

**From:** [Linguard, Christie](#)  
**Subject:** Meeting Notice - SC Commission on Disabilities & Special Needs Commission Meeting - December 16, 2021  
**Date:** Tuesday, December 14, 2021 6:17:16 PM  
**Attachments:** [Commission Packet - December 16, 2021.pdf](#)

---

**Good Afternoon,**

**The South Carolina Commission on Disabilities and Special Needs will hold its regularly scheduled meeting in person on Thursday, December 16, 2021, at 10:00 a.m. in conference room 251 at the SC Department of Disabilities and Special Needs Central Administrative Office, 3440 Harden Street Extension, Columbia, SC. Any member of the public attending in person must view this meeting in a separate conference room at the central office. To access the live audio stream for the 10:00 a.m. meeting, please visit [www.ddsn.sc.gov](http://www.ddsn.sc.gov).**

**Please see the attached agenda and its attachments for the Commission Meeting.**

**For further information or assistance, contact (803) 898-9769 or (803) 898-9600.**

**Thank you.**

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

**A G E N D A**

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

**December 16, 2021**

**10:00 A.M.**

1. Call to Order *Chairman Stephanie Rawlinson*
2. Notice of Meeting Statement *Commissioner Robin Blackwood*
3. Welcome
4. Adoption of Agenda
5. Invocation *Commissioner Robin Blackwood*
6. Approval of November 18, 2021 Commission Meeting Minutes **Page 3**
7. Commissioners' Update *Commissioners*
8. Public Input
9. Commission Committee Business
  - A. Finance and Audit Committee *Committee Chair Robin Blackwood*
    1. Financial Approval & Threshold Report for December 2021 **Page 9**
    2. Band B and I Report for December 2021 **Page 10**
  - B. Policy Committee *Committee Chair Barry Malphrus*
    1. 535-10-DD: National Voter Registration Act (Motor Voter) **Page 13**
    2. 413-10-DD: Telecommuting Policy and Procedures **Page 23**
    3. 413-05-DD: Work Hours Policy and Procedure **Page 35**
    4. 503-01-DD: Individuals Involved with the Criminal Justice System **Page 43**
    5. 603-09-DD: Management of Individuals Exposed to Potential Blood Borne Pathogens **Page 49**
    5. 602-02-DD: Aquatics Program at DDSN Operated Facilities **Page 52**
    6. Committee Update
10. Old Business:
  - A. ID/RD Waiver Renewal Update *Ms. Lori Manos*
  - B. Fee-for-Service Update **Page 57** *Mr. Pat Maley*
  - C. Internal Audit Update *Ms. Courtney Crosby*
  - D. Legislative Update *Mr. Tommy Windsor*
  - E. COVID Update *Mr. Robb McBurney*

11. New Business:

- A. Financial Update **Page 61**
- B. Supporting Residential Options **Page 62**

*Mr. Pat Maley  
Michelle Fry, J.D., Ph.D.*

12. Director's Update

*Michelle Fry, J.D., Ph.D.*

13. Next Regular Meeting (January 20, 2022)

14. Adjournment

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

**MINUTES**

November 18, 2021

The South Carolina Commission on Disabilities and Special Needs met on Thursday, November 18, 2021, at 10:00 a.m. at the Department of Disabilities and Special Needs Central Office, 3440 Harden Street Extension, Columbia, South Carolina.

The following were in attendance:

COMMISSION

Present In-Person

Stephanie Rawlinson – Chairman

Barry Malphrus – Vice Chairman

Robin Blackwood – Secretary

Gary Kocher, M.D.

Gary Lemel

Eddie Miller

Microsoft Teams

David Thomas

DDSN Administrative Staff

Michelle Fry, State Director; Pat Maley, Chief Financial Officer and Deputy Director; Lori Manos, Interim Associate State Director of Policy; Courtney Crosby, Internal Audit Director; Tommy Windsor, Public Information Officer and Legislative Liaison; Ann Dalton, Quality Director; Lisa Comfort, Information Technology Division; and Christie Linguard, Administrative Coordinator.

Notice of Meeting Statement

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

Welcome

Chairman Rawlinson welcomed everyone to the meeting.

Adoption of the Agenda

Commissioner Miller made a motion to adopt the November 18, 2021 agenda as written, seconded by Commissioner Malphrus and unanimously approved by the commission. (Attachment A)

Invocation

Commissioner Miller gave the invocation.

**Approval of the Minutes from October 21, 2021 Commission Meeting**

Commissioner Malphrus made a motion to approve the minutes from the October 21, 2021 Commission meeting, seconded by Commissioner Blackwood and unanimously approved by the commission. (Attachment B)

**Commissioners' Update**

Commissioner Blackwood noted that she and Dr. Fry visited Thrive Upstate and had a very productive visit with the Executive Director, Tyler Rex. She also noted that she and Commissioner Thomas visited Oconee County DSN Board yesterday. Commissioner Kocher talked briefly about his visit with Community Options and their staff. Chairman Rawlinson stated that she and Dr. Fry met with Governor Henry McMaster and Representative Jay Jordan. Lastly, Chairman Rawlinson acknowledged the life and death of Senator Hugh Leatherman.

**Public Input**

There was one public input from Ms. Padgett Mazingo (Limitless Purpose) and her daughter, Lila.

**Apprenticeship Carolina**

Dr. Amy Firestone gave an overview of Apprenticeship Carolina.

**Commission Committee Business**

A. Finance and Audit Committee

The Finance and Audit Committee met on November 15, 2021. The following topics were presented for review and approval by the Commission:

Commissioner Blackwood stated that there was one new non-service contract greater than \$200,000 that the committee voted to approve and is being presented today to the full commission as information only. This contract is a multiple state agency contract for residential services for children. (Attachment C)

The committee voted to disapprove the two outlier requests that were presented. Chairman Rawlinson noted that the commission will treat the

approval as a motion and second coming out of committee. The commission unanimously disapproved the two preliminary staff recommendations for band change. (Attachment D)

**B. Policy Committee**

The Policy Committee met on November 9, 2021. The following topics were presented for review and approval by the Commission:

200-04-DD: Voluntary Contributions and Donations – After being approved by the committee, Commissioner Malphrus presented this directive for approval by the Commission. Chairman Rawlinson treated the approval from the committee as a motion and second; after taking a vote, the commission members unanimously approved this directive. (Attachment E)

400-21-DD: Educational Credential – This directive was approved by members of the Policy Committee. Chairman Rawlinson treated the approval from the committee as a motion and second; after taking a vote, the commission members unanimously approved this directive. (Attachment F)

Commissioner Malphrus announced that the next Policy Committee will take place on December 15, 2021 at 3:00 PM. The committee will discuss two directives (503-01-DD: Individuals Involved with Criminal System and 535-10-DD: National Voter Registration Act (Motor Voter)).

**Old Business**

**A. Intellectual Disability/Related Disabilities (ID/RD) Waiver Renewal Update**

Ms. Manos updated the commission on the ID/RD Renewal. After the submission of the waiver renewal, informal requests were made for additional information. In anticipation of getting the waiver approved, our agency is working closely with DHHS to update policies as it relates to waiver services.

**B. Quarterly Incident Management Report**

Ms. Dalton gave the Incident Management Report for community, residential, day service and regional centers. She indicated that her division is being proactive on reporting processes and have hired two additional staff to assist with investigations. (Attachment G)

C. Fee-for-Service (FFS) Update

Mr. Maley reminded the commission that both the ID/RD Waiver and FFS transition will take place on January 1, 2022. He provided each commission member with an update on the project plan for the FFS transition. Over the immediate future, there will be a lot of work with providers. The GO LIVE date is March 1, 2022.

D. Cost Report Update

Cost reports for FY13 and 14 are complete and at DHHS. Reports for FY16 and FY17 have been at DHHS for a couple of months. FY18, FY20 and FY21 should all be completed by next year this time and turned in to DHHS. Lastly, FY19 is completed and the foundation upon which the agency based the ID/RD Waiver Renewal.

E. Internal Audit (IA) Update

Ms. Crosby announced that the 2020 Agreed-Upon Procedures (AUP) Reports for the DSN Boards are complete. Staff are working to complete the review of seven (7) remaining 2020 AUP Reports for Providers. Contract reductions related to 2020 reports total \$20,300. October 31, 2021 was the deadline for the 2021 reports for the DSN Boards. Twenty-eight reports were received, ten Boards were granted extensions and the remaining two have indicated that submission of their reports are imminent. The IA staff has five (5) audits that carried over into FY22: Interpreter Services; Environmental Modifications; Information Technology (IT) limited scope; Coastal Autism Division; and Regional Centers – Client Banking System audit.

The division initiated a consumer funds and personal property audit in the provider network during October, and have begun performing follow-up procedures to determine if corrective action plans have been implemented by management.

Ms. Crosby is working on an audit observation tracking report, which will be populated with outstanding audit observations and have proposed quarterly reporting to the Finance and Audit Committee and Commission with the first quarterly report being sent in advance of the December meeting dates.

F. Legislative Update

Mr. Windsor presented the legislative update. The General Assembly will reconvene on January 11, 2022. The House will return in December to

take up redistricting matters; and the Senate will return as well. The House pre-filed legislation which was provided to the commission. Most of this legislation has to do with COVID-19. Mr. Windsor also provided the commission with other legislation from last year that are directly related to our agency. Commissioner Lemel would like Mr. Windsor to work with the commission to make recommendations on House Bill 3181. (Attachment H)

## **New Business**

### A. Financial Update

Mr. Maley presented the financial update. The agency is .76% under budget. There being little discussion, Commissioner Miller made a motion to approve the financial update which was seconded by Commissioner Blackwood and unanimously approved by all members. (Attachment I)

### Director's Update

State Director Michelle Fry clarified that the Department on Aging's training video has been incorporated into our initiative and we are standardizing training for our regional centers. Dr. Fry highlighted the onboarding training for new executive directors of local boards as well as those who wanted a refresher and new agency staff personnel.

Dr. Fry has enjoyed traveling and interacting with providers throughout the state; and looks forward to meeting more in the coming weeks. She has attended the provider meetings and as an agency, we look forward to hosting our own provider monthly meetings in soon.

On October 31<sup>st</sup>, more than 240 motorcyclists and riders from clubs around the state visited Whitten Center to host live music and leisure activities for our workforce. She publically recognized Mr. James Lollis for continuing this event, which was started by his late father, Mr. Bub Lollis.

Our agency is continuing interagency meetings Department of Health and Human Services and the Department of Social Services.

Governor McMaster proclaimed November as National Apprenticeship Month and the agency is excited to partner with Apprenticeship Carolina and day programs.

DDSN will partner with the SC Human Services Provider Association to support their Executive Leadership's Academy. DDSN will provide opening remarks and presentations by many staff members.



Executive Session

At 11:58 AM, Commissioner Miller made a motion to enter into executive session following a 15-20 minute break. This motion was seconded by Commissioner Malphrus and unanimously approved.

Enter Into Public Session

At 12:52 PM, Chairman Rawlinson announced that there were no decisions made and no votes taken during executive session.

Commissioner Lemel made a motion to approve the proposed organizational chart created by the executive director. Chairman Rawlinson asked if Information Technology (IT) can be replaced with Chief Information Officer (CIO) on the chart. This motion was seconded by Commissioner Miller and unanimously approved by the commission.

Commissioner Kocher then made a motion to approve the organizational chart with the amendment made. This motion was seconded by Commissioner Blackwood and unanimously approved. Commissioner Malphrus asked that the organizational chart be posted on the website as soon as feasible.

Next Regular Meeting

December 16, 2021

Adjournment

On a motion by Commissioner Blackwood, seconded by Commissioner Miller and unanimously approved by the commission, the meeting was adjourned at 12:53 p.m.

Submitted by:

Approved by:

---

Christie D. Linguard  
Administrative Coordinator

---

Commissioner Robin Blackwood  
Secretary

**Monthly DDSN Staff Report - Financial Approval & Threshold Reporting for December 2021**

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

- I. **New Non-Service Contracts \$200,000 or Greater:**  
None
  
- II. **Existing Service Contracts Increasing \$200,000 or Greater (simple list if based on indiv. choice; detail summary if not):**  
None
  
- III. **\$200,000 or Greater Increase in Personnel Positions for a Program or Division:**  
None
  
- IV. **New CPIP or Re-Scoping of an Existing CPIP:**  
None
  
- V. **New Consulting Contract:**  
None
  
- VI. **New Federal Grant:**  
None

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

**MEMO**

Date: December 8, 2021

To: DSN Commissioners

From: CFO Pat Maley

Re: Band B & I Project: Band Increase & Outlier Requests

On 4/5/21, DDSN initiated the Band Increase & Outlier Request Program with funding from the B & I Transition “gap” funds available. To date, DDSN received **45** requests for Band increases and requests for outlier funding. Of these requests, 15 have been approved, 29 denied; **1** being submitted to the December Commission meeting; and **0** are still pending review. Every Friday, new requests are staffed by Operations and Finance Divisions and either approved, denied, or held in abeyance while additional data is collected to make a determination. For all new requests not approved due to lack of sufficient justification, providers are re-contacted and given ample opportunity to send in additional financial information to support the request prior to a final denial is recommended to the Commission.

