
Attachment B-2: SAM Assessment – Sublingual  
Attachment B-3: SAM Assessment – Buccal  
Attachment B-4: SAM Assessment – Topical  
Attachment B-5: SAM Assessment – Metered-dose Inhalers  
Attachment B-6: SAM Assessment – Glucometer  
Attachment B-7: SAM Assessment – Insulin Injection  
Attachment B-8: SAM Assessment – Epi-Pen Injection  
Attachment B-9: Guidance for completing Assessment Form for SAM and Self-Use of Glucometers
- Attachment C: Employee Checklist – Glucometer Use  
Attachment C-2: Employee Checklist – Insulin Pen Injection  
Attachment C-3: Employee Checklist – Oral Medications  
Attachment C-4: Employee Checklist – Topical Medications  
Attachment C-5: Employee Checklist – Epi-Pen Injection  
Attachment C-6: Employee Checklist – Ear Drop Medication  
Attachment C-7: Employee Checklist – Eye Drop Medication  
Attachment C-8: Employee Checklist – Metered-dose Inhaler  
Attachment C-9: Employee Checklist – Nasal Spray Medication  
Attachment C-10: Employee Checklist – Transdermal Medication  
Attachment C-11: Employee Checklist – Buccal Medication  
Attachment C-12: Employee Checklist – Sublingual Medication

~~Attachment D: DDSN Protocol for PRN Medications~~

Reference Number: 700-02-DD

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

Date of Issue: May 15, 1991  
Effective Date: May 15, 1991  
Last Review Date: ~~January 2, 2014 XX, 2020~~  
Date of Last Revision: ~~January 2, 2014 XX, 2020~~ (REVISED)

Applicability: DDSN Central Office, DDSN Regional Centers, ~~DDSN Operated Programs/Services~~, DSN Boards, and Contracted Service Providers

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Purpose:

The purpose of this directive is to establish guidelines and procedures for compliance with Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act, the Age Discrimination Act of 1975 and the Americans with Disabilities Act (ADA) as they apply to people applying for and receiving services from the South Carolina Department of Disabilities and Special Needs (DDSN), DSN Boards, or other qualified provider agencies.

Note: Compliance with these regulations in regard to employees of DDSN is further addressed under separate policy and procedures. Violations and complaints in regard to such should be referred to the agency's Human Resource Management Office. Further, this policy does not supersede any portion of the DDSN Employee Grievance Procedure, but applies only to situations outlined in this directive.

## Statement of Compliance

**Within DDSN** No person will be excluded from participation in, denied access to, denied the benefits of or be otherwise subjected to discrimination in the conduct of ~~its~~ **DDSN sponsored** programs, services, **and/or** supports, and the operation of ~~its facilities~~ **DDSN Regional Centers and DDSN programs/services** on the basis of ~~age, race, sex, creed, color, national origin or disability~~ **race, sex, color, national origin, disability, and age.**

Federal legislation requires that each ~~agency in the DDSN service delivery system~~ **DDSN entity (i.e., DDSN Regional Center, DDSN operated program/service, DSN Board, and Contracted Service Provider)** be in compliance with the four (4) following nondiscrimination acts:

- **Title VI of the Civil Rights Act of 1964** - prohibits discrimination of participation in programs and services because of ~~race, color, creed, etc. race, sex, color, national origin, disability, religion, age, sexual orientation and status as a parent~~ (this includes persons demonstrating limited English proficiency /LEP).
- Section 504 of the Rehabilitation Act of 1973 - prohibits the discrimination of participation in programs and services because of ~~handicap~~ **disability including a mental or physical impairment that substantially limits one or more major life activities.**
- Americans with Disabilities Act of 1990 - extends Section 504 to cover all private and public entities in the areas of employment, telecommunication, and public accommodation (**this includes provision of 24 hour telecommunication relay services**). **Amendments have expanded the definition to include a physical or mental impairment that limits one or more life activities of such individual, a record of such impairment, or regarded as having such an impairment in general and includes major bodily functions.**
- **The Age Discrimination Act of 1975** - prohibits the discrimination of participation in programs and services ~~because of age on the basis of age.~~

## PROCEDURES FOR ~~REVIEWING~~ COMPLIANCE

### ~~DDSN Regional Facilities, DSN Boards and Contracted Provider~~ Responsibilities

All ~~providers will~~ **DDSN entities shall** be responsible for complying with the requirements of the nondiscrimination laws, and establishing a grievance procedure to assure a fair and timely review of all complaints alleging discrimination. All contracts issued by ~~the Department~~ **DDSN** will contain an "Assurance of Compliance" statement.

Each DDSN ~~Facility, DSN Board or other qualified provider will~~ **entity shall** designate a "Compliance Coordinator" whose responsibilities are as follows:

- Review their organization's compliance with each of the four (4) nondiscrimination acts on an annual basis and maintain records documenting such.

**Commented [HC1]:** Kathleen Warthen: We are concerned that some of the suggested changes to this directive are not technically correct. Language on page 2 reads "Title VI of the Civil Rights Act of 1964 - prohibits discrimination of participation in programs and services because of race, color, creed, etc. race, sex, color, national origin, disability, religion, age, sexual orientation and status as a parent (this includes persons demonstrating limited English proficiency /LEP)." We would encourage DDSN to check their source for this information, as we believe Title VI is actually more limiting in terms of the class of protected persons. See <https://www.justice.gov/crt/fcs/TitleVI-Overview>. While we do not object to DDSN expanding the protected classes for their own use, it would be a misstatement to say that Title VI provides this protection. (Of course, other federal civil rights laws *do* extend protection to other classes, we just want to ensure consumers aren't relying on the wrong law).

**Commented [HC2]:** Kathleen Warthen: We believe it is a misstatement to say the Age Discrimination Act of 1975 applies only to individuals over 40; we believe it applies to individuals of all ages, and that it is actually the Age Discrimination in Employment Act of 1967 that uses age 40 as a cutoff. See <https://www.eeoc.gov/laws/statutes/adea.cfm>.

