

From: [Linguard, Christie](#)
Subject: Meeting Notice - SC Commission on Disabilities & Special Needs Commission Meeting - June 16, 2022
Date: Tuesday, June 14, 2022 2:47:39 PM
Attachments: [June 16 2022 Commission Packet.pdf](#)

Good Afternoon,

The South Carolina Commission on Disabilities and Special Needs will hold its regularly scheduled meeting in person on Thursday, June 16, 2022, at 10:00 a.m. at Spartanburg Community College (Giles Campus), Health Science Building, Room 115, 107 Community College Drive, Spartanburg, SC 29303 (*see attached campus map*). To access the live audio stream for the 10:00 a.m. meeting, please visit www.ddsn.sc.gov.

Please see the attached Commission Meeting packet.

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
Spartanburg Community College (TEAMS)
Health Science Building, Room 115
107 Community College Drive
Spartanburg, SC 29303**

June 16, 2022

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 **Pages 1-2**
5. Invocation *Commissioner Michelle Woodhead*
6. Approval of the May 19, 2022 Commission Meeting Minutes **Pages 3-12**
7. Commissioners' Update *Commissioners*
8. Public Input
9. Programs and Services
 - A. Charles Lea Center **Pages 13-31** *Gerald Bernard, Ed.D., Chief Executive Officer*
 - B. Ahead Start Early Intervention Services **Page 32** *Deidre Martin Director*
 - C. DDSN Post-Secondary Transition Program *Aarika Wakefield, Director*
10. Commission Committee Business
 - A. Nominating Committee *Committee Chair Robin Blackwood*
 - B. Finance Committee *Committee Chair Robin Blackwood*

Financial Approval & Threshold Report for June 2022 **Page 33**
 - C. Policy Committee *Committee Chair Barry Malphrus*
 1. 104-01-DD: Certification and Licensure of DDSN Residential and Day Facilities **Pages 34-50**
 2. 104-03-DD: DDSN Contract Compliance/Quality Assurance Reviews for Non-ICF/IID Programs **Pages 51-55**
 3. 275-01-DD: Missing Property Reporting **Pages 56-59**
 4. 535-02-DD: Human Rights Committee **Pages 60-66**
 5. 603-02-DD: Employee Health Requirements **Pages 67-69**
 6. 367-11-DD: Telephone Policy **Pages 70-77**
 7. Committee Update

11. Old Business:

- A. Internal Audit Update
- B. Employment and Recruitment Update

*Ms. Courtney Crosby
Ms. Liz Lemmond*

12. New Business:

Financial Update **Page 78**

Ms. Nancy Rumbaugh

13. Director's Update

Harley Davis, Ph.D.

14. Next Regular Meeting (July 21, 2022)

15. Adjournment

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

MINUTES

May 19, 2022

The South Carolina Commission on Disabilities and Special Needs met on Thursday, My 19, 2022, at 10:00 a.m., at the Department of Disabilities and Special Needs Central Office, 3440 Harden Street Extension, Columbia, South Carolina.

The following were in attendance:

COMMISSION

Present In-Person

Stephanie Rawlinson – Chairman

Barry Malphrus – Vice Chairman

Robin Blackwood – Secretary

Gary Kocher, MD

Eddie Miller

Michelle Woodhead

Microsoft Teams

David Thomas

DDSN Administrative Staff

Michelle Fry, State Director; Constance Holloway, General Counsel; Lori Manos, Interim Associate State Director of Policy; Courtney Crosby, Internal Audit Director; Tracey Hunt, Chief Financial Officer; Andrew Tharin, Director of Engineering; Robb McBurney, Emergency Operations and Special Projects; Melissa Ritter, Director of Head and Spinal Cord Injury Division; Morgan Foster, Human Resource Manager; Liz Lemmond, Human Resource Director; Tommy McDaniel, Director of Facility Operations; Preston Southern, Information Technology Division; and Christie Linguard, Administrative Coordinator.

Notice of Meeting Statement

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

Welcome

Chairman Rawlinson welcomed everyone to the meeting, especially Thrive Upstate and members of the USA Special Olympics team.

Adoption of the Agenda

Commissioner Miller made a motion to approve the agenda as written, seconded by Commissioner Blackwood and unanimously approved by the commission. (Attachment A)

Invocation

Commissioner Thomas gave the invocation.

Approval of the Minutes from the May 18, 2022 Special Called Commission Meeting and the April 21, 2022 Commission Meeting

Commissioner Malphrus made a motion to approve both sets of minutes, seconded by Commissioner Kocher and unanimously approved by the commission. (Attachment B)

Commissioners' Update

Commissioner Blackwood thanked everyone involved in planning the Employee Appreciation Lunch yesterday at the DDSN Central Office. The Commission really appreciates the commitment and work being done by everyone.

Commissioner Thomas asked anyone who has any questions to reach out to him via his cell phone number. He recited his number in the meeting.

Commissioner Miller announced that State Director Dr. Michelle Fry will be a part of the Mary McLeod Bethune Parade in Mayesville, South Carolina on Saturday. Dr. Fry will also speak to the crowd on behalf of DDSN. Dr. Mary McLeod Bethune will install her statute in the National Statuary Hall collection July 13, 2022. Commissioner Miller's wife, Jereleen Miller, who is the Mayor of Mayesville and the grandniece of Dr. Mary McLeod Bethune. The National Press Club will host the statuary event and will livestream an event the night before.

Commissioner Malphrus thanked Christie Linguard and the IT Team [Greg Meetze, Mark Kaminer and Preston Southern] for assisting with preparations for the June Commission meeting in Spartanburg, South Carolina.

Chairman Rawlinson announced that she had an opportunity to visit the Florence County Disability and Special Needs (DSN) Board recently. The Board gave some outstanding feedback on the agency's finance team; they are impressed with how the finance team has been working with them and being very responsive to their needs.

Public Input

There was no public input.

Head and Spinal Cord Injury (HASCI) Day Program

Mr. Tyler Rex, Executive Director of Thrive Upstate, spoke briefly about the HASCI Drop-In Center. He then introduced Kay Brooks, the director of the Center. Ms. Deloris Sullivan, a HASCI consumer at the Center, spoke briefly about her positive experiences thus far at the Center. She explained how the program is set up for her and other consumers to learn to live as independently as possible. Mr. Rex introduced other guests he brought with him.

2022 Special Olympics USA Games

Mr. Barry Coats and Ms. Barbara Oswald spoke to the commission about Special Olympics organization here in South Carolina as well as the upcoming Special Olympics USA Games, which will be held in Orlando, Florida beginning on June 11, 2022. They serve at least 30,000 athletes across the state.

Employee Appreciation

Morgan Foster began by presenting service pins to employees that have been a state employee for 10, 20 and 30+ years. During the employee appreciation events held at the Regional Centers throughout this month, staff members who have reached their milestone years of state service during the 2021 calendar year were also recognized. The employees presented were thanked for their hard work, dedication and service. Each Regional Center selected an Employee of the Year, which were also recognized. Each employee exemplified the agency's vision, mission and values and have far exceeded the expectations of their positions. Each recipient will receive a bonus and certificate. Ms. Paulette Golden of the Whitten Regional Center was announced as the overall Employee of the Year.

At 11:08 PM, Chairman Rawlinson asked for a 15-minute comfort break. Commissioner Miller announced the Actor, Louis Gossett, Jr. will be arriving in Columbia on Friday around 2:00 PM. He will pick Mr. Gossett up from the airport and bring him to Central Office here at DDSN. If possible, he is asking that all employees, especially the ones recognized here today to please come back on Friday to meet Mr. Gossett. Commissioner Miller asked that Mr. Perea work on a press release to go out to local media.

At 11:27 AM, Chairman Rawlinson called the meeting back to order.

Commission Committee Business

A. Nominating Committee

Commissioner Blackwood gave the Nominating Committee’s report from the May 9, 2022 meeting. She announced the following slate of officers for the 2022-2023 Commission: Chair – Stephanie Rawlinson; Vice Chair – Barry Malphrus; and Secretary – Robin Blackwood. The full commission will vote next month.

B. Finance and Audit Committee

The Finance and Audit Committee met on May 4, 2022. Commissioner Blackwood submitted the following:

There were no items meeting the financial approval and threshold for the month of May. (Attachment C)

The Consulting Report was presented to the full commission as information only. Due to a policy change by the Policy Committee, this list will be reviewed on a quarterly basis by the Finance and Audit Committee and then the full Commission. (Attachment D)

The final item from the committee meeting that will need the Commission’s vote is the annual Comprehensive Property Implementation Plan (CPIP) Five (5) Year Plan and Request for Approval for Year One Projects. Mr. Tharin spoke briefly about the projects for the first year. He reiterated that all bids over \$200,000 will require a bid and will come back to the committee and full commission for approval. Coming out of committee as a motion and a second, the commission unanimously approved year one plan for submission to the Department of Administration.

C. Policy Committee

Ms. Manos presented the following items that were referred to staff to the Commission:

100-25-DD: Disaster Preparedness Planning – Coming out of committee as a motion and a second, the commission unanimously approved the changes made to this policy. (Attachment E)

603-02-DD: Employee Health Requirements – After discussion, the commission agreed to send this directive back to the committee to ensure that we are mindful of any accommodations are made for staff who have a disability. Dr. Fry suggested that a memorandum be brought back to the committee describing what the job requirements are and why they are

drafted the way that they are. This directive is tabled until the next meeting. (Attachment F)

603-05-DD: Policy for Management of Occupational Exposures of Health Care Personnel to Potential Blood borne Pathogens – Coming out of committee as a motion and a second, the commission unanimously approved this policy as written. (Attachment G)

413-03-DD: Code of Conduct – Coming out of committee as a motion and a second, the commission unanimously approved the changes to this policy. (Attachment H)

D. Legislative Committee

Commissioner Miller introduced Carol Stewart from The Tallon Group, Inc. He thanked her for her assistance this year at the state house and announced that the legislators are extremely pleased with the work of Director Michelle Fry; they think she is doing an outstanding job.

Ms. Stewart began by stating that the budget has not been finalized. It is going to conference committee on June 15th, which is the day after the Primaries. DDSN's main priorities continue to be funded in both the house and senate. There was added \$1.5 million for intensive residential homes that is not in the senate version of the budget, so this will go to conference committee as well.

All four Regulations were enacted this session, one full repeal and three new regulation articles dealing with Research, Eligibility, and Appeals. S. 743 and H. 4352 - bills to move DDSN to the cabinet died with no action. H. 3181 Bill to change the qualifications of DDSN Commissioners died with no action. H. 4597 - ending discrimination for organ transplants passed both Houses and is on the Governor's desk. S. 533 - creates a task force to report on ending sub-minimum wages to people with disabilities by Aug 2024. H. 3 244 - the Employment First Initiative Act, aimed at encouraging hiring of people with disabilities was added. On Governor's desk, H 4600 - Department of Mental Health asked for some changes to the Adult Health Care Consent Act. Those changes do not affect our policies. H. 1059 – allows medical technicians to now administer some types of medications and in community ICFs.

Chairman Rawlinson asked if the agency could set up a legislative agenda for next year to list all of our priorities as far as regulation changes. We need to aim at having this information ready by the fall. Commissioner Miller noted that the committee looks forward to any recommendations other commission members may have. Chairman Rawlinson asked other

commission members to please feel free to sit in on this committee's meetings and provide input.

Old Business

A. Fee-for-Service (FFS) Update

Ms. Manos noted that the agency is continuing to make progress on the transition to FFS. The transition has been really successful so far. Our pay rate at the end of April is 99.8%. The majority of our providers are using the Therap module for billing. We are working with Therap so that they can provide enhancements to their system. There is a target date of June for the first enhancement to use for case management. There will be enhancements in July and early August, involving enhancement that will tie residential and day into a uniform documentation piece.

B. Quarterly Incident Management Report

Ms. Dalton briefly spoke on the five year incident trend data for community-based services and regional centers as well as community residential settings, day service providers and regional centers through March 31, 2022. Discussion was held about the issues with reporting and staffing. Commissioner Blackwood suggested that the Human Resources division report on a monthly basis to the commission regarding staffing issues and what the agency is doing to combat the issues. (Attachment I)

C. Internal Audit (IA) Update

Ms. Crosby began with a briefing of the Agreed-Upon Procedures (AUP) Reports for the DSN Boards. The IA division has reviewed 32 of the 40 reports that were received, 8 are in process. Review of six of the nine private providers' reports with June 30th deadline has been completed. Three private providers have a September 30th year end and two of their reports have been reviewed. Nineteen of the 32 private providers with a December 31st deadline have been reviewed. The 2021 contract reductions are \$39,700, which is trending upward.

Tracking Report – The quarterly Audit Observation Tracking Report was sent out in late April. The division is working to streamline the follow-up process to complete these procedures with greater efficiency. They will continue to prioritize follow-up procedures focusing on higher risk audit observations & corrective action plans (CAPs) outstanding.