Attachment A to this memo contains a schedule itemizing all staff recommendations for the **December 2021** Commission meeting, where staff will seek Commission final approval. Attachment B to this memo is a summary of all previously approved Commission funding decisions for this project.

**Request of the Commission:**

Approve the **1** preliminary staff recommendations contained on Attachment A.

**Attachment A**

Staff Recommendation for Band Increases & Outliers for the December Commission Meeting

Band Increase Request				Outlier Request			Staffing Decision	
Individual	Band from/to	Annualized Increase Request	Annualized Increase Approved	Individual	Amount Requested	Amount Approved	Approve	Disapprove
SB	G to H	\$19,305	\$0					X
		\$ 19,305	\$ -		\$ -	\$ -		

**Attachment B**

**Summary of All Band Increases & Outlier Decisions Pertaining to the B & I Transition Project**

Date Approved by Commission	Band Increase Request				Outlier Request			Staffing Decision	
	Individual	Band from/to	Annualized Increase Request	Annualized Increase Approved	Individual	Amount Requested	Amount Approved	Approve	Disapprove
5/20/2021	GB	G to H	\$ 18,561	\$ 18,561				X	
5/20/2021	CH	Low to High	\$ 18,561	\$ -					X
5/20/2021	DH	Low to High	\$ 18,561	\$ -					X
5/20/2021	LH	Low to High	\$ 18,561	\$ -					X
5/20/2021	RJ	Low to High	\$ 18,561	\$ -					X
5/20/2021	BL	G to H	\$ 18,561	\$ -					X
5/20/2021					TH	\$ 109,500	\$ -		X
5/20/2021					ML	\$ 112,099	\$ -		X
6/17/2021	LJ	G to H	\$ 18,561						X
6/17/2021	TH	G to H	\$ 18,561	\$ 18,561				X	
6/17/2021	JG	G to H	\$ 18,561	\$ -					X
6/17/2021	DP	G to H	\$ 18,561	\$ -					X
6/17/2021	BP	G to H	\$ 18,561	\$ 18,561				X	
6/17/2021	BB	G to H	\$ 18,561	\$ 18,561				X	
6/17/2021	WM	G to H	\$ 18,561	\$ 18,561				X	
6/17/2021	CW	G to H	\$ 18,561	\$ 18,561				X	
6/17/2021	AA	G to H	\$ 18,561	\$ 18,561				X	
6/17/2021	PK	G to H	\$ 18,561	\$ -					X
6/17/2021	DK	G to H	\$ 18,561	\$ -					X
6/17/2021	SH	G to H	\$ 18,561	\$ -					X
6/17/2021	MB	G to H	\$ 18,561	\$ -					X
6/17/2021	AS	G to H	\$ 18,561	\$ 18,561				X	
6/17/2021					GB	\$ 98,837	\$ 41,046	X	
6/17/2021					JB	\$ 134,783	\$ 80,660	X	
6/17/2021					MD	\$ 13,607	\$ -		X
6/17/2021					AJ	\$ 13,607	\$ -		X
6/17/2021					MS	\$ 73,362	\$ -		X
7/14/2021					DL	\$ 41,047	\$ -		X
7/14/2021					KM	\$ 66,163	\$ -		X
7/14/2021					JP	\$ 41,047	\$ -		X
7/14/2021					DG	\$ 37,987	\$ -		X
7/14/2021					JE	\$ 37,543	\$ -		X
7/14/2021					GB	\$ 19,384	\$ -		X
7/14/2021					AE	\$ 31,925	\$ -		X
9/16/2021	CC	G to H	\$ 18,561	\$ 18,561				X	
9/16/2021	RF	G to H	\$ 18,561	\$ 18,561				X	
9/16/2021	SK	G to H	\$ 18,561	\$ 18,561				X	
9/16/2021	TB	G to H	\$ 18,561	\$ 18,561				X	
10/21/2021	JH	G to H	\$ 18,561	\$ 18,561				X	
10/21/2021	ES	G to H	\$ 18,561	\$ -					X
10/21/2021	JW	G to H	\$ 18,561	\$ -					X
10/21/2021	AC	G to H	\$ 18,561	\$ -					X
11/18/2021	MC	Level 1 to 2	\$ 14,983	\$ -					X
11/18/2021	SB	G to H	\$ 19,305	\$ -					X
			\$ 553,996	\$ 241,293		\$ 830,891	\$ 121,706		

Reference Number: 535-10-DD

Title Document: ~~National Voter Registration Act (Motor Voter)~~  
Voter Registration and Voting Rights

Date of Issue: November 23, 1994

Date of Last Revision: ~~April 22, 2013~~XXXX, 2021 (REVISED)

Effective Date: ~~January 1, 1995~~XXXX, 2021

Applicability: ~~DDSN Central Office, DDSN Regional Centers, DSN Boards and Contracted Service Coordination Providers~~  
DDSN Regional Centers and Residential Habilitation Settings; Intake Providers; Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Providers and Residential Habilitation Providers

---

## **PURPOSE**

The purpose of this Directive is to implement the National Voter Registration Act (NVRA), S.C. Code Ann. § 7-5-110 through §7-5-340 (2019), and to provide guidance for assisting people who are eligible for DDSN services to exercise their right to vote.

## **VOTER REGISTRATION**

### Requirement:

The National Voter Registration Act (NVRA) requires that any office in a State that provides either public assistance or state-funded programs primarily engaged in providing services to persons with disabilities must offer voter-registration services. In accordance with NVRA, a State must designate the offices in the State as voter-registration agency. In South Carolina, the Department of Disabilities and Special Needs (DDSN) is designated as a voter-registration

agency. As a voter-registration agency, DDSN must provide the opportunity to register to vote to persons when (1) applying for DDSN services, (2) re-applying for DDSN services, and (3) changing the address used for DDSN services. As a voter-registration agency, DDSN must:

- Distribute voter-registration forms;
- Provide an “information” form that contains information on the voter-registration process;
- Provide the same level of assistance to all applicants in completing the voter-registration forms as is provided to the person when he/she is applying for DDSN services (unless the applicant refuses the assistance);
- Accept completed registration forms; and
- Transmit each completed voter-registration form to the appropriate State election official with the prescribed time frame.

Implementation – Voter Registration:

The NVRA requires that voter-registration services be offered when applying for or re-applying for services; therefore, Intake providers will be primarily responsible for performing these functions on behalf of DDSN. It is recommended that, as appropriate, each Intake provider designate one staff member to act as the coordinator of voter registration services. If designated, the coordinator would train new employees, ensure an adequate supply of forms, monitor voter registration activities, and resolve questions and problems that may arise. If a coordinator is designated, his/her responsibilities would be ongoing, but not full time.

Intake providers will be responsible for offering the opportunity to register to vote to those seeking eligibility for DDSN services (applicants) when the applicant:

- Is a citizen of the United States and of the State of South Carolina;
- Is eighteen (18) years of age or older;
- Is a resident in the county and in the polling precinct in which he/she offers to vote;
- Is not mentally incompetent as adjudicated by a court of competent jurisdiction;
- Is not serving a term of imprisonment resulting from a conviction of a crime;
- Has not been convicted of a felony or offenses against the election laws, unless the disqualification has been removed by the service of the sentence, including probation and parole time unless sooner pardoned.

Intake provider staff members (Intake workers) who offer the opportunity to register to vote are **strictly prohibited** from:

- Seeking to influence an applicant’s political preference or party affiliation, or
- Displaying any political preference or party allegiance, or
- Taking any action or making any statement to an applicant to discourage the applicant from registering to vote, or
- Taking an action or making any statement that may lead the applicant to believe that a decision to register or not to register has any bearing on the availability of services or benefits.

Intake workers must:

1. Determine if the applicant:

- (a) Is currently registered to vote at his/her current address, or
- (b) Would like to register to vote, or
- (c) Would like to decline to register to vote.

The Voter Registration Declination form (Attachment) should be presented and explained. The applicant should be asked to complete the form. If needed, assistance, to the same degree as given to complete forms for DDSN eligibility, should be provided . It should be noted that failure to check either box on the form constitutes declination to register. If the applicant declines to check a box he/she must be told, “If you do not check either box, you will be considered to have decided not to register to vote at this time.”

The Voter Registration Declination form (Attachment) has two (2) sections. The top section of the completed form should be retained by Intake worker as part of the person’s record. The top section of the declination form shall be kept in a confidential manner for one (1) year. The bottom section of the form should be separated from the top (along the dotted line) and given to the applicant. The provision of the form and the offering of the opportunity to register to vote must be documented as an Intake activity.

2. If the applicant is registered to vote at his/her current address, declines to register to vote, or fails to check a box on the Voter Registration Declination form, no additional actions by the Intake worker are required.

3. If the applicant chooses to register to vote at his/her current address or change his/her voter registration address, and the applicant possesses a valid South Carolina driver’s license or state identification card issued by the Department of Motor Vehicles, he/she may submit an application for voter registration electronically on the Internet website of the State Election Commission (SC Votes). Assistance, to the same degree provided for completing DDSN eligibility, can be provided to complete the registration electronically.

4. If the applicant chooses to register to vote at his/her current address or change his/her voter registration address but does not possess a valid South Carolina driver’s license or state identification card issued by the Department of Motor Vehicles, the completion of a paper voter-registration form is required. The paper/printed form should be given to the applicant and, if needed, -assistance, to the degree provided in the completion of forms for DDSN eligibility, provided to complete it. Voter registration forms can be printed from the South Carolina Election Commission website (Voter Registration Forms).

When a paper voter registration form is completed, the completed form must be transmitted to the county board of voter registration and elections of the county in which the applicant resides. This transmission may be by mail, e-mail, or fax. Information about each county board of voter registration and elections in the State can be found on the website of the State Election Commission (SC Votes). Completed forms must be



transmitted to the appropriate county board of voter registration and elections within ten (10) days of completion unless the form is completed within five (5) days before the last day to register to vote in an election, in which case the completed form must be transmitted within five (5) days.

All voter registration activities performed by the Intake worker must be documented. The documentation must specify mode used for registration (paper form or electronic). When a paper form is completed, the date and mode (e.g., mail, email, fax) of transmission of the completed form must be documented along with address or fax number to which the document was transmitted.

#### Implementation – Updating Voter Registration:

When someone who is eligible for DDSN services has moved / changed addresses, the person's case manager or Qualified Intellectual Disabilities Professional (QIDP) must be prepared to assist him/her with updating his/her voter registration. Assistance to update his/her voter registration should be provided by the case manager or QIDP as needed and to the degree provided in the completion of other forms required for service provision. Anyone assisting someone to update his/her voter registration is **strictly prohibited** from:

- Seeking to influence a person's political preference or party affiliation, or
- Displaying any political preference or party allegiance, or
- Taking any action or making any statement to the person to discourage the him/her from registering to vote, or
- Taking an action or making any statement that may lead the person to believe that updating his/her registration has any bearing on the availability of services or benefits.

People can be assisted to update their voter registration in the following ways:

1. If the person possesses a valid South Carolina driver's license or state identification card issued by the Department of Motor Vehicles (DMV), and has updated his/her address with the DMV, he/she may be assisted to complete the voter registration form electronically on the Internet website of the State Election Commission (SC Votes).
2. If the person moved from one address to another within the same county of the State, a change of address form and assistance to complete and transmit the form can be provided. Change of address forms can be found on the website of the State Election Commission (SC Votes). Completed forms may be transmitted by mail, e-mail, or fax and must be transmitted to the county board of voter registration and elections in which the person currently resides. Information about each county board of voter registration and elections in the State can be found on the website of the State Election Commission (SC Votes).
3. A paper voter registration form and assistance to complete and transmit the form can be provided. A paper voter registration form is required when the person moves from the

county in which he/she is registered to vote to another. A completed form must be transmitted to the county board of voter registration and elections of the county in which the person now resides. This transmission may be by mail, e-mail, or fax. Information about each county board of voter registration and elections in the State can be found on the website of the State Election Commission (SC Votes).

4. If the person moved from one address within a county to another within the same county, assistance can be provided to fill out the back of the person's voter registration card and transmit it by mail to the county board of voter registration and elections in the county in which the person resides. Information about each county board of voter registration and elections in the State can be found on the website of the State Election Commission (SC Votes).

When the assistance provided to update voter registration includes the transmission of completed forms, those forms must be transmitted to the appropriate county board of voter registration and elections within ten (10) days of completion unless the form is completed within five (5) days before the last day to register to vote in an election, in which case the completed form must be transmitted within five (5) days.

All activities provided to assist with updating voter registration information must be documented. The documentation must specify mode used for updating the registration. When a paper form or voter's registration card is used, the date and mode of transmission of the completed forms must be documented along with name of the entity and the mailing address, e-mail address or fax number to which the document was transmitted.