- Post notices advising ~~consumers-service recipients~~ of contacts for reporting or addressing issues of compliance.
- Coordinate the ~~facility/agency's DDSN entity's~~ complaint process and maintain records of all complaints filed and actions taken to bring resolution.
- **Maintain records of racial and ethnic data of all individuals served by the DDSN entity.**

When indicated, a Plan of Correction (*Plan*) will be developed to address compliance issues. The Plan ~~should~~ **shall** outline the action to be taken. Implementation of the Plan is the sole responsibility of the ~~facility, board or provider DDSN entity~~ although technical assistance may be obtained from other ~~facilities, boards, provider agencies, Central Office or external agencies as-needed~~ **sources as needed including DDSN Central Office or external agencies.**

#### State Coordinator Responsibilities

The State Director ~~will~~ **shall** appoint the State Compliance Coordinator whose responsibilities ~~will~~ **shall** include the establishment and monitorship of the compliance review process **including general program reviews and audits**. The State Coordinator ~~will~~ **shall** receive inquiries and assist in identifying sources of technical assistance. The Coordinator ~~will~~ **shall** also notify the SC Department of Health and Human Services (SCDHHS) of any discrimination complaints that have been filed against a DDSN ~~sponsored program or service entity~~ that receives federal financial participation.

#### Requests for Funding

~~DDSN maintains funding to assist DSN Boards and Contracted Providers to comply with the requirement of Title VI of the Civil Rights Act of 1964 to provide interpreter services. Requests for funding must be submitted by the Service Coordination Case Management/Early Intervention Provider to the appropriate DDSN District Office using the enclosed attachment. The DDSN District Office will review requests and analyze information in their District regarding use and type of service provided. This funding is available to all DDSN eligible consumers including the at-risk category and those people going through the DDSN eligibility process; however, interpreter services for BabyNet children must be requested from FirstSteps. DDSN will not reimburse for interpretive services when other entities are responsible for meeting the provisions of Title VI (doctors, hospitals, FirstSteps, schools, etc.). DDSN also will not reimburse transportation costs. DDSN encourages Interpreters with whom the family/consumer is comfortable, and suggests service coordinators case managers and early interventionists access the FirstSteps — BabyNet list of Interpreters located at [www.sefirststeps.org/BabyNet/interpreterdata](http://www.sefirststeps.org/BabyNet/interpreterdata). The hourly rate cannot exceed \$40.00 per hour for onsite interpretative services or \$20.00 per hour for telephone interpretative services unless prior authorized by the District.~~

### Complaint Process

Any **DDSN eligible person**/applicant or family member, ~~or person with a disability~~ who feels they have been discriminated against may **personally or through a representative** report the incident in writing to the ~~designated Staff~~ Compliance Coordinator **designated by the DDSN entity**. **Upon receipt of the complaint alleging discrimination, the entity's Compliance Coordinator must immediately investigate the complaint and complete a report.** ~~Upon receipt of a complaint alleging discrimination, the service provider must immediately report the complaint to the appropriate compliance coordinator for that facility.~~

Every effort ~~should~~ **shall** be made by the ~~facility, board or other qualified provider~~ **DDSN entity** to resolve the issue through discussion and negotiation at the level the alleged discrimination occurred.

Each ~~board or other qualified provider agency should~~ **DDSN entity shall** have at least a two tiered procedure for reviewing discrimination grievances. The **DDSN entity's** Executive Director ~~should~~ **shall** be involved in one ~~level of the review process of the review tiers~~ (e.g., ~~review by staff review~~ with appeal to Executive Director or ~~reviewed by~~ Executive Director; ~~review~~ with appeal to Board of Directors ~~of local provider~~).

Discrimination complaints arising in a **DDSN Regional Facility Center** or **DDSN direct** operated services ~~will or program shall~~ follow the DDSN Internal Grievance/Appeal Procedures as outlined in DDSN Directive 535-11-DD: **Appeal and Reconsideration Policy and Procedures**, which may not necessarily include a review by the Human Rights Committee.

When **based on the results of the investigation or review, corrective actions are** indicated, a Plan of Correction ~~will~~ **shall** be developed and monitored to ensure compliance. The Plan of Correction will reflect the original complaint, its remediation, and a target date for completion. ~~It will~~ **The Plan of Correction must** be signed by all parties concerned ~~and a copy will be forwarded to the State Compliance Coordinator's Office for review.~~

**Within 30 calendar days of the resolution of the complaint by any DDSN entity, the State Compliance Coordinator shall be notified of the complaint and actions taken to resolve. When a Plan of Correction is developed as part of the resolution, a copy of the completed and signed Plan will be forwarded to DDSN's State Compliance Coordinator within 30 calendar days of completion.**

If a person does not want to file an alleged discrimination complaint with the ~~local agency~~ **DDSN entity**, a complaint may be filed directly with the South Carolina Human Affairs Commission or the U.S. Department of Health and Human Services (Office of Civil Rights).

Note: Some federal agencies may require a person exhaust the Agency's internal grievance process before filing a discrimination complaint.

### Interpreter and Translation Services - Funding Assistance

*Title VI of the Civil Rights Act of 1964 requires that reasonable steps be taken to ensure that those with limited English proficiency have meaningful access to services or programs. Affording meaningful access to those with limited English proficiency may mean providing interpreter services for spoken or sign language and/or translation services for written language.*

*Funding is available to assist entities with the cost of interpreter services and translation services when those services are necessary to afford the person meaningful access to DDSN services. DDSN will not reimburse for interpreter/translation services when necessary to afford access to the services of other entities (e.g., doctors, hospitals, FirstSteps, schools).*

*Reimbursement may be sought for services rendered to anyone who is eligible for DDSN services and those who are seeking DDSN eligibility. Forms to be used to request reimbursement are attached to this Directive.*

*DDSN encourages the use of Interpreters with whom the person/family is comfortable. However, to secure reimbursement, Interpreters must be certified by the American Council on the Teaching of Foreign Languages (ACTFL) and be proficient at or above the intermediate level in oral and listening proficiency in English and the sought foreign language.*

*Additionally, to secure reimbursement, Translators must be certified by the American Council on the Teaching of Foreign Languages (ACTFL) and be proficient at or above the intermediate level in reading and writing proficiency in English and the sought foreign language.*

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Barry Malphrus  
Vice-Chairman

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Gary Lemel  
Chairman

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

Attachment A: ~~Request for Payment for~~ Interpreter Services: *Request for Reimbursement*  
Attachment B: *Translation Services: Request for Reimbursement*



SOUTH CAROLINA DEPARTMENT OF  
**Disabilities and Special Needs**

**Attachment L**

# Case Management

Presented to the DSN Commission

July 16, 2020





# Revenue Analysis – June 2020

Statewide Average Revenue Per Individual by Category			
	WCM	MTCM/SFCM	TOTAL
June	\$ 114.87	\$ 82.10	\$ 110.14

- Rate Increase was implemented for WCM on 1/1/20.
- Overall, these rates continue to cause a 0.85 % increase in average monthly revenue per person for WCM.



