

**South Carolina Department
of
Disabilities and Special Needs**



ADMINISTRATIVE AGENCY STANDARDS

Effective July 1, 2012

Effective July 17, 2015

Effective August 31, 2017

INTRODUCTION

The mission of the South Carolina Department of Disabilities and Special Needs (DDSN) is to assist people with disabilities and their families through choice in meeting needs, pursuing possibilities, and achieving life goals, and minimize the occurrence and reduce the severity of disabilities through prevention.

DDSN has embraced certain values that guide it in its efforts to assist people and their families and principles that are expected to be features of all services and supports. They are:

Values: Our Guiding Beliefs

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

Principles: Features of Services and Supports

Person-Centered
Responsive, efficient, and accountable
Practical, positive, and appropriate
Strengths-Based, results-oriented
Opportunities to be productive, and maximize potential
Best and promising practices

These Administrative Agency Standards serve as a foundation on which DDSN sponsored services and supports are provided. The standards set forth in this document, unless otherwise noted, will be used to evaluate all Agencies receiving funds from DDSN for service provision. Therefore, these standards are applicable to DSN Boards and Contracted Service Providers, including Financial Management Service providers.

GENERAL - 100

	STANDARD	GUIDANCE
101	The Agency has a clear statement of its mission that is consistent with DDSN’s mission and is reviewed regularly by the governing board/body.	
102	The Agency provides information about its mission, services, and relationships with major funding sources to service users, their family members/advocates, and the community at large.	
103	The Agency complies with all applicable federal and state laws and regulations.	
104	The Agency complies with all applicable policies, procedures, and standards issued by DDSN.	See Attachment 1
105	The Agency complies with the terms of its contract with DDSN.	
106	The Agency protects the rights of people.	
107	The Agency engages in activities that educate and inform people about the Agency itself, the abilities and talents of people with disabilities, local, state, and federal resources, and DDSN.	
108	The Agency has a records management system for tracking and safeguarding individual and Agency records and complies with applicable laws, regulations, and policies.	Reference: DDSN Directive 167-06-DD: Appeal procedure for facilities licensed or certified by DDSN DDSN Directive 368-01-DD: Individual service delivery records management
109	As required by DDSN, the Agency keeps information about its service users up to date on Therap, DDSN’s Consumer Data Support System/Service Tracking System and Waiver Tracking Systems.	The Therap modules required by DDSN can be found at: www.therapservices.net/southcarolina .
110	Agencies providing Residential Habilitation and/or Employment/Day services shall develop and implement a policy that specifies how the T-Log Module of Therap will be used by the Agency in all Residential and Employment/Day service locations.	“Employment/Day Services” includes Employment-Individual, Employment-Group, Day Activity, Career Preparation, Community Services and Support Center. Agency policy must require the use of the T-Log Module. The policy must specify the minimum frequency with which entries will be made and by whom. The policy must specify how the T-Log designation (high, medium, low) will be used by the Agency.

DISABILITIES AND SPECIAL NEEDS (DSN) BOARD: GOVERNING BOARD – 200

	STANDARD	GUIDANCE
201	When the Administrative Agency is a DSN Board, the Board of Directors (BOD) meets all state and local laws and regulations related to composition and operation.	SC Code Ann. §44-20-375 to 385 (Supp. 2011)
202	The membership of the BOD is representative of the community it serves.	
203	The BOD determines the general direction for the Agency by establishing policies pertaining to the operation of the Agency. These policies are reviewed at least annually by the Executive Director and reaffirmed by the Board. The Board of Directors will review, approve and document the vote in the minutes and the spending limits, to include credit cards, of the Executive Director on an annual basis.	<p>Policies include but are not limited to:</p> <ul style="list-style-type: none"> • Agency structure • Personnel • Preventing and Reporting Abuse • Reporting Critical Incidents • Fiscal Accountability • Staff training and Development • Emergency Response/Disaster Preparedness • Program and Services • Code of Ethics
204	Training is provided to members of the BOD within 90 days of appointment to the Board and their participation is documented.	See Attachment 2
205	The BOD participates in and oversees the fiscal management of the Agency and approves the annual budget, reviews comprehensive financial reports at every meeting and reviews an annual audit report including a written management audit letter.	Management audit letter comments are presented to the BOD by the external auditor or CPA.
206	All board meetings and minutes comply with the South Carolina’s Freedom of Information Act.	Minutes, policies, and by-laws must be consistent with state and local laws (SC Code Ann. §44-20-378).
207	<p>The BOD:</p> <ul style="list-style-type: none"> • Employs an Executive Director with at least a bachelor’s degree from an accredited college or university in a human services field of study and at least three (3) years of experience working with people who have disabilities with at least one (1) year of experience in supervision/administration, and • Delegates the authority for the day-to-day management of the Agency in accordance with written policy. 	
208	The BOD defines the expectations for the Executive Director’s performance and at least annually evaluates and provides feedback regarding performance.	