## **VOTING ASSISTANCE**

General:

As citizens of the United States of America and the State of South Carolina, adults with disabilities have the right to vote. When an adult with disabilities needs assistance to exercise his/her right to vote, assistance can and should be provided. Assisting someone to vote may include but may not be limited to the following:

- Providing information about voting and the electoral process;
- Assisting with registering to vote or updating his/her voter registration;
- Providing information about how to vote, such as information about voting systems (e.g., machines), the roll of poll workers, the assistance (e.g., curbside voting, reading the ballot) that can be provided, how to get needed assistance at the poll, who can (e.g., friends, family, poll workers) and cannot (e.g., service provider staff, employer/boss) assist with casting a ballot;
- Helping the person to find information about upcoming elections and candidates (e.g., providing a printed sample ballot); and
- Helping the person with transportation to their polling place on election day.

While much support can and should be provided to people eligible for DDSN services to exercise their right to vote, employees or contractors of DDSN, a Disabilities and Special Needs Board or a DDSN-contracted service provider are **strictly prohibited** from:

- Seeking to influence the person’s political preference or party affiliation,
- Seeking to influence the person’s choice of candidate or response to ballot measures.
- Taking any actions or making any statements to discourage the person from exercising his/her right to vote,
- Taking an action or making any statement that may lead the person to believe that a decision to vote or not vote has any bearing on the availability or continuation of services or benefits.
- Taking an action or making any statement that may lead the person to believe that a decision to vote for or against a specific candidate or ballot measure has any bearing on the availability or continuation of services or benefits, and
- Assisting the person to cast his/her ballot when voting in person.

Absentee Voting:

Registered voters with disabilities are qualified to vote absentee prior to Election Day. Absentee voting can be completed in-person or by mail. When a person eligible for DDSN services is a registered voter and requests assistance to vote absentee, the person should be asked if they prefer to vote absentee in-person or by mail.

If the person prefers to vote absentee in-person, assistance should be provided as needed to support their decision. This assistance may include sharing information about the in-person absentee voting process, or arranging for providing transportation to the office of the county board of voter registration and elections.

If the person is not receiving Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) services or Residential Habilitation, and prefers to vote absentee by mail, assistance should be provided as needed and appropriate. Any assistance provided must be documented. The person may, for example, be assisted to:

- Obtain an application form to request an absentee ballot by mail. Application forms can only be requested by the person (the voter), a member of the person’s immediate family, or an authorized representative acting on behalf of the person. Please note, for people who are not receiving ICF/IID services or Residential Habilitation, employees or contractors of DDSN, a Disabilities and Special Needs Board or a DDSN-contracted service provider agency are **prohibited** from acting as the authorized representative of the person for the purpose of requesting an absentee ballot by mail.
- Complete the application for absentee voting and transmit the completed application to the county voter registration and elections office by the deadline which is 5:00 p.m. on the fourth (4th) day prior to the election. Applications can be transmitted by mail, e-mail, fax or personal delivery.
- Return/submit the completed ballot to the county board of voter registration and elections.

For DDSN, Disabilities and Special Needs Boards and DDSN-qualified providers of ICF/IID services or Residential Habilitation (agencies), information found on the South Carolina Election Commission website “Absentee Voting at Residential Care Facilities” should serve as a guide for assisting those supported in these settings to exercise their right to vote by casting an absentee ballot by mail. Employees of an agency who are designated by the agency as the voting coordinator may, for the sole purpose of absentee voting by mail, serve as an authorized representative of a person receiving ICF/IID services or Residential Habilitation from the agency. An agency may only designate a voting coordinator if the agency issues a policy on absentee voting which:

- Specifies the minimum qualifications of the employee who may serve as the voting coordinator,
- Specifies that the duties of the voting coordinator includes coordinating any absentee voting by mail efforts with the people supported (voters), their family members / representatives, and the county board of voter registration and election,
- Requires the written acknowledgement by the employee serving as the voting coordinator that it is unlawful to vote or attempt to vote for a voter, impersonate a voter, attempt to bribe a voter, provide assistance when not requested, and falsely take an authorized representative’s oath.
- Specifies that the agency will notify law enforcement if any unlawful actions (above) are witnessed by the voting coordinator or any agency staff member or contractor.

### Purpose:

~~The purpose of this directive is to establish guidelines and procedures that enable DSN Boards, Contracted Service Coordination Providers, and DDSN Regional Centers to function as voter registration locations for people with disabilities receiving or requesting services.~~

### Disabilities Agency Registration Provision

~~The National Voter Registration Act (NVRA) and South Carolina Voter Registration Act of 1993 require that individuals be given the opportunity to register to vote (or change their voter registration data) in elections for federal office when applying for (or receiving) services or assistance at an office in the state that provides state funded programs. This Act applies to agencies engaged in providing services to persons with disabilities.~~

~~Individuals must be provided this opportunity at the time of their application for services, when filing any renewal (interpreted as when someone has separated from DDSN Services and their file has been closed but is reapplying for services or *renewing* their services), or in the event there is a change of address form relating to such services.~~

### Implementation

1. ~~Designation of Coordinator.~~

~~To comply with the NVRA mandate, each DSN Board, contracted service coordination provider, and DDSN Regional Center must function as a voter registration location. Someone must be appointed to coordinate the Act's implementation at the local level. The duties of the coordinator will be to ensure an adequate supply of forms, monitor voter registration activities, train new employees, and resolve questions and problems that arise in coordination with state and local election officials and other agencies. This responsibility will be ongoing, but not full time. Each DDSN Regional Center, DSN Board, or contracted Service Coordination Agency Head must select one staff person to function in the role as local coordinator. The local coordinator will be responsible for teaching staff how to offer registration.~~

2. ~~Designating appropriate staff to offer registration.~~

~~A. Executive Directors, contracted Qualified Intellectual Disability Professional (QIDP) Agency Heads and Facility Directors must designate which staff is appropriate to offer registration at the time of initial application for services.~~

~~1. For the DDSN Regional Centers, the Service Coordinator is suggested.~~

~~2. For Service Coordination Providers, the designated person for completing Intake is recommended to be the appropriate staff to offer voter registration when a person is applying for DDSN services/eligibility. If a person is already eligible for DDSN services, the person's Service Coordinator is suggested as the appropriate staff to offer registration should there be a change of address.~~

~~B. The local coordinator will teach staff how to offer registration.~~

3. ~~Duties of staff related to these activities will be:~~

~~A. Offer adults with disabilities the opportunity to register to vote when applying for services, when filing any renewal for services or when there is a change of address explaining the process and the options to register or decline.~~

~~B. Assist adults with completing the voter registration form (supplied by and available through the SC Election Commission or also available in the DDSN Human Resources Office) and explain the nature of the form. The form must be signed by the person.~~

~~C. Provide a Voter Registration Declination form—Attachment A (supplied by and available through the SC Election Commission or also available in the DDSN Human Resources Office) and ask the adult to read the form, complete all checkboxes necessary, and sign the form. Give the bottom tear away portion of the form to the adult.~~

~~D. Enter the data on the CDSS.~~

- ~~E. Mail the form to the county voter registration office for final decision regarding registration.~~
- 4. ~~Data from the CDSS regarding name, voting address and age will be transmitted to the state election commission via a connection through DSIT. Address changes will automatically be sent to the state election commission when they are entered on the CDSS.~~
- 5. ~~Each DDSN Regional Center or provider will keep voter registration forms for distribution but will not be responsible for recording or mailing the voter registration forms for anyone except those applying or eligible for services.~~
- 6. ~~Declinations to apply will be recorded and kept by the Agency in a confidential manner for one (1) year.~~
- 7. ~~Voter Registration information can be obtained from the SC Election Commission ([www.sevotes.org](http://www.sevotes.org)) or from the DDSN Director of Service Coordination and Plan development ([Imanos@ddsn.sc.gov](mailto:Imanos@ddsn.sc.gov)). Voter Registration Declination forms can be requested from the SC Election Commission or from the DDSN Human Resources Office.~~

**REGISTRATION**

~~Determining if a person “would like to register or decline to register to vote” can be done by asking the person and having them check the appropriate box on the Voter Registration Declination form. Failure to check either box constitutes a declination to register. If the person declines to check a box they should be told “if you do not check either box, you will be considered to have decided not to register to vote at this time”. Make a note in the record (chart) of the offer and declination.~~

~~If a person needs assistance in completing the form, it can be offered and provided to the same degree of assistance given to complete other forms.~~

~~State law requires that each person who registers to vote must be:~~

- 1. ~~A citizen of the U.S.~~
- 2. ~~A resident of the state, the county and precinct in which he/she registers.~~
- 3. ~~At least 18 years old or will be 18 years old before the election in which he/she wishes to vote.~~
- 4. ~~Not convicted of a felony or an offense against the election laws.~~
- 5. ~~Not under a court order declaring the individual mentally incompetent.~~

~~The final requirement for people with a disability is that when presenting oneself to vote, that person must be capable of asking for assistance with the voting process. Assistance can be given by the people in the voting place, but not by staff of DSN Boards, contracted providers or DDSN Regional Centers.~~

---

<del>Kathi Lacy, Ph.D.</del>	<del>Beverly A.H. Buscemi, Ph.D.</del>
<del>Associate State Director Policy</del>	<del>State Director</del>
<del>(Originator)</del>	<del>(Approved)</del>

---

<u>Barry D. Malphrus</u>	<u>Stephanie M. Rawlinson</u>
<u>Vice Chairman</u>	<u>Chairman</u>

*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>*

RELATED FORM: SEC Form 2030-201004 Declination to Register to Vote

**Michelle G. Fry, J.D., PH.D.**  
*State Director*  
**Patrick Maley**  
*Chief Financial Officer*  
**Rufus Britt**  
*Associate State Director*  
*Operations*  
**Lori Manos**  
*Interim Associate State Director*  
*Policy*



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

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

Reference Number: 413-10-DD  
Title of Document: Telecommuting Policy and Procedure  
Date of Issue: December 16, 2021  
Date of Last Revision: December 16, 2021 (NEW)  
Effective Date: December 16, 2021  
Applicability: All DDSN State Employees

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

**PURPOSE**

S. C. Code Ann. § 8-11-15(B) says that state agencies “may use alternate work locations, including telecommuting, that result in greater efficiency and cost savings.” Therefore, to be compliant with the law, the decision to allow telecommuting should be based on clearly defined and measurable benefits for the agency and the taxpayers.

The purpose of this Directive is to define the South Carolina Department of Disabilities and Special Needs (DDSN) telecommuting program and the rules under which it will operate. This policy is designed to help supervisors and employees understand telecommuting.



## Authority

The agency head has the authority to establish a telecommuting program within the agency, based on S.C. Code Ann. § 8-11-15(B), as amended, and the Telecommuting Guidelines established by the South Carolina Department of Administration's Division of State Human Resources (DSHR). The agency head or his/her designee has the ability to set the work schedule and work location for agency employees. Each telecommuting program should be implemented following the Telecommuting Guidelines published by DSHR and all other appropriate federal and state laws, as well as agency regulations and policies.

Before implementing a telecommuting program, an agency must be able to demonstrate through quantifiable measures that telecommuting provides a benefit to the agency and, by extension, the taxpayers. Agencies may be asked to provide this information to legislators, the public or other interested parties. Plans that require DSHR approval must include an actual or predicted positive Return on Investment (ROI) for the telecommuting program (see DSHR Telecommuting Guidelines for additional information).

## Definitions

**Telecommuting/Teleworking:** A work arrangement in which supervisors direct or permit employees to perform their usual job duties away from their primary workplace, in accordance with telecommuting agreements. May also be referred to as remote work. Three main categories of telecommuting exist:

- Regular, recurring telecommuting. May be full-time or part-time, such as one or two days a week or parts of each workday (to avoid peak commuting hours). This level of telecommuting requires a formal agreement between the employee and the agency, and the time telecommuting must be tracked in SCEIS or as required for non-SCEIS agencies.
- Periodic, intermittent, telecommuting arrangements such as when an employee is assigned a project with a short timeframe or one that requires uninterrupted time to complete. This level of telecommuting does not require the formal agreement or checklist process. While it is not required that employees in these arrangements sign a telecommuting agreement, it is advised that the agency document the approval of the periodic, intermittent telecommuting arrangement in writing with the employee.
- Temporary or emergency telecommuting may be used during short-term illness, transportation emergency due to weather, a natural disaster, pandemic health crises, or other similar unplanned emergent events. This level of telecommuting does not require a formal agreement or checklist process. These arrangements require a verbal agreement between the employee and the agency. These arrangements should be limited to the duration of the short-term illness, transportation emergency due to weather, natural disaster, pandemic health crisis, or other similar unplanned emergency event.

**Primary Workplace:** The telecommuter's usual and customary agency workplace. This primary workplace may include time spent by the employee at the agency's other office locations (e.g., satellite or county offices). For employees who primarily work in the field, or who are full-time telecommuters, the primary work location should still be an agency office.

**Alternate Workplace:** A workplace other than the employee's usual and customary workplace (primary workplace) and may include the employee's home. The alternate workplace is not an agency office.

**Telecommuting Application:** The document used by supervisors and employees to evaluate the employee's ability to successfully telecommute.

**Telecommuting Agreement:** The signed document that outlines the understanding between the agency and the employee regarding the telecommuting arrangement. A telecommuting agreement should be renewed at least annually. The telecommuting agreement should be reviewed and updated if there is a permanent change to the employee's job duties or if the provisions of the telecommuting agreement change. Telecommuting agreements are not transferable from one position to another.