Audit Plan – The IA division is working to complete several ongoing audits and technical assistance visits (TAVs). The division has been working hard

to complete fieldwork for the engagements in our audit plan prior to the end of the fiscal year. They recently shifted some audit resources, adding a second auditor to the Regional Centers Client Banking System audit, to help achieve this goal.

Fiscal Year 2023 Audit Plan – A draft audit plan for FY 23 will be submitted to Dr. Fry for review and submitted for review and approval to the Finance & Audit Committee with final approval by the Commission. IA Standards require the audit director to consult with senior management and the Commission during audit plan development. All commission members should have received a FY23 Audit Planning Questionnaire via email.

New Business

A. Regional Centers' Update

Ms. Janet Priest reported that staff from the Regional Centers are now participating in the Person Centered Thinking (PCT) Training. Since July 1, 2020, PCT Training has been required for case managers and strongly recommended for those who facilitate service (day/residential) planning. Historically it has not been offered to Regional Center staff. This training is delivered by IntellectAbility. The point of the training is to teach staff how to listen to and support people to exercise positive control over their lives. Participation by Regional Center staff began in April with four (4) staff participating, four (4) more will be participating in the May session and in June we will be offering seats to six (6) additional staff.

Four out of the five Regional Center Facility Administrators (FA) are in the process of hiring Assistant Facility Administrators. The Assistant Facility Administrators will share oversight responsibilities with the FA. These Assistant FAs will provide oversight across more hours of the day and days of the week.

Like many companies/industries across the state, the DDSN Regional Centers have struggled to hire and retain staff - in particular, Direct Support Professionals (DSP). DSPs are vital to service delivery. In an effort to address this struggle, DDSN:

- evaluated the salaries paid to DSPs in comparison to those paid by other state agencies for similar positions (RC DSPs are unique),
- considered the level of salary adjustments that could be made in light of the agency's budget, and
- concluded that adjustments are necessary and appropriate.

Those proposed adjustments are being reviewed by State HR and we hope to finalize this action very soon. Dr. Fry discussed the need to approve the salary increase for our DSPs in order to fill 200 of the 600 vacancies for employees as well as increase existing DSPs salaries to the new State HR rate. Commissioner Malphrus made a motion to approve the budget that we currently have to address the recommendations from our State HR to proceed with the DSPs increases. The commission unanimously approved the motion to increase the salaries of DSPs based on State HR recommendations. Chairman Rawlinson asked for an update, if possible, at the next commission meeting.

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

Ms. Manos commenced by stating that four (4) Head and Spinal Cord Injury (HASCI) Drop-In Centers were developed across the state (Charleston, Columbia, Horry, Greenville) in 2003 as part of a HRSA grant received by DDSN, and were meant to expand and improve services for people with brain and spinal cord injury. A 2019 review of the Centers revealed inconsistent operations which were not a cost-effective use of DDSN state funding. This, coupled with the fact that DDSN's contract with SC DHHS for the provision of HASCI Rehabilitation Supports was terminated as a result of changes to service requirements led to a need for the service providers to transition to the provision of HASCI Waiver Day Services and to develop self-sufficiency. Providers have continued to receive \$28,000 per quarter, per provider, while working toward complete plan implementation. Overall, between July of 2020 and February of 2022, there has been a 77.3% increase in the number of units billed and a 42.9% increase in the number of participants served. While this is significant, the number of people receiving services from the Drop-In Centers is still small, and COVID-19 has interfered with the ability of providers to expand as previously planned.

The agency's recommendation is to continue funding the four (4) HASCI Drop-in Centers at their current rates (\$28,000 per quarter, per center) through the second quarter of the 2023 Fiscal Year, with re-evaluation to occur at the beginning of the second quarter. This will allow time for approval of the HASCI Waiver Amendment including the ILS service, and will allow providers time to implement the service. Commissioner Blackwood made a motion to approve the above recommendation by the staff to continue funding the four (4) HASCI Drop-in Centers; seconded by Commissioner Woodhead and unanimously approved. Chairman Rawlinson asked Ms. Manos to keep the commission abreast of this program.

C. Financial Update

Ms. Hunt presented the spending plan vs actual expenditures as of April 30, 2022. To date the agency is 3.23% under budget. On a motion by Commissioner Blackwood, seconded by Commissioner Miller, the spending plan was approved as presented. (Attachment J)

Director's Update

State Director Michelle Fry commenced by stating that the SC Council for Exceptional Children's division of Career Development and Transition named Florence's Project One Program the Program of the Year.

Eight trainings have been scheduled for the new Day Standards. We have approximately 20 participants. Feedback has been positive.

Employment Trainings for new employment specialists was recently conducted and again evaluations were positive.

DDSN has sent out two communications on two grants, Think First and Family Supports Network.

Dr. Fry will be presenting at the National Association of State Directors of Developmental Disabilities Services (NASDDDS) Conference next month and will talk about Partnerships Reimagined.

Chairman Rawlinson encouraged all commission members to continue to work within their communities and visit the Disabilities and Special Needs Boards throughout their districts. The next meeting will take place at Spartanburg Community College. Afterwards, the commission will tour the Whitten Regional Center.

Next Regular Meeting – June 16, 2022

Spartanburg Community College
Health Science Building, Room 115
107 Community College Drive
Spartanburg, SC 29303

Adjournment

On a motion by Commissioner Blackwood, seconded by Commissioner Malphrus and unanimously approved by the commission, the meeting was adjourned at 1:57 P.M.

Submitted by:

Approved by:

Christie D. Linguard
Administrative Coordinator

Commissioner Robin Blackwood
Secretary

Enabling Technology

Looking past a problem and seeing the solution.



What is Enabling Technology

An enabling technology is an invention or innovation that can be applied to drive radical change in the capabilities of a user or culture.



Benefits of incorporating Enabling Technology

- Have greater control over their own lives
- Have more confidence to interact with non-disabled individuals
- Being able to interact more freely in their homes, work environments, and their communities
- Increased self-motivation
- Expand learning and life experiences

The Umbrella of Enabling Technology

Assistive Technology

Adaptive Technology

Remote Support



What is Adaptive Technology?

This is a special version of an existing technology or tool that provides a different way of interacting.

Examples of Adaptive Technology

- Large Monitors
- Software to adjust screens
- Computers with voice output
- Word prediction software
- AAC communication Devices
- Accessibility tools built into most OS



Reasons we use Adaptive Technology



Easy to set up and support



Cheaper to enhance current technology



Easier to train



More confidence in the use of device



What is Assistive Technology?

This is any tool or device that helps people with disabilities perform tasks with greater ease and independence.

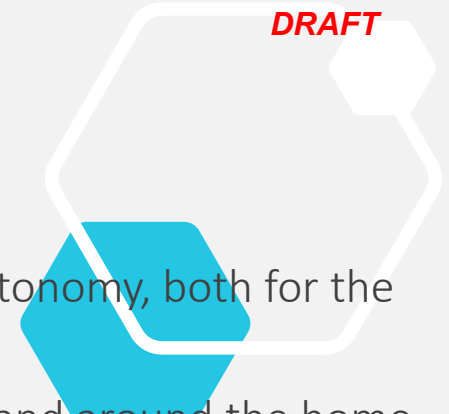
Examples of Assistive Technology

DRAFT

- Mobility aids, such as wheelchairs, scooters, walkers, canes, crutches, prosthetic devices, and orthotic devices
- Hearing aids to help people hear or hear more clearly
- Cognitive aids, including computer or electrical assistive devices, to help people with memory, attention, or other challenges in their thinking skills
- Tools such as automatic page turners, book holders, and adapted pencil grips to help learners with disabilities participate in educational activities
- Physical modifications in the built environment, including ramps, grab bars, and wider doorways to enable access to buildings, businesses, and workplaces
- Adaptive switches and utensils to allow those with limited motor skills to eat, play games, and accomplish other activities



Benefits of using Assistive Technology



- Promote independence and autonomy, both for the person and those around them
- Help manage potential risks in and around the home
- Sensory technology that allows them to see or hear if they are impaired
- Mobility technologies that help keep people moving

Remote Support Technology

Remote support means the provision of supports by staff of an agency provider at a remote location who are engaged with an individual through equipment with the capability for live two-way communication

Remote Support Technology Examples

DRAFT

- Butler/Firefly systems
- Ring security systems
- Stove sensors
- Bed pad sensors
- Nucleus/Seness
- Doorbell cameras
- Alexa products



Advantages of Remote Support

- Increased self sufficiency
- People are not over supported
- Cost of Care reduction for providers
- Promotes independence
- Greater accessibility to people supported
- Helps with the workforce crisis
- Less turnover at remote support homes



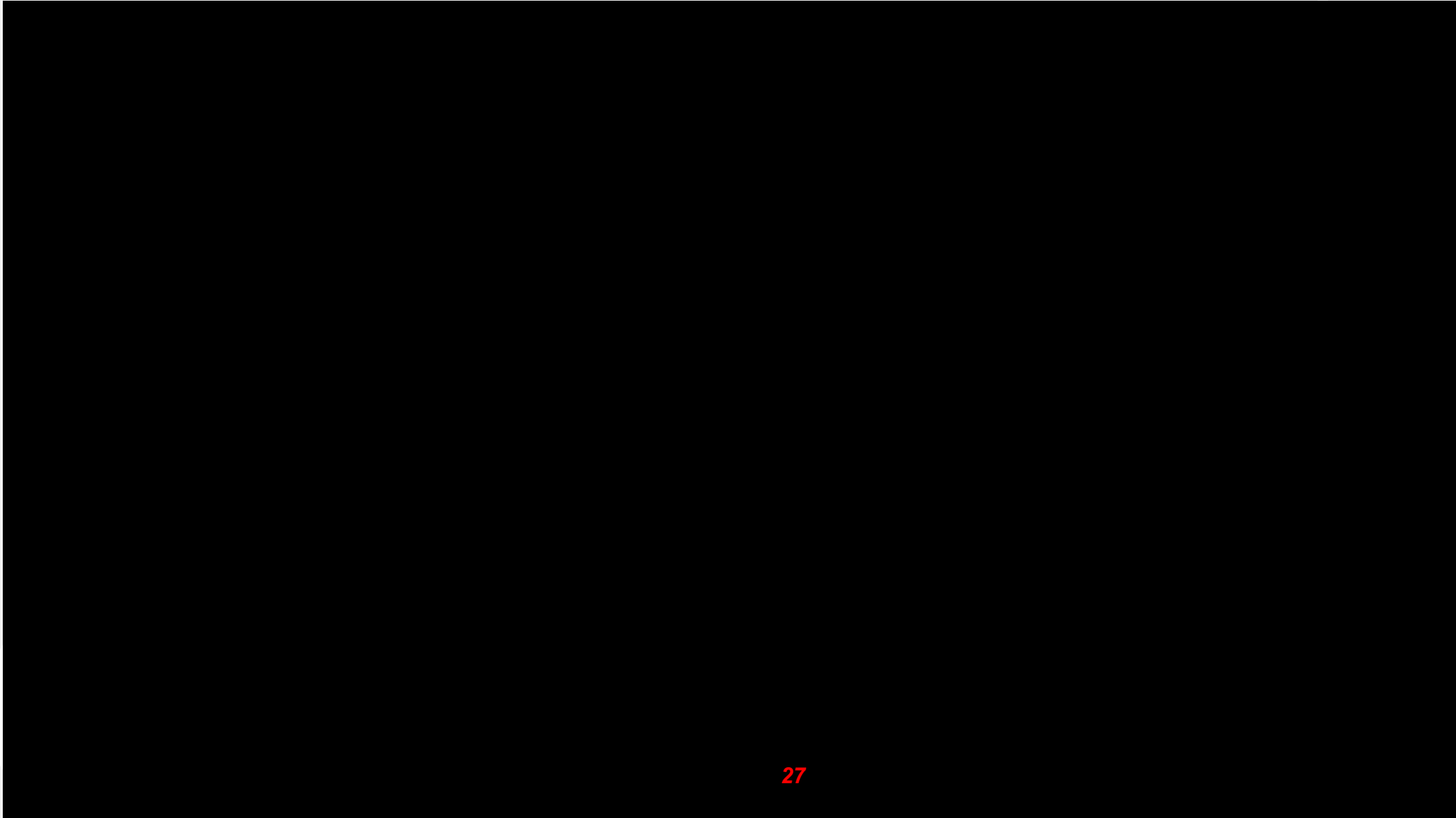
Progression of Adaptive/Assistive Technology

