

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

MINUTES

June 18, 2020

The South Carolina Commission on Disabilities and Special Needs met on Thursday, June 18, 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

Lorri Unumb – Secretary

Barry Malphrus

Stephanie Rawlinson

David Thomas

Present In-Person

Robin Blackwood – Vice Chairman

Eddie Miller

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; Laura Elder, Transition Director; Candis Golston, Director of Procurement; Sandra Delaney, Administrative Coordinator

Notice of Meeting Statement

Chairman Lemel called the meeting to order and Secretary Unumb 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.

Introduction of New Commission Members

Chairman Lemel recognized and welcomed two new Commission Members, Eddie Miller, representing District 6 and Stephanie Rawlinson, representing District 7.

Adoption of the Agenda

On motion of Commissioner Rawlinson, seconded by Commissioner Malphrus, the Commission unanimously adopted the June 18, 2020 Meeting Agenda. (Attachment A)

Invocation

Commissioner Blackwood gave the invocation.

Approval of the Minutes of the May 21, 2020 Commission Meeting

On motion of Commissioner Thomas, seconded by Commissioner Malphrus, the Commission unanimously approved the May 21, 2020 Commission Meeting minutes.

Commissioners' Update

Commissioner Blackwood stated she was asked to serve as the DDSN Liaison for the Greenwood Genetic Center Board of Directors adding that she attended the quarterly board meeting on June 8, 2020.

Commissioner Unumb announced this would be her last Commission Meeting as her term ends June 30, 2020. She expressed her appreciation to serve on the Board.

Commission Committee Business

A. Finance Committee

Committee Chairman Blackwood stated the Committee met on June 5, 2020. There were no motions made to bring forth to the full Commission to vote on. Various topics were discussed including outliers.

B. Policy Committee

Committee Chairman Malphrus made a motion on behalf of the Committee, the following policies be approved that were discussed at the June 10, 2020 Committee meeting. Chairman Lemel stated with the motion coming out of committee we will treat that as both a motion and a second:

The Commission unanimously approved *Electronic Communications System (100-01-DD)*. (Attachment B)

The Commission unanimously approved *Maintenance Management Contract Requirements for Properties Owned by DDSN and Operated by*

Local County Providers Maintenance Contract (300-05-DD). (Attachment C)

The Commission unanimously approved *Relatives/Family Members Serving as Paid Providers of Respite Services (735-02-DD)*. (Attachment D)

The Commission unanimously approved *LICENSING STANDARDS For CIRS (Community Inclusive Residential Supports)*. (Attachment E)

The Commission unanimously approved the *Residential Habilitation Standards*. (Attachment F)

The Commission unanimously approved the *Residential Habilitation Standards All Models*. (Attachment G)

The Commission unanimously approved the *Residential Licensing Standards for CTH-I, CTH-II, SLP-II*. (Attachment H)

C. New Commissioner Committee Assignments

Chairman Lemel announced the following committee assignments:

Policy – Commissioners Malphrus, Rawlinson, and Thomas with Commission Malphrus serving as Chairman.

Finance and Audit – Commissioners Blackwood, Miller, and Malphrus with Commissioner Blackwood serving as Chairman.

Legislative – Commissioners Thomas, Miller, and Rawlinson with Commissioner Thomas serving as Chairman.

Old Business

A. Coronavirus (COVID-19) Report

Mr. Maley provided a Coronavirus report. Discussion followed. (Attachment I)

B. Case Management Report

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

C. Early Intervention Report

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

D. DSP HS Credential

Ms. Laura Elder provided information on the South Carolina Direct Support Professional Training Program. Discussion followed.
(Attachment L)

New Business

A. Review of 2021 Special Contracts/Grants

Mr. Clark spoke in detail the process of funding the Special Contracts and Grants. He and staff reviewed the contracts and grants and eliminated a variety of contracts that were determined not viable or were not providing a benefit. Discussion followed.

B. Contract Language Clarification

Mr. Clark stated over a period of years guidance has been given in emails, meetings, and memos to the providers that really need to be in the contracts. He spoke of incorporating that clarification into a new revision of the contract and the providers will now receive a full contract annually to ensure compliance. He also spoke of using DocuSign, a secure electronic portal, eliminating the mailing of the contracts. The intention is to send the contracts next week after our General Counsel has reviewed them. Mr. Clark wanted it to be made public that there are clarifications written in these contracts so it will be very important for providers to read them carefully. He added that we are not changing the rules of the game, only trying to clarify language to make it easier for the providers. Discussion followed. Mr. Clark will send a template of the changes to the Commission Members.

C. Community 2021 Provider Contracts

Mr. Clark spoke in detail of the 2020 vs. 2021 Community Contract Background Document Provider Level Detail Package that was previously provided to the Commission Members for their review. The Package provided band information and other contract information by provider and in summary. Discussion followed. On motion of Commissioner Blackwood, seconded by Commissioner Thomas, the Commission unanimously approved the Community Contracts for 2021 as proposed and outlined in the presentation. (Attachment M)

D. Ratify Purchase for Vehicle Repair

Mr. Clark and Ms. Golston provided information on the ratification of Procurement of Services for a vehicle repair. As a resolution, Ms. Golston has the agency set up with the State Fleet Commercial Vendor

Repair Program that will handle all the bids and ensure that we get the best price even for vehicles that the agency does not lease from them since we are a state agency. Discussion followed. On motion of Commissioner Thomas, seconded by Commissioner Malphrus, the Commission unanimously approved to ratify the purchase of the vehicle and the corrective action that was taken. (Attachment N)

E. Financial Update

Mr. Clark provided an overview of the agency's financial activity and the agency's current financial position. Discussion followed. On motion of Commissioner Blackwood, seconded by Commissioner Thomas, the Commission unanimously approved the financial update as presented. (Attachment O)

F. Consideration of Bid – HVAC Replacement – Coastal Center

Mr. Clark gave some background on the financial side of the bid and stated this project was identified and voted on in the May 2018 Commission Meeting as part of the Comprehensive Permanent Improvement Projects. Mr. Tharin explained the bidding process and the details of the project. Discussion followed. On motion of Commissioner Thomas, seconded by Commissioner Malphrus, the Commission unanimously approved deferring action on this project until the July Commission Meeting. Staff will schedule a meeting to discuss the mechanics of the bid before the July meeting. (Attachment P)

It was noted at this time; Commissioner Unumb disconnected from the meeting due to a scheduling conflict and was unable to vote.

G. Contract Approval: Contract between SCDMH and SCDDSN for Midlands Center Nutritional Services

Mr. Clark provided information on the contract to provide meals to residents at Midlands Center, as proposed by DMH that was included in the Commission packet. Mr. Clark stated he is asking the Commission approve the cost theory behind the equipment purchase knowing that the contract itself is still being worked on. Discussion followed. On motion of Commissioner Miller, seconded by Commissioner Thomas, the Commission unanimously approved the financing of the cost and the continuing use of DMH to provide nutritional services at Midlands Center subject to the negotiation of an acceptable contract with DMH by the staff. (Attachment Q)

State Director's Report

Director Poole provided a State Director's Report. (Attachment R)

Nominating Committee – Election of Officers

Committee Chairman Blackwood presented the following slate of officers for FY 2020-2021 – Commissioner Lemel as Chairman, Commissioner Malphrus as Vice Chairman, and Commissioner Blackwood as Secretary. Chairman Lemel asked if there were additional nominations from the floor. Hearing none, a vote was taken. With all ayes, the slate of officers proposed by the Nominating Committee was approved.

Executive Session

An Executive Session was not held.

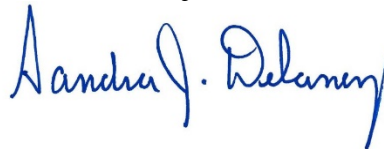
Next Regular Meeting

July 16, 2020

Adjournment

On motion of Commissioner Miller seconded by Commissioner Malphrus and passed, the meeting was adjourned at 1:50 p.m.

Submitted by,



Sandra J. Delaney

Approved:



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**

June 18, 2020

10:00 A.M.

1. Call to Order *Chairman Gary Lemel*
2. Notice of Meeting Statement *Commissioner Lorri Unumb*
3. Welcome and Introduction of New Commission Members
4. Adoption of Agenda (**PAGE 1**)
5. Invocation *Commissioner Robin Blackwood*
6. Approval of the Minutes of the May 21, 2020 Commission Meeting (**PAGES 2 – 29**)
7. Commissioners' Update *Commissioners*
8. Commission Committee Business
 - A. Finance Committee *Committee Chairman Robin Blackwood*
 - B. Policy Committee (**PAGES 30 – 106**) *Committee Chairman Barry Malphrus*
 - C. New Commissioner Committee Assignments *Chairman Gary Lemel*
9. Old Business:
 - A. Coronavirus (COVID-19) Report *Mr. Pat Maley*
 - B. Case Management Report (**PAGES 107 – 110**) *Ms. Lori Manos*
 - C. Early Intervention Report *Ms. Joyce Kimrey*
 - D. DSP HS Credential *Ms. Laura Elder*
10. New Business:
 - A. Review of 2021 Special Contracts/Grants *Mr. Chris Clark*
 - B. Contract Language Clarification *Mr. Chris Clark*
 - C. Community 2021 Provider Contracts (**PAGES 111 – 190**) *Mr. Chris Clark*
 - D. Ratify Purchase for Vehicle Repair (**PAGES 191 – 195**) *Mr. Chris Clark*
 - E. Financial Update (**PAGES 196 – 197**) *Mr. Chris Clark*
 - F. Consideration of Bid - HVAC Replacement – Coastal Center (**PAGE 198**) *Mr. Andrew Tharin*
 - G. Contract Approval: Contract between SCDMH and SCDDSN for Midlands Center Nutritional Services (**PAGES 199 – 205**) *Mr. Chris Clark*
11. State Director's Report *State Director Mary Poole*
12. Nominating Committee–Election of Officers *Committee Chairman Robin Blackwood*
13. Executive Session
14. Next Regular Meeting (July 16, 2020)
15. 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



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Vice Chairman
Lorri S. Unumb
Secretary
Barry D. Malphrus
Eddie L. Miller
Stephanie M. Rawlinson
David L. Thomas

Reference Number: 100-01-DD

Title of Document: DDSN Directives/Standards
Electronic Communications System

Date of Issue: April 29, 1987
Effective Date: April 29, 1987
Last Review Date: June 18, 2020
Date of Last Revision: June 18, 2020 **(REVISED)**

Applicability: DDSN Central Office, DDSN District Offices, DDSN Regional Centers, DSN Boards, Contracted Service Providers, All DDSN Sponsored Services, Consumers and Their Families and the General Public

PURPOSE:

The purpose of this directive is to identify the requirement for a computerized communications system to support the management, filing and classification of all official Department of Disability and Special Needs (DDSN) policies, directives and standards. These documents must be approved by the DSN Commission Policy Committee and the DSN Commission.

The system requires a minimum review process of every four (4) years of such documents, thereby eliminating the circulation of out-of-date documents and the promulgation of accurate and timely documents that are intended to govern actual practice. However, to avoid duplication of efforts, it is recommended that revisions be made during the review process whenever feasible.

APPLICABILITY:

This Electronic Communication System is applicable to all DDSN Directives/Standards and DDSN Commission Policies.

TYPES OF DOCUMENTS:

These documents are included within the DDSN Central Office document management system.

1) Commission Policy (CP)

A policy or philosophical statement issued by the DSN Commission and implemented by DDSN. These constitute mandates from DDSN's governing board.

2) Departmental Directive (DD)/Standards

A mandate requiring compliance by applicable DDSN Central Office, DDSN District Office, DDSN Regional Center, DSN Board or Contracted Provider staff. A directive may address policy and/or more specific implementation procedures. Standards address service definition and general requirements.

ACCESS: Departmental directives/standards are available in "read only" format on the DDSN Website located at: <https://ddsn.sc.gov/providers/ddsn-directives-standards-and-manuals/current-directives>. Access is available to the public.

DIRECTIVE/STANDARD FEEDBACK

At the beginning of the fiscal year, a list of all directives/standards due for review during that year will be posted on the DDSN website.

Once ready for external review, the Electronic Communication System Coordinator will post draft directives/standards to the DDSN website allowing sufficient time for feedback to be submitted which may be incorporated. A minimum of 10 business days will be the default.

NOTE: It is DDSN's intent to solicit feedback/input from all entities affected by the directives/standards; however, in rare cases the 10 business day period may not occur due to extenuating circumstances.

QUALITY ASSURANCE:

The Associate State Director-Policy Division is responsible for the administration of the Electronic Communications System.

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Vice-Chairman

Gary Lemel
Chairman



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Reference Number: 300-05-DD

Title of Document: Maintenance Management Contract Requirements for Properties Owned by DDSN and Operated by Local County Providers

Date of Issue: February 8, 1990
Effective Date: February 8, 1990
Reviewed Date: March 23, 1992
Last Review Date: June 18, 2020
Date of Last Revision: June 18, 2020 (REVISED)

Applicability: All DDSN "State Owned" Licensed Homes and Facilities

1. Purpose

The purpose of this directive is to establish maintenance and emergency repair responsibilities pertaining to residential and non-residential properties owned by DDSN and operated by local county providers. It is the policy of DDSN to ensure the structural soundness of facilities; ensure cost effective preventive maintenance on residences; and ensure that facilities promote health, safety, and welfare of individuals supported.

To achieve the goals stated above, DDSN and boards/providers shall divide responsibilities for maintenance, repairs, and replacement as follows:

2. Procedure

A. DDSN mandates that the board/provider submit to DDSN proof of home insurance. Until such time the properties are deeded to providers, any premiums incurred by DDSN related to insuring the properties will be billed to and reimbursed by providers.

DDSN does not provide routine interior and exterior maintenance and upkeep for state owned community residential homes and facilities. Inspection of these settings is conducted annually.

- B. Boards/Providers will be responsible for all routine interior and exterior maintenance and upkeep of residences and facilities. These costs are included in the boards/providers budget. The board/provider shall be responsible for:
1. Preventative maintenance/repair of the fire alarm system, sprinkler system, if applicable, on all fixed equipment including the water heater, dishwasher, and heating/ventilation and air conditioning through annual maintenance/service contracts.
 2. Replacement of all fixed equipment including water heater, dishwasher, automatic door opener, heating/ventilation and air conditioning;
 - *3. Roofing repairs and replacement;
 - *4. Exterior door and window repair/replacement when damage is covered by insurance;
 - *5. Replacement and repair of all items covered under the insurance policy of DDSN;
 6. Fire alarm inspection and certification of the sprinkler system;
 7. Adequate funding in the management contract budget to assist with items listed below as board/provider responsibilities.
 8. The board/provider should contact the DDSN Regional Center Office/Maintenance Director on any of the above issues listed in items 3, 4, and 5 of this section and denoted with an asterisk above.
 9. Take all reasonable actions to safeguard the facility and fixed asset items (FAS), as required contractually, from theft, destruction, or loss of any kind. (DDSN will carry insurance on the Facility and DDSN owned furnishings, for hazard and loss protection.)
 10. Maintain the premises and fixed assets items in good order and in substantially the same condition as received, excepting reasonable wear-and-tear and damage by fire or other causality over which the board/provider has no control in coordination with licensing requirements as follows:
 - a. Maintenance of all appliances including the washer, dishwasher, dryer, refrigerator, stove, freezer, and ice machine as applicable;

- b. All interior and exterior caulking and painting on a recommended frequency of once every three (3) years or on an as-needed basis; replace windows and doors when damage results from failure to maintain caulking and painting.
- c. Repair/replacement of all interior doors, door frames, floor coverings, cabinets and counter tops, tile work, and ceilings (unless damaged by water leaks);
- d. Replacement of light switches, lighting fixtures, emergency light batteries, and electrical receptacles (to be done by licensed electrician using same quality materials);
- e. Watering, pruning, and fertilizing of landscaping including replacement of shrubbery, as required;
- f. Mowing of grassed area;
- g. Regular cleaning and maintenance of rain gutters and diverters;
- h. Installation and maintenance of television antennas and/or cable;
- i. Installation and maintenance of door exit alarms;
- j. Maintenance and repair of water-line leaks and leaky fixtures;
- k. Maintenance and repair of sewer-line blockage;
- l. Replacement of window sash/screen, if broken, by accident, by client or staff and not otherwise covered by insurance;
- m. Maintenance and upkeep of outdoor equipment and furnishing such as basketball goal, other sports equipment, patio furniture, etc.

C. In addition, the provider agrees to the following in regard to any fixed assets items associated with the residence:

- 1. Keep accurate records, as required by DDSN, for the maintenance and accountability of the building and fixed assets items and inform DDSN promptly of any lost, stolen, or damaged fixed assets items or of any damage to the building or permanent fixtures;
- 2. Replace any fixed asset items returned to DDSN and include the expense as part of the cost of operation of the community residence under the management contract; consistent with federal regulations and generally accepted accounting principles;

- D. The board/provider further agrees to indemnify DDSN from any liability from the use or possession of any fixed asset items and of the building and permanent fixtures.
- E. The board/provider shall make no modification, renovation, or alteration to the facility without express written authority from the Engineering & Planning Division of DDSN. Types of alterations would include, but not be limited to:
- Dividing or opening rooms by adding or removing interior walls;
 - Cutting new door/window openings;
 - In-filling existing door/window openings;
 - Cutting existing doors;
 - Removing door closers;
 - Modifying the fire alarm system;
 - Additions such as a carport, covered entry, and/or patio cover, etc.
- F. The maintenance/service contract specifications shall be generated by the DDSN Engineering and Planning Division and shall basically consist of items outlined in paragraph "B" above.
- G. The board/provider shall comply with DHEC and DDSN requirements for design by professionals and plan review by authorities having jurisdiction, as appropriate and in consultation with the Engineering and Planning Division of DDSN.

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Reference Number: 735-02-DD
Title of Document: Relatives/Family Members Serving As Paid Providers of Respite Services
Date of Issue: December 1, 2004
Effective Date: November 1, 2004
Last Review Date: June 18, 2020
Date of Last Revision: June 18, 2020 (REVISED)
Applicability: DDSN Sponsored Respite Services except State
Funded/Family Arranged Respite (Includes ID/RD Waiver Funded Respite, HASCI Waiver Funded Respite or State Funded/Board Arranged)

I. Purpose:

To establish a policy regarding the payment of relatives/family members for providing respite services.

II. Policy:

Respite is defined as care provided to a DDSN eligible person when the primary support provider is absent or in need of relief from the responsibilities of care giving. Primary support providers, regardless of their relationship to the respite recipient **cannot** be paid for respite. Family members/relatives of the respite recipient may be paid to provide respite when the family member/relative is not legally responsible for the person and he/she meets all provider qualifications.

The following people shall **not** be paid for providing respite:

1. A primary support provider;
2. The spouse of the respite recipient;
3. A parent, step parent, foster parent or legal guardian of a respite recipient who is a minor;
4. A court appointed guardian of a respite recipient who is an adult;

5. Parent or step-parent of an adult respite recipient who resides in the same household as the respite recipient.

The following are examples of people who may be paid to provide respite if all other provider qualifications are met and he/she is not one of the respite recipient's primary caregivers:

- a. A parent of an adult respite recipient who does not reside in the respite recipient's household;
- b. A non-legally responsible family member (sibling, grandparent, aunt, uncle, etc.).

III. Clarifications:

For purposes of this policy, "Legally Responsible" means "Legal Guardian." S.C. Code Ann. § 44-23-10(7) (Supp. 2019), defines a guardian as a person who legally has the care and management of the person of one who is not legally competent. S.C. Code Ann. § 63-5-30 (Supp. 2019), parents are the joint natural guardians of their children.

Guardian for a child is defined as a person who legally has the care and management of a child.

For purposes of this directive, "minor" is defined as "An infant or person who is under the age of legal competence, which in South Carolina is age 18."

Non-legally responsible family members (brother, sister, grandparent, etc.) living in the same household as the Medicaid recipient may be paid for care provided.

Family members/relatives will be required to meet the training and certification requirements outlined in DDSN Respite standards.

Family members/relatives wishing to receive payment for respite services rendered must acknowledge that they are not a primary support provider of the person and that they are not legally responsible for the person.

The Statement of Legal Responsibility form may be used to document this. Respite providers are under no obligation to hire relatives/family members to provide services.

Robin Blackwood
Vice Chairman

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: Statement of Legal Responsibility
Attachment B: Guidance to Case Managers/Early Interventionists for Assisting with the Determination of Legal Responsibility

LICENSING STANDARDS
For
CIRS
(Community Inclusive Residential Supports)

Effective November 2013

Revised April 23, 2014

Revised December 5, 2014

Revised June 30, 2016

Revised June 18, 2020

Note: Standards are numbered to coincide with Residential Habilitation Licensing Standards. Those specific standards not applicable to CIRS settings have been deleted.

	Safety	Guidance
1.0	<p>All sites shall receive a life safety inspection by DDSN or its approved contractor:</p> <p>a) Prior to being inspected by DDSN Licensing Contractor, annually, and following major structural changes to the home.</p> <p>b) Any deficiencies received during the life safety inspection shall be reviewed by SCDDSN prior to the home being licensed.</p>	<p>See Attachment 1: <i>Community Inclusive Residential Supports (CIRS)</i> Licensing Request Cover Sheet which is REQUIRED to be submitted with the Application to Operate. In addition, if the home/apartment does not have a sprinkler system, Attachment 2: <i>CIRS</i> Apartment/House Assessment of Capability to Self-Preserve form must be completed and submitted with the cover sheet. The assessment is also required for any new person moving into an existing licensed <i>CIRS</i> home/apartment.</p> <p>See Attachment 3: <i>CIRS</i> Life Safety Checklist</p> <p>Note: In addition to smoke alarms, the site must also have a carbon monoxide detector when any of the following conditions exist:</p> <ul style="list-style-type: none"> • Fuel burning appliances are used • There is a functional fireplace in the home • The home has an attached garage with a common wall <p>Should you have questions about placement of carbon monoxide detectors, contact your local Fire Marshal.</p> <p>The Life Safety Inspection report is maintained by the provider.</p> <p>Sites that have fire sprinkler systems must be inspected in accordance with NFPA 25 standards. To maintain certification: monthly, quarterly, semi-annual, annual and five (5) year inspections must be completed. All the inspections can be handled by residential staff or maintenance staff EXCEPT for the annual and five (5) year inspection which must be performed by a certified sprinkler contractor. Documentation of all inspections must be maintained by the provider. Refer to the attachments in DDSN Directive 300-03-DD: Annual Certification of Electrical, Mechanical, Fire Alarm and Sprinkler Systems for Renewal of Licensure, for sample forms which may be used.</p>
1.1	<p>All sites shall be inspected by a DDSN Licensing Contractor:</p> <p>a) Prior to the initial admission of a person.</p> <p>b) Annually, as required per directive.</p> <p>After structural changes are made to the home.</p>	<p>The license is not transferable from either the address or family specified on the license.</p> <p>Initial inspections must be requested two weeks in advance.</p>

<p>1.2</p>	<p>All sites shall pass an electrical inspection conducted by a licensed electrician:</p> <p>a) Prior to the home being inspected by a DDSN Licensing Contractor; and</p> <p>b) After major structural changes are made.</p>	<p>“Pass” requires that the home’s electrical system is in good working order and does not jeopardize the health and safety of people living there.</p> <p>Documents must be available to verify the date and results of the inspection, as well as the inspector’s license number.</p> <p>Forms submitted as evidence of an electrical inspection must include a review of all components of the home’s electrical system and the signature of the person completing the inspection. See DDSN Directive 300-03-DD: Annual Certification of Electrical, Mechanical, Fire Alarm and Sprinkler System for Renewal of Licensure, for a sample form.</p> <p>Sites that have emergency generators must perform complete and thorough inspections of them. Routine service by a qualified contractor is encouraged to ensure that generators are maintained in good operating condition. Service contracts generally include semi-annual and/or annual inspections. Providers must perform monthly checks of the generators. Documentation of all checks must be maintained by the provider. See DDSN Directive 300-03-DD: Annual Certification of Electrical, Mechanical, Fire Alarm and Sprinkler System for Renewal of Licensure, for sample forms which may be used to conduct monthly inspections.</p> <p>Note: Electrical system must be maintained in good working order at all times. Any conditions at the time of the inspection that jeopardize the health and safety of the people living at the site will be cited as a deficiency.</p>
<p>1.3</p>	<p>All sites shall pass a heating, ventilation and air-conditioning inspection conducted by a licensed inspector:</p> <p>a) Prior to the home being inspected by a DDSN Licensing Contractor to operate; and</p> <p>b) After major structural changes are made to the home.</p>	<p>“Pass” requires that the HVAC is in good working order and heating equipment must be capable of maintaining a room temperature of not less than 68 degrees Fahrenheit throughout the home. Cooling equipment must be capable of maintaining a room temperature of not more than 75 degrees Fahrenheit through the home.</p> <p>Documents must be made available to verify the date and results of the inspection.</p> <p>Forms submitted as evidence of an HVAC inspection must include a review of all components of the home’s HVAC system and the signature of the person completing the inspection. See DDSN Directive 300-03-DD: Annual Certification of Electrical, Mechanical, Fire Alarm and Sprinkler System for Renewal of Licensure, for a sample form.</p>

1.4	<p>When not on a public water line, all sites shall pass a water quality inspection conducted by DHEC prior to the home being inspected by DHEC to operate; as indicated:</p> <ul style="list-style-type: none"> a) A bacteria, and metal/mineral analysis must be performed prior to being licensed; b) As needed when changes in taste, color or odor are present; and c) A bacteria analysis must be performed annually. 	<p>Providers must request an inspection from their county DHEC Office.</p> <p>The DHEC inspection report is maintained by the Provider.</p> <p>Mixing valves must be inspected routinely with documentation maintained by the provider. See DDSN Directive 300-03-DD: Annual Certification of Electrical, Mechanical, Fire Alarm and Sprinkler System for Renewal of Licensure, for a mixing valve inspection checklist.</p>
1.7	Firearms are prohibited on all sites.	The presence of firearms with no documented waiver approval will be cited as a deficiency.
1.8	Pets on site shall be current with vaccinations.	<p>Based on the discretion of the provider or landlord, pets may be allowed if: vaccinations are current; proper care is provided and no signs of potential risk are assessed.</p> <p>Documentation of current vaccinations must be available for review.</p>

	Home Environment	Guidance
2.0	<p>All sites shall have a standard first-aid kit that is:</p> <ul style="list-style-type: none"> a) Readily accessible. b) Well stocked for the number of people who are intended to use it. 	<ul style="list-style-type: none"> • Contents recommended by the American Red Cross for a standard kit: ¾” x 3” standard adhesive bandages; mini bandages; 2” x 2” sterilized gauze pads; 1” x 5 yards self-adherent wrap; triple antibiotic ointment; providone-iodine antiseptic/germicide swabs; alcohol prep pads; • Items in the kit must not be expired; • Readily accessible means accessible to all staff of the home and any resident assessed as capable of using it safely.
2.1	<p>The site/home shall afford each person sufficient space for privacy, including, but not limited to:</p> <ul style="list-style-type: none"> • bathing/toileting facilities behind a lockable door, • lockable doors on bedroom/sleeping quarters, and • lockable storage. 	<p>For supervised living sites, this requirement is applicable when the home/unit is occupied by more than one (1) resident.</p> <p>Refer to:</p> <p>42 CFR§441.301(c)(4)(iii) 42 CFR§441.301(c)(4)(vi)(B)</p>
2.2	<p>All sites shall have a flashlight on site for each level of the home.</p>	<p>Flashlight must be readily accessible and operable.</p> <p>Level = floor</p>
2.6	<p>Hot water temperature on sites:</p> <ul style="list-style-type: none"> a) Shall be no less than 100 degrees Fahrenheit. b) Shall never be more than 120 degrees Fahrenheit in a home where an individual lives who is incapable of regulating water temperature. c) Shall never be more than 130 degrees Fahrenheit. 	<p>Water regulating skills of all persons living in the home who receive services must be assessed and appropriate training implemented.</p> <p>Documentation of checks and any necessary modifications should be maintained on site.</p> <p>Water temperature shall never be more than 130 degrees Fahrenheit, no matter the skills of the residents living in the home.</p>

2.7	<p>All sites shall be:</p> <ul style="list-style-type: none"> a) Free from obvious hazards. b) Clean. c) Free of litter/rubbish. d) Free of offensive odors. e) Equipment in good working order. 	<p>Litter/rubbish contained in covered cans or tied in garbage bags.</p> <p>Have at least one (1) bed with mattress and clean pillow, sheets and blanket for every resident (unless married couple choose to share a bed).</p> <p>Linens should be clean/sanitary.</p> <p>No evidence of pests/vermin.</p> <p>No offensive odors – smell of urine, rotting food.</p> <p>Household cleaning agents are kept in secure locations away from food and medications.</p> <p>Note: If any individual living in the home is assessed as having the skills/knowledge to safely use cleaning agents, accommodations must be made for them to have free access to the supplies. Site must have lockable exterior doors and windows.</p> <p>All sites must have workable sink, shower/tub and at least one toilet.</p> <p>Equipment may include, but not be limited to: appliances, furniture (including lawn furniture), flooring, walls, plumbing fixtures, fire alarms, fire extinguishers.</p>
2.11	<p>Sufficient staff shall be available 24 hours daily to respond to the needs of the residents and implement their programs.</p>	<p>Available means that staff must be on site or in real-time contact by electronic means or be able to reach the site within 15 minutes.</p>
2.15	<p>The setting is physically accessible.</p>	<p>Refer to:</p> <p>DDSN Directive 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 1975 and Establishment of a Complaint Process.</p> <p>42 CFR§441.301(c)(4)(vi)(E).</p>

	Health Services	Guidance
3.0	Medications, including controlled substances and medical supplies shall be managed in accordance with local, state and federal laws and regulations.	In a secure and sanitary area with proper temperature, light, humidity and security.
3.2	<p>Orders for new medications and/or treatments shall be administered by:</p> <p>a) The person for whom the medication is prescribed when he/she is assessed as independent.</p> <p>b) Licensed nurse.</p> <p>c) Unlicensed staff as allowed by law</p>	Unlicensed staff as allowed by law: As a result of a provision contained in the 2002-2003 Budget Bill, H. 4878-Part 1B, 11.10, the General Assembly of the State of South Carolina granted to the Department of Disabilities and Special Needs (DDSN) the statutory authority for selected unlicensed persons to administer medications to DDSN consumers in community settings. 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 sliding scale insulin or other injectable medications.”
3.3	At all sites, orders for new medications and/or treatments shall be filled and given within 24 hours unless otherwise specified.	If orders are given as the result of a self-initiated or family initiated physician, PAA or CPN visit, orders must be changed within 24 hours of learning about the visit.
3.4	Medications shall be safely and accurately given.	<p>Medication has not expired.</p> <p>There are no contraindications (i.e., no allergy for the drug).</p> <p>Administered at the proper time, prescribed dosage, and correct route.</p> <p>If a provider has documented all medication errors, and no errors resulted in the need for additional medical treatment as a result of the error, the appropriate remediation for the error was documented AND the monthly medication error rate for that location does not exceed .035, then the provider should not be cited for this indicator. If the monthly error rate is more than .035, even with the documentation of remediation, then the provider will be cited.</p> <p>Medication Records, Medication Error Reports, and the monthly error rate calculation for the location must be available at the inspection site for the three (3) months prior to the review date.</p>

<p>3.5</p>	<p>For persons not independent in taking their own medication/treatments, a log shall be maintained to denote:</p> <ul style="list-style-type: none"> a) The name of medication or type of treatment given. b) The current physician's order (and purpose) for the medication and/or treatment. c) The name of the person giving the medication. d) Time given. e) Dosage given. 	<p>Entries must be made at the time the medication/treatment was given. This includes all oral medications, injections, topical, drops, and breathing treatments.</p> <p>Medication includes over-the-counter medications.</p> <p>The provider will not be cited if there are no more than three (3) medication passes per person, with blanks on the medication record in any of the prior three (3) months and the provider has met the following criteria:</p> <ul style="list-style-type: none"> a) The reasons for blanks were documented on the back of the log. b) The documentation error did not result in the need for any additional medical intervention. <p>The Medication Record should be coded if the medication is not given at regular intervals or if there is any variation in scheduling. This should not create opportunities for blanks.</p> <p>As clarification, the medication pass may include multiple prescriptions and over the counter (OTC) medications/treatments that are given at the same time.</p>
<p>3.6</p>	<p>Provider shall have a policy regarding disposition of medication when:</p> <ul style="list-style-type: none"> a) Medication is outdated. b) Person moves. c) Medication is discontinued. d) Person is deceased. 	
<p>3.7</p>	<p>Medication logs shall be reviewed monthly, at a minimum to ensure medication errors/events are documented appropriately.</p>	<p>Reviewer will examine data:</p> <p>To ensure medication errors/events are documented appropriately. Actions are taken to alleviate future errors.</p> <p>The review should include evidence for the three (3) months prior to the Licensing Inspection. The review for the current month must be documented and available by the last day of the following month. If the review for the prior month has not been documented, the Licensing review may include the prior four (4) months.</p> <p>Review must be completed by a person who does not normally give medication in the site being reviewed.</p>

3.8	People shall be encouraged to plan, purchase and prepare nourishing and satisfying food.	In some cases, there may be a need to provide special supports to those who have assessed medical conditions to adhere to a special diet to address such issues as chewing and swallowing difficulties, diabetes, high cholesterol, high blood pressure, obesity or other issues that the person and his/her interdisciplinary team deem to be appropriate for the person's nutritional health.
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DDSN CIRS Licensing Request Cover Sheet

Provider: _____ Date: _____

1) Location to be licensed: _____
(complete physical street address)

2) Was/ were the consumer(s) involved in the selection of this location? Yes No

3) Location is (check one): Apartment Duplex Single Family Home
Other: _____

4) Foundation: Concrete Slab Crawl Space

5) Construction: Wood Frame Metal Frame

6) Roof: Fiberglass Shingles Metal
 Other: _____

7) Approximate Sq. Footage of home: _____ # Bedrooms: _____

8) Are all bedrooms on ground level? Yes No
If no, are there any concerns with egress? _____

9) Do all bedroom windows meet the following requirements?

- a) Window sill height must be less than 44" Yes No
- b) Window opening clear width must be a minimum of 20" Yes No
- c) Window opening clear height must be a minimum of 24" Yes No
- d) Window opening must be a minimum of 5 sq. ft. on grade level and 5.7 sq. ft. if 6 ft. above grade level Yes No

If any responses are "no," please explain: _____

10) Are smoke detectors hard wired with battery back-up? Yes No
If no, explain: _____

11) Are there fuel burning appliances? Yes No

12) Is there a usable fireplace? Yes No If usable, is fireplace: Wood or Propane

13) Is there an attached garage or car port? Yes No

14) Are there keyed deadbolt locks on exterior doors? Yes No

15) What is the distance to closest Fire Dept.? _____

16) Will there be any special technology in this home? Yes No
If yes, explain: _____

CIRS Apartment/House: Assessment of Capability to Self-Preserve
Must be completed when apartment/home does not have a sprinkler system

Individual's Name: _____

Section I: Information In Individual's Record

Has this individual made the choice to live in the proposed apartment/house? Yes No

If no, please explain: _____

Does the individual understand that the apartment/house does not have an active sprinkler system?

Not Applicable - apartment/house has an active sprinkler system

Yes No If no, please explain: _____

Has training on self-preservation taken place as a result of the individual's participation in the CIRS project?

Yes - Date: _____ No If no, please explain: _____

Does the individual understand how to remain in a designated area until safety has been established?

Yes No If no, please explain: _____

Section II: Individual's Demonstration of Self Preservation Skills – Pre-Move to CIRS apartment/home

Has the individual demonstrated his/her ability to self-preserve in other apartments/homes licensed by DDSN in the event of a fire?

Yes Documented fire drills are in individual's records. The last three (3) recorded dates that this has been demonstrated are: _____

No If no, please explain: _____

Not applicable = first DDSN operated home individual has lived in

Does the individual understand how to use an alternate exit and is able to demonstrate?

Yes No If no, please explain: _____

Does the individual react independently to an alarm when it is sounded without staff assistance?

Yes No If no, please explain: _____

Pre-Move Assessment completed by: _____ Date: _____

Section III: Individual's Demonstration of Self Preservation Skills – Post Move to CIRS apartment/home (Individual must have staff in home until he/she is able to self-preserve independently as indicated below):

Has the individual demonstrated his/her ability to self-preserve in CIRS apartment/house?

Yes Documented fire drills are in individual's records. The last three (3) recorded dates that this has been demonstrated are: _____

No If no, please explain: _____

Post-Move Assessment completed by: _____ Date: _____

**South Carolina Department of Disabilities and Special Needs
CIRS Life Safety Checklist**

Completed by:		Residence Address:			
Date:					
Item#	Checklist Item	Yes	No	N/A	Comments
1.	Listed smoke alarms shall be installed on the ceiling or wall outside of each separate sleeping area in the immediate vicinity of bedrooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Listed smoke alarms shall be installed in each room used for sleeping purposes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Listed smoke alarms shall be installed in each habitable story within a dwelling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Listed smoke alarms shall be powered from the electrical system of the dwelling as the primary power source and a battery as a secondary power source.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Listed smoke alarms shall be interconnected in such a manner that the activation of one alarm will activate all of the alarms in the dwelling unit. Physical interconnection of smoke alarms shall not be required where listed wireless alarms are installed and all alarms sound upon activation of one alarm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	At least one (1) portable fire extinguisher with a minimum classification of 2A:10BC shall be installed near cooking areas. The fire extinguishers shall be installed and maintained in accordance with the manufacturer's instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Item#	Checklist Item	Yes	No	N/A	Comments
7.	Each residence shall maintain means of egress as required by original construction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	All sleeping rooms below the fourth story shall have emergency escape and rescue openings that open from the inside and are sized to permit the egress of the occupants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clear Opening Height (inches): _____ Clear Opening Width (inches): _____ Sill Height (Inches): _____
9.	All heating devices must be selected, used, and installed per the manufacturer's recommendations and the listing conditions set by an approved testing laboratory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Unvented gas heaters shall have an operating oxygen depletion device, an operating safety shutoff device, and shall be located or guarded to prevent burn injuries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Portable unvented fuel-fired heating equipment shall be prohibited in all residences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Fireplaces shall be equipped with fire screens, partitions, or other means to protect clients from burns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.	A fire escape plan describing what actions are to be taken by the family in the event of a fire must be developed and posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.	An approved carbon monoxide alarm shall be installed and maintained outside of each separate sleeping area in the immediate vicinity of the bedroom in dwelling units within which fuel fired appliances are installed and in dwelling units that have attached garages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.	Each sleeping room must have an operable door that closes and latches to provide compartmentation that protects occupants in case of a fire event.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Item#	Checklist Item	Yes	No	N/A	Comments
16.	The residence shall be free of dangers that constitute an obvious fire hazard, such as faulty electrical cords, overloaded electrical sockets, or an accumulation of papers, paint, or other flammable material stored in the dwelling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17.	Residence shall have approved address numbers placed in a position that is plainly legible and visible from the street.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18.	GFCI outlets located within 6 ft. of all sinks and wet locations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19.	Does the residence have a sprinkler system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is a sprinkler system required in this residence? <input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Has a sprinkler inspection been done on the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	What organization conducted the inspection?:
21.	Has an electrical inspection been done on the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	What organization conducted the inspection?:
22.	Has an HVAC inspection been done on the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	What organization conducted the inspection?:
23.	Has the CIRS assessment of the capability to self-preserve form been completed by the provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments:



Residential Habilitation Standards

Revised June 18, 2020

Introduction

The Vision of the South Carolina Department of Disabilities and Special Needs (DDSN) is: To provide the best in services to assist persons with disabilities and their families in South Carolina.

DDSN's Mission is to: Assist people with disabilities and their families through choice in meeting needs, pursuing possibilities and achieving life goals, and minimize the occurrence and reduce the severity of disabilities through prevention.

DDSN values:

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

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

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

Any modification to these additional requirements for provider-owned or controlled home and community-based residential settings must be supported by a specific assessed need, justified in the person-centered plan and reviewed by the human rights committee. Positive interventions and supports must be tried before the modification, use of less intrusive methods documented and data collected to review the modification. The modification must be time limited, include informed consent and cause no harm.

Effective providers of Residential Habilitation Services structure their systems of services and supports to ensure that people who receive services experience these values throughout the daily fabric of their lives.

Residential Habilitation services demonstrate due regard for the health, safety and well-being of each person when they:

- Meet or exceed applicable federal, state and local fire, health and safety regulations, policies and procedures.

- Carefully consider each person’s vulnerability to abuse, neglect or exploitation and regularly review the effectiveness of efforts to provide appropriate protection in consultation with the person.
- Regularly review each person’s health status and ensure that health care is comprehensive and ongoing.
- Ensure that the preferences and desires of the person are the focus of all planning and the person is included in all planning.
- Develop creative ways to meet health and safety needs using natural supports as well as paid supports while recognizing the importance of the values of relationships, participation, choice, empowerment, responsibility and control.

Dignity and respect - Participation, choice, control and responsibility

Despite the presence of disabilities, people retain the same human, civil and constitutional rights as any citizen. People receiving Residential Habilitation Services rely on their services for support and encouragement to grow and develop, to gain autonomy, become self-governing and pursue their own interests and goals. Effective Residential Habilitation programs take positive steps to protect and promote the dignity, privacy, legal rights, autonomy and individuality of each person who receives services.

Respectful service providers carefully listen to what each individual expresses, using creative methods if necessary, to learn about their desires, plans and preferences.

Community connections - Relationships with family and friends

People should be present in the community and actively participate using the same resources and doing the same activities as other citizens.

Residential Habilitation Services promote inclusion when they:

- Support people to live in residential areas which are convenient to a range of places to shop, bank, eat, worship, learn, make friends and participate in community life.
- Support people to use available transportation to get where they need and want to go.
- Support and encourage people to participate in a variety of activities and to try new places and activities outside their homes and service settings.
- Support and encourage people to meet others, participate with other members of the community (not just paid staff) in shared activities and join associations of interest that offer membership.
- Support and encourage people to give back to the community in meaningful ways through volunteer opportunities.

Relationships

Friends and family offer people essential support and protection. They provide continuity throughout life, act as a safety net, and open the way to new opportunities and experiences.

Many people with developmental disabilities rely on Residential Habilitation Services for assistance in maintaining relationships with family and friends. Some also need help to meet new people and make new friends.

Residential programs support relationships when they:

- Identify the people who are important to each person who receives services and provide them with assistance to re-establish or maintain contact with them.
- Recognize that family members are very important to some people and work to negotiate any conflicts that arise between the program and family members in ways that protect relationships.
- Encourage people to reach out to other people. Some people who have been socially isolated need opportunity, guidance and coaching to assist them in making friends.
- Welcome the people a person with a disability chooses as friends. If the person's choice of a friend conflicts with the person's health and safety interests, respectfully negotiating these situations strengthen the quality of staff relationships with the people they serve.

Council on Quality and Leadership

Definitions

Residential Habilitation Services include the care, skills training and supervision provided to individuals in a non-institutional setting. The degree and type of care, supervision, skills training and support of individuals will be based on the plan and the person's needs. Services include assistance with acquisition, retention, or improvement in skills related to activities of daily living, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the individual to reside in a non-institutional setting. Residential Habilitation can be provided in a variety of settings.

Intensive Behavioral Intervention

When services that use current, empirically-validated practices to identify causes (i.e., function) of, interventions to prevent, replace and appropriately react to problem behavior are employed as part of the care, supervision, and skills training provided to those who receive Residential Habilitation, those services are known as "Intensive Behavioral Intervention".

Intensive Behavioral Intervention includes:

- Conducting behavioral assessment (i.e., functional assessment and/or analysis) including indirect and direct assessment; observation of the person; interview of the person, key staff, family, etc.; determination of personal preferences or interests; development of objective definitions; collection of direct assessment objective data (i.e., A-B-C data); the analysis and summary of the collected data, and development of a competing behavior pathways diagram.
- Developing specific interventions based on the behavioral assessment that focuses on the replacement of the problem behavior with appropriate behavior that serves the same purpose (i.e., function) and the prevention of the problem behavior.
- Securing appropriate approvals and consents.
- Training others to accurately implement the interventions developed to address the problem behavior.
- Monitoring, through the use of line graphs and observation-based fidelity checks, the implementation and the effectiveness of the interventions to ensure the occurrences of problem behaviors are decreasing and the occurrences of replacement behavior(s) are increasing.
- Ensuring ineffective interventions are modified when needed.