**Telecommuter or Teleworker:** An employee who has an agreed-upon schedule during which they are expected to work at a telecommuting location rather than the Agency's primary location.

**Telecommuting Coordinator:** The person responsible for providing support to telecommuting employees and their supervisors and monitoring the success of the telecommuting program.

**Child Care and Dependent Care:** Telecommuting workers may have household members or others who depend on them for care. Telecommuters with these obligations must have adequate care arrangements that do not interfere with their job responsibilities. Telecommuting is not a substitute for child care, dependent care or other personal responsibilities. Telecommuters are required to use accrued leave when necessary, to provide dependent care or when addressing other personal responsibilities. This includes time spent caring for ill household members or other people.

#### **ELIGIBILITY REQUIREMENTS FOR TELECOMMUTING:**

Telecommuting is a management option and not a universal employee benefit. Telecommuting may not be suitable for all employees and/or positions. **The decision to allow an employee to telecommute is solely at the discretion of the agency. The agency may revoke the approval of any employee to telecommute at any time, with or without notice and the decision to revoke the right to telecommute is not a grievable action under the South Carolina Employee Grievance Procedure Act.**

Generally, an employee's participation in the agency's telecommuting program is voluntary and must be mutually agreed upon by the employee and supervisor, with final approval by the agency head or his/her designee. The agency head or his/her designee may, however, designate a position as telecommuting only. In this case, telecommuting would not be voluntary.

To be eligible to participate in telecommuting, an employee must have completed one year of satisfactory employment with the agency. This requirement may be waived at the discretion of the agency head or designee if the position has been designated as a telecommuting position or for any reason deemed appropriate by the agency head. Employees in a warning period of substandard performance or those who were recently subject to disciplinary action are not eligible for telecommuting. These requirements can be waived by the agency head or his/her

designee if the position is one in which telecommuting is required or for any other reason deemed appropriate by the agency head.

The supervisor and employee should complete a “Telecommuting Application” to determine if the employee will be permitted to participate in a telecommuting arrangement.

**CONDITIONS OF EMPLOYMENT:**

The employee’s duties, responsibilities, and conditions of employment remain the same as if the employee were working at the agency’s primary workplace. The telecommuter’s supervisor may; however, assign additional duties related to communication, work progress and productivity. The employee will continue to comply with federal and state law, and agency policies and procedures while working at an alternate place. The employee shall remain subject to all agency disciplinary policies and procedures while performing work at the alternate workplace. This includes Fair Labor Standards Act (FLSA) requirements related to the payment for time worked and overtime compensation.

**WORK HOURS:**

Work hours and location are specified as part of the telecommuting agreement. The employee must be accessible during the specified work hours. The agency and the employee agree that, at the agency’s discretion, the employee may perform assigned work for the agency at a location other than the agency’s on-site office as a “telecommuter.”

Telecommuters are expected to be working and focused on the performance of their job duties during all work hours. All personal activities, including child and dependent care, pet care, housework, yardwork, personal errands, etc., should be done only during established break times, lunch time and before and after work hours. Telecommuters are required to use accrued leave when necessary, to provide dependent care or when addressing other personal responsibilities. This includes time spent caring for an ill household member or other person.

Working hours cannot coincide or overlap with any other type of employment.

**PAY AND ATTENDANCE:**

The employee’s salary and benefits remain the same as if the employee were working at the agency’s primary workplace. If the employee works less than the employee’s normal workweek, salary and benefits must be adjusted accordingly.

Telecommuters who have provided a medical certification prohibiting them from working are similarly prohibited from working remotely.

**ADVANCEMENT:**

Telecommuting will not adversely affect an employee’s eligibility for advancement or any other employee right or benefit. An employee will be compensated for all pay, leave, and overtime (for non-exempt employees) as if all duties were being performed at the employee’s primary workplace.

**LEAVE AND OVERTIME:**

Requests to work overtime and use sick, annual or any other leave must be approved by the agency in the same manner as when working at the agency's primary workplace. **An employee shall not work overtime unless authorized in advance by the agency or as otherwise authorized by the agency's overtime policy.** Telecommuting hours are regular work hours and, therefore, employees may not perform personal activities during these hours. The employee agrees that telecommuting is not to be viewed as a substitute for dependent care. Telecommuters with dependent care requirements, must make arrangements for someone else to provide dependent care services during the agreed upon work hours. Telecommuters are expected to follow agency leave policies and procedures to request time off from telecommuting to engage in non-work activities.

**OFFICE AND TELECOMMUTING LOCATION:**

The employee will work at the primary workplace or the approved alternate workplace, and not from another unapproved site. Failure to comply with this provision may result in termination of the agreement, and other appropriate disciplinary action. The agency will establish agreed upon expectations relative to the time the employee would need to spend in the primary workplace and to give adequate notice when these expectations are subject to change, when possible. However, the employee may be required to report to the primary workplace without advanced notice, upon request by the agency.

Generally, the alternate workplace should be in South Carolina. If an agency deems it necessary to allow an employee to designate an alternate workplace outside of South Carolina, the agency should research tax, workers' compensation and other implications of having employees who perform work in another state. Employee requests to designate an alternate work location outside of South Carolina may be denied. **Under no circumstances may an employee conduct work from a location outside of the state of South Carolina unless specific approval is received from their supervisor and human resources. No work may be performed at a location outside of the United States.**

If the alternate workplace is in the employee's home, the employee is responsible for reviewing their home or rental insurance to ensure there is no prohibition against a home office and any relevant zoning requirements to ensure a home office is permitted.

**WORKSPACE SAFETY:**

The employee agrees to designate a separate workspace in the alternate workplace for the purposes of telecommuting and will maintain this area in a safe condition, free from hazards and other dangers to the employee and the agency's equipment. To ensure the safety of the workspace, the employee agrees to complete and return to the agency a Telecommuting Safety Checklist which will certify the employee's alternate workplace complies with health and safety requirements. The employee must submit this checklist to the agency before he or she may begin telecommuting. The employee agrees that the agency shall have reasonable access to the alternate workplace for the purposes of inspection of the site and retrieval of state-owned property. An employee understands that he or she will be liable for injuries or damages to the person or property of third parties or any members of the employee's family in the alternate

workplace if it is in the employee’s home. The employee agrees to consult with the agency before moving any heavy equipment or furniture in the alternate workplace.

---

Barry D. Malphrus  
Vice Chairman

---

Stephanie M. Rawlinson  
Chairman

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

*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: Telecommuting Application
- Attachment B: Telecommuting Agreement
- Attachment C: Telecommuting Workplace Safety Checklist

**TELECOMMUTING APPLICATION**

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

The decision to telecommute should be based on the ability of an employee to work in a setting that may be in his or her home or other approved area, without on-site supervision. The following tool can be used by an employee as a basis for discussing the option of telecommuting with a supervisor. The employee should submit the application to a supervisor for evaluation and final approval by the agency head or his/her designee. The decision whether to approve or deny a Telecommuting Application is at the discretion of the agency. **There is no right or entitlement to telecommute regardless of the responses to the application.**

Please answer the following questions rating your abilities, using the following scale:

5 – Always	4 – Usually	3 – Sometime	2 – Rarely	1 – Never
------------	-------------	--------------	------------	-----------

1. I can develop regular routines and am able to set and meet deadlines. I am self-motivated, self-disciplined and able to work independently, completing projects on time with minimal supervision and feedback. I am capable of being productive when no one is checking in or watching at work.

Employee Rating:

Supervisor Rating:

2. I have strong organizational and time-management skills and am results-oriented. I will remain focused on work while telecommuting and not be distracted by television, housework, visiting neighbors, etc. I will manage my time and workload well, solve many of my own problems and find satisfaction in completing tasks on my own. I am comfortable setting priorities and deadlines and can keep my sight on results.

Employee Rating:

Supervisor Rating:

3. I am comfortable working alone, can adjust to the relative isolation of working at home, and can set a comfortable and productive pace while working at home.

Employee Rating:

Supervisor Rating:

4. I have a good understanding of the organization’s culture and environment. I am knowledgeable about the organization’s procedures and policies and have been on the job long enough to know how to do my job in accordance with those policies.

Employee Rating:

Supervisor Rating:

5. I have effective working relationships with co-workers and will be able to maintain such communications while telecommuting.

Employee Rating:

Supervisor Rating:

6. I am adaptable to changing routines and environments and have demonstrated an ability to be flexible about work.

Employee Rating:

Supervisor Rating:

7. I am an effective communicator. I have demonstrated effective communication between supervisors and co-workers, and I am comfortable using various methods of communication.

Employee Rating:

Supervisor Rating:

8. I am in good standing with the agency on my previous and current performance reviews and have no recent disciplinary actions.

Employee Rating:

Supervisor Rating:

9. Is my job appropriate for telecommuting? *(Check those that apply)*

My job responsibilities are arranged so that there is no difference in the level of service provided to the customer regardless of work location.

My job has minimal requirements for on-site supervision or contact with the customer.

My job requires low face-to-face communication, and I have the ability to arrange days when communication can be handled by telephone, email or other electronic means.

My job has minimal requirements for special equipment.

I am able to define tasks and work products with measurable work activities and objectives.

I am able to control and schedule workflow.

10. Is my alternate workplace an appropriate environment for telecommuting? *(Check those that apply)*

I have a safe, comfortable workspace where it is easy to concentrate on work.

I have the appropriate level of security required by the agency.

I have the necessary office equipment and software that meet agency standards.

I have a telephone, with separate home office line if required, an answering machine or voicemail, and sufficient internet access and speed.

I have household members who will understand I am working and will not disturb my work.

I understand that I am prohibited from providing dependent care (either to a child or an adult) during work hours. I understand that all personal activities, including child and dependent care, pet care, housework, yardwork, personal errands, etc., must be done only during established break times, lunch time and before and after work hours.

I understand and agree that I must use accrued leave when providing dependent care or when addressing other personal responsibilities during work hours. This includes time spent caring for an ill household member or other person.

I certify that my home or rental insurance does not prohibit a home office.

I have reviewed the relevant zoning requirements to ensure a home office is permitted.



**TELECOMMUTING AGREEMENT**

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

This is an agreement between \_\_\_\_\_ (Agency) and \_\_\_\_\_ (Employee) and shall cover the period from \_\_\_\_\_ through \_\_\_\_\_.

This Agreement establishes the terms and conditions of Telecommuting. The employee agrees to participate in the telecommuting program and to follow the applicable guidelines and policies. The Agency agrees with the employee’s participation. The employee’s signature on this agreement constitutes acceptance of the terms listed throughout the Agency Telecommuting Policy.

**Notice of Intent to Collect Private Information**

As part of this Telecommuting Agreement, the employee shall provide the address of telecommuting location and any contact information for that location, including home phone and/or personal cellphone. If such information changes, the employee has an affirmative duty to inform their supervisor of the updated telecommuting address and phone number before the move. Failure to provide this information initially and after any change will result in the employee being unable to telecommute. This contact information may be shared with human resources, executive leadership, agency safety staff, agency supervisors, and any other agency or state employee with a business need to access this information.

**Designation of Alternate Workplace and Hours**

The following are the working hours and locations agreed to by both parties:

<b>General Work Hours</b>			
<b>Day</b>	<b>Hours</b>		<b>Location</b>
	<b>From</b>	<b>To</b>	<b>P-Primary Workplace    A-Alternate Workplace</b>
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Primary Workplace: \_\_\_\_\_

Address (include zip code): \_\_\_\_\_

Phone Number (include area code): \_\_\_\_\_



Alternate Workplace: \_\_\_\_\_

Address (include zip code): \_\_\_\_\_

Phone Number (include area code): \_\_\_\_\_ Fax (if applicable): \_\_\_\_\_

Cellphone (include area code): \_\_\_\_\_ Email Address: \_\_\_\_\_

**Equipment Used in Alternate Workplace**

The following table lists the agency or state equipment that will be used at the alternate workplace (attach additional documentation if needed):

Item	Inventory Number	Date Out	Date Returned

**Special Conditions or Additional Agreements (List if applicable):**

I have read and received a copy of the Telecommuting Policy and fully understand issues regarding: pay, attendance, advancement, leave, overtime, office location, liability, workers compensation, operating costs, safety, evaluation, termination of agreement, and equipment maintenance.

*(Employee)* My supervisor has reviewed my performance expectations with me, and these expectations are documented in my EPMS planning stage.

*(Employee)* I agree that I am responsible for attending all required meetings, unless my supervisor approves otherwise.

*(Employee)* I agree to be available and accessible during the telecommuting scheduled hours for customers, co-workers, and supervisors/managers. Regardless of my telecommuting arrangement, I can be required to report to the office location at any time with or without advance notice.

*(Employee)* I understand that all personal activities, including child and dependent care, pet care, housework, yardwork, personal errands, etc., should be done only during established break times, lunch time and before and after work hours. I understand and agree that I am prohibited from providing dependent care (either to a child or an adult) while working at the alternate work location.

