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Title of Document ICF/IID to CRCF Conversion Protocol

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Date of Last Revision: October 19, 2015 (REVISED)

Applicability: DSN Boards

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## **PURPOSE:**

To clarify procedures for converting the license of an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) to a Community Residential Care Facility (CRCF), or Community Training Home II (CTH-II) and assure these conversions are in the best interest of the consumers served.

### **I. ICF/IID TO CRCF CONVERSION**

#### **A. Resource Information**

1. Contact DDSN, Director of Engineering and Planning Division (803) 898-9793, to obtain or answer questions relating to:
  - a. Engaging design professional services to prepare necessary plans;
  - b. Applicable building codes;
  - c. State-wide and other Exceptions;
  - d. DDSN Plan Review;
  - e. DHEC Division of Health Facilities Construction (DHFC) Plan Review;

#### **DISTRICT I**

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

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

#### **DISTRICT II**

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

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

- f. Documentation required for Substantial Completion Inspection;
  - g. Architectural & Engineering Guidelines for Design Professionals;
  - h. DHEC Construction Project Information form;
  - i. Scheduling appointments with DHEC DHFC.
2. Contact your local disaster preparedness agency or DHEC Health Licensing (803) 545-4370 to obtain or answer questions relating to Emergency Disaster Plan requirements. The requirements are noted at <http://www.scdhec.gov/health/docs/PS-R084-20040904.pdf>.
  3. Contact the Department of Labor, Licensing & Regulation, Board of Long Term Care Administrators, (803) 896-4544, to obtain or answer questions relating to CRCF Administrator requirements. This information can be obtained from their web site at: <http://www.llr.state.sc.us/POL/LongTermHealthCare>.
  4. Contact the DDSN District Office, Waiver Enrollment Coordinator (864) 938-3292 to obtain or answer questions relating to procedures for ID/RD Waiver Slot Allocation and Enrollment.
- B. DDSN Review (Part 1)
1. Develop a written conversion plan, approved by DSN County Board members, outlining:
    - a. The justification for conversion;
    - b. Acknowledgement that consumers agree to receive ID/RD (or HASCI) Waiver services;
    - c. Meet CRCF level of care criteria;
    - d. Proposal serving those consumer who will not meet CRCF level of care;
    - e. Copies of Support Plans and Behavior Support Plans for consumers residing in ICF/IID proposed to be converted;
    - f. Commitment to continue to provide all services required by consumers who will reside in converted facility regardless of funding sources;
    - g. Current and projected budgets;
    - h. Proposed utilization of operational savings;
    - i. Proposed source of funding of required physical plant renovations.

**NOTE:** All consumers who will be living in the CRCF, and who are already assigned a funding band, will retain their funding band. New consumers from a DDSN Regional Center will be funded at a Band R Level. New consumers from the community will be assigned a Band G Level unless otherwise justified. See DDSN Directive 250-10-DD: Funding for Services for additional details.

2. Once developed, send the written conversion plan to your DDSN District Director. DDSN District staff may conduct an on-site review of the facility proposed to be converted. When approved, the DDSN District Director will send the plan (along with his/her recommendation) to the DDSN Central Office, Division of Cost Analysis & Community Contracts. Plans not approved by the DDSN District Director will be returned (along with written justification) to the provider for further consideration.
3. The Division of Cost Analysis and Community Contracts will forward the plan to the ID/RD Division for review. When approved, the plan (along with a written justification) will be returned to the Division of Cost Analysis. Plans not approved by the ID/RD Division will be returned (along with written justification) to the provider for further consideration.
4. The Division of Cost Analysis and Community Contracts will forward the plan to the Director of Engineering and Planning for review. At this time, the DDSN Engineering & Planning Division may schedule an on-site review of the facility to assess compliance with building and fire-safety codes that may impact the projected cost of the conversion. After the on-site review, the Director of Engineering will return the plan (along with a written recommendation) to the Director of Cost Analysis and Community Contracts Division.
5. When approved, the Director, Division of Cost Analysis and Community Contracts, will notify the provider in writing that the plan has received initial approval by DDSN.
6. When the plan is not approved by the Director of Cost Analysis and Community Contracts, it will be reviewed by the Associate State Director of Policy, Associate State Director of Operations and the Associate State Director of Administration prior to being returned to the provider (along with written justification) by the Director of Cost Analysis and Community Contracts Division.

C. DHEC Review (Part 1)

1. Once approval from the Director of Cost Analysis and Community Contracts is received, the provider should contact DDSN, Engineering and Planning Division to assist in the plan review process, including either review or preparation of the DHEC Construction Project Information form and contacting DHEC DHFC to request a plan review. A description of the requirement associated with the DHEC plan review is available from the DHEC web site at <http://www.scdhec.gov/Health/FHPF/HealthFacilityRegulationsLicensing/HealthcareFacilityConstruction/OverviewOfHealthcareConstructionSafety/>.