# Revenue Analysis – June 2020

- Average billing per individual increased from \$101.33 in May to \$110.14 in June.
  - Third highest average billing per individual since fee-for-service billing implementation.
  - Majority of services still being provided without travel.
  - Increase to 22 billing days.
- Billing errors and Medicaid ineligibles continue to be minimal.
- 368 consumers who were enrolled in the waiver did not have reportable notes during the month of June 2020.
  - This represents 3 % of the waiver individuals in the system.
  - This number is decrease from May (3.97 %).



# Adapted Service Delivery during COVID-19

- Most required Case Management activities continue to be completed telephonically during the crisis.
- Requests for WCM limit exceptions have been streamlined
- COVID-19 specific Monitoring guidance has been developed and distributed.
- Case Managers are encouraged to request active case management for people who may need contact during the crisis.



# New Provider Terminations

- Pickens DSN Board notified DDSN of the intent to terminate their CM program effective 6/30/2020.
  - Individuals/Families have been notified by letter but most cases have not been transferred. Pickens continues to extend provision of case management to ensure a smooth transition for all individuals.
- Pattison's Academy notified DDSN of intent to terminate their CM program effective 7/15/20.
  - 42 total cases
    - 6 Active Case Management
    - No Waiver participants
  - Will continue provision of case management until all are transitioned





**DDSN Executive Memo**

**TO: EXECUTIVE DIRECTORS, DSN BOARDS  
CEOS, CONTRACTED SERVICE PROVIDERS**

**FROM: SUSAN KREH BECK, ED.S., LPES, NCSP, ASSOCIATE STATE DIRECTOR, POLICY** *(Signature)*

**DATE: JULY 14, 2020**

**RE: Market Rate Case Management Issue – June 2020 Billing Report**

Attached is the "Case Management Revenue by Provider" report for June 2020. The reports include: (1) the average monthly revenue per waiver individuals, (2) the average revenue per non-waiver individuals (MTCM/SFCM) and (3) a total average revenue per individual. This data allows a provider to evaluate, over time, the average monthly revenue generated per individual so the appropriate number of case managers/supervisors needed based on the total number of cases served by the provider can be determined. The statewide average revenue per individual is outlined in the chart for June.

Statewide Average Revenue Per Individual by Category			
	WCM	MTCM/SFCM	TOTAL
June	\$ 114.87	\$ 82.10	\$ 110.14

*Average Revenue per Individual by Category*

Because of the COVID-19 emergency, case managers continue to adjust service delivery to accommodate the mandate for social distancing. The current Case Management Policy includes a provision for non face-to-face contact to be made in lieu of a face-to-face contact when there are exceptional circumstances so most case management functions have been delivered in a non-face-to-face manner since mid-March. Billing continues to be analyzed to determine if a shift to billing the non-travel rate negatively impacted providers. The average revenue per individual increased from \$101.33 in May to \$110.14 in June. Although this could be attributed to an increase of 2-3 billing days in June, it is important to note that this represents the third highest rate revenue per individual since the implementation of fee-for-service billing.

As a reminder, a rate increase for WCM was implemented on January 1, 2020. The increase of \$0.22 for WCM with travel and \$.13 for WCM without travel is reflected in the average revenues. Overall, these rates continue to cause a 0.85 % increase in the average monthly revenue per consumer for WCM. The line graph reflecting average market rate revenue for WCM over time continues to be updated to reflect a data point for old and new rates so that DDSN can continue to track statewide progress.

Additionally, of the individuals enrolled in the waiver on June 30, 2020, 386 did not have a reportable note submitted during the month of June despite the WCM requirement to do so. This represents 3.0 % of the waiver individuals in the system. This represents a decrease of 0.97% from the prior month of May. Neglecting to act to meet requirements may lead to compliance issues. DDSN will continue to reach out to providers who have excessive numbers of individuals who did not have a reportable note submitted to assist with identifying strategies to reduce this percentage.

DDSN continues to monitor providers whose revenue per consumer is less than 60% of the previous monthly payment for Waiver individuals. We will continue communication with those providers to gather information and provide technical assistance.

**Invoices**

In addition to payment for Medicaid ineligible, there are units not paid this month that can possibly be corrected and resubmitted next month. Please see the memo sent on September 9, 2019, regarding [Invoice Report Analysis Guidance](#) for instructions to take action on the invoice issues. A review of the June 2020 invoices for Medicaid Ineligible and Not Paid are reflected in the charts below:

Description	WCM	MTCM
% of units that were paid but Medicaid Ineligible	0.06%	0.23%
% of units not paid due to wrong template	0.14%	5.60%
% of units not paid - other	0.00%	0.00%