*(Employee)* I understand that telecommuting agreements are not transferable from one position to another and this agreement is valid only for my position at the time the agreement is signed.

*(Employee)* I agree to return all agency equipment, supplies, material and/or other property immediately upon request, termination of participation in the Telecommuting program and/or termination of employment.

*(Employee)* I agree to inform my manager or supervisor any time there is an actual or suspected security issue that arises during my work at an alternate workplace.

*(Employee)* I understand that the agency is not liable for any damages to my personal or real property while I am performing official duties my alternate workplace.

*(Employee)* I agree that I will not conduct any face-to-face agency business at my telework location.

*(Employee)* I agree to immediately report to my manager or supervisor any work-related injuries that occur while in the Telecommuting arrangement.

*(Employee)* I agree to provide certificates of my homeowners' or renters' insurance and to submit any renewal or changes as needed, if requested.

*(Employee)* I agree that it is my responsibility to ensure compliance with any local zoning ordinances related to working at home or maintaining a home office.

*(Employee)* I agree that any tax implications of telecommuting are entirely my responsibility as the telecommuter. *(Telecommuters are encouraged to seek professional advice in this area).*

We agree to abide by the terms and conditions of this agreement.

\_\_\_\_\_  
Employee Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Agency Head or Designee

Date: \_\_\_\_\_

**TELECOMMUTING WORKPLACE SAFETY CHECKLIST**

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

Success of a telecommuting arrangement depends, in part, on a realistic assessment of the overall safety of an employee’s alternate workplace. The checklist is necessary to make the employee aware of the need for a safe workplace that is conducive to productive work. The telecommuter should read and complete the checklist regarding the designated alternate workplace, discuss any concerns, and always report accidents or injuries immediately to his supervisor.

The completed form should be provided to the employee’s supervisor.

**General Environment:**

- The workspace area has adequate lighting and ventilation.
- The workspace is reasonably quiet and free of distractions.
- Aisles, doorways and corners are free from obstructions to permit movement.

**Electricity/Equipment:**

- There are enough electrical outlets in the alternate workplace to support the required equipment. All electrical equipment is free of recognized hazards that would cause physical harm (e.g., frayed wires, bare conductors, loose or exposed wires). If necessary, consult with an electrician or power utility company on capacity questions.
- Necessary electrical outlets are three-pronged (grounded).
- Computer equipment is connected to a surge protector. The equipment is placed at a comfortable height for viewing and will be powered down after the workday is over.
- Computer equipment is on a sturdy, level, well-maintained piece of furniture and the keyboard and mouse are at a height that does not cause wrist strain.

**Safety and Security:**

- There is a fire extinguisher in the alternate workplace and a developed fire evacuation plan in the event of an emergency.
- There is a working smoke detector in the alternate workplace.
- Phone lines, electrical cords, and extension wires are secured underneath a desk or along baseboards.
- There are security controls in place to protect passwords, agency-owned software and files from unauthorized disclosure.

I, \_\_\_\_\_, understand it is my responsibility to maintain the safety and appropriate arrangement of my alternate workplace, if it is my home. I certify that my responses to the checklist are true and completed to the best of my knowledge. I understand that any erroneous, misleading, or fraudulent information is sufficient grounds for my preclusion from telecommuting.

\_\_\_\_\_  
Employee Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

Date: \_\_\_\_\_

Reference Number: 413-05-DD

Title of Document: Work Hours Policy and Procedure

Date of Issue: February 1, 2019

Last Review Date: ~~February 1, 2019~~ December 16, 2021

Date of Last Revision: ~~February 1, 2019~~ December 16, 2021 (**NEWREVISED**)

Effective Date: February 1, 2019

Applicability: All DDSN Employees

**THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENTS OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.**

---

**I. Office Hours**

The Department of Department of Disabilities and Special Needs (DDSN) business office hours are 8:30 a.m. until 5:00 p.m., Monday through Friday except on State holidays.

**II. Employee Work Schedule**

A. Core Business Hours: The normal work schedule for all full-time Central Office employees is during DDSN’s core business office hours from 8:30 a.m. until 5:00 p.m., Monday through Friday, seven and one-half hours per day, not counting a one-hour meal period. Some positions at DDSN may be required to work a 40 hour work week.

- B. **Alternative Work Schedule (AWS):** When an employee’s job duties can accommodate, DDSN offers employees the option of working an AWS to provide flexibility to help balance work and personal responsibilities, while still meeting the mission requirements to serve our consumers. An AWS work day can start/end early (i.e., 7:00 a.m. to 3:30 p.m.) or start/end later (i.e., 9:00 a.m. to 5:30 p.m.). The flexible schedule start times will be between 7:00 a.m. and 9:00 a.m.; exceptions will be considered on a case-by-case basis requiring substantial justification. An AWS requires the employee to consistently work the same alternative scheduled hours every day.

Change in scheduled work hours must be requested and approved in advance by completing the “DDSN AWS Request Form,” which is an attachment to this policy. For Regional Centers, approval requires all managers in the employees’ chain of command through the Facility Administrator. For Central Office, approval requires all managers in the employees’ chain of command through the Deputy Director. The employee will be notified by Human Resources (HR) at least 14 days in advance of the start date of the AWS effective in SCEIS. Once an AWS is approved, the employee does not have the latitude to change this schedule to accommodate unique daily circumstances without the employee’s immediate supervisor’s approval.

AWS is a privilege and not an entitlement. The employee’s immediate supervisor is to ensure the overall work unit is adequately staffed during core business hours. AWS is subject to immediate termination by management to meet the needs of the mission or ability of the immediate supervisor to provide adequate oversight to an employee. Exempt employees using AWS are reminded they still are required to be responsive to meet mission requirements requiring time beyond normal AWS working hours, particularly time-sensitive issues.

Supervisors are permitted to approve adjustments in any employees’ daily work schedule start/end times (standard core hours or AWS) on an occasional, time-limited basis to assist employees with balancing work/life needs. Each time limited occasion must be approved in writing, such as via email to maintain accountability.

### **III. Work Schedule and Additional Hours**

Additional hours may be required when the appropriate management official determines that the responsibilities of the office cannot be accomplished in the established work hours. In addition, work week schedules may be altered or changed at the discretion of the supervisor or management. Notification of changes will be made as far in advance as possible. If such changes involve overtime for a non-exempt employee the Overtime/Compensatory Time Policy must be followed.

### **IV. Lunch/Meal Period**

Normally, a one-hour lunch period shall be observed except when special circumstances dictate otherwise on a non-recurring basis. Lunch periods shall be scheduled between the hours of 11:00 a.m. and 2:00 p.m. with an immediate supervisor having the authority to adjust outside of

these times without further review. Lunch times for operations with 2nd and 3rd shifts will be set by immediate supervisors.

**V. Reporting/Returning to Work**

Employees are expected to report to work at the appointed time and to return from lunch/meal periods at the appointed time.

If an employee is unable to report to work at their normal start time or is going to be late in reporting to work or returning from a lunch/meal period, he/she must call and speak with his/her supervisor directly as soon as possible or, if the supervisor is not available, leave a voice message or email for the supervisor and contact the supervisor's designee. In these instances and upon approval of the supervisor, the employee must complete a leave request in SCEIS Central. Failure to notify the proper authority may result in disciplinary action up to and including termination.

**VI. Breaks**

- A. Break periods of up to 15 minutes may be granted in the morning and afternoon depending on the section's workload. The scheduling of breaks is the responsibility of the supervisor and is to be done in such a manner to ensure adequate coverage of the section during the workday.
- B. Employees may be denied a break period if the workload dictates or to ensure adequate coverage in the work area.
- C. Break periods may not be used in conjunction with leave or lunch/meal periods.
- D. Employees are expected to observe the 15 minute time limits on breaks.
- E. Unused breaks are lost if not taken at the appropriate time and may not be accumulated.

**VII. Record Keeping**

It is the responsibility of each Office/Division to insure that accurate records are kept of all hours worked and all leave taken for their respective employees.

**VIII. Employee Time Report**

- A. The Fair Labor Standards Act (FLSA) requires a record be maintained of all non-exempt employees' time worked. Non-exempt employees must enter time worked for the workweek through the SCEIS Central self-service portal and submit for approval. All employees are expected to key their time in SCEIS Central daily. Selected employees with limited access to the portal will complete a paper timesheet as directed by their supervisor. Time sheets must be completed and submitted by close of business each Monday for the previous workweek. The supervisor must approve an accurate time sheet.

- B. Hours of work for non-exempt employees will be maintained for a period of three (3) years.
- C. In the event that a non-exempt employee works more than 40 hours per week, the Overtime/Compensatory Time Policy must be followed and the use of premium time (time and a half) must be recorded.

**IX. Tele-Commuting**

Tele-Commuting is ~~not permissible on a recurring basis~~. Supervisors are permitted to approve tele-commuting ~~occasionally on a time limited basis~~ to assist employees with balancing work/life needs. ~~Each time limited occasion and~~ must be approved in writing, such as via email to maintain accountability. See DDSN Directive 413-10-DD: Telecommuting Policy and Procedure.

**X. Compressed Work Weeks**

Compressed work weeks are not permissible. Compressed work weeks are defined as employees working more than 7.5 hours per day and either take a whole or half day off in a two (2) week cycle for a total of 75 hours.

**XI. Additional Policy Guidelines**

- A. A supervisor from within the immediate office must be present for the beginning and ending of each work day for FLSA non-exempt (overtime eligible) staff. FLSA non-exempt staff will not be approved to work a schedule that requires more than 40 work hours in the 7-day (Friday through Thursday) DDSN overtime work-week.
- B. Non-Exempt employees must take a one-hour lunch break each work day.

<u>Elizabeth Lemmond</u>	<u>Mary Poole</u>
<u>Human Resource Director</u>	<u>State Director</u>
<u>(Originator)</u>	<u>(Approved)</u>
<u>Barry D. Malphrus</u>	<u>Stephanie M. Rawlinson</u>
<u>Vice Chairman</u>	<u>Chairman</u>

**THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.**

*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: Alternative Work Schedule (AWS) Request Form

**Michelle G. Fry, J.D., PH.D.**  
*State Director*  
**Patrick Maley**  
*Chief Financial Officer*  
**Rufus Britt**  
*Associate State Director*  
*Operations*  
**Lori Manos**  
*Interim Associate State Director*  
*Policy*



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

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

Reference Number: 413-05-DD  
Title of Document: Work Hours Policy and Procedure  
Date of Issue: February 1, 2019  
Date of Last Revision: December 16, 2021 (REVISED)  
Effective Date: December 16, 2021  
Applicability: All DDSN Employees

**THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENTS OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.**

**I. Office Hours**

The Department of Department of Disabilities and Special Needs (DDSN) business office hours are 8:30 a.m. until 5:00 p.m., Monday through Friday except on State holidays.

**II. Employee Work Schedule**

A. Core Business Hours: The normal work schedule for all full-time Central Office employees is during DDSN’s core business office hours from 8:30 a.m. until 5:00 p.m., Monday through Friday, seven and one-half hours per day, not counting a one-hour meal period. Some positions at DDSN may be required to work a 40-hour work week.



- B. **Alternative Work Schedule (AWS):** When an employee’s job duties can accommodate, DDSN offers employees the option of working an AWS to provide flexibility to help balance work and personal responsibilities, while still meeting the mission requirements to serve our consumers. An AWS work day can start/end early (i.e., 7:00 a.m. to 3:30 p.m.) or start/end later (i.e., 9:00 a.m. to 5:30 p.m.). The flexible schedule start times will be between 7:00 a.m. and 9:00 a.m.; exceptions will be considered on a case-by-case basis requiring substantial justification. An AWS requires the employee to consistently work the same alternative scheduled hours every day.

Change in scheduled work hours must be requested and approved in advance by completing the “DDSN AWS Request Form,” which is an attachment to this policy. For Regional Centers, approval requires all managers in the employees’ chain of command through the Facility Administrator. For Central Office, approval requires all managers in the employees’ chain of command through the Deputy Director. The employee will be notified by Human Resources (HR) at least 14 days in advance of the start date of the AWS effective in SCEIS. Once an AWS is approved, the employee does not have the latitude to change this schedule to accommodate unique daily circumstances without the employee’s immediate supervisor’s approval.

AWS is a privilege and not an entitlement. The employee’s immediate supervisor is to ensure the overall work unit is adequately staffed during core business hours. AWS is subject to immediate termination by management to meet the needs of the mission or ability of the immediate supervisor to provide adequate oversight to an employee. Exempt employees using AWS are reminded they still are required to be responsive to meet mission requirements requiring time beyond normal AWS working hours, particularly time-sensitive issues.

Supervisors are permitted to approve adjustments in any employees’ daily work schedule start/end times (standard core hours or AWS) on an occasional, time-limited basis to assist employees with balancing work/life needs. Each time limited occasion must be approved in writing, such as via email to maintain accountability.

### **III. Work Schedule and Additional Hours**

Additional hours may be required when the appropriate management official determines that the responsibilities of the office cannot be accomplished in the established work hours. In addition, work week schedules may be altered or changed at the discretion of the supervisor or management. Notification of changes will be made as far in advance as possible. If such changes involve overtime for a non-exempt employee the Overtime/Compensatory Time Policy must be followed.