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A day at Charles Lea

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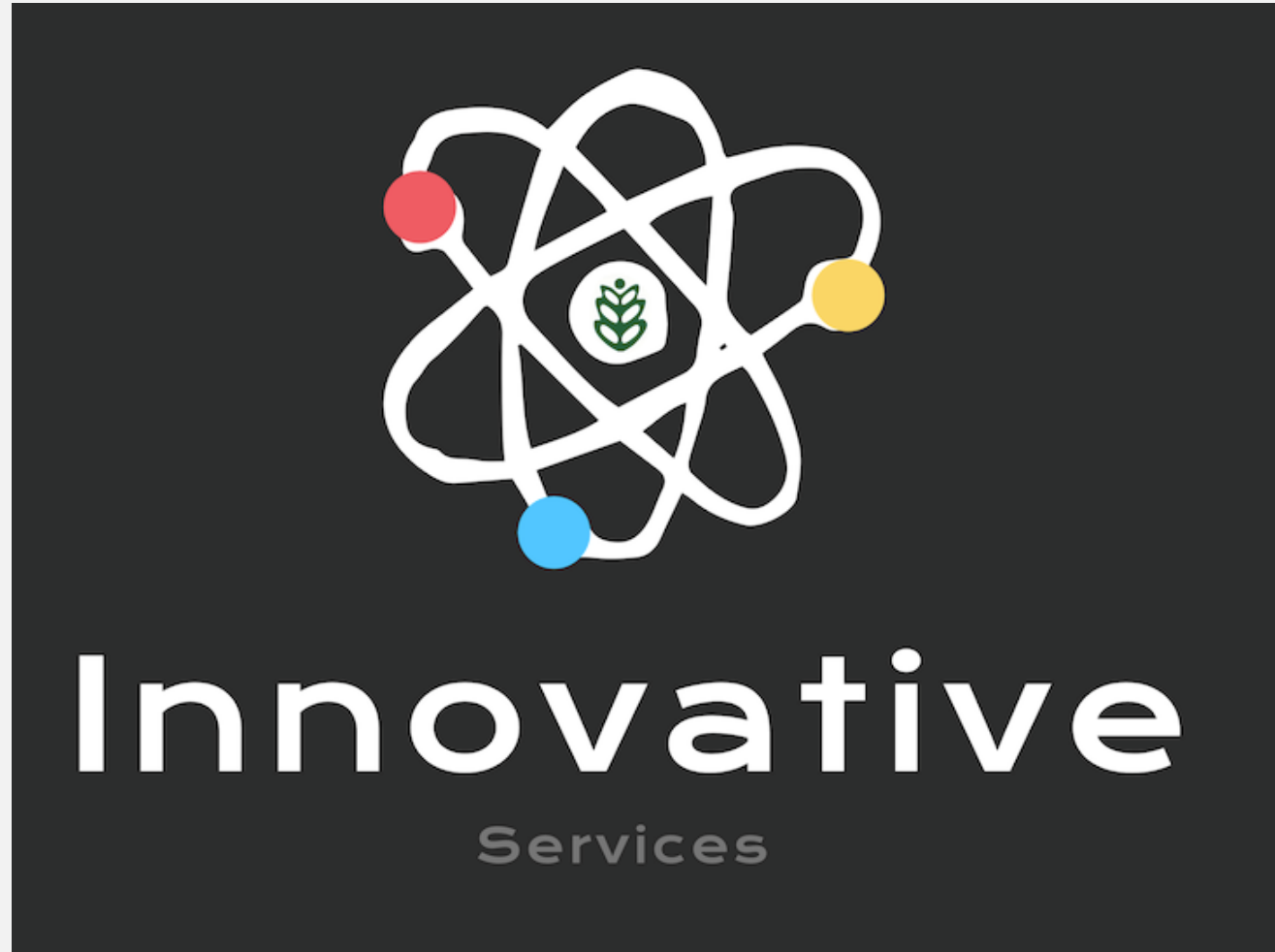


Taking the first steps outside the box

- Looking past the everyday routine
- Seeing past the limitations of those you provide a service to
- Removing your own insecurities about technology
- Being an educator and not task orientated only




“Changes call for innovation, and innovation leads to progress.” –Li Keqiang

DRAFT





Thank You

-  Omar Chirinos
-  864-978-2909
-  Omar.Chirinos@charleslea.org



CHARLES LEA CENTER

Innovative Services

TRANSFORMING THE WAY WE PROVIDE SUPPORTS

WHY?

The Charles Lea Center has been a leader in providing solutions so the people supported can achieve their full potential and dreams. For more than 50 years we have taken pride in the fact that whatever the challenge we work to find a solution.

Technology

The CLC employs a team of professionals who research and implement ways we can use technology to better and more cost effectively provide services. As we practice person centered services, we let those supported guide us in what is needed. Our use of technology never replaces the quality person care for which we are know.

What we offer

The innovative services the CLC provides refer to devices and technological methods used to increase independence so those served can live, work and play more independently. There are two main categories of innovative services offered: assistive technology and remote supports.



More Info?

Jerry Bernard, CLC Executive Director,
(864) 562-2223

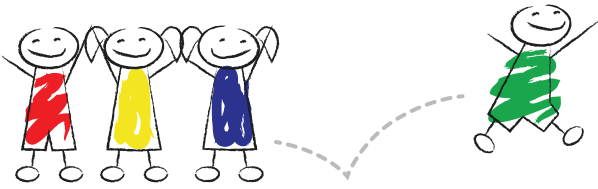
JBernard@charleslea.org
OR

Omar Chirinos, CLC Director of Innovative Services,
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ahead start

start early. grow stronger.

At Ahead Start, we understand that Early Intervention is all about getting your child the developmental help he or she needs as soon as possible. We have over a dozen certified Early Interventionists on our team with Infant-Toddler credentials and hands-on experience in developmental delays...so we are able to match the right specialist with your family and get your child's individualized program of services moving quickly. At Ahead Start, we are a dedicated team of professionals ready to provide family training and service coordination to truly help your child start early. grow stronger.™

“Ahead Start’s EIs go above and beyond to ensure that your child is receiving the best services they deserve. They want your child to excel.” Russ & Jennifer Ohlogge

“Choosing Ahead Start to assist you with your child’s development is one of the best decisions you can make. This agency is committed to its families.” Michelle Hart

our promise

Your First Appointment Within One Week.

What We Provide:

- Family Training/Coaching
- Service Coordination
- Infant/Child Massage Instruction
- Ongoing Assessment
- Developmental Activities
- Monthly Play Groups
- Transition to school services
- Research Help

We’d love to talk to you and answer any questions you may have about our team and/or our services.

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Ayude a su niño
a alcanzar su potencial.
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864.235.3394



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Monthly DDSN Staff Report - Financial Approval & Threshold Reporting for June 2022

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 item wording in red 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:**

Solicitation 5400019193- LPN/ RN Support Services: A fixed priced bid contract was solicited on 2/12/2020 for Supplemental License Nursing Personnel. The contract period for this was established as a (1) year contract with (4) renewals. At the current time, one additional vendor has applied to be qualified and awarded a fixed price bid contract. There are 20 temp. agencies that have been awarded a contract on the FPB since July 2020. This vendor will be added to provide the Regional Centers an option to procure services as needed.

II. **Existing Service Contracts Increasing \$200,000 or Greater (simple list if based on individual 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:**

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.)

Michelle G. Fry, J.D., Ph.D.
State Director
Janet Brock Priest
Associate State Director
Operations
Lori Manos
Associate State Director
Policy
Constance Holloway
General Counsel
Harley T. Davis, Ph.D.
Chief Administrative Officer
Nancy Rumbaugh
Interim Chief Financial Officer
Greg Meetze
Chief Information Officer



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Home Page: www.ddsn.sc.gov

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

Reference Number: 104-01-DD

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

Date of Issue: October 21, 1988

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

Effective Date: June 16, 2022

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

PURPOSE:

To identify authority and guidance for the South Carolina Department of Disabilities and Special Needs (DDSN) to contract with an independent entity that is CMS-certified as a Quality Improvement Organization to certify and/or license residential and day facilities.

AUTHORITY:

S.C. Code Ann. § 44-20-710 (2018), authorizes DDSN to license or contract for licensure day facilities for adults. Facilities may be licensed Adult Activity Centers, Work Activity Centers, or Unclassified Programs. These settings provide Career Preparation, Community Services, Day Activity, and Employment Services, as authorized, to DDSN eligible participants.

S.C. Code Ann. § 44-7-260 (Supp.2021), authorizes DDSN to sponsor, certify, or license community-based housing for adults or contract for these functions. These settings provide Residential Habilitation, as authorized, to DDSN eligible participants.

S.C. Code Ann. § 44-7-110 (2018), § 44-20-10 (2018), and § 44-21-10 (2018), grants DDSN authority to license or contract the licensure function for respite facilities for children and/or adults. Respite services are provided, as authorized, to DDSN eligible participants.

Since 1985 DDSN has maintained a Memorandum of Agreement (MOA) with the Department of Social Services (DSS), which grants DDSN authority to license Community Training Homes (CTH) for children. The MOA is in accordance with provisions of S.C. Code Ann. § 44-20-1000 (2018). DDSN standards meet Child Foster Care Regulation S.C. Regs. § 114-550 (Supp. 2021) for homes licensed as a CTH-I and for homes licensed as a CTH-II as approved annually by DSS. DSS defines a child as a person under the age of 21 and any movement of these children within DDSN Residential Services must be coordinated through the DDSN Operations Division and the Quality Management Division.

South Carolina Law grants DHEC the authority to license Community Residential Care Facilities (CRCF) for adults and Intermediate Care Facilities for Individuals with an Intellectual or Related Disability (ICF/IID).

GENERAL:

No residential, day or respite facility shall provide services and supports unless the service provider is:

1. Qualified by DDSN;
2. Compliant with applicable federal, state and local laws;
3. Compliant with all applicable DDSN policies, procedures, and standards; and,
4. Issued a license or certification by DDSN or DHEC.

For services and supports contracted by DDSN, the facilities shall only provide the type of service that is identified on the certificate or license, and shall serve no more than the maximum number of individuals identified on the certificate and/or license.

The certificate and/or license shall be maintained in the facility at all times. Certificates and/or licenses are non-transferable. *Reviews of facilities may be conducted at any time, without prior notice.*

When a license or certificate is issued by DDSN, the DDSN Director of Quality Management is responsible for insuring reviews conducted by DDSN, or its contractor, are conducted according to DDSN protocol.

SUPPORT MODELS LICENSED/CERTIFIED BY DDSN OR ITS CONTRACTOR:

I. Residential:

Residential Habilitation, as defined by the DDSN Residential Habilitation Standards, is provided in each of the models for residential support listed below:

A. Community Training Home-I (CTH-I) including the enhanced CTH-I:

Personalized care, supervision and individualized training provided in accordance with the resident’s service plan to no more than two (2) individuals who live in a support provider’s home unless an exception has been granted by DDSN. The enhanced CTH-I

model builds in additional respite, personal care and enhanced payment to the caregiver due to the significant needs of the individual with disability. Both CTH-I models are licensed/certified using the same criteria. Support providers are qualified and trained private citizens.

B. Community Training Home-II (CTH-II):

A home environment in the community where no more than four (4) individuals live.

Care, supervision and skills training are provided by qualified and trained staff in accordance with the resident’s service plan.

C. Supervised Living Program-II (SLP-II):

Supports are provided by qualified and trained staff to adults who need intermittent supervision and supports. Staff are available on-site or in a location from which they can be on-site within 15 minutes of being called, 24 hours a day, seven (7) days a week.

D. Community Inclusive Residential Services (CIRS):

Supports promote the development and independence of individuals with disabilities in homes leased by the individuals. A customized plan is developed to transition the individual from a 24-hour setting to a semi-independent living arrangement.

Individuals with a disability are the focus. They choose where they live, with whom they live, and which support staff work with them in their new home. Staffing is provided according to the participant’s assessed need and assistive technology may be used to assist with monitoring.

DDSN’s contracted provider organizations may provide additional residential options, including CRCFs and ICFs/IID. These homes are licensed by DHEC. For any CRCF or ICF/IID contracted for services by DDSN, a copy of the license and corresponding licensing inspection report (and any applicable Plan of Correction) must be forwarded to DDSN Quality Management within 15 days of receipt.

II. Respite:

Services may be provided in the individual’s home, another residence selected by the individual/family, or a home licensed/certified by DDSN or DHEC.

III. Day:

A. Adult Activity Center:

A goal-oriented program of developmental, prevocational services designed to develop, maintain, increase or maximize an individual’s functioning in activities of daily living, physical growth, emotional stability, socialization, communication, and vocational skills. Participants must be at least 18 years of age.

B. Work Activity Center:

A center-based setting having an identifiable program designed to provide therapeutic activities for individuals with intellectual and related disabilities whose physical or mental impairment which would otherwise interfere with a typical work setting or schedule. Work or production is not the main purpose of the program; however, the development of work skills is its main purpose. The program must have a certificate from the United States Department of Labor designating it as a Work Activity Program when applicable.

C. Unclassified Program:

A program that provides a beneficial service and observes appropriate standards to safeguard the health and safety of its participants, staff and the public. This would include non-work-related day supports. Participates must be at least 12 years of age.

SCHEDULE FOR REVIEWS:

Facilities licensed or certified by a DDSN contractor will be reviewed on an annual inspection cycle. A review of all applicable Licensing Standards/indicators will take place during the annual review process. A provider staff must be on-site during the inspection at the time indicated by the licensing contractor. Documentation required on-site is specified in the Licensing Standards. Providers are advised to be review ready at all times.