Community Training Home-I Model (Foster Care)

In the Community Training Home-I Model, personalized care, supervision and individualized training are provided, in accordance with a service plan, to a maximum of two (2) people living in a support provider's home where they essentially become one of the family. Support providers are qualified and trained private citizens. CTH-I homes meet Office of State Fire Marshal Foster Home Regulations.

Community Training Home-II Model

The Community Training Home-II Model offers the opportunity to live in a homelike environment in the community under the supervision of qualified and trained staff. Care, skills training and supervision are provided according to individualized needs as reflected in the service plan. No more than four (4) people live in each residence.

Community Integrated Residential Services (CIRS)

This model was created to promote personal development and independence in people with disabilities by creating a customized transition from 24-hour supervised living to a semi-independent living arrangement. Participants are

responsible for selecting support providers, house mates and housing. A lease support agreement connects participants with landlords and provides an extra level of support which might be needed to facilitate a positive landlord/tenant relationship. CLOUD homes located in one and two family dwellings, as well as townhouses, shall meet International Residential Code (IRC) standards. CLOUD residential models are not care facilities.

Supervised Living Model-II

This model is for people who need intermittent supervision and supports. They can handle most daily activities independently but may need periodic advice, support and supervision. It is typically offered in an apartment setting that has staff available on-site or in a location from which they may get to the site within 15 minutes of being called, 24 hours daily.

Supported Living Model-I

This model is similar to the Supervised Living Model-II; however, people generally require only occasional support. It is offered in an apartment or house setting and staff are available 24 hours a day by phone.

Community Residential Care Facility (CRCF)

This model, like the Community Training Home-II Model, offers the opportunity to live in the community in a homelike environment under the supervision of qualified, trained caregivers. Care, skills training and supervision are provided according to identified needs as reflected in the service plan. *See SC DHEC Regulation Number 61- 84 for specific licensing requirements. Note: The DHEC licensing requirements must be met by a CRCF provider who wishes to become a residential habilitation provider using their CRCF as the setting.*

Residential Habilitation

Standards

All Models

	General	Guidance
RH1.0	Residential Habilitation will be provided in accordance with all DDSN policies and procedures.	Current policies and procedures are listed in the Appendix to these standards.
RH1.1	Residential Habilitation must be provided in settings that are certified by DDSN or licensed by a DDSN Contractor.	Refer to standards for DDSN Certification and South Carolina Department of Health and Environmental Control Regulations # 61-84. Supported Living-I settings are exempt from licensing.
RH1.2	Each individual's rights of privacy, dignity and respect, and freedom from coercion and restraint are ensured.	Privacy in the resident's sleeping and living unit must be ensured. Should the resident's right to privacy require modification, any modification to this right must be supported by a specific assessed need, justified in the person's plan and reviewed by the Human Rights Committee. Positive interventions and supports must be tried before the right is modified, use of less intrusive methods must be documented, and data must be collected to review the modification. The modification must be time limited, include the informed consent of the individual, and cause no harm. Restraints used as a physician ordered health protection and restraints applied in a crisis situation are covered by DDSN Directives: <ul style="list-style-type: none"> • 600-05-DD: Behavior Support, Psychotropic Medications, and Prohibited Practices, and • 567-04-DD: Preventing and Responding to Disruptive Behavior and Crisis Situations. Refer to: 42 CFR §441.301(c)(4)(iii) 42 CFR §441.301(c)(4)(vi)(B) 42 CFR §441.301(c)(4)(vi) (F)(1-8)
RH 1.3	A legally enforceable agreement (lease, residency agreement, or other form of written agreement) is in place for each person in the home setting within which he/she resides. The agreement provides protections that address eviction process and appeals comparable to those provided under South Carolina's	Should the resident's right to a legally enforceable agreement require modification, any modification to this right must be supported by a specific assessed need, justified in the person's plan and reviewed by the Human Rights Committee. Positive interventions and supports must be tried before the right is modified, use of less intrusive methods must be documented, and data must be collected to review the

	<p>Landlord Tenant Law. (S.C. Code Ann. § 27-40-10 et. seq)</p>	<p>modification. The modification must be time limited, include the informed consent of the individual, and cause no harm.</p> <p>See DDSN Directive 250-09-DD: Calculation of Room and Board for Non-ICF/IID Programs for a sample lease.</p> <p>Refer to:</p> <p>42 CFR §441.301(c)(4)(vi)(A) 42 CFR §441.301(c)(4)(vi) (F)(1-8)</p>
RH 1.4	<p>Individuals who share a bedroom have a choice of roommates in that setting.</p>	<p>The person’s preferences must be actively solicited on an on-going basis and results and documented.</p> <p>On-going basis means that at a minimum, on a quarterly basis. Documentation should reflect that the preferences are learned from the person and that those preferences are acted upon whenever possible within the resources of the person/provider.</p> <p>Should the resident’s right to a choose a roommate require modification, any modification to this right must be supported by a specific assessed need, justified in the person’s plan and reviewed by the Human Rights Committee. Positive interventions and supports must be tried before the right is modified, use of less intrusive methods must be documented, and data must be collected to review the modification. The modification must be time limited, include the informed consent of the individual, and cause no harm.</p> <p>Refer to:</p> <p>42 CFR §441.301(c)(4)(ii) 42 CFR §441.301(c)(4)(iv) 42 CFR §441.301(c)(4)(vi)(B)(2) 42 CFR §441.301(c)(4)(vi) (F)(1-8)</p>
RH 1.5	<p>Individuals sharing homes have a choice of housemates in that setting.</p>	
RH 1.6	<p>Individuals have the freedom to furnish and decorate their sleeping or living units within the lease/other agreement.</p>	<p>Should the resident’s right to furnish and decorate their sleeping unit or living units within the lease/ other agreement require modification, any modification to this right must be supported by a specific assessed need, justified in the person’s plan and reviewed by the Human Rights Committee. Positive interventions and supports must be tried</p>

		<p>before the right is modified, use of less intrusive methods must be documented, and data must be collected to review the modification. The modification must be time limited, include the informed consent of the individual, and cause no harm.</p> <p>Refer to:</p> <p>42 CFR §441.301(c)(4)(vi)(B)(3) 42 CFR §441.301(c)(4)(vi) (F)(1-8)</p>
RH 1.7	The site/home must be physically accessible to the individual.	<p>The site/home must promote free access and use of the common areas of the home such as kitchen, dining, laundry area and shared living spaces to the extent each person desires.</p> <p>People should not have obstructed access to areas of the common areas of the home or be confined to any one area. Confinement to an area includes “in-room time” or “quiet time in room” when imposed by the provider/staff, not chosen by the person, and not part of the person’s service plan.</p> <p>Refer to:</p> <p>42 CFR §441.301(c)(4)(vi)(E)</p>
RH 1.8	Individuals have access to food at all times.	<p>Any modification to this requirement must be supported by a specific assessed need, justified in the person’s plan and reviewed by the Human Rights Committee. Positive interventions and supports must be tried before the modification, use of less intrusive methods documented, and data collected to review the modification. The modification must be time limited, include informed consent and cause no harm.</p> <p>Refer to:</p> <p>42 CFR §441.301(c)(4)(vi)(C) 42 CFR §441.301(c)(4)(vi) (F)(1-8)</p>
RH 1.9	Individuals participate in: <ul style="list-style-type: none"> 1) Meal Planning; 2) Grocery shopping; 3) Meal Preparation. 	<p>Refer to:</p> <p>42 CFR §441.301(c)(4)(i)</p>

RH
1.10

Individuals are able to have visitors of their choosing at any time.

This requirement does not mean that residents can be inconsiderate of the rights of others or another's need for quiet and safety in the residence. It is intended to ensure people who live in the home have the same freedoms with relationships and visitors in their homes.

With any needed accommodations, residents of the house/setting should determine how they will make household decisions and how those decisions will be reviewed and modified. The residents' process for this should be documented. This process should be used if the residents choose to specify rules for visitors.

If residents choose to specify rules for visitors, the "rules" should indicate the residents' decisions regarding issues such as customary visiting times, guests signing in/out of the residence, offering entry to the residence to people who are not known by all, and overnight guests.

For some individuals, if positive interventions and less intrusive methods have been tried and documented but the documentation proves that the interventions were not successful, a modification may be needed.

Any modification to these requirements must be supported by a specific assessed need, justified in the person-centered plan and reviewed by the Human Rights Committee. Positive interventions and supports must be tried before the modification, use of less intrusive methods documented, and data collected to review the modification. The modification must be time limited, include informed consent and cause no harm.

The Residential Habilitation provider may not unilaterally prohibit or screen visitors.

Refer to:

42 CFR §441.301(c)(4)(iv)

42 CFR §441.301(c)(4)(vi)(D)

42 CFR §441.301(c)(4)(vi) (F)(1-8)

	Residents Rights and Protections	Guidance
RH2.0	<p>People are:</p> <ul style="list-style-type: none"> a) Informed of their rights; b) Supported to learn about their rights. c) Supported to exercise their rights. d) Due process is upheld prior to any rights restrictions. 	<p>Rights include: Human rights, Constitutional rights and Civil rights.</p> <p>Training includes responsibilities as well as rights.</p> <ul style="list-style-type: none"> • Training occurs a minimum of once every three (3) months. • Wide latitude is given as to how training may occur; however, documentation such as a signed training attendance sheet must exist to verify that each person received training. Should a person refuse to sign the training sheet or refuse to attend training, this should be documented on the training attendance sheet. • Each person’s right to privacy, dignity and confidentiality in all aspects of life is recognized, respected and promoted. • Personal freedoms, such as the right to make a phone call in private, to decide to have a friend visit, choices as to what to have for a snack, etc. are not restricted without due process. • People are supported to manage their own funds to the extent of their capability. • Due process is upheld, including the Human Rights Committee review of restriction of personal freedoms. • People with limited knowledge and experience receive training and opportunities to explore their individual rights and the responsibilities that accompany them.
RH2.1	<p>People are supported to make decisions and to exercise choice and control regarding their daily activities and schedules, to include:</p> <ul style="list-style-type: none"> • Meal times; • Menu items; • Snack choices; 	<ul style="list-style-type: none"> • People’s activities are developed in consultation with them and according to their preferences, including but not limited to mealtime, bedtime, menu items, snack choices, restaurant choices, and community activities. • Changes that affect the person are not made without consultation with them. <p>Any modification to this requirement must be</p>

	<ul style="list-style-type: none"> • Bedtime/wake up time; • Community activities; • Doctor appointments; • Services and supports delivered, including areas of training. 	<p>supported by a specific assessed need, justified in the person-centered plan and reviewed by the Human Rights Committee. Positive interventions and supports must be tried before the modification, use of less intrusive methods documented, and data collected to review the modification. The modification must be time limited, include informed consent and cause no harm.</p> <p>Refer to:</p> <p>42 CFR §441.301(c)(4)(iv) 42 CFR §441.301(c)(4)(vi)(C) 42 CFR §441.301(c)(4)(vi) (F)(1-8)</p>
RH2.2	Individuals are trained on what constitutes abuse and how and to whom to report.	<ul style="list-style-type: none"> • Training is an ongoing process rather than a one-time event. On-going process means that information about abuse/neglect is incorporated into all aspects of the training program not a one-time, large group training experience. (e.g., discussed at meetings within residences, “rap sessions”, self-advocates meetings, etc.) • Training must occur at least once every three (3) months. • Documentation must exist that verifies the person’s participation in the training (e.g., signed training attendance sheet.) Should a person refuse to sign the training sheet or refuse to attend training, this should be documented on the training attendance sheet. • People who have experienced abuse receive appropriate physical, emotional and legal follow up. • People are treated with consideration and respect at all times.
RH2.3	Community Training Homes must be open to the resident at all times.	Support Providers may/should be given a break, but residents must be allowed to remain in their home. Residents will not be expected to leave during support providers breaks/vacations.
RH2.4	Each resident must be provided with a key to his/her bedroom with only appropriate staff having keys to doors.	Any modification to these requirements must be supported by a specific assessed need, justified in the person-centered plan and reviewed by the Human Rights Committee. Positive interventions and supports must be tried before the modification, use of

		<p>less intrusive methods documented, and data collected to review the modification. The modification must be time limited, include informed consent and cause no harm.</p> <p>“Appropriate staff” means that the resident has decided and agreed which staff members are allowed to have keys to his/her bedroom.</p> <p>Refer to:</p> <p>42 CFR §441.301(c)(4)(vi)(B)(1) 42 CFR §441.301(c)(4)(vi) (F)(1-8)</p>
RH2.5	Each resident must be provided with a key to his/her home.	<p>Any modification to these requirements must be supported by a specific assessed need, justified in the person-centered plan and reviewed by the Human Rights Committee. Positive interventions and supports must be tried before the modification, use of less intrusive methods documented, and data collected to review the modification. The modification must be time limited, include informed consent and cause no harm.</p> <p>Refer to:</p> <p>42 CFR §441.301(c)(4)(vi)(B)(1) 42 CFR §441.301(c)(4)(vi) (F)(1-8)</p>

	PARTICIPATION AND INTEGRATION	GUIDANCE
RH3.0	<p>People are supported and encouraged to participate and be involved in the life of the community by:</p> <ul style="list-style-type: none"> • Receiving information about opportunities for community participation. • Participating in the development of activity schedules. • Active involvement in community activities. 	<ul style="list-style-type: none"> • People are supported to form and maintain a variety of connections, ties and involvements in the community, such as volunteering, joining clubs, shopping, dining, going to parks, ballgames, church of their choice, etc. • People are given information about opportunities for community participation, (i.e., people are made aware of community activities such as ballgames, concerts, benefits, etc.) and are encouraged to participate in activities that interest them. • People are not forced to participate in activities; however, training to participate is provided if needed. • Documentation must exist to show evidence of participation in community activities. • Training to participate is provided if needed. <p>Refer to:</p> <p>42 CFR §441.301(c)(4)(i)</p>
RH3.1	<p>People are supported to maintain and enhance links with families, friends or other support networks.</p>	<ul style="list-style-type: none"> • Information about the person’s family, friends or other support networks is known. • The status (whether or not they are on good terms) of the relationships is known. • The person is supported to maintain contact or to re-establish contact according to his/her wishes within the ability of the Provider’s resources. <p>Refer to:</p> <p>42 CFR §441.301(c)(4)(i)</p>

	HABILITATION	GUIDANCE
RH4.0	<p>Prior to providing residential habilitation, a preliminary plan must be developed to ensure health, safety, supervision and rights protection while the person is undergoing functional assessment for goal planning. At the time of admission, the preliminary plan for the person must be implemented.</p>	<p>Preliminary plan is to be implemented on the day of admission. When assessments are completed and training needs/priorities have been identified with the participation and input of the person, the residential support plan will be completed and will replace the preliminary plan.</p> <p>If, upon admission, the individual presents without any familial contacts, the residential provider is required to notify the DDSN State Director and provide documentation of all attempts to locate family.</p>
RH4.1	<p>Each individual must have a residential plan:</p> <ul style="list-style-type: none"> • Developed within 30 days of admission to the setting. • Implemented within 10 working days of development. • Re-developed every 365 days. 	<p>Actively solicit the person's interests and life goals. This information may be learned in a variety of ways; however, the key is to gather this information directly from the person through direct interaction, observations or talking with someone who knows the person best. The person's preferences and goals must be the focus of the planning process. Priorization of training on assessed needs as well as personal goals should reflect the preferences of the person.</p>
RH4.2	<p>A comprehensive functional assessment:</p> <ul style="list-style-type: none"> • Must be completed prior to the development of the initial plan. • Must be updated as needed to insure accuracy. 	<p>Assessments are individualized based on: gender, choice, ethnic background, physical abilities, adaptive functioning level and chronological age.</p> <p>The assessment supports skills training, care and supervision objectives identified within the person's plan.</p> <p>Training goals will be established based on the person's interests and priorities.</p> <p>Events that may trigger an assessment update may include, but not be limited to: completion of a training objective, failure to progress on a training objective, upcoming annual plan, major change in health/functioning status such as stroke, hospitalization, etc.</p>
RH4.3	<p>A comprehensive functional assessment must identify the abilities/strengths and needs of the person in the following areas:</p> <ol style="list-style-type: none"> a) Self-care. b) Activities of daily living. 	<p>At a minimum, the functional assessment must include all areas listed.</p> <p>Depending on the person's priorities and preferences, additional areas may need to be assessed.</p> <p>Assessments must include the need to use and/or maintain prosthetic/adaptive equipment.</p>

- c) Communication.
- d) Personal Health (including Self-administration of medication).
- e) Self-preservation. (fire evacuation, severe weather, general safety, etc.)
- f) Self-supervision at all times.
- g) Rights.
- h) Personal finances/money.
- i) Community involvement.
- j) Social Network/Family Relationships.
- k) Personal property maintenance/management.

Self-Care:

- a) Bowel/bladder care.
- b) Bathing/grooming. (including ability to regulate water temperature)
- c) Dressing.
- d) Eating.
- e) Ambulation/Mobility.

Personal Health:

- a) Need for professional medical care. (how often, what care)
- b) Ability to treat self or identify the need to seek assistance.
- c) Ability to administer own meds/treatments. (routine, time limited, etc.)
- d) Ability to administer over the counter medications for acute illness.
- e) Ability to seek assistance when needed.

Self-Preservation:

- a) Respond to emergency.
- b) Practice routine safety measures.
- c) Avoid hazards.
- d) Manage (use/avoid) potentially harmful household substances.
- e) Ability to regulate water temperature.

Self-Supervision:

- a) Need for supervision during bathing, dining, sleeping, other times during the day.
- b) Ability to manage own behavior.

Rights:

- a) Human Rights: established by the United Nations that all people are entitled to by virtue of the fact that they are human. (i.e., Life, liberty and security of person, right not to be subjected to torture, etc.)

- b) Civil Rights: guaranteed by law. (i.e., Americans with Disabilities Act)
- c) Constitutional Rights: guaranteed by the Constitution of the United States. (i.e., free speech, right to due process, etc.)

Personal finances/money:

People are expected to manage their own money to the extent of their ability.

Community Involvement:

- a) Extent of involvement.
- b) Awareness of community activities.
- c) Frequency.
- d) Type.

Social network/family relationships:

- a) Family and friends.
- b) Status of relationships.
- c) Desired contact.
- d) Support to re-establish/maintain contact.
- e) If without social network or family relationship:
 - 1. Provider will notify DDSN that this situation exists.
 - 2. All efforts to locate relatives are documented annually.

Supported Living Assessment for those residing in **SLP-I only**.

Assessments are to be done using the Supported Living assessment tool available on CDSS.

Assessments must be done:

- a) On new sites.
- b) On sites when address has changed.
- c) Annually at the time of the person's plan.

		<p>All assessments on new sites and sites where address has changed must be sent to the DDSN District Office for approval and forwarded to Quality Assurance in the DDSN Central Office.</p> <p>Annual assessments on which any item is marked “no” must have a plan to address the item that has been approved by the appropriate DDSN District Office. Assessments on which all items are marked “yes” require no further approval beyond the Provider level.</p>
RH4.4	<p>The plan must include the person’s goals/objectives related to Residential Habilitation including:</p> <ul style="list-style-type: none"> a) The type and frequency of care to be provided. b) The functional skills training to be provided. c) The type and frequency of supervision to be provided. d) Any other supports to be provided. e) Description of how each support will be documented. 	<p>Care: Assistance with or completion of tasks that cannot be completed by the person and about which the person is not being taught (including, but not limited to, regulation of water temperature, fire evacuation needs, etc.</p> <p>Functional: Activities/skills/abilities that are frequently required in natural domestic or community environments.</p> <p>Skills training: Should center on teaching the most useful skills/abilities for the person according to their priorities. Every consideration should be given to adaptations that could make the task easier/more quickly learned.</p> <p>Supervision: Oversight by another provided according to DDSN policy and must be as specific as needed to allow freedom while assuring safety and welfare (including supervision when around water that exceeds 110 degrees F). May include electronic supervision when appropriate.</p> <p>As a general rule each individual should have a minimum of three skill acquisition objectives.</p>
RH4.5	<p>Within ten (10) working days of the end of the quarter, a report of the status of the goals in the plan and the supports provided to achieve those goals must be completed with input from the person.</p>	<p>Quarterly summary is routinely shared with the Case Manager.</p>
RH4.6	<p>Residents who attend school are supported as needed to enable them to benefit fully from their school experience.</p>	<p>Support includes, but is not limited to, helping with homework, assistance to participate in school activities and functions, working in conjunction with school personnel on issues, responding to correspondence from the school. When recipient is a minor, an understanding regarding participation with the guardian must be reached.</p>

RH4.7	<p>The effectiveness of the residential plan is monitored and the plan is amended when:</p> <ul style="list-style-type: none"> a) No progress is noted on a goal. b) A new strategy, training or support is identified; or c) The person is not satisfied with the support. 	<p>Data should be analyzed monthly to see that training has been completed as scheduled and data is collected as prescribed and accurate. Incorrect data calculations/analysis will be cited if the errors affect the outcome of the plan monitoring (e.g., indicates progress was made when progress did not occur and goal should have been revised.).</p> <p>Corrective action is taken and recorded when: The plan is not implemented as written by staff; when the support yields 100% accuracy the first month; there is no correlation between recorded data and observed individual performance; the health, safety and welfare of people is not maintained; when the person is not satisfied with the support, etc.</p> <p>As a general rule, if no progress has been noted for three (3) consecutive months with no reasonable justification for the lack of progress, the plan must be amended.</p>
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	Intensive Behavioral Intervention	Guidance
RH5.0	<p>When the person exhibits behavior that:</p> <ul style="list-style-type: none"> • Poses a risk to him/herself, others, or the environment; • Interferes with his/her ability to function in his/her typical environments, • Interferes with his/her ability to acquire, gain or maintain skills, abilities and/or independence, and/or • Interferes with his/her ability to participate in the life of the community, <p>Then the problem behavior must be addressed.</p>	<p>Problem Behavior is defined as behavior that, when exhibited,</p> <ul style="list-style-type: none"> • Poses a risk to him/herself, others, or the environment; • Interferes with his/her ability to function in his/her typical environments, • Interferes with his/her ability to acquire, gain or maintain skills, abilities and/or independence, and/or • Interferes with his/her ability to participate in the life of the community, <p>DDSN Directive 600-05-DD: Behavior Support, Psychotropic Medications and Prohibited Practices, must be followed.</p>
RH5.1	<p>Prior to the development to of a Behavior Support Plan, indirect assessment must be conducted by the Intensive Behavioral Intervention provider. Indirect assessment includes:</p> <ol style="list-style-type: none"> a) Record review, including but not limited to, a review of the Residential Plan, supervision plan, and if available any existing Behavior Support Plans. b) Interview using the Functional Assessment Interview Form (O’Neill, et al., 2014) or another empirically validated functional assessment instrument – such as the QABF (Questions About Behavioral Function, Matson & Vollmer, 1995) – with two or more people who spend the most time with the person (can include the person). Must include (or be supplemented by additional assessment documentation which includes) the following: <ol style="list-style-type: none"> 1. Description of problem behavior. 2. Listing of ecological and setting events that predict the occurrence 	<p>Written information indicating that each component of the assessment was conducted must be available.</p> <p>Summary Statements are defined as specific hypothesis statements for each distinct context or maintaining function of the behavior. Typically states the suspected or determined setting event, antecedent, behavior, consequence contingency.</p> <p>“Functional Assessment Interview” forms can be found on the DDSN Applications Portal >Business Tools >Forms > All Residential.</p>

	<p>and/or non-occurrence of the behavior.</p> <ol style="list-style-type: none"> 3. Listing of possible antecedents that predict the occurrence and/or non-occurrence of the behavior. 4. Listing of possible consequences (access, escape/avoid, automatic) that maintain the problem behavior. 5. Record of information on the efficiency of the problem behavior. 6. List of functional alternatives the person currently demonstrates. 7. Description of the person's communication skills. 8. Description of what to do and what to avoid in teaching. 9. Listing of what the person likes (potential reinforcers). 10. Listing of the history of the problem behavior(s), previous interventions, and effectiveness of those efforts. <p>c) Development of summary statements based on the Functional Assessment Interview (contains information on setting events, antecedents, problem behavior, and consequences).</p>	
RH5.2	<p>Direct Assessment must be conducted by the Intensive Behavioral Intervention provider to verify the indirect assessment information.</p> <p>This includes:</p> <p>Observational data collection forms and/or observational summaries that represent <u>two (2) or more sessions</u> using A-B-C recording in direct observation for a minimum of:</p> <ol style="list-style-type: none"> 1) <u>Three (3) or more total hours or</u> 	<p>A-B-C Recording or A-B-C Data is defined as a form of direct, continuous observation in which the observer records a descriptive, temporally-sequenced account of all behavior(s) of interest and the antecedent conditions and consequences for those behaviors as those events occur in the client's natural environment.</p> <p>A summary must be included in the functional assessment (document) that includes the relative frequency of specific antecedents and consequences for individual problem behaviors. This can be either a table or narrative format.</p>

	<p>2) <u>20 occurrences of the target behavior(s).</u></p> <p>If no problem behavior is observed, observational information must be summarized to describe contexts that support the non-occurrence of target behavior.</p> <p>If observational data do not verify the indirect assessment information, then the summary statements must be revised to correspond to the direct assessment data.</p>	<p>Frequency is defined as a ratio of count per observation time; often expressed as count per standard unit of time (e.g., per minute, per hour, per day) and calculated by dividing the number of responses recorded by the number of standard units of time in which observations were conducted; used interchangeably with rate.</p> <p>The functional assessment is a document that can be separate from the BSP (conclusions referenced in the BSP) or included in the BSP. In either case, the entire functional assessment document must be available for review.</p> <p>If during observations no target behaviors are observed, the IBI provider must either include summarized A-B-C data from staff observations or conduct additional observations that do include occurrences of the target behavior(s).</p>
RH5.3	<p>Behavior Support Plans must contain:</p> <p>a) Description of the person:</p> <ol style="list-style-type: none"> 1) Name, age, gender, residential setting, 2) Diagnoses (medical and psychiatric), 3) Intellectual and adaptive functioning, 4) Medications (medical and psychiatric), 5) Health concerns, 6) Mobility status, 7) Communication skills, 8) Daily living skills, 9) Typical activities and environments, 10) Supervision levels, 11) Preferred activities, items, and people, and 12) Non-preferred activities, items, and people. 	<ol style="list-style-type: none"> a) The BSP should include brief, specific descriptions of each item <u>and how they relate, or don't relate, to issues of behavior support.</u> b) Specified in BSP c) Problem Behavior is defined as behavior that, when exhibited: <ul style="list-style-type: none"> • Poses a risk to him/herself, others, or the environment; • Interferes with his/her ability to function in his/her typical environments; • Interferes with his/her ability to acquire, gain or maintain skills, abilities and/or independence; and/or • Interferes with his/her ability to participate in the life of the community. <p>Replacement behavior is defined as a socially-acceptable, functionally-equivalent behavior that could produce the same consequence as the problem behavior.</p> d) Summary statements per problem behavior based on A-B-C data must be included in the BSP. These statements provide the hypotheses

<p>b) Locations where BSP will be implemented and identification of program implementers.</p> <p>c) Description of Problem Behavior and Replacement Behavior are defined in terms that are observable, measurable, and on which two independent observers can agree.</p> <p>d) Summary of direct assessment results.</p> <p>e) Objectives for each problem behavior, including:</p> <ol style="list-style-type: none"> 1) Person's name, 2) Operational, measurable and observable way to describe behavior, 3) Conditions under which the behavior occurs or should occur, and 4) Criteria for completion (performance and time) <p>f) Competing Behavior Model for each class of problem behavior that includes function of problem behavior and replacement behavior based on direct assessment</p> <p>g) Objectives for each replacement behavior, including:</p> <ol style="list-style-type: none"> 1) Person's name, 2) Measurable and observable way to describe behavior, 3) Conditions under which the behavior occurs or should occur, and 4) Criteria for completion (performance and time). 	<p>about the context and/or maintaining function of the behavior. They include the likely antecedent, behavior, and consequence information. Reliability coefficients (while not required) would be appropriate here.</p> <p>e) "Operational, measurable and observable ways to describe behavior" examples include:</p> <ul style="list-style-type: none"> • Verbal Aggression > Cursing, threatening to harm others, calling others derogatory names, or all three behaviors. • Self-Injury > Biting own wrist and/or own hand. <p>f) "Competing Behavior Model" form, adapted from O'Neill, et al, 2014) can be found on the DDSN Applications Portal >Business Tools> Forms> All Residential.</p> <p>g) Example: Objectives for Replacement Behavior:</p> <ol style="list-style-type: none"> 1. Bobby will complete all tasks in his photographic activity schedule with 90% of tasks complete for 3 consecutive months by 6/1/17. 2. When presented with non-preferred tasks, Sue will say "no thank you" to escape or postpone the task, 100% of the trials by 6/1/17. 3. When the environment becomes too noisy or overstimulating, Mary will request a break by stating "I need a break please" for 75% of opportunities for 1 month by July 30, 2017. <p>h) Support Procedures</p> <ol style="list-style-type: none"> 1) Antecedents identified in the assessment must be addressed in the intervention (e.g., changing a difficult task). 2) Teaching strategies must be consistent with behavioral principles and teach desired/replacement behaviors (e.g., teaching a response to ask for help). 3) Reinforcement procedures to increase/maintain appropriate behavior must be included (can be in teaching procedures). Withholding reinforcement for problem behavior may also be specified.
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- h) Support Procedures
- 1) Setting Event/Antecedent Strategies
 - 2) Teaching Strategies
 - 3) Consequence Strategies
 - 4) Crisis Management Strategies
 - 5) Data Recording Method
 - 6) Data Collection Forms

- 4) Crisis management strategies must include strategies to ensure the safety of the person and others. This should include techniques from a competency-based curriculum to prevent and respond to dangerous behavior (e.g., MANDT, PCM, etc.) if such behaviors are exhibited by the person.
- 5) The data recording method must describe where, when, how and how often behavioral data are to be collected. Must also include: occurrence of problem behavior, occurrence of replacement behavior, and the data recording method (i.e., frequency, duration, response latency, or percent of trials).

Frequency is defined as a ratio of count per observation time; often expressed as count per standard unit of time (e.g., per minute, per hour, per day) and calculated by dividing the number of responses recorded by the number of standard units of time in which observations were conducted; used interchangeably with rate.

Duration is defined as a measure of the total extent of time during which a behavior occurs.

Response latency is defined as a measure of the elapsed time from the onset of a stimulus (e.g., task direction, cue) to the initiation of a response.

Percent of trials is defined as the percentage of correct responses out of the total number of opportunities, or the total number of observation intervals scored for occurrence of the problem behavior.
- 6) The data collection forms must include: person's name, date(s) of data collection, location of data collection, operational definition for the problem behavior and the replacement behavior, instructions for data collection, an organized format to collect numerical data, and signature or initials of Direct Support Professionals (DSP's) who collect data.

Direct Support Professional (DSP) are defined as paid day/residential program staff members, house managers, teachers, therapists, etc.

<p>RH5.4</p>	<p>Behavior Support Plan Implementation</p> <p>a) DSP(s) responsible for implementing a BSP must be fully trained to:</p> <ol style="list-style-type: none"> 1) Collect behavioral data, and 2) Implement the BSP procedures. <p>b) Procedures for training DSP(s) on implementation must include:</p> <ol style="list-style-type: none"> 1) Written and verbal instruction; 2) Modeling; 3) Rehearsal; and 4) Trainer feedback. <p>c) Documentation of DSP(s) training must accompany the plan and must include:</p> <ol style="list-style-type: none"> 1) Person’s name; 2) Date of initial training; 3) Date of additional DSP(s) training; 4) Names and signatures of DSP(s) trained; and 5) Name of trainer and/or authorized secondary trainer. <p>d) Fidelity procedures completed by the Intensive Behavioral Intervention provider must occur quarterly and must document <u>direct observation of DSP(s) implementing procedures according to the plan.</u> Documentation must include:</p> <ol style="list-style-type: none"> 1) Person’s name; 2) Name(s) of DSP(s) being observed; 3) Date, location and time (including duration) of observation; 	<p>The “Behavior Support Plan Training Documentation” form can be found on the DDSN Applications Portal >Business Tools >Forms > All Residential. The use of this form to document the training provided is optional.</p> <p>a) Procedures for training DSP(s) and/or caregivers must be documented in either the BSP, training materials, or training documentation.</p> <p>b) Documentation of DSP/caregiver training must be present to indicate that training occurred prior to the effective date/implementation date of any addendum/amendment to the BSP. Documentation must specify:</p> <ol style="list-style-type: none"> 1) Training on observation and behavioral data collection system and on treatment procedures, and 2) Retraining on collection of behavioral data and/or BSP implementation procedures. <p>c) If opportunities to observe:</p> <ol style="list-style-type: none"> 1) Antecedent, teaching, or consequence strategies for acceptable behavior; 2) Response strategies to problem behavior; or 3) Both are infrequent or not observed during a fidelity check, it would be sufficient to observe the DSP(s) practicing the BSP procedures by role-play with the IBI provider acting the part of the person. <p>If the BSP addresses more than one setting (e.g., Day Program, Home, etc.), then the fidelity checks should, on a rotating basis, be conducted in each setting addressed by the plan.</p> <p>“Fidelity Procedures Documentation” forms can be found on the DDSN Applications Portal >Business Tools >Forms > All Residential.</p>
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	<ul style="list-style-type: none"> 4) Description of procedures observed; 5) Directions and/or description of DSP performance; 6) Signature of observed caregiver(s); and 7) Signature of the observer. 	
RH5.5	<p>Progress monitoring by the Intensive Behavioral Intervention provider must occur at least monthly and rely on progress summary notes that include:</p> <ul style="list-style-type: none"> a) Graphs that are legible and contain: <ul style="list-style-type: none"> 1) Title related to behavior measured, 2) X- and Y-axis that are scaled and labeled 3) Labeled gridlines 4) Consecutive and connected data points, 5) Legend for data points (when more than one type is used), and 6) Phase lines and labels for changes (i.e., programmatic, environmental, medical, and/or medication changes) b) Visual analysis that includes description of the level, trend, and variability of each behavior along with discussion related to programmatic, environmental, medical, and/or medication changes c) Future (planned) implementation must be described and include any barriers that need to be addressed (e.g., inaccurate implementation, incomplete data collection, etc.), and any changes that need to be made to the procedures based on lack of progress or deteriorating performance, and 	<p>Monitoring is reflected in the monthly progress note.</p> <ul style="list-style-type: none"> a) Graph must be available and contain noted elements. <p>Phase lines are defined as vertical lines drawn upward from the horizontal axis on a graph to show points in time at which changes in the independent variable occurred (also referred to as condition change lines).</p> <p>Phase labels are defined as labels, in the form of single words or brief descriptive phrases, are printed along the top of the graph and parallel to the horizontal axis (also referred to as condition labels).</p> b) The progress note should describe these items related to the desired outcome in the objective. <p>Level is defined as the value on the vertical axis around which a series of behavioral measures converge.</p> <p>Trend is defined as the overall direction taken by a data path. It is described in terms of direction (increasing, decreasing, or zero trend), degree (gradual or steep), and the extent of variability of data points around the trend. Trend is used in predicting future measures of the behavior under unchanging conditions.</p> <p>Variability is defined as the frequency and extent to which multiple measures of behavior yield different outcomes.</p> c) The progress note should describe these items related to the desired outcome in the objective. d.) Desired behavior is defined as socially acceptable behavior targeted for increase.

	<p>d) If fidelity procedures reveal that the BSP is being properly implemented and data properly collected, yet no progress is observed for the problem behavior, replacement behavior, or desired behavior for three (3) consecutive months, then a meeting with the DSP(s), Intensive Behavioral Intervention provider, and others on the support team as appropriate must be conducted to revisit the Functional Assessment and its summary and to determine the benefits of revisiting, modifying or augmenting BSP procedures or of enhancing DSP training.</p>	<p>This would be documented by a dated, titled meeting sign in sheet identifying the person the reason(s) for lack of progress, and the revisions to BSP procedures that are to be implemented and DSP(s) to be trained for the revision, or justification for no revision.</p> <p>Signature sheets must be available.</p> <p>Note: If the fidelity procedures reveal that the BSP is not being properly implemented or data are not being properly collected, then re-training of the DSP(s) is sufficient, and no team meetings or plan modifications are required.</p>
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	Health	Guidance
RH6.0	<p>People receive coordinated and continuous health care services based on each person's specific health needs, condition, and desires.</p>	<p>Continuous health care includes acute and emergency care.</p> <p>Continuous means through-out entire life span.</p> <p>Coordinated means that people have a medical home/primary physician, (unless they choose otherwise) who is aware of their history, medical condition, other health care specialist involved, etc.</p> <p>People actively participate in their health care decisions according to their skills and abilities.</p> <p>People with specific health concerns, such as seizures, people who are prone to aspirate, etc., receive individualized care and follow-up.</p> <p>People are supported to develop/maintain a healthy lifestyle and to engage in wellness activities which may include, but not be limited to: nutrition/weight management and physical fitness activities through involvement in programs such as Steps To Your Health, YMCA membership, etc.</p> <p>Health conditions such as dysphagia and GERD are ruled out before behaviors such as rumination, intentional vomiting, etc., are addressed behaviorally.</p> <p>People receive a health examination by a licensed physician who determines the need for and frequency of medical care and there is documentation that the physician's recommendations are being followed.</p> <p>The health care received is comparable to any person of the same age, group and sex. (i.e., mammogram for females 40 and above, annual pap smears, prostate checks for males over 50, etc.)</p> <p>People receive a dental examination by a licensed dentist who determines the need for and frequency of dental care and there is documentation that the dentist's recommendations are being carried out.</p> <p>The provider notifies the behavior support provider in advance of the date, time and location of the periodic drug review (PDR).</p> <p>Staff who support the person have the tools/equipment needed and the skills/knowledge to do so appropriately.</p>

RH6.1	<p>The Residential Habilitation provider must have procedures that specify the actions to be taken to assure that <u>within 24 hours</u> following a visit to a physician, Certified Nurse Practitioner, or Physician's Assistant all ordered treatments will be provided.</p>	<p>The procedures must specify the exact steps to be taken and by whom, including but not limited to, specifying to whom orders are to be given upon return from the physician's visit; who is responsible for obtaining medications, supplies or equipment from the pharmacy or other supplier; who is responsible for scheduling follow-up visits, visits to specialists, or visits for further testing; who is responsible for training direct support staff and providing those staff with appropriate written instructions for complying with the orders, etc. A system is in place to assure that orders are followed and the specific staff have been assigned and are responsible for specific tasks.</p>
RH6.2	<p>The Residential Habilitation provider must have available at all times a health care professional that can assess a resident's health condition, determine appropriate intervention to be provided, and give specific instruction to staff who will provide the intervention.</p>	<p>The contact information for the health care professional must be posted or easily accessible in all residences. Staff must know how to contact the professional and be instructed and encouraged to do so as often as needed. Providers are encouraged to utilize resources effectively and efficiently while assuring that staff has access to a health care professional. This professional may be a nurse hired or contracted by the agency, or a nurse available through a physician's office, or a local "ask-a-nurse" line through a hospital or other health care organization, etc. The source used to provide access to staff is not restricted by this requirement.</p>
RH6.3	<p>Between 24-36 hours after being seen by a Physician, Physician's Assistant or Certified Nurse Practitioner for acute care, the person must be evaluated to determine the status of his/her condition.</p>	<p>The evaluation may be done by a staff member who is not a nurse and is not a health care professional. However, the designated staff member may not be a staff person who provides direct support to those who receive residential habilitation services.</p> <p>If the acute care visit is self-initiated or initiated by family members without the knowledge of the residential provider, this requirement would not apply. In these situations, within 24 hours of returning to the setting or learning about the visit, the provider must assure that medications, supplies or equipment needed to comply with the orders from the visit are available in the setting.</p> <p>"Acute" is defined as treatment sought for a brief and severe condition, as opposed to treatment for chronic long term conditions, routine check-ups, or follow-up visits for previously diagnosed illnesses. Acute visits are not planned in advance, but are in response to a sudden change in condition or an accident, such as a sinus infection, urinary tract infection, the flu, a broken arm, a laceration, etc.</p>

To evaluate, the staff member must:

1. See the person in his/her home.
2. Determine if the person's condition has improved, worsened or remained unchanged.
3. Review the orders/instructions given as a result of the Certified Nurse Practitioner, Physician's Assistant or Physician's visit or discharge from the hospital in order to determine if needed medications, supplies and equipment are available and in sufficient quantity to comply with the orders.
4. Determine if staff can competently perform the duties required to comply with the orders. If staff are not observed performing the duties, determine if staff has been given clear and accurate instructions or materials that are easily understood and aid in their ability to competently perform the duties.
5. Determine if staff can identify the worsening or lack of improvement of the person's condition or if staff have been given instructions regarding how to identify the worsening or lack of improvement of the person's condition.
6. Determine if staff know or have been given specific instructions regarding what to do:
 - If the condition worsens or doesn't improve as expected;
 - If they have questions about how to comply with the orders; and/or
 - If they need supplies, equipment, medication in order to comply with the orders.
7. Report immediately (before leaving the residence) to the Executive Director or designee situations in which:
 - Medications, supplies and/or equipment are not available;
 - Staff on duty do not appear to be competent to fulfill the orders nor have they been given

clear and accurate instructions or materials to aid in the competent completion of the duties; and/or

- The person's condition has worsened or has not adequately improved and no action has been taken to address.

Following the verbal report, staff must complete sign and date a report of the evaluation that provides a detailed description of the adverse findings(s) and actions(s) taken.

8. Provide the original report to the Executive Director/designee within 48 hours of the completion or the next business day, whichever is later.

Note: Any situation reported to the Executive Director/designee as outlined in #7 (above) will be considered an unusual and unfavorable occurrence that has harmful or otherwise negative effects to the person and therefore, must be reported to DDSN following the steps outlined in DDSN Directive 100-09-DD: Reporting of Critical Incidents.

	STAFF	GUIDANCE
RH7.0	Support providers must meet requirements for criminal background checks.	Reference DDSN Directive 406-04-DD: Criminal Records Checks and Reference Checks of Direct Caregivers, for additional requirements and guidance.
RH7.1	Staff must have a driver's license check prior to transporting people who receive services.	Provider should have a system in place for period re-checks on a random basis.
RH7.2	<p>The provider must designate a staff member who is responsible for developing and monitoring the person's residential plan and who meets the following qualifications:</p> <ul style="list-style-type: none"> a) A bachelor's degree in human services from an accredited college or university; b) Is at least 21 years of age; c) Has at least one (1) year of experience (e.g., paid or voluntary) working directly with persons with an intellectual disability or a related disability. 	<p>"Human Services" = human behavior (e.g., psychology, sociology, speech communication, gerontology etc.), human skill development (e.g., education, counseling, human development), humans and their cultural behavior (e.g., anthropology), or any other study of services related to basic human care needs (e.g., rehabilitation counseling), or the human condition (e.g., literature, the arts). The provider can exercise wide latitude of judgment to determine what constitutes "human services." The key concern is the demonstrated competency to do the job.</p>
RH7.3	Support providers must be at least eighteen 18 years of age and have a high school diploma or its equivalent.	<p>Competency in the following areas may be considered the equivalent to a high school diploma. Employees must be able to:</p> <ul style="list-style-type: none"> a. Read and comprehend written instructions which may include health care information; b. Write information sufficient to communicate facts clearly; c. Communicate verbal or written information effectively to others. <p>Documentation demonstrating competency in items a. through c., must be maintained in the employee's file.</p>
RH7.4	Support providers must pass an initial physical exam prior to working in the home.	Pass means no documentation in the physical exam report of conditions present that would jeopardize health and safety of people receiving services or staff's ability to perform required duties.