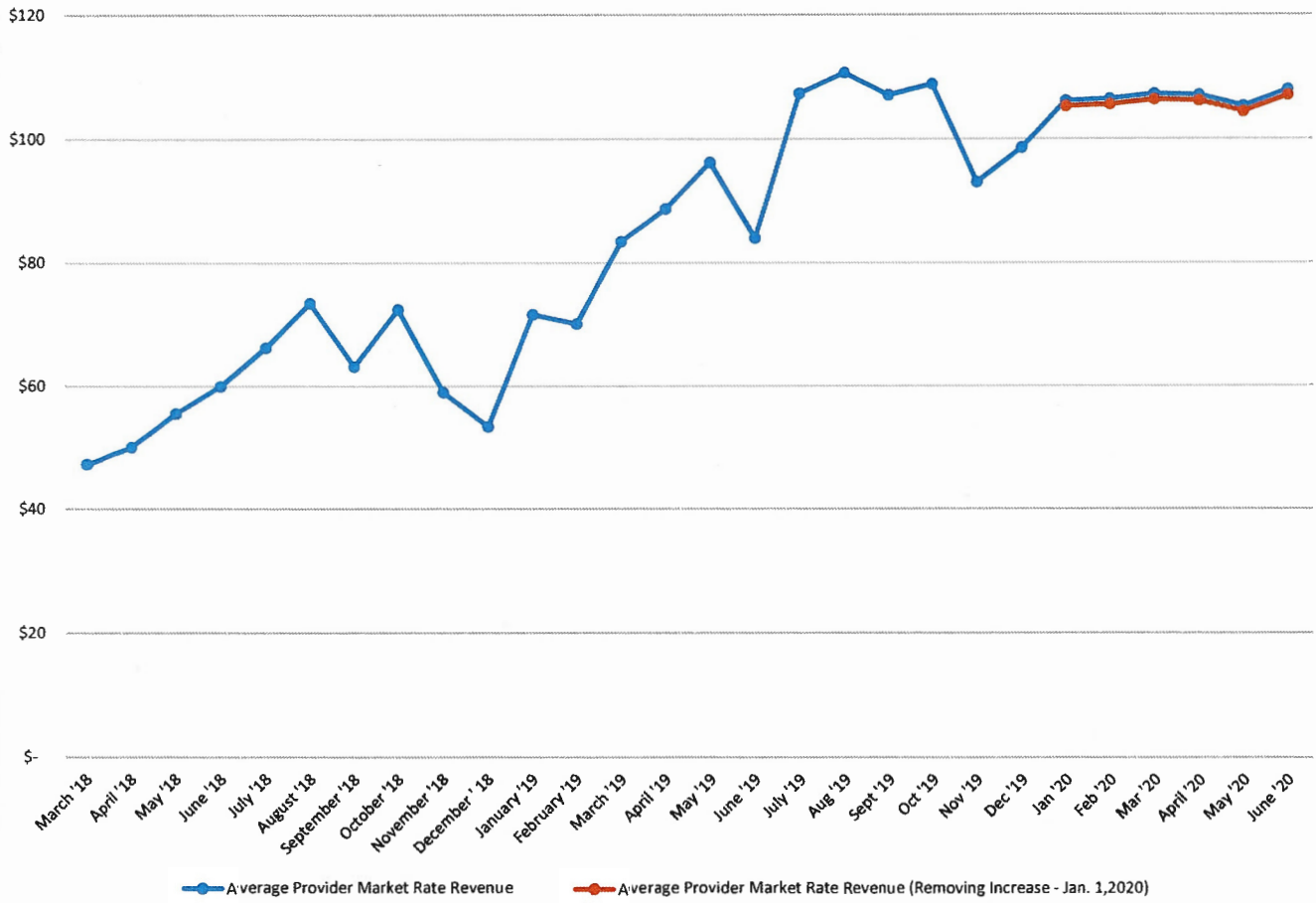
If you have questions, please contact Ben Orner at [borner@ddsn.sc.gov](mailto:borner@ddsn.sc.gov) or (803) 898-3520 or Lori Manos at [lmanos@ddsn.sc.gov](mailto:lmanos@ddsn.sc.gov) or (803) 898-9715.



June 2020 Case Management Revenue by Provider					
Provider Name	Provider Size	Average Waiver Revenue per Waiver Enrolled Individual	Average MTCM/SFCM Revenue per Individual	TOTAL Average Revenue per Individual	25% Quartiles
Provider 13	Very Small	\$ 203.63	\$ 111.00	\$ 192.98	Top Quartile \$129.55- \$192.98
Provider 15	Very Small	\$ 155.74	\$ 127.14	\$ 154.03	
Provider 4	Medium	\$ 159.10	\$ 93.55	\$ 134.50	
Provider 3	Medium	\$ 136.06	\$ 83.91	\$ 131.62	
Provider 10	Large	\$ 132.39	\$ 119.74	\$ 130.45	
Provider 18	Medium	\$ 128.73	\$ 135.91	\$ 129.55	Upper Middle Quartile \$118.73- \$128.92
Provider 11	Small	\$ 130.33	\$ 81.43	\$ 128.92	
Provider 8	Small	\$ 132.87	\$ 55.00	\$ 128.11	
Provider 34	Very Small	\$ 129.84	\$ 82.50	\$ 127.91	
Provider 1	Large	\$ 143.85	\$ 81.97	\$ 127.17	
Provider 16	Large	\$ 132.13	\$ 73.99	\$ 126.83	
Provider 12	Small	\$ 126.16	\$ 108.82	\$ 125.17	
Provider 23	Small	\$ 125.39	\$ 73.13	\$ 123.06	
Provider 26	Very Small	\$ 121.36	\$ 112.50	\$ 120.96	
Provider 29	Small	\$ 120.23	\$ 93.33	\$ 118.73	
Provider 2	Very Small	\$ 148.55	\$ 46.55	\$ 116.04	Lower Middle Quartile \$89.07- \$116.04
Provider 6	Medium	\$ 119.64	\$ 73.33	\$ 114.93	
Provider 20	Medium	\$ 119.54	\$ 42.24	\$ 114.61	
Provider 35	Very Small	\$ 114.57	\$ -	\$ 114.57	
Provider 41	Medium	\$ 112.11	\$ 67.17	\$ 108.51	
Provider 31	Very Small	\$ 88.78	\$ 206.25	\$ 104.98	
Provider 33	Small	\$ 107.83	\$ 94.25	\$ 104.97	
Provider 21	Small	\$ 104.76	\$ 79.12	\$ 102.97	
Provider 25	Very Small	\$ 118.85	\$ 23.28	\$ 96.03	
Provider 42	Small	\$ 99.96	\$ 22.50	\$ 95.02	
Provider 32	Small	\$ 93.78	\$ 101.50	\$ 94.27	
Provider 24	Small	\$ 96.50	\$ 52.59	\$ 91.64	
Provider 19	Large	\$ 89.56	\$ 82.25	\$ 89.07	
Provider 38	Small	\$ 91.30	\$ 21.67	\$ 87.91	
Provider 17	Small	\$ 85.99	\$ 92.23	\$ 87.24	
Provider 7	Very Small	\$ 93.03	\$ 64.66	\$ 82.48	
Provider 46	Very Small	\$ 82.03	\$ 91.67	\$ 82.39	
Provider 5	Large	\$ 93.59	\$ 60.57	\$ 81.53	
Provider 22	Large	\$ 77.12	\$ 43.26	\$ 74.21	
Provider 14	Small	\$ 75.07	\$ 63.44	\$ 74.21	
Provider 39	Very Small	\$ 76.15	\$ 40.45	\$ 73.43	
Provider 30	Very Small	\$ 69.36	\$ -	\$ 68.39	
Provider 36	Very Small	\$ 68.88	\$ 30.00	\$ 67.37	
Provider 9	Very Small	\$ 75.49	\$ 28.67	\$ 63.38	
Provider 45	Very Small	\$ 61.08	\$ 57.50	\$ 60.91	
Provider 40	Small	\$ 49.47	\$ 40.00	\$ 49.18	
Provider 44	Very Small	\$ 39.26	\$ -	\$ 37.86	
Provider 47	Very Small	\$ -	\$ 4.50	\$ 4.29	
<b>Total</b>		<b>\$ 114.87</b>	<b>\$ 82.10</b>	<b>\$ 110.14</b>	