APPLICATION PROCESS:

A. For A New Home or Facility:

To initiate licensing/certification reviews of new homes and facilities, all sections of the DDSN Licensing/Certification Application to Operate must be completed with sufficient time to allow a licensing inspection prior to the opening of the facility. A notice of at least three (3) weeks is suggested, as the Licensing Contractor may need up to two (2) weeks to complete the inspection from the date they receive the packet. The Application must be submitted with all required inspections, to include the applicable State Fire Marshal, Electrical, and HVAC inspection reports. This information should be submitted as a single packet. The projected opening date of the home or facility must be noted. The home/facility must not be occupied prior to the licensing inspection and receipt of an actual license/certificate from DDSN. The provider must ensure receipt of required authorizations for services prior to acceptance of any participants. Admission/Discharge/Transfer forms must be submitted for each occupant as required in DDSN Directive 502-01-DD:

Admission/Discharge/Transfer of Individuals To/From DDSN Contracted Residential Settings.

**During designated emergencies, DDSN will expedite the initial application process, as necessary, to arrange for short-term placement options.*

B. To Update Existing Application:

A DDSN Licensing/Certification Application must be completed when/if any information contained in the previously submitted application changes. The provider must ensure that the address, occupancy, and contact information for the location are current and accurate in the DDSN Service Provider Management Module (SPM) within the Applications Portal and Therap.

FIRE SAFETY INSPECTIONS:

Initial Fire Safety Inspections, when required, must be made by a Fire Marshal employed by the State Fire Marshal’s Office. Fees for this service are pre-paid by DDSN, but inspections must be requested. Requests should only be made via the Office of State Fire Marshal’s On-line Request Portal www.fire.llr.sc.gov/portal. Please follow the prompts to set-up an account for your provider agency and each site requiring an inspection.

Requests for annual inspections and/or follow-up inspections must be completed in the portal on or before the 15th of the month in order to be scheduled for the following month. The State Fire Marshal Deputy completing the inspection will contact the designated staff to schedule the inspection time. It is important for staff to be on-site at the time of the inspection.

For CTH-I and CTH-II Settings, the State Fire Marshal’s Office will also complete a Health and Sanitation Inspection at the time of their annual fire/safety inspection. No additional request is required for this inspection.

FINDINGS/PLANS OF CORRECTION/RECONSIDERATION

Staff from the Licensing Contractor will make an on-site annual review of the physical plant and records, then compare their finding with the requirements as set forth in standards, policies, and procedures. Standards not in compliance at the time of the licensing inspection will be noted. As a result of these activities, a report will be issued to the provider organization within 30 days.

Each report will include the standard, policy, or procedure determined to be deficient at the time of the licensing review, a statement of the specific findings and the classification of the deficiency. Each standard cited as deficient will be classified as one of the following:

- ◆ Class 1 Deficiency: An individual’s physical, emotional, and financial well being is in immediate jeopardy. Immediate correction is required.
- ◆ Class 2 Deficiency: A failure of organizational safeguards which could put the individual’s physical, emotional, and financial well-being in jeopardy. The Plan of Correction from the provider is either required before the end of the survey or within 15 days of receiving the written licensing report. The nature, circumstances, and extent of the deficiency will be evaluated by the surveyor to determine the time frame requirements for the Plan of Correction. Corrections are required to be completed no later than 60 days after receiving the written licensing report unless otherwise specified and subsequently approved by DDSN or its designee.

- ◆ **Class 3 Deficiency:** All other reportable deficiencies. The Plan of Correction from the provider is required within 15 days of receiving the written licensing report. The nature, circumstances, and extent of the deficiency will be evaluated by the surveyor to determine the time frame requirements for the Plan of Correction. Corrections are required to be completed no later than 60 days after receiving the written licensing report unless otherwise specified.

Upon receipt of the report, the provider will have 15 days to submit a written Plan of Correction on the QIO portal. The Plan of Correction should not only address the individual deficiency cited, but should also include a systemic response to ensure correction across the organization. Corrections are required to be completed no later than 60 days after receiving the written licensing report unless otherwise specified and subsequently approved by the Licensing Contractor or DDSN.

If the provider does not agree with the content of the report, reconsideration may be requested. The provider may request reconsideration of the deficiencies by submitting, in writing, the standard, policy, or procedure cited; the finding related to the standard, policy, or procedure; the nature of their disagreement with the finding; and any documentation to support its position. The provider is allowed one reconsideration request for each citation per survey cycle. The provider must submit the request of citation reconsideration within 15 days of receiving the licensing report. The Appeal/Reconsideration Request form must be completed on the QIO Portal, with the form and supporting documentation uploaded as an attachment for the review in question. Upon receipt, the appeal/reconsideration request will be reviewed by the appropriate program staff at DDSN for the particular service area.

If reconsideration is requested, a Plan of Correction for the indicated citation is not required to be submitted until a decision regarding the reconsideration is reached. However, any deficiency not being reconsidered must be corrected according to the timelines as outlined in this document.

The reconsideration will be completed within 30 days of receiving the request. Based on the results of the reconsideration, if needed, a revised report will be issued. A Plan of Correction for all deficiencies upheld must be submitted through the QIO portal within 15 days of the reconsideration decision. Corrections are required to be completed no later than 60 days after receiving the reconsideration decision unless otherwise specified and subsequently approved by DDSN.

FOLLOW-UP

All deficiencies cited in a licensing report will require a follow-up review. Most follow-up reviews will be completed as a remote desk review, with the provider submitting documentation on the QIO portal to validate that the actions described in the Plan of Correction have taken place by the target date. A provider may have two follow-up reviews for annual surveys, if necessary to ensure remediation. All timeframes identified above apply to these follow-up surveys. All citations identified on the reports will be individually reviewed by the Licensing Contractor to determine the type of follow up needed (i.e., documentation request or onsite review). All Class I citations will be resolved onsite at the time of the review. Each Class II or Class III citation will be reviewed individually by the Licensing Contractor to determine the most appropriate method for follow-up. Results of the Follow-up Review will be included in a report format that is similar to the annual inspection report and will provide a percentage score for compliance.

DDSN's Licensing Contractor will contact the provider organization and discuss the follow-up process, as it relates to their review. Contact will be made within 90 days of the approved Plan of Correction, but providers may choose to upload documentation on the QIO portal at any time.

Any findings of repeat/recurring citations and the use of documentation for citation correction will be discussed at the exit meeting and a report will be sent to the provider within 30 days. A written Plan of Correction will be submitted by the provider in response to any citations that remain after the follow-up review.

SANCTIONS:

Unannounced follow-up visits will be conducted by DDSN or the Licensing Contractor in situations where the severity and/or prevalence of deficiencies may adversely impact someone's health and safety and will determine if deficiencies have been corrected. Failure to correct deficiencies result in the following sanctions:

- ◆ Sanction 1 – Failure to correct a Class 1 deficiency, no matter what level or quantity of deficiency existing, will result in the removal of the license/contract and movement of the individual.
- ◆ Sanction 2 – Depending on the level or quantity of deficiencies, any of the following sanctions may be issued:
 - 1) Ongoing site monitoring;
 - 2) Required technical assistance;
 - 3) The issuance of a provisional license/certificate with a shortened expiration date;
 - 4) The license/certificate capacity of the program may be reduced;
 - 5) The license/certificate may be denied, suspended, revoked, or rescinded.

For example, if there is a combination of deficiencies across licensed facilities with no repeated findings, step 1 or 2 may be used. If multiple deficiencies are discovered across licensed facilities and systemic problems that exist are not resolved after step 1 through 4 have been issued, then step 5 will be applied.

APPEALS:

The imposition of the specific sanction that involves denial, suspension or revocation of a license may be appealed. DDSN Directive 167-01-DD: Appeal Procedure for Facilities Licensed or Certified by DDSN, governs these appeals.

EXCEPTIONS:

DDSN reserves the right to make exceptions to standards or policies if the exception will not jeopardize the health and safety of the service recipient, staff or the public, and when the exception will not significantly reduce the quality or quantity of services provided. No exception should be

implemented until first approved, in writing, by the Director of Quality Management and the State Director/designee.

The request for exception should be submitted to the DDSN Quality Management Director using the DDSN Request for Exception Form (Attachment B). All sections of the form must be complete and accurate. The form must be signed by the Executive Director and Board Chairperson.

Unless otherwise noted, exceptions to Adult Day Standards will be valid for one (1) year from the date approved.

Unless otherwise requested and approved, exceptions to Residential and Respite Standards will remain valid for as long as the information contained on the initial request remains the same.

Barry D. Malphrus
Vice Chairman

Stephanie M. Rawlinson
Chairman

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

ATTACHMENTS:

- Attachment A: Application to Operate Residential, Day, or Respite Facility
- Attachment B: Request for Exception Form
- Attachment C: SC State Fire OSFM Informational Bulletin #18-2001 (March 1, 2022)



APPLICATION TO OPERATE
RESIDENTIAL, DAY OR RESPITE FACILITY

Date of Application: _____

Reason for Application: Initial Licensing of a New Facility

Termination/Closure

Reason for termination/closure: _____

Change

in location

in facility type

in number of people served

1. Facility Information (Name): _____

Address: _____

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

Type of Facility:

SLP-II CIRS CTH-I CTH-II ASW

AAC WAC Respite Camp Unclassified Program

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

2. Changed Information (Updated): _____

Address: _____

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

Type of Facility:

SLP-II CIRS CTH-I CTH-II ASW

AAC WAC Respite Camp Unclassified Program

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

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

Full Name	Age	Relationship to Caregiver
_____	_____	_____
Add/Delete/Same		
_____	_____	_____
Add/Delete/Same		
_____	_____	_____
Add/Delete/Same		
_____	_____	_____
Add/Delete/Same		

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

Type of license and/or certificate	By Whom
_____	_____
_____	_____

5. Provider organization having jurisdiction over the facility:

Name: _____

Address: _____

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

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

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

Signature/Head of the Provider Organization

Title

Notary Public
_____ County, South Carolina

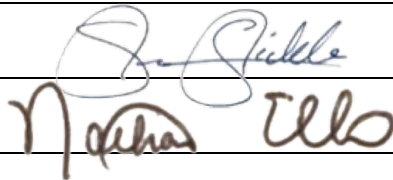
My Commission Expires: _____

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

Provider Requesting Exception:		Date:
Facility Type:	Signature of Provider Executive Director:	
Name of Facility:	Signature of Governing Board Chairperson:	
Policy or Standard from which Exception is requested (e.g., 000-00-DD, DDSN Respite Standards, etc.)	Nature and reason for Exception Request (specify if for one individual (give name), one Facility (give name), for all residential programs, day, etc., or for the entire Organization along with the reason)	Explain how the safety of program participant(s), the staff or the public will not be endangered, if this Exception is Granted
Explain how this Exception, if granted, the Quality and Quantity of Services will be maintained		
Comments:		
Signature: _____ Director-Quality Management	Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Deny Date: _____	
Signature: _____ State Director/Designee	Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Deny Date: _____	



**OSFM
INFORMATIONAL BULLETIN**

NUMBER:	18-2001	
EFFECTIVE DATE:	April 2, 2018	Revision March 1, 2022
FROM:	Shawn Stickle, Chief Deputy State Fire Marshal	
APPROVED:	Nathan Ellis, Assistant State Fire Marshal	
SECTION:	Code Enforcement	
SUBJECT:	Fire Inspection Requirements for DSS Foster Homes and DDSN CTHI's – Health Inspections for DSS Foster Homes, DDSN CTHI's, and DDSN CTH II's	

I. Objectives:

- A. To provide Deputy State Fire Marshals with guidance and clarification on South Carolina Code of Regulations - R.71-8301.3, R.144-550, and R.144-592 for consistent application statewide.
- B. To provide DSS Caseworkers, Child Placement Agencies, Foster Parents, and DDSN CTHI providers with fire inspection requirements prior to requesting the inspection in the State Fire Informational Management System (IMS).
- C. To provide DSS Caseworkers, Child Placement Agencies, Foster Parents, DDSN CTHI, and DDSN CTHII providers with health inspection requirements prior to requesting the inspection in the State Fire IMS.

II. Procedures

- A. Inspection request periods will run from the 16th of each month to C.O.B. the 15th of the following month. Inspections will be scheduled for the period within 5 business days of the inspection request period end. Providers will submit requests for annual and re-inspections into the State Fire IMS 90 days prior to license expiration. Requests for initial inspection of homes shall be submitted for the following inspection period.
- B. Only approved requesting agencies may request and/or cancel inspections. Inspections will not be scheduled without a proper request in the IMS. No Show/Cancellations for Initial Homes shall be requested as Initial Homes until an in person inspection occurs,
- C. Requesting Agencies shall list the home owner/operator as the owner on the individual tab of the IMS, with correct contact information (including email) to guarantee delivery of this bulletin of requirements prior to the fire inspection.
- D. Reports will no longer contain health inspection “collected data” and will only reflect deficiencies found. Both Fire and Health deficiencies will be cited as applicable, or the report will notate “No fire inspection deficiencies noted at the time of inspection” and “No health inspection deficiencies noted at the time of inspection” as a reference.