### **IV. Lunch/Meal Period**

Normally, a one-hour lunch period shall be observed except when special circumstances dictate otherwise on a non-recurring basis. Lunch periods shall be scheduled between the hours of 11:00 a.m. and 2:00 p.m. with an immediate supervisor having the authority to adjust outside of

these times without further review. Lunch times for operations with 2nd and 3rd shifts will be set by immediate supervisors.

**V. Reporting/Returning to Work**

Employees are expected to report to work at the appointed time and to return from lunch/meal periods at the appointed time.

If an employee is unable to report to work at their normal start time or is going to be late in reporting to work or returning from a lunch/meal period, he/she must call and speak with his/her supervisor directly as soon as possible or, if the supervisor is not available, leave a voice message or email for the supervisor and contact the supervisor's designee. In these instances and upon approval of the supervisor, the employee must complete a leave request in SCEIS Central. Failure to notify the proper authority may result in disciplinary action up to and including termination.

**VI. Breaks**

- A. Break periods of up to 15 minutes may be granted in the morning and afternoon depending on the section's workload. The scheduling of breaks is the responsibility of the supervisor and is to be done in such a manner to ensure adequate coverage of the section during the workday.
- B. Employees may be denied a break period if the workload dictates or to ensure adequate coverage in the work area.
- C. Break periods may not be used in conjunction with leave or lunch/meal periods.
- D. Employees are expected to observe the 15-minute time limits on breaks.
- E. Unused breaks are lost if not taken at the appropriate time and may not be accumulated.

**VII. Record Keeping**

It is the responsibility of each Office/Division to insure that accurate records are kept of all hours worked and all leave taken for their respective employees.

**VIII. Employee Time Report**

- A. The Fair Labor Standards Act (FLSA) requires a record be maintained of all non-exempt employees' time worked. Non-exempt employees must enter time worked for the workweek through the SCEIS Central self-service portal and submit for approval. All employees are expected to key their time in SCEIS Central daily. Selected employees with limited access to the portal will complete a paper timesheet as directed by their supervisor. Time sheets must be completed and submitted by close of business each Monday for the previous workweek. The supervisor must approve an accurate time sheet.

- B. Hours of work for non-exempt employees will be maintained for a period of three (3) years.
- C. In the event that a non-exempt employee works more than 40 hours per week, the Overtime/Compensatory Time Policy must be followed and the use of premium time (time and a half) must be recorded.

**IX. Tele-Commuting**

Tele-Commuting is permissible. Supervisors are permitted to approve tele-commuting to assist employees with balancing work/life needs and must be approved in writing, such as via email to maintain accountability. See DDSN Directive 413-10-DD: Telecommuting Policy and Procedure.

**X. Compressed Work Weeks**

Compressed work weeks are not permissible. Compressed work weeks are defined as employees working more than 7.5 hours per day and either take a whole or half day off in a two (2) week cycle for a total of 75 hours.

**XI. Additional Policy Guidelines**

- A. A supervisor from within the immediate office must be present for the beginning and ending of each work day for FLSA non-exempt (overtime eligible) staff. FLSA non-exempt staff will not be approved to work a schedule that requires more than 40 work hours in the 7-day (Friday through Thursday) DDSN overtime work-week.
- B. Non-Exempt employees must take a one-hour lunch break each work day.

---

Barry D. Malphrus  
Vice Chairman

---

Stephanie M. Rawlinson  
Chairman

**THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.**

*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: Alternative Work Schedule (AWS) Request Form

# PROPOSED TO MARK OBSOLETE **DRAFT**



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

**COMMISSION**  
**William O. Danielson**  
*Chairperson*  
**Fred Lynn**  
*Vice Chairman*  
**Eva R. Ravenel**  
*Secretary*  
**Mary Ellen Barnwell**  
**Katherine W. Davis**  
**Gary C. Lemel**  
**Vicki A. Thompson**

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

Reference Number: 503-01-DD

Title of Document: Individuals Involved with the Criminal Justice System

Date of Issue: March 1, 2007  
Effective Date: March 1, 2007  
Last Review Date: May 3, 2016  
Date of Last Revision: May 3, 2016 **(REVISED)**

Applicability: DSN Boards, Private Contracted Service Providers, DDSN Regional Centers, DDSN Central Office, DDSN District Offices

## **PURPOSE**

The South Carolina Department of Disabilities and Special Needs (DDSN) places a high priority on promoting individual rights, choice and self-direction. This emphasis should be balanced with the need to also promote individual responsibilities; see DDSN Directive 510-01-DD: Supervision of People Receiving Services, Attachment A. As such, individual adherence with local, state and federal law should be strongly encouraged. Nonetheless, some individuals will become involved with the criminal justice system.

This policy serves to clarify the role of the DDSN Central Office, DDSN District Offices, DDSN Regional Centers and boards/providers once individuals are arrested by law enforcement or charged with a criminal offense.

### **LIS TRI CT I**

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

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

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

### **LIS TRIC T II**

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

**PROCEDURE****A. Reporting**

Boards/Providers/DDSN Regional Centers should submit a Critical Incident Report to DDSN Central Office in accordance with DDSN Directive 100-09-DD: Critical Incident Reporting, if an individual is arrested by local, state or federal law enforcement.

**B. Incarceration**

1. If the criminal charge against the individual is serious, the individual may be incarcerated at a local detention facility upon arrest and not be able or allowed to post bond.
  - i. The board/provider/DDSN Regional Center should not post bond for the incarcerated individual.
  - ii. However, it would be appropriate for the board/provider/DDSN Regional Center to facilitate the individual to use personal resources to post bond when appropriate supervision/support can be provided to the individual after release.
2. The board/provider/DDSN Regional Center's primary responsibility, if an individual is incarcerated following arrest, is to advocate for the individual to be assigned a public defender.
3. If the individual is not receiving case management when arrested, State Funded Case Management (SFCM) should be requested from DDSN. DDSN will pre-certify SFCM for the individual for at least the period of time until he/she is convicted or the case is resolved.
4. If the individual does not have active family involvement, the board/provider/DDSN Regional Center must contact (telephone or personal) the incarcerated individual at least monthly (prior to trial) to assure that his/her needs are being met (especially needs relating to medications).
5. If the individual is incarcerated in a state operated correctional facility following a court trial, SFCM may continue for three (3) months. SFCM may not resume until the individual is within three (3) months of release.
6. The board/provider/DDSN Regional Center should not make any agreements with the Court, Solicitor or Public Defender to accept responsibility for serving the individual in exchange for the criminal charge not being prosecuted. If such an agreement is suggested, the DDSN Office of Clinical Services and the DDSN Office of the General Counsel must immediately be notified.

**C. Forensic Examination/Court Orders**

1. When an individual is involved with the criminal justice system (General Sessions Court or Family Court), there should be a determination made if the individual is competent to stand trial (CST), (see DDSN Directive 508-01-DD: Competency to Stand Trial Evaluations) unless the charge is in Magistrate Court.
2. The Office of Clinical Services coordinates the forensic evaluations which must be conducted to assist the court to determine if an individual is competent to stand trial.
  - i. Typically the court order to conduct “CST evaluations” will be sent to the Office of Clinical Services.
  - ii. In the event that a court order to conduct the “CST evaluation” is inadvertently sent to a board/provider/Regional Center, the court order must immediately be sent to the Office of Clinical Services or the Office of the General Counsel.
3. Court orders for individuals to be evaluated regarding their competency to stand trial and the presence of an intellectual disability or related disability are the most common orders sent to DDSN.
  - i. These court orders may be received from the Family Court or General Sessions Court.
  - ii. Some individuals referred for CST evaluations are eligible for DDSN services. However, some individuals have not been determined eligible for DDSN services.
  - iii. In either case, two DDSN examiners conduct the evaluation to determine if an intellectual disability or related disability is present, and if so, render an opinion regarding the individual’s competency to stand trial. In cases where the individual is suspected of having both an Intellectual Disability/Related Disability (ID/RD) and mental illness, examiners from both DDSN and the Department of Mental Health (DMH) will conduct the evaluation jointly.
4. If an individual is deemed incompetent to stand trial and the examiners believe an intellectual disability or related disability is present, the board/provider in the individual’s home county will be notified by the Office of Clinical Services with a copy of the competency evaluation completed by DDSN and copies of other pertinent information. The DDSN District Office and the Director of the DDSN Consumer Assessment Team (CAT) (if eligibility needs to be determined) will also be notified.



5. If an individual is found not competent to stand trial, the Solicitor may petition the Family or Probate Court to issue a petition to “judicially admit” the individual to the jurisdiction of DDSN.
  - i. These petitions judicially admit an individual to DDSN, not a specific facility.
  - ii. These petitions are typically sent to the Office of the General Counsel; however, in the event that a petition for a “judicial admission to DDSN” is inadvertently sent to a board/provider/DDS Regional Center, the Petition (and any supporting documentation) must immediately be sent to the Office of the General Counsel.
6. The Office of Clinical Services tracks all incoming court orders/petitions for the Department. The Office of Clinical Services and the Office of the General Counsel are responsible for insuring that DDSN and the board/providers respond in a timely and appropriate manner with meaningful information provided.
7. There are three (3) situations in which the board/provider/DDS Regional Center must respond following a forensic evaluation/judicial admission order.
  - i. If an individual is deemed incompetent to stand trial by DDSN and is already eligible for DDSN services, it is expected that the board/provider will follow through upon notification by the Office of Clinical Services to develop, review, and/or revise a service plan of supports for the individual, in conjunction with the Office of Clinical Services.
  - ii. If an individual is deemed incompetent to stand trial by DDSN and is not known to the DDSN system, the Office of Clinical Services will initiate a referral to the DDSN Consumer Assessment Team for DDSN eligibility determination.
  - iii. If there is a Petition for Judicial Admission of an individual due to his/her incompetence to stand trial, it is expected that the board/provider will, upon notification from the Office of Clinical Services, develop a service plan for the individual, in conjunction with the Office of Clinical Services.
    - a. The service plan must include sufficient interventions and supports so that it can be reasonably expected that a recurrence of the activity which resulted in criminal charges will not occur.
    - b. The Office of Clinical Services or DDSN District Office will attend the court hearing and present the Plan of Services Report to the court. The case manager is expected to attend the hearing as well.

- c. Contact with the individual and family to initiate planning must be initiated immediately after notification from the Office of Clinical Services. Planning cannot be delayed until a Notice of Hearing is issued by the court.
- d. DDSN is federally mandated to serve individuals in the least restrictive setting feasible. This includes individuals involved in the criminal justice system. The development of a Service Plan for an individual who is being judicially admitted to DDSN involves the following steps:
  - Assessment of the home setting to determine if services can be offered to support the individual in his/her home, and if in-home supports will adequately protect the health, safety, and supervision needs of the individual and ensure the safety of the general public.
  - If services and supports to meet the needs of the individual in his/her home and community in a manner which would be reasonably expected to prevent the recurrence of any criminal activity can be provided, residential services will not be necessary.
  - If residential services are necessary, the case manager should notify the DDSN District Office of the need for residential services in accordance with DDSN Directive 502-05-DD: DDSN Waiting List.

**D. Service Implementation**

1. The board/provider/DDSN Regional Center, in conjunction with the Office of Clinical Services, must assure that the service plan presented to the court is immediately implemented as written.
2. Implementation of the Plan must be managed, overseen and monitored to ensure the individual's needs are met, thereby reducing the likelihood of re-offending.
3. Individuals who have been judicially admitted to DDSN cannot be discharged from DDSN without prior approval from the Office of Clinical Services, and the DDSN State Director or her designee.
4. Any problems or concerns with the implementation of the plan, must be reported to the Office of Clinical Services.
5. All judicially admitted individuals must receive case management unless otherwise directed by the Office of Clinical Services.



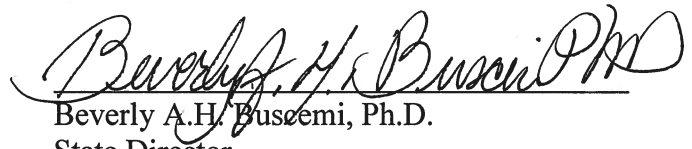
**E. Quality Assurance/Prevention**

1. The Office of Clinical Services will track those individuals judicially admitted to DDSN by regularly soliciting updates from case managers on status of plan implementation.
2. As able, the Office of the General Counsel and the Office of Clinical Services staff will provide periodic training to county judges, solicitors, public defenders on pertinent laws and regulations relating to DDSN individuals involved with the criminal justice system.
3. Boards/providers/DDSN Regional Centers should offer training as needed to applicable staff in the established protocol for responding when an individual has involvement with the criminal justice system.