RH7.5	Support providers must pass initial tuberculosis screening prior to working in the home and annually thereafter.	Pass = no evidence of communicable disease (see DDSN Directive 603-06-DD: Guidelines for Screening for Tuberculosis, for possible exceptions to annual screening).
RH7.6	<p>Community Training Homes-I <u>adult household members</u> must meet the following requirements:</p> <ol style="list-style-type: none"> Appropriate background checks. Initial health exam conducted by a licensed physician, physician’s assistant or licensed nurse practitioner. Tuberculosis screening initially and annually thereafter. 	<p>Household member means an individual 18 years of age or older who resides in the Community Training Home-I Residence.</p> <p>See DDSN Directive 406-04-DD: Criminal Records Checks and Reference Checks of Direct Caregivers, for additional requirements and guidance.</p> <p>See DDSN Directive 603-06-DD: Guidelines for Screening for Tuberculosis, for additional requirements and guidance.</p>
RH7.7	<p>When, as part of the Residential Habilitation provided to the person, Intensive Behavioral Intervention is used to address problem behavior, Intensive Behavior Intervention will be provided by someone who:</p> <ul style="list-style-type: none"> Is a Board Certified Behavior Analyst-Doctoral™ (BCBA-D™); Is a Board Certified Behavior Analyst® (BCBA®); Possesses at least a Master’s degree in behavior analysis, psychology, special education or a closely related field and has a minimum of two (2) years of experience in the use of the principles of applied behavior analysis in the habilitation of people with intellectual disabilities/related disabilities including experience in the development of Behavior Support Plans. Medicaid enrolled providers of Behavior Support Services who are in pursuit of BCBA/BCaBA certification who annually submit documentation of continuous, active pursuit of certification to DDSN may provide IBI until June 30, 2018. 	<p>While not required, prior to engaging an Intensive Behavioral Intervention (IBI) provider, information about the IBI provider’s current certification, educational and/or vocational history and sample of his/her work may be submitted to DDSN for review. The review will be conducted using the requirements for IBI within these Residential Habilitation Standards. This review will be completed as a courtesy and results provided; DDSN will not approve or recommend the engagement of the IBI provider.</p> <p>When employing a Board Certified Assistant Behavior Analyst (BCaBA), it is important to note that according to the Behavior Analyst Certification Board® (BACB), every BCaBA must practice under the supervision of a qualified supervisor.” Supervisor qualifications can be found in the BACB “Standards for Supervision of BcaBA” and state:</p> <p>“BCaBA supervisors must hold a qualifying credential, have completed specific training, and have completed steps with the BACB to acknowledge the supervisory relationship prior to providing any supervision. The specific requirements are described below:</p> <ul style="list-style-type: none"> Credential: The supervisor must hold a current Board Certified Behavior Analyst® (BCBA®) or Board Certified Behavior Analyst–Doctoral™ (BCBA-D™) credential, or be a licensed or registered psychologist certified by the American Board of Professional Psychology in Behavioral and Cognitive Psychology and who was tested in Applied Behavior Analysis. Training: The supervisor must complete an 8-hour training based on the BACB’s Supervisor Training Curriculum

Outline before providing any supervision. Supervisors who are certified at the BCBA or BCBA-D levels must also complete ongoing supervision continuing education as part of their recertification requirements.

- **BACB Reporting:** The supervisor must acknowledge the supervisory relationship through entry of supervisee information in the supervisor's BACB Gateway account. Supervisors will be publicly identified in the BCaBA's record on the BACB Certificant Registry. The supervisor is responsible and can be held accountable under the BACB Professional and Ethical Compliance Code for Behavior Analysts (Compliance Code) for the services provided by the BCaBA.

Note: The supervisor may not be related to, subordinate to, or employed by the BCaBA. Employment does not include compensation received by the supervisor from the BCaBA for supervision services. While not required, it is preferable that the supervisor be someone who works most closely with the BCaBA in implementing behavior analytic services."

The Residential Habilitation provider must maintain evidence of the completion of the required continuing education for those possessing a Master's degree and experience.

	DOCUMENTATION	GUIDANCE
RH8.0	<p>Documentation/data must be:</p> <ul style="list-style-type: none"> A. True and accurate. B. Complete. C. Legible. D. Logically sequenced. 	<ul style="list-style-type: none"> • DDSN Directive 167-06-DD: Confidentiality of Personal Information. • DDSN Directive 368-01-DD: Individual Service Delivery Records Management. • The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191. • Late entries (i.e., notes entered into the record more than 24 hours after the activity which is described) must be identified as such.
RH8.1	<p>Documentation/data must be entered into Therap and be sufficient to support the implementation of the plan and the provision of Residential Habilitation for each unit of service reported.</p>	<p>For Residential Habilitation, one (1) unit of service equals one (1) day when services are provided in models other than Supported Living I. In the Supported Living I model, one (1) unit equals one (1) hour. Documentation/data must be available to support that Residential Habilitation was provided each time the individual is reported to have received the service.</p> <p>Documentation of the provision of Residential Habilitation must be available to support the provision of the service. Documentation of service provision includes:</p> <ul style="list-style-type: none"> • Completed residential assessments; • Completed residential plans; • Completed Residential Log which indicates “present.” • Data showing the implementation of <u>skills training</u> included in the participant’s Residential Plan; • Data showing the implementation of the participant’s Behavior Support Plan; • Data showing the implementation of <u>supervision</u> in accordance with the Supervision Plan; • Data showing the provision for <u>care</u> including: <ul style="list-style-type: none"> ○ Medication administration records when the person is incapable of administering his/her own medications and/or medical treatments;

		<ul style="list-style-type: none">○ Documentation of assistance with activities of daily living when the person is incapable of completing without assistance;○ Documentation of assistance with instrumental activities of daily living when the participant is incapable of completing those activities without assistance;○ Documentation of transportation to and assistance with the receipt of health care services based on each participant's specific health needs, condition, and desires.
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	REPORTING	GUIDANCE
RH9.0	Reporting requirements must be performed correctly.	<p>DDSN Directive 100-09-DD: Reporting of Critical Incidents.</p> <p>DDSN Directive 505-02-DD: Death or Impending Death of Persons Receiving Services-</p> <p>DDSN Directive 534-02-DD: Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contracted Provider Agency</p>

Appendix

Additional Guidance

Residential Habilitation must be provided in accordance with all applicable DDSN contracts, policies, procedures, and standards and applicable federal, state and local laws, including but not limited to:

Resident's Rights and Protections

- 100-17-DD: Family Involvement
- 167-06-DD: Confidentiality of Personal Information
- 535-02-DD: Human Rights Committee
- 535-07-DD: Obtaining Consent for Minors and Adults
- 535-08-DD: Concerns of People Receiving Services: Reporting and Resolution
- 535-10-DD: National Voter Registration Act (Motor Voter)
- 535-11-DD: Appeal and Reconsideration Policy and Procedures

The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html>.

S.C. Codes of Law § 44-26-10 to § 44-26-220 Rights of Clients with Intellectual Disability

<http://www.scstatehouse.gov/code/t44c026.php>.

Compliance with Title VI of the Civil Rights Act of 1964, American's 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 (cross reference DDSN Directive 700-02-DD).

Personal Funds and Property

- 200-12-DD: Management of Funds for Individuals Participating in Community Residential Programs
- 604-01-DD: Individual Clothing and Personal Property

Health

- 100-12-DD: Aids Policy
- 100-29-DD: Medication Error/Event Reporting
- 533-02-DD: Sexual Assault Prevention, and Incident Procedure Follow-Up
- 603-01-DD: Tardive Dyskinesia Monitoring
- 603-06-DD: Guidelines for Screening for Tuberculosis
- 603-13-DD: Medication Technician Certification
- 604-04-DD: Standard First Aid with Cardiopulmonary Resuscitation (CPR) – Adult, Child, Infant

Health Care Guidelines

Behavior

- 101-02-DD: Preventing and Responding to Suicidal Behavior
- 600-05-DD: Behavior Support, Psychotropic Medications and Prohibited Practices

Reporting

- 100-09-DD: Critical Incident Reporting
- 368-01-DD: Individual Service Delivery Records Management
- 505-02-DD: Death or Impending Death of Persons Receiving Services from DDSN
- 534-02-DD: Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contracted Provider Agency

Finance Manual, Sections 10.1 and 10.7

Certification and Licensure

- 104-01-DD: Certification and Licensure of DDSN Residential and Day Facilities
- 167-01-DD: Appeal Procedure for Facilities Licensed or Certified by DDSN

Staff

- 406-04-DD: Criminal Records Checks and Reference Checks of Direct Caregivers
- 567-01-DD: Employee Orientation, Pre-Service and Annual Training Requirements
- 567-04-DD: Preventing and Responding to Disruptive Behavior and Crisis Situations

General

- 100-25-DD: Disaster Preparedness Plan for DDSN and Other DDSN Providers of Services to Persons with Disabilities and Special Needs
- 100-26-DD: Risk Management Program
- 502-01-DD: Admissions/Discharge of Individuals to/from DDSN Funded Community Residential Setting

Residential Habilitation

Standards

All Models

	General	Guidance
RH1.0	Residential Habilitation will be provided in accordance with all DDSN policies and procedures.	Current policies and procedures are listed in the Appendix to these standards.
RH1.1	Residential Habilitation must be provided in settings that are certified by DDSN or licensed by a DDSN Contractor.	Refer to standards for DDSN Certification and South Carolina Department of Health and Environmental Control Regulations # 61-84. Supported Living-I settings are exempt from licensing.
RH1.2	Each individual's rights of privacy, dignity and respect, and freedom from coercion and restraint are ensured.	Privacy in the resident's sleeping and living unit must be ensured. Should the resident's right to privacy require modification, any modification to this right must be supported by a specific assessed need, justified in the person's plan and reviewed by the Human Rights Committee. Positive interventions and supports must be tried before the right is modified, use of less intrusive methods must be documented, and data must be collected to review the modification. The modification must be time limited, include the informed consent of the individual, and cause no harm. Restraints used as a physician ordered health protection and restraints applied in a crisis situation are covered by DDSN Directives: <ul style="list-style-type: none"> • 600-05-DD: Behavior Support, Psychotropic Medications, and Prohibited Practices, and • 567-04-DD: Preventing and Responding to Disruptive Behavior and Crisis Situations. Refer to: 42 CFR §441.301(c)(4)(iii) 42 CFR §441.301(c)(4)(vi)(B) 42 CFR §441.301(c)(4)(vi) (F)(1-8)
RH 1.3	A legally enforceable agreement (lease, residency agreement, or other form of written agreement) is in place for each person in the home setting within which he/she resides. The agreement provides protections that address eviction process and appeals comparable to those provided under South Carolina's	Should the resident's right to a legally enforceable agreement require modification, any modification to this right must be supported by a specific assessed need, justified in the person's plan and reviewed by the Human Rights Committee. Positive interventions and supports must be tried before the right is modified, use of less intrusive methods must be documented, and data must be collected to review the

	Landlord Tenant Law. (S.C. Code Ann. § 27-40-10 et. seq)	<p>modification. The modification must be time limited, include the informed consent of the individual, and cause no harm.</p> <p>See DDSN Directive 250-09-DD: Calculation of Room and Board for Non-ICF/IID Programs for a sample lease.</p> <p>Refer to:</p> <p>42 CFR §441.301(c)(4)(vi)(A) 42 CFR §441.301(c)(4)(vi) (F)(1-8)</p>
RH 1.4	Individuals who share a bedroom have a choice of roommates in that setting.	<p>The person's preferences must be actively solicited on an on-going basis and results and documented.</p> <p>On-going basis means that at a minimum, on a quarterly basis. Documentation should reflect that the preferences are learned from the person and that those preferences are acted upon whenever possible within the resources of the person/provider.</p> <p>Should the resident's right to a choose a roommate require modification, any modification to this right must be supported by a specific assessed need, justified in the person's plan and reviewed by the Human Rights Committee. Positive interventions and supports must be tried before the right is modified, use of less intrusive methods must be documented, and data must be collected to review the modification. The modification must be time limited, include the informed consent of the individual, and cause no harm.</p> <p>Refer to:</p> <p>42 CFR §441.301(c)(4)(ii) 42 CFR §441.301(c)(4)(iv) 42 CFR §441.301(c)(4)(vi)(B)(2) 42 CFR §441.301(c)(4)(vi) (F)(1-8)</p>
RH 1.5	Individuals sharing homes have a choice of housemates in that setting.	
RH 1.6	Individuals have the freedom to furnish and decorate their sleeping or living units within the lease/other agreement.	<p>Should the resident's right to furnish and decorate their sleeping unit or living units within the lease/ other agreement require modification, any modification to this right must be supported by a specific assessed need, justified in the person's plan and reviewed by the Human Rights Committee. Positive interventions and supports must be tried</p>

		<p>before the right is modified, use of less intrusive methods must be documented, and data must be collected to review the modification. The modification must be time limited, include the informed consent of the individual, and cause no harm.</p> <p>Refer to:</p> <p>42 CFR §441.301(c)(4)(vi)(B)(3) 42 CFR §441.301(c)(4)(vi) (F)(1-8)</p>
RH 1.7	The site/home must be physically accessible to the individual.	<p>The site/home must promote free access and use of the common areas of the home such as kitchen, dining, laundry area and shared living spaces to the extent each person desires.</p> <p>People should not have obstructed access to areas of the common areas of the home or be confined to any one area. Confinement to an area includes “in-room time” or “quiet time in room” when imposed by the provider/staff, not chosen by the person, and not part of the person’s service plan.</p> <p>Refer to:</p> <p>42 CFR §441.301(c)(4)(vi)(E)</p>
RH 1.8	Individuals have access to food at all times.	<p>Any modification to this requirement must be supported by a specific assessed need, justified in the person’s plan and reviewed by the Human Rights Committee. Positive interventions and supports must be tried before the modification, use of less intrusive methods documented, and data collected to review the modification. The modification must be time limited, include informed consent and cause no harm.</p> <p>Refer to:</p> <p>42 CFR §441.301(c)(4)(vi)(C) 42 CFR §441.301(c)(4)(vi) (F)(1-8)</p>
RH 1.9	Individuals participate in: <ul style="list-style-type: none"> 1) Meal Planning; 2) Grocery shopping; 3) Meal Preparation. 	<p>Refer to:</p> <p>42 CFR §441.301(c)(4)(i)</p>

RH
1.10

Individuals are able to have visitors of their choosing at any time.

This requirement does not mean that residents can be inconsiderate of the rights of others or another's need for quiet and safety in the residence. It is intended to ensure people who live in the home have the same freedoms with relationships and visitors in their homes.

With any needed accommodations, residents of the house/setting should determine how they will make household decisions and how those decisions will be reviewed and modified. The residents' process for this should be documented. This process should be used if the residents choose to specify rules for visitors.

If residents choose to specify rules for visitors, the "rules" should indicate the residents' decisions regarding issues such as customary visiting times, guests signing in/out of the residence, offering entry to the residence to people who are not known by all, and overnight guests.

For some individuals, if positive interventions and less intrusive methods have been tried and documented but the documentation proves that the interventions were not successful, a modification may be needed.

Any modification to these requirements must be supported by a specific assessed need, justified in the person-centered plan and reviewed by the Human Rights Committee. Positive interventions and supports must be tried before the modification, use of less intrusive methods documented, and data collected to review the modification. The modification must be time limited, include informed consent and cause no harm.

The Residential Habilitation provider may not unilaterally prohibit or screen visitors.

Refer to:

42 CFR §441.301(c)(4)(iv)

42 CFR §441.301(c)(4)(vi)(D)

42 CFR §441.301(c)(4)(vi) (F)(1-8)

	Residents Rights and Protections	Guidance
RH2.0	<p>People are:</p> <ul style="list-style-type: none"> a) Informed of their rights; b) Supported to learn about their rights. c) Supported to exercise their rights. d) Due process is upheld prior to any rights restrictions. 	<p>Rights include: Human rights, Constitutional rights and Civil rights.</p> <p>Training includes responsibilities as well as rights.</p> <ul style="list-style-type: none"> • Training occurs a minimum of once every three (3) months. • Wide latitude is given as to how training may occur; however, documentation such as a signed training attendance sheet must exist to verify that each person received training. Should a person refuse to sign the training sheet or refuse to attend training, this should be documented on the training attendance sheet. • Each person’s right to privacy, dignity and confidentiality in all aspects of life is recognized, respected and promoted. • Personal freedoms, such as the right to make a phone call in private, to decide to have a friend visit, choices as to what to have for a snack, etc. are not restricted without due process. • People are supported to manage their own funds to the extent of their capability. • Due process is upheld, including the Human Rights Committee review of restriction of personal freedoms. • People with limited knowledge and experience receive training and opportunities to explore their individual rights and the responsibilities that accompany them.
RH2.1	<p>People are supported to make decisions and to exercise choice and control regarding their daily activities and schedules, to include:</p> <ul style="list-style-type: none"> • Meal times; • Menu items; • Snack choices; 	<ul style="list-style-type: none"> • People’s activities are developed in consultation with them and according to their preferences, including but not limited to mealtime, bedtime, menu items, snack choices, restaurant choices, and community activities. • Changes that affect the person are not made without consultation with them. <p>Any modification to this requirement must be</p>

	<ul style="list-style-type: none"> • Bedtime/wake up time; • Community activities; • Doctor appointments; • Services and supports delivered, including areas of training. 	<p>supported by a specific assessed need, justified in the person-centered plan and reviewed by the Human Rights Committee. Positive interventions and supports must be tried before the modification, use of less intrusive methods documented, and data collected to review the modification. The modification must be time limited, include informed consent and cause no harm.</p> <p>Refer to:</p> <p>42 CFR §441.301(c)(4)(iv) 42 CFR §441.301(c)(4)(vi)(C) 42 CFR §441.301(c)(4)(vi) (F)(1-8)</p>
RH2.2	Individuals are trained on what constitutes abuse and how and to whom to report.	<ul style="list-style-type: none"> • Training is an ongoing process rather than a one-time event. On-going process means that information about abuse/neglect is incorporated into all aspects of the training program not a one-time, large group training experience. (e.g., discussed at meetings within residences, “rap sessions”, self-advocates meetings, etc.) • Training must occur at least once every three (3) months. • Documentation must exist that verifies the person’s participation in the training (e.g., signed training attendance sheet.) Should a person refuse to sign the training sheet or refuse to attend training, this should be documented on the training attendance sheet. • People who have experienced abuse receive appropriate physical, emotional and legal follow up. • People are treated with consideration and respect at all times.
RH2.3	Community Training Homes must be open to the resident at all times.	Support Providers may/should be given a break, but residents must be allowed to remain in their home. Residents will not be expected to leave during support providers breaks/vacations.
RH2.4	Each resident must be provided with a key to his/her bedroom with only appropriate staff having keys to doors.	Any modification to these requirements must be supported by a specific assessed need, justified in the person-centered plan and reviewed by the Human Rights Committee. Positive interventions and supports must be tried before the modification, use of

		<p>less intrusive methods documented, and data collected to review the modification. The modification must be time limited, include informed consent and cause no harm.</p> <p>“Appropriate staff” means that the resident has decided and agreed which staff members are allowed to have keys to his/her bedroom.</p> <p>Refer to:</p> <p>42 CFR §441.301(c)(4)(vi)(B)(1) 42 CFR §441.301(c)(4)(vi) (F)(1-8)</p>
RH2.5	Each resident must be provided with a key to his/her home.	<p>Any modification to these requirements must be supported by a specific assessed need, justified in the person-centered plan and reviewed by the Human Rights Committee. Positive interventions and supports must be tried before the modification, use of less intrusive methods documented, and data collected to review the modification. The modification must be time limited, include informed consent and cause no harm.</p> <p>Refer to:</p> <p>42 CFR §441.301(c)(4)(vi)(B)(1) 42 CFR §441.301(c)(4)(vi) (F)(1-8)</p>

	PARTICIPATION AND INTEGRATION	GUIDANCE
RH3.0	<p>People are supported and encouraged to participate and be involved in the life of the community by:</p> <ul style="list-style-type: none"> • Receiving information about opportunities for community participation. • Participating in the development of activity schedules. • Active involvement in community activities. 	<ul style="list-style-type: none"> • People are supported to form and maintain a variety of connections, ties and involvements in the community, such as volunteering, joining clubs, shopping, dining, going to parks, ballgames, church of their choice, etc. • People are given information about opportunities for community participation, (i.e., people are made aware of community activities such as ballgames, concerts, benefits, etc.) and are encouraged to participate in activities that interest them. • People are not forced to participate in activities; however, training to participate is provided if needed. • Documentation must exist to show evidence of participation in community activities. • Training to participate is provided if needed. <p>Refer to:</p> <p>42 CFR §441.301(c)(4)(i)</p>
RH3.1	<p>People are supported to maintain and enhance links with families, friends or other support networks.</p>	<ul style="list-style-type: none"> • Information about the person’s family, friends or other support networks is known. • The status (whether or not they are on good terms) of the relationships is known. • The person is supported to maintain contact or to re-establish contact according to his/her wishes within the ability of the Provider’s resources. <p>Refer to:</p> <p>42 CFR §441.301(c)(4)(i)</p>

	HABILITATION	GUIDANCE
RH4.0	<p>Prior to providing residential habilitation, a preliminary plan must be developed to ensure health, safety, supervision and rights protection while the person is undergoing functional assessment for goal planning. At the time of admission, the preliminary plan for the person must be implemented.</p>	<p>Preliminary plan is to be implemented on the day of admission. When assessments are completed and training needs/priorities have been identified with the participation and input of the person, the residential support plan will be completed and will replace the preliminary plan.</p> <p>If, upon admission, the individual presents without any familial contacts, the residential provider is required to notify the DDSN State Director and provide documentation of all attempts to locate family.</p>
RH4.1	<p>Each individual must have a residential plan:</p> <ul style="list-style-type: none"> • Developed within 30 days of admission to the setting. • Implemented within 10 working days of development. • Re-developed every 365 days. 	<p>Actively solicit the person's interests and life goals. This information may be learned in a variety of ways; however, the key is to gather this information directly from the person through direct interaction, observations or talking with someone who knows the person best. The person's preferences and goals must be the focus of the planning process. Priorization of training on assessed needs as well as personal goals should reflect the preferences of the person.</p>
RH4.2	<p>A comprehensive functional assessment:</p> <ul style="list-style-type: none"> • Must be completed prior to the development of the initial plan. • Must be updated as needed to insure accuracy. 	<p>Assessments are individualized based on: gender, choice, ethnic background, physical abilities, adaptive functioning level and chronological age.</p> <p>The assessment supports skills training, care and supervision objectives identified within the person's plan.</p> <p>Training goals will be established based on the person's interests and priorities.</p> <p>Events that may trigger an assessment update may include, but not be limited to: completion of a training objective, failure to progress on a training objective, upcoming annual plan, major change in health/functioning status such as stroke, hospitalization, etc.</p>
RH4.3	<p>A comprehensive functional assessment must identify the abilities/strengths and needs of the person in the following areas:</p> <ol style="list-style-type: none"> a) Self-care. b) Activities of daily living. 	<p>At a minimum, the functional assessment must include all areas listed.</p> <p>Depending on the person's priorities and preferences, additional areas may need to be assessed.</p> <p>Assessments must include the need to use and/or maintain prosthetic/adaptive equipment.</p>

- c) Communication.
- d) Personal Health (including Self-administration of medication).
- e) Self-preservation. (fire evacuation, severe weather, general safety, etc.)
- f) Self-supervision at all times.
- g) Rights.
- h) Personal finances/money.
- i) Community involvement.
- j) Social Network/Family Relationships.
- k) Personal property maintenance/management.

Self-Care:

- a) Bowel/bladder care.
- b) Bathing/grooming. (including ability to regulate water temperature)
- c) Dressing.
- d) Eating.
- e) Ambulation/Mobility.

Personal Health:

- a) Need for professional medical care. (how often, what care)
- b) Ability to treat self or identify the need to seek assistance.
- c) Ability to administer own meds/treatments. (routine, time limited, etc.)
- d) Ability to administer over the counter medications for acute illness.
- e) Ability to seek assistance when needed.

Self-Preservation:

- a) Respond to emergency.
- b) Practice routine safety measures.
- c) Avoid hazards.
- d) Manage (use/avoid) potentially harmful household substances.
- e) Ability to regulate water temperature.

Self-Supervision:

- a) Need for supervision during bathing, dining, sleeping, other times during the day.
- b) Ability to manage own behavior.

Rights:

- a) Human Rights: established by the United Nations that all people are entitled to by virtue of the fact that they are human. (i.e., Life, liberty and security of person, right not to be subjected to torture, etc.)

- b) Civil Rights: guaranteed by law. (i.e., Americans with Disabilities Act)
- c) Constitutional Rights: guaranteed by the Constitution of the United States. (i.e., free speech, right to due process, etc.)

Personal finances/money:

People are expected to manage their own money to the extent of their ability.

Community Involvement:

- a) Extent of involvement.
- b) Awareness of community activities.
- c) Frequency.
- d) Type.

Social network/family relationships:

- a) Family and friends.
- b) Status of relationships.
- c) Desired contact.
- d) Support to re-establish/maintain contact.
- e) If without social network or family relationship:
 - 1. Provider will notify DDSN that this situation exists.
 - 2. All efforts to locate relatives are documented annually.

Supported Living Assessment for those residing in **SLP-I only.**

Assessments are to be done using the Supported Living assessment tool available on CDSS.

Assessments must be done:

- a) On new sites.
- b) On sites when address has changed.
- c) Annually at the time of the person's plan.

		<p>All assessments on new sites and sites where address has changed must be sent to the DDSN District Office for approval and forwarded to Quality Assurance in the DDSN Central Office.</p> <p>Annual assessments on which any item is marked “no” must have a plan to address the item that has been approved by the appropriate DDSN District Office. Assessments on which all items are marked “yes” require no further approval beyond the Provider level.</p>
RH4.4	<p>The plan must include the person’s goals/objectives related to Residential Habilitation including:</p> <ul style="list-style-type: none"> a) The type and frequency of care to be provided. b) The functional skills training to be provided. c) The type and frequency of supervision to be provided. d) Any other supports to be provided. e) Description of how each support will be documented. 	<p>Care: Assistance with or completion of tasks that cannot be completed by the person and about which the person is not being taught (including, but not limited to, regulation of water temperature, fire evacuation needs, etc.</p> <p>Functional: Activities/skills/abilities that are frequently required in natural domestic or community environments.</p> <p>Skills training: Should center on teaching the most useful skills/abilities for the person according to their priorities. Every consideration should be given to adaptations that could make the task easier/more quickly learned.</p> <p>Supervision: Oversight by another provided according to DDSN policy and must be as specific as needed to allow freedom while assuring safety and welfare (including supervision when around water that exceeds 110 degrees F). May include electronic supervision when appropriate.</p> <p>As a general rule each individual should have a minimum of three skill acquisition objectives.</p>
RH4.5	<p>Within ten (10) working days of the end of the quarter, a report of the status of the goals in the plan and the supports provided to achieve those goals must be completed with input from the person.</p>	<p>Quarterly summary is routinely shared with the Case Manager.</p>
RH4.6	<p>Residents who attend school are supported as needed to enable them to benefit fully from their school experience.</p>	<p>Support includes, but is not limited to, helping with homework, assistance to participate in school activities and functions, working in conjunction with school personnel on issues, responding to correspondence from the school. When recipient is a minor, an understanding regarding participation with the guardian must be reached.</p>

RH4.7	<p>The effectiveness of the residential plan is monitored and the plan is amended when:</p> <ul style="list-style-type: none"> a) No progress is noted on a goal. b) A new strategy, training or support is identified; or c) The person is not satisfied with the support. 	<p>Data should be analyzed monthly to see that training has been completed as scheduled and data is collected as prescribed and accurate. Incorrect data calculations/analysis will be cited if the errors affect the outcome of the plan monitoring (e.g., indicates progress was made when progress did not occur and goal should have been revised.).</p> <p>Corrective action is taken and recorded when: The plan is not implemented as written by staff; when the support yields 100% accuracy the first month; there is no correlation between recorded data and observed individual performance; the health, safety and welfare of people is not maintained; when the person is not satisfied with the support, etc.</p> <p>As a general rule, if no progress has been noted for three (3) consecutive months with no reasonable justification for the lack of progress, the plan must be amended.</p>
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	Intensive Behavioral Intervention	Guidance
RH5.0	<p>When the person exhibits behavior that:</p> <ul style="list-style-type: none"> • Poses a risk to him/herself, others, or the environment; • Interferes with his/her ability to function in his/her typical environments, • Interferes with his/her ability to acquire, gain or maintain skills, abilities and/or independence, and/or • Interferes with his/her ability to participate in the life of the community, <p>Then the problem behavior must be addressed.</p>	<p>Problem Behavior is defined as behavior that, when exhibited,</p> <ul style="list-style-type: none"> • Poses a risk to him/herself, others, or the environment; • Interferes with his/her ability to function in his/her typical environments, • Interferes with his/her ability to acquire, gain or maintain skills, abilities and/or independence, and/or • Interferes with his/her ability to participate in the life of the community, <p>DDSN Directive 600-05-DD: Behavior Support, Psychotropic Medications and Prohibited Practices, must be followed.</p>
RH5.1	<p>Prior to the development to of a Behavior Support Plan, indirect assessment must be conducted by the Intensive Behavioral Intervention provider. Indirect assessment includes:</p> <ol style="list-style-type: none"> a) Record review, including but not limited to, a review of the Residential Plan, supervision plan, and if available any existing Behavior Support Plans. b) Interview using the Functional Assessment Interview Form (O’Neill, et al., 2014) or another empirically validated functional assessment instrument – such as the QABF (Questions About Behavioral Function, Matson & Vollmer, 1995) – with two or more people who spend the most time with the person (can include the person). Must include (or be supplemented by additional assessment documentation which includes) the following: <ol style="list-style-type: none"> 1. Description of problem behavior. 2. Listing of ecological and setting events that predict the occurrence 	<p>Written information indicating that each component of the assessment was conducted must be available.</p> <p>Summary Statements are defined as specific hypothesis statements for each distinct context or maintaining function of the behavior. Typically states the suspected or determined setting event, antecedent, behavior, consequence contingency.</p> <p>“Functional Assessment Interview” forms can be found on the DDSN Applications Portal >Business Tools >Forms > All Residential.</p>

	<p>and/or non-occurrence of the behavior.</p> <ol style="list-style-type: none"> 3. Listing of possible antecedents that predict the occurrence and/or non-occurrence of the behavior. 4. Listing of possible consequences (access, escape/avoid, automatic) that maintain the problem behavior. 5. Record of information on the efficiency of the problem behavior. 6. List of functional alternatives the person currently demonstrates. 7. Description of the person's communication skills. 8. Description of what to do and what to avoid in teaching. 9. Listing of what the person likes (potential reinforcers). 10. Listing of the history of the problem behavior(s), previous interventions, and effectiveness of those efforts. <p>c) Development of summary statements based on the Functional Assessment Interview (contains information on setting events, antecedents, problem behavior, and consequences).</p>	
RH5.2	<p>Direct Assessment must be conducted by the Intensive Behavioral Intervention provider to verify the indirect assessment information.</p> <p>This includes:</p> <p>Observational data collection forms and/or observational summaries that represent <u>two (2) or more sessions</u> using A-B-C recording in direct observation for a minimum of:</p> <ol style="list-style-type: none"> 1) <u>Three (3) or more total hours or</u> 	<p>A-B-C Recording or A-B-C Data is defined as a form of direct, continuous observation in which the observer records a descriptive, temporally-sequenced account of all behavior(s) of interest and the antecedent conditions and consequences for those behaviors as those events occur in the client's natural environment.</p> <p>A summary must be included in the functional assessment (document) that includes the relative frequency of specific antecedents and consequences for individual problem behaviors. This can be either a table or narrative format.</p>

	<p>2) <u>20 occurrences of the target behavior(s).</u></p> <p>If no problem behavior is observed, observational information must be summarized to describe contexts that support the non-occurrence of target behavior.</p> <p>If observational data do not verify the indirect assessment information, then the summary statements must be revised to correspond to the direct assessment data.</p>	<p>Frequency is defined as a ratio of count per observation time; often expressed as count per standard unit of time (e.g., per minute, per hour, per day) and calculated by dividing the number of responses recorded by the number of standard units of time in which observations were conducted; used interchangeably with rate.</p> <p>The functional assessment is a document that can be separate from the BSP (conclusions referenced in the BSP) or included in the BSP. In either case, the entire functional assessment document must be available for review.</p> <p>If during observations no target behaviors are observed, the IBI provider must either include summarized A-B-C data from staff observations or conduct additional observations that do include occurrences of the target behavior(s).</p>
RH5.3	<p>Behavior Support Plans must contain:</p> <p>a) Description of the person:</p> <ol style="list-style-type: none"> 1) Name, age, gender, residential setting, 2) Diagnoses (medical and psychiatric), 3) Intellectual and adaptive functioning, 4) Medications (medical and psychiatric), 5) Health concerns, 6) Mobility status, 7) Communication skills, 8) Daily living skills, 9) Typical activities and environments, 10) Supervision levels, 11) Preferred activities, items, and people, and 12) Non-preferred activities, items, and people. 	<ol style="list-style-type: none"> a) The BSP should include brief, specific descriptions of each item <u>and how they relate, or don't relate, to issues of behavior support.</u> b) Specified in BSP c) Problem Behavior is defined as behavior that, when exhibited: <ul style="list-style-type: none"> • Poses a risk to him/herself, others, or the environment; • Interferes with his/her ability to function in his/her typical environments; • Interferes with his/her ability to acquire, gain or maintain skills, abilities and/or independence; and/or • Interferes with his/her ability to participate in the life of the community. <p>Replacement behavior is defined as a socially-acceptable, functionally-equivalent behavior that could produce the same consequence as the problem behavior.</p> d) Summary statements per problem behavior based on A-B-C data must be included in the BSP. These statements provide the hypotheses

<p>b) Locations where BSP will be implemented and identification of program implementers.</p> <p>c) Description of Problem Behavior and Replacement Behavior are defined in terms that are observable, measurable, and on which two independent observers can agree.</p> <p>d) Summary of direct assessment results.</p> <p>e) Objectives for each problem behavior, including:</p> <ol style="list-style-type: none"> 1) Person's name, 2) Operational, measurable and observable way to describe behavior, 3) Conditions under which the behavior occurs or should occur, and 4) Criteria for completion (performance and time) <p>f) Competing Behavior Model for each class of problem behavior that includes function of problem behavior and replacement behavior based on direct assessment</p> <p>g) Objectives for each replacement behavior, including:</p> <ol style="list-style-type: none"> 1) Person's name, 2) Measurable and observable way to describe behavior, 3) Conditions under which the behavior occurs or should occur, and 4) Criteria for completion (performance and time). 	<p>about the context and/or maintaining function of the behavior. They include the likely antecedent, behavior, and consequence information. Reliability coefficients (while not required) would be appropriate here.</p> <p>e) "Operational, measurable and observable ways to describe behavior" examples include:</p> <ul style="list-style-type: none"> • Verbal Aggression > Cursing, threatening to harm others, calling others derogatory names, or all three behaviors. • Self-Injury > Biting own wrist and/or own hand. <p>f) "Competing Behavior Model" form, adapted from O'Neill, et al, 2014) can be found on the DDSN Applications Portal >Business Tools> Forms> All Residential.</p> <p>g) Example: Objectives for Replacement Behavior:</p> <ol style="list-style-type: none"> 1. Bobby will complete all tasks in his photographic activity schedule with 90% of tasks complete for 3 consecutive months by 6/1/17. 2. When presented with non-preferred tasks, Sue will say "no thank you" to escape or postpone the task, 100% of the trials by 6/1/17. 3. When the environment becomes too noisy or overstimulating, Mary will request a break by stating "I need a break please" for 75% of opportunities for 1 month by July 30, 2017. <p>h) Support Procedures</p> <ol style="list-style-type: none"> 1) Antecedents identified in the assessment must be addressed in the intervention (e.g., changing a difficult task). 2) Teaching strategies must be consistent with behavioral principles and teach desired/replacement behaviors (e.g., teaching a response to ask for help). 3) Reinforcement procedures to increase/maintain appropriate behavior must be included (can be in teaching procedures). Withholding reinforcement for problem behavior may also be specified.
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- h) Support Procedures
- 1) Setting Event/Antecedent Strategies
 - 2) Teaching Strategies
 - 3) Consequence Strategies
 - 4) Crisis Management Strategies
 - 5) Data Recording Method
 - 6) Data Collection Forms

- 4) Crisis management strategies must include strategies to ensure the safety of the person and others. This should include techniques from a competency-based curriculum to prevent and respond to dangerous behavior (e.g., MANDT, PCM, etc.) if such behaviors are exhibited by the person.
- 5) The data recording method must describe where, when, how and how often behavioral data are to be collected. Must also include: occurrence of problem behavior, occurrence of replacement behavior, and the data recording method (i.e., frequency, duration, response latency, or percent of trials).

Frequency is defined as a ratio of count per observation time; often expressed as count per standard unit of time (e.g., per minute, per hour, per day) and calculated by dividing the number of responses recorded by the number of standard units of time in which observations were conducted; used interchangeably with rate.

Duration is defined as a measure of the total extent of time during which a behavior occurs.

Response latency is defined as a measure of the elapsed time from the onset of a stimulus (e.g., task direction, cue) to the initiation of a response.

Percent of trials is defined as the percentage of correct responses out of the total number of opportunities, or the total number of observation intervals scored for occurrence of the problem behavior.
- 6) The data collection forms must include: person's name, date(s) of data collection, location of data collection, operational definition for the problem behavior and the replacement behavior, instructions for data collection, an organized format to collect numerical data, and signature or initials of Direct Support Professionals (DSP's) who collect data.

Direct Support Professional (DSP) are defined as paid day/residential program staff members, house managers, teachers, therapists, etc.

<p>RH5.4</p>	<p>Behavior Support Plan Implementation</p> <p>a) DSP(s) responsible for implementing a BSP must be fully trained to:</p> <ol style="list-style-type: none"> 1) Collect behavioral data, and 2) Implement the BSP procedures. <p>b) Procedures for training DSP(s) on implementation must include:</p> <ol style="list-style-type: none"> 1) Written and verbal instruction; 2) Modeling; 3) Rehearsal; and 4) Trainer feedback. <p>c) Documentation of DSP(s) training must accompany the plan and must include:</p> <ol style="list-style-type: none"> 1) Person’s name; 2) Date of initial training; 3) Date of additional DSP(s) training; 4) Names and signatures of DSP(s) trained; and 5) Name of trainer and/or authorized secondary trainer. <p>d) Fidelity procedures completed by the Intensive Behavioral Intervention provider must occur quarterly and must document <u>direct observation of DSP(s) implementing procedures according to the plan.</u> Documentation must include:</p> <ol style="list-style-type: none"> 1) Person’s name; 2) Name(s) of DSP(s) being observed; 3) Date, location and time (including duration) of observation; 	<p>The “Behavior Support Plan Training Documentation” form can be found on the DDSN Applications Portal >Business Tools >Forms > All Residential. The use of this form to document the training provided is optional.</p> <p>a) Procedures for training DSP(s) and/or caregivers must be documented in either the BSP, training materials, or training documentation.</p> <p>b) Documentation of DSP/caregiver training must be present to indicate that training occurred prior to the effective date/implementation date of any addendum/amendment to the BSP. Documentation must specify:</p> <ol style="list-style-type: none"> 1) Training on observation and behavioral data collection system and on treatment procedures, and 2) Retraining on collection of behavioral data and/or BSP implementation procedures. <p>c) If opportunities to observe:</p> <ol style="list-style-type: none"> 1) Antecedent, teaching, or consequence strategies for acceptable behavior; 2) Response strategies to problem behavior; or 3) Both are infrequent or not observed during a fidelity check, it would be sufficient to observe the DSP(s) practicing the BSP procedures by role-play with the IBI provider acting the part of the person. <p>If the BSP addresses more than one setting (e.g., Day Program, Home, etc.), then the fidelity checks should, on a rotating basis, be conducted in each setting addressed by the plan.</p> <p>“Fidelity Procedures Documentation” forms can be found on the DDSN Applications Portal >Business Tools >Forms > All Residential.</p>
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	<ul style="list-style-type: none"> 4) Description of procedures observed; 5) Directions and/or description of DSP performance; 6) Signature of observed caregiver(s); and 7) Signature of the observer. 	
RH5.5	<p>Progress monitoring by the Intensive Behavioral Intervention provider must occur at least monthly and rely on progress summary notes that include:</p> <ul style="list-style-type: none"> a) Graphs that are legible and contain: <ul style="list-style-type: none"> 1) Title related to behavior measured, 2) X- and Y-axis that are scaled and labeled 3) Labeled gridlines 4) Consecutive and connected data points, 5) Legend for data points (when more than one type is used), and 6) Phase lines and labels for changes (i.e., programmatic, environmental, medical, and/or medication changes) b) Visual analysis that includes description of the level, trend, and variability of each behavior along with discussion related to programmatic, environmental, medical, and/or medication changes c) Future (planned) implementation must be described and include any barriers that need to be addressed (e.g., inaccurate implementation, incomplete data collection, etc.), and any changes that need to be made to the procedures based on lack of progress or deteriorating performance, and 	<p>Monitoring is reflected in the monthly progress note.</p> <ul style="list-style-type: none"> a) Graph must be available and contain noted elements. <p>Phase lines are defined as vertical lines drawn upward from the horizontal axis on a graph to show points in time at which changes in the independent variable occurred (also referred to as condition change lines).</p> <p>Phase labels are defined as labels, in the form of single words or brief descriptive phrases, are printed along the top of the graph and parallel to the horizontal axis (also referred to as condition labels).</p> b) The progress note should describe these items related to the desired outcome in the objective. <p>Level is defined as the value on the vertical axis around which a series of behavioral measures converge.</p> <p>Trend is defined as the overall direction taken by a data path. It is described in terms of direction (increasing, decreasing, or zero trend), degree (gradual or steep), and the extent of variability of data points around the trend. Trend is used in predicting future measures of the behavior under unchanging conditions.</p> <p>Variability is defined as the frequency and extent to which multiple measures of behavior yield different outcomes.</p> c) The progress note should describe these items related to the desired outcome in the objective. d.) Desired behavior is defined as socially acceptable behavior targeted for increase.