SUBJECT: South Carolina Code of Regulations – R.71-8301.3.
and R.114-550/R.114-592

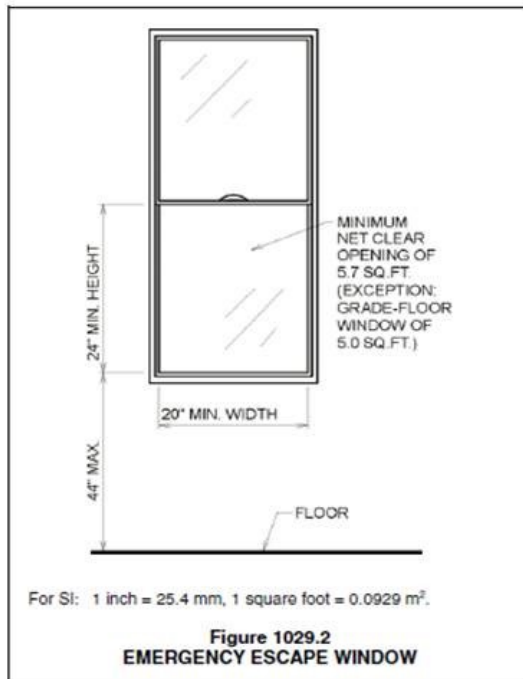
III. Contents

A. Fire Safety

1. Approved address numbers shall be placed in a position that is plainly legible and visible from the street.
 - a. Address number shall be a minimum of 4 inches high with a minimum stroke width of 0.5 inch and shall contrast with their background.
2. Foster Home shall be designed and constructed with the intent to be used as a dwelling.
3. One (1) portable fire extinguisher with a minimum classification of 2A:10BC shall be readily accessible and installed near cooking areas on your way to an exit outside.
 - a. Fire extinguishers shall be visually inspected monthly to ensure the needle is in the green.
 - b. Annual maintenance is not required for foster homes, however, extinguishers shall be replaced or serviced by a fire equipment dealer every 6 years from the manufacture date.
4. All egress doors and pathways shall not be obstructed, diminished, reduced, or require special knowledge, effort or a key to exit. No more than three actions, including opening the door, are permitted. (e.g. **1.** Unlock deadbolt. **2.** Unlock door knob. **3.** Turn door knob and open the door.)
 - a. Dual Cylinder locks are not permitted (lock requires a key to lock and unlock on the inside).
 - b. Doors are permitted to be equipped with a night latch, dead bolt or security chain, provided such devices are openable from the inside without the use of a key or tool, however, shall be installed no higher than 48” inches and it requires no more than three total actions.
5. Each sleeping room shall have an operable door that closes and latches to provide compartmentation that protects occupants in case of a fire event. A residential automatic fire sprinkler system will be considered an alternate method to compartmentation requirements.
 - a. Doors shall be positive latching (self-latch when pushed closed and require an action to unlatch/open) that resist not less than 5 pounds of force. Roller latches are prohibited.
 - b. Bedroom walls shall terminate at the ceiling, without unprotected openings, or lofts.
 - c. Barn Doors are permitted, however:
 - i. The barn door edges shall overlap the opening on the sides, top, and bottom if applicable.
 - ii. If provided with a latch, the latching mechanism shall be hardware that is manufactured for the purpose of latching sliding barn doors in place. Homemade solutions for latches, such as hook and eye or staple hasp latches, are not permitted.
6. All sleeping rooms below the fourth story shall have operable emergency escape and rescue openings that open from the inside. Emergency and escape rescue openings shall meet the dimensions illustrated below and have a net clear opening of not less than 5.7 square feet. Exception: Grade floor is permitted to be 5.0 square feet. Foster homes that do not comply with

SUBJECT: South Carolina Code of Regulations – R.71-8301.3.
and R.114-550/R.114-592

minimum dimensions* of emergency escape and rescue opening shall have either smoke alarms interconnected in such a manner that the activation of one alarm will activate all of the alarms in the dwelling unit, or a have a residential automatic fire sprinkler system installed. Regardless, at the Deputy's discretion, openings are still be required to allow an average size adult to escape and sill height shall not be higher than 44 inches from the floor.



Equation: (Length x Width) ÷ 144

Example: (20" x 24") = 480 ÷ 144
= 3.33 Square feet

Note: The example shown does NOT meet the minimum area required, though it does meet the minimum dimensions. Thus, interconnected smoke alarms or a residential automatic fire sprinkler system are required.

- a. **Below Grade:** Where the sill height is below grade, it shall be provided with a window well with the horizontal area of the window well shall be not less than 9 square feet with a horizontal projection and width of not less than 36 inches. The area of the window well shall allow the emergency escape and rescue opening to be fully opened. The ladder or steps required shall be permitted to encroach not more than 6 inches into the required dimensions of the window well. Nothing shall obstruct these openings.
7. Listed smoke alarms shall be installed on the ceiling or wall outside of each separate sleeping area in the immediate vicinity of bedrooms (within 21 feet per NFPA 72), in each room used for sleeping purposes, and on each habitable story within a dwelling (including basements).
- a. Smoke alarms expire based on the manufacture's guidelines or 10 years from the date of manufacture, whichever is less, and shall be installed per illustrations below.
 - b. Hardwired and/or interconnected alarms are required to be maintained if installed per illustrations below.
 - c. Homes without hardwired interconnected alarms shall be provided with a sealed 10-year life battery if emergency escape and rescue openings meet minimum size and dimensions.
 - i. If emergency escape and rescue openings do not meet minimum size requirements, listed wireless interconnected smoke alarms shall be installed.
 - ii. If the home is provided with hardwired in the common areas and installed properly, a wireless "bridge" unit shall be installed to communicate with wireless alarms in the bedrooms.

SUBJECT: South Carolina Code of Regulations – R.71-8301.3.
and R.114-550/R.114-592

- d. Fire Alarm Systems need to comply with regulations and NFPA 72, and may only be approved by a supervisor.

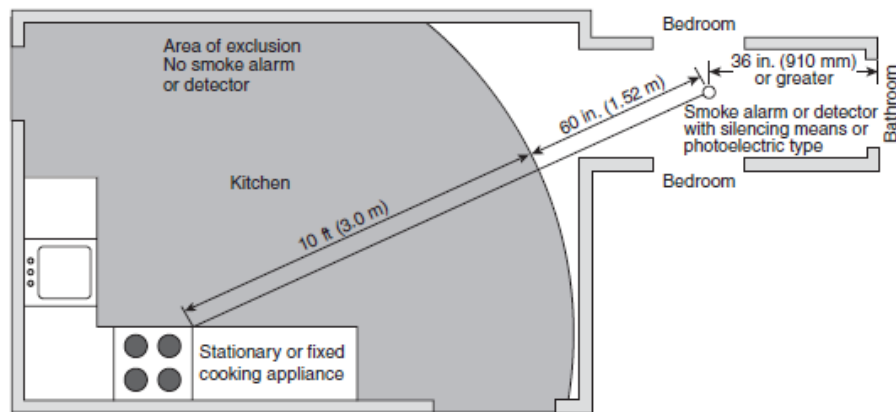
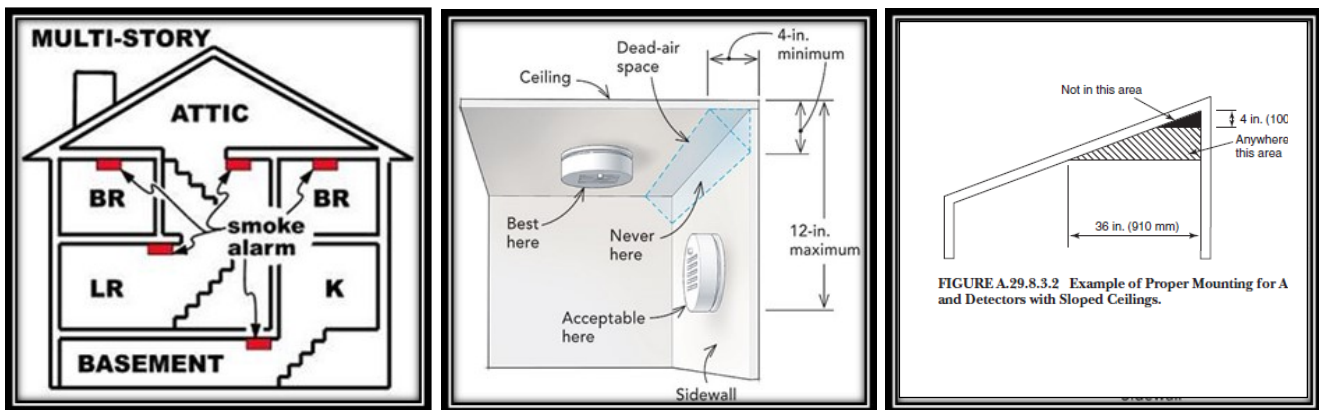
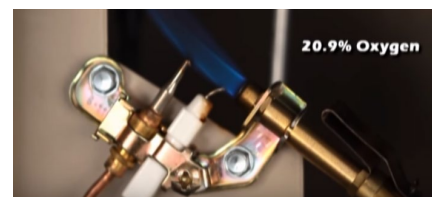


FIGURE A.29.8.3.4(b) Example of Smoke Alarm or Smoke Detector Placement Between 10 ft (3.0 m) and 20 ft (6.1 m) Away in Hallway from Center of Stationary or Fixed Cooking Appliance.

- 8. An approved carbon monoxide alarm shall be installed and maintained* outside of **each** separate sleeping area in the immediate vicinity of the bedrooms** if home has:
 - a. Fuel fired appliances are installed.
 - b. Attached garages (3 sides enclosed).
 - c. Fireplaces.
 - d. Combination smoke/carbon monoxide alarms are permissible.

* Carbon monoxide alarms expire based on the manufacture’s guidelines.
**Bedrooms with fuel fired appliances or fireplaces shall also have carbon monoxide alarms.
- 9. All heating devices shall be installed per manufacturer’s guidelines.
 - a. Unvented gas heaters shall have an operating oxygen depletion device that shuts off at 18% oxygen (picture below), an operating safety shutoff device, and shall be located or guarded to prevent burn injuries.



SUBJECT: South Carolina Code of Regulations – R.71-8301.3.
and R.114-550/R.114-592

- b. Portable, unvented heaters are not permitted; e.g. Kerosene heaters.
- c. Fireplaces shall be equipped with fire screens, partitions, or other means to protect clients from burns.
- d. Listed space heaters shall have a tip over switch, have a three foot clearance on all sides and be directly plugged into an outlet.

10. The dwelling shall be free of dangers that constitute an obvious fire hazard such as the following:

- a. Hoarding conditions (contact supervisor).
- b. Electrical Hazards, including using extension cords as permanent wiring.
- c. Improperly installed/maintained dryer vent.
- d. Storage of flammable liquids or gases.
- e. Items considered a fire hazard by the Deputy’s judgement (contact supervisor)

11. A fire escape plan describing what actions are to be taken by the family in the event of a fire must be developed and posted in one location.

- a. Recommended example found on our website, not required:

[Foster Home Fire Drill Planner](#)

Draw the layout of your home as best you can. Include:

- Doorways
- Windows
- Each room
- Smoke alarm locations (label "SA") *Date installed _____
- Carbon monoxide alarm location(s) (label "CO") *Date installed _____
- Fire extinguisher location(s) (label "FE") *Date Serviced _____

Visit each room in your home and:

- Find two ways out
- Draw arrows on your "Fire Drill Planner" showing two ways out

Draw a separate floor plan for:

- Basements, 2nd or 3rd floors, Finished room over garage (FROG)

Mark your Fire Drill Planner with your safe meeting place:

- Pick a solid object that isn't easily moved, such as a tree
- Make sure the object is far enough from your home so it's safe to stand there

Legend:
 Window: Blue line
 Primary Escape Path: Red arrow
 Secondary Escape Path: Yellow arrow
 Smoke Alarm: SA in a circle
 Carbon Monoxide Alarm: CO in a diamond
 Fire Extinguisher: FE in a triangle

- b. A fire escape drill shall be conducted every three (3) months and records of the drills shall be maintained on the premises for three (3) years.
 - i. The records shall give the date, time, and weather conditions during the drill, number evacuated, description, and evaluation of the fire drill. Fire drills shall include complete evacuation of all persons from the building.
 - ii. A fire escape drill shall be conducted within twenty-four (24) hours of the arrival of each new foster child.