Size	Number
Large	500+
Medium	300-499
Small	150-299
Very Small	0-149

Average Provider Market Rate Revenue Over Time





SOUTH CAROLINA DEPARTMENT OF  
**Disabilities and Special Needs**

**Attachment M**

# Early Intervention

Presented to the DDSN Commission

July 16, 2020





# Revenue Analysis –June, 2020

- EI Billing for ages 3-6 in June was \$853,985
- About \$98,733 more than May, 2020
- Approximately 10% of billing for EI is reported as Telehealth Family Training/Service Coordination
- The total amount billed for June represents the highest billing reported since the current crisis started.



# Provider Terminations

All consumers served by Boards who have chosen to end their Early Intervention programs have been transferred or closed.



# New Providers

- Two new EI Providers have been approved through the solicitation process.
- New provider orientation is expected to be scheduled in July or early August.



**DRAFT - Year End Processes Will Continue Until COB July 14th**

**FY 19/20 Legislative Authorized & Spending Plan Budget VS Actual Expenditures (as of 6/30/2020)**

Funded Program - Bud	Original Budget	Adjustments	Adjusted Budget	YTD Actual Expense	Remaining Budget	Percent Expended - Target %
ADMINISTRATION	\$ 7,856,999	\$ 182,329	\$ 8,039,328	\$ 6,633,340	\$ 1,405,988	82.51%
PREVENTION PROGRAM	\$ 12,500	\$ -	\$ 12,500	\$ 12,500	\$ -	100.00%
GREENWOOD GENETIC CENTER	\$ 15,185,571	\$ -	\$ 15,185,571	\$ 12,226,376	\$ 2,959,195	80.51%
CHILDREN'S SERVICES	\$ 18,189,594	\$ (5,610,400)	\$ 12,579,194	\$ 10,342,938	\$ 2,236,256	82.22%
IN-HOME FAMILY SUPP	\$ 91,285,431	\$ (37,541,185)	\$ 53,744,246	\$ 51,663,774	\$ 2,080,472	96.13%
ADULT DEV&SUPP EMPLO	\$ 83,355,338	\$ (1,790,400)	\$ 81,564,938	\$ 81,180,765	\$ 384,173	99.53%
SERVICE COORDINATION	\$ 21,656,140	\$ (8,056,633)	\$ 13,599,507	\$ 13,933,705	\$ (334,198)	102.46%
AUTISM SUPP PRG	\$ 21,355,826	\$ (2,689,600)	\$ 18,666,226	\$ 11,833,631	\$ 6,832,595	63.40%
HD&SPINL CRD INJ COM	\$ 5,040,532	\$ 480,000	\$ 5,520,532	\$ 5,237,320	\$ 283,212	94.87%
REG CTR RESIDENT PGM	\$ 83,247,603	\$ 1,775,829	\$ 85,023,432	\$ 74,683,515	\$ 10,339,917	87.84%
HD&SPIN CRD INJ FAM	\$ 22,296,050	\$ 1,056,600	\$ 23,352,650	\$ 18,528,590	\$ 4,824,060	79.34%
AUTISM COMM RES PRO	\$ 22,239,084	\$ 682,000	\$ 22,921,084	\$ 15,313,031	\$ 7,608,053	66.81%
INTELL DISA COMM RES	\$ 335,719,871	\$ 59,372,871	\$ 395,092,742	\$ 360,688,412	\$ 34,404,330	91.29%
STATEWIDE CF APPRO	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!
STATEWIDE PAY PLAN	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!
STATE EMPLOYER CONTR	\$ 32,392,850	\$ 1,135,443	\$ 33,528,293	\$ 29,033,221	\$ 4,495,072	86.59%
SC GENOMIC MED-TGEM	\$ -	\$ 2,000,000	\$ 2,000,000	\$ 2,000,000	\$ -	100.00%
Earmarked Authorization over DDSN Spending Plan	\$ 37,538,345		\$ 37,538,345	\$ -	\$ 37,538,345	0.00%
<b>Legislative Authorized Total</b>	<b>\$ 797,371,734</b>	<b>\$ 10,996,854</b>	<b>\$ 808,368,588</b>	<b>\$ 693,311,118</b>	<b>\$ 115,057,470</b>	<b>85.77%</b>
Legislative authorization capacity above actual spending plan budget			\$ (37,538,345)		\$ (37,538,344)	
DDSN spending plan budget			\$ 770,830,243	\$ 693,311,118	\$ 77,519,125	89.94%
Percent of total spending plan budget			100.00%	89.94%	10.06%	REASONABLE
% of FY completed (expenditures) & % of FY remaining (available funds)			100.00%	100.00%	0.00%	
Difference % - over (under) budgeted expenditures			0.00%	-10.06%	10.06%	
Difference \$ - over (under) budgeted expenditures			\$	(77,519,125)		

Carry Forward + Cash Flow Analysis Indicates Sufficient Cash to Meet FY 20 Estimated Expenditure Commitments: YES  ; At-Risk  ; NO

**Expenditures categorized to provide insight into direct service consumers costs vs. non-direct service costs:**

Expenditure	FY 19 - % of total	FY 18 - % of total
Central Office Admin & Program	2.35%	2.37%
Indirect Delivery System Costs	1.22%	1.56%
Board & QPL Capital	0.07%	0.14%
Greenwood Autism Research	0.03%	0.03%
Direct Service to Consumers	96.33%	95.90%
<b>Total</b>	<b>100.00%</b>	<b>100.00%</b>

NOTE: Prior FY data will be calculated and presented to provide assurance as to the consistent pattern of direct service & non-direct service expenditures and explanation for increases/decreases

## Attachment O

**PROJECT NO.:** J16-9920  
**PROJECT NAME:** Coastal Center - HVAC Systems Replacement - Hillside 320 & 420  
 Sprinkler Head Replacement  
  
**ARCHITECT/ENGINEER:** Swygert & Associates  
**BID DATE:** Thursday, June 4, 2020  
**TIME:** 3:00 PM  
**LOCATION:** SCDDSN Central Office, Suite 231