	<p>d) If fidelity procedures reveal that the BSP is being properly implemented and data properly collected, yet no progress is observed for the problem behavior, replacement behavior, or desired behavior for three (3) consecutive months, then a meeting with the DSP(s), Intensive Behavioral Intervention provider, and others on the support team as appropriate must be conducted to revisit the Functional Assessment and its summary and to determine the benefits of revisiting, modifying or augmenting BSP procedures or of enhancing DSP training.</p>	<p>This would be documented by a dated, titled meeting sign in sheet identifying the person the reason(s) for lack of progress, and the revisions to BSP procedures that are to be implemented and DSP(s) to be trained for the revision, or justification for no revision.</p> <p>Signature sheets must be available.</p> <p>Note: If the fidelity procedures reveal that the BSP is not being properly implemented or data are not being properly collected, then re-training of the DSP(s) is sufficient, and no team meetings or plan modifications are required.</p>
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	Health	Guidance
RH6.0	<p>People receive coordinated and continuous health care services based on each person's specific health needs, condition, and desires.</p>	<p>Continuous health care includes acute and emergency care.</p> <p>Continuous means through-out entire life span.</p> <p>Coordinated means that people have a medical home/primary physician, (unless they choose otherwise) who is aware of their history, medical condition, other health care specialist involved, etc.</p> <p>People actively participate in their health care decisions according to their skills and abilities.</p> <p>People with specific health concerns, such as seizures, people who are prone to aspirate, etc., receive individualized care and follow-up.</p> <p>People are supported to develop/maintain a healthy lifestyle and to engage in wellness activities which may include, but not be limited to: nutrition/weight management and physical fitness activities through involvement in programs such as Steps To Your Health, YMCA membership, etc.</p> <p>Health conditions such as dysphagia and GERD are ruled out before behaviors such as rumination, intentional vomiting, etc., are addressed behaviorally.</p> <p>People receive a health examination by a licensed physician who determines the need for and frequency of medical care and there is documentation that the physician's recommendations are being followed.</p> <p>The health care received is comparable to any person of the same age, group and sex. (i.e., mammogram for females 40 and above, annual pap smears, prostate checks for males over 50, etc.)</p> <p>People receive a dental examination by a licensed dentist who determines the need for and frequency of dental care and there is documentation that the dentist's recommendations are being carried out.</p> <p>The provider notifies the behavior support provider in advance of the date, time and location of the periodic drug review (PDR).</p> <p>Staff who support the person have the tools/equipment needed and the skills/knowledge to do so appropriately.</p>

RH6.1	<p>The Residential Habilitation provider must have procedures that specify the actions to be taken to assure that <u>within 24 hours</u> following a visit to a physician, Certified Nurse Practitioner, or Physician's Assistant all ordered treatments will be provided.</p>	<p>The procedures must specify the exact steps to be taken and by whom, including but not limited to, specifying to whom orders are to be given upon return from the physician's visit; who is responsible for obtaining medications, supplies or equipment from the pharmacy or other supplier; who is responsible for scheduling follow-up visits, visits to specialists, or visits for further testing; who is responsible for training direct support staff and providing those staff with appropriate written instructions for complying with the orders, etc. A system is in place to assure that orders are followed and the specific staff have been assigned and are responsible for specific tasks.</p>
RH6.2	<p>The Residential Habilitation provider must have available at all times a health care professional that can assess a resident's health condition, determine appropriate intervention to be provided, and give specific instruction to staff who will provide the intervention.</p>	<p>The contact information for the health care professional must be posted or easily accessible in all residences. Staff must know how to contact the professional and be instructed and encouraged to do so as often as needed. Providers are encouraged to utilize resources effectively and efficiently while assuring that staff has access to a health care professional. This professional may be a nurse hired or contracted by the agency, or a nurse available through a physician's office, or a local "ask-a-nurse" line through a hospital or other health care organization, etc. The source used to provide access to staff is not restricted by this requirement.</p>
RH6.3	<p>Between 24-36 hours after being seen by a Physician, Physician's Assistant or Certified Nurse Practitioner for acute care, the person must be evaluated to determine the status of his/her condition.</p>	<p>The evaluation may be done by a staff member who is not a nurse and is not a health care professional. However, the designated staff member may not be a staff person who provides direct support to those who receive residential habilitation services.</p> <p>If the acute care visit is self-initiated or initiated by family members without the knowledge of the residential provider, this requirement would not apply. In these situations, within 24 hours of returning to the setting or learning about the visit, the provider must assure that medications, supplies or equipment needed to comply with the orders from the visit are available in the setting.</p> <p>"Acute" is defined as treatment sought for a brief and severe condition, as opposed to treatment for chronic long term conditions, routine check-ups, or follow-up visits for previously diagnosed illnesses. Acute visits are not planned in advance, but are in response to a sudden change in condition or an accident, such as a sinus infection, urinary tract infection, the flu, a broken arm, a laceration, etc.</p>

To evaluate, the staff member must:

1. See the person in his/her home.
2. Determine if the person's condition has improved, worsened or remained unchanged.
3. Review the orders/instructions given as a result of the Certified Nurse Practitioner, Physician's Assistant or Physician's visit or discharge from the hospital in order to determine if needed medications, supplies and equipment are available and in sufficient quantity to comply with the orders.
4. Determine if staff can competently perform the duties required to comply with the orders. If staff are not observed performing the duties, determine if staff has been given clear and accurate instructions or materials that are easily understood and aid in their ability to competently perform the duties.
5. Determine if staff can identify the worsening or lack of improvement of the person's condition or if staff have been given instructions regarding how to identify the worsening or lack of improvement of the person's condition.
6. Determine if staff know or have been given specific instructions regarding what to do:
 - If the condition worsens or doesn't improve as expected;
 - If they have questions about how to comply with the orders; and/or
 - If they need supplies, equipment, medication in order to comply with the orders.
7. Report immediately (before leaving the residence) to the Executive Director or designee situations in which:
 - Medications, supplies and/or equipment are not available;
 - Staff on duty do not appear to be competent to fulfill the orders nor have they been given

clear and accurate instructions or materials to aid in the competent completion of the duties; and/or

- The person's condition has worsened or has not adequately improved and no action has been taken to address.

Following the verbal report, staff must complete sign and date a report of the evaluation that provides a detailed description of the adverse findings(s) and actions(s) taken.

8. Provide the original report to the Executive Director/designee within 48 hours of the completion or the next business day, whichever is later.

Note: Any situation reported to the Executive Director/designee as outlined in #7 (above) will be considered an unusual and unfavorable occurrence that has harmful or otherwise negative effects to the person and therefore, must be reported to DDSN following the steps outlined in DDSN Directive 100-09-DD: Reporting of Critical Incidents.

	STAFF	GUIDANCE
RH7.0	Support providers must meet requirements for criminal background checks.	Reference DDSN Directive 406-04-DD: Criminal Records Checks and Reference Checks of Direct Caregivers, for additional requirements and guidance.
RH7.1	Staff must have a driver's license check prior to transporting people who receive services.	Provider should have a system in place for period re-checks on a random basis.
RH7.2	<p>The provider must designate a staff member who is responsible for developing and monitoring the person's residential plan and who meets the following qualifications:</p> <p>a) A bachelor's degree in human services from an accredited college or university;</p> <p>b) Is at least 21 years of age;</p> <p>c) Has at least one (1) year of experience (e.g., paid or voluntary) working directly with persons with an intellectual disability or a related disability.</p>	<p>"Human Services" = human behavior (e.g., psychology, sociology, speech communication, gerontology etc.), human skill development (e.g., education, counseling, human development), humans and their cultural behavior (e.g., anthropology), or any other study of services related to basic human care needs (e.g., rehabilitation counseling), or the human condition (e.g., literature, the arts). The provider can exercise wide latitude of judgment to determine what constitutes "human services." The key concern is the demonstrated competency to do the job.</p>
RH7.3	Support providers must be at least eighteen 18 years of age and have a high school diploma or its equivalent.	<p>Competency in the following areas may be considered the equivalent to a high school diploma. Employees must be able to:</p> <p>a. Read and comprehend written instructions which may include health care information;</p> <p>b. Write information sufficient to communicate facts clearly;</p> <p>c. Communicate verbal or written information effectively to others.</p> <p>Documentation demonstrating competency in items a. through c., must be maintained in the employee's file.</p>
RH7.4	Support providers must pass an initial physical exam prior to working in the home.	Pass means no documentation in the physical exam report of conditions present that would jeopardize health and safety of people receiving services or staff's ability to perform required duties.

RH7.5	Support providers must pass initial tuberculosis screening prior to working in the home and annually thereafter.	Pass = no evidence of communicable disease (see DDSN Directive 603-06-DD: Guidelines for Screening for Tuberculosis, for possible exceptions to annual screening).
RH7.6	<p>Community Training Homes-I <u>adult household members</u> must meet the following requirements:</p> <ol style="list-style-type: none"> Appropriate background checks. Initial health exam conducted by a licensed physician, physician’s assistant or licensed nurse practitioner. Tuberculosis screening initially and annually thereafter. 	<p>Household member means an individual 18 years of age or older who resides in the Community Training Home-I Residence.</p> <p>See DDSN Directive 406-04-DD: Criminal Records Checks and Reference Checks of Direct Caregivers, for additional requirements and guidance.</p> <p>See DDSN Directive 603-06-DD: Guidelines for Screening for Tuberculosis, for additional requirements and guidance.</p>
RH7.7	<p>When, as part of the Residential Habilitation provided to the person, Intensive Behavioral Intervention is used to address problem behavior, Intensive Behavior Intervention will be provided by someone who:</p> <ul style="list-style-type: none"> Is a Board Certified Behavior Analyst-Doctoral™ (BCBA-D™); Is a Board Certified Behavior Analyst® (BCBA®); Possesses at least a Master’s degree in behavior analysis, psychology, special education or a closely related field and has a minimum of two (2) years of experience in the use of the principles of applied behavior analysis in the habilitation of people with intellectual disabilities/related disabilities including experience in the development of Behavior Support Plans. Medicaid enrolled providers of Behavior Support Services who are in pursuit of BCBA/BCaBA certification who annually submit documentation of continuous, active pursuit of certification to DDSN may provide IBI until June 30, 2018. 	<p>While not required, prior to engaging an Intensive Behavioral Intervention (IBI) provider, information about the IBI provider’s current certification, educational and/or vocational history and sample of his/her work may be submitted to DDSN for review. The review will be conducted using the requirements for IBI within these Residential Habilitation Standards. This review will be completed as a courtesy and results provided; DDSN will not approve or recommend the engagement of the IBI provider.</p> <p>When employing a Board Certified Assistant Behavior Analyst (BCaBA), it is important to note that according to the Behavior Analyst Certification Board® (BACB), every BCaBA must practice under the supervision of a qualified supervisor.” Supervisor qualifications can be found in the BACB “Standards for Supervision of BcaBA” and state:</p> <p>“BCaBA supervisors must hold a qualifying credential, have completed specific training, and have completed steps with the BACB to acknowledge the supervisory relationship prior to providing any supervision. The specific requirements are described below:</p> <ul style="list-style-type: none"> Credential: The supervisor must hold a current Board Certified Behavior Analyst® (BCBA®) or Board Certified Behavior Analyst–Doctoral™ (BCBA-D™) credential, or be a licensed or registered psychologist certified by the American Board of Professional Psychology in Behavioral and Cognitive Psychology and who was tested in Applied Behavior Analysis. Training: The supervisor must complete an 8-hour training based on the BACB’s Supervisor Training Curriculum

Outline before providing any supervision. Supervisors who are certified at the BCBA or BCBA-D levels must also complete ongoing supervision continuing education as part of their recertification requirements.

- **BACB Reporting:** The supervisor must acknowledge the supervisory relationship through entry of supervisee information in the supervisor's BACB Gateway account. Supervisors will be publicly identified in the BCaBA's record on the BACB Certificant Registry. The supervisor is responsible and can be held accountable under the BACB Professional and Ethical Compliance Code for Behavior Analysts (Compliance Code) for the services provided by the BCaBA.

Note: The supervisor may not be related to, subordinate to, or employed by the BCaBA. Employment does not include compensation received by the supervisor from the BCaBA for supervision services. While not required, it is preferable that the supervisor be someone who works most closely with the BCaBA in implementing behavior analytic services."

The Residential Habilitation provider must maintain evidence of the completion of the required continuing education for those possessing a Master's degree and experience.

	DOCUMENTATION	GUIDANCE
RH8.0	<p>Documentation/data must be:</p> <p>A. True and accurate.</p> <p>B. Complete.</p> <p>C. Legible.</p> <p>D. Logically sequenced.</p>	<ul style="list-style-type: none"> • DDSN Directive 167-06-DD: Confidentiality of Personal Information. • DDSN Directive 368-01-DD: Individual Service Delivery Records Management. • The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191. • Late entries (i.e., notes entered into the record more than 24 hours after the activity which is described) must be identified as such.
RH8.1	<p>Documentation/data must be entered into Therap and be sufficient to support the implementation of the plan and the provision of Residential Habilitation for each unit of service reported.</p>	<p>For Residential Habilitation, one (1) unit of service equals one (1) day when services are provided in models other than Supported Living I. In the Supported Living I model, one (1) unit equals one (1) hour. Documentation/data must be available to support that Residential Habilitation was provided each time the individual is reported to have received the service.</p> <p>Documentation of the provision of Residential Habilitation must be available to support the provision of the service. Documentation of service provision includes:</p> <ul style="list-style-type: none"> • Completed residential assessments; • Completed residential plans; • Completed Residential Log which indicates “present.” • Data showing the implementation of <u>skills training</u> included in the participant’s Residential Plan; • Data showing the implementation of the participant’s Behavior Support Plan; • Data showing the implementation of <u>supervision</u> in accordance with the Supervision Plan; • Data showing the provision for <u>care</u> including: <ul style="list-style-type: none"> ○ Medication administration records when the person is incapable of administering his/her own medications and/or medical treatments;

		<ul style="list-style-type: none">○ Documentation of assistance with activities of daily living when the person is incapable of completing without assistance;○ Documentation of assistance with instrumental activities of daily living when the participant is incapable of completing those activities without assistance;○ Documentation of transportation to and assistance with the receipt of health care services based on each participant's specific health needs, condition, and desires.
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	REPORTING	GUIDANCE
RH9.0	Reporting requirements must be performed correctly.	<p>DDSN Directive 100-09-DD: Reporting of Critical Incidents.</p> <p>DDSN Directive 505-02-DD: Death or Impending Death of Persons Receiving Services-</p> <p>DDSN Directive 534-02-DD: Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contracted Provider Agency</p>

Appendix

Additional Guidance

Residential Habilitation must be provided in accordance with all applicable DDSN contracts, policies, procedures, and standards and applicable federal, state and local laws, including but not limited to:

Resident's Rights and Protections

- 100-17-DD: Family Involvement
- 167-06-DD: Confidentiality of Personal Information
- 535-02-DD: Human Rights Committee
- 535-07-DD: Obtaining Consent for Minors and Adults
- 535-08-DD: Concerns of People Receiving Services: Reporting and Resolution
- 535-10-DD: National Voter Registration Act (Motor Voter)
- 535-11-DD: Appeal and Reconsideration Policy and Procedures

The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html>.

S.C. Codes of Law § 44-26-10 to § 44-26-220 Rights of Clients with Intellectual Disability

<http://www.scstatehouse.gov/code/t44c026.php>.

Compliance with Title VI of the Civil Rights Act of 1964, American's 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 (cross reference DDSN Directive 700-02-DD).

Personal Funds and Property

- 200-12-DD: Management of Funds for Individuals Participating in Community Residential Programs
- 604-01-DD: Individual Clothing and Personal Property

Health

- 100-12-DD: Aids Policy
- 100-29-DD: Medication Error/Event Reporting
- 533-02-DD: Sexual Assault Prevention, and Incident Procedure Follow-Up
- 603-01-DD: Tardive Dyskinesia Monitoring
- 603-06-DD: Guidelines for Screening for Tuberculosis
- 603-13-DD: Medication Technician Certification
- 604-04-DD: Standard First Aid with Cardiopulmonary Resuscitation (CPR) – Adult, Child, Infant

Health Care Guidelines

Behavior

- 101-02-DD: Preventing and Responding to Suicidal Behavior
- 600-05-DD: Behavior Support, Psychotropic Medications and Prohibited Practices

Reporting

- 100-09-DD: Critical Incident Reporting
- 368-01-DD: Individual Service Delivery Records Management
- 505-02-DD: Death or Impending Death of Persons Receiving Services from DDSN
- 534-02-DD: Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contracted Provider Agency

Finance Manual, Sections 10.1 and 10.7

Certification and Licensure

- 104-01-DD: Certification and Licensure of DDSN Residential and Day Facilities
- 167-01-DD: Appeal Procedure for Facilities Licensed or Certified by DDSN

Staff

- 406-04-DD: Criminal Records Checks and Reference Checks of Direct Caregivers
- 567-01-DD: Employee Orientation, Pre-Service and Annual Training Requirements
- 567-04-DD: Preventing and Responding to Disruptive Behavior and Crisis Situations

General

- 100-25-DD: Disaster Preparedness Plan for DDSN and Other DDSN Providers of Services to Persons with Disabilities and Special Needs
- 100-26-DD: Risk Management Program
- 502-01-DD: Admissions/Discharge of Individuals to/from DDSN Funded Community Residential Setting

Residential Licensing Standards

For

CTH-I, CTH-II, SLP-II

Revised June 18, 2020

Definitions

Community Training Home-I Model (Foster Care)

In the Community Training Home-I Model, personalized care, supervision and individualized training are provided, in accordance with a service plan, to a maximum of two (2) people living in a support provider's home where they essentially become one of the family. Support providers are qualified and trained private citizens. CTH-I homes meet Office of State Fire Marshal Foster Home Regulations.

Community Training Home-II Model

The Community Training Home-II Model offers the opportunity to live in a homelike environment in the community under the supervision of qualified and trained staff. Supervision, skills training and supportive care are provided according to individualized needs as reflected in the service plan. No more than four (4) people live in each residence.

Supervised Living-II Model

This model is for people who need intermittent supervision and supports. They can handle most daily activities independently, but may need periodic advice, support and supervision. It is typically offered in an apartment setting that has staff available on-site or in a location from which they may get to the site within 15 minutes of being called, 24 hours daily.

Supported Living Model-I

This model is similar to the Supervised Living Model-II; however, people generally require only occasional support. It is offered in a house or apartment setting and staff are available 24 hours a day by phone.

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

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

	Safety	Guidance
1.0	<p>All sites shall receive a fire safety inspection by the State Fire Marshal's Office:</p> <p>a) Prior to being inspected by DDSN Licensing Contractor, annually, and following major structural changes to the home.</p> <p>b) Any deficiencies received during the fire inspection shall be reviewed by DDSN prior to the home being licensed.</p>	<p>See fire code requirements at http://www.scfiremarshal.llronline.com/INSPECT/index.asp?file=main.htm.</p> <p>Note: In addition to smoke alarms, the site must also have a carbon monoxide detector when any of the following conditions exist:</p> <ul style="list-style-type: none"> • Fuel burning appliances are used. • There is a functional fireplace in the home. • The home has an attached garage with a common wall. <p>Should you have questions about placement of carbon monoxide detectors, contact your local Fire Marshal.</p> <p>State Fire Marshal Inspection report is maintained by the provider.</p> <p>Sites that have fire sprinkler systems must be inspected in accordance with NFPA 25 standards. To maintain certification, monthly, quarterly, semi-annual, annual and five (5) year inspections must be completed. All the inspections can be handled by residential staff or maintenance staff EXCEPT for the annual and five (5) year inspection which must be performed by a certified sprinkler contractor. Documentation of all inspections must be maintained by the provider. Refer to the attachments in DDSN Directive 300-03-DD for sample forms which may be used.</p>
1.1	<p>All sites shall be inspected by DDSN Licensing Contractor:</p> <p>a) Prior to the initial admission of a person.</p> <p>b) Annually, as required per directive.</p> <p>After structural changes are made to the home.</p>	<p>The license is not transferable from either the address or family specified on the license.</p> <p>Initial inspections must be requested a minimum of two weeks in advance.</p> <p>For licensing purposes, "children" is defined as under the age of 21 years.</p>

<p>1.2</p>	<p>All sites shall pass an electrical inspection conducted by a licensed electrician:</p> <ul style="list-style-type: none"> a) Prior to the home being inspected by DDSN Licensing Contractor; and b) After major structural changes are made. 	<p>“Pass” requires that the home’s electrical system is in good working order and does not jeopardize the health and safety of people living there.</p> <p>Documents must be available to verify the date and results of the inspection, as well as the inspector’s license number. Forms submitted as evidence of an electrical inspection must include a review of all components of the home’s electrical system and the signature and licensing number of the person completing the inspection. See DDSN Directive 300-03-DD for a sample form.</p> <p>Sites that have emergency generators must perform complete and thorough inspections of them. Routine service by a qualified contractor is encouraged to ensure that generators are maintained in good operating condition. Service contracts generally include semi-annual and/or annual inspections. Providers must perform monthly checks of the generators. Documentation of all checks must be maintained by the provider. See DDSN Directive 300-03-DD for sample forms which may be used to conduct monthly inspections.</p> <p>Note: Electrical system must be maintained in good working order at all times. Any conditions at the time of the inspection that jeopardize the health and safety of the people living at the site will be cited as a deficiency.</p>
<p>1.3</p>	<p>All sites shall pass a heating, ventilation and air-conditioning inspection conducted by a licensed inspector:</p> <ul style="list-style-type: none"> a) Prior to the home being inspected by DDSN Licensing Contractor to operate; and b) After major structural changes are made to the home. 	<p>“Pass” requires that the HVAC is in good working order and heating equipment must be capable of maintaining a room temperature of not less than 68°F throughout the home. Cooling equipment must be capable of maintaining a room temperature of not more than 75°F through the home.</p> <p>Documents must be made available to verify the date and results of the inspection. Forms submitted as evidence of an HVAC inspection must include a review of all components of the home’s HVAC system and the signature and licensing number of the person completing the inspection.</p> <p>See DDSN Directive 300-03-DD for form which may be used for HVAC inspections.</p>

1.4	<p>When not on a public water line, all sites shall pass a water quality inspection conducted by DHEC prior to the home being inspected by DHEC to operate; as indicated:</p> <ul style="list-style-type: none"> a) A bacteria and metal/mineral analysis must be performed prior to being licensed; b) As needed, when changes in taste, color or odor are present; and c) A bacteria analysis must be performed annually. 	<p>Providers must request an inspection from their county DHEC Office.</p> <p>The DHEC inspection report is maintained by the Provider.</p> <p>Mixing valves must be inspected routinely with documentation maintained by the provider. See DDSN Directive 300-03-DD for a mixing valve inspection checklist.</p>
1.5	<p>Sites serving children shall pass a health and sanitation inspection conducted by DHEC:</p> <ul style="list-style-type: none"> a) Prior to the home being licensed. b) CTH-I – as needed thereafter; CTH-II – annually. 	<p>Pass = no citation that will jeopardize the health and safety of residents and care providers.</p> <p>For licensing purposes “children” is defined as under the age of 21 years.</p> <p>Documents must be available to verify the date and results of the inspection.</p>
1.6	<p>Prior to being licensed, all homes which serve children under six (6) years of age, shall pass a lead-paint risk assessment conducted by DHEC.</p>	<p>Pass=no citation that will jeopardize the health and safety of consumers and care providers.</p> <p>Documents must be available to verify the date as well as results of the assessment.</p>
1.7	<p>Firearms are prohibited on all sites.</p>	<p>The presence of firearms with no documented waiver approval will be cited as a deficiency.</p>
1.8	<p>Pets on site shall be current with vaccinations.</p>	<p>Based on the discretion of the provider or landlord, pets may be allowed if: vaccinations are current; proper care is provided and no signs of potential risks are assessed.</p> <p>Documentation of current vaccinations must be available for review.</p>

	Home Environment	Guidance
2.0	<p>All sites shall have a standard first-aid kit that is:</p> <ol style="list-style-type: none"> Readily accessible. Well stocked for the number of people who are intended to use it. 	<p>Contents recommended by the American Red Cross for a standard kit: ¾" x 3" standard adhesive bandages; mini bandages; 2" x 2" sterilized gauze pads; 1" x 5 yards self-adherent wrap; triple antibiotic ointment; providone-iodine antiseptic/germicide swabs; alcohol prep pads.</p> <p>The kit should contain NO expired items.</p> <p>If an individual has been assessed as capable of using a first aid kit independently, the kit must be accessible to him/her. In SLP-II sites, residents who are assessed as independent in using a first aid kit must have one in their apartment.</p> <p>Readily accessible means quickly accessible to all staff of the home and any resident assessed as capable of using it safely.</p>
2.1	<p>The site/home shall afford each person sufficient space for privacy, including, but not limited to:</p> <ul style="list-style-type: none"> bathing/toileting facilities behind a lockable door; lockable doors on bedroom/sleeping quarters; and lockable storage. 	<p>For supervised living sites, this requirement is applicable when the home/unit is occupied by more than one (1) resident.</p> <p>Refer to:</p> <p>42 CFR§441.301(c)(4)(iii) 42 CFR§441.301(c)(4)(vi)(B)</p>
2.2	<p>CTH shall have a flashlight on site for each level of the home.</p>	<p>Flashlight must be readily accessible and operable.</p> <p>Level = floor</p>
2.3	<p>CTH bedrooms shall have:</p> <ol style="list-style-type: none"> At least 100 square feet for a single occupancy, or 160 square feet for a double occupancy; A clean, comfortable bed, (including appropriately sized bed frame and mattress) pillow, and linen appropriate to the climate; Operable lighting; 	<p>The person's bedroom must not be a detached building, unfinished attic or basement, hall, or room commonly used for other than bedroom purposes.</p> <p>Maximum of two (2) people per bedroom, with at least three (3) feet between beds.</p> <p>Children must sleep within calling distance of an adult.</p> <p>Assessment data regarding the use of lockable storage must be available on-site for licensing review.</p>

	<p>d) Operable window; and</p> <p>e) Sufficient lockable and non-lockable storage space.</p>	
2.4	CTH-I Homes shall have one (1) lavatory, toilet and shower/bathtub for every six (6) household members.	
2.5	Support Provider to resident ratio in the CTH-I shall be no more than two (2) beds to each provider.	
2.6	<p>Hot water temperature in CTH sites:</p> <p>a) Shall be no less than 100°F.</p> <p>b) Shall never be more than 120°F in a home where an individual lives who is incapable of regulating water temperature.</p> <p>c) Shall never be more than 130°F.</p>	<p>Water regulating skills of all persons living in the home who receive services must be assessed and appropriate training implemented. Assessment data regarding the regulation of water temperature must be available on-site for licensing review.</p> <p>Providers should routinely check the water temperature and keep documentation of checks and necessary actions on site.</p> <p>Water temperature shall never be more than 130°F, no matter the skills of the residents living in the home.</p>
2.7	<p>CTH sites shall:</p> <p>a) Be free from obvious hazards.</p> <p>b) Be clean.</p> <p>c) Be free of litter/rubbish.</p> <p>d) Be free of offensive odors.</p> <p>e) Have equipment in good working order.</p>	<p>Litter/rubbish contained in covered cans or tied in garbage bags.</p> <p>Linens should be clean/sanitary.</p> <p>No evidence of pests/vermin, mold or mildew.</p> <p>Offensive odors – smell of urine, rotting food</p> <p>Household cleaning agents are kept in secure locations and away from food and medications.</p> <p>When an individual living in the home has been assessed as independent in the use of household cleaning agents, accommodations must be made to allow them to access the cleaning agents when they wish to use them. Assessment data regarding the use of cleaning agents must be available on-site for licensing review.</p> <p>Equipment may include, but not be limited to: appliances, furniture (including lawn furniture, flooring, walls, plumbing fixtures, fire alarms, fire extinguishers).</p>

		<p>Furniture must be in usable condition that does not prevent reasonable use of access based on the person's gross motor and fine motor skills.</p> <p>Based on the discretion of the provider or landlord, pets may be allowed if: vaccinations are current; proper care is provided; no signs of potential risks are assessed.</p> <p>Documentation must be present on-site.</p>
2.8	Supervised Living settings shall afford residents basic comfort.	<p>Working sink with hot (between 100°F – 130°F) and cold running water.</p> <p>Note: If there is a resident in the supervised living site who has been assessed as unable to regulate water temperature or cannot do so due to physical disability, the maximum water temperature should be 120°F.</p> <ul style="list-style-type: none"> • Operable heat. • Operable electricity. • Working tub/shower with hot (between 100°F – 130°F) and cold running water. • At least one (1) appropriately sized bed frame with mattress, pillow, sheets and blanket for every resident (unless a married couple choose to share a bed). Linens should appear clean/sanitary. • A working toilet.
2.9	Supervised living settings shall afford residents basic safety.	<p>Setting must:</p> <ul style="list-style-type: none"> • Have lockable exterior doors and windows. • Be free from obvious hazards. • Be sanitary. <p>Also see Standard # 1.0 regarding carbon monoxide detectors.</p>
2.10	Minimum Support Provider to resident ratio in an SLP-II is 1:20.	

2.11	Sufficient staff shall be available 24 hours daily to respond to the needs of the residents and implement their programs.	Available means that staff must be on site or in real-time contact by electronic means or be able to reach the site within 15 minutes.
2.12	For settings initially licensed on or after July 1, 2020, the setting must be free from qualities that may be presumed institutional.	<p>Settings that may have qualities presumed to be institutional include:</p> <ul style="list-style-type: none"> • Settings in a publically or privately-owned facility that provides inpatient treatment; and • Settings on the grounds of or adjacent to a public institution. <p>Refer to: 42 CFR§441.301(c)(5)(i-iv)</p>
2.13	For settings initially licensed on or after July 1, 2020, the setting must be free from characteristics that have the effect of discouraging integration of residents from the broader community.	<p>Settings that may have characteristics that have the effect of discouraging integration of residents from the broader community include, but may not be limited to:</p> <ul style="list-style-type: none"> • Settings completely enclosed by walls or fences with locked gates; • Settings in a multi-unit housing complex whose owners or lessees are limited to only those with ID/RD, HASCI or Autism Spectrum Disorder; and • An additional setting added to an existing cluster (i.e., 2 or more) of DDSN-licensed residential or day settings. <p>Refer to: 42 CFR§441.301(c)(5)(v)</p>
2.14	The setting is free from postings of employee information (such as labor standards and minimum wage posters) in common areas.	Postings of employee information should be limited to areas of the home typically used by staff.
2.15	The setting is physically accessible.	<p>Refer to: DDSN Directive 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 1975 and Establishment of a Complaint Process. 42 CFR§441.301(c)(4)(vi)(E).</p>

	Health Services	Guidance
3.0	Medications, including controlled substances and medical supplies, shall be managed in accordance with local, state and federal laws and regulations.	Stored in a secure and sanitary area with proper temperature, light, humidity and security.
3.1	Medications in an SLP-II shall be stored in the resident's apartment unless there are documented reasons as to why this would present a health and safety issue.	<p>The person's ability to self-administer medications is a separate issue from their ability to safely store medications in their apartment. Refer to DDSN Directive 603-13-DD: Medication Technician Certification for requirements for individuals to self-administer medications.</p> <p>An assessment should be completed for each person. The assessment should document any reasons why the person is not able to safely store their medications in their apartment. As a best practice, the provider should consider whether there are assistive devices available that would permit the person to safely store medications. There are many devices that are fully secure and available to people who may not be able to discriminate which pill to take, but they know not to take it until it is time or until the device dispenses it for them. Many products currently marketed to the elderly population would be beneficial to consumers in SLP-II who may not be fully independent in taking their medications.</p> <p>The ability to safely store medications is a separate issue from the person's preference not to have them stored in their apartment. An assessment should still be completed in an effort to identify potential training objectives that would assist the person and increase their interest/comfort. Assessment data for the safe storage of medications must be available on-site with the other residential habilitation records and subject to Licensing Review. The goal of all DDSN residential programs is to help the consumer(s) achieve their maximum level of independence. Just as many consumers begin with basic steps for cooking or money management, they may begin steps towards identifying and maintaining their medications, if not self-administration.</p> <p>If, after discussing options for safety and securely storing the medications in the person's apartment, they continue to state that they do not wish to store them, then a called team meeting must document the</p>

		assessment results, the discussion with the consumer, including the possibility of assistive devices, and the timeframe for re-evaluation (not to exceed one (1) year). The called team documentation must include the consumer's signature, but Human Rights Committee approval is not required (DDSN Directive 535-02-DD). This scenario should be the exception, rather than the rule, for providers.
3.2	<p>Orders for new medications and/or treatments shall be administered by:</p> <p>a) Licensed nurse.</p> <p>b) Unlicensed staff as allowed by law, or</p> <p>c) The person for whom the medication is prescribed when he/she is assessed as independent.</p>	<p>Unlicensed staff as allowed by law: As a result of a provision contained in the 2016-2017 Budget Bill, H. 5001-Part 1B, 36.7, the General Assembly of the State of South Carolina granted DDSN the statutory authority for selected unlicensed persons to administer medications to DDSN consumers in community settings. 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 sliding scale insulin or other injectable medications."</p> <p>Refer to DDSN Directive 603-13-DD: Medication Technician Certification for further descriptions of requirements for unlicensed staff to administer medications or individuals to self-administer medications.</p>
3.3	At all sites, orders for new medications and/or treatments shall be filled and given within 24 hours unless otherwise specified.	If orders are given as the result of a self-initiated or family initiated physician, PAA or CPN visit, orders must be changed within 24 hours of learning about the visit.
3.4	Medications shall be safely and accurately given.	<p>Medication has not expired.</p> <p>There are no contraindications, i.e., no allergy for the drug.</p> <p>Administered at the proper time, prescribed dosage, and correct route.</p> <p>If a provider has documented all medication errors, and no errors resulted in the need for additional medical treatment as a result of the error, the appropriate remediation for the error was documented, AND the monthly medication error rate for that location does not exceed .035 for the prior three (3) months, then the provider should not be cited for this indicator. If the monthly error rate is</p>

		<p>more than .035 for the prior three months (3), even with the documentation of remediation, then the provider will be cited.</p> <p>Error rates are to be calculated based on the known medication errors on the date the rate is calculated. If an error is cited in Licensing Standard 3.5, the same error should not be cited for a second time on Licensing Standard 3.4.</p> <p>Medication Records, Medication Error Reports, and the monthly error rate calculations for the location must be available at the inspection site for the three (3) months prior to the review date. If the error rate has not yet been calculated for the month immediately preceding the review, the reviewer may go back four (4) months.</p> <p>Providers may use .035 or 3.5% as the threshold, but must calculate the monthly error rate using the formula defined in DDSN Directive 100-29-DD. As clarification, Red Flag events are not included in this calculation. Error rates for the current month must be documented and available by the last day of the following month.</p>
3.5	<p>For persons not independent in taking their own medication/treatments, a log shall be maintained to denote:</p> <ul style="list-style-type: none"> a) The name of medication or type of treatment given. b) The current physician's order (and purpose) for the medication and/or treatment. c) The name of the person giving the medication. d) Time given. e) Dosage given. 	<p>Medication includes over-the-counter medications.</p> <p>The provider will not be cited if there are no more than three (3) medication passes per person, per month, with blanks on the medication record in any of the prior three (3) months and the provider has met the following criteria:</p> <ul style="list-style-type: none"> a) The reasons for the blanks were documented on the back of the log. b) The documentation error did not result in the need for any additional medical intervention. <p>The Medication Record should be coded if the medication is not given at regular intervals or if there is any variation in scheduling. This should not create opportunities for blanks.</p> <p>As clarification, the medication pass may include multiple prescriptions and over-the-counter (OTC) medications/treatments that are given at the same time.</p> <p>Medication records (MAR and Error documentation) must be available at the licensed location for the 3 months prior to a Licensing Review date.</p>

3.6	<p>Provider shall have a policy regarding disposition of medication when:</p> <ul style="list-style-type: none"> a) Medication is outdated. b) Person moves. c) Person is deceased. d) Medication is discontinued. 	<p>The policy must be available on-site during the Licensing Review.</p>
3.7	<p>Medication logs shall be reviewed monthly, at a minimum to ensure medication errors/events are documented appropriately.</p>	<p>Reviewer will examine data:</p> <p>To ensure medication errors/events are documented appropriately.</p> <p>Actions are taken to alleviate future errors. The review should include evidence of the review for the three (3) months prior to the Licensing Inspection.</p> <p>The review for the current month must be documented and available by the last day of the following month. If the review for the prior month has not been documented, the Licensing review may include the prior four months. Documentation of the provider's review must be available on-site during the Licensing Review.</p> <p>Review must be completed by a person who does not normally give medication in the site being reviewed.</p>
3.8	<p>People shall be encouraged to eat a nourishing, well balanced diet which:</p> <ul style="list-style-type: none"> a) Includes personal food preference. b) Allows desirable substitutions. c) Meets dietary requirements of individuals. 	<p>Diet must be based on accepted, recognized dietary guidelines such as the Food Pyramid and/or physician recommendation, DDSN Diet Manual, Food Plate, etc.</p> <p>People must be involved in meal planning, grocery shopping, and preparation to the extent of their abilities. Documentation of the person's participation must be available on-site during the Licensing Review.</p>

Covid-19 Update to DDSN Commission, 6/18/2020

1



Presentation By:
Deputy Director Pat Maley

Covid-19 Update to DDSN Commission, 6/18/2020

2

Cases overview

South Carolina

Confirmed
18,795
+583

Recovered
8,682

Deaths
600
+2

United States

Confirmed
2.17M
+18,307

Recovered
676K

Deaths
118K
+384

Worldwide

Confirmed
7.82M
+133K

Recovered
-

Deaths
432K
+3,911

Covid-19 Update to DDSN Commission, 6/18/2020

3

COVID-19 Tracking			
Positive Test Results:	System Wide:	Community Residential:	Regional Center:
Residents	57	33	24
Staff	139	89	50
Total	196	122	74
* 6 deaths (Community-2 staff/2 residents; Centers-2 residents)			

- 62 of the 74 Regional Center positive cases (84%) were at Pee Dee, while the other four Regional Centers' had a combined 12 positive cases with Coastal having zero cases.
- 73 of the 122 Community positive cases (60%) were in three counties; the residual 46 positive cases were spread over 19 counties; and 24 counties had zero cases.

Covid-19 Update to DDSN Commission, 6/18/2020

4

Community Residential COVID-19 Tracking



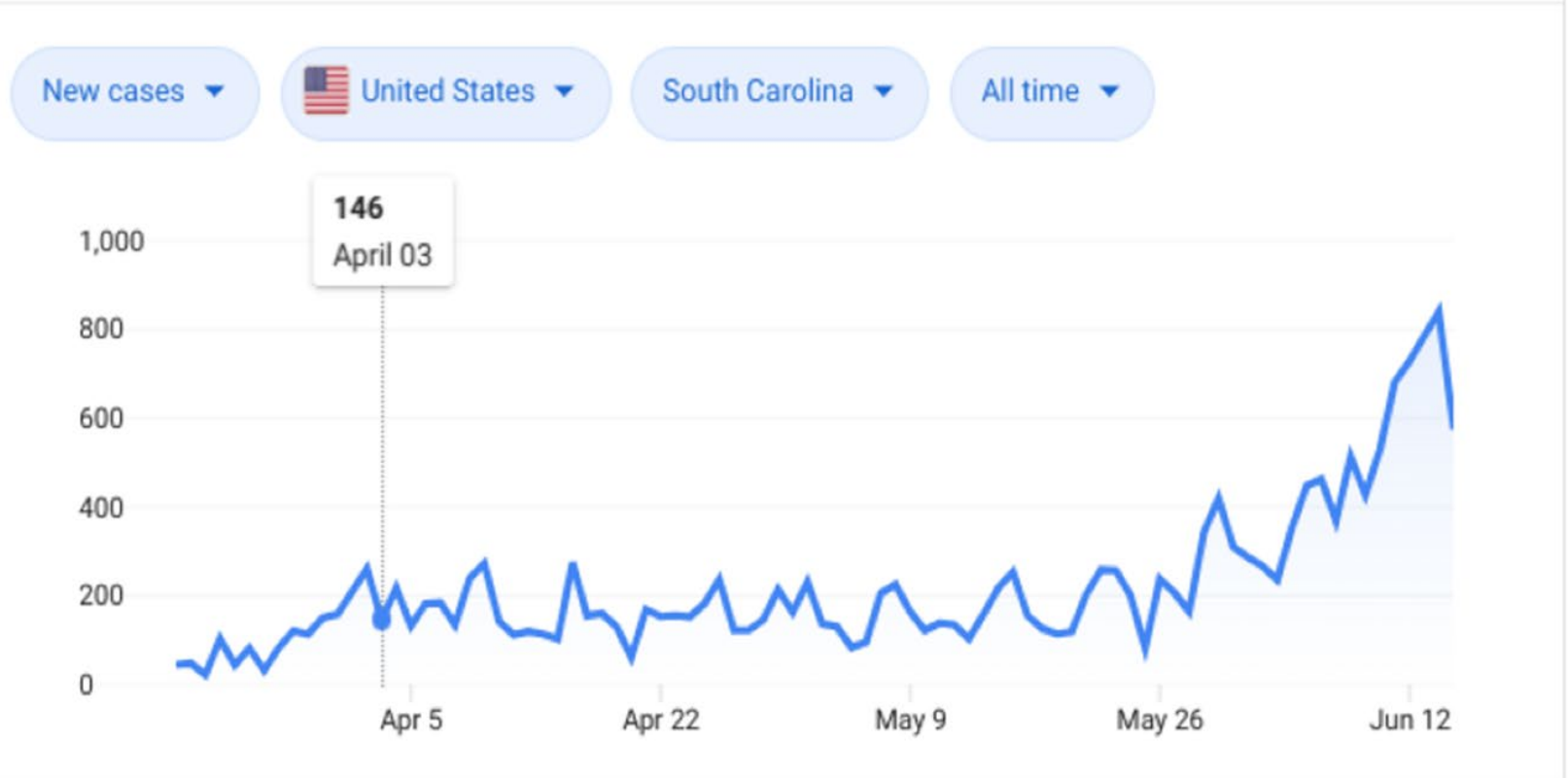
- Both the Community & Regional Centers' positive COVID-19 cases were skewed in early to mid-April, but the trend has been downward since. Very positive given the State's positive COVID-19 cases have steadily increased since mid-May.