PRIVATE PROVIDERS: GOVERNING BODY - 300

	STANDARD	GUIDANCE
301	<p>When the Administrative Agency is a Contracted Provider, the governing body of the Contracted Provider determines the general direction for the Agency by establishing policies pertaining to the operation of the Agency. These policies are reviewed at least annually by the President/Chief Executive Officer (CEO) unless the provider agency is a sole proprietor partnership.</p>	<p>Polices include but are not limited to:</p> <ul style="list-style-type: none"> • Agency structure • Personnel • Preventing and Reporting Abuse • Reporting Critical Incidents • Fiscal Accountability • Staff training and Development • Emergency Response/Disaster Preparedness • Program and Services • Code of Ethics
302	<p>The governing body participates in the fiscal management of the Agency and approves the annual budget, reviews comprehensive financial reports at every meeting and reviews an annual audit report including a written management audit letter.</p>	<p>Management audit letter comments are presented to the governing board by the external auditor or CPA.</p>
303	<p>The governing body:</p> <ul style="list-style-type: none"> • Employs a President/CEO with at least a bachelor’s degree from an accredited college or university in a human services field of study and at least three (3) years’ experience working with people who have disabilities with at least one (1) year of experience in supervision/administration, and • Delegates the authority for the day-to-day management of the Agency in accordance with written policy. 	
304	<p>The governing body defines the expectations for the President/CEO’s performance and at least annually evaluates and provides feedback regarding performance.</p>	

MANAGEMENT – 400

	STANDARD	GUIDANCE
401	The Agency has in place clear lines of authority and written responsibilities for all staff members.	
402	A specific staff member must be named to administer the Agency in the absence of the President/CEO or Executive Director and be fully authorized to make decisions as the acting President/CEO or Executive Director.	
403	The President/CEO or Executive Director reviews all internal and external quality assurance reports and ensures implementation of Plans of Correction.	Examples of Quality Assurance Reports include, but are not limited to, Licensing Review Reports, DDSN Contract Compliance Review Reports, Certification Survey Reports for ICFs/ID.
404	When the Agency provides residential services, the Agency’s upper level management staff will conduct quarterly, unannounced visits to all residential settings, to assure that the staffing is sufficient and supervision is provided.	<ul style="list-style-type: none"> • “Residential setting” means a licensed, certified or assessed location in which Residential Habilitation is provided. • When the residential setting uses a shift model for staffing, visits during a year must include a visit made during each shift. • When the residential setting does not utilize a shift model (e.g., CTH-I, SLP-I), visits need only to be conducted quarterly and need not be conducted on third or overnight shifts. • When the residential setting is an SLP-II, overnight or 3rd shift visits in each apartment is not required. • Quarterly mean four times per year with no more than four months between visits. • When managers are used to conduct the unannounced visits, managers are not allowed to conduct visits in homes for which they are directly responsible, but are allowed to visit homes for which their counterparts are responsible. <i>NOTE: A manager, who is the immediate supervisor of any staff of the home, is considered to be “directly responsible.”</i> • Visits must be documented and documentation must include the date/time of the visit, the names of the staff/caregivers and residents present, notation of any concerns and the actions taken in response to the concern.
405	The Agency has a process for soliciting and analyzing feedback on services and supports from service users, their families/advocates, employees and as appropriate, other agencies.	
406	The Agency uses solicited feedback to improve or expand services.	
407	The Agency uses positive approaches in all service and support activities.	
408	The Agency promotes consumer choice and decision making in service delivery.	