SUBJECT: South Carolina Code of Regulations – R.71-8301.3.
and R.114-550/R.114-592

B. Health Safety – All Initial Foster/Kinship Homes, Annual CTH I and CTH II Inspections

1. *Health Hazards – South Carolina Code of Regulations – Foster Homes R.114-550
 - CTH II’s - R.114-592
 - b. Water temperature below 120 degrees Fahrenheit - R.114-550.N.2.c
 - CTH II Water temperature between 100 to 120 degrees Fahrenheit - R.114-592.A.5.f
 - c. Excessive garbage and uncleanliness. (contact supervisor) - R.114-550.L.2
 - CTH II - R.114-592.C.1.a
 - d. Insect/rodent Infestations. - R.114-550.L.3.b
 - CTH II – R.114-592.B.5.b
 - e. *Prevent the child’s access, as appropriate for his or her age and development, to all medications, poisonous materials, cleaning supplies, other hazardous materials, and alcoholic beverages - R.114.550.N.5.a
 - Poisonous materials, cleaning supplies and Hazardous materials shall not be stored in a manner that spills or leaks may come in contact with consumables or be mistaken as a consumable. - R.114-550. N.5.a
 - CTHII – R.114-592.B.4.a
 - f. Be free from objects, materials, and conditions that constitute a danger to health or life safety by the Deputy’s judgement. (contact supervisor) - R.114-550.L.3.a
 - CTH II - R.114-592.A.4.b
2. Public Water/Waste or Well Water Sample R.114-550.N.2 (OSFM not citing pending tests).
 - a. Shall be negative for Coliform and E.coli.
 - b. Positive samples will be handled by the Senior Deputy – Notification will be made to the caseworker and homeowner for disinfection procedures in accordance with SCDHEC.
 - DDSN providers perform annual tests. State Fire does not collect DDSN Well samples for testing.
3. Septic hazards that constitute a danger to health - R.114-550.L.3.a
 - CTH II - R.114-592.A.5.d
4. Pet Inoculations annual per SC Code of Laws §47-5-60. - R.114-550.N.3.b
 - a. Pet Inoculations are required for Cats, Dogs, and Ferrets
 - CTH II - R.114-592.B.3.a
5. CTH II Fridge Temperatures maintained at or below 41 degrees Fahrenheit (5 degrees Celsius) per DDSN. Items in Freezer shall be maintained frozen, - R.61-25 3-501.12 (A).
 - a. Refrigerators shall be equipped with ambient air temperature measuring devices. - R.61-25 4-204.112 (A) In a mechanically refrigerated or hot food storage unit, the sensor of a temperature measuring device shall be located to measure the air temperature in the warmest part of a mechanically refrigerated unit and in the coolest part of a hot food storage unit.

***Note: State Fire does not inspect Swimming pools, medications, weapons, alcoholic beverages, or any other item covered in R.114-550 or R.114-592 not included above.**

IV. Interpretation Contact

- A. Senior Deputy State Fire Marshal
- B. Chief Deputy State Fire Marshal
- C. Assistant State Fire Marshal

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David L. Thomas
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Reference Number: 104-03-DD

Title of Document: DDSN Contract Compliance Reviews for Non-Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Services

Date of Issue: November 18, 2013

Date of Last Revision: June 16, 2022 (REVISED)
 Effective Date: June 16 2022

Applicability: DDSN Contracted Providers (Excludes ICFs/IID Programs)

PURPOSE:

To establish guidance for the implementation of the contract between the Department of Disabilities and Special Needs (DDSN) and providers selected to conduct Contract Compliance Reviews (CCR).

GENERAL:

In order to determine compliance with applicable DDSN standards and policies, reviews of DDSN qualified providers are completed approximately every 12 to 18 months, (“Annual Reviews”) based on the provider’s prior performance. Providers scoring at or above 86% in each service area will be reviewed approximately every 18-months and providers scoring below 86% (i.e., 85.9% or less) will be reviewed approximately every 12-months. The Contract Compliance Reviews are comprised of an evaluation of the provider’s compliance with administrative agency requirements as well as compliance with service specific requirements for each service delivered and a review of participant records. Any deficiencies will require a written Plan of Correction (POC) that addresses the deficiency both individually and systemically, and a follow up review will be completed approximately six (6) months after the original review to determine if the corrections have been made.

REVIEW PROCESS:

DDSN will contract with a Quality Improvement Organization (QIO) selected from those certified by the Centers for Medicare and Medicaid Services (CMS). The QIO will utilize Key Indicators to evaluate the administrative capability of each provider reviewed along with a sample of participant records to verify service delivery in accordance with applicable standards. A statistically valid and random sampling methodology will be used for all providers. For each case reviewed, the QIO will review the Case Management file as well as those records/files pertaining to services as provided by DDSN (i.e., Residential Habilitation, Career Preparation, Day Activity, Employment, Respite, etc.). Each file review will include an evaluation of the most current assessment data used in developing the consumer's current plan(s). The review also will have an evaluation of the progress notes and file documentation pertinent to the quality of services delivered. To the extent possible, participant records will be reviewed using documentation available in the agency's electronic record. At the conclusion of the review, a conference between the QIO representatives and the provider will be held to discuss preliminary findings of the review.

All newly qualified providers will be reviewed between three (3) to six (6) months of accepting their first participant. Qualified providers who are beyond their first year, will be reviewed on a schedule of approximately 12 to 18 months, depending on prior performance. Follow-up reviews are conducted approximately six (6) months following the regular 12 to 18 month review.

PLANS OF CORRECTION:

All providers will be required to submit a Plan of Correction to the QIO for all citations within 30 days of receipt of the report of findings from the QIO. The POC will address the findings in each individual record as well as systemic findings related to the citations and as identified by the QIO. The latest completion date for any correction or action cannot exceed 90 calendar days following the report of findings. A response will be provided by the QIO within 30 calendar days. The Plan of Correction must be submitted to the QIO for approval, via their online portal.

FOLLOW-UP REVIEWS:

The QIO will conduct a follow-up review to assure that all elements detailed in the provider's Plan of Correction have been implemented. The QIO review will include the criteria and timeframes for evaluating the extent to which the provider's Plan of Correction has been implemented. Follow-up reviews will include records/consumers from the original sample as well as new records. Upon receipt of the report, the Provider will have 30 days to submit a written Plan of Correction. The Plan of Correction should not only address the individual deficiency cited, but should also include a systemic response to ensure correction across the provider's system of services. Corrections are required to be completed no later than 90 days after receiving the written quality assurance report unless otherwise specified and subsequently approved by the QIO or DDSN. The Plan of Correction must be submitted to the QIO for approval, via their online portal, and a second follow-up review will be scheduled through the QIO.

If a provider scores at less than 86% (i.e., 85.9% or less) compliance on the follow-up visit, DDSN staff will review documentation related to the original review results and the follow-up review results. DDSN will contact the provider to discuss the findings, ascertain the provider's intended actions toward correction, and, if needed, offer technical assistance or guidance regarding the actions necessary to achieve and sustain compliance.

SPECIAL CIRCUMSTANCE REVIEWS:

The QIO may complete special circumstance reviews at the direction of DDSN. The Special Circumstance Review follows the same format and scope as a Follow-up Review and will focus on the area(s) specified by DDSN.

APPEALS:

If the provider does not agree with the content of the report of findings, reconsideration may be requested through a formal appeal. The provider may request reconsideration of the deficiencies by submitting, in writing, the Key Indicator cited, the finding, the nature of the disagreement with the finding, and any documentation to support their position. The provider is allowed one appeal request per identified deficient practice per survey cycle. The provider may submit their appeal with their Plan of Correction (i.e., within 30 days of receiving the QIO report). Requests for appeal should be submitted via the QIO Reporting Portal. DDSN program staff will review the appeal request and the supporting documentation to make a determination to uphold or remove the citation. The provider will be informed of the decision and the Report of Findings will be updated by the QIO.

If an appeal is submitted, a Plan of Correction is not required to be submitted until a decision regarding the reconsideration is reached. However, any citation not being appealed must be corrected within 90 days, according to the timelines as outlined in this document.

DDSN will complete the appeal review within 30 days of receiving the request. Based on the results of the appeal, if needed, a revised report will be issued by the QIO. A Plan of Correction for all citations must be submitted to the QIO Portal within 30 days of the appeal decision. Corrections are required to be completed no later than 90 days after receiving the QIO report unless otherwise specified and subsequently approved by DDSN.

POST-PAYMENT CLAIMS REVIEW:

In order to meet Home and Community-Based Waiver performance measures required by the Center for Medicaid/Medicare Services (CMS) for financial integrity/accountability, DDSN will complete a Provider Post Payment Claim Review process. The intended outcome of this process is to compliment the Contract Compliance Review process and assure the following for paid claims for waiver participants:

1. The person was eligible for services at the time of the claim.
2. The service was authorized in the person's service plan.
3. There is sufficient documentation to support the service was delivered per the Medicaid Home and Community-Based Waiver service definition. Supporting documentation will vary depending on the nature of the service delivered. Documentation includes but is not limited to: Provider service notes, community integration notes, behavior support data, meeting notes, medication administration records, medical appointment records, etc.
4. The units of service align with the authorized units in the service plan.

Through this process, providers will submit documentation of all services for which a claim has been submitted. DDSN (or its contractor) will review the claims and supporting documentation to determine

compliance as outlined above. Providers with claims identified as non-compliant on any of the evaluation criteria will receive a request for remediation via a Plan of Correction (POC). The provider will respond to the POC within 15 calendar days, providing evidence of remediation. Remediation may include locating documentation to support that services rendered are consistent with claim submission; staff training; and voiding and/or recovering payments. Upon verification that the POC response is acceptable, the Provider will receive notification from DDSN. Additional records may be selected by DDSN as an expanded review or audit.

EXCEPTIONS:

DDSN reserves the right to make exceptions to standards or policies if the exception does not jeopardize the health and safety of the service recipient, staff or the public, and when the exception does not significantly reduce the quality or quantity of services provided. No exception may be implemented until first approved by the Director of Quality Management/designee and the State Director/designee. The QIO will be advised of the approval of any exceptions so that future reviews will be conducted in accordance with DDSN’s decision.

The request for exception should be submitted to the DDSN Quality Management Director using the DDSN Request for Exception form. All sections of the form must be complete and accurate. The form must be signed by the Executive Director and Board Chairperson, when applicable. Unless otherwise noted, exceptions remain valid for as long as the information contained on the initial request remains the same.

Barry D. Malphrus
Vice Chairman

Stephanie M. Rawlinson
Chairman

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

ATTACHMENT:

Request for Exception Form

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

Provider Requesting Exception:		Date:
Facility Type:	Signature of Provider Executive Director:	
Name of Facility:	Signature of Governing Board Chairperson:	
Policy or Standard from which Exception is requested (e.g., 000-00-DD, DDSN Respite Standards, etc.)	Nature and reason for Exception Request (specify if for one person (give name), one Facility (give name), for all residential programs, day, etc., or for the entire Agency along with the reason)	Explain how the safety of program participant(s), the staff or the public will not be endangered, if this Exception is Granted
Explain how this Exception, if granted, the Quality and Quantity of Services will be maintained		
Comments:		
Signature: _____ Director-Quality Management	Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Deny Date:	
Signature: _____ State Director/Designee	Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Deny Date:	

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Reference Number: 275-01-DD

Title of Document: Missing Property Reporting

Date of Issue: May 27, 1987

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

Effective Date: June 16, 2022

Applicability: DDSN Central Office, DDSN Regional Centers, and DDSN-Operated Residential Habilitation Settings

PURPOSE

This document establishes minimum procedures for reporting lost or stolen property. For the purpose of this document, “property” is defined as:

1. Items valued at \$100 or more which are owned by the South Carolina Department of Disabilities and Special Needs (DDSN) including, but not limited to computers, cell phones, vehicles, tools, supplies and equipment (DDSN Property), and
2. Items owned by DDSN employees which are lost or stolen from the employee’s workplace (personal property).

PROCEDURES:

I. DDSN Property

It is the responsibility of all DDSN employees to be good stewards of the DDSN property with which they are entrusted. Being “good stewards” of DDSN property at a minimum includes ensuring DDSN property is used for the benefit of agency and ensuring DDSN property is securely kept/maintained. While every effort may be made to securely keep DDSN property, it may still be lost or stolen.

When DDSN property valued at \$100 or above is suspected or determined to be lost or stolen (missing), the employee entrusted with the property must report the occurrence as soon as the property

is discovered to be missing. Failure to report missing property could result in disciplinary action up to and including termination. Reports of missing property must be made by the entrusted employee as follows:

- When the missing property is a mobile device including, but not limited to, cell phones, computers, tablets, and removable media, which is used to access DDSN data or the DDSN Network:
 - First, report to DDSN's Information Technology Division via the Helpdesk (Refer to DDSN Directive 367-32-DD: Information and Security Privacy).
 - Second, report to the:
 - Chief Information Security Officer when the employee is assigned to Central Office;
 - Facility Administrator (or his/her designee) of the DDSN Regional Center to which the employee is assigned; or
 - Director of Facility Operations (or his/her designee) when the employee is assigned to a DDSN-Operated Residential Habilitation setting.
- Other missing property (e.g., tools, equipment, supplies) must be reported to the:
 - Procurement Director when the employee is assigned to Central Office;
 - Facility Administrator (or his/her designee) of the DDSN Regional Center to which the employee is assigned; or
 - Director of Facility Operations (or his/her designee) when the employee is assigned to a DDSN-operated Residential Habilitation setting.