---

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



---

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

**Michelle G. Fry, J.D., PH.D.**  
*State Director*  
**Patrick Maley**  
*Chief Financial Officer*  
**Rufus Britt**  
*Associate State Director*  
*Operations*  
**Lori Manos**  
*Interim Associate State Director*  
*Policy*



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

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

Reference Number: 603-09-DD

Title of Document: Management of Consumers Exposed to Potential Blood Borne Pathogens

Date of Issue: March 11, 1996

Date of Last Revision: December 16, 2021 (NO REVISIONS)

Effective Date: December 16, 2021

Applicability: DDSN Regional Centers

---

**PURPOSE:**

The purpose of this directive is to guide the care of any person residing in a Regional Facility who has an exposure to blood, bloody body fluids or certain body fluids designated as infectious for blood borne pathogens by the Centers for Disease Control and Prevention (CDC). The CDC has designated the following body fluids as infectious for blood borne pathogens: blood, body fluids containing visible blood, semen, vaginal secretions, tissues, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid. [Henceforth, referred to as blood or other potentially infectious materials (OPIM)]. The CDC does not consider the following as infectious unless they contain visible blood: feces, nasal secretions, sputum, sweat, tears, urine, or vomitus.

**GENERAL:**

Although the potential for Hepatitis B virus (HBV) and Hepatitis C virus (HCV) transmission is greater than that of Human Immunodeficiency Virus (HIV), the transmission of these viruses is similar. These viruses can potentially be transmitted in work sites and living areas through percutaneous inoculation, open wound, non-intact (e.g., chapped, abraded, weeping) skin or mucous membrane contact with blood, bloody body fluids or certain body fluids.

**PROCEDURE:**

**I. TYPES OF EXPOSURE WHICH NEED FURTHER EVALUATION**

- A. Percutaneous injury: Blood or OPIM from source person enters another person's skin by:
  - 1. Needle stick;
  - 2. Puncture/cut with a sharp instrument (e.g., razor, knife blade, etc.);
  - 3. Deep scratch: Blood or OPIM must be present on the source person's hands or obviously under fingernails to enter opening in the other person's skin;
  - 4. Bites that break the skin.
- B. Mucous membrane exposure: Blood or OPIM from the source person is spit, splashed, splattered or wiped in the other person's eyes, nose or mouth.
- C. Wound contact: Blood or OPIM from the source person comes into contact with the recipient's skin which has a wound or abrasion less than three (3) days old.
- D. Sexual intercourse.

**II. IMMEDIATE FIRST-AID**

- A. The injury must immediately or as soon as possible be cleaned.
  - 1. Percutaneous injury: Wash the injury thoroughly with soap and water.
  - 2. Mucous membrane exposure: flush exposed membrane with water for 15 minutes.
  - 3. Wound contact: wash exposed area thoroughly with soap and water.
- B. An injury report must be completed and the incident reported to the unit nurse or the nursing supervisor.

**III. DETERMINATION OF EXPOSURE TO A BLOODBORNE PATHOGEN**

- A. Once the person has been evaluated by the nurse, the risk of exposure to a blood borne pathogen must be determined as outlined by the Guidelines for Blood Exposure Management at a Glance (Attachment A).

The nurse contacts the attending physician for follow-up using the most recent CDC Guidelines for Managing Occupational Exposures to Blood borne Pathogens (see attachments B, C, D, and E from DDSN Directive 603-05-DD: Policy for Management of Occupational Exposures of Health Care Personnel to Potential Blood Borne Pathogens).

**IV. COUNSELING AND FOLLOW UP**

- A. A person exposed to HIV, HCV or HBV will be counseled by the appropriate healthcare personnel. The counseling will be conducted according to the person’s level of understanding. The person's designated primary contact will be notified of the exposure.
- B. Follow-up testing of the exposed person for HIV will be performed at intervals according to CDC Protocols (usually six weeks, three months, six months, and 12 months) the source person will be tested as needed.

---

Barry D. Malphrus  
Vice Chairman

---

Stephanie M. Rawlinson  
Chairman

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

- Attachment A-1: Consent for HIV/HBV/HCV Testing
- Attachment A-2: Guidelines for Blood Exposure Management at a Glance
- Attachment B: Blood/Body Fluid Exposure & Testing Summary
- Attachment C: Management of Exposure to the Hepatitis B Virus
- Attachment D: Management of Exposure to the Hepatitis C Virus
- Attachment E: Management of Exposure to the HIV Virus
- Attachment F: Situations for which expert consultation for HIV post exposure prophylaxis is advised

# PROPOSED TO MARK OBSOLETE **DRAFT**



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

**COMMISSION**  
**Christine Sharp**  
*Chairperson*  
**Fred Lynn**  
*Vice Chairman*  
**Eva R. Ravenel**  
*Secretary*  
**William O. Danielson**  
**Katherine W. Davis**  
**Katherine Llamas Finley**  
**Harvey E. Shiver**

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

Reference Number: 602-02-DD

Title of Document: Aquatics Program at DDSN Operated Facilities

Date of Issue: March 1, 1988  
Effective Date: March 1, 1988  
Last Review Date: April 27, 2015  
Date of Last Revision: April 27, 2015 **(REVISED)**

Applicability: DDSN Regional Centers

---

Aquatic activities are an integral part of programming in the continuum of services offered by the Department. Such activities afford therapeutic and developmental opportunities, but require surveillance of an extraordinary nature. A safe, hazard-free and sanitary environment is essential to insure the welfare of the individuals served. Facilities/programs which offer aquatic activities shall comply to a minimum with the following regulations:

## 1. POOL RESTRICTIONS

Where the maximum pool depth exceeds five feet, six inches (5'6"), there must be a safety rope between the shallow and the deep end which must be located at a depth of four feet six inches (4'6") as per Department of Health and Environmental Control Regulation 61-51, Public Swimming Pools. A therapeutic pool (less than five feet (5') deep) need not be restricted by a safety rope.

**2. RATIOS FOR LIFEGUARD, IN-WATER STAFF AND DECK SPOTTERS**

**A. PUBLIC SWIMMING POOLS**

# of Swimmers	# On Deck Lifeguard(s)	# In Water Staff	# Spotters	Minimum Total
1-5	1	1	0	2
6-10	1	1	1	3
11-20	2	2	2	6
21-30	3	3	3	9
31-40	4	4	4	12

Groups exceeding 40 will require at a minimum a 1:10 ratio each for on deck lifeguards, in-water staff and spotters.

Staff ratios for supervision of individuals using a therapeutic pool (Class D) are as follows:

# Swimmers	# In Water Staff	# Spotters	# Total Staff
1-5	1	1	2
6-10	1	2	3
11-20	2	2	4

**B. LAKE, OCEAN AND POND SWIMMING**

1. There will be a 1:1 in-water staff to swimmer ratio. This includes, but is not limited to, boating and other aquatic activities. When boating, the 1:1 ratio excludes the operator of a motorized boat.
2. There will be a 1:10 lifeguard to swimmer ratio for all outings which involve activities such as swimming, boating, fishing, etc.

**C. SPECIAL RATIOS**

There will be 1:1 in-water staff to swimmer ratio for the following consumers:

1. Non-ambulatory individuals (also required to wear a personal flotation device).
2. Individuals who take medications to control seizures who are exempt (see special precautions) from wearing a personal flotation device.
3. Individuals who are placed on Level I or 1:1 accountability.

**3. SPECIAL PRECAUTIONS/CONSIDERATIONS**

- A. All individuals who are currently taking medications to control seizures will be required to wear special identification either a RED NYLON SHIRT OR RED VEST.
- B. Individuals who are classified as non-swimmers and currently taking medication to control seizure activity will be required to wear a personal floatation device in addition to the special identification.
- C. SPECIAL OLYMPIC AQUATICS TEAM members, who are seizure prone, will not be required to wear personal floatation device or have 1:1 supervision during practice or competition.

**4. LIFEGUARD DUTIES, RESPONSIBILITIES AND QUALIFICATIONS**

- A. Supervise spotters.
- B. Preserve the safety of all people in the pool by enforcing pool rules, regulations and policies and by prohibiting unsafe activities.
- C. Rescue and provide emergency care and treatment to accident victims.
- D. Maintain as a minimum a current lifeguard certificate.
- E. Maintain current cardio-pulmonary resuscitation (CPR) and first aid certification.

**5. DECK OBSERVATIONS (Spotters)**

Spotters are defined as staff who, under the direct supervision of the lifeguard (or in-water staff in the case of therapeutic pools), are strategically positioned/stationed around the pool deck to observe individuals in the water. Spotters also assist individuals getting in and out of the pool, hand out towels, and assist with showering prior to pool entry. Their duties shall also include the following:

- A. Sit or stand at designated stations.
- B. Will not leave station without authorization from lifeguard (in-water staff).
- C. Observation of assigned pool area(s), zones(s) and/or individuals.
- D. Notification to lifeguard of any unusual water activities (horseplay, seizure activities, individual underwater longer than usual, individuals contaminating water, etc.)

- E. Verbal interaction with individuals by prompting, encouraging, praising, etc.
- F. Follow designated emergency procedures and duties per assigned station.
- G. Assist lifeguard (in-water staff) upon request.

**6. SPECIAL INDIVIDUAL IDENTIFICATION**

A special file on each individual who participates in the swimming program will be kept at the pool area. This file will contain the following information:

- A. Level of supervision.
- B. Brief behavioral description (ability to follow simple or complex directions, mal-adaptive behavior, etc.).
- C. Seizures (frequency, times seizures typically occur, etc.).
- D. Hepatitis B status.
- E. Physical limitations (range of motion, ambulation, visual or hearing handicaps, etc.).
- F. Swimming skills (swimmer/non-swimmer, water safety skills).
- G. Aquatic needs (PFD, 1:1 supervision, etc.).
- H. General comments.

**7. EMERGENCY EQUIPMENT**

DHEC Regulation 61-51- Public Swimming Pools shall be followed with regard to all necessary emergency equipment and safety/sanitation aspects. Each Region will develop a written policy pertaining to pool security.

**8. EMERGENCY DRILLS**

All aquatic personnel will be trained on basic reach and rescue techniques, with drills conducted quarterly and documented.

Quarterly Emergency Lifeguard Procedures Drills will include: when and how to remove victim from water; CPR; removing other individuals from pool; who to call; when to call; specific duties of spotters.



**9. PUBLIC SWIMMING**

All Regional Center outings involving in-water activities are to be approved by the respective Facility Administrator or his designee.

Emergency procedures will be developed for outings involving water activities to include knowledge and location of emergency facilities as well as emergency telephone numbers. A cell phone should accompany the group to be used for emergency communication.

A first-aid kit, resuscitation bag, and ring buoy with throw line will be required on all outings involving in-water activities (swimming, boating, etc.).

The lifeguard will have final authority over all water safety aspects of the outing.

**10. OUTSIDE GROUPS USING POOL FACILITIES**

Outside groups, involving individuals with handicaps requesting use of the pool will be required to follow this policy.

Non-handicapped groups will be responsible for safety procedures and provide a certified lifeguard. A "Hold-Harmless" agreement shall be signed at each use by responsible parties. (refer to DDSN Directive 334-02-DD: Use of DDSN Regional Center Facilities by Outside Groups and Off-Duty Employees)

**11. SPECIAL OLYMPIC SWIM TEAM**

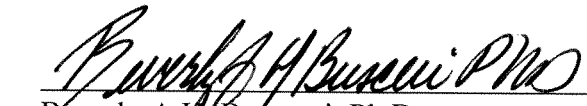
Special Olympic Swim meets will be exempt from this Directive and will be governed by Special Olympic Rules and Regulations.

**12. POLICY AUDITS**

Staff designated by the respective Facility Administrator will conduct and document monthly an audit of pool procedures and policies.



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



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



David Goodell  
Associate State Director-Operations

Transition to Fee-for-Service (FFS) Information for Finance Directors

- A. Cash Flow Impact of the Transition from Capitated Board Bands and Private Provider (PP) Bundled Rates: Both capitated Board Bands and PP bundled monthly rates will remain in place and paid in the exact same manner until the Go-Live date, tentatively scheduled for March 2022. Additionally, after each month starting in January 2022 until the Go-Live date, DDSN will calculate each Board and PP’s FFS revenue for the prior month using the new IDR Waiver Rates. If FFS is greater than the band or bundled rate payment for a Board, DDSN will pay the difference in a separate payment to that Board. For PPs, if FFS is greater than the bundled rate payment, DDSN will pay the higher amount in the PP’s retrospective payment. For both Boards and PPs, if the FFS calculation is less, there will be no recoupment during this transition period.

The last band payment will be approximately two weeks prior to the Go-Live date. On the Go-Live date, providers will then be able to bill Medicaid services in the SCDHHS Portal, which pays on a weekly basis. This will permit providers to control the frequency of their billings to minimize the impact on their cash flow, particularly Boards transitioning from prospective payments to retrospective payments.

- B. Direct Billing to SCDHHS: Providers will start billing SCDHHS direct for all Medicaid services on the Go-Live date tentatively scheduled for March 2022. Starting soon, SCDHHS will coordinate training for each provider regarding Medicaid enrollment and Medicaid billing through its Internet Portal.

Therap is adding a direct billing module and is expediting completion in attempt to be ready by the Go-Live date. However, the availability of the Therap billing module on the Go-Live date cannot be guaranteed at this time. When completed, it will permit Therap’s current automated invoicing capabilities for services to be leveraged to simplify each provider’s direct billing of services to SCDHHS through Therap. Therap will provide trainings to Boards and PPs for use of the billing module.