Residents

Staff

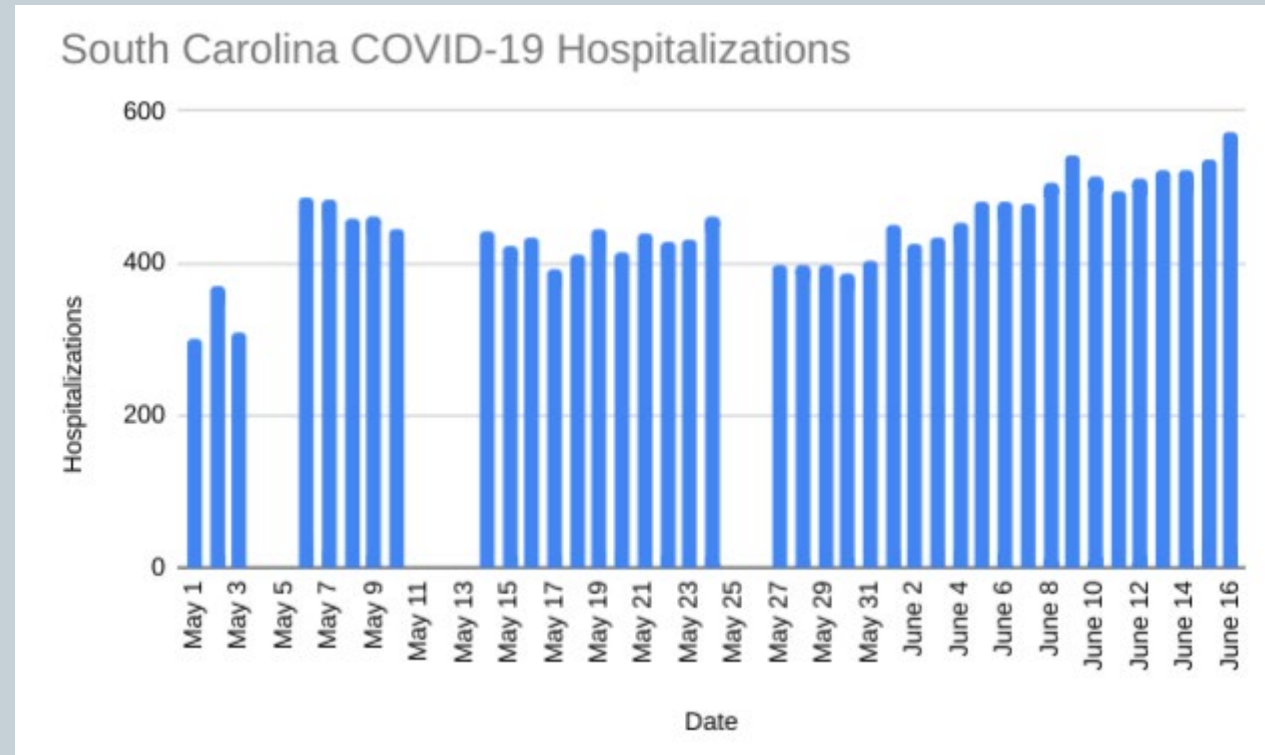
Cumulative Resident Totals

Daily change



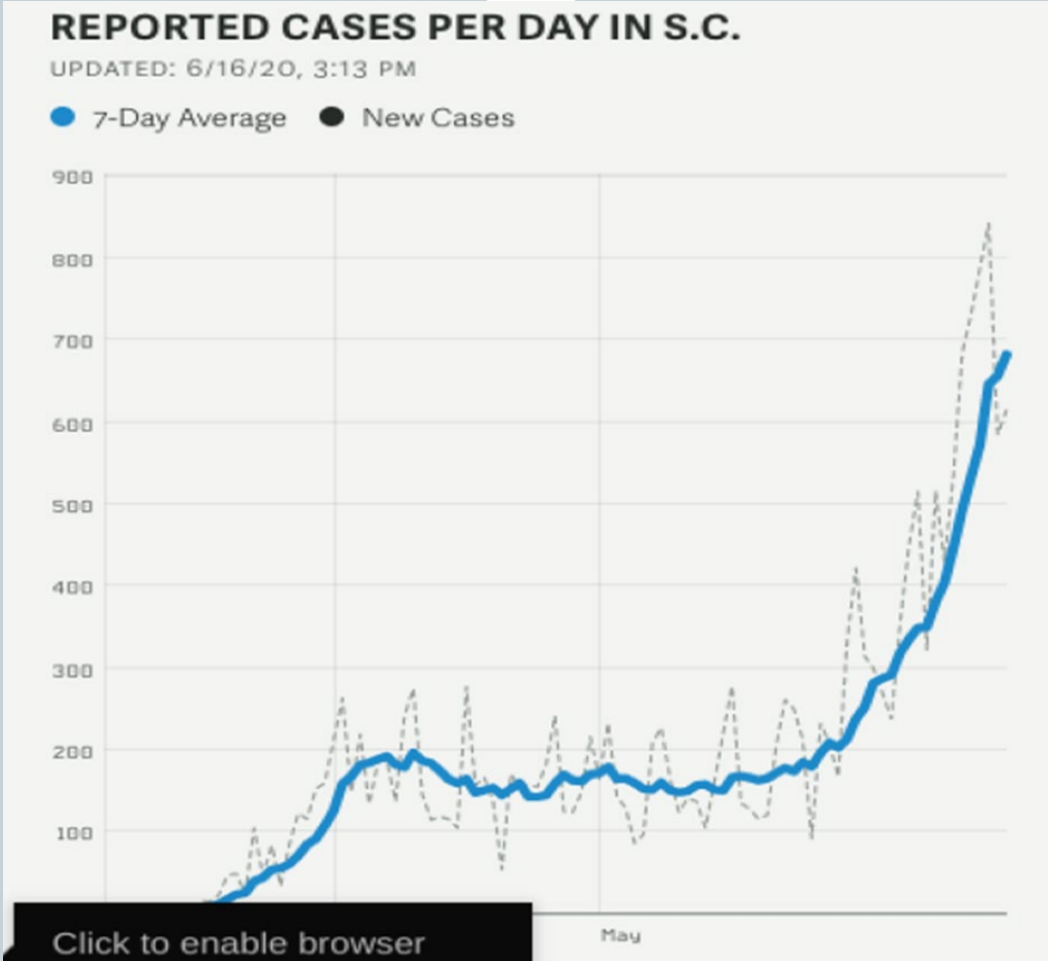
Covid-19 Update to DDSN Commission, 6/18/2020

6



Covid-19 Update to DDSN Commission, 6/18/2020

7



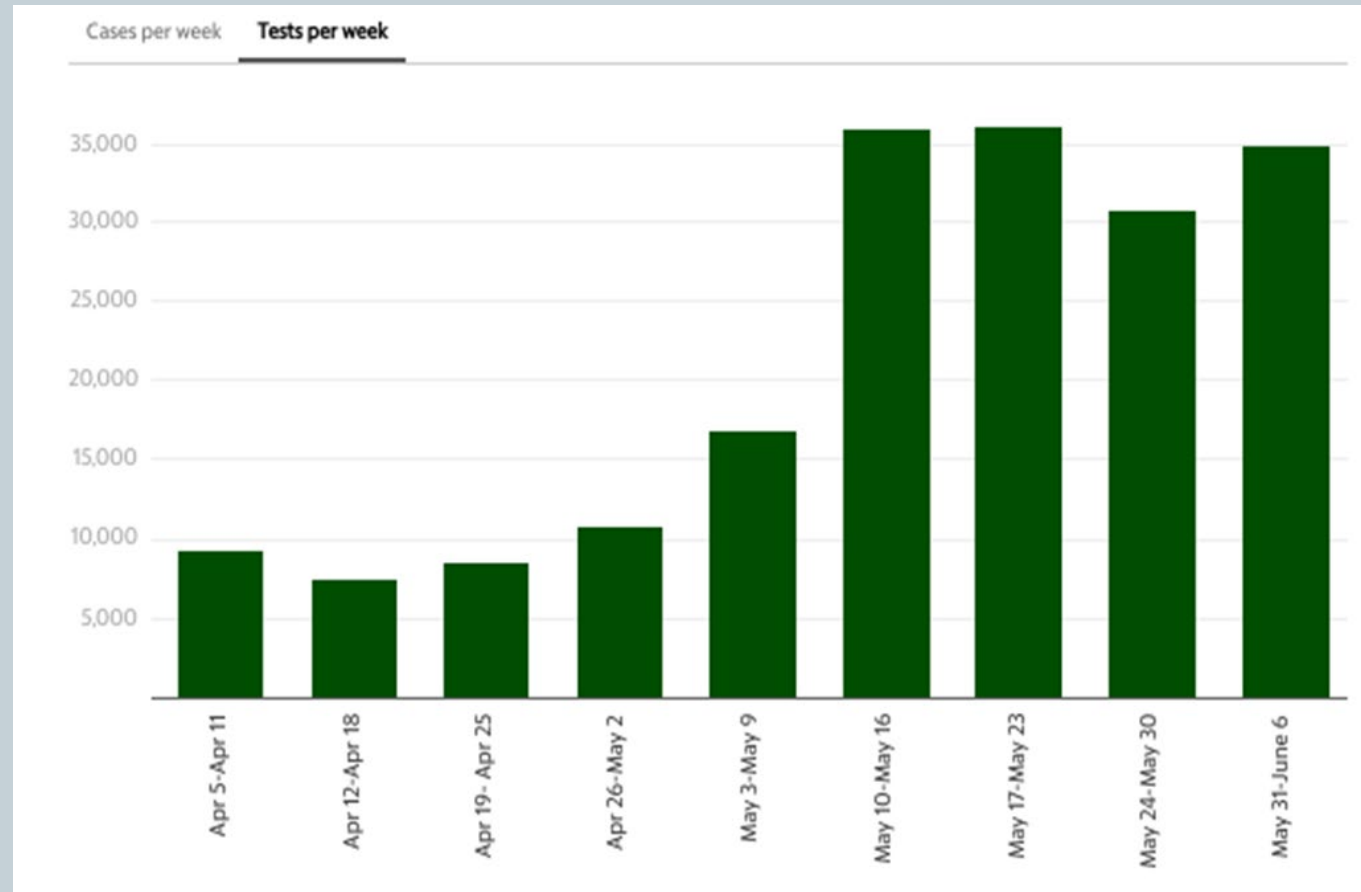
Covid-19 Update to DDSN Commission, 6/18/2020

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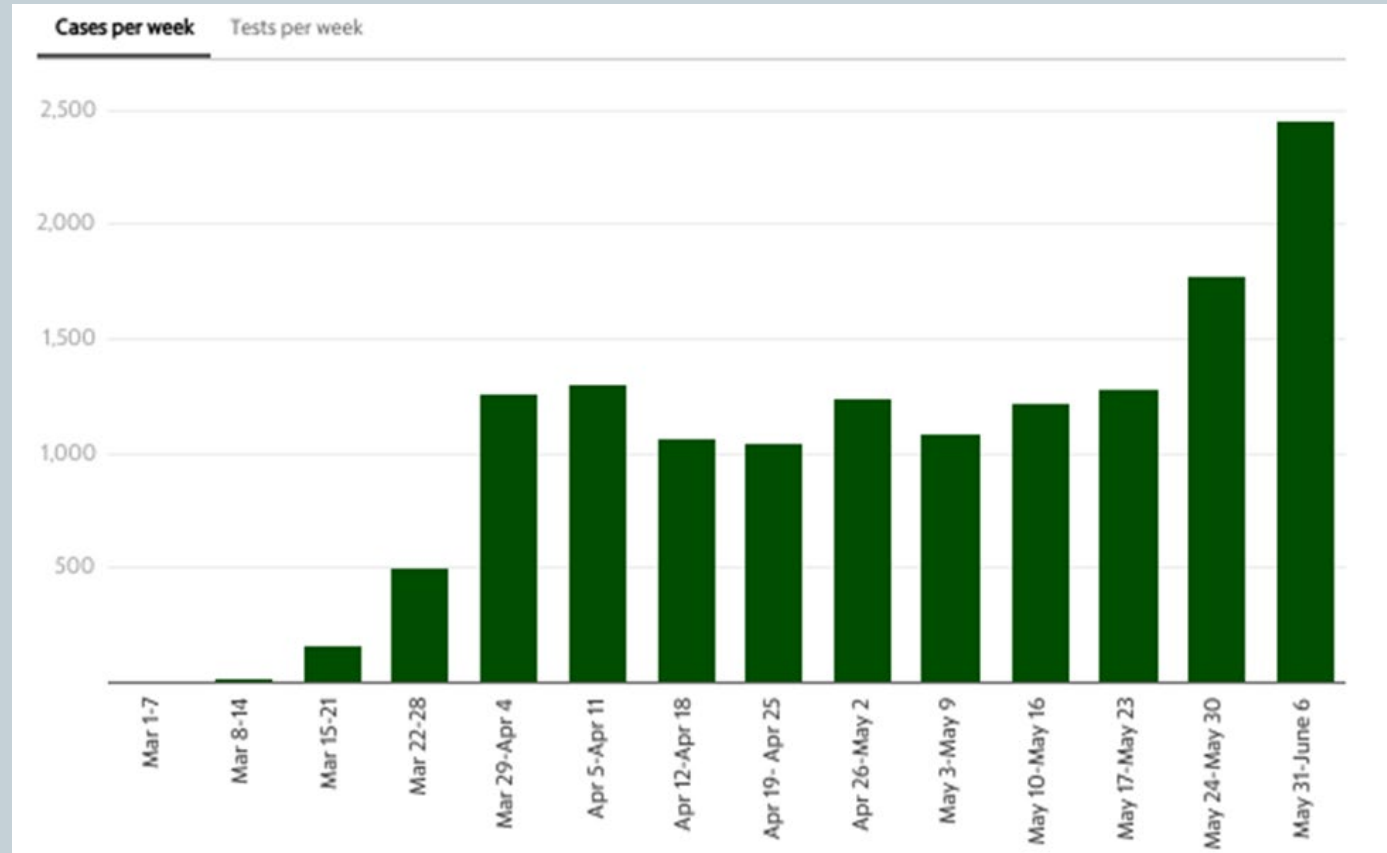
Covid-19 Update to DDSN Commission, 6/18/2020

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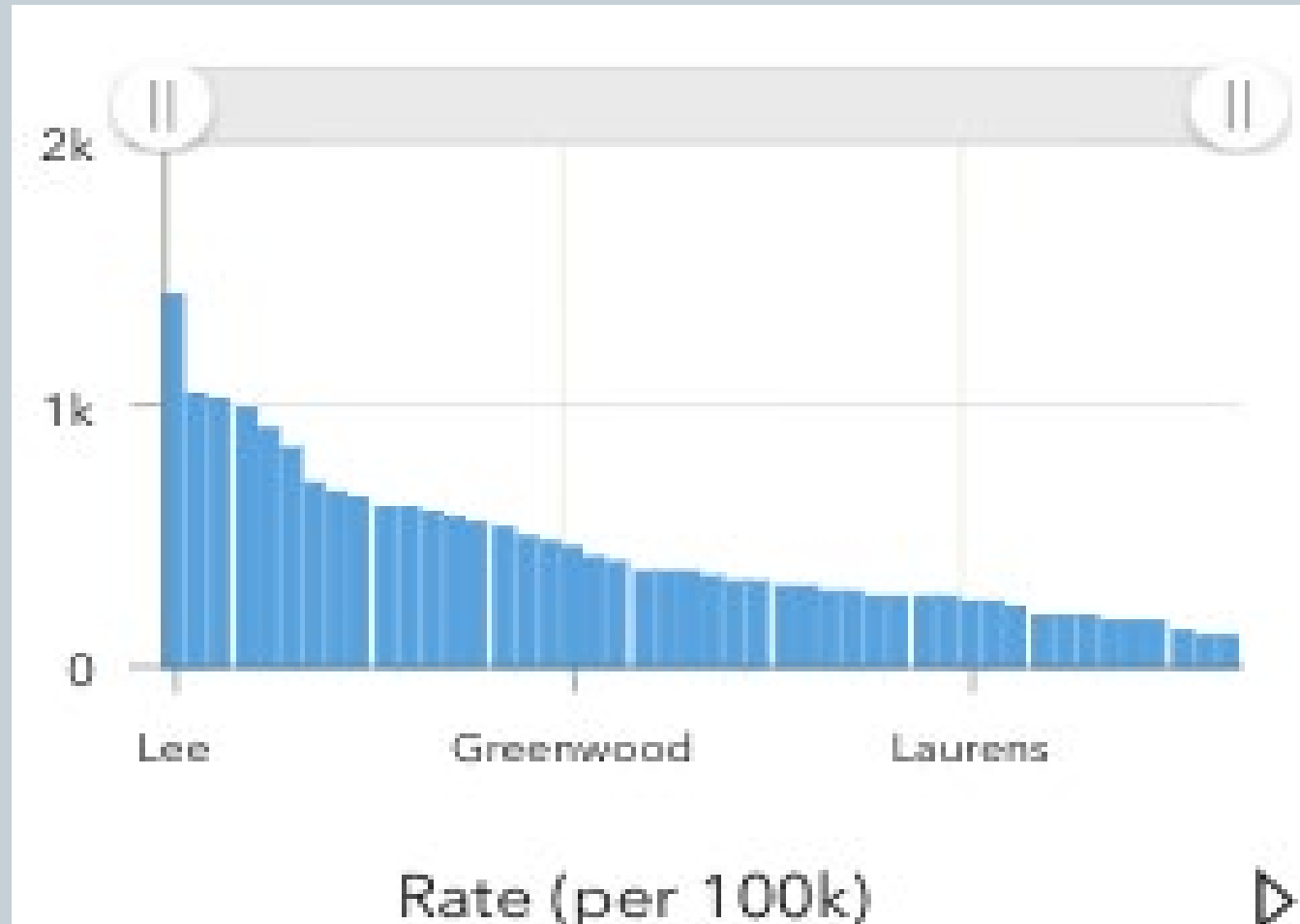


Covid-19 Update to DDSN Commission, 6/18/2020

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Covid-19 Update to DDSN Commission, 6/18/2020



Covid-19 Update to DDSN Commission, 6/18/2020

12

Questions?



SOUTH CAROLINA DEPARTMENT OF
Disabilities and Special Needs

Attachment J

Case Management

Presented to the DSN Commission

June 18, 2020



Revenue Analysis – May 2020

Statewide Average Revenue Per Individual by Category			
	WCM	MTCM/\$FCM	TOTAL
May	\$ 105.32	\$ 77.51	\$ 101.33

- 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 – May 2020

- Average billing per individual decreased marginally from \$103.22 in April to \$101.33 in May.
 - Majority of services still being provided without travel.
 - Decrease of 2-3 billing days from May to April.
- Billing errors and Medicaid ineligibles continue to be minimal.
- 482 consumers who were enrolled in the waiver did not have reportable notes during the month of May 2020.
 - This represents 3.97 % of the waiver individuals in the system.
 - This number is an increase from April (2.8 %).



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 has notified DDSN of the intent to terminate their CM program effective 6/30/2020.
 - 192 Waiver participants
 - 8 individuals receiving Non-Waiver case management
 - 373 inactive cases
- Individuals/Families have been notified by letter but few cases have been transferred. Pickens has agreed to extend provision of case management past 6/30/20 to ensure a smooth transition for all individuals if necessary.





SOUTH CAROLINA DEPARTMENT OF
Disabilities and Special Needs

Attachment K

Early Intervention

Presented to the DDSN Commission

June 18, 2020



Revenue Analysis – May, 2020

- EI Billing for ages 3-6 in May was \$755,252
- About \$22,993 more than April, 2020.
- In March, DHHS instituted temporary limits on reportable units delivered via telehealth.
- Overall, EI billing was down approximately 15.3% for April and May, 2020 as compared averages from July, 2019 through February 2020.



Provider Terminations

- Due to changes from a contract payment to Fee-for-Service payments for the DSN Boards, some boards have decided to terminate their Early Intervention Contracts
 - Burton Center –transferring or closing remaining EI consumers by June 30, 2020.
 - Charles Lea Center – has transitioned approximately one-half of their EI consumers and will have all cases transitioned or closed by June 30, 2020.



New Providers

- Three new EI Providers completed orientation earlier this month.
 - Serving Spartanburg, York, and Florence Counties and surrounding areas
 - All three providers will be accepting referrals by the end of June.
- New providers are welcomed as we see an increase in participation of 25% over the last year.



SC DIRECT SUPPORT PROFESSIONAL TRAINING PROGRAM



JUNE 2020

Excellence in Training-Commitment to Quality



FROM PROJECT TO PROGRAM

JUNE 2019



- **2 PILOT SITES IDENTIFIED**
- **SC DEPARTMENT OF EDUCATION OUTLINED REQUIREMENTS**
- **PROGRAM GOALS ESTABLISHED**

FROM PROJECT TO PROGRAM

JUNE 2020

26 STUDENTS GRADUATED

AWARDED BASIC DSP



COMPLETED



FROM PROJECT TO PROGRAM

JUNE 2020

South Carolina Direct Support
Professional



Recognized by the SC Department of
Education as an Industry Credential

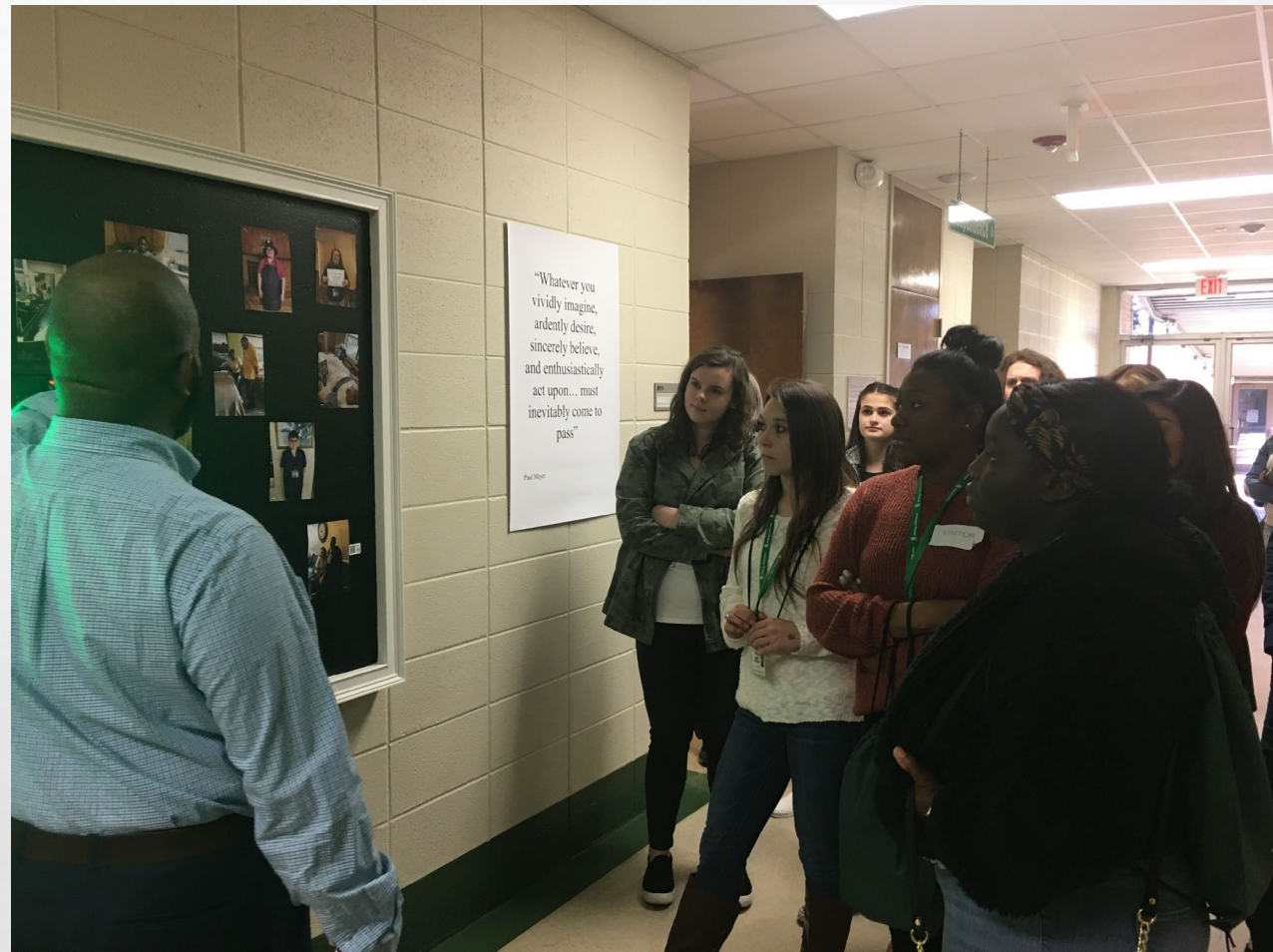
3 LEVELS OF CERTIFICATION

BASIC DSP

INITIAL DSP

ADVANCED
PROFICIENCY

DSP



FROM PROJECT TO PROGRAM

JUNE 2020



- 2 SITES MOVED FROM PILOT TO PROGRAM SITES AND FROM BASIC TO INITIAL LEVEL
- 2 NEW SITES TO BE ADDED FOR 2020-2021 SCHOOL YEAR

EXCELLENCE IN TRAINING

TRAINEE CERTIFICATION PROCESS



PATHWAY TO CAREERS



CONTINUOUS IMPROVEMENT

TRAINING PROGRAM DATA



PROVIDER DATA





SC- DSP TRAINING PROGRAM

EXCELLENCE IN TRAINING- COMMITMENT TO QUALITY



EARLY INTERVENTION ONLY	FY2020		FY2021		Variance	
	#	\$	#	\$	#	\$
About Play	248	\$ 1,166,592	329	\$ 1,019,900	81	\$ (146,692)
Above and Beyond of Upstate	15	\$ 70,560	20	\$ 62,000	5	\$ (8,560)
Aging with Flair	135	\$ 635,040	161	\$ 499,100	26	\$ (135,940)
Ahead Start	188	\$ 884,352	207	\$ 641,700	19	\$ (242,652)
All About Children	86	\$ 404,544	93	\$ 288,300	7	\$ (116,244)
Amazing Kids	23	\$ 108,192	52	\$ 161,200	29	\$ 53,008
Awesome Kids	12	\$ 56,448	16	\$ 49,600	4	\$ (6,848)
Better Beginnings	31	\$ 145,824	35	\$ 108,500	4	\$ (37,324)
Beyond EI	57	\$ 268,128	65	\$ 201,500	8	\$ (66,628)
Brilliant Beginnings	22	\$ 103,488	31	\$ 96,100	9	\$ (7,388)
Carolina Behavior and Beyond	193	\$ 907,872	209	\$ 647,900	16	\$ (259,972)
Carolina Early Intervention	5	\$ 23,520	8	\$ 24,800	3	\$ 1,280
Coastal Early Intervention	32	\$ 150,528	37	\$ 114,700	5	\$ (35,828)
Cornerstone Support	29	\$ 136,416	49	\$ 151,900	20	\$ 15,484
Easter Seals	187	\$ 879,648	189	\$ 585,900	2	\$ (293,748)
Epworth	22	\$ 103,488	20	\$ 62,000	(2)	\$ (41,488)
Great Kids and Awesome Adults*	60	\$ 282,240	130	\$ 403,000	-	\$ 120,760
Hands on Development	45	\$ 211,680	40	\$ 124,000	(5)	\$ (87,680)
I Shine	18	\$ 84,672	23	\$ 71,300	5	\$ (13,372)
Kids 1st	12	\$ 56,448	5	\$ 15,500	(7)	\$ (40,948)
Kids in Development	39	\$ 183,456	29	\$ 89,900	(10)	\$ (93,556)
Meeting Milestones	-	\$ -	23	\$ 71,300	23	\$ 71,300
Palmetto Early Intervention	58	\$ 272,832	59	\$ 182,900	1	\$ (89,932)
Path Finders Team Services	37	\$ 174,048	54	\$ 167,400	17	\$ (6,648)
Pattison's DREAM Academy	21	\$ 98,784	32	\$ 99,200	11	\$ 416
Pediatric Therapy of Aiken	16	\$ 75,264	17	\$ 52,700	1	\$ (22,564)
Pee Dee Kids	14	\$ 65,856	20	\$ 62,000	6	\$ (3,856)
Pee Dee Professional Intervention	-	\$ -	-	\$ -	-	\$ -
Play2Learn	-	\$ -	11	\$ 34,100	11	\$ 34,100
Playworks	67	\$ 315,168	85	\$ 263,500	18	\$ (51,668)
Promising Futures	39	\$ 183,456	71	\$ 220,100	32	\$ 36,644
Room to Bloom	-	\$ -	30	\$ 93,000	30	\$ 93,000
Smart Start Early Intervention	-	\$ -	13	\$ 40,300	13	\$ 40,300
Therapy Solutions	66	\$ 310,464	42	\$ 130,200	(24)	\$ (180,264)
Tina Greene	9	\$ 42,336	13	\$ 40,300	4	\$ (2,036)
Tiny Feet	34	\$ 159,936	77	\$ 238,700	43	\$ 78,764
Upstate Support	27	\$ 127,008	-	\$ -	(27)	\$ (127,008)
TOTAL EI ONLY	1,847	\$ 8,688,288	2,295	\$ 7,114,500	378	\$ (1,573,788)

CASE MANAGEMENT ONLY	FY2020		FY2021		Variance	
	#	\$	#	\$	#	\$
Columbus Organization	43	\$ 72,049	283	\$ 339,600	240	\$ 267,551
DSN Advocates	56	\$ 93,831	-	\$ -	(56)	\$ (93,831)
Great Kids and Awesome Adults*	-	\$ -	11	\$ 13,200	11	\$ 13,200
Hermeione L. Flowers	19	\$ 31,836	29	\$ 34,800	10	\$ 2,964
Path Finders Team Services	33	\$ 55,293	53	\$ 63,600	20	\$ 8,307
Pattison's DREAM Academy	4	\$ 6,702	16	\$ 19,200	12	\$ 12,498
Prime Community Development	2	\$ 3,351	-	\$ -	(2)	\$ (3,351)
TOTAL CM ONLY	157	\$ 263,062	392	\$ 470,400	235	\$ 207,338

SPECIAL GRANTS	FY2020		FY2021		Variance	
	#	\$	#	\$	#	\$
Brain Injury Association of SC	-	\$ 15,625	-	\$ 15,625	-	\$ -
Brain Injury Association of SC - Statewide Brain Injury Org - 3 mo	-	\$ 62,467	-	\$ 20,832	-	\$ (41,635)
Carolinas Rehab - TBI/SCI Post-Acute Rehabilitation	-	\$ 1,040,000	-	\$ 1,040,000	-	\$ -
Family Connection - Family Support Network - 3 month extension	-	\$ 16,250	-	\$ 14,738	-	\$ (1,513)
Family Connection - Education and Training	-	\$ 20,650	-	\$ -	-	\$ (20,650)
Greenwood Genetics Center - Autism Research	-	\$ 200,000	-	\$ 200,000	-	\$ -
Greenwood Genetics Center - Neural Tube Defect Prevention	-	\$ 678,600	-	\$ 678,600	-	\$ -
Greenwood Genetics Center - Institutional Testing and Counseling	-	\$ 3,448,295	-	\$ 750,000	-	\$ (2,698,295)
Greenwood Genetics Center - Genomic Technologies	-	\$ 750,000	-	\$ 750,000	-	\$ -
Greenwood Genetics Center - Metabolic Administration	-	\$ -	-	\$ 1,800,000	-	\$ 1,800,000
Greenwood Genetics Center - Genetic Testing and Counseling	-	\$ 3,309,856	-	\$ -	-	\$ (3,309,856)
Greenwood Genetics Center - Metabolic Disorders	-	\$ 3,839,625	-	\$ -	-	\$ (3,839,625)
Greenwood Genetics Center - Metabolic and Genetic FFS	-	\$ -	-	\$ 4,140,000	-	\$ 4,140,000
Greenwood Genetics Center - Equipment Funding TBD	-	\$ -	-	\$ 400,000	-	\$ 400,000
Greenwood Genetics Center - Reserve for Potential FFS Match	-	\$ -	-	\$ 303,000	-	\$ 303,000
MUSC - Sponsorship of Special Dental Training	-	\$ 1,500	-	\$ 1,500	-	\$ -
Rehab Without Walls - TBI/SCI Post-Acute Rehabilitation	-	\$ 430,000	-	\$ 430,000	-	\$ -
Roger C. Peace Hospital - TBI/SCI Post-Acute Rehabilitation	-	\$ 1,270,000	-	\$ 1,270,000	-	\$ -
Roper Rehab Hospital - TBI/SCI Post-Acute Rehabilitation	-	\$ 860,000	-	\$ 860,000	-	\$ -
SC Respite Coalition	-	\$ 157,826	-	\$ 173,251	-	\$ 15,425
SC Special Olympics	-	\$ 250,000	-	\$ 250,000	-	\$ -
SC Spinal Cord Injury Association - 3 month extension	-	\$ 15,625	-	\$ 15,625	-	\$ -
USC - Physician Services	-	\$ 111,332	-	\$ 111,332	-	\$ -
USC - Training Programs for Attendant Care	-	\$ 200,000	-	\$ 200,000	-	\$ -
USC - Training Programs and Technical Assistance for Staff	-	\$ 153,218	-	\$ 153,218	-	\$ -
TOTAL SPECIAL GRANTS	-	\$ 16,830,869	-	\$ 13,577,721	-	\$ (3,253,148)

AIKEN		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
	Early Intervention	105	\$ 493,920	59	\$ 182,900	(46)	\$ (311,020)
	Family Support	-	\$ 36,116	-	\$ 39,662	-	\$ 3,546
	Case Management	499	\$ 836,104	542	\$ 650,400	43	\$ (185,704)
TOTAL AIKEN CONTRACTS		\$ 604	\$ 1,366,140	\$ 601	\$ 872,962	(3)	\$ (493,178)

ALDERSGATE	FY2020		FY2021		Variance	
	#	\$	#	\$	#	\$
CTH 2	4	\$ 248,397	4	\$ 270,845	-	\$ 22,448
CRCF	10	\$ 716,678	10	\$ 782,816	-	\$ 66,139
TOTAL ALDERSGATE CONTRACT	\$ 14	\$ 965,075	14	\$ 1,053,661	-	\$ 88,586

ALLEDALE/BARNWELL		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
Capitated Contract							
	Band B - At-home ID/RD Waiver	31	\$ 422,809	34	\$ 475,796	3	\$ 52,987
	Band I - At-Home CSW	42	\$ 610,722	36	\$ 541,620	(6)	\$ (69,102)
	Band D - Residential	5	\$ 106,865	5	\$ 112,970	-	\$ 6,105
	Band G - Residential	28	\$ 2,046,968	29	\$ 2,331,861	1	\$ 284,893
	Band H - Residential	18	\$ 1,662,498	18	\$ 1,783,242	-	\$ 120,744
	Band R - Residential	1	\$ 101,822	1	\$ 105,511	-	\$ 3,689
	Band T - ICF/IID	23	\$ 2,287,281	22	\$ 2,338,226	(1)	\$ 50,945
	Total Capitated Contract	148	\$ 7,238,965	145	\$ 7,689,226	(3)	\$ 450,261
Special Contracts							
	Early Intervention	13	\$ 61,152	21	\$ 65,100	8	\$ 3,948
	Case Management	114	\$ 191,014	116	\$ 139,200	2	\$ (51,814)
	Family Support	-	\$ 18,093	-	\$ 6,663	-	\$ (11,430)
	State Funded Community Supports	2	\$ 30,206	3	\$ 47,226	1	\$ 17,020
	Total Special Contracts	129	300,465	140	\$ 258,189	11	\$ (42,276)
	TOTAL ALLEDALE/BARNWELL CONTRACTS	277	\$ 7,539,430	285	\$ 7,947,415	8	\$ 407,985
	<i>FY 2020 had a formula error in it. Numbers in chart above are correct but do not match prior year report.</i>						

ANDERSON		FY2020		FY2021		Variance	
Capitated Contract		#	\$	#	\$	#	\$
	Band B - At-home ID/RD Waiver	146	\$ 2,055,143	155	\$ 2,232,919	9	\$ 177,776
	Band I - At-Home CSW	95	\$ 1,381,395	94	\$ 1,414,230	(1)	\$ 32,835
	Band C - Residential	19	\$ 683,411	19	\$ 732,982	-	\$ 49,571
	Band D - Residential	6	\$ 128,238	7	\$ 158,158	1	\$ 29,920
	Band G - Residential	36	\$ 2,631,816	36	\$ 2,894,724	-	\$ 262,908
	Band H - Residential	33	\$ 3,152,955	33	\$ 3,374,319	-	\$ 221,364
	Total Capitated Contract	335	\$ 10,032,958	344	\$ 10,807,332	9	\$ 774,374
	Special Contracts						
	Early Intervention	51	\$ 239,904	50	\$ 155,000	(1)	\$ (84,904)
	Case Management	335	\$ 561,313	249	\$ 298,800	(86)	\$ (262,513)
	Child Day	22	\$ 192,016	22	\$ 192,016	-	\$ -
*	HASCI - Individual Rehab Supports	11	\$ 112,500	-	\$ -	(11)	\$ (112,500)
	Family Support	-	\$ 55,955	-	\$ 62,979	-	\$ 7,024
	State Funded Community Supports	5	\$ 75,515	3	\$ 47,226	(2)	\$ (28,289)
	Walgreen Follow Along	11	\$ 10,000	11	\$ 10,000	-	\$ -
	Total Special Contracts	435	\$ 1,247,203	335	\$ 766,021	(100)	\$ (481,182)
	TOTAL ANDERSON CONTRACTS	770	\$ 11,280,161	679	\$ 11,573,353	(91)	\$ 293,192
*	Program discontinued						

ARC OF THE MIDLANDS	FY2020		FY2021		Variance	
	#	\$	#	\$	#	\$
Supported Employment	-	\$ -	-	\$ -	-	\$ -
SLP 1	4	\$ 86,942	2	\$ 36,733	(2)	\$ (50,209)
TOTAL ARC OF THE MIDLANDS CONTRACTS	4	\$ 86,942	2	\$ 36,733	(2)	\$ (50,209)

ARC OF SOUTH CAROLINA	FY2020		FY2021		Variance	
	#	\$	#	\$	#	\$
Family Support	-	\$ 22,354	-	\$ 46,634	-	\$ 24,280
Case Management	374	\$ 626,659	749	\$ 898,800	375	\$ 272,141
General Operating for Awareness Project	-	\$ 6,250	-	\$ -	-	\$ (6,250)
TOTAL ARC OF SC CONTRACTS	374	\$ 655,263	749	\$ 945,434	375	\$ 290,171

BABCOCK CENTER		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
Capitated Contract							
	Band B - At-home ID/RD Waiver	840	\$ 11,641,565	904	\$ 12,835,381	64	\$ 1,193,816
	Band I - At-Home CSW	359	\$ 5,220,219	323	\$ 4,859,535	(36)	\$ (360,684)
	Band C - Residential	39	\$ 1,402,791	40	\$ 1,581,698	1	\$ 178,907
	Band D - Residential	6	\$ 128,238	6	\$ 135,564	-	\$ 7,326
	Band F - Residential	3	\$ 118,926	3	\$ 121,767	-	\$ 2,841
	Band G - Residential	83	\$ 6,067,798	88	\$ 7,075,992	5	\$ 1,008,194
	Band H - Residential	127	\$ 12,290,394	120	\$ 12,547,896	(7)	\$ 257,502
	Band R - Residential	8	\$ 814,576	7	\$ 738,577	(1)	\$ (75,999)
	Band T - Residential	37	\$ 3,712,303	34	\$ 3,752,669	(3)	\$ 40,366
	Total Capitated Contract	1,502	\$ 41,396,810	\$ 1,525	\$ 43,649,079	23	\$ 2,252,269
Special Contracts							
	HASCI Day	50	\$ 135,452	50	\$ 135,452	-	\$ -
	HASCI Residential	4	\$ 185,672	4	\$ 198,819	-	\$ 13,147
*	HASCI - Individual Rehab Supports	17	\$ 191,250	-	\$ 28,000	(17)	\$ (163,250)
**	Medically Fragile Home	8	\$ 1,069,012	8	\$ 965,928	-	\$ (103,083)
*	Caregiver Relief	-	\$ 12,500	-	\$ -	-	\$ (12,500)
	State Funded Follow Along	28	\$ 149,800	30	\$ 160,500	2	\$ 10,700
	State Funded Community Supports	26	\$ 392,678	25	\$ 393,550	(1)	\$ 872
	CIRS	3	\$ 124,041	3	\$ 130,367	-	\$ 6,326
*	Maintenance for Autism Home	-	\$ 7,500	-	\$ -	-	\$ (7,500)
	DDSN Autism Slot	1	\$ 13,436	-	\$ -	(1)	\$ (13,436)
	Regional Center Attending Day	4	\$ 36,140	4	\$ 36,140	-	\$ -
	Total Special Contracts	141	\$ 2,317,481	124	\$ 2,048,756	(17)	\$ (268,724)
	TOTAL BABCOCK CONTRACTS	1,643	\$ 43,714,291	1,649	\$ 45,697,835	6	\$ 1,983,545
	<i>FY 2020 had a formula error in it. Numbers in chart above are correct but do not match prior year report.</i>						
*	This contract discontinued/replaced for FY 21						
**	FY 21 Amount is less Bed Fees/Client Fees						

BAMBERG		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
	Capitated Contract						
	Band B - At-home ID/RD Waiver	13	\$ 177,307	11	\$ 153,934	(2)	\$ (23,373)
	Band I - At-Home CSW	25	\$ 363,525	24	\$ 361,080	(1)	\$ (2,445)
	Band D - Residential	6	\$ 128,238	7	\$ 158,158	1	\$ 29,920
	Band E - Residential	-	\$ -	1	\$ 26,780	1	\$ 26,780
	Band F - Residential	1	\$ 39,642	1	\$ 40,589	-	\$ 947
	Band G - Residential	23	\$ 1,681,438	23	\$ 1,849,407	-	\$ 167,969
	Band H - Residential	10	\$ 923,610	10	\$ 990,690	-	\$ 67,080
	Total Capitated Contract	78	\$ 3,313,760	77	\$ 3,580,638	(1)	\$ 266,878
	Special Contracts						
	Family Support	-	\$ 5,588	-	\$ 6,197	-	\$ 609
	Case Management	77	\$ 129,018	87	\$ 104,400	10	\$ (24,618)
	State Funded Community Supports	2	\$ 30,206	2	\$ 31,484	-	\$ 1,278
	State Funded Follow Along	1	\$ 5,350	-	\$ -	(1)	\$ (5,350)
	Total Special Contracts	80	\$ 170,162	89	\$ 142,081	9	\$ (28,081)
	TOTAL BAMBERG CONTRACTS	158	\$ 3,483,922	166	\$ 3,722,719	8	\$ 238,797

BEAUFORT		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
	Capitated Contract						
	Band B - At-home ID/RD Waiver	81	\$ 1,124,413	94	\$ 1,335,090	13	\$ 210,677
	Band I - At-Home CSW	82	\$ 1,192,362	90	\$ 1,354,050	8	\$ 161,688
	Band D - Residential	7	\$ 149,611	7	\$ 158,158	-	\$ 8,547
	Band E - Residential	2	\$ 51,694	2	\$ 53,560	-	\$ 1,866
	Band F - Residential	1	\$ 39,642	1	\$ 40,589	-	\$ 947
	Band G - Residential	20	\$ 1,462,120	21	\$ 1,688,589	1	\$ 226,469
	Band H - Residential	19	\$ 1,754,859	18	\$ 1,783,242	(1)	\$ 28,383
	Band R - Residential	1	\$ 101,822	1	\$ 105,511	-	\$ 3,689
	Total Capitated Contract	213	\$ 5,876,523	234	\$ 6,518,789	21	\$ 642,266
	Special Contracts						
	Early Intervention	117	\$ 550,368	64	\$ 198,400	(53)	\$ (351,968)
	Case Management	200	\$ 335,112	212	\$ 254,400	12	\$ (80,712)
	Family Support	-	\$ 27,873	-	\$ 30,831	-	\$ 2,958
	State Funded Community Supports	5	\$ 75,515	6	\$ 94,452	1	\$ 18,937
	Total Special Contracts	322	\$ 988,868	282	\$ 578,083	(40)	\$ (410,785)
	TOTAL BEAUFORT CONTRACTS	535	\$ 6,865,391	516	\$ 7,096,872	(19)	\$ 231,481

Becket Academy (LifeShare)	FY2020		FY2021		Variance	
	#	\$	#	\$	#	\$
TFH - Level 1	3	\$ 78,818	3	\$ 81,665	-	\$ 2,847
TFH - Level 2	5	\$ 193,906	6	\$ 238,382	1	\$ 44,475
TFH - Level 3	8	\$ 426,320	6	\$ 325,434	(2)	\$ (100,886)
Day Service Add-Ons		\$ 196,768		\$ 194,605	-	\$ (2,163)
TOTAL LIFESHARE CONTRACT	16	\$ 895,812	15	\$ 840,085	(1)	\$ (55,727)

BERKELEY CITIZENS		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
	Capitated Contract						
	Band B - At-home ID/RD Waiver	113	\$ 1,541,207	119	\$ 1,665,286	6	\$ 124,079
	Band I - At-Home CSW	89	\$ 1,294,149	89	\$ 1,339,005	-	\$ 44,856
	Band D - Residential	2	\$ 42,746	2	\$ 45,188	-	\$ 2,442
	Band E - Residential	5	\$ 129,235	4	\$ 107,120	(1)	\$ (22,115)
	Band G - Residential	37	\$ 2,704,922	38	\$ 3,055,542	1	\$ 350,620
	Band H - Residential	40	\$ 3,736,388	39	\$ 3,905,639	(1)	\$ 169,251
	Band R - Residential	1	\$ 101,822	-	\$ -	(1)	\$ (101,822)
	Band T - Residential	15	\$ 1,491,705	16	\$ 1,700,528	1	\$ 208,823
	Total Capitated Contract	302	\$ 11,042,174	307	\$ 11,818,308	5	\$ 776,134
	Special Contracts						
	HASCI Residential	1	\$ 92,361	1	\$ 99,069	-	\$ 6,708
	Early Intervention	18	\$ 84,672	19	\$ 58,900	1	\$ (25,772)
	Case Management	277	\$ 464,130	297	\$ 356,400	20	\$ (107,730)
	Family Support	-	\$ 34,091	-	\$ 24,876	-	\$ (9,215)
	State Funded Community Supports	2	\$ 30,206	3	\$ 47,226	1	\$ 17,020
	State Funded Follow Along	-	\$ -	1	\$ 5,350	1	\$ 5,350
	Total Special Contracts	298	\$ 705,460	321	\$ 591,821	23	\$ (113,639)
	TOTAL BERKELEY CITIZENS CONTRACTS	600	\$ 11,747,634	\$ 628	\$ 12,410,129	28	\$ 662,495

BRIGHT START	FY2020		FY2021		Variance	
	#	\$	#	\$	#	\$
Early Intervention	424	\$ 1,994,496	405	\$ 1,255,500	(19)	\$ (738,996)
Case Management	714	\$ 1,196,350	1,307	\$ 1,568,400	593	\$ 372,050
Family Support	-	\$ 80,823	-	\$ 141,606	-	\$ 60,783
TOTAL BRIGHT START CONTRACTS	1,138	\$ 3,271,669	1,712	\$ 2,965,506	574	\$ (306,163)

BURTON CENTER		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
	Capitated Contract						
	Band B - At-home ID/RD Waiver	103	\$ 1,404,817	109	\$ 1,525,346	6	\$ 120,529
	Band I - At-Home CSW	118	\$ 1,715,838	123	\$ 1,850,535	5	\$ 134,697
	Band C - Residential	18	\$ 647,442	18	\$ 694,404	-	\$ 46,962
	Band D - Residential	9	\$ 192,357	8	\$ 180,752	(1)	\$ (11,605)
	Band E - Residential	6	\$ 155,082	4	\$ 107,120	(2)	\$ (47,962)
	Band F - Residential	1	\$ 39,642	1	\$ 40,589	-	\$ 947
	Band G - Residential	37	\$ 2,704,922	36	\$ 2,975,133	(1)	\$ 270,211
	Band H - Residential	35	\$ 3,232,635	39	\$ 3,863,691	4	\$ 631,056
	Band T - Residential	56	\$ 5,939,641	48	\$ 5,392,644	(8)	\$ (546,997)
	Total Capitated Contract	383	\$ 16,032,376	386	\$ 16,630,214	3	\$ 597,838
	Special Contracts						
*	Early Intervention	10	\$ 47,040	-	\$ -	(10)	\$ (47,040)
	Case Management	335	\$ 561,313	372	\$ 446,400	37	\$ (114,913)
	Family Support	-	\$ 44,009	-	\$ 43,613	-	\$ (396)
	State Funded Follow Along	-	\$ -	1	\$ 5,350	1	\$ 5,350
	State Funded Community Supports	10	\$ 151,030	9	\$ 141,678	(1)	\$ (9,352)
	Total Special Contracts	355	\$ 803,392	382	\$ 637,041	27	\$ (166,351)
	TOTAL BURTON CENTER CONTRACTS	738	\$ 16,835,768	768	\$ 17,267,255	30	\$ 431,487
*	Terminated EI for FY 21						