- a. Also at this time, submit the documents noted in Step 8 of the DHEC <http://www.scdhec.gov/Agency/docs/health-regs/61-15.pdf> to your DHEC Health Licensing inspector.
- b. At the same time, submit a request for exemption to a Certificate of Need review based upon permanent closure of a health care facility (see DHEC Regulation 61-15 Section 104.1.c. to:

South Carolina Department of Health and Environmental Control  
Bureau of Health Facilities and Services Development  
2600 Bull Street  
Columbia, SC 29201-1708

2. After the DHEC Health Facilities Construction inspector receives the request, they will coordinate the scheduling of the “plan review” meeting and any necessary on-site and construction visits through the DDSN Engineering and Planning Division.
3. When the facility meets the DHEC Health Facilities Construction requirements, DHEC Health Facilities Construction will issue an affidavit to the Division of Health Licensing.

D. DHEC Review (Part 2)

1. Make sure the facility complies with Regulation 61-84 (<http://www.scdhec.gov/Agency/docs/health-regs/R61-84-CRCF.pdf>). Pay close attention to Sections: 2701; 2702; 2704; 2715; 2717.E; 1300; 1700; 1601; 1703; 2716.C; 2717; 2200; 501.F; 1001.A.B; 903.E; 1402; 1307.A; 903.D; 1306.C; 1401.A; 502.A; 401.A.B; 901.A; 1201.A; 704.
2. The Director of Engineering will notify the Director of Cost Analysis and Community Contracts when the ICF/IID is within 45 days of conversion.  
  
The Director of Cost Analysis and Community Contracts will notify the provider in writing of final approval to convert. As DDSN is required to give DHHS 30 days’ notice of any ICF/IID license termination, the DHHS Division Director of Community Options must be copied on the notification of final approval to convert.
3. At this point the provider should electronically submit an Admission Discharge Transfer Request and secure a Medicaid ID/RD or HASCI waiver slot for consumers who will reside in the facility to be converted. **THE WAIVER SLOT MUST BE AWARDED AND FREEDOM OF CHOICE AND LEVELS OF CARE DETERMINATIONS COMPLETED PRIOR TO THE EFFECTIVE DATE THAT THE FACILITY WILL OPERATE AS A CRCF.** Contact the DDSN District Office Waiver Enrollment Coordinator at (864) 938-3292 for any

questions regarding the waiver slot awarding process. **LEVEL OF CARE DETERMINATIONS AND ALL ACCOMPANYING PAPERWORK SHOULD BE COMPLETED AND FORWARDED TO THE CONSUMER ASSESSMENT TEAM TWO (2) WEEKS PRIOR TO THE ANTICIPATED CONVERSION DATE.**

4. The regional DHEC Health Licensing Inspector within the Division of Health Licensing will contact the provider to schedule an on-site inspection.
5. When the facility passes the DHEC Health Licensing Review, the provider will be issued an effective date/license to operate a CRCF. At this time, a check or money order payable to DHEC (\$10 per licensed bed, or \$75 for 7 or less beds) should be submitted to the Regional DHEC Health Licensing Inspector within the Division of Health Licensing.
6. Once the CRCF license has been issued, return the original ICF/IID license, with an explanation as to why the license is being returned; date of the conversion, logistics of consumer moves and where previous ICF/IID records will be maintained to:

Director  
South Carolina Department of Health and Environmental Control  
Division of Health Licensing  
2600 Bull Street  
Columbia, SC 29201

and copy:

ICF/IID Program Manager Supervisor  
South Carolina Department of Health and Environmental Control  
Certification Division  
2600 Bull Street  
Columbia, SC 29201

7. Notify the DDSN Director of Cost Analysis at (803)-898-9806 to initiate a change in your DDSN/Provider contract.

## II. **ICF/IID to CTH CONVERSION**

### A. RESOURCE INFORMATION

1. Contact DDSN (803) 898-9691 to obtain DDSN residential habilitation standards and licensing application form.

The residential standards, as well as all DDSN policies, can be obtained from the following website at <http://www.ddsn.sc.gov/about/directives-standards/Pages/default.aspx>. The licensing application is an attachment

to DDSN Directive 104-01-DD: Certification and Licensure of Residential and Day Facilities.

2. Contact the DDSN District Office, Waiver Enrollment Coordinator at (864) 938-3368 for questions related to procedures for ID/RD (or HASCI) Waiver Slot Allocation and Enrollment.

**B. DDSN REVIEW (PART 1)**

1. Develop a written conversion plan, approved by DSN County Board members, outlining:
  - a. The justification for conversion;
  - b. Acknowledgement that consumers agree to receive ID/RD Waiver services;
  - c. Copies of Support Plans and BSPs for consumers residing in ICF/IID proposed to be converted;
  - d. Commitment to continue to provide all services required by consumers who will reside in converted facility regardless of funding sources;
  - e. Current and projected budgets;
  - f. Proposed utilization of operational savings;
  - g. Proposed source of funding of required physical plant renovations.