- C. Transition of Current Waiver Residential Band/Bundled Rate Payment Classification to the New Eight IDR Waiver Renewal Tiers: Individuals receiving residential services were mapped to the new residential tiers based on the definitions outlined in the ID/RD Waiver document, previous funding band assignment, and location of services. General mapping of band to tier is included below. DDSN is currently analyzing the initial mapping to identify unique situations that may require further review. DDSN will inform provider agencies of assignments and will ensure providers have an opportunity to identify any problematic areas.

DDSN Current Residential Capitated/Bundled Rate Waiver Services (15 Total Service Settings)	New Individual Residential Waiver Services with Individual Rates (8 Total Service Settings)	New IDR Waiver Renewal Individual Residential Rates
3-Person Group Home: High Management	3-Person Group Home: High Management	\$427.93
4-Person Group Home: Forensic/Criminal Offender (22)	4-Person Group Home: Tier 4	\$364.38
4-Person Group Home: High Management (Band 21)	4-Person Group Home: Tier 3	\$308.36
4-Person Group Home: Depop-Residential (Band R)		
4-Person Group Home: "H+" (Band H + Built-In Outlier)	4-Person Group Home: Tier 2	\$263.55
4-Person Group Home: High Needs (Band H)		
4-Person Group Home: Low Needs (Band G)	4-Person Group Home: Tier 1	223.55
High Needs SLP II aka SLP III (Band W)	SLP II	\$91.84
Low Needs SLP II (Band C)		
CTH I Enhanced (Band F)	CTH I Tier 2	\$112.43
CTH I Non-Enhanced (Band E)	CTH I Tier 1	\$81.75
Therapeutic Family Homes III (former SFH) [to be discontinued]	CTH I Tier 2	\$112.43
Therapeutic Family Homes II (former SFH) [to be discontinued]	CTH I Tier 2	\$112.43
Therapeutic Family Homes I (former SFH) [to be discontinued]	CTH I Tier 1	\$81.75
CIRs [to be discontinued]	Merge into SLP II	\$91.84
	Merge into 4-Person Group Home Tier 1	\$223.55

- D. 60-Day Bed Vacancy Rate Payments: DDSN has historically paid a 30 day bed vacancy payment when a bed turns over. During COVID-19, DDSN increased the payment to 60 days. Since the Public Emergency remains in effect, the 60 day bed vacancy policy will continue to the Go-Live date and then be discontinued as part of the transition.
- E. Outliers: DDSN and SCDHHS are in discussions regarding how to address outliers in FFS. When available, this information will be disseminated. An important element in the new residential settings is having four Tiers in CTH II/CRCF settings. This was designed to have a broad continuum of service levels, which can better address service changes to a higher needs level with a Tier change rather than an outlier. The language for Tier 4 has been broadened to read, “Tier 4 to reflect “may have been involved in the criminal justice system ***and individuals with severe behaviors requiring heightened staffing levels***” with the bold and italicized language reflecting the expanded language. This was written to capture those individuals who require increased staffing levels similar to those who have been involved in the criminal justice system.
- F. Leveraging Therap and Other DDSN Applications to Generate Reporting to Support Direct Billing to SCDHHS Portal: DDSN will establish a working group with providers to establish formal processes and best practices to leverage existing DDSN collection tools, data, and reporting to assist providers entering Medicaid billable data into the SCDHHS Portal. If Therap is able to guarantee availability for billing on the Go-Live date, then this activity can be adjusted accordingly. We expect to have an update on this during the DDSN-Provider meeting on December 20.
- G. Establish a Financial Technical Assistance Program: DDSN will issue a Request for Proposal to establish a qualified provider list of financial experts in our industry to deliver financial technical assistance to providers experiencing financial problems. DDSN will establish a Financial Technical Assistance Program to coordinate deploying these financial experts to financially at-risk providers. DDSN will fund all contractor expenses.
- H. ADT Process: There will be **NO CHANGE**, except the setting descriptions will be the new IDRDR Tiers rather than the current bands/bundled rates.
- I. Service Contracts: The current Board capitated and QPL bundle rate contracts will be in effect through the Go-Live date and then be terminated. A new contract for FFS will be developed and given to the provider network in order to enroll as a SCDHHS provider. This new FFS contract will go into effect on the Go-Live date.

All new Waiver providers will be qualified by DDSN through a new direct application process. For all other DDSN service providers (e.g., Case Management, Early Intervention), these providers will continue to be enrolled through a fixed bid contract.

- J. Adjustments to Existing Policies: DDSN has a variety of policies, including but not limited to financial, in its directives and manuals impacting providers. From a financial perspective, many of these policies were driven by DDSN’s role as the “provider of record” or support activities ensuring capitated bands operate effectively. As a result of ceasing capitated bands and providers will soon bill SCDHHS direct, DDSN will be combing through all directives and manuals to identify these policies/issues to eliminate or modify to fit our full transition to a FFS model. One example is the merit or even authority to place a cap on Executive Directors’ salaries. We will continue to communicate regarding the review of policies.

**Impact or No Impact of Eliminating Bands/Bundled Rates on Other Existing Individual Payment Processes**

- K. ICF/IID Community (ICF): Currently, ICFs are paid through band payments, which will continue through the Go-Live date. **THIS WILL CHANGE**. Starting on the Go-Live date, DDSN will make billing arrangements with providers to pay with the process emphasizing lessening an impact on cash flow. Several options are being considered; specific details will be forthcoming. Current outliers and ICF medical funds will continue.
- L. Early Intervention (35% State Funded): Currently, service provider puts notes into Therap; a separate automated invoice generated from CDSS is paid. **NO CHANGE**.
- M. State Funded Case Management: Currently, case managers puts notes into Therap; a separate automated invoice is generated from CDSS and paid. **NO CHANGE**.
- N. State Funded Follow Along for Employment (Band Q): Currently, attendance is entered into DSAL; a separate automated invoice is generated from CDSS and paid. **NO CHANGE**.
- O. State Funded Family Support: Currently, the annual budget of \$1.2 million is disbursed through bi-monthly payment schedules. **THIS WILL CHANGE**. These funds will be continued to be paid in the bands through the Go-Live date. Then, payments will be made on a monthly basis paid via an EFT. DDSN will be integrating all state funded services under one Program Manager, who will develop funding process for FY23 by late Spring 2022.
- P. State Funded Household Employer Assistance: Currently, case managers submit individual/family's costs to DDSN-Waiver Division for up to \$175 for getting caregiver approved through Respite Coalition. Waiver Division approves and forwards to Finance Division for payment. **NO CHANGE**.
- Q. State Funded Eligibility Intake: Currently, Eligibility Division inputs payment data into Therap. On a monthly basis, Finance Division runs a Therap report to create invoices which are paid. **NO CHANGE**.
- R. State Funded Waiver Enrollment Fee: Currently, the Waiver Division inputs waiver enrollment fee data. The Finance Division runs a report every two months, which is then paid through the bi-monthly payment schedule. **THIS WILL CHANGE**. After the Go-Live date, DDSN will generate invoices from the Waiver Division's report which will be paid individually through EFTs.
- S. State Funded HASCI PARI Program: Currently, service provider invoice routed to HASCI Division for approval followed by routing through DDSN-Budget for tracking and then Accounts Payable processes the EFT payment. **NO CHANGE**.
- T. State Funded Alternative Residential: Currently, service provider invoice routed to Ops Division for approval followed by routing through DDSN-Budget for tracking and then Accounts Payable processes the EFT payment. **NO CHANGE**.
- U. State Funded "Over-Enrolled" Day Program Individuals: Currently, "over-enrolled" individuals (legacy practice) service units are entered into DSAL and aggregated separately. However, there has been no payment since the conversion of Bands B & I on 1/1/21. **THIS WILL CHANGE**. Many of the "over-enrolled" legacy list individuals now have a waiver or have been removed due to no longer attending. The remaining 20 will be placed into a

Community Supports Waiver or a state funded “Band A” slot. Additionally, DDSN will calculate all back payments in DSAL since 1/1/21 and make payment to the providers.

- V. State Funded HASCI Transition Centers: Currently, providers are paid via the bi-monthly payment schedules. **THIS WILL CHANGE**. After the Go-Live date, these will be paid via monthly EFTs.
- W. State Funded Residential: Currently, 58 state funded individuals are paid with a band through the bi-monthly payment schedule or monthly Private Provide/QPL invoice. **THIS WILL CHANGE**. On the Go-Live date, providers will retrospectively bill state funded residential separately to DDSN.
- X. State Funded Community Supports (Band A):
  - a. Day & Individual Employment: Currently, attendance is entered into DSAL; a separate automated invoice is generated from CDSS and paid. **NO CHANGE**.
  - b. Other Services: Currently, service provider submits its invoice to DDSN through the RBC Portal; DDSN-SURB verifies “Band A” enrollment & authorization and pays. **NO CHANGE**.
- Y. Environmental Mods, Private Vehicle Mods, and Assistive Technology: Currently, service vendors submit invoices directly to DDSN-SURB, which pays the invoice followed by DDSN billing Medicaid. **THIS WILL CHANGE**. On the Go-Live date, service vendors must be enrolled in Medicaid and bill SCDHHS directly.
- Z. Board Billed Respite and Companion Services: Currently, Boards submit invoices to DDSN-SURB, which then pays the invoice via an electronic funds transfer (EFT) followed by DDSN billing Medicaid. **THIS WILL CHANGE**. Upon the start of EVV now scheduled for mid-March, Boards will direct bill SCDHHS for both services. If EVV is delayed until after the Go-Live date, then Boards will bill both services through the SCDHHS Portal until EVV begins.
- AA. In-Home Supports via Appendix K: Currently, 90 individuals submit invoices into a DDSN manual process to make payments. This current process will remain until the Appendix K authority to operate this service ends. **NO CHANGE**.
- BB. Miscellaneous Contracts Paid Monthly or Quarterly via Payment Schedule: Currently, the bi-monthly payment schedule processes payments for five miscellaneous contracts. **THIS WILL CHANGE**. These five contracts will continue to be paid at their current monthly/quarterly frequency, but will be processed as individual EFTs through Accounts Payable.

### FY22 Spending Plan VS Actual Expenditures as of 11/30/2021

Category	Spending Plan	Cash Expenditures YTD	SCDHHS Monthly "Wash" Expenditures with Revenue YTD *	Total Monthly Expenditures YTD	Remaining Spending Plan	Spending Plan Deviation with Actual
DDSN spending plan budget	\$ 851,170,837	\$ 294,258,385	\$ 59,064,073	\$ 353,322,458	\$ 497,848,379	<b>REASONABLE</b>
Percent of total spending plan remaining	100.00%	34.57%	6.94%	41.51%	58.49%	
% of FY Remaining					58.33%	
Difference % - over (under) budgeted expenditures					-0.16%	

\* In Nov, 2021, providers billed & paid by SCDHHS for approximately \$78.1 million in services (waiver services + state plan services). DDSN paid the \$19.1 million state match to SCDHHS recorded as a cash expenditure and the \$59,064,073 difference was the "wash" Medicaid reimbursement revenue & expense added to maintain "apples to apples" comparison to FY22 spending plan.

Methodology & Report Owner: DDSN Budget Division

**Michelle G. Fry, J.D., Ph.D.**  
*State Director*  
**Patrick Maley**  
*Chief Financial Officer*  
**Rufus Britt**  
*Associate State Director*  
*Operations*  
**Lori Manos**  
*Interim Associate State Director*  
*Policy*



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

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

**MEMORANDUM**

**TO:** Members of the SC Commission on Disabilities and Special Needs

**FROM:** Michelle G. Fry, J.D., Ph.D. *Michelle G. Fry*  
State Director

**DATE:** December 16, 2021

**SUBJECT:** Commission Ratification & Reaffirmation of Choice of Residential Provider

---

Presently, individuals approved to receive residential services have residential options limited to agencies within our network with vacancies in existing residential settings. This practice limits choice. In collaboration with the South Carolina Department of Health & Human Services (DHHS), our agency is effecting positive changes in the coming year to include but not limited to increasing rates of reimbursement of many services authorized through home and community-based waiver programs. Also, our agency is actively soliciting individuals residing in state operated Intermediate Care Facilities (ICFs), or Regional Centers, their interest in residing non-ICF settings and or returning home to live with natural supports.

To reaffirm our agency’s commitment to offering choice to those we serve, DDSN leadership is proposing individuals approved for residential services and on our critical needs list are assigned funding to, in concert with their respective case manager, solicit and or select an agency in our network to provide residential habilitation. Recommending an effective date of January 1, 2022, all agencies in our network can appeal to individuals on our critical needs list to offer residential services. This shift in practice provides all agencies in our network the opportunity to serve those in need and most importantly avail more residential Provider options to those we serve and their families.

Our Commission’s ratification of this shift in practice is requested and serve as a public affirmation of DDSN’s commitment to offer those we serve and their families. This shift ends an unintended consequence of limiting residential options to agencies in our network with existing vacancies and afford all agencies approved to deliver residential habilitation in our network the opportunity to serve those in need.