CALHOUN		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
	Capitated Contract						
	Band B - At-home ID/RD Waiver	29	\$ 395,531	28	\$ 391,832	(1)	\$ (3,699)
	Band I - At-Home CSW	32	\$ 465,312	32	\$ 481,440	-	\$ 16,128
	Band G - Residential	10	\$ 731,060	11	\$ 884,499	1	\$ 153,439
	Band H - Residential	14	\$ 1,293,054	11	\$ 1,089,759	(3)	\$ (203,295)
	Band T - Residential	32	\$ 3,271,039	32	\$ 3,489,791	-	\$ 218,752
	Total Capitated Contract	117	\$ 6,155,996	114	\$ 6,337,321	(3)	\$ 181,325
	Special Contracts						
	Case Management	84	\$ 140,747	89	\$ 106,800	5	\$ (33,947)
	Family Support	-	\$ 8,173	-	\$ 6,507	-	\$ (1,666)
	State Funded Community Supports	2	\$ 30,206	2	\$ 31,484	-	\$ 1,278
	HASCI Residential	-	\$ -	1	\$ 99,069	1	\$ 99,069
	Total Special Contracts	86	\$ 179,126	92	\$ 243,860	6	\$ 64,734
	TOTAL CALHOUN CONTRACTS	203	\$ 6,335,122	206	\$ 6,581,181	3	\$ 246,059

CARE FOCUS	FY2020		FY2021		Variance	
	#	\$	#	\$	#	\$
Low Needs CTH 2	4	\$ 286,671	9	\$ 626,252	5	\$ 339,581
High Needs CTH 2	30	\$ 2,727,536	30	\$ 2,889,446	-	\$ 161,910
HASCI Residential CTH 2	4	\$ 371,132	4	\$ 385,878	-	\$ 14,746
Band R	6	\$ 596,009	7	\$ 827,411	1	\$ 231,403
High Needs CTH 2 with Outliers	4	\$ 540,744	2	\$ 297,625	(2)	\$ (243,119)
TOTAL CARE FOCUS CONTRACTS	48	\$ 4,522,091	52	\$ 5,026,612	4	\$ 504,521

CENTER FOR DEVELOP	FY2020		FY2021		Variance	
	#	\$	#	\$	#	\$
Family Support	-	\$ 83,198	-	\$ 31,218	-	\$ (51,980)
Case Management	788	\$ 1,320,341	795	\$ 954,000	7	\$ (366,341)
TOTAL CENTER FOR DEVELOP CONTRACTS	788	\$ 1,403,539	795	\$ 985,218	7	\$ (418,321)

CHARLES LEA CENTER		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
Capitated Contract							
	Band B - At-home ID/RD Waiver	293	\$ 4,217,515	301	\$ 4,433,482	8	\$ 215,967
	Band I - At-Home CSW	187	\$ 2,719,167	186	\$ 2,798,370	(1)	\$ 79,203
	Band C - Residential	17	\$ 611,473	23	\$ 887,294	6	\$ 275,821
	Band D - Residential	18	\$ 384,714	18	\$ 406,692	-	\$ 21,978
	Band E - Residential	1	\$ 25,847	1	\$ 26,780	-	\$ 933
	Band G - Residential	126	\$ 9,211,356	130	\$ 10,453,170	4	\$ 1,241,814
	Band H - Residential	91	\$ 8,473,910	90	\$ 8,976,908	(1)	\$ 502,998
	Band R - Residential	1	\$ 101,822	1	\$ 105,511	-	\$ 3,689
	Total Capitated Contract	734	\$ 25,745,804	750	\$ 28,088,207	16	\$ 2,342,403
Special Contracts							
	HASCI Residential	2	\$ 165,467	2	\$ 136,652	-	\$ (28,815)
*	Early Intervention	42	\$ 197,568	-	\$ -	(42)	\$ (197,568)
	Case Management	639	\$ 1,070,683	750	\$ 900,000	111	\$ (170,683)
	Family Support	-	\$ 60,076	-	\$ 67,472	-	\$ 7,396
	Medically Fragile Home	12	\$ 1,467,647	11	\$ 1,289,128	(1)	\$ (178,519)
	State Funded Follow Along	1	\$ 5,350	1	\$ 5,350	-	\$ -
	State Funded Community Supports	12	\$ 181,236	11	\$ 173,162	(1)	\$ (8,074)
	CIRS	23	\$ 906,805	19	\$ 766,931	(4)	\$ (139,874)
	CIRS Day Attendance	-	\$ -	-	\$ 250,000	-	\$ 250,000
*	Maintenance for Autism Home	-	\$ 7,535	-	\$ -	-	\$ (7,535)
	Fiscal Agent - Respite Admin	-	\$ 100,000	-	\$ 100,000	-	\$ -
	Fiscal Agent - Respite Payroll	-	\$ 5,690,833	-	\$ -	-	\$ (5,690,833)
	Total Special Contracts	731	\$ 9,853,200	794	\$ 3,688,694	63	\$ (6,164,505)
TOTAL CHARLES LEA CENTER CONTRACTS		1,465	\$ 35,599,004	1,544	\$ 31,776,901	79	\$ (3,822,102)
*	Contract discontinued						
**	Respite payroll reported in this manner reflects duplicate contractual figures. Paying on a						

CHARLESTON		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
Capitated Contract							
	Band B - At-home ID/RD Waiver	210	\$ 2,984,762	217	\$ 3,099,967	7	\$ 115,205
	Band I - At-Home CSW	211	\$ 3,068,151	204	\$ 3,069,180	(7)	\$ 1,029
	Band C - Residential	25	\$ 899,225	25	\$ 964,450	-	\$ 65,225
	Band D - Residential	18	\$ 384,714	17	\$ 384,098	(1)	\$ (616)
	Band E - Residential	7	\$ 180,929	6	\$ 160,680	(1)	\$ (20,249)
	Band F - Residential	1	\$ 39,642	1	\$ 40,589	-	\$ 947
	Band G - Residential	56	\$ 4,093,936	61	\$ 4,904,949	5	\$ 811,013
	Band H - Residential	100	\$ 9,409,206	92	\$ 9,287,454	(8)	\$ (121,752)
	Band T - Residential	8	\$ 795,576	8	\$ 850,264	-	\$ 54,688
	Total Capitated Contract	636	\$ 21,856,141	631	\$ 22,761,631	(5)	\$ 905,490
Special Contracts							
	HASCI Day	50	\$ 147,124	50	\$ 147,124	-	\$ -
	Early Intervention	24	\$ 112,896	36	\$ 111,600	12	\$ (1,296)
	Case Management	719	\$ 1,204,728	777	\$ 932,400	58	\$ (272,328)
*	HASCI - Individual Rehab Supports	17	\$ 191,250	-	\$ 28,000	(17)	\$ (163,250)
	HASCI Residential	-	\$ -	3	\$ 259,887	3	\$ 259,887
	Child Day	11	\$ 125,578	11	\$ 125,578	-	\$ -
	Family Support	-	\$ 94,585	-	\$ 107,909	-	\$ 13,324
	State Funded Follow Along	4	\$ 21,400	5	\$ 26,750	1	\$ 5,350
	State Funded Community Supports	25	\$ 377,575	25	\$ 393,550	-	\$ 15,975
*	Mortgage Expenses for Day Program	-	\$ 58,638	-	\$ 37,956	-	\$ (20,682)
	Total Special Contracts	850	\$ 2,333,774	907	\$ 2,170,754	57	\$ (163,020)
TOTAL CHARLESTON CONTRACTS		1,486	\$ 24,189,915	1,538	\$ 24,932,385	52	\$ 742,470
	<i>FY 2020 had a formula error in it. Numbers in chart above are correct but do not match prior year report.</i>						
*	<i>Program was discontinued/replaced in FY 21</i>						

CHEROKEE		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
Capitated Contract							
	Band B - At-home ID/RD Waiver	50	\$ 681,950	46	\$ 643,724	(4)	\$ (38,226)
	Band I - At-Home CSW	39	\$ 567,099	37	\$ 556,665	(2)	\$ (10,434)
	Band G - Residential	13	\$ 950,378	13	\$ 1,045,317	-	\$ 94,939
	Band H - Residential	7	\$ 646,527	7	\$ 693,483	-	\$ 46,956
	Band R - Residential	1	\$ 101,822	1	\$ 105,511	-	\$ 3,689
	Band T - Residential	15	\$ 1,571,911	15	\$ 1,674,451	-	\$ 102,540
Total Capitated Contract		125	\$ 4,519,687	119	\$ 4,719,151	(6)	\$ 199,464
Special Contracts							
	Early Intervention	18	\$ 84,672	24	\$ 74,400	6	\$ (10,272)
	Case Management	106	\$ 177,609	134	\$ 160,800	28	\$ (16,809)
	Family Support	-	\$ 12,504	-	\$ 14,640	-	\$ 2,136
	State Funded Community Supports	9	\$ 135,927	8	\$ 125,936	(1)	\$ (9,991)
Total Special Contracts		133	\$ 410,712	166	\$ 375,776	33	\$ (34,936)
TOTAL CHEROKEE CONTRACTS		258	\$ 4,930,399	285	\$ 5,094,927	27	\$ 164,528

CHESCO		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
Capitated Contract							
	Band B - At-home ID/RD Waiver	50	\$ 829,979	50	\$ 822,949	-	\$ (7,030)
	Band I - At-Home CSW	32	\$ 465,312	31	\$ 466,395	(1)	\$ 1,083
	Band C - Residential	39	\$ 1,402,791	41	\$ 1,581,698	2	\$ 178,907
	Band D - Residential	6	\$ 128,238	6	\$ 135,564	-	\$ 7,326
	Band F - Residential	4	\$ 158,568	4	\$ 162,356	-	\$ 3,788
	Band G - Residential	49	\$ 3,582,194	48	\$ 3,940,041	(1)	\$ 357,847
	Band H - Residential	116	\$ 11,004,889	116	\$ 11,783,017	-	\$ 778,128
	Band R - Residential	1	\$ 101,822	1	\$ 105,511	-	\$ 3,689
	Total Capitated Contract	297	\$ 17,673,793	297	\$ 18,997,531	-	\$ 1,323,738
Special Contracts							
	Early Intervention	18	\$ 84,672	26	\$ 80,600	8	\$ (4,072)
	Case Management	220	\$ 368,623	229	\$ 274,800	9	\$ (93,823)
	Family Support	-	\$ 16,346	-	\$ 18,824	-	\$ 2,478
	State Funded Follow Along	2	\$ 10,700	2	\$ 10,700	-	\$ -
	State Funded Community Supports	2	\$ 30,206	2	\$ 31,484	-	\$ 1,278
	CIRS	1	\$ 27,566	1	\$ 28,822	-	\$ 1,256
	High Management Homes	26	\$ 3,610,471	28	\$ 4,111,608	2	\$ 501,138
	HASCI Residential	1	\$ 92,361	1	\$ 99,069	-	\$ 6,708
	Mortgage Expenses for Day Program	-	\$ 99,082	-	\$ 99,082	-	\$ -
	Total Special Contracts	270	\$ 4,340,027	289	\$ 4,754,989	19	\$ 414,962
TOTAL CHESCO CONTRACTS		567	\$ 22,013,820	586	\$ 23,752,520	19	\$ 1,738,700

CHESTER/LANCASTER		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
Capitated Contract							
	Band B - At-home ID/RD Waiver	108	\$ 1,566,196	115	\$ 1,661,500	7	\$ 95,304
	Band I - At-Home CSW	53	\$ 770,673	54	\$ 812,430	1	\$ 41,757
	Band C - Residential	5	\$ 179,845	4	\$ 154,312	(1)	\$ (25,533)
	Band G - Residential	24	\$ 1,754,544	25	\$ 2,010,225	1	\$ 255,681
	Band H - Residential	12	\$ 1,175,955	11	\$ 1,157,382	(1)	\$ (18,573)
	Band T - Residential	15	\$ 1,560,046	16	\$ 1,743,869	1	\$ 183,823
	Total Capitated Contract	217	\$ 7,007,259	225	\$ 7,539,718	8	\$ 532,459
Special Contracts							
	Early Intervention	8	\$ 37,632	13	\$ 40,300	5	\$ 2,668
	Case Management	227	\$ 380,352	251	\$ 301,200	24	\$ (79,152)
	Family Support	-	\$ 22,773	-	\$ 23,782	-	\$ 1,009
	State Funded Follow Along	1	\$ 5,350	-	\$ -	(1)	\$ (5,350)
	State Funded Community Supports	9	\$ 135,927	8	\$ 125,936	(1)	\$ (9,991)
	Total Special Contracts	245	\$ 582,034	272	\$ 491,218	27	\$ (90,816)
TOTAL CHESTER/LANCASTER CONTRACTS		462	\$ 7,589,293	497	\$ 8,030,936	35	\$ 441,643

CHS Group	FY2020		FY2021		Variance	
	#	\$	#	\$	#	\$
CTH II -High Needs	-	\$ -	1	\$ 96,937	1	\$ 96,937
CTH II - Band R	-	\$ -	4	\$ 413,706	4	\$ 413,706
Total CHS Group Contract	-	\$ -	5	\$ 510,642	5	\$ 510,642

CLARENDON		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
Capitated Contract							
	Band B - At-home ID/RD Waiver	35	\$ 498,672	35	\$ 511,097	-	\$ 12,425
	Band I - At-Home CSW	31	\$ 450,771	29	\$ 436,305	(2)	\$ (14,466)
	Band D - Residential	6	\$ 128,238	5	\$ 112,970	(1)	\$ (15,268)
	Band E - Residential	1	\$ 25,847	3	\$ 80,340	2	\$ 54,493
	Band F - Residential	5	\$ 198,210	4	\$ 162,356	(1)	\$ (35,854)
	Band G - Residential	38	\$ 2,778,028	38	\$ 3,055,542	-	\$ 277,514
	Band H - Residential	21	\$ 1,939,581	19	\$ 2,080,449	(2)	\$ 140,868
	Band R - Residential	1	\$ 101,822	1	\$ 105,511	-	\$ 3,689
	Total Capitated Contract	138	\$ 6,121,169	134	\$ 6,544,570	(4)	\$ 423,401
Special Contracts							
	Early Intervention	1	\$ 4,704	-	\$ -	(1)	\$ (4,704)
	Case Management	144	\$ 241,281	143	\$ 171,600	(1)	\$ (69,681)
	State Funded Follow Along	-	\$ -	1	\$ 5,350	1	\$ 5,350
	Family Support	-	\$ 7,964	-	\$ 8,831	-	\$ 867
	Total Special Contracts	145	\$ 253,949	144	\$ 185,781	(1)	\$ (68,168)
	TOTAL CLARENDON CONTRACTS	283	\$ 6,375,118	278	\$ 6,730,351	(5)	\$ 355,233

COLLETON		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
Capitated Contract							
	Band B - At-home ID/RD Waiver	56	\$ 841,664	52	\$ 805,568	(4)	\$ (36,096)
	Band I - At-Home CSW	20	\$ 290,820	22	\$ 330,990	2	\$ 40,170
	Band C - Residential	20	\$ 719,380	19	\$ 732,982	(1)	\$ 13,602
	Band G - Residential	5	\$ 365,530	5	\$ 402,045	-	\$ 36,515
	Band H - Residential	32	\$ 2,955,552	32	\$ 3,368,346	-	\$ 412,794
	Band R - Residential	5	\$ 509,110	3	\$ 316,533	(2)	\$ (192,577)
	Total Capitated Contract	138	\$ 5,682,056	133	\$ 5,956,464	(5)	\$ 274,408
Special Contracts							
	Early Intervention	-	\$ -	13	\$ 40,300	13	\$ 40,300
	Case Management	124	\$ 207,769	-	\$ -	(124)	\$ (207,769)
	Family Support	-	\$ 12,085	-	\$ -	-	\$ (12,085)
	State Funded Community Supports	1	\$ 15,103	1	\$ 15,742	-	\$ 639
	HASCI Residential	1	\$ 92,361	2	\$ 198,138	1	\$ 105,777
	Total Special Contracts	126	\$ 327,318	16	\$ 254,180	(110)	\$ (73,138)
	TOTAL COLLETON CONTRACTS	264	\$ 6,009,374	149	\$ 6,210,644	(115)	\$ 201,270
<i>FY 2020 had a formula error in it. Numbers in chart above are correct but do not match prior year report.</i>							

COMMUNITY OPTIONS	FY2020		FY2021		Variance	
	#	\$	#	\$	#	\$
SLP 1	13	\$ 387,430	12	\$ 399,653	(1)	\$ 12,222
SLP 2	-	\$ -	2	\$ 72,000	2	\$ 72,000
SLP 3	3	\$ 114,942	2	\$ 90,192	(1)	\$ (24,751)
CTH 1	9	\$ 268,891	9	\$ 272,779	-	\$ 3,888
Low Needs CTH 2	17	\$ 1,218,352	20	\$ 1,565,631	3	\$ 347,279
High Needs CTH 2	66	\$ 6,000,578	61	\$ 5,913,139	(5)	\$ (87,439)
HASCI Residential CTH 2	6	\$ 556,698	5	\$ 482,348	(1)	\$ (74,351)
Band R	28	\$ 2,812,033	28	\$ 2,895,939	-	\$ 83,906
High Needs CTH 2 with Outliers	3	\$ 360,890	3	\$ 378,947	-	\$ 18,057
Supported Employment Services	-	\$ -	-	\$ -	-	\$ -
TOTAL COMMUNITY OPTIONS CONTRACTS	145	\$ 11,719,814	142	\$ 12,070,626	(3)	\$ 350,812

DARLINGTON		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
	Capitated Contract						
	Band B - At-home ID/RD Waiver	38	\$ 539,812	39	\$ 567,296	1	\$ 27,484
	Band I - At-Home CSW	35	\$ 508,935	34	\$ 511,530	(1)	\$ 2,595
	Band F - Residential	1	\$ 39,642	1	\$ 40,589	-	\$ 947
	Band G - Residential	31	\$ 2,266,286	30	\$ 2,412,270	(1)	\$ 145,984
	Band H - Residential	1	\$ 92,361	1	\$ 99,069	-	\$ 6,708
	Band R - Residential	1	\$ 101,822	1	\$ 105,511	-	\$ 3,689
	Band T - Residential	15	\$ 1,649,484	15	\$ 1,752,024	-	\$ 102,540
	Total Capitated Contract	122	\$ 5,198,342	121	\$ 5,488,289	(1)	\$ 289,947
	Special Contracts						
	Early Intervention	26	\$ 122,304	14	\$ 43,400	(12)	\$ (78,904)
	Case Management	172	\$ 288,196	190	\$ 228,000	18	\$ (60,196)
	Family Support	-	\$ 26,336	-	\$ 9,030	-	\$ (17,306)
	State Funded Follow Along	-	\$ -	2	\$ 10,700	2	\$ 10,700
	State Funded Community Supports	1	\$ 15,103	1	\$ 15,742	-	\$ 639
	Total Special Contracts	199	\$ 451,939	207	\$ 306,872	8	\$ (145,067)
	TOTAL DARLINGTON CONTRACTS	321	\$ 5,650,281	328	\$ 5,795,161	7	\$ 144,880

DORCHESTER		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
Capitated Contract							
	Band B - At-home ID/RD Waiver	140	\$ 1,971,156	148	\$ 2,122,486	8	\$ 151,330
	Band I - At-Home CSW	60	\$ 872,460	57	\$ 857,565	(3)	\$ (14,895)
	Band C - Residential	6	\$ 215,814	10	\$ 385,780	4	\$ 169,966
	Band D - Residential	16	\$ 341,968	15	\$ 338,910	(1)	\$ (3,058)
	Band G - Residential	55	\$ 4,020,830	57	\$ 4,583,313	2	\$ 562,483
	Band H - Residential	25	\$ 2,309,025	26	\$ 2,575,794	1	\$ 266,769
	Band T - Residential	16	\$ 1,591,152	16	\$ 1,700,528	-	\$ 109,376
	Total Capitated Contract	319	\$ 11,322,405	330	\$ 12,564,376	11	\$ 1,241,971
Special Contracts							
	Early Intervention	27	\$ 127,008	22	\$ 68,200	(5)	\$ (58,808)
	Case Management	289	\$ 484,237	300	\$ 360,000	11	\$ (124,237)
	Family Support	-	\$ 35,906	-	\$ 29,286	-	\$ (6,620)
	State Funded Community Supports	5	\$ 75,515	4	\$ 62,968	(1)	\$ (12,547)
	State Funded Follow Along	1	\$ 5,350	1	\$ 5,350	-	\$ -
	HASCI Residential	1	\$ 73,106	1	\$ 80,409	-	\$ 7,303
*	Maintenance for Autism Homes	-	\$ 7,156	-	\$ -	-	\$ (7,156)
	Total Special Contracts	323	\$ 808,278	328	\$ 606,213	5	\$ (202,065)
	TOTAL DORCHESTER CONTRACTS	642	\$ 12,130,683	658	\$ 13,170,589	16	\$ 1,039,906
*	Contract discontinued						

ECM CONSULTING*		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
	SLP 1	1	\$ 71,668	-	\$ -	(1)	\$ (71,668)
TOTAL ECM CONSULTING CONTRACT		1	\$ 71,668	-	\$ -	(1)	\$ (71,668)
*	Contract terminated for FY 21						

EXCALIBUR	FY2020		FY2021		Variance	
	#	\$	#	\$	#	\$
High Management CTH 2	28	\$ 3,436,694	28	\$ 3,660,103	-	\$ 223,409
TOTAL EXCALIBUR CONTRACT	28	\$ 3,436,694	28	\$ 3,660,103	-	\$ 223,409

FAIRFIELD		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
	Capitated Contract						
	Band B - At-home ID/RD Waiver	15	\$ 253,211	15	\$ 233,404	-	\$ (19,807)
	Band I - At-Home CSW	13	\$ 189,033	13	\$ 195,585	-	\$ 6,552
	Band G - Residential	22	\$ 1,608,332	23	\$ 1,849,407	1	\$ 241,075
	Band H - Residential	25	\$ 2,561,599	25	\$ 2,789,299	-	\$ 227,700
	Total Capitated Contract	75	\$ 4,612,175	76	\$ 5,067,695	1	\$ 455,520
	Special Contracts						
	HASCI Residential	1	\$ 152,361	-	\$ -	(1)	\$ (152,361)
*	Early Intervention	14	\$ 65,856	-	\$ -	(14)	\$ (65,856)
*	Case Management	65	\$ 108,911	-	\$ -	(65)	\$ (108,911)
	Family Support	-	\$ 8,522	-	\$ -	-	\$ (8,522)
	Total Special Contracts	80	\$ 335,650	-	\$ -	(80)	\$ (335,650)
	TOTAL FAIRFIELD CONTRACTS	155	\$ 4,947,825	76	\$ 5,067,695	(79)	\$ 119,870
*	Terminated program						

FLORENCE		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
	Capitated Contract						
	Band B - At-home ID/RD Waiver	158	\$ 2,399,664	165	\$ 2,553,712	7	\$ 154,048
	Band I - At-Home CSW	89	\$ 1,294,149	86	\$ 1,293,870	(3)	\$ (279)
	Band C - Residential	33	\$ 1,186,977	31	\$ 1,195,918	(2)	\$ 8,941
	Band E - Residential	2	\$ 51,694	2	\$ 53,560	-	\$ 1,866
	Band G - Residential	43	\$ 3,143,558	44	\$ 3,537,996	1	\$ 394,438
	Band H - Residential	28	\$ 2,586,108	27	\$ 2,674,863	(1)	\$ 88,755
	Band T - Residential	39	\$ 3,878,433	40	\$ 4,251,320	1	\$ 372,887
	Total Capitated Contract	392	\$ 14,540,583	395	\$ 15,561,239	3	\$ 1,020,656
	Special Contracts						
	Early Intervention	24	\$ 112,896	20	\$ 62,000	(4)	\$ (50,896)
	Case Management	423	\$ 708,762	459	\$ 550,800	36	\$ (157,962)
	Family Support	-	\$ 56,304	-	\$ 56,317	-	\$ 13
	State Funded Community Supports	6	\$ 90,618	3	\$ 47,226	(3)	\$ (43,392)
	Regional Center Attending Day	2	\$ 15,340	2	\$ 15,340	-	\$ -
	Total Special Contracts	455	\$ 983,920	484	\$ 731,683	29	\$ (252,237)
	TOTAL FLORENCE CONTRACTS	847	\$ 15,524,503	879	\$ 16,292,922	32	\$ 768,419

GEORGETOWN		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
	Capitated Contract						
	Band B - At-home ID/RD Waiver	64	\$ 1,058,671	60	\$ 975,204	(4)	\$ (83,467)
	Band C - Residential	-	\$ -	2	\$ 77,156	2	\$ 77,156
	Band I - At-Home CSW	26	\$ 378,066	25	\$ 376,125	(1)	\$ (1,941)
	Band G - Residential	16	\$ 1,169,696	15	\$ 1,206,135	(1)	\$ 36,439
	Band H - Residential	21	\$ 1,939,581	24	\$ 2,377,656	3	\$ 438,075
	Band R - Residential	1	\$ 101,822	1	\$ 105,511	-	\$ 3,689
	Total Capitated Contract	128	\$ 4,647,836	127	\$ 5,117,787	(1)	\$ 469,951
	Special Contracts						
	Early Intervention	10	\$ 47,040	10	\$ 31,000	-	\$ (16,040)
	Case Management	122	\$ 204,418	125	\$ 150,000	3	\$ (54,418)
	Family Support	-	\$ 10,828	-	\$ 12,162	-	\$ 1,334
	State Funded Community Supports	5	\$ 75,515	4	\$ 62,968	(1)	\$ (12,547)
	CIRS	3	\$ 82,698	1	\$ 28,822	(2)	\$ (53,876)
	Total Special Contracts	140	\$ 420,499	140	\$ 284,952	-	\$ (135,547)
	TOTAL GEORGETOWN CONTRACTS	268	\$ 5,068,335	267	\$ 5,402,739	(1)	\$ 334,404

GROWING HOMES	FY2020		FY2021		Variance	
	#	\$	#	\$	#	\$
TFH - Level 1	3	\$ 78,818	2	\$ 54,443	(1)	\$ (24,375)
TFH - Level 2	1	\$ 38,781	1	\$ 39,730	-	\$ 949
TFH - Level 3	6	\$ 319,740	6	\$ 325,434	-	\$ 5,694
Day Service Add-Ons	-	\$ 55,910	-	\$ 110,739	-	\$ 54,829
TOTAL GOWING HOMES CONTRACT	10	\$ 493,250	9	\$ 530,347	(1)	\$ 37,097

HAMPTON		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
Capitated Contract							
	Band B - At-home ID/RD Waiver	24	\$ 359,667	24	\$ 368,187	-	\$ 8,520
	Band I - At-Home CSW	18	\$ 261,738	17	\$ 255,765	(1)	\$ (5,973)
	Band D - Residential	1	\$ 21,373	1	\$ 22,594	-	\$ 1,221
	Band G - Residential	4	\$ 292,424	4	\$ 321,636	-	\$ 29,212
	Band H - Residential	8	\$ 738,888	8	\$ 792,552	-	\$ 53,664
	Total Capitated Contract	55	\$ 1,674,090	54	\$ 1,760,734	(1)	\$ 86,644
Special Contracts							
	Early Intervention	21	\$ 98,784	2	\$ 6,200	(19)	\$ (92,584)
	Case Management	55	\$ 92,156	57	\$ 68,400	2	\$ (23,756)
	Family Support	-	\$ 6,147	-	\$ 8,057	-	\$ 1,910
	State Funded Community Supports	5	\$ 75,515	2	\$ 31,484	(3)	\$ (44,031)
	Total Special Contracts	81	\$ 272,602	61	\$ 114,141	(20)	\$ (158,461)
TOTAL HAMPTON CONTRACTS		136	\$ 1,946,692	115	\$ 1,874,875	(21)	\$ (71,817)

Heart and Hands		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
	CTH I HASCI	1	\$ 29,877	1	\$ 30,309	-	\$ 432
	CTH I	1	\$ 29,877	1	\$ 30,309	-	\$ 432
TOTAL HEART AND HANDS CONTRACT		2	\$ 59,754	2	\$ 60,618	-	\$ 864

HORRY		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
Capitated Contract							
	Band B - At-home ID/RD Waiver	166	\$ 2,386,600	185	\$ 2,689,185	19	\$ 302,585
	Band I - At-Home CSW	76	\$ 1,105,116	75	\$ 1,128,375	(1)	\$ 23,259
	Band C - Residential	17	\$ 611,473	17	\$ 655,826	-	\$ 44,353
	Band D - Residential	11	\$ 235,103	9	\$ 203,346	(2)	\$ (31,757)
	Band E - Residential	2	\$ 51,694	2	\$ 53,560	-	\$ 1,866
	Band G - Residential	29	\$ 2,120,074	29	\$ 2,331,861	-	\$ 211,787
	Band H - Residential	27	\$ 2,514,899	27	\$ 2,696,015	-	\$ 181,116
	Band R - Residential	2	\$ 203,644	2	\$ 211,022	-	\$ 7,378
	Total Capitated Contract	330	\$ 9,228,603	346	\$ 9,969,190	16	\$ 740,587
Special Contracts							
	HASCI Day	50	\$ 145,805	50	\$ 145,805	-	\$ -
	HASCI Residential	1	\$ 92,361	1	\$ 99,069	-	\$ 6,708
	HASCI - Individual Rehab Supports	15	\$ 157,500	-	\$ 28,000	(15)	\$ (129,500)
	Early Intervention	43	\$ 202,272	43	\$ 133,300	-	\$ (68,972)
	Case Management	355	\$ 594,824	410	\$ 492,000	55	\$ (102,824)
	Family Support	-	\$ 50,576	-	\$ 59,880	-	\$ 9,304
	State Funded Follow Along	2	\$ 10,700	2	\$ 10,700	-	\$ -
	State Funded Community Supports	10	\$ 151,030	8	\$ 125,936	(2)	\$ (25,094)
	Special Family Support	-	\$ 4,800	-	\$ 4,800	-	\$ -
	Total Special Contracts	476	\$ 1,409,868	514	\$ 1,099,490	38	\$ (310,378)
	TOTAL HORRY CONTRACTS	806	\$ 10,638,471	860	\$ 11,068,680	54	\$ 430,209
	* Program Discontinued						

JASPER		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
Capitated Contract							
	Band B - At-home ID/RD Waiver	19	\$ 259,141	19	\$ 265,886	-	\$ 6,745
	Band I - At-Home CSW	27	\$ 392,607	27	\$ 406,215	-	\$ 13,608
	Band G - Residential	10	\$ 731,060	11	\$ 884,499	1	\$ 153,439
	Band H - Residential	14	\$ 1,322,566	13	\$ 1,287,897	(1)	\$ (34,669)
	Total Capitated Contract	70	\$ 2,705,374	70	\$ 2,844,497	-	\$ 139,123
Special Contracts							
	Early Intervention	2	\$ 9,408	2	\$ 6,200	-	\$ (3,208)
	Case Management	95	\$ 159,178	105	\$ 126,000	10	\$ (33,178)
	Family Support	-	\$ 7,335	-	\$ 7,437	-	\$ 102
*	Fiscal Agent - ID/RD Attendant Care	-	\$ 556,345	-	\$ -	-	\$ (556,345)
*	Fiscal Agent - CS Waiver Attendant Care	-	\$ 4,250,352	-	\$ -	-	\$ (4,250,352)
*	Fiscal Agent -Self-Directed Admin	-	\$ 245,945	-	\$ 245,945	-	\$ -
*	Fiscal Agent - Respite Payroll	-	\$ 3,127,053	-	\$ -	-	\$ (3,127,053)
*	Fiscal Agent - Respite Payroll Admin	-	\$ 94,945	-	\$ 94,945	-	\$ -
*	Fiscal Agent - HASCI Self-Directed Care	-	\$ 4,166,912	-	\$ -	-	\$ (4,166,912)
	Total Special Contracts	97	\$ 12,617,473	107	\$ 480,527	10	\$ (12,136,946)
	TOTAL JASPER CONTRACTS	167	\$ 15,322,847	177	\$ 3,325,024	10	\$ (11,997,823)
*	Respite payroll reported in this manner reflects duplicate contractual figures. Paying on a						

KERSHAW		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
Capitated Contract							
	Band B - At-home ID/RD Waiver	87	\$ 1,436,603	87	\$ 1,492,268	-	\$ 55,665
	Band I - At-Home CSW	34	\$ 494,394	39	\$ 586,755	5	\$ 92,361
	Band D - Residential	1	\$ 21,373	1	\$ 22,594	-	\$ 1,221
	Band G - Residential	15	\$ 1,096,590	17	\$ 1,366,953	2	\$ 270,363
	Band H - Residential	6	\$ 554,166	6	\$ 594,414	-	\$ 40,248
	Band R - Residential	1	\$ 101,822	1	\$ 105,511	-	\$ 3,689
	Total Capitated Contract	144	\$ 3,704,948	151	\$ 4,168,495	7	\$ 463,547
Special Contracts							
	Early Intervention	1	\$ 4,704	5	\$ 15,500	4	\$ 10,796
	Case Management	150	\$ 251,334	163	\$ 195,600	13	\$ (55,734)
	Family Support	-	\$ 13,971	-	\$ 6,945	-	\$ (7,026)
	State Funded Community Supports	1	\$ 15,103	2	\$ 31,484	1	\$ 16,381
	Total Special Contracts	152	\$ 285,112	170	\$ 249,529	18	\$ (35,583)
	TOTAL KERSHAW CONTRACTS	296	\$ 3,990,060	321	\$ 4,418,024	25	\$ 427,964
<i>FY 2020 had a formula error in it. Numbers in chart above are correct but do not match prior year report.</i>							

LAURENS		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
Capitated Contract							
	Band B - At-home ID/RD Waiver	58	\$ 1,081,875	65	\$ 1,250,086	7	\$ 168,211
	Band I - At-Home CSW	45	\$ 654,345	34	\$ 511,530	(11)	\$ (142,815)
	Band C - Residential	16	\$ 575,504	16	\$ 617,248	-	\$ 41,744
	Band D - Residential	11	\$ 235,103	10	\$ 225,940	(1)	\$ (9,163)
	Band G - Residential	39	\$ 2,851,134	42	\$ 3,457,587	3	\$ 606,453
	Band H - Residential	31	\$ 2,981,516	30	\$ 3,090,395	(1)	\$ 108,879
	Band R - Residential	3	\$ 305,466	2	\$ 211,022	(1)	\$ (94,444)
	Band T - Residential	16	\$ 1,591,152	16	\$ 1,700,528	-	\$ 109,376
	Total Capitated Contract	219	\$ 10,276,095	215	\$ 11,064,336	(4)	\$ 788,241
Special Contracts							
	HASCI Residential	1	\$ 73,106	1	\$ 80,409	-	\$ 7,303
	Early Intervention	11	\$ 51,744	13	\$ 40,300	2	\$ (11,444)
	Case Management	132	\$ 221,174	145	\$ 174,000	13	\$ (47,174)
	Family Support	-	\$ 27,244	-	\$ 28,507	-	\$ 1,263
*	Caregiver Relief	-	\$ 6,469	-	\$ -	-	\$ (6,469)
	State Funded Community Supports	4	\$ 60,412	5	\$ 78,710	1	\$ 18,298
	Total Special Contracts	148	\$ 440,149	164	\$ 401,926	16	\$ (38,222)
TOTAL LAURENS CONTRACTS		367	\$ 10,716,244	379	\$ 11,466,262	12	\$ 750,019
*	Discontinued in FY 20						

LEE		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
	Capitated Contract						
	Band B - At-home ID/RD Waiver	7	\$ 95,473	7	\$ 97,958	-	\$ 2,485
	Band I - At-Home CSW	20	\$ 290,820	22	\$ 330,990	2	\$ 40,170
	Band C - Residential	10	\$ 359,690	11	\$ 424,358	1	\$ 64,668
	Band D - Residential	3	\$ 64,119	3	\$ 67,782	-	\$ 3,663
	Band G - Residential	23	\$ 1,681,438	23	\$ 1,849,407	-	\$ 167,969
	Band H - Residential	12	\$ 1,108,332	12	\$ 1,188,828	-	\$ 80,496
	Band T - Residential	16	\$ 1,591,152	15	\$ 1,594,245	(1)	\$ 3,093
	Total Capitated Contract	91	\$ 5,191,024	93	\$ 5,553,568	2	\$ 362,544
	Special Contracts						
	Early Intervention	4	\$ 18,816	2	\$ 6,200	(2)	\$ (12,616)
	Case Management	76	\$ 127,343	81	\$ 97,200	5	\$ (30,143)
	Family Support	-	\$ 4,471	-	\$ 3,874	-	\$ (597)
	Total Special Contracts	80	\$ 150,630	83	\$ 107,274	3	\$ (43,356)
	TOTAL LEE CONTRACTS	171	\$ 5,341,654	176	\$ 5,660,842	5	\$ 319,188

LUTHERAN	FY2020		FY2021		Variance	
	#	\$	#	\$	#	\$
Low Needs CTH 2	-	\$ -	1	\$ 78,282	1	\$ 78,282
High Needs CTH 2	21	\$ 1,909,275	23	\$ 2,229,544	2	\$ 320,269
HASCI Residential - CTH 2	1	\$ 92,783	1	\$ 96,470	-	\$ 3,687
Band R	3	\$ 301,289	6	\$ 620,558	3	\$ 319,269
High Needs CTH 2 with Outliers	12	\$ 1,455,620	10	\$ 1,283,997	(2)	\$ (171,623)
Enhanced CTH I	1	\$ 29,877	1	\$ 30,309	-	\$ 432
TFH - Level 1	2	\$ 52,545	2	\$ 54,443	-	\$ 1,898
TFH - Level 2	9	\$ 349,031	11	\$ 437,033	2	\$ 88,002
TFH - Level 3	26	\$ 1,466,117	25	\$ 1,367,137	(1)	\$ (98,981)
Day Service Add-Ons	-	\$ 411,299	-	\$ 466,128	-	\$ 54,829
* Overnight Respite	-	\$ 250,000	-	\$ -	-	\$ (250,000)
TOTAL LUTHERAN CONTRACTS	75	\$ 6,317,837	80	\$ 6,663,900	5	\$ 346,063
* Discontinued at request of provider						

MARION/DILLON		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
Capitated Contract							
	Band B - At-home ID/RD Waiver	39	\$ 567,722	48	\$ 707,513	9	\$ 139,791
	Band I - At-Home CSW	73	\$ 1,061,493	67	\$ 1,008,015	(6)	\$ (53,478)
	Band C - Residential	1	\$ 35,969	1	\$ 38,578	-	\$ 2,609
	Band G - Residential	18	\$ 1,315,908	18	\$ 1,447,362	-	\$ 131,454
	Band H - Residential	37	\$ 3,417,357	35	\$ 3,467,415	(2)	\$ 50,058
	Total Capitated Contract	168	\$ 6,398,449	169	\$ 6,668,883	1	\$ 270,434
Special Contracts							
	Early Intervention	13	\$ 61,152	19	\$ 58,900	6	\$ (2,252)
	Case Management	174	\$ 291,547	182	\$ 218,400	8	\$ (73,147)
	Family Support	-	\$ 22,703	-	\$ 16,997	-	\$ (5,706)
	HASCI Residential	1	\$ 73,792	1	\$ 80,409	-	\$ 6,617
	State Funded Community Supports	1	\$ 15,103	-	\$ -	(1)	\$ (15,103)
	Total Special Contracts	189	\$ 464,297	202	\$ 374,706	13	\$ (89,591)
TOTAL MARION/DILLON CONTRACTS		357	\$ 6,862,746	371	\$ 7,043,589	14	\$ 180,843

MARLBORO		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
Capitated Contract							
	Band B - At-home ID/RD Waiver	29	\$ 417,913	32	\$ 470,190	3	\$ 52,277
	Band I - At-Home CSW	18	\$ 261,738	15	\$ 225,675	(3)	\$ (36,063)
	Band D - Residential	3	\$ 64,119	3	\$ 67,782	-	\$ 3,663
	Band G - Residential	10	\$ 731,060	10	\$ 804,090	-	\$ 73,030
	Band H - Residential	2	\$ 184,722	2	\$ 198,138	-	\$ 13,416
	Total Capitated Contract	62	\$ 1,659,552	62	\$ 1,765,875	-	\$ 106,323
Special Contracts							
	Early Intervention	16	\$ 75,264	14	\$ 43,400	(2)	\$ (31,864)
	Case Management	60	\$ 100,534	90	\$ 108,000	30	\$ 7,466
	Family Support	-	\$ 7,335	-	\$ 4,436	-	\$ (2,899)
	State Funded Community Supports	2	\$ 30,206	2	\$ 31,484	-	\$ 1,278
	Total Special Contracts	78	\$ 213,339	106	\$ 187,320	28	\$ (26,019)
	TOTAL MARLBORO CONTRACTS	140	\$ 1,872,891	168	\$ 1,953,195	28	\$ 80,304

MAX ABILITIES OF YORK		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
Capitated Contract							
	Band B - At-home ID/RD Waiver	219	\$ 3,032,192	244	\$ 3,459,787	25	\$ 427,595
	Band I - At-Home CSW	102	\$ 1,483,182	103	\$ 1,549,635	1	\$ 66,453
	Band C - Residential	20	\$ 719,380	19	\$ 732,982	(1)	\$ 13,602
	Band D - Residential	10	\$ 213,730	9	\$ 203,346	(1)	\$ (10,384)
	Band G - Residential	44	\$ 3,216,664	44	\$ 3,537,996	-	\$ 321,332
	Band H - Residential	73	\$ 6,998,820	73	\$ 7,488,504	-	\$ 489,684
	Band R - Residential	1	\$ 101,822	1	\$ 105,511	-	\$ 3,689
	Total Capitated Contract	469	\$ 15,765,790	493	\$ 17,077,761	24	\$ 1,311,971
Special Contracts							
	HASCI Residential	1	\$ 92,361	1	\$ 99,069	-	\$ 6,708
*	HASCI - Individual Rehab Supports	1	\$ 11,250	-	\$ -	(1)	\$ (11,250)
	Early Intervention	42	\$ 197,568	46	\$ 142,600	4	\$ (54,968)
	Case Management	414	\$ 693,682	477	\$ 572,400	63	\$ (121,282)
	Family Support	-	\$ 46,314	-	\$ 19,165	-	\$ (27,149)
	State Funded Community Supports	5	\$ 75,515	6	\$ 94,452	1	\$ 18,937
	State Funded Follow Along	2	\$ 10,700	2	\$ 10,700	-	\$ -
	Total Special Contracts	465	\$ 1,127,390	532	\$ 938,386	67	\$ (189,004)
TOTAL MAX ABILITIES OF YORK CONTRACTS		934	\$ 16,893,180	1,025	\$ 18,016,147	91	\$ 1,122,967
<i>FY 2020 had a formula error in it. Numbers in chart above are correct but do not match prior year report.</i>							
*	Program discontinued in FY 20						

<u>MIRCI</u>	FY2020		FY2021		Variance	
	#	\$	#	\$	#	\$
CRCF - High Needs	6	\$ 545,507	7	\$ 678,557	1	\$ 133,050
CRCF - Band R	6	\$ 602,579	4	\$ 413,706	(2)	\$ (188,873)
TOTAL MIRCI CONTRACT	12	\$ 1,148,086	11	\$ 1,092,263	(1)	\$ (55,823)

NEWBERRY		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
Capitated Contract							
	Band B - At-home ID/RD Waiver	31	\$ 422,809	30	\$ 419,820	(1)	\$ (2,989)
	Band I - At-Home CSW	35	\$ 508,935	37	\$ 556,665	2	\$ 47,730
	Band C - Residential	6	\$ 215,814	6	\$ 231,468	-	\$ 15,654
	Band D - Residential	7	\$ 149,611	5	\$ 112,970	(2)	\$ (36,641)
	Band G - Residential	37	\$ 2,704,922	37	\$ 2,975,133	-	\$ 270,211
	Band H - Residential	7	\$ 646,527	7	\$ 693,483	-	\$ 46,956
	Band T - Residential	12	\$ 1,193,364	12	\$ 1,275,396	-	\$ 82,032
	Total Capitated Contract	135	\$ 5,841,982	134	\$ 6,264,935	(1)	\$ 422,953
Special Contracts							
	Early Intervention	11	\$ 51,744	15	\$ 46,500	4	\$ (5,244)
	Case Management	99	\$ 165,880	98	\$ 117,600	(1)	\$ (48,280)
	Family Support	-	\$ 9,640	-	\$ 9,063	-	\$ (577)
	Total Special Contracts	110	\$ 227,264	113	\$ 173,163	3	\$ (54,101)
	TOTAL NEWBERRY CONTRACTS	245	\$ 6,069,246	247	\$ 6,438,098	2	\$ 368,852