SCDDSN Engineering and Planning Division  
 3440 Harden St. Extension  
 Columbia, SC 29203  
 Phone: (803) 898-9796  
 Fax: (803) 832-8188



BID TABULATION				
	CONTRACTOR NAME	Bid Security	BASE BID	Subcontractors
1	McCarter Mechanical, Inc. Spartanburg, SC	X	444,104.00	Electrical- Metro Electric
2	Cayce Company, Inc. Florence, SC	X	487,000.00	Electrical- Cayce Comapny, Inc.
3	Triad Mechanical Contractors Charleston, SC	X	521,402.00	Electrical- Judy's Electric

## Attachment P

**From:** [Poole, Mary](#)  
**To:** [Delaney, Sandra](#)  
**Subject:** FW: Upcoming Information Meeting Thursday 3:30 pm  
**Date:** Tuesday, August 4, 2020 3:18:26 PM

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**From:** David Thomas [mailto:senatorthomas@yahoo.com]  
**Sent:** Monday, July 6, 2020 1:05 PM  
**To:** Gary Lemel <glemelddsn@gmail.com>; Robin Blackwood <ddsncommissioner@gmail.com>; Barry Malphrus <bdmcommissioner@outlook.com>; Eddie L. Miller Jr. <commissionerreddiemiller@gmail.com>; Stephanie Rawlinson <stephaniemrawlinson@gmail.com>; Poole, Mary <mary.poole@ddsn.sc.gov>  
**Subject:** Upcoming Information Meeting Thursday 3:30 pm

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Greetings to all:

Hope you all had a terrific holiday. This Thursday we have a phone conference to hear and discuss the HVAC system for Coastal Carolina Facility.

It is called a VRF System (Variable Refrigerator Flow) and is thought of as state of the art. Some of us have various questions which I think can be dealt with without much time consumption.

The real issue has to do with the current state of art for what a large industrial system with multiple locations should do by way of a Whole Systems Analysis and the potential savings that can be obtained if certain pathways are followed. By savings, I mean reduced energy costs as well as health benefits on top of efficiencies.

Leading the way on this "Whole Systems" approach (rather than a piece meal approach) is the National Association of Energy Services Companies. I will send you links to that Association.

The standard for whether or not to bring on board an Energy Services Company is first initiated by a FREE "Business Case Analysis" which is a high level overview of an individual entity. The issue being, can an Energy Services Company manage the development of energy systems of the entity (an industry, a school system etc.) If the Analysis is good then an RFQ is issued and upon deciding that an Energy Services Company (ESCO) is warranted, then DDSN staff could recommend or not recommend, entering into something called an Investment Grade Audit (IGA) which has the ESCO partner oversee the whole (not piece meal) approach to the system energy program. We would be guaranteed a savings amount which might be 15 percent and possibly as much as 30 percent. The energy savings following South Carolina Code laws relative to ESCO planning could save a guaranteed amount of energy.

Notice; the front end analysis costs nothing. It is free. Only if we decided to contract and follow through is there a financial commitment.

I will forward you links to more information on ESCO advantages. But as I say, we can proceed with the Coastal issue contract which apparently would not disadvantage us in the IGA....at zero expense to DDSN. Such a free "look-see" by the Commission demonstrates that we are truly engaged and actively examining all energy alternatives. Would an ESCO Partner be good for DDSN? That's what a free Business Case Analysis would tell us and potential RFQ responders. (Remember, if the ESCO Partner failed to obtain the guaranteed savings, then the

ESCO Partner is on the hook to reimburse DDSN for the difference.

Now, I will (and so will you) if we proceed with a route as I have suggested, we will all have verified my understanding of the facts as I have outlined above. Maybe I am incorrect and if so I will certainly correct any misinformation. However, if my understanding of the ESCO route is correct (free and with guaranteed energy savings) it would be an obviously wise decision.

Thanks for your time. I will follow up with more information later today or tomorrow.

David Thomas  
DDSN Commissioner  
Chairman, DDSN Legislative Committee

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**Confidentiality Notice:**

The information contained in this transmission, including attachments may contain privileged and confidential information, including consumer/patient information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.

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## Director's Report July 2020

1. States have been granted an additional year to demonstrate compliance and should ensure all settings are in full compliance with the HCBS settings criteria – more commonly known as the CMS “Final Rule”
  - a. By March 17, 2023. This date to demonstrate compliance replaces the March 17, 2022 timeline.
  - b. If the state determines, through their assessment and validation activities, that a setting that isolates individuals from the broader community has implemented remediation strategies to bring the setting into compliance with the settings criteria by the new timeline of July 1, 2021, the setting will not need to be submitted to CMS for heightened scrutiny review.
  - c. So we will continue to work with providers to meet that July 1, 2021 timeline so they will not have to be submitted to CMS for heightened scrutiny. We will not slow our current efforts.
2. Appendix K submission - DHHS
  - a. We have worked on another appendix K
  - b. The emphasis is on retainer payments for community based waiver services that have been affected by the covid pandemic
  - c. Day programs, adult day health- for example have been closed whereas residential services continue to be delivered. Those are only two



services that are effected there are more and they have been addressed in the K.

3. We continue to work with DHHS on refining the enrollment process to develop a more efficient way to enroll individuals into the waiver. At this time, Lori is actively engaged with CM providers trying to move the pending status of many of our individuals into an enrolled status.
4. As we entered July under the CMS public health emergency we will now know that the FMAP increase will go through the rest of this quarter. We received approximately 8 million over the past quarter – Chris is working on those final numbers and we will have a detailed report in the next finance committee meeting.
5. We are attending a webinar today on how to access the funding for the CAREs Act funds received by the state of SC
6. Now – we need to switch gears and get into our COVID report.
  - a. We have significant detail to report on our current Whitten Center illnesses
  - b. But I want all of us to remember that we have had a significant cluster of illnesses in our Pee Dee Center back in April. At that time we lost 2 individuals while the remaining 24 are all well now and doing fine. All 39 staff have recovered.