**NOTE:** All consumers who will be living in the CTH-II, and who are already assigned a funding band, will retain their funding band. New consumers from a DDSN Regional Center will be funded at a Band H Level. New consumers from the community will be assigned a Band G Level unless otherwise justified. See DDSN Directive 250-10-DD: Funding for Services for additional details.

2. Send the written conversion plan to the DDSN District Director. DDSN District staff may conduct an on-site review of the facility proposed to be converted. When approved, the DDSN District Director will send the plan (along with his/her recommendation) to the DDSN Central Office, Division of Cost Analysis and Community Contracts. Plans not approved by the DDSN District Director will be returned (along with written justification) to the Provider for further consideration.
3. The Division of Cost Analysis and Community Contracts will forward the plan to the ID/RD Division for review. When approved, the plan will be returned to the Division of Cost Analysis and Community Contracts. Plans not approved by the ID/RD Division will be returned (along with written justification) to the provider for further consideration.
4. The Division of Cost Analysis and Community Contracts will forward the plan to the Director of Budget & Engineering for review. At this time, the DDSN Engineering and Planning Division may schedule an on-site review

of the facility to assess compliance with building and fire-safety codes that may impact the projected cost of the conversion. The Director of Engineering and Planning will forward recommendations to the Associate State Director-Administration.

5. After the on-site review, the Associate State Director-Administration will return the plan (along with a written recommendation) to the Director of Cost Analysis and Community Contracts Division. When approved by the Director, Division of Cost Analysis and Community Contracts, he/she will notify the provider in writing that the plan has received initial approval by DDSN.
6. When the plan is not approved by the Director of Cost Analysis and Community Contracts Division, it will be reviewed by the Associate State Director of Policy, the Associate State Director of Operations and the Associate State Director of Administration prior to being returned to the provider (along with written justification) by the Director of Cost Analysis and Community Contracts Division.

C. DDSN REVIEW (PART 2)

1. The Director of Engineering will notify the Director of Cost Analysis and Community Contracts when the ICF/IID is within 45 days of conversion.

The Director of Cost Analysis and Community Contracts will notify the provider in writing of final approval to convert. As DDSN is required to give DHHS 30 days' notice of any ICF/IID license termination, the DHHS Division Director on Community Options will be copied on the notification of final approval to convert.

2. At this point the provider should submit an electronic Admission Discharge Transfer Request and secure a Medicaid ID/RD or HASCI waiver slot for consumers who will reside in the facility to be converted. **THE WAIVER SLOT MUST BE AWARDED AND FREEDOM OF CHOICE AND LEVELS OF CARE DETERMINATION COMPLETED PRIOR TO THE EFFECTIVE DATE THAT THE FACILITY WILL OPERATE AS A CTH-II.** Contact the DDSN District Office Waiver Enrollment Coordinator at (864) 938-3292 for any questions regarding the waiver slot awarding process. **LEVEL OF CARE AND ALL ACCOMPANYING PAPERWORK SHOULD BE COMPLETED AND FORWARDED TO THE CONSUMER ASSESSMENT TEAM TWO (2) WEEKS PRIOR TO THE ANTICIPATED CONVERSION DATE.**
3. Once the conversion plan has been approved by DDSN, a CTH-II application should be submitted to:

South Carolina Department of Disabilities and Special Needs  
Quality Management Division  
Post Office Box 4706  
Columbia, SC 29240

At the same time, submit a request for exemption to a Certificate of Need review based upon permanent closure of a health care facility (see DHEC Regulation 61-15 Section 104.1.c. <http://www.scdhec.gov/Agency/docs/health-regs/61-15.pdf>) to:

South Carolina Department of Health and Environmental Control  
Bureau of Health Facilities and Services Development  
2600 Bull Street  
Columbia, SC 29201-1708

4. DDSN Division of Quality Management will coordinate with the Director of Cost Analysis and Community Contracts and will notify you of the on-site inspection date/time.
5. Once a CTH-II license has been issued, return the original ICF/IID license, with an explanation as to why the license is being returned; date of the conversion, logistics of consumer moves and where previous ICF/IID records will be maintained, to:

Division Director  
South Carolina Department of Health and Environmental Control  
Division of Health Licensing  
2600 Bull Street  
Columbia, SC 29201

and copy to:

ICF/IID Program Manager Supervisor  
Certification Division  
2600 Bull Street  
Columbia, SC 29201

6. Notify the DDSN Director of Cost Analysis and Community Contracts Division at (803) 898-9806 to initiate a change in your DDSN/Provider contract.



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



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State Director  
(Approved)