OCONEE		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
Capitated Contract							
	Band B - At-home ID/RD Waiver	82	\$ 1,118,398	95	\$ 1,329,430	13	\$ 211,032
	Band I - At-Home CSW	41	\$ 596,181	44	\$ 661,980	3	\$ 65,799
	Band C - Residential	15	\$ 539,535	16	\$ 617,248	1	\$ 77,713
	Band D - Residential	16	\$ 341,968	16	\$ 361,504	-	\$ 19,536
	Band G - Residential	23	\$ 1,681,438	27	\$ 2,171,043	4	\$ 489,605
	Band H - Residential	26	\$ 2,401,386	25	\$ 2,476,725	(1)	\$ 75,339
	Band W - Residential	12	\$ 563,004	11	\$ 644,352	(1)	\$ 81,348
	Total Capitated Contract	215	\$ 7,241,910	234	\$ 8,262,282	19	\$ 1,020,372
Special Contracts							
	HASCI Residential	1	\$ 92,361	-	\$ -	(1)	\$ (92,361)
	Early Intervention	44	\$ 206,976	33	\$ 102,300	(11)	\$ (104,676)
	Case Management	216	\$ 361,921	246	\$ 295,200	30	\$ (66,721)
	Family Support	-	\$ 15,159	-	\$ 16,655	-	\$ 1,496
	State Funded Community Supports	3	\$ 45,309	3	\$ 47,226	-	\$ 1,917
	Total Special Contracts	264	\$ 721,726	282	\$ 461,381	18	\$ (260,345)
	TOTAL OCONEE CONTRACTS	479	\$ 7,963,636	516	\$ 8,723,663	37	\$ 760,027
<i>FY 2020 had a formula error in it. Numbers in chart above are correct but do not match prior year report.</i>							

ORANGEBURG		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
Capitated Contract							
	Band B - At-home ID/RD Waiver	105	\$ 1,535,041	116	\$ 1,726,250	11	\$ 191,209
	Band I - At-Home CSW	70	\$ 1,017,870	57	\$ 857,565	(13)	\$ (160,305)
	Band C - Residential	18	\$ 647,442	18	\$ 694,404	-	\$ 46,962
	Band G - Residential	40	\$ 2,924,240	39	\$ 3,216,360	(1)	\$ 292,120
	Band H - Residential	32	\$ 2,984,782	31	\$ 3,100,369	(1)	\$ 115,587
	Band R - Residential	1	\$ 101,822	1	\$ 105,511	-	\$ 3,689
	Band T - Residential	30	\$ 2,983,410	31	\$ 3,294,773	1	\$ 311,363
	Total Capitated Contract	302	\$ 12,194,607	299	\$ 12,995,232	(3)	\$ 800,625
Special Contracts							
	HASCI Residential	6	\$ 431,719	6	\$ 464,364	-	\$ 32,645
	Early Intervention	19	\$ 89,376	15	\$ 46,500	(4)	\$ (42,876)
	Case Management	298	\$ 499,317	315	\$ 378,000	17	\$ (121,317)
	Family Support	-	\$ 45,545	-	\$ 15,621	-	\$ (29,924)
	State Funded Community Supports	6	\$ 90,618	9	\$ 141,678	3	\$ 51,060
	Total Special Contracts	329	\$ 1,156,575	345	\$ 1,046,163	16	\$ (110,412)
TOTAL ORANGEBURG CONTRACTS		631	\$ 13,351,182	644	\$ 14,041,395	13	\$ 690,213

<u>PADD</u>	FY 2020		FY2021		Variance	
	#	\$	#	\$	#	\$
CRCF/CTHII - Low Needs	9	\$ 645,010	10	\$ 782,816	1	\$ 137,806
TOTAL PADD CONTRACT	9	\$ 645,010	10	\$ 782,816	1	\$ 137,806

PICKENS		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
	Capitated Contract						
	Band B - At-home ID/RD Waiver	40	\$ 545,560	40	\$ 559,760	-	\$ 14,200
	Band I - At-Home CSW	83	\$ 1,206,903	81	\$ 1,218,645	(2)	\$ 11,742
	Band C - Residential	19	\$ 683,411	25	\$ 964,450	6	\$ 281,039
	Band D - Residential	10	\$ 213,730	10	\$ 225,940	-	\$ 12,210
	Band G - Residential	23	\$ 1,681,438	26	\$ 2,090,634	3	\$ 409,196
	Band H - Residential	36	\$ 3,792,935	34	\$ 3,827,516	(2)	\$ 34,581
	Total Capitated Contract	211	\$ 8,123,977	216	\$ 8,886,945	5	\$ 762,968
	Special Contracts						
*	Case Management	191	\$ 320,032	-	\$ -	(191)	\$ (320,032)
	Family Support	-	\$ 27,034	-	\$ -	-	\$ (27,034)
	State Funded Follow Along	2	\$ 10,700	2	\$ 10,700	-	\$ -
	State Funded Community Supports	6	\$ 90,618	7	\$ 110,194	1	\$ 19,576
	Total Special Contracts	199	\$ 448,384	9	\$ 120,894	(190)	\$ (327,490)
	TOTAL PICKENS CONTRACTS	410	\$ 8,572,361	225	\$ 9,007,839	(185)	\$ 435,478
	<i>FY 2020 had a formula error in it. Numbers in chart above are correct but do not match prior year report.</i>						
*	Discontinued contract in FY 20						

PINE GROVE	FY2020		FY2021		Variance	
	#	\$	#	\$	#	\$
CTH 2 - High Needs	11	\$ 1,000,096	12	\$ 1,163,240	1	\$ 163,144
TOTAL PINE GROVE CONTRACT	11	\$ 1,000,096	12	\$ 1,163,240	1	\$ 163,144

RICHLAND/LEXINGTON		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
Capitated Contract							
	Band B - At-home ID/RD Waiver	1	\$ 13,639	1	\$ 13,994	-	\$ 355
	Band F - Residential	24	\$ 951,408	22	\$ 892,958	(2)	\$ (58,450)
	Total Capitated Contract	25	\$ 965,047	23	\$ 906,952	(2)	\$ (58,095)
Special Contracts							
	Early Intervention	106	\$ 498,624	71	\$ 220,100	(35)	\$ (278,524)
	Case Management	1,523	\$ 2,551,878	1,843	\$ 2,211,600	320	\$ (340,278)
	Family Support	-	\$ 108,207	-	\$ 124,796	-	\$ 16,589
	Special Supports - ID/RD Individual	-	\$ 12,000	-	\$ 12,000	-	\$ -
	Rent Expenses	-	\$ 124,000	-	\$ 124,000	-	\$ -
	TFH - Level 2	2	\$ 77,563	2	\$ 79,461	-	\$ 1,898
	TFH - Level 3	1	\$ 53,290	1	\$ 54,239	-	\$ 949
	Day Service Add-Ons	-	\$ 41,392	-	\$ 41,392	-	\$ -
	Total Special Contracts	1,632	\$ 3,466,954	1,917	\$ 2,867,587	285	\$ (599,366)
TOTAL RICHLAND/LEXINGTON CONTRACTS		1,657	\$ 4,432,001	1,940	\$ 3,774,539	283	\$ (657,461)

SAFY	FY2020		FY2021		Variance	
	#	\$	#	\$	#	\$
TFH - Level 1	1	\$ 26,273	1	\$ 27,222	-	\$ 949
TFH - Level 2	5	\$ 193,906	5	\$ 198,651	-	\$ 4,745
TFH - Level 3	5	\$ 266,450	5	\$ 271,195	-	\$ 4,745
Day Service Add-Ons	-	\$ 98,384	-	\$ 153,213	-	\$ 54,829
TOTAL SAFY CONTRACT	11	\$ 585,013	11	\$ 650,281	-	\$ 65,268

SC AUTISM	FY2020		FY2021		Variance	
	#	\$	#	\$	#	\$
Family Support	-	\$ 112,398	-	\$ 142,225	-	\$ 29,827
Case Management	481	\$ 805,944	786	\$ 943,200	305	\$ 137,256
TOTAL SC AUTISM CONTRACTS	481	\$ 918,342	786	\$ 1,085,425	305	\$ 167,083

SC MENTOR	FY2020		FY2021		Variance	
	#	\$	#	\$	#	\$
CTH 1	1	\$ 29,877	1	\$ 30,309	-	\$ 432
Low Needs CTH 2	4	\$ 286,671	5	\$ 391,408	1	\$ 104,737
High Needs CTH 2	46	\$ 4,182,221	42	\$ 4,071,341	(4)	\$ (110,880)
HASCI Residential - CTH 2	9	\$ 835,047	9	\$ 868,226	-	\$ 33,179
High Management Homes - CTH 2	83	\$ 9,601,697	80	\$ 9,892,960	(3)	\$ 291,263
Band R - CTH 2	4	\$ 401,719	4	\$ 413,706	-	\$ 11,987
TFH - Level 1	3	\$ 78,818	3	\$ 81,665	-	\$ 2,847
TFH - Level 2	4	\$ 155,125	4	\$ 158,921	-	\$ 3,796
THH - Level 3	8	\$ 426,320	7	\$ 379,673	(1)	\$ (46,647)
Day Service Add-Ons	-	\$ 86,029	-	\$ 182,250	-	\$ 96,221
TOTAL SC MENTOR CONTRACTS	162	\$ 16,083,524	155	\$ 16,470,458	(7)	\$ 386,934

SUMTER		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
Capitated Contract							
	Band B - At-home ID/RD Waiver	41	\$ 559,199	44	\$ 615,736	3	\$ 56,537
	Band I - At-Home CSW	71	\$ 1,032,411	69	\$ 1,038,105	(2)	\$ 5,694
	Band C - Residential	12	\$ 431,628	12	\$ 462,936	-	\$ 31,308
	Band G - Residential	43	\$ 3,143,558	46	\$ 3,698,814	3	\$ 555,256
	Band H - Residential	18	\$ 1,662,498	17	\$ 1,684,173	(1)	\$ 21,675
	Band R - Residential	7	\$ 712,754	8	\$ 844,088	1	\$ 131,334
	Band T - Residential	24	\$ 2,386,728	24	\$ 2,550,792	-	\$ 164,064
Total Capitated Contract		216	\$ 9,928,776	220	\$ 10,894,644	4	\$ 965,868
Special Contracts							
	Early Intervention	15	\$ 70,560	17	\$ 52,700	2	\$ (17,860)
	Case Management	188	\$ 315,005	231	\$ 277,200	43	\$ (37,805)
	Family Support	-	\$ 30,178	-	\$ 10,679	-	\$ (19,499)
	State Funded Community Supports	7	\$ 105,721	4	\$ 62,968	(3)	\$ (42,753)
Total Special Contracts		210	\$ 521,464	252	\$ 403,547	42	\$ (117,917)
TOTAL SUMTER CONTRACTS		426	\$ 10,450,240	472	\$ 11,298,191	46	\$ 847,951
<i>FY 2020 had a formula error in it. Numbers in chart above are correct but do not match prior year report.</i>							

THRIVE UPSTATE		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
Capitated Contract							
	Band B - At-home ID/RD Waiver	400	\$ 5,886,468	418	\$ 6,280,360	18	\$ 393,892
	Band I - At-Home CSW	325	\$ 4,725,825	305	\$ 4,588,725	(20)	\$ (137,100)
	Band C - Residential	41	\$ 1,474,729	41	\$ 1,581,698	-	\$ 106,969
	Band D - Residential	20	\$ 427,460	20	\$ 451,880	-	\$ 24,420
	Band G - Residential	83	\$ 6,067,798	86	\$ 6,915,174	3	\$ 847,376
	Band H - Residential	48	\$ 4,463,772	46	\$ 4,587,618	(2)	\$ 123,846
	Band T - Residential	48	\$ 4,773,456	46	\$ 4,995,301	(2)	\$ 221,845
	Total Capitated Contract	975	\$ 27,819,508	972	\$ 29,400,756	(3)	\$ 1,581,248
Special Contracts							
	HASCI Day	50	\$ 147,448	50	\$ 147,448	-	\$ -
	HASCI Residential	11	\$ 849,453	10	\$ 832,300	(1)	\$ (17,153)
*	HASCI - Individual Rehab Supports	35	\$ 393,750	-	\$ 28,000	(35)	\$ (365,750)
	Early Intervention	40	\$ 188,160	52	\$ 161,200	12	\$ (26,960)
	State Funded Community Supports	15	\$ 226,545	12	\$ 188,904	(3)	\$ (37,641)
	State Funded Follow Along	4	\$ 21,400	4	\$ 21,400	-	\$ -
	Total Special Contracts	155	\$ 1,826,756	128	\$ 1,379,252	(27)	\$ (447,504)
	TOTAL THRIVE UPSTATE CONTRACTS	1,130	\$ 29,646,264	1,100	\$ 30,780,008	(30)	\$ 1,133,744
	<i>FY 2020 had a formula error in it. Numbers in chart above are correct but do not match prior year report.</i>						
*	Program discontinued						

TRI-DEVELOPMENT CENTER		FY2020		FY2021		Variance	
Capitated Contract		#	\$	#	\$	#	\$
	Band B - At-home ID/RD Waiver	194	\$ 2,739,914	210	\$ 3,009,574	16	\$ 269,660
	Band I - At-Home CSW	151	\$ 2,195,691	135	\$ 2,031,075	(16)	\$ (164,616)
	Band C - Residential	18	\$ 647,442	19	\$ 732,982	1	\$ 85,540
	Band D - Residential	16	\$ 341,968	16	\$ 361,504	-	\$ 19,536
	Band F - Residential	11	\$ 436,062	11	\$ 446,479	-	\$ 10,417
	Band G - Residential	58	\$ 4,240,148	59	\$ 4,985,358	1	\$ 745,210
	Band H - Residential	51	\$ 4,815,107	49	\$ 4,935,324	(2)	\$ 120,217
	Band R - Residential	1	\$ 101,822	1	\$ 105,511	-	\$ 3,689
	Band T - Residential	31	\$ 3,082,857	31	\$ 3,294,773	-	\$ 211,916
	Total Capitated Contract	531	\$ 18,601,011	531	\$ 19,902,580	-	\$ 1,301,569
	Special Contracts						
	HASCI Residential	3	\$ 201,436	3	\$ 218,056	-	\$ 16,620
*	HASCI Rehab Supports	9	\$ 90,000	-	\$ 28,000	(9)	\$ (62,000)
	State Funded Community Supports	15	\$ 226,545	8	\$ 125,936	(7)	\$ (100,609)
	Total Special Contracts	27	\$ 517,981	11	\$ 371,992	(16)	\$ (145,989)
	TOTAL TRI-DEVELOPMENT CENTER CONTRACTS	558	\$ 19,118,992	542	\$ 20,274,572	(16)	\$ 1,155,580
	<i>FY 2020 had a formula error in it. Numbers in chart above are correct but do not match prior year report.</i>						
*	Program discontinued						

UCP	FY2020		FY2021		Variance	
	#	\$	#	\$	#	\$
CTH 1	4	\$ 119,507	3	\$ 90,926	(1)	\$ (28,581)
SLP 1	11	\$ 239,082	13	\$ 283,590	2	\$ 44,509
SLP 2	8	\$ 277,648	7	\$ 262,497	(1)	\$ (15,151)
Low Needs CTH 2	17	\$ 1,218,352	18	\$ 1,409,068	1	\$ 190,716
High Needs CTH 2	47	\$ 4,273,139	45	\$ 4,362,152	(2)	\$ 89,013
HASCI Residential - CTH 2	3	\$ 328,500	2	\$ 192,939	(1)	\$ (135,561)
High Needs CTH 2 with Outliers	7	\$ 1,113,779	6	\$ 1,020,828	(1)	\$ (92,951)
Band R - CTH 2	3	\$ 301,289	3	\$ 310,279	-	\$ 8,990
Day Services	-	\$ -	-	\$ -	-	\$ -
Final Rule Initiative - Day Service Add-On	-	\$ -	-	\$ -	-	\$ -
TOTAL UCP CONTRACTS	100	\$ 7,871,296	97	\$ 7,932,279	(3)	\$ 60,984

UNION		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
	Capitated Contract						
	Band B - At-home ID/RD Waiver	21	\$ 286,419	22	\$ 307,868	1	\$ 21,449
	Band I - At-Home CSW	31	\$ 450,771	26	\$ 391,170	(5)	\$ (59,601)
	Band D - Residential	5	\$ 106,865	3	\$ 67,782	(2)	\$ (39,083)
	Band G - Residential	18	\$ 1,315,908	17	\$ 1,366,953	(1)	\$ 51,045
	Band H - Residential	11	\$ 1,015,971	11	\$ 1,089,759	-	\$ 73,788
	Band T - Residential	8	\$ 819,094	8	\$ 873,782	-	\$ 54,688
	Total Capitated Contract	94	\$ 3,995,028	87	\$ 4,097,314	(7)	\$ 102,286
	Special Contracts						
	Early Intervention	14	\$ 65,856	11	\$ 34,100	(3)	\$ (31,756)
	Case Management	51	\$ 85,454	79	\$ 94,800	28	\$ 9,346
	Family Support	-	\$ 14,670	-	\$ 15,648	-	\$ 978
	State Funded Community Supports	1	\$ 15,103	-	\$ -	(1)	\$ (15,103)
	HASCI Residential	1	\$ 73,106	1	\$ 80,409	-	\$ 7,303
	Total Special Contracts	67	\$ 254,189	91	\$ 224,957	24	\$ (29,232)
	TOTAL UNION CONTRACTS	161	\$ 4,249,217	178	\$ 4,322,271	17	\$ 73,054

WILLIAMSBURG		FY2020		FY2021		Variance	
		#	\$	#	\$	#	\$
	Capitated Contract						
	Band B - At-home ID/RD Waiver	23	\$ 366,980	24	\$ 389,139	1	\$ 22,159
	Band I - At-Home CSW	46	\$ 668,886	43	\$ 646,935	(3)	\$ (21,951)
	Band D - Residential	1	\$ 21,373	1	\$ 22,594	-	\$ 1,221
	Band E - Residential	1	\$ 25,847	-	\$ -	(1)	\$ (25,847)
	Band F - Residential	3	\$ 118,926	2	\$ 81,178	(1)	\$ (37,748)
	Band G - Residential	20	\$ 1,462,120	20	\$ 1,608,180	-	\$ 146,060
	Band H - Residential	8	\$ 738,888	8	\$ 792,552	-	\$ 53,664
	Total Capitated Contract	102	\$ 3,403,020	98	\$ 3,540,578	(4)	\$ 137,558
	Special Contracts						
*	Early Intervention	2	\$ 9,408	-	\$ -	(2)	\$ (9,408)
	Case Management	105	\$ 175,934	106	\$ 127,200	1	\$ (48,734)
	Family Support	-	\$ 13,971	-	\$ 16,190	-	\$ 2,219
	Total Special Contracts	107	\$ 199,313	106	\$ 143,390	(1)	\$ (55,923)
	TOTAL WILLIAMSBURG CONTRACTS	209	\$ 3,602,333	204	\$ 3,683,968	(5)	\$ 81,635
*	Discontinued						

WILLOWGLEN ACADEMY	FY2020		FY2021		Variance	
	#	\$	#	\$	#	\$
High Needs CTH 2	16	\$ 1,435,436	15	\$ 1,454,051	(1)	\$ 18,615
Low Needs CTH 2	-	\$ -	1	\$ 78,282	1	\$ 78,282
TOTAL WILLOWGLEN ACADEMY CONTRACT	16	\$ 1,435,436	16	\$ 1,532,332	-	\$ 96,897

2020 vs. 2021 Community Contract Background Document
Provider Level Detail Package

- The Provider Level Detail Package provides band information and other contract information by provider and in summary.
- General Notes:
 - The number served columns represent the total number of funding bands awarded. These numbers will not agree with the number of persons served by service area reported in the “Agency Budget for Community Contracts” package. Funding bands include funding for a bundle of services and people will be reflected in head count for reported numbers for each service they receive. For example, Band G includes funding for Residential services, Day Program services, Supported Employment services, and IDRDR Waiver services. As a result, one person receiving one band can be reflected as a person served four different times in the number reported by service.
 - The FY 2020 figures are based off what was reported to the Commission in its June 2019 meeting and those figures were before the increases for the \$1 direct care increase, the compression increase, the increase from State Health Plan employer cost, and the SCRS 1% increase.
 - The FY 2021 figures include the increases from July 2019 related to the items mentioned previously.
 - State Funded Follow Along is transitioning to fee-for-service in FY 2021. The contract amounts reflected are based on the maximum amount that can be billed for that service - \$5,350 per consumer.
 - Since Band B and I could not be flipped to fee-for-service by the beginning of the fiscal year, we have chosen to fully fund these bands in the original contract. When we do flip to fee-for-service for these at-home bands, an amendment will be done to remove the funding from the effective date of the change.
 - There will be a mid-year settlement process proposed to the Commission, similar to the one we did at the end of FY 2020, to address the Day Program closures and changes in utilization of at-home replacement services. More on this proposed settlement process will be discussed in the coming months.
 - Provider contracts are based on a download of consumers being served as of May 2020. In early July, we will “true-up” the contracts for those persons enrolled or dis-enrolled from services between May and July 1st.
 - Band rates will need to be annualized for the mid-year January 1, 2020 State Plan Health Insurance increase.
 - At this time, we are not anticipating any other changes to the bands related to legislatively approved items since we are under a Continuing Resolution to start FY 2021.
- Page 1 Notes:
 - \$530,160,764 represents the total amount of Community Contracts to be awarded for FY 2021, including anticipated billings under fee-for-service for Case Management, Early Intervention, State Funded Community Supports, and State Funded Follow-Along.
 - Special Grants decreased primarily to reflect a restructuring of the contracts with Greenwood Genetics Center. We determined that we have been paying out state appropriations in excess of those funds specifically appropriated to GGC. We worked closely with them to restructure the contracts to bring them in-line with the amount appropriated and to flip them to a fee-for-service model.
 - There are two new lines on the report reflecting the two regional fiscal agents. We removed the respite payroll from the contracts due to the duplicating impact it has on the numbers. The administrative cost is all that is left in the contract summary at this point. These contracts are being changed to an imprest arrangement where they will be funded based on amounts actually paid out.

- A variety of providers have negative changes in consumers served and large increases in funding. This is due primarily to loss of consumers or reduction of Case Management or Early Intervention programs by these providers coupled with increasing bands due to the legislative pay and fringe increases mentioned above.

- Page 2 - Early Intervention Only
 - Contracts only reflect children funded by SCDDSN and does not include BabyNet funded children.
 - FY 2021 contract amounts are based on the number of children served by each provider during FY 2020.
 - The rate used for FY 2021 was based on the unit rate paid times the average number of units being delivered to each child (11) and incremented by 10% to account for historical utilization trends.
 - The “Early Intervention Only” page reflects those providers that do not receive family support funds in addition to EI and/or Case Management funds. It is not a list of all QPLs since some are listed individually in the packet due to other funding they receive.
- Page 3 - Case Management Only
 - FY 2020 contract amounts were estimated at 100% of the prospective payments based off of the number of Waiver Case Management cases as of May 21, 2019.
 - FY 2021 contract amounts are estimated using actual numbers of cases and the actual revenue per case being generated at this time.
 - The “Case Management Only” page reflects those providers that do not receive family support funds in addition to EI and/or Case Management funds. It is not a list of all QPLs since some are listed individually in the packet due to other funding they receive.
- Page 4 – Special Grants
 - The largest change to special grants relates to the aforementioned restructuring of GGC contracts.
 - We are in the process of completing solicitations related to the Family Support Network contracts. As a result, they are being extended for only 3 months. Based on proposals, we will then award contracts for the remainder of the year to those successful bidders.
 - We are in the process of completing solicitations related to the TBI/SCI Post-Acute Rehabilitation contracts. Based on proposals, we will then amend existing contracts and award new or extended contracts for the remainder of the year to those successful bidders.
- Pages 5 to 66
 - The allocation of the state funded Family Support funds was revisited and recomputed for FY 2021. The award amounts are based on each Provider’s respective number of non-waiver consumers served. For those Providers that have routinely not spent their awards in prior years, based on a review of family support grant spending for FY 2016 – FY 2019, we reallocated excess funds to other Providers based on their respective number of non-waiver consumers served.
 - The HASCI Individual Rehab Supports was discontinued, in conjunction with DHHS, effective March 1, 2020. For those providers that are attempting to implement a facility based replacement service, we are funding them \$28,000 to assist them in paying for their costs associated with the conversion process. The contract is for 3 months and will be revisited in the coming months to assess the ability for these Providers to implement the replacement service given the COVID-19 social distancing requirements and considering health and safety of the participants.

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
 AGENCY BUDGET FOR COMMUNITY CONTRACTS AND GRANTS
 COMPARISON FY 2019-2020 TO FY 2020-2021**

<u>SERVICE</u>	<u>NUMBER SERVED</u>				<u>DOLLAR AMOUNT</u>			
	<u>FY 2019-2020</u>	<u>FY 2020-2021</u>	<u># INCREASE (DECREASE)</u>	<u>% INCREASE (DECREASE)</u>	<u>FY 2019-2020</u>	<u>FY 2020-2021</u>	<u># INCREASE (DECREASE)</u>	<u>% INCREASE (DECREASE)</u>
RESIDENTIAL SERVICES	4,525	4,526	1	0.02%	\$ 312,460,459	\$ 332,155,925	\$ 19,695,465	6.30%
DAY SUPPORTS	6,891	7,337	446	6.47%	\$ 89,882,041	\$ 101,256,089	\$ 11,374,048	12.65%
CASE MANAGEMENT	11,867	13,979	2,112	17.80%	\$ 20,019,869	\$ 16,774,800	\$ (3,245,069)	-16.21%
EARLY INTERVENTION	3,202	3,431	229	7.15%	\$ 15,062,208	\$ 10,636,100	\$ (4,426,108)	-29.39%
PREVENTION - GGC	-	-	-	N/A	\$ 12,657,026	\$ 9,021,600	\$ (3,635,426)	-28.72%
INDIVIDUAL FAMILY SUPPORT SERVICES	26,894	26,005	(889)	-3.31%	\$ 70,272,736	\$ 65,840,529	\$ (4,432,207)	-6.31%
FISCAL AGENT RESPITE	-	-	-	N/A	\$ 9,420,657	\$ -	\$ (9,420,657)	-100.00%
SPECIAL SERVICE CONTRACTS	-	50	50	#DIV/0!	\$ 368,120	\$ 1,130,839	\$ 762,719	207.19%
INTERAGENCY CONTRACTS	-	-	-	N/A	\$ 716,050	\$ 716,050	\$ -	0.00%
GRAND TOTAL	53,379	55,328	1,949	3.65%	\$ 530,859,166	\$ 537,531,931	\$ 6,672,765	1.26%

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
AGENCY BUDGET FOR COMMUNITY CONTRACTS
FISCAL YEAR 2020 TO 2021**

	FY 2019-2020 ORIGINAL AMOUNT	FY 2020-2021 ORIGINAL AMOUNT	INCREASE (DECREASE)	% INCREASE (DECREASE)	Explanations
RESIDENTIAL SERVICES	\$ 312,460,459	\$ 332,155,925	\$ 19,695,466	6.3%	1
DAY SUPPORTS	\$ 89,882,041	\$ 101,256,089	\$ 11,374,048	12.7%	1
PREVENTION - GGC	\$ 12,657,026	\$ 9,021,600	\$ (3,635,426)	-28.7%	2
INDIVIDUAL/FAMILY SUPPORT SERVICES	\$ 69,831,846	\$ 65,840,529	\$ (3,991,317)	-5.7%	
Caregiver Relief Program - Support Services	18,969	-	(18,969)		
Community Supports Waiver - Support Services	23,689,960	17,129,261	(6,560,699)		3
Head & Spinal Cord Injury Waiver - Support Services	4,412,857	7,732,666	3,319,809		4
Intellectual & Developmental Disabilities Waiver - Support Services	36,761,860	36,066,588	(695,272)		5
Individual/Family Support and Respite	1,348,200	1,312,014	(36,186)		
TBI/SCI Post-Acute Rehabilitation	3,600,000	3,600,000	-		
SPECIAL SERVICE CONTRACTS	\$ 809,010	\$ 1,130,839	\$ 321,829	39.8%	6
INTERAGENCY SERVICE CONTRACTS	\$ 716,050	\$ 716,050	\$ -	0.0%	
SUBTOTAL CONTRACTS	\$ 486,356,432	\$ 510,121,031	\$ 23,764,599	4.9%	
Fee for Service - Market Rate - Contracts					
CASE MANAGEMENT	\$ 20,019,869	\$ 16,774,800	\$ (3,245,069)	-16.2%	7
EARLY INTERVENTION	\$ 15,062,208	\$ 10,636,100	\$ (4,426,108)	-29.4%	8
INDIVIDUAL/FAMILY SUPPORT SERVICES	\$ 9,420,657	\$ -	\$ (9,420,657)	-100.0%	
Respite	9,420,657	-	(9,420,657)		9
SUBTOTAL FEE FOR SERVICE CONTRACTS	\$ 44,502,734	\$ 27,410,900	\$ (17,091,834)	-38.4%	
GRAND TOTAL	\$ 530,859,166	\$ 537,531,931	\$ 6,672,765	1.3%	

Explanations:

- 1) Increases are directly attributable to FY 2020 contract amendments due to addition of direct care staff \$1 increase and associated fringe cost. Amendments also included 1% increase in SCRS and funding for an increase in State Health Plan employer rates.
- 2) Reduction in State Funds for Greenwood Genetic Center programs. Revised contracts reflect 100% usage of state appropriations only.
- 3) Reduction due to eliminating duplicate effect of in-home supports (\$4,250,000) and respite services; also reduction in Band Is of 119 (Approx \$1,800,000)
- 4) HASCI Waiver Services represent those services that are billed to SCDDSN for Board provided services. Prior year excluded anticipated day program services and several other services.
- 5) There are 249 new Band B slots for 2021. Service cost is reduced reflecting increase in day slot allocations for those in bands.
- 6) Moved Day Program Add-On to row this year.
- 7) Case management revenues were based on 100% of FY 2019 prospective payment in 2020. In 2021, we are basing revenues on actual annual 2020 revenues per consumer served of \$1,200.
- 8) Early Intervention is reflective of increase in EI children served (456) and increase in revenues being generated per child in 2020.
- 9) Removing respite from contracts. Fiscal agent respite is being converted to an imprest account and will not be stated as a contract amount going forward.

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
 AGENCY BUDGET FOR COMMUNITY CONTRACTS
 FISCAL YEAR 2020 TO 2021**

<u>SERVICE</u>	<u>NUMBER INDIVIDUALS</u>	<u>AMOUNT</u>
RESIDENTIAL SERVICES	4,526	\$ 332,155,925
DAY SUPPORTS	7,337	\$ 101,256,089
CASE MANAGEMENT	13,979	\$ 16,774,800
EARLY INTERVENTION	3,431	\$ 10,636,100
PREVENTION - GREENWOOD GENETICS CENTER	-	\$ 9,021,600
INDIVIDUAL/FAMILY SUPPORT SERVICES	26,005	\$ 65,840,529
FISCAL AGENT RESPITE	-	\$ -
SPECIAL SERVICE CONTRACTS	50	\$ 1,130,839
INTERAGENCY SERVICE CONTRACTS	-	\$ 716,050
GRAND TOTAL	<u>55,328</u>	<u>\$ 537,531,931</u>

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
COMMUNITY CONTRACTS - RESIDENTIAL SERVICES
FISCAL YEAR 2020 TO 2021**

	<u>Amount</u>	<u>Total Number Served</u>
<u>Residential Services</u>		
ICF (Intermediate Care Facilities)	\$ 51,536,070	476
CRCF (Community Residential Care Facilities)	\$ 31,408,705	387
CTH II and CIRS (Community Training Home II)	\$ 225,802,662	2,756
CTH I (Community Training Home I)	\$ 7,675,111	182
SLP I (Supervised Living Program I)	\$ 3,188,274	244
SLP II and III (Supervised Living Program II and III)	\$ 12,545,101	481
	<u>\$ 332,155,925</u>	<u>4,526</u>

<u>Residential Services by Service Provider</u>	<u>Amount</u>	<u>Total Slots</u>	<u>Board Slots</u>	<u>QPL Slots</u>
Aldersgate	\$ 1,053,660	14	-	14
Allendale-Barnwell	\$ 5,985,314	75	75	-
Anderson	\$ 6,044,627	95	95	-
Arc of the Midlands	\$ 36,733	2	-	2
Babcock	\$ 23,745,287	316	316	-
Bamberg	\$ 2,379,128	42	42	-
Beaufort	\$ 3,214,663	50	50	-
Berkeley	\$ 7,797,530	100	100	-
Burton Center	\$ 11,781,227	155	155	-
Calhoun	\$ 5,262,776	55	55	-
Care Focus	\$ 5,026,612	52	-	52
CHS Group	\$ 510,642	5	-	5
Charles Lea	\$ 20,145,760	294	294	-
Charleston	\$ 14,049,179	213	213	-
Cherokee	\$ 3,232,722	36	36	-
Chesco	\$ 18,958,568	246	246	-
Chester/Lancaster	\$ 4,508,010	56	56	-
Clarendon	\$ 4,596,028	72	72	-
Colleton	\$ 4,288,642	63	63	-
Community Options	\$ 12,070,626	143	-	143
Darlington	\$ 3,980,403	48	48	-
Dorchester	\$ 8,091,514	125	125	-
Excalibur	\$ 3,660,103	28	-	28
Fairfield	\$ 4,080,928	48	48	-
Florence	\$ 10,283,457	144	144	-
Georgetown	\$ 3,194,596	43	43	-
Growing Homes SE	\$ 530,347	9	-	9
Hampton	\$ 950,856	13	13	-
Heart and Hands	\$ 60,618	2	-	2
Horry	\$ 4,963,519	87	87	-
Jasper	\$ 1,843,450	24	24	-
Kershaw	\$ 1,717,620	25	25	-
Laurens	\$ 8,153,157	118	118	-
Lee	\$ 4,423,822	64	64	-
Lifeshare	\$ 840,085	15	-	15
Lutheran Family	\$ 6,663,900	80	-	80
Marion-Dillon	\$ 4,247,154	55	55	-

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
COMMUNITY CONTRACTS - RESIDENTIAL SERVICES
FISCAL YEAR 2020 TO 2021**

<u>Residential Services by Service Provider</u>	<u>Amount</u>	<u>Total Slots</u>	<u>Board Slots</u>	<u>QPL Slots</u>
Marlboro	\$ 869,782	15	15	-
MaxAbilities of York	\$ 10,136,524	147	147	-
MBH of Elgin	\$ 1,163,240	12	-	12
MIRCI	\$ 1,092,263	11	-	11
Newberry	\$ 4,601,954	67	67	-
Oconee	\$ 4,997,994	106	106	-
Orangeburg	\$ 9,674,413	127	127	-
PADD	\$ 782,816	10	-	10
Pickens	\$ 5,807,058	95	95	-
Richland-Lexington	\$ 867,822	25	25	-
SAFY	\$ 650,281	11	-	11
SC Mentor	\$ 16,470,458	155	-	155
Sumter	\$ 8,139,549	107	107	-
Thrive Upstate	\$ 16,818,215	250	250	-
Tri-Development	\$ 13,092,009	191	191	-
UCP	\$ 7,932,279	97	-	97
Union	\$ 3,063,927	41	41	-
Williamsburg	\$ 2,089,746	31	31	-
Willowglen	\$ 1,532,332	16	-	16
	\$ 332,155,925	4,526	3,864	662

Residential Services by Provider Type

	<u>Dollars</u>		<u>Slots</u>	
Private Providers	\$ 60,076,995	18%	662	15%
Public Providers	\$ 272,078,930	82%	3,864	85%
	\$ 332,155,925	100%	4,526	100%

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
COMMUNITY CONTRACTS - DAY SERVICES
FISCAL YEAR 2020 TO 2021**

<u>Day Supports</u>	<u>Amount</u>	<u>Total Number Served</u>
Adult Day Supports	\$ 88,922,400	6,226
Adult Day Supports - Regional Center Consumers	\$ 51,480	6
Adult Day Supports - State Funded Consumers	\$ 3,248,396	242
Child Daycare Centers	\$ 317,594	33
HASCI Community Opportunities	\$ 140,000	100
Supported Employment	\$ 8,147,838	580
	<u>\$ 100,827,708</u>	<u>7,187</u>

<u>Day Program Service Provider</u>	<u>Amount</u>	<u>Total Slots</u>	<u>Board Slots</u>	<u>QPL Slots</u>
Allendale-Barnwell	\$ 1,334,406	93	93	-
Anderson	\$ 2,651,978	204	204	-
Babcock	\$ 11,265,612	864	814	50
Bamberg	\$ 1,189,946	83	83	-
Beaufort	\$ 2,940,550	205	205	-
Berkeley	\$ 2,827,164	198	198	-
Burton Center	\$ 4,180,192	292	292	-
Calhoun	\$ 903,906	63	63	-
Charles Lea	\$ 6,235,124	444	444	-
Charleston	\$ 6,956,674	547	497	50
Cherokee	\$ 1,169,982	81	81	-
Chesco	\$ 3,703,496	260	260	-
Chester/Lancaster	\$ 1,856,478	129	129	-
Clarendon	\$ 1,650,080	116	116	-
Colleton	\$ 1,331,526	93	93	-
Darlington	\$ 970,374	69	69	-
Dorchester	\$ 2,885,812	202	202	-
Fairfield	\$ 815,214	57	57	-
Florence	\$ 3,352,026	235	235	-
Georgetown	\$ 1,521,772	106	106	-
Hampton	\$ 603,564	42	42	-
Horry	\$ 3,499,787	303	253	50
Jasper	\$ 872,422	61	61	-
Kershaw	\$ 1,247,154	87	87	-
Laurens	\$ 2,123,896	148	148	-
Lee	\$ 1,044,046	73	73	-
Marion-Dillon	\$ 2,059,488	144	144	-
Marlboro	\$ 617,866	43	43	-
MaxAbilities of York	\$ 3,852,276	270	270	-
Newberry	\$ 1,358,690	95	95	-
Oconee	\$ 2,349,848	164	164	-
Orangeburg	\$ 3,073,588	214	214	-
Pickens	\$ 2,366,308	166	166	-
Richland-Lexington	\$ 200,228	14	14	-
Sumter	\$ 2,265,476	158	158	-
Thrive Upstate	\$ 6,831,526	497	497	-
Tri-Development	\$ 4,988,012	366	366	-
Union	\$ 929,630	65	65	-
Williamsburg	\$ 1,229,972	86	86	-
	<u>\$ 101,256,089</u>	<u>7,337</u>	<u>7,187</u>	<u>150</u>

Day Supports by Provider Type

Dollars

Slots

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

COMMUNITY CONTRACTS - DAY SERVICES

FISCAL YEAR 2020 TO 2021

Private Providers	\$	-	0%	150	2%
Public Providers	\$	101,256,089	100%	7,187	98%
	\$	101,256,089	100%	7,337	100%

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
COMMUNITY CONTRACTS - CASE MANAGEMENT (formerly Service Coordination)
FISCAL YEAR 2020 TO 2021

<u>Case Management</u>	<u>Amount</u>	<u>Total Slots</u>	<u>Board Slots</u>	<u>QPL Slots</u>
Aiken	\$ 650,400	542	542	-
Allendale-Barnwell	\$ 139,200	116	116	-
Anderson	\$ 298,800	249	249	-
ARC of South Carolina	\$ 898,800	749	-	749
Bamberg	\$ 104,400	87	87	-
Beaufort	\$ 254,400	212	212	-
Berkeley	\$ 356,400	297	297	-
Bright Start	\$ 1,568,400	1,307	-	1,307
Burton Center	\$ 446,400	372	372	-
Calhoun	\$ 106,800	89	89	-
Center for Develop	\$ 954,000	795	-	795
Charles Lea	\$ 900,000	750	750	-
Charleston	\$ 932,400	777	777	-
Cherokee	\$ 160,800	134	134	-
Chesco	\$ 274,800	229	229	-
Chester/Lancaster	\$ 301,200	251	251	-
Clarendon	\$ 171,600	143	143	-
Columbus Organization	\$ 339,600	283	-	283
Darlington	\$ 228,000	190	190	-
Dorchester	\$ 360,000	300	300	-
Florence	\$ 550,800	459	459	-
Georgetown	\$ 150,000	125	125	-
Great Kids and Awesome Adults	\$ 13,200	11	11	-
Hampton	\$ 68,400	57	57	-
Hermeione L. Flowers	\$ 34,800	29	-	29
Horry	\$ 492,000	410	410	-
Jasper	\$ 126,000	105	105	-
Kershaw	\$ 195,600	163	163	-
Laurens	\$ 174,000	145	145	-
Lee	\$ 97,200	81	81	-
Marion-Dillon	\$ 218,400	182	182	-
Marlboro	\$ 108,000	90	90	-
MaxAbilities of York	\$ 572,400	477	477	-
Newberry	\$ 117,600	98	98	-
Oconee	\$ 295,200	246	246	-
Orangeburg	\$ 378,000	315	315	-
Path Finders Team Services	\$ 63,600	53	-	53
Pattison's DREAM Academy	\$ 19,200	16	-	16
Richland-Lexington	\$ 2,211,600	1,843	1,843	-
SC Autism Society	\$ 943,200	786	-	786
Sumter	\$ 277,200	231	231	-
Union	\$ 94,800	79	79	-
Williamsburg	\$ 127,200	106	106	-
	<u>\$ 16,774,800</u>	<u>13,979</u>	<u>9,961</u>	<u>4,018</u>

Case Management by Provider Type

	<u>Dollars</u>		<u>Slots</u>	
Private Providers	\$ 4,834,800	29%	4,018	29%
Public Providers	\$ 11,940,000	71%	9,961	71%
	<u>\$ 16,774,800</u>	<u>100%</u>	<u>13,979</u>	<u>100%</u>

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
COMMUNITY CONTRACTS - EARLY INTERVENTION
FISCAL YEAR 2020 TO 2021**

<u>Early Intervention</u>	<u>Amount</u>	<u>Total Slots</u>	<u>Board Slots</u>	<u>QPL Slots</u>
About Play	\$ 1,019,900	329	-	329
Above and Beyond of Upstate	\$ 62,000	20	-	20
Aging with Flair	\$ 499,100	161	-	161
Ahead Start	\$ 641,700	207	-	207
Aiken	\$ 182,900	59	59	-
All About Children	\$ 288,300	93	-	93
Allendale-Barnwell	\$ 65,100	21	21	-
Amazing Kids	\$ 161,200	52	-	52
Anderson	\$ 155,000	50	53	(3)
Awesome Kids	\$ 49,600	16	-	16
Beaufort	\$ 198,400	64	70	(6)
Berkeley	\$ 58,900	19	19	-
Better Beginnings	\$ 108,500	35	-	35
Beyond Early Intervention	\$ 201,500	65	-	65
Bright Start	\$ 1,255,500	405	-	405
Brilliant Beginnings	\$ 96,100	31	-	31
Carolina Behavior & Beyond	\$ 647,900	209	-	209
Carolina Early Intervention	\$ 24,800	8	-	8
Charleston	\$ 111,600	36	39	(3)
Cherokee	\$ 74,400	24	24	-
Chesco	\$ 80,600	26	26	-
Chester/Lancaster	\$ 40,300	13	13	-
Clarendon	\$ -	-	8	(8)
Coastal Early Intervention	\$ 114,700	37	-	37
Colleton	\$ 40,300	13	15	(2)
Cornerstone Support Services	\$ 151,900	49	-	49
Darlington	\$ 43,400	14	14	-
Dorchester	\$ 68,200	22	28	(6)
Easter Seals	\$ 585,900	189	-	189
Epworth	\$ 62,000	20	-	20
Florence	\$ 62,000	20	20	-
Georgetown	\$ 31,000	10	10	-
Great Kids and Awesome Adults	\$ 403,000	130	-	130
Hampton	\$ 6,200	2	2	-
Hands on Development	\$ 124,000	40	-	40
Horry	\$ 133,300	43	36	7
I Shine	\$ 71,300	23	-	23
Jasper	\$ 6,200	2	2	-
Kershaw	\$ 15,500	5	5	-
Kid in Development	\$ 89,900	29	-	29
Kids 1st	\$ 15,500	5	-	5
Laurens	\$ 40,300	13	13	-
Lee	\$ 6,200	2	2	-
Marion-Dillon	\$ 58,900	19	19	-
Marlboro	\$ 43,400	14	14	-
MaxAbilities of York	\$ 142,600	46	46	-
Meeting Milestones	\$ 71,300	23	-	23
Newberry	\$ 46,500	15	15	-
Oconee	\$ 102,300	33	33	-

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
COMMUNITY CONTRACTS - EARLY INTERVENTION
FISCAL YEAR 2020 TO 2021**

<u>Early Intervention</u>	<u>Amount</u>	<u>Total Slots</u>	<u>Board Slots</u>	<u>QPL Slots</u>
Orangeburg	\$ 46,500	15	15	-
Palmetto Early Intervention	\$ 182,900	59	-	59
Path Finders Team Services	\$ 167,400	54	-	54
Pattison's DREAM Academy	\$ 99,200	32	-	32
Pediatric Therapy of Aiken	\$ 52,700	17	-	17
Pee Dee Kids	\$ 62,000	20	-	20
Pee Dee Professional Interv	\$ -	-	-	-
Play 2 Learn EI	\$ 34,100	11	-	11
Playworks	\$ 263,500	85	-	85
Promising Futures	\$ 158,100	51	-	51
Richland-Lexington	\$ 220,100	71	71	-
Room to Bloom	\$ 93,000	30	-	30
Smart Start EI	\$ 40,300	13	-	13
Sumter	\$ 52,700	17	17	-
Therapy Solutions	\$ 130,200	42	-	42
Thrive Upstate	\$ 161,200	52	52	-
Tina Greene & Associates	\$ 40,300	13	-	13
Tiny Feet EI	\$ 238,700	77	-	77
Union	\$ 34,100	11	11	-
	<u>\$ 10,636,100</u>	<u>3,431</u>	<u>772</u>	<u>2,659</u>

Early Intervention by Provider Type

	<u>Dollars</u>		<u>Slots</u>	
Private Providers	\$ 8,308,000	78%	2,659	77%
Public Providers	\$ 2,328,100	22%	772	23%
	<u>\$ 10,636,100</u>	<u>100%</u>	<u>3,431</u>	<u>100%</u>

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
COMMUNITY CONTRACTS
FISCAL YEAR 2020 TO 2021**

<u>Prevention</u>	<u>Amount</u>	<u>Total Number Served</u>
Greenwood Genetic	\$ 9,021,600	-
	<u>\$ 9,021,600</u>	<u>-</u>

<u>Individual/Family Support Services</u>	<u>Amount</u>	<u>Total Number Served</u>
Community Supports Waiver - Support Services	\$ 17,129,261	2,785
Head & Spinal Cord Injury Waiver - Support Services	\$ 7,732,666	511
Intellectual & Developmental Disabilities Waiver - Support Services	\$ 36,066,588	4,408
Individual/Family Support and Respite	\$ 1,312,014	18,812
TBI/SCI Post-Acute Rehabilitation	\$ 3,600,000	-
	<u>\$ 65,840,529</u>	<u>26,516</u>

<u>Special Service Contracts</u>	<u>Amount</u>	<u>Total Number Served</u>
Brain Injury Association of SC - Statewide Brain Injury Organization	\$ 20,832	-
Brain Injury Association of SC - Support Activities	\$ 15,625	-
Family Connection of SC - Support Network For Families	\$ 14,738	-
SC Spinal Cord Injury Assoc. - Support Network For Peers	\$ 15,625	-
Charleston Mortgage	\$ 37,956	-
CHESCO Mortgage	\$ 99,082	-
Rich/Lex Rental Expenses	\$ 124,000	-
Respite Fiscal Agents and Respite Coalition	\$ 614,141	-
Day Program Add-Ons	\$ 188,840	-
	<u>\$ 1,130,839</u>	<u>-</u>

<u>Interagency Service Contracts</u>	<u>Amount</u>	<u>Total Number Served</u>
SC Special Olympics	\$ 250,000	-
USC - Center for Disability Research - Attendant Care Training	\$ 200,000	-
USC - Center for Disability Research - SIS Assessments /Toll Free Access/ Professional Development Training	\$ 153,218	-
USC - Department of Pediatrics - Medical Policy Advisor	\$ 111,332	-
MUSC - Sponsorship of Special Dental Training	\$ 1,500	-
	<u>\$ 2,649,870</u>	<u>-</u>

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



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

COMMISSION
Gary C. Lemel
Chairman
Robin B. Blackwood
Vice Chairman
Lorri S. Unumb
Secretary
Barry D. Malphrus
Eddie L. Miller
Stephanie M. Rawlinson
David L. Thomas

Date: June 8, 2020
To: W. Chris Clark, Chief Procurement Officer
(Signature Request & Date of Signing: _____)
From: Candis Golston
Director Procurement Services

Re: Ratification of Procurement of Services- Jones Ford- 2016 Ford Transit Van
TAG# 14124SG

Unauthorized (Illegal) Procurements:

19-445.2015. Ratification.