Chief Information Security Officer, Procurement Director, Facility Administrator, or Director of Facility Operations will be responsible for ensuring the occurrence is accurately documented, investigated (if appropriate) and reported to in accordance with other DDSN policy (e.g., a missing mobile device is reported to the Information Technology Division; missing property is reported as an adverse operational event).

The Missing Property Report form (Attachment) should be used to document the details of an occurrence, including:

- A description of the property (e.g., type, DDSN Decal number, etc.).
- The circumstances of the occurrence or discovery (date/time, place, etc.).
- Actions taken by the entrusted employee to recover. If a report made to a law enforcement entity, a copy of the report should be attached.
- The results of an internal investigation (if conducted).
- Confirmation of the completion of reporting to other DDSN staff (e.g, IT, Adverse Event, etc.).
- Any recommendations for prevention of future occurrences.

Completed Missing Property Report forms which document the loss of DDSN property will be maintained by the Procurement Director, Facility Administrator, or Director of Facility Operations. Copies of the completed forms will be provided to the following DDSN staff:

- Director of Internal Audit.
- Chief Financial Officer.
- Chief Information Security and Privacy Officer, if any confidential or protected health information was potentially compromised by the missing property.

II. Employee - Personal Property

While not prohibited, employees are strongly discouraged from bringing unnecessary personal property items into their workplace. Before choosing to bring personal property into the workplace, consideration should be given to the necessity having the item(s) at work and the ability to securely maintain the item(s) in the environment. DDSN will not be responsible for any lost or stolen personal property.

When the personal property of an employee is determined to be lost or stolen (missing) from the workplace, the employee should report the loss to the:

- Procurement Director when the employee is assigned to Central Office;
- Facility Administrator (or his/her designee) of the DDSN Regional Center to which the employee is assigned; or
- Director of Facility Operations (or his/her designee) when the employee is assigned to a DDSN-operated Residential Habilitation setting.

Note: The reporting of missing personal property to designated DDSN officials is not intended to limit in any way the right of an employee to report incidents perceived as unlawful to an appropriate policing authority.

The Missing Property Report form (Attachment) should be used to document:

- A description of the property.
- The circumstances of the occurrence or discovery (date/time, place, etc.).
- Actions taken to recover. If a report made to a law enforcement entity, a copy of the report should be attached.
- The results of an internal investigation (if conducted).
- Confirmation of the completion of reporting to other DDSN staff (e.g, IT, Adverse Event, etc.).
- Any recommendations for prevention of future occurrences.

Completed Missing Property Report forms which document the loss of an employee's personal property will be maintained by the Procurement Director, Facility Administrator, or Director of Facility Operations.

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: Missing Property Report

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

MISSING PROPERTY REPORT

**Immediately notify DDSN's IT Helpdesk (803-898-9767),
if the missing property is a device used to access DDSN data or the DDSN Network**

Section I:

Type of Property: DDSN Property Employee's Personal Property

Name of Employee Reporting the Loss or Property Owner (if personal property): _____

Description of the Missing Property (Provide as much information as possible. Include DDSN Decal number, if applicable):

Date property was last seen, where it was seen, and by whom: _____

Date property was first discovered missing: _____

Circumstances leading to the discovery of the missing property: _____

Actions taken to attempt to recover the missing property: _____

Section II:

Name and Title of the Person to whom the loss is being reported: _____

Actions taken in response to report (check if action taken and provide the additional information requested):

DDSN IT Notification:

Name of person who called the Helpdesk: _____

Date and time of call to Helpdesk: _____

Internal Investigation:

Date investigation opened and Name of Investigator: _____

Report made to local law enforcement entity:

Name of entity: _____

Person making report: _____

Date of reporting: _____

Section III:

Follow-up actions taken (check if action taken and provide the additional information requested):

Internal Investigation completed. Attach report of the findings of the investigation.

Report made to local law enforcement entity. Attach report.

Incident reported as Adverse Operational Event as required by DDSN Directive 100-21-DD.

Actions taken to prevent other occurrences. List actions: _____

Signature/title of person completing this form Date: _____

DISTRIBUTION (Indicate to whom copies of this completed form has been sent)

Chief Information Security and Privacy Officer Director-Internal Audit Division Director-Finance Division



Michelle G. Fry, J.D., Ph.D.

State Director

Janet Brock Priest

Associate State Director

Operations

Lori Manos

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Reference Number: 535-02-DD

Title Document: Human Rights Committee

Date of Issue: May 31, 1996

Date of Last Revision: June 16, 2022 **(REVISED)**

Effective Date: June 16, 2022

Applicability: DDSN-Operated Residential Programs; DDSN Regional Centers; DSN Boards; and Contract Service Providers

PURPOSE

This directive establishes policies and procedures for the establishment, and operation of a Human Rights Committee (HRC) at each Department of Disabilities and Special Needs (DDSN) Regional Center, DDSN-Operated Residential Programs, Disabilities and Special Needs (DSN) Boards and Contract Service Providers, and sets forth guidelines for the authority, role, and responsibility of such committees.

PHILOSOPHY

Individuals with disabilities are entitled to exercise their civil, political, social, economic and cultural rights on an equal basis with others. Each individual who receives services from DDSN is encouraged and assisted to exercise his/her rights as a citizen and as a service recipient. When an individual is unable to fully exercise their rights, it is the responsibility of society to safeguard and protect those rights. The Human Rights Committee serves as society’s representative to protect the due process rights of individuals receiving services from DDSN, DSN Boards, and contract service providers.

AUTHORITY

S.C. Code Ann. § 44-26-70 (2018) relating to the rights of individuals receiving services from DDSN requires that each DDSN Regional Center and DSN Board establish a Human Rights Committee. Contract service providers may either use the Human Rights Committee of the local DSN Board or establish their own Committee.

DDSN-Operated Residential Programs may utilize an existing Human Rights Committee of a DSN Board or of a DDSN Regional Center or it may establish its own Committee.

The regulations governing Intermediate Care Facilities for Individuals with an Intellectual Disability (ICF/IID) require the establishment of a specially constituted committee which functions as a Human Rights Committee to review, approve, and monitor programs to manage inappropriate behavior and other programs that involve risk to protection and rights. Policies and procedures of this directive are applicable to these specially constituted Committees.

ROLE

The role of the Human Rights Committee is to safeguard and protect the rights of individuals receiving services to ensure that they are treated with dignity and respect in full recognition of their rights as citizens as opposed to their rights as consumers, and to review and advise regarding issues which present ethical questions involving service recipients. It is not a “rubber stamp” committee which approves anything and everything that comes before it.

Members of the Human Rights Committee serve in an advisory capacity and are exempt from liability.

The Human Rights Committee is an entity separate from the service organization. It should not duplicate advocacy efforts that have been established to represent the rights and interests of individuals with disabilities or special needs, but shall serve in an adjunct capacity to those efforts.

Human Rights Committees shall develop bylaws for the conduct and operation of its committee that minimally include: a definition of “quorum,” and the distribution of the current agenda and prior meeting minutes to the members before scheduled meetings. At the discretion of the Human Rights Committee, appropriate staff or an advocacy representative may attend meetings. However, information shared, obtained, or disclosed during the conduct of the meeting is confidential and must not be disclosed.

The Human Rights Committee may organize into subcommittees for specific purposes in order to meet its responsibilities (e.g., medication review, behavior support plan review, grievance appeal, ethics review, etc.). Any business conducted by the sub-committees must be brought before the full committee for review and approval.

Minutes shall be taken of each meeting and shall reflect the date and time of the meeting, those Committee members present and absent, and a record of decisions and recommendations in a manner that readily identifies the issues reviewed, the decisions reached, and the follow-up that is necessary. A tape recorder may be used for this purpose. The minutes shall also reflect the names of others attending the meeting.

RESPONSIBILITIES

The Human Rights Committee is charged with the responsibility of protecting the due process rights of individuals receiving services and supports and functions to provide a community perspective in advising the Facility Administrator/Executive Director/CEO on the acceptability of procedures and programs involving rights issues.

Specific responsibilities include:

1. Review and approve all actions, practices or policies which restrict any individual’s rights.
2. Review and advise on policies and practices pertaining to the rights of individuals who receive services.
3. Review and approve individual habilitation plans prior to implementation which:
 - a. Restrict personal freedoms or rights.
 - b. Use restrictive or intrusive procedures as part of a Behavior Support Plan (e.g., restraint, door alarms, visual or auditory monitoring devices, locked cabinets or locked rooms where items needed or used by supported individuals are kept, time out, or aversive conditioning).

NOTE: Time out and aversive conditioning also require prior written approval of the DDSN State Director.
 - c. Use behavior control medications for behavior management.
4. Receive notification of the use of emergency restraints. Each Human Rights Committee, in coordination with DDSN, may establish its own mechanism for receipt of such reports.
5. Review and advise on research proposals to ensure that the rights, dignity and welfare of research participants are protected and they are not used as a source for research which is not associated with disability issues.
6. Receive notification of alleged abuse, neglect, or exploitation. Each Human Rights Committee, in coordination with DDSN, may establish its own mechanism to receive such reports.
7. Ensure that prior informed consent is obtained as set forth in S.C. Code Ann. § 44-66-10 (Supp. 2021) “Adult Health Care Consent Act” and DDSN Directive 535-07-DD: Obtaining Consent for Individuals Regarding Health Care - Making Health Care Decisions, when:
 - a. An individual considers participation in a research proposal approved by DDSN.
 - b. An activity, plan or procedure that intrudes physically, psychologically, socially, or has irreversible effects is proposed.

8. Review and advise on concerns of applicants for services, service recipients, or their representative when concerns cannot be resolved through other efforts. The Human Rights Committee shall review the concern at its next regularly scheduled meeting or within 30 days from the date of appeal to the Human Rights Committee. If a more expedient resolution (less than 30 days) is required as determined by the Human Rights Committee Chairperson or the Facility Administrator/Executive Director/CEO there should be a called meeting of the Human Rights Committee. Areas that may be reviewed by the Human Rights Committee include, but are not limited to:
 - a. Habilitation plans (day, residential, service coordination).
 - b. Program, supports, and service placement decisions.
 - c. Restriction of personal freedoms and rights.
 - d. Access to medical or habilitation (treatment) records.
 - e. Determination of a person's ability to give informed consent.
 - f. Program, supports, or service termination.
 - g. Refusal of treatment services.
9. Educate individuals supported and staff about the structure and purpose of the Human Rights Committee.
10. Advise the DDSN Regional Center, DDSN-Operated Residential Program, local DSN Board or contract provider on other matters pertaining to the rights of individuals receiving services and other issues identified by the Human Rights Committee or DDSN.

MEMBERSHIP

The DDSN State Director shall appoint members to each DDSN Regional Center Human Rights Committee upon recommendation of the Facility Administrator. Additionally, should the DDSN-Operated Residential Program choose to have its own committee, members will be appointed by the DDSN State Director upon the recommendation of the Associate State Director-Policy. The Director of a DSN Board or contract service provider shall appoint members to the Human Rights Committee.

Current employees of a DDSN Regional Center, DDSN-operated Residential programs, local DSN Board, or contract provider may not serve on their respective Human Rights Committees. Former employees may not serve on their respective Human Rights Committee. They may; however, serve on any other provider's Human Rights Committee at any time.

The Human Rights Committee is an independent, impartial entity.

Membership should reflect the cultural, racial, and disabilities diversity of the community in which it functions.

A minimum of not less than five (5) individuals shall be appointed to each Human Rights Committee. Membership shall include:

1. A user of DDSN services from any service area, representing those receiving services or a self-advocate nominated by the local self-advocacy group.
2. A family member of an individual who has an intellectual disability or related disability, autism, head and spinal cord injury or similar disability.
3. A representative of the community at large with expertise or demonstrated interest in services to individuals with an intellectual disability or related disability, autism, head and spinal cord injuries, or similar disabilities.
4. A community professional with expertise in behavioral or medical fields. This may include a physician, nurse, pharmacist, psychologist, etc.
5. Other community representatives (e.g., clergy, educator, lay citizen, etc.).

Exceptions to the minimum number, composition, and terms of service must be approved by the Associate State Director-Policy or his/her designee.

Members shall be appointed for three (3) years with terms of service staggered for the purpose of continuity. Members may be reappointed for two (2) additional consecutive terms. A chairperson shall be elected annually by the membership.

An attendance log shall be maintained and when a member fails to attend three (3) meetings without excuse from the chairperson or 50% of scheduled meetings within one (1) year that member shall be removed from the committee.

Board/Provider responsibility is one of support and resource; therefore, staff shall not serve as a member of the Human Rights Committee, but may serve in a staff capacity to the Human Rights Committee. The board/provider will provide clerical support to the Human Rights Committee.