- c. We learned a lot from that experience and the work done by Amy Mclean and her team as they were the first to enter into the COVID positive arena.
- d. Amy has been informing and assisting the other centers prepare for the inevitable - what all congregate care settings who rely on staff to provide close proximity care – will face if the virus does not simply go away – and from the look of it – that is not what is happening.
- e. We see it in the community as more and more cases are popping up. The community have lost 9 individuals 4 staff. Our regional centers have lost 4 individuals (2 at Pee Dee and 2 at Whitten) and one beloved staff member.
- f. Randy Davis and his team with assistance from Amy, Rufus and Pat were thrust into that fight when Laurens County found itself in the hot seat of COVID.
- g. We are also seeing cases at our Coastal Center and the Administrator there has been steadily readying his team for the Covid Challenge and they are rising to that challenge as they have 10 individuals testing positive with 4 in the hospital and 31 staff who are positive. We do not have anyone on a ventilator
- h. We have been open and honest with everyone – the individuals, the staff, the families and the media. We put all our numbers as well as

procedures and what was done and when in writing to the media – but you know what they say – you can lead a horse to water but....

- i. As I have said in all my bullet points, we have and will continue to, attack this unseen enemy as a team – to that end, I am calling on my team to give you additional information since they have been directly on the ground at Whitten Rufus Britt – Associate Director of Operation will discuss – community statistics
- j. Pat Maley – Deputy Director will discuss Whitten in detail
- k. And Whitten Facility Administrator, Randy Davis is on the line to answer any additional questions the commissioners may have.
- l. conclusion

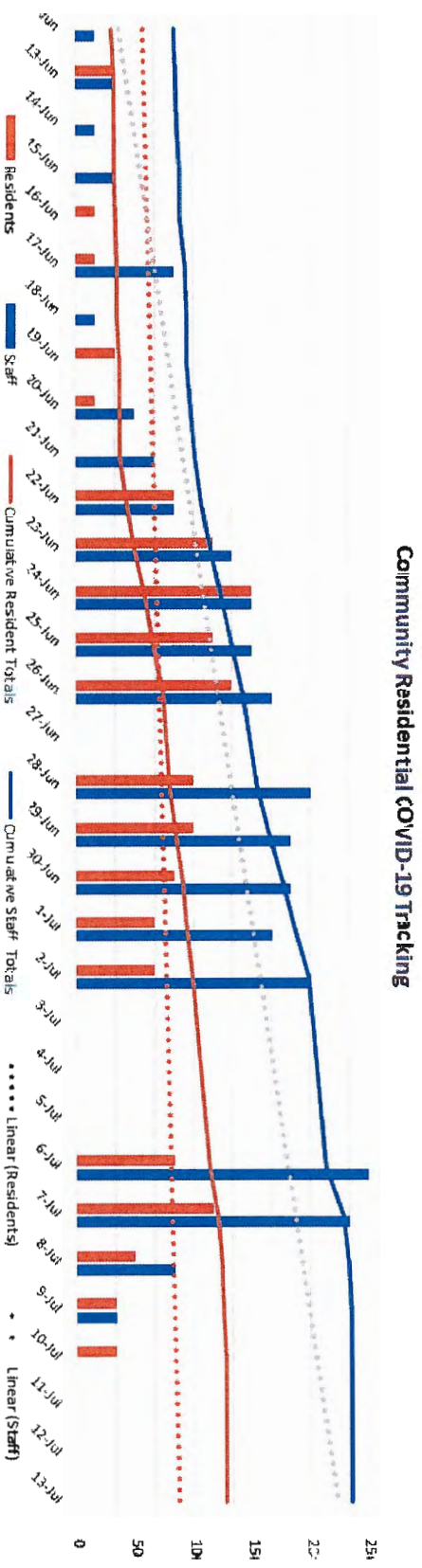
# Positive Test Results- 14-day comparison

## Positive Test Results- 14-day comparison

	System Wide:			Community Residential:			Regional Center:		
	7/14/20 8 am Reports	6/30/20 8 am Reports	% Increase over 14 days	7/14/20 8 am Reports	6/30/20 8 am Reports	% Increase over 14 days	7/14/20 8 am Reports	6/30/20 8 am Reports	% Increase over 14 days
Patients:	218	105	108%	128	59	117%	90	46	96%
Staff:	404	237	70%	235	139	69%	169	98	72%

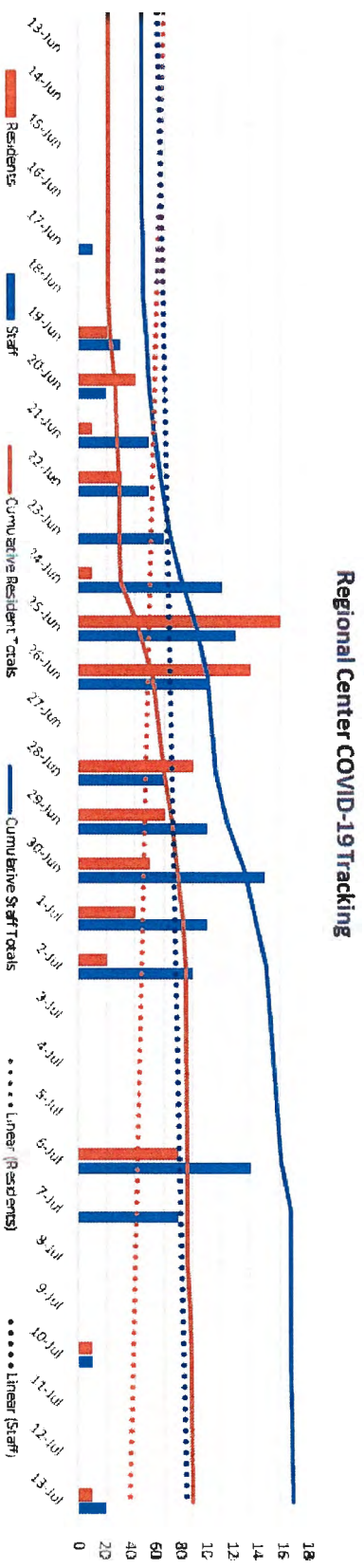
# Community Residential COVID-19 Tracking

One Month Trend



# Regional Center COVID-19 Tracking

## One Month Trend



# COVID Testing, Recovery and Fatality Information

Testing:	System Wide:	Community Residential:	Regional Center:
Residents:	464	328	136
Staff:	650	413	237
[REDACTED]			
Reports of Recovery	System Wide:	Community Residential:	Regional Center:
Residents:	86	38	48
Staff:	147	93	54
[REDACTED]			
COVID-19 Related Fatalities:	System Wide:	Community Residential:	Regional Center:
Residents:	9	5	4
Staff:	5	4	1