A. Upon finding after award that a State employee has made an unauthorized award of a contract or that a contract award is otherwise in violation of law, the appropriate official may ratify or affirm the contract or terminate it in accordance with this section. The contract may be terminated and reasonable termination costs, if any, may be awarded as provided in this section. The contract may be ratified and affirmed only if it is in the best interests of the State. The decision required by this subsection A may be made by the chief procurement officer, the head of a purchasing agency, or a designee of either officer, above the level of the person responsible for the person committing the act. If the value of the contract exceeds one hundred thousand dollars, the chief procurement officer must concur in the written determination before any action is taken on the decision.

B. All decisions to ratify or terminate a contract shall be supported by a written determination of appropriateness. In addition, the appropriate official shall prepare a written determination as to the facts and circumstances surrounding the act, what corrective action is being taken to prevent recurrence, and the action taken against the individual committing the act. Any governmental body shall submit quarterly a record listing all decisions required by subsection A to the chief procurement officers. A copy of the record shall be submitted to the board on an annual basis and shall be available for public inspection.

CIRCUMSTANCES:

The acquisition for vehicle repair services was acquired for a recreational van- 2016 Ford Transit Tag# 14124SG that sustained damages during transport at Coastal Center. The van was taken to Jones Ford Inc. by a DDSN part time employee to obtain a repair estimate of the damages. The DDSN employee was told to sign an authorization form by the service manager at Jones Ford in order to leave the vehicle for an estimate. The document was signed putting responsibility on SCDDSN for any cost associated with this service.

One month following, the SC Insurance Reserve Fund deemed this vehicle to be a total economic loss. During the insurance company's investigation, Jones Ford proceeded with ordering replacement parts for the repair of this van. The total amount for the parts and labor resulted as \$ 20,462.78, which exceeded the no competition threshold, and requires three written quotes to seek for competition prior to authorization of service. DDSN was not notified prior to

the parts being ordered. The service manager with Jones Ford is no longer employed with the company to provide the details on what occurred during this acquisition.

CORRECTIVE ACTION:

Coastal Regional Center Facility Administrator was briefed on the State Fleet Policy Manual and 334-03-DD-DDSN's Vehicle Management Directive. The maintenance Department at Coastal have been instructed to not sign any document(s) when dropping off vehicles for repair. The staff has also been advised of procurement requirements in order to seek proper competition. DDSN is utilizing the State Fleet Commercial Vendor Repair Program (CVRP) to assist with the vehicle repairs for the agency, which could eliminate future oversights that result in unauthorized procurement.

Sincerely,

Candis Golston
Director of Procurement Services



5757 Rivers Ave
 P O Box 62829
 North Charleston SC 29406
 (843) 744-3311
 jonesford.com

SERVICE DEPARTMENT HOURS
 8:00 a.m. to 6:00 p.m.
 Monday - Friday

R/O Open Date	R/O Number
8/20/19	8003831/1
R/O Close Date	Status
12/30/19	Reprint
Mileage In	Mileage Out
16112	16112
Service Advisor / Tag #	
David Moulton/833	
Vehicle Identification Number	
1FBZX2XM9GKA84829	
Delivery Date	In-Service Date
	4/05/16
License Number	
14124SG	

P&A CODE: 01025

STATE FLEET MANAGEMENT
 1430 SENATE ST 3RD FL
 COLUMBIA, SC 29201

Work Phone
 843-708-5275
 Home Phone
 800-277-3686

Color
 Body
 4DR WGN

Year	Make	Model
2016	FORD	TRANSIT

Body
4DR WGN

Color	License Number
	14124SG

DESCRIPTION OF SERVICE AND PARTS	AMOUNT
Cell: 843-953-9785 Email: VENDORINVOICES@ADMIN.SC.GOV AR#: 1100	
#1 - BS 800: B/S - BODY	
AMERICAN SOUTHER INSURANCE CLAIM# 7043656	
DOL 8/7/2019	
DAMAGE ROLLOVER - SEE ESTIMATE	
Tech: MATT PARROT(485)	176.00
Tech: MATT PARROT(485)	1940.40
Tech: MATT PARROT(485)	151.30
Tech: MATT PARROT(485)	1100.00
Tech: MATT PARROT(485)	1320.00
Tech: MARTY PARROT(478)	440.00
Tech: JonesFord Technician(996)	1318.89
Work performed by CLEARVIEW AUTO GLASS INC : 142930 ()	175.00
Installed: PANEL ASY - ROOF 1@1620.00	1620.00
Installed: REINFORCEMENT - ROOF PANEL 1@46.10	46.10
Installed: PANEL ASY - ROOF 1@1000.00	1000.00
Installed: REINFORCEMENT - ROOF PANEL 2@86.30	172.60
Installed: BRACKET - ROOF BOW 1@79.19	79.19
Installed: BRACKET - ROOF BOW 1@63.66	63.66
Installed: PANEL ASY - ROOF 1@620.00	620.00
Installed: PANEL ASY - ROOF TRIM - REAR 1@2200.00	2200.00
Installed: RAIL ASY - ROOF SIDE INNER 1@191.38	191.38
Installed: RAIL ASY - ROOF - SIDE 1@185.83	185.83
Installed: HEADLINING - ROOF 1@2300.00	2300.00
Installed: STOP LAMP 1@24.12	24.12
Installed: PANEL ASY - ROOF 1@379.42	379.42
Installed: LAMP ASY - INTERIOR 1@23.13	23.13
Installed: RAIL ASY - ROOF - SIDE 1@153.70	153.70

TERMS STRICTLY CASH UNLESS ARRANGEMENTS ARE MADE I hereby authorize the repair work hereon to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in the vehicle in case of fire, theft, or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you or your employees permission to operate the vehicle herein described on streets, highways, or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto.

DISCLAIMER OF WARRANTIES Any warranties on the products sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. Any limitation contained herein does not apply where prohibited by law.

On behalf of servicing dealer, I hereby certify that the information contained hereon is accurate unless otherwise shown. Services described were performed at no charge to owner. There was no indication from the appearance of the vehicle or otherwise that any part repaired or replaced under this claim are available for (1) year from the date of payment notification at the servicing dealer for inspection by representatives of Ford.

LABOR	
PARTS	
DEDUCTIBLE	
SUBLET	
SHOP SUPPLIES	
HAZARDOUS MATERIALS	
SALES TAX OR TAX I.D.	
SPECIAL ORDER DEPOSIT	
DISCOUNTS	
TOTAL DUE	

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

NO RETURN ON ELECTRICAL OR SAFETY ITEMS OR SPECIAL ORDERS.

X



5757 Rivers Ave
 P O Box 62829
 North Charleston, SC 29406
 (843) 744-3311
 jonesford.com

SERVICE DEPARTMENT HOURS
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 Monday - Friday

R/O Open Date	R/O Number
8/20/19	8003831/2
R/O Close Date	Status
12/30/19	Reprint
Mileage In	Mileage Out
16112	16112
Service Advisor / Tag #	
David Moulton/833	

P&A CODE: 01025

STATE FLEET MANAGEMENT 1430 SENATE ST 3RD FL COLUMBIA, SC 29201			Work Phone	Vehicle Identification Number	
			843-708-5275	1FBZX2XM9GKA84829	
			Home Phone	Delivery Date	In-Service Date
			800-277-3686		4/05/16
Year	Make	Model	Body	Color	License Number
2016	FORD	TRANSIT	4DR WGN		14124SG

DESCRIPTION OF SERVICE AND PARTS	AMOUNT
Installed: BRACKET - ROOF BOW	5@27.72 138.60
Installed: RAIL ASY - ROOF - SIDE	1@268.38 268.38
Installed: PILLAR - REAR	1@178.13 178.13
Installed: RAIL ASY - ROOF - SIDE	1@83.86 83.86
Installed: RAIL ASY - ROOF - SIDE	1@245.12 245.12
Installed: REINFORCEMENT - ROOF PANEL	2@47.82 95.64
Installed: PLUG	12@3.50 42.00
Installed: PLUG	8@2.50 20.00
Installed: PLUG - SPECIAL	8@1.50 12.00
Sub Total: Labor: 6446.59 Parts: 10142.86 Sublet: 175.00	Total: 167

#2 - BS 801: B/S - PAINT	
Tech: CHARLES HUCKABEE(423)	880.00
Tech: CHARLES HUCKABEE(423)	880.00
HAZARDOUS WASTE - PAINT	
Sub Total: Labor: 1760.00 Parts: .00 Total: 1760.00	

Paint & Materials	940.80

TERMS STRICTLY CASH UNLESS ARRANGEMENTS ARE MADE. I hereby authorize the repair work hereinafter to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in the vehicle in case of fire, theft, or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you or your employees permission to operate the vehicle herein described on streets, highways, or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto.

DISCLAIMER OF WARRANTIES: Any warranties on the products sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. Any limitation contained herein does not apply where prohibited by law.

On behalf of servicing dealer, I hereby certify that the information contained hereon is accurate unless otherwise shown. Services described were performed at no charge to owner. There was no indication from the appearance of the vehicle or otherwise that any part repaired or replaced under this claim are available for (1) year from the date of payment notification at the servicing dealer for inspection by representatives of Ford.

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

NO RETURN ON ELECTRICAL OR SAFETY ITEMS OR SPECIAL ORDERS.

X

LABOR	8206.59
PARTS	11083.66
DEDUCTIBLE	.00
SUBLET	175.00
SHOP SUPPLIES	.00
HAZARDOUS MATERIALS	.00
SALES TAX OR TAX I.D.	997.53
SPECIAL ORDER DEPOSIT	.00
DISCOUNTS	.00
TOTAL DUE	20462.78
A/R3009 STATE FLEET MANAGMET	20462.78





PURCHASE ORDER

SC Department of Disabilities and

Purchasing Office
SCDDSN - Central Office
Attn: Receiving
3440 Harden Street, Ext.-Suite 220
Columbia SC 29203
Phone:(803)898-9750
Fax: (803)898-9653

Invoice To:
SCDDSN
Attn: Accounts Payable
PO Box 4540
Columbia SC 29240
Phone:(803)898-9626
Fax: (803)898-9107

Purchase Order: 4600753291 Date Issued: 01/28/2020 PO Number must appear on all Invoices and Delivery Slips.	Payment Terms: within 30 Days 0.000 Percent Discount.
Vendor: 7000025786 JONES FORD INC 5757 RIVERS AVE NORTH CHARLESTON SC 29406 USA	Deliver To: The State of South Carolina Disabilities and Special Needs 9995 Miles Jamison Road SUMMERVILLE SC 29485-8755 USA

INSTRUCTIONS TO VENDOR
 PRICE ON THE PURCHASE ORDER INCLUDES LABOR AND PARTS.

2016 FORD TRANSIT 4DR WAGON TAG# 14124SG
 VIN# 1FBZX2XM9GKA84829

Item No	QTY	Order UOM	Description	Unit Price	Amount
001	1.00	EA	Total cost for Repair for Van Delivery Date:02/04/2020 PRICE ON THE PURCHASE ORDER INCLUDES LABOR AND PARTS. 2016 FORD TRANSIT 4DR WAGON TAG# 14124SG VIN# 1FBZX2XM9GKA84829	20,462.7800	20,462.78

Subtotal: 20,462.78

Total Value: 20,462.78 USD

Created By: CANDIS GOLSTON

Authorized Signature

If received electronically, printed name represents authorized signature for this document

All Sales to the State of South Carolina (SC) are subject to the SC sales and use tax laws, unless such sales are otherwise exempt. The Contractor/Vendor will collect such tax as required.

FY 19/20 Legislative Authorized & Spending Plan Budget VS Actual Expenditures (as of 5/31/2020)

Funded Program - Bud	Original Budget	Adjustments	Adjusted Budget	YTD Actual Expense	Remaining Budget	Percent Expended - Target %
						91.67%
ADMINISTRATION	\$ 7,856,999	\$ 182,329	\$ 8,039,328	\$ 6,117,693	\$ 1,921,635	76.10%
PREVENTION PROGRAM	\$ 12,500	\$ -	\$ 12,500	\$ 12,500	\$ -	100.00%
GREENWOOD GENETIC CENTER	\$ 15,185,571	\$ -	\$ 15,185,571	\$ 11,207,515	\$ 3,978,056	73.80%
CHILDREN'S SERVICES	\$ 18,189,594	\$ (30,400)	\$ 18,159,194	\$ 9,540,009	\$ 8,619,185	52.54%
IN-HOME FAMILY SUPP	\$ 91,285,431	\$ (37,842,985)	\$ 53,442,446	\$ 46,522,179	\$ 6,920,267	87.05%
ADULT DEV&SUPP EMPLO	\$ 83,355,338	\$ 1,928,600	\$ 85,283,938	\$ 79,296,811	\$ 5,987,127	92.98%
SERVICE COORDINATION	\$ 21,656,140	\$ (4,278,200)	\$ 17,377,940	\$ 12,943,225	\$ 4,434,715	74.48%
AUTISM SUPP PRG	\$ 21,355,826	\$ (986,600)	\$ 20,369,226	\$ 11,053,735	\$ 9,315,491	54.27%
HD&SPINL CRD INJ COM	\$ 5,040,532	\$ 100,000	\$ 5,140,532	\$ 4,927,056	\$ 213,476	95.85%
REG CTR RESIDENT PGM	\$ 83,247,603	\$ 2,850,616	\$ 86,098,219	\$ 68,397,458	\$ 17,700,761	79.44%
HD&SPIN CRD INJ FAM	\$ 22,296,050	\$ 1,205,000	\$ 23,501,050	\$ 16,701,914	\$ 6,799,136	71.07%
AUTISM COMM RES PRO	\$ 22,239,084	\$ 175,000	\$ 22,414,084	\$ 14,601,366	\$ 7,812,718	65.14%
INTELL DISA COMM RES	\$ 335,719,871	\$ 44,558,050	\$ 380,277,921	\$ 338,147,762	\$ 42,130,159	88.92%
STATEWIDE CF APPRO	\$ -	\$ -	\$ -		\$ -	
STATEWIDE PAY PLAN	\$ -	\$ -	\$ -		\$ -	
STATE EMPLOYER CONTR	\$ 32,392,850	\$ 1,135,443	\$ 33,528,293	\$ 26,639,550	\$ 6,888,743	79.45%
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	
Legislative Authorized Total	\$ 797,371,734	\$ 10,996,853	\$ 808,368,587	\$ 648,108,773	\$ 160,259,814	80.17%
Legislative authorization capacity above actual spending plan budget			\$ (37,538,344)		\$ 37,538,344	
DDSN spending plan budget			\$ 770,830,243	\$ 648,108,773	\$ 122,721,470	84.08%
Percent of total spending plan budget			100.00%	84.08%	15.92%	REASONABLE
% of FY completed (expenditures) & % of FY remaining (available funds)			100.00%	91.67%	8.33%	
Difference % - over (under) budgeted expenditures			0.00%	-7.59%	7.59%	
Difference \$ - over (under) budgeted expenditures				\$ (58,485,616)		

Carry Forward + Cash Flow Analysis Indicates Sufficient Cash to Meet FY 20 Estimated Expenditure Commitments: YES X ; 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%
Total	100.00%	100.00%

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

FUNDED PROGRAMS	FUNDED PROGRAM NAMES
0100.000000.000	Administration Operational & Personal Services Expenditures of Administration Departments
4000.050100.000	Prevention Prevention Awareness Grants Possible GGC Contracts Over & Above the Special Item Funded Program
4000.050500X000	Prevention-Special Item - Greenwood Genetic Center Contracts for Research and Development, and Counseling
4000.100501.000	Children's Services Child Day Care Centers in Anderson and Charleston Early Intervention Summer Services
4000.101000.000	In-Home Family Support ID/RD & Community Support Waiver Services Respite Services
4000.101500.000	Adult Development Program Services to include Adult Day, Supported Employment, Rehab Support
4000.102000.000	Service Coordination Service Coordination Planning for all consumers
4003.250000.000	Intellectual Disability Comm. Residential Residential Expenditures for Community Training Homes, Intermediate Care Facilities Evaluation and Planning Services
4000.150500.000	Autism Family Support Program Services to include Adult Day, Supported Employment, Family Respite Evaluation and Planning Services Rehab Service Coordination
4002.300000.000	Autism Comm. Residential Residential Expenditures for Community Training Homes
4002.200000.000	Head & Spinal Cord Family Support Program Services to include Post Acute Rehab for HSC/TBI, Adult Day, Supported Employment
4001.350000.000	Head & Spinal Cord Comm. Residential Residential Expenditures for Community Training Homes
4001.400000.000	Regional Centers Operational & Personal Services Expenditures of Daily Regional Center Functions
9500.050000.000	Employee Benefits Personal Services Expenditures of Administration Departments, Residential, and Regional Centers
9814.190000X000	SC Genomic Medicine - TGEM Greenwood Genetic Center Genomic Medicine

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

**CONTRACT
BETWEEN
SOUTH CAROLINA DEPARTMENT
OF MENTAL HEALTH,
DIVISION OF INPATIENT SERVICES
AND**

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

I. Purpose

South Carolina Department of Mental Health (SCDMH), Division of Inpatient Services (hereafter referred to as "SCDMH") and SCDDSN (hereafter referred to as "South Carolina Department of Disabilities and Special Needs") enter into this contract for the Midlands Regional Center facility Nutritional Services.

II. Scope of Services

A. SCDMH agrees to the following:

1. Cost per meal rate- \$7
Cost per meal add on rate- \$2.38

SCDMH will purchase the required RE-Therm equipment for DDSN. SCDMH will be responsible for all normal maintenance and repair to the equipment in year one. SCDMH will provide the Beverage Services to DDSN for this contract year.

At payoff, SCDMH will support the transfer of these assets to DDSN through the requirements of the SC Department of Administration.

SC Dept. of Administration. SCDMH will also support the transfer of any of the old re-therm equipment and supplies to DDSN for use at their facility in the Low Country that employs this system.

B. SCDDSN agrees to the following:

2. DDSN should remit \$9.38 per meal to DMH until the final cost of the equipment is paid off. At that time the rate returns to \$7/meal.

DDSN is responsible for any damage to the equipment that is deemed "abuse" by the DMH Food Service Manager in conjunction with DDSN Program.

SCDDSN will take over the purchase of its food supplies through the Gordon Foods contract that it share with DMH on 7/1/20.

III. Terms and Conditions

A. Effective Dates:

This contract shall be effective on this 1st day of July, 2020, or when all parties have signed, whichever is later, and will end this 30th day of June, 2021. Thereafter, the contract will automatically extend up to 0 additional one year terms, unless either party shall terminate the contract as provided herein. At the end of each contract year, the parties agree to meet to review the contract. Maximum termination date is the 30th day of June, 2021.

TERM OF CONTRACT-OPTION TO RENEW: (a) At the end of the initial term, and at the end of each renewal term, this contract shall automatically renew for a period of year(s), month(s), and/or day(s), unless contractor receives notice that the state elects not to renew the contract at least thirty (30) days prior to the date of renewal. Regardless, this contract expires no later than the last date stated in section above.

B. Contract Maximum will not exceed \$1,252,800.00 for the one (1) year term.

C. Termination

This contract may be terminated by either party upon thirty (30) days written notice to the other party.

D. Amendment:

The contract is our entire Agreement, and it will bind each of our successors. Any changes to this contract, which are mutually agreed upon between SCDMH and the Contracting Party, shall be incorporated in written amendment to this contract and will not become effective until the amendment is signed by each party.

E. Records

Records with respect to all matters covered by this Contract must be retained for 6 years after the end of the period of this Contract and shall be available for audit and inspection at any time such audit is deemed necessary by DMH. If audit has begun but is not completed at the end of the 6 year period, the records shall be retained until resolution of the audit findings.

F. Liability

Neither party shall be liable for any claims, demands, expenses, liabilities and losses (including reasonable attorney's fees) which may arise out of any acts or failures to act by the other party, its employees or agents, in connection with the performance of services pursuant to this Contract. Neither party is an employee, agent, partner, or joint venture of the other. Neither party has the right or authority to control or direct the activities of the other or the right or authority to bind the other to any agreement with a third party or to incur any obligation or liability on behalf of the other party, unless expressly authorized in this contract.

G. Non-Discrimination

No person shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination in relation to any activities carried out under this Contract on the grounds of race, disability, color, sex, religion, age, health status, or national origin. This includes the provision of language assistance services to individuals of limited English proficiency eligible for services provided by DMH.

H. Controlled Substance Statement

By signing this contract, Contracting Party certifies that it will comply with all applicable provisions of The Drug Free Workplace Act, S.C Code of Laws, Section 44-107-10 et. Seq. as amended.

I. Governing Law.

The Agreement, any dispute, claim, or controversy relating to the agreement and all the rights and obligations of the parties shall, in all respects, be interpreted, construed, enforced and governed by and under the laws of the State of South Carolina.

J. PREVENTING AND REPORTING FRAUD, WASTE AND ABUSE

- a. SCDMH has procedures and policies concerning the prevention and reporting of fraud, waste and abuse (FWA) in agency-funded programs, including but not limited to those funded by federal grants such as Medicaid. No agency employee, agent, or contracting party shall direct, participate in, approve, or tolerate any violation of federal or state laws regarding FWA in government programs.
- b. Federal law prohibits any person or company from knowingly submitting false or fraudulent claims or statements to a federally funded program, including false claims for payment or conspiracy to get such a claim approved or paid. The False Claims Act includes “whistleblower” remedies for employees who are retaliated against in their employment for reporting violations of the Act. Under State law, persons may be criminally prosecuted for false claims made for health care benefits, for Medicaid fraud, for insurance fraud, or for using a computer in a fraud scheme or to obtain money or services by false representations. Additional information regarding the federal and state laws prohibiting false claims and SCDMH’s policies and procedures regarding false claims may be obtained from the agency’s Contract Manager.
- c. Any employee, agent, or contracting party of SCDMH who submits a false claim in violation of federal or state laws will be reported to appropriate authorities.

K. Insurance

Each of the parties agrees to maintain professional and general liability insurance, and may be required to provide the other party with satisfactory evidence of such coverage. Neither party will provide individual coverage for the other party’s employees and each party shall be responsible for coverage of its respective employees.

L. Licenses

The parties agree that during the term of this Contract, each party shall maintain its respective federal and state licenses, certifications, and accreditations required for the provision of services therein. The Contracting Party will immediately notify DMH if a board, association, or other licensing authority takes any action to revoke or suspend the license, certification, or accreditation of Contracting Party or Contracting Party’s employees or agents providing or performing services under this Contract.

M. Indemnification

Any term or condition is void to the extent it: 1) requires DMH to indemnify any individual or entity, or 2) would have the purpose or effect of increasing or expanding any liability of the State or its agencies or employees for any act, error, or omission subject to the South Carolina Tort Claims Act, whether characterized as tort, contract, or any other theory or claim.

N. Open Trade Representation: SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS represents that they are not currently engaged in the boycott of a person or an entity based in or

doing business with a jurisdiction with whom South Carolina can enjoy open trade, as defined in SC Code Section 11-35-5300.

- a. Open Trade: During the contract term, including any renewals or extensions, Contractor will not engage in the boycott of a person or an entity based in or doing business with a jurisdiction with whom South Carolina can enjoy open trade, as defined in SC Code Section 11-35-5300.

IV. Incorporation

This contract incorporates the attached SCDMH “Covenants and Conditions,” and “Business Associate/Qualified Service Organization Agreement,”

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

Contractor’s Signature Date

SCDMH Signature Date

Printed Name

Printed Name

Title

Title

Witness’s Signature Date

Witness’s Signature Date

Printed Name

Printed Name

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH (DMH) COVENANTS & CONDITIONS ADDENDUM (1 page)

This **ADDENDUM** is incorporated in the attached Agreement with DMH/DMH component (**AGREEMENT**). If any term in the **AGREEMENT** is in conflict with this Addendum, this **ADDENDUM** will control. If **AGREEMENT** involves federal/other grant funds (including subcontractor/sub grantee obligations), the parties will comply with applicable grant terms or obligations.

AS MAY BE APPLICABLE TO THE AGREEMENT, the party contracting with DMH (**CONTRACTOR**) also agrees:

1. To comply with applicable law including: Titles VI & VII 1964 Civil Rights Act (42 USC 2000d and 2000e); 45 CFR Part 80 § 504, 1973 Rehabilitation Act; 45 CFR Part 84; 1975 Age Discrimination Act; 42 USC 6101 et seq.; 1981 Omnibus Budget Reconciliation Act; Americans with Disabilities Act; 42 CFR Parts 35 & 36; 1988 Federal Drug Free Workplace Act & §44-107-10 et seq. SC Code; §15-77-300, SC Code; 45 CFR Part 160 et seq.(HIPAA); 42 CFR Part 2 (Alcohol and Drug Confidentiality); §44-22-100, SC Code (DMH Patient or Person Subject to Commitment Confidentiality).
2. Unless **AGREEMENT**/Grant terms require otherwise, DMH has ownership/title/copyright/other right to property purchased or developed with **AGREEMENT** funds. **CONTRACTOR** will not publish or use reports, data or other material or information related to **AGREEMENT** for its own purpose or financial benefit without prior DMH written permission.
3. **CONTRACTOR** performance of **AGREEMENT** provisions or continued payment, will not affect DMH's continued right to enforce **AGREEMENT**. No DMH waiver of any breach will be considered as waiver of any succeeding breach.
4. **AGREEMENT** is governed by applicable Federal and South Carolina law. Any legal action, suit, proceeding, or other dispute resolution activity arising from **AGREEMENT** will be initialed and maintained in South Carolina.
5. No **CONTRACTOR** sub-contract or assignment of this **AGREEMENT** is valid without DMH written consent. Regardless, **CONTRACTOR** is solely responsible for **CONTRACTOR** obligations and performance under this **AGREEMENT**.
6. **CONTRACTOR** records/other documents related to **AGREEMENT** may be audited by DMH or other agency with audit authority. **CONTRACTOR** will maintain documents for at least three (3) years from date of **AGREEMENT** final payment.
7. All invoices for DMH payment must be received by DMH within sixty (60) days of termination of **AGREEMENT**.
8. **CONTRACTOR** will not employ persons listed on HHS OIG's Cumulative Sanctions Report or Excluded Parties List, and will adopt and comply with **CONTRACTOR** policies consistent with §6032 Deficit Reduction Act of 2005.
9. If **CONTRACTOR** seeks or receives payment from third parties including Medicare/Medicaid/other federal sources, **CONTRACTOR** will offset DMH amounts due with such payment or submit such funds to DMH and be solely responsible for legitimacy of request for/payment of funds and recoupments sought by payer. If payments to DMH from **CONTRACTOR** are not full compensation, DMH may bill and accept payment for such uncompensated services from any other available payer or source of payment, and any such payment will not reduce any payment due to DMH by **CONTRACTOR**.
10. If **AGREEMENT** involves review/use of DMH plans, reports, financial information, attorney work product, PHI or PII, and/or other proprietary or confidential information, **CONTRACTOR** will receive, maintain, use or disclose such information only as necessary to perform **AGREEMENT** obligations, or otherwise with DMH written permission, or as required by law.
11. No **AGREEMENT** funds/materials/property/services will be used to engage an attorney, for any partisan political activity, or to further election or defeat of a public office candidate or any activity in violation of the Hatch Act or other applicable law.
12. No employee of either party will be deemed as an employee of the other party. Nothing in the **AGREEMENT** will be interpreted as creating any employment, agency, partnership, joint venture, or any other similar relationship between the parties. Neither party will make any representation or statement to any person or entity inconsistent with the **AGREEMENT**.
13. An **AGREEMENT** term is void if it requires that DMH: be subject to another state's laws/courts/jurisdiction; indemnify, or hold harmless anyone (other than a MCO enrollee as required by law); or waive any DMH interest/right/immunity/defense.

SCDMH BUSINESS ASSOCIATE/QUALIFIED SERVICE ORGANIZATION AGREEMENT

The South Carolina Department of Mental Health, including its inpatient/outpatient facilities and programs ("SCDMH"), is a "Covered Entity" subject to: the Health Insurance Portability and Accountability Act (HIPAA) 45 CFR Part 4-4-160 et seq, including Privacy Rule, Security Rule and Breach Notification Rule requirements, 45 CFR 164 et seq (HITECH); §44-22-100, Code of Laws of South Carolina (SCDMH patients or persons subject to commitment confidentiality); and also for specific SCDMH Alcohol and Drug Treatment Programs: Confidentiality of Alcohol and Drug Abuse Patient records, 42 CFR Part 2, in protecting Protected Health Information (PHI), and/or applicable law protecting other Personally Identifiable Information (PII), collectively "Applicable Law."

South Carolina Department of Disabilities and Special Needs at the address of 3440 Harden Street Ext. Columbia SC 29203, is a SCDMH Business Associate/Qualified Service Organization (BA/QSO), who by SCDMH contract/other written agreement, receives information from, creates or receives PHI and/or PII, on behalf of SCDMH.

BA/QSO in receiving from, or creating/receiving PHI and/or PII on behalf of SCDMH, acknowledges and agrees:

1. In receiving, transmitting, disclosing, transporting, storing, processing, using, or otherwise dealing with PHI and/or PII, be bound by Applicable Law, and not use or disclose PHI and/or PII except as permitted or required by this Agreement, Applicable Law, SCDMH Privacy and/or Security Practices, and any contract or other written agreement with SCDMH.
2. Consistent with this Agreement, BA/QSO may disclose minimum necessary PHI and/or PII for its management and administration, or to carry out its legal responsibilities, provided the disclosures are required by law, or BA/QSO obtains reasonable assurances from the person to whom the PHI and/or PII is disclosed, that PHI and/or PII will remain confidential and used or further disclosed only as required by law, or for the purposes for which it was disclosed, and the person notifies BA/QSO of any instances it is aware where PHI and/or PII confidentiality has been Breached.
3. Use appropriate safeguards to prevent unauthorized use or disclosure of PHI and/or PII ("Breach").
4. Following discovery of a Breach, consistent with Applicable law, promptly report such Breach to the applicable local SCDMH Privacy Officer.
5. Ensure that its subcontractors and agents, to whom PHI and/or PII is provided, or created or received on behalf of SCDMH, protect PHI and/or PII including Breach reporting as described above.
6. Provide access to PHI as requested by SCDMH, including to an individual as directed by SCDMH, to meet HIPAA requirements of providing a SCDMH patient the right to access and copy their PHI.
7. Amend PHI as directed or agreed to by SCDMH pursuant to HIPAA requirements.
8. Make available its practices, policies, procedures and records, related to PHI and/or PII use and disclosure, to SCDMH, (and for PHI, Department of Health and Human Services, or to an individual/entity as directed by SCDMH related to HIPAA compliance).
9. Document its disclosures of PHI, as required by HIPAA, for SCDMH to promptly respond to a request for an accounting of PHI disclosures, and provide such accounting to SCDMH or an individual as directed by SCDMH.
10. **[Applies only to SCDMH Alcohol & Drug Treatment Program PHI AND/OR PII]** As a SCDMH Qualified Service Organization under 42 CFR Part 2, resist efforts in judicial proceedings to obtain PHI as required by 42 CFR Part 2.
11. Upon termination of this Agreement for any reason, return or destroy PHI and/or PII received/created by this Agreement, including PHI and/or PII possessed by its subcontractors or agents. If returning or destroying the PHI and/or PII is infeasible, BA/QSO will notify SCDMH of conditions that make return/destruction infeasible and extend Agreement

protections to such PHI and/or PII, and limit further uses/disclosures to purposes that make return/destruction infeasible, as long as BA/QSO maintains the PHI and/or PII.

12. To the extent BA/QSO carries out obligations under the Privacy Standards on Covered Entities behalf, BA/QSO will comply with applicable Privacy Standard(s) in performing such obligation.

13. BA/QSO will comply with security provisions of HITECH in the same manner as such regulations apply to SCDMH.

14. Upon request, BA/QSO will provide SCDMH access to, and information concerning, BA/QSO's security and privacy policies, processes, practices, impact and risk assessments, and actions taken to mitigate identified risks affecting PHI and/or PII provided to or created by BA/QSO pursuant to this Agreement.

15. BA/QSO will report to SCDMH security incidents of which it becomes aware that compromise PHI and/or PII confidentiality, integrity, or availability. Unsuccessful Security Incidents, involving unsuccessful attempts at unauthorized access to BA/QSO's system, that are not a threat to PHI and/or PII and do not result in unauthorized access, use, disclosure, modification, or destruction of PHI and/or PII or interference with an information system, are not required to be reported. Unsuccessful Security Incidents include: (a) "pings": request/response to determine if an Internet Protocol (IP) address, or host, exists or is accessible; (b) port scans; and (c) malware: viruses and worms detected and eradicated prior to effecting BA/QSO's system; (d) attempts to log on to system or enter database with invalid password or username; and (e) denial of service attacks that do not result in a server taken offline. If BA/QSO's system is capable of logging such Incidents, upon SCDMH written request, BA/QSO will report such Incidents in the aggregate.

16. BA/QSO will require any BA/QSO subcontractor to a SCDMH contract or other SCDMH written agreement with BA/QSO, to agree in writing to comply with this Agreement.

17. SCDMH may terminate this Agreement if it determines that BA/QSO or subcontractor has violated any material term.

BA/QSO Signature

Printed Name

Title

Date

Director's Report June 18, 2020

1. I would like to start by publically apologizing to our new commission members for missing their full senate confirmation on May 12th.
 - a. We reported in our last commission meeting that Commissioners Miller and Rawlinson had been approved by the Senate Medical Affairs Committee, we missed the fact that later that afternoon the senate in a 41 to zero vote affirmed their place on the commission.
 - b. I have personally apologized to both new commissioners and they have jumped in with both participating in committee meetings as well as their orientation training. It has been my pleasure getting to know them.
2. Providers have expressed interest and have been asking questions about the CARES Act Provider Relief Fund. SCDDSN is learning about these funds ourselves at this time.
 - a. HHS has announced two webinars to explain the application process.
 - b. We will be attending one of these webinars ourselves and made the provider network of the availability of these sessions.
 - c. We will certainly share more with our network as we learn of the eligibility and application process ourselves.
 - d. At this time, we are not in a position to state whether providers are eligible or not, but hope to know more soon.
 - e. We would encourage everyone to register for the webinar. I have my registration confirmation in hand.
 - f. <https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/index.html>
 - g. [Tuesday, June 23, 2020 at 2 PM ET](#) [Thursday, June 25, 2020 at 2 PM ET](#)
3. I have previously informed the commission that the executive staff was in the process of reconciling the number of waiver slots that have been appropriated by the general assembly to those enrolled and allocated.
 - a. At first, we were given information from the policy division that DDSN had overstated the number of funded waiver slots by 506.
 - b. Deputy Director Maley and I were concerned that the number was not accurate and would not feel comfortable requesting additional slots from the general assembly, if we could not confirm that number.
 - c. In February of this year, we passed the calculations and data to our internal audit division to check that number for accuracy.
 - d. Internal audit examined DDSN spending plans and the funding received from the general assembly going back to FY 2013 and found that DDSN overstated the funded waiver slots by 51 not 506.
 - e. The other issue is the matter of funding. We do realize that these waiver slots were funded at the 30% by the GA; but because DDSN give the money out to the financial managers based on the bands and is not able to pull down the additional 70% for all that is sent out in the bands (for a variety of reasons that we have spoken about before – a myriad of residential rates being paid to providers but only one residential rate being paid to DDSN by DHHS, money in the bands for an array of services which may or not be utilized so we cannot pull down the match for them just to name a couple). There slots may not actually have funding - however, we believe, that once we flip the band B's and I's to Fee for service and with 68% of our waiting list being under 21 - we would

eliminate much of this issue and be able to support the services for these individuals.

- f. The investigation brought to light another issue that had been identified before; but had gotten lost in the shuffle with the change of CM and EI to FFS and now the COVID issue. The problem of "pending" enrollment was once again highlighted by the internal audit review.
 - g. There are 1099 waiver slots allocated- that means an individual has been given a slot – they are not yet enrolled in that slot. Many of these are still pending after a year. At the last CM workgroup Lori Manos outlined a plan to the case managers to get these cases through enrollment as soon as possible.
 - h. To recap - as of June 1:
 - i. 585 people were pending > 6 months
 - ii. 104 people were pending > 1 year
 - iii. The average days pending is 393 days
 - i. In the past, DDSN has distributed reports and asked providers for updates but we haven't seen a significant reduction in average days pending. As a strategy to address this, we will:
 - i. 1. Identify all individuals allocated a slot greater than six months ago.
 - ii. 2. Review case notes/documentation to identify issue(s) affecting delay in Waiver enrollment.
 - iii. 3. Take action on each situation by providing clear direction on each case to expedite Waiver enrollment or declination of slot. (These actions will be categorized and reported upon to Executive staff)
 - iv. 4. Continue monthly to ensure adequate follow up occurs and we address any new people pending more than 6 months.
 - j. Case Management providers were informed of this Plan at the 6/10/20 Case Management Committee meeting and at a 6/16/20 Case Management Webinar.
 - i. Providers were sent recent lists of all people they serve who are pending Waiver enrollment on Monday 6/15/20. We will begin reviewing case notes and communicating with providers in early July.
 - ii. We are working with DHHS to assist with redesigning the waiver enrollment process - we developed a Process Improvement Initiative in March of 2019 – but the circumstances of that time basically bogged down the project.
 - k. Overall - the good news is that our original numbers were basically correct (variance of 51). We believe we have the right team in place to finish the process development to track waiver slots and to expedite enrollment.
 - l. We are also in the process of cleaning up a list of 22,000 names of eligible individuals who went into an inactive status back in 2008 when DDSN made the decision to place folks who were not in a waiver or in need of active case management into a level II category. Once we confirm names and addresses we will begin the process of reaching out to see if a case manager is needed. This effort will also help to shorten enrollment times when a slot is allocated since just locating people has been a serious stumbling block.
4. As another fiscal year draws to a close we know that
- a. We have tightened up many of the leaks in revenue as well as expenses – which is clearly shown in the reversal of our cash position – regardless of new federal funds – we were on the road to a more positive outcome

5. CoVID has added new challenges to everything – and our funding mechanism of capitated funding has added another level of complexity;
 - a. But we should all be very proud of the leadership and staff of those providers who have actually had to deal with positive cases in their facilities – they have truly risen to the challenge.
 - b. The Pee Dee Center leadership and staff has done a wonderful job of meeting this challenge.

6. Through all of this, we continue to walk down a path to tackle real issues, some here from past decisions and some based on the challenges of future service delivery needs.
 - a. The team here at DDSN is committed to meeting these challenges even and tackling the real issues.
 - b. We must answer the call of those we support to ensure quality programs that improve quality of life. To that end we are in the process of revamping our entire quality management system over the upcoming year – to get away from mere compliance and get to actual quality improvement.
 - c. DDSN is in the process of developing a risk based, continuous quality improvement strategy in order to improve services to all persons with disabilities and their families in South Carolina. This requires consideration of the principles of DDSNs Vision, Mission, Values and Principles in all the work completed by the Risk Management Unit. DDSN is in the process of reviewing key elements (policies, procedures, technology, organizational structure etc.) of our RM/QM systems in order to determine how to best serve persons with disabilities in South Carolina.

7. We are committed to helping organizations adapt to new ways of doing things, provide training and develop future leaders in the field
8. We are committed to continue to tighten up our own ship along the way – improving our processes, communication methods and oversight.
9. Our goal - first, last and always - has to be quality supports for our service recipients and accountability to the generous citizens of South Carolina who support these efforts.