The board/provider shall ensure that appropriate resource staff are available to the Human Rights Committee to provide expertise and assistance. Resource staff may include a physician, nurse, pharmacist, psychologist, or other professionals.

TRAINING

All new Human Rights Committee members shall receive training and orientation before attending a meeting that requires a vote. Members shall be afforded an opportunity to tour programs and services and meet individuals receiving services. Ongoing training shall be provided to the Human Rights Committee members to assist them in carrying out their responsibilities. This training shall occur at least annually or sooner if there is a change in the majority of committee members since the last training. A log of training shall be maintained and the training topics should include:

1. Rights of individuals with disabilities and special needs;

2. Due process;
3. Role and responsibilities of the Human Rights Committee;
4. Confidentiality, Informed consent, and release of information;
5. Disabilities (intellectual or a related disability, autism, head and spinal cord injuries, and related disabilities);
6. Behavior support;
7. Medications (including dosages, interactions, contraindications, and side effects);
8. Principles of least restrictive alternatives, normalization, inclusion, protection from harm, active treatment, individualized supports, quality of life issues, etc., and
9. HIPAA - members should receive privacy notice as a part of this training.
10. Other areas that may be specified by the Human Rights Committee or DDSN.

The Facility/Executive Director/CEO or his/her designee shall provide this training and shall be responsible for scheduling on-going training. A sample training manual compiled by DDSN is available on the agency website at [Human Rights Committee Training](#).

MEETINGS

The Human Rights Committees shall meet as often as necessary, but at least every other month six (6) times a year. Exceptions to this rule must be approved by the Associate State Director-Policy or her designee.

The Human Rights Committee shall assure that individuals whose rights may be restricted are afforded the opportunity to be present at the Human Rights Committee meeting and that they have the opportunity to present their wishes.

The Human Rights Committee shall assure that individuals coming before the Human Rights Committee are offered a personal representative to accompany them to the meeting to support him/her to speak or to speak on his/her behalf.

Case presentations coming before the committee shall include a summary. The presentation shall include all of the information needed for the committee's deliberations; however, all information that might identify the individual and the outcome of any discussion along with any recommendations shall be coded to protect the identity of the individual. If the individual and/or his/her representative attend the committee meeting, their attendance shall overrule the coding requirement.

Procedures shall be established for expedient review of emergency situations, which require a Human Rights Committee review and decision. Reviews may be accomplished through a subcommittee, telephone poll, mail, electronic mail, or other procedures established by the Human Rights Committee. The minimum number of contacts must equal the quorums defined in the By-Laws. Emergency review

procedures should be used when it is in the individual's best interest not to wait until the next regularly scheduled Human Rights Committee as determined by the Human Rights Committee Chairperson or Facility/Executive Director/CEO.

At its next regularly scheduled meeting, the full Human Rights Committee should be informed and the full Human Rights Committee shall approve or rescind the action when emergency approval procedures have been utilized. This provision shall not apply to the review of abuse, neglect, exploitation, and critical incidents.

Case presentations should include the following:

- Statement of concerns
- History of the concern
- History of intervention
- Current data
- Tardive Dyskinesia (TD) scores when applicable
- Recommended course of action
- Informed consent
- Individual's concerns
- Family concerns
- Measures for follow up and review

CONFIDENTIALITY

All information concerning individuals receiving services and their families and staff shall be considered confidential. All members of the Human Rights Committee shall sign a statement of confidentiality upon appointment.

QUALITY ASSURANCE

DDSN-Operated Residential Programs, DDSN Regional Centers, DSN Boards, and contract service providers shall develop quality assurance/improvement procedures for implementing this directive.

These procedures shall be indicated in the Quality Assurance/Improvement Plan.

DDSN-Operated Residential Programs, DDSN Regional Centers, DSN Boards, and contract service providers shall also develop monitoring procedures to ensure compliance with this directive.

The Facility/Executive Director/CEO or his/her designee shall regularly attend the Human Rights Committee meetings to assure the proper functioning of the Human Rights Committee.

Barry D. Malphrus
Vice Chairman

Stephanie M. Rawlinson
Chairman

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Greg Meetze
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Secretary
Gary Kocher, M.D.
Eddie L. Miller
David L. Thomas
Michelle Woodhead

Reference Number: 603-02-DD

Title of Document: Employee Health Requirements

Date of Issue: August 1, 1989

Date of Last Revision: June 16, 2022 **(REVISED)**

Effective Date: June 16, 2022

Applicability: Department of Disabilities and Special Needs (DDSN)
 Regional Center Employees

I. Pre-Placement Physical Examinations

A. All new employees, contract workers, and volunteers (working 10 hours or more per week) must have an assessment by a registered nurse, nurse practitioner, physician’s assistant or physician prior to employment placement. This assessment must determine the potential employee to be:

- 1) Capable of and physically fit to perform the job for which he/she is to be hired.
- 2) Free of obvious communicable disease.

All new and existing employees will receive screening for Tuberculosis in accordance with DDSN Directive 603-06-DD: Tuberculosis Screening.

II. Emergency Care

- A. Emergency care for employees experiencing acute illness and acute non-work-related injuries should result in referrals to emergency medical services by calling 911.
- B. For injuries which employees qualify for Workman's Compensation benefits, necessary emergency care will be provided by DDSN Regional Center medical employees, as is available, followed by respective DDSN Regional Center's approval.
- C. DDSN Directive 603-05-DD: Policy for Management of Occupational Exposure of Health Care Personnel to Potential Blood Borne Pathogens, will be followed for any employee who has a blood exposure.

III. Infection Control Guidelines

- A. Hepatitis B serology testing, if necessary, may be offered at no cost to the employees to help them decide whether or not to receive HBV vaccination. Hepatitis B vaccine shall be offered without cost to all employees.
 - 1). Six to eight weeks after completion of the Hepatitis B vaccine series, the employee will be offered Hepatitis B serology testing to see if Hepatitis B antibodies are present.
 - 2). If the person is sero-negative for hepatitis B antibodies after completion of the initial Hepatitis B vaccine series, the entire series should be offered again to the person. If the person refuses the second HBV series they will be considered a non-responder. If the person accepts the second HBV series, they should have Hepatitis B serology for antibodies repeated six to eight weeks after the last dose to determine antibody status. If the person's Hepatitis B antibody status remains negative, they will be considered a non-responder and no other HBV series will be given.
- B. No person infected with or a carrier of a communicable disease which may be transmitted in the work place or having uncovered boils or infected skin lesions, or an acute respiratory infection accompanied by an elevated temperature shall work in any area in which contact with individuals may occur.

IV. Health File

- A. A confidential health file will be kept on all employees for the duration of employment, plus 30 years. Access to/distribution of this information will be conducted in full compliance with appropriate state and federal law (to include HIPAA).

- B. The medical records of employees of DDSN who have worked for less than one year, need not be retained beyond the term of employment if they are provided to the employee upon the termination of employment.
- C. Employee Health records concerning an incident of exposure to bloodborne pathogens shall be maintained in a confidential file separate from other employee health records. They shall be maintained for the duration of employment, plus 30 years.

Barry D. Malphrus
Vice Chairman

Stephanie M. Rawlinson
Chairman

References:

603-05-DD: Policy for Management of Employee Exposure to Blood, Bloody Body Fluid or Body Fluids Designated As Infectious Occupational Exposures of Health Care Personnel to Potential Blood Borne Pathogens

603-06-DD: Guidelines for Screening For Tuberculosis

CFR 1910.20 OSHA Standards “Access To Employee Exposure and Medical Records”
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10027.

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

DDSN Infection Control Manual

Reference Number: 367-11-DD

Title of Document: Telephone Policy

Date of Issue: January 22, 2003

~~Effective Date: July 24, 2009~~

~~Last Review Date: October 28, 2016~~

Date of Last Revision: ~~October 28, 2016~~ June 16, 2022 (REVISED)

Effective Date: ~~July 24, 2009~~ June 16, 2022

Applicability: All DDSN Employees

PURPOSE:

The purpose of this policy is to document the Department of Disabilities and Special Needs (DDSN) procedures regarding the management and utilization of stationary telephones, cellular telephones, and State telephone credit cards. This policy also follows the regulations established by the South Carolina Department of Administration for local and long-distance calls. Employees who violate the provisions of this policy will be subject to disciplinary action, in accordance with the department’s progressive discipline policy and ~~may~~ will be required to reimburse the department actual charges.

SECTION I: STATIONARY TELEPHONES

The South Carolina Department of Administration has issued statewide regulations establishing the proper use of South Carolina state government telephone systems. These guidelines permit South Carolina state government employees to make reasonable use of state telephones while simultaneously guarding against abuse.

- A. The use of state government telephone services is limited to official business. It is a violation of S.C. Code Ann. § 16-13-400 (Supp. ~~2015~~ 2021), to abuse state

telecommunication services. In addition to official business calls, the following non-business telephone calls may be made using state telephone services, including, if necessary, long distance services paid for by the state.

1. Calls to notify the family, physician, etc., when an employee is injured on the job.
2. Calls to notify family of a schedule change when an employee (traveling on state government business) is delayed due to official business or a transportation delay.
3. An employee, traveling in the United States for more than one (1) night on state government business, makes a brief call to his or her residence (averaging no more than one (1) call per day).
4. An employee is required to work overtime without advance notice and calls within the local commuting area (the area from which the employee regularly commutes) to advise his or her family of the change in schedule or to make alternate transportation or childcare arrangements.

B. Permissible Calls

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

The following calls, if of a short duration, may be placed by an employee while on duty:

1. An employee makes brief daily calls to locations within the local commuting area to speak to a spouse or minor children (or those responsible for them, i.e., a school or day care center) to make certain of their well-being and/or safety.
2. The employee makes brief calls to locations within the local commuting area that can be reached only during normal working hours, such as a local government agency or a physician.
3. An employee makes brief calls to locations within the local commuting area to arrange for emergency repairs to his or her residence or automobile.
4. A call that reasonably could not be made at another time if it is of moderate duration and it does not adversely affect the performance of the state telephone system (e.g., unauthorized calls made in rapid succession to call-in contest on radio stations are considered detrimental to telephone system service levels).

C. Collect calls

Collect calls may be accepted if the person calling identifies the call as an emergency or the call is from a DDSN employee, commission member, client, or client family member. While the use of collect calls is not favored, if an employee anticipates or expects to make a collect call to DDSN, the switchboard should be informed in advance.

Employees are encouraged to secure a state telephone credit card prior to travel for use in making official business calls while in travel status. If a collect call is accepted, the name of the calling party and purpose of the call should be recorded and forwarded to the Facility Administrator, if at a DDSN Regional Center, or the Associate State Director-Administration otherwise.

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

SECTION II: CELLULAR TELEPHONES

Officials and employees who have been assigned a cellular telephone by DDSN must adhere to the following guidelines.

- A. To the extent possible, mobile communication device usage should be limited to official state government business. The employee will reimburse DDSN for any personal or unauthorized calls. Employees should use stationary phones when available and practical.
- B. No wireless device will be issued to any employee without the approval of the ~~Associate State Director-Administration~~ Chief Information Officer. Justification for the mobile device must be submitted by the requesting employee's supervisor detailing the need and usage.
- C. The Division of Information Technology will maintain a current inventory of all mobile communication devices. At a minimum the inventory shall include device description, employee who was issued the device and cellular vendor.
- D. The Division of Information technology will monitor the use of mobile communication devices. All unauthorized use will be reported to the ~~Director of the Division of Information Technology~~ Chief Information Officer and the employee's supervisor.
- E. All agency issued cell phones capable of storing data must have security activated that requires a password, ~~or~~ passcode, or Personal Identification Number to unlock the phone and gain access to its data.

SECTION III: STATE TELEPHONE CREDIT CARDS

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

Tom Waring	Beverly A.H. Buscemi, Ph.D.
Associate State Director Administration	State Director
(Originator)	(Approved)
<u>Barry D. Malphrus</u>	<u>Stephanie M. Rawlinson</u>
<u>Vice Chairman</u>	<u>Chairman</u>

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Reference Number: 367-11-DD

Title of Document: Telephone Policy

Date of Issue: January 22, 2003

Date of Last Revision: June 16, 2022 **(REVISED)**

Effective Date: June 16, 2022

Applicability: All DDSN Employees

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Vice Chairman

Stephanie M. Rawlinson
Chairman

FY22 Spending Plan VS Actual Expenditures as of 5/31/2022

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	\$ 579,574,169	\$ 151,355,227	\$ 730,929,396	\$ 120,241,441	REASONABLE
Percent of total spending plan remaining	100.00%	68.09%	17.78%	85.87%	14.13%	
% of FY Remaining					8.33%	
Difference % - over (under) budgeted expenditures					-5.79%	

* In May 2022, providers billed & paid by SCDHHS for approximately \$199.8 million in services (waiver services + state plan services). DDSN paid the \$ 48.5 million state match to SCDHHS recorded as a cash expenditure and the \$151,355,227 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