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DDSN Executive Memo

TO: Executive Directors of DSN Boards
CEOs of Private Service Providers
Residential Directors
Day Service Directors

FROM: Deputy Director Pat Maley

DATE: March 24, 2021

RE: **CHANGE** in Residential Licensing Procedures for the 4th Quarter, FY21 (April – June 2021)

Fiscal Year (FY) 21 residential licensing has been a challenge in a COVID-19 environment. DDSN thanks the residential provider network for their patience and flexibility. We started FY21 with provider self-assessments. In the Fall, DDSN shifted back to full Alliant licensing inspections. In January 2021, DDSN changed again to a hybrid model where providers completed self-assessments and Alliant conducted record reviews.

Based on provider feedback of the impact from the increased Alliant record reviews in the FY21 licensing process, licensing data collected to date, and still operating in a COVID-19 environment, DDSN has **CHANGED** the residential licensing procedures for the 4th Quarter, FY21 (April 1 – June 30, 2021). Effective April 1st through June 30, 2021, Alliant will cease records reviews, but providers will continue their self-assessments with a new, modified self-assessment tool titled, “4th Quarter, Fiscal Year 21 Provider Self-Assessment” [Attached to email containing this memo]. This modified self-assessment tool added a few more requirements needed to support HCBS Settings compliance.

Providers will be required to submit the “4th Quarter, Fiscal Year 21 Provider Self-Assessment Tool” prior to the expiration of the current license, and DDSN will issue a provisional license. For Licensing Reviews currently in progress, Alliant will continue to review those files and provide a Report of Findings to the provider agency. Day Program licensing will continue in the on-site review format.

To obtain a Provisional License, each provider agency will need to follow the procedures outlined below:

1. Each month, between April and June, DDSN Licensing staff will send each provider a listing of residential setting with licenses set to expire by the end of that month.
2. The provider's residential staff must complete the FY21Q4 Provider Self-Assessment Tool (also available under Business Tools) for each location.
3. For any indicators that are "Not Met," the provider will document corrective action on the Assessment tool, with the targeted date to complete the corrective action.
4. The Executive Director/President/CEO of the Provider Agency will sign the Self-Assessment for each setting and scan/return the signed document via email to license@ddsn.sc.gov by the 20th of each month, prior to the license expiration date.
5. DDSN will update the licensing information in the Service Provider Management (SPM) Module and issue a provisional license. The Provisional License will be in effect for one year or until an on-site inspection and a new license is issued.
6. Provider staff will be able to review/print the updated license on the first day of the following month.

If you have any questions about this process, please email license@ddsn.sc.gov.

Thank you for your assistance.

South Carolina Department of Disabilities & Special Needs
4th Quarter, FY21 Provider Self-Assessment Tool for DDSN Licensure (April 1- June 30, 2021)

Provider: _____ Date of Assessment: _____ Completed by: _____

- Setting Type: CTH I _____
 (Name/Address)
- CTH II _____
 (Name/Address)
- SLP II _____
 (Name/Address)

SCDDSN Licensed settings will utilize a Self-Assessment Process for inspections during the fourth quarter of FY21. The assessment may be completed by a coordinator level staff member and will require the review and approval of the Executive Director/Pres/CEO. Any item unmet at the time of the assessment requires an explanation and detailed description of the plan to address the issue. [NOTE: Requirements in red below are new requirements for 4th Quarter, FY21, which were not on previous FY21 self-assessments.]

Upon completion of the Self-Assessment, the provider should submit a scanned copy to License@ddsn.sc.gov. The original document must be maintained with provider files. *Traditional Licensing Inspections are expected to resume on July 1, 2021.*

#	Requirement	Met	Not Met	Comments	Plan to Address Issue	Completion Date
1	Sufficient staff shall be available 24 hours daily to respond to the needs of the residents and implement their programs.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
2	Fire extinguishers and smoke detectors are available and have been inspected to be in good working order.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
3	Carbon monoxide detectors are available, if conditions warrant.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
4	Monthly, quarterly, semi-annual fire sprinkler inspections are current.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
5	Setting is clean, free of obvious hazards with equipment in good working order.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
6	Well stocked first aid kit is readily accessible.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
7	Water temperature is no less than 100°, no more than 120°, if anyone is unable to self-regulate. Never over 130°	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
8	The bedrooms shall have operable window(s), with clear egress. The windows must be secure and operable without the use of special tools.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			

9	No common areas of the home are locked without appropriate modifications (cleaning supplies, kitchen, food, etc...)	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
10	Participants have keys to the home or apartment and keys to their rooms, unless otherwise specified in the participant's plan.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
11	Each resident must have opportunity and space for privacy within their room.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
12	No rights are restricted for any resident without due process and a plan to clearly restore the right.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
13	Each resident has a lease or legally enforceable residential agreement.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
14	Bathrooms (toilets/showers) are clean and in good working order, with lockable doors, unless justified.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
15	Flashlight on each level.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
16	Medications stored safely on site (unless justified), in secure, sanitary area with no expired medications.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
17	Medication logs are being reviewed monthly to ensure errors/events are documented and each location has a monthly medication error rate.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
18	Residents must have access to food at all times.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
19	Emergency food stores are present and in sufficient quantities. (At least one week's worth)	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
20	Personal protective equipment is available.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			

I hereby attest that the information provided in this document is true and accurate.

Executive Director/Pres/CEO

DDSN Use:
Date entered into SPM: _____