PERSONNEL ADMINISTRATION – 500

	STANDARD	GUIDANCE
501	Adequate numbers of qualified staff are employed to enable the Agency to conduct business and provide services in accordance with applicable local, state and federal rules, regulations, and standards and with the Agency’s mission.	
502	The Agency maintains personnel policies and procedures which meet all governmental fair labor regulations, are approved by the Governing Board/Body, and are reviewed at least annually by the President/CEO or Executive Director.	
503	<p>The Agency has personnel policies and procedures for screening employees in order to minimize unnecessary and unreasonable risk and include, but are not limited to, the Agency’s position on the following:</p> <ol style="list-style-type: none"> a. Employee benefits; b. Procedures for hiring and recruiting including its position regarding the prohibition of hiring of people with substantiated allegations of abuse or neglect; c. Procedures for verifying references, previous employment, and credentials; d. Rules for employee conduct; e. Lines of authority for handling personnel matters including the disciplinary system to be used; f. The probationary period for new employees; g. The schedules for wages, hours, and salaries; h. Employee vacations, holidays, annual leave, sick leave, family sick leave, and staff absences; i. Initial and ongoing training, orientation, and skill developments for all staff ; j. Criminal background check; k. Drug screening; and, l. The use of screening, training, and supervision of volunteers. 	<p>DDSN Directive 406-04-DD: Criminal record checks and reference checks of direct caregivers, states, “As provided for in the SC Code of Laws Title 41, Chapter 1, Section 65, upon the written request by a prospective employer the following information may be released on a former employee:</p> <ol style="list-style-type: none"> a. Written employee evaluations; b. Official personnel notices that formally record the reasons for separation; c. Whether the employee was voluntarily or involuntarily released from service and the reason for the separation; and, d. Information about job performance. <p>Unless otherwise provided by law, an employer who responds in writing to a written request concerning a current employee or former employee from a prospective employer of that employee shall be immune from civil liability for disclosure of the above information to which an employee or former employee may have access. This protection and immunity shall not apply where an employer knowingly or recklessly releases or discloses false information.”</p>
504	<p>When the Agency is a DSN Board, it has a policy which prohibits the following:</p> <ul style="list-style-type: none"> • The employment of or contracting with a Board member or relative of a Board member. • Employment of a relative of the Executive Director. • A supervisor from supervising an employee who is a relative. 	
505	A position/job description is available for each position.	
506	The Agency keeps comprehensive personnel records for all employees.	<p>Employee records may include but are not limited to:</p> <ol style="list-style-type: none"> a. Application form, signed and dated which contains education, past work history, references and

	STANDARD	GUIDANCE
		<p>verification of references, past employment, and appropriate credentials, for the particular job;</p> <p>b. Job description that is signed and dated;</p> <p>c. Cumulative leave records;</p> <p>d. Performance evaluation performed annually;</p> <p>e. Personnel actions such as raises, promotions, commendations, etc.;</p> <p>f. Disciplinary action, in applicable with documentation of consultation and action taken;</p> <p>g. Authorization allowing agency to perform a criminal investigation (this may be part of the application);</p> <p>h. Systematic inspection of the official Department of Motor Vehicles driving record for employees who will be transporting participants;</p> <p>i. Verification, no more than 30 days old, that the employee is free from tuberculosis or other communicable diseases; and,</p> <p>j. Documentation via certified copies of educational and records that the employee meets all educational qualifications established by DDSN licensing and program standards.</p>
507	The Agency regularly evaluates and provides feedback to employees on their performance.	
508	The Agency informs employees annually of the False Claims Recovery Act, that the Federal government can impose penalties for false claims, that abuse of the Medicaid program can be reported, and that reporters are covered by Whistleblowers' laws.	A written statement is signed annually by all employees.
509	<p>The Agency complies with the provisions of the Deficit Reduction Act of 2005 - False Claims Recovery</p> <p>a. Establish written procedures for all employees, including management, and contractor or agent detailing information about the False Claims Recovery Act.</p> <p>b. Must have written policies detailing the entity's policies and procedures for detecting and preventing fraud, waste, and abuse.</p> <p>c. Employee handbook must contain:</p> <ul style="list-style-type: none"> • Discussion of the laws described in the written policies; • Rights of the employee to be protected as whistleblowers, and • Discussion of the entity's policies and procedures for detecting and preventing fraud, waste, and abuse. 	
510	The Agency shall comply with DDSN minimum salary requirements for direct care staff, service coordinators and early interventionists.	

	STANDARD	GUIDANCE
511	The DSN Board shall comply with State of South Carolina Employee Bonus Guidelines.	
512	<p>Employee Agreements concerning Fraud, Abuse, Neglect, and Exploitation:</p> <p>All Provider employees shall sign an annual statement that they understand that fraud, abuse, neglect or exploitation can lead to arrest and conviction and termination of