# Residential Providers' COVID-19 Cases per County

County	Residential Provider	Staff Test
Aiken		1
Allendale	6	1
Anderson	0	3
Barnwell	1	5
Beaufort	1	1
Berkeley	11	1
Calhoun	5	4
Charleston	17	3
Chesterfield	3	8
Clarendon	9	1
Colleton	4	6
Darlington	1	2
Darlington (Saleeby)	1	3
Dillon	2	2
Dorchester	3	4
Dorchester (Coastal)	8	2
Florence	3	6
Florence (Pee Dee Center)	26	3
Georgetown	2	1
Greenville	2	8
Greenwood	0	6
Hampton	0	3
Horry	0	4
Jasper	1	1
Kershaw	4	2
Lancaster	1	5
Laurens	7	1
Laurens (Whitten Center)	57	9
Lee	0	1
Lexington/Richland	23	4
Newberry	3	6
Orangeburg	15	9
Richland (Midlands Center)	0	7
Spartanburg	0	1
Sumter	1	1
York	0	4



**Whitten Positive COVID-19 Cases (data from close of business, Tuesday, 7/14/20)**

Category	Total	Cases <15 days from COVID-19 Test Date	Cases 15 days + from COVID-19 Test Date
Residents	61*	16	45
Staff	109	15	94
Total	170**	31	139
Percent	100%	18%	82%

Total Campus population: 427 FTEs + 184 residents = 611

Deaths: 2 residents and 1 staff

\* 38 residents recovered (medically cleared due to quarantine time + no symptoms)

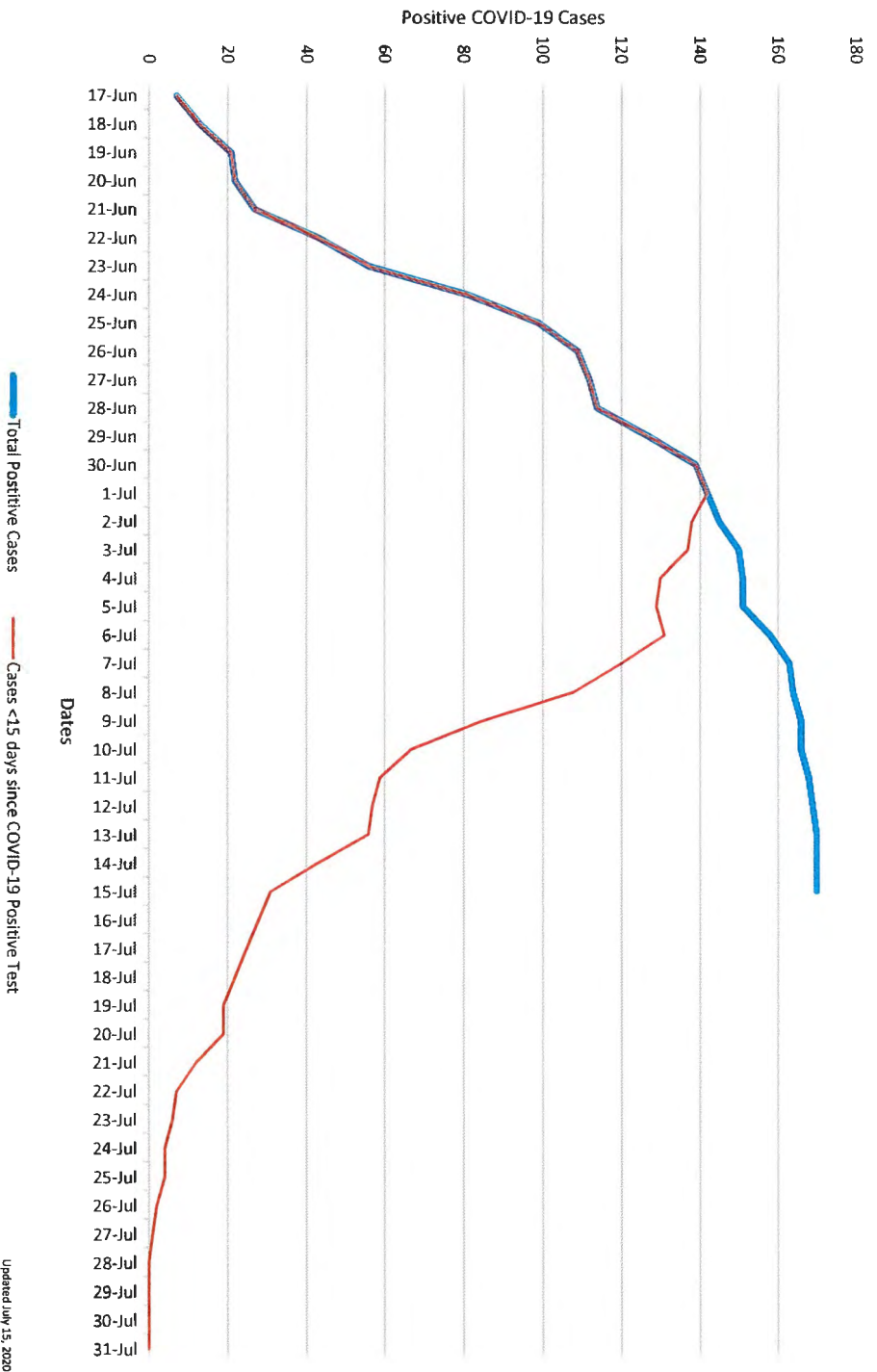
\*\* 19 increase from July 12th due to delayed reporting by ill staff not newly positive cases

**Comparison of Whitten Positive COVID-19 Cases with Prior Daily Results**

Date of Report	Category	Total	Cases <15 days from COVID-19 Test Date	Cases 15 days + from COVID-19 Test Date
Tues, July 14th	Total	170	31	139
	%	100%	18%	82%
(today's above report)	Total	151	40	111
	%	100%	26%	74%
Sun, July 12th	Total	147	47	100
	%	100%	32%	68%
Thurs, July 9th	Total	145	69	76
	%	100%	48%	52%
Wed, July 8th	Total	132	76	56
	%	100%	58%	42%
Tue, July 7th	Total	132	76	56
	%	100%	58%	42%

Positive Trend: cases < 15 days declining & cases 15+ days increasing

Comparison of Total COVID-19 Positive Cases with  
 Estimate of Active Infection Cases (<15 Days since COVID-19 Test)  
 at the Whitten Center ICF/IDD



Updated July 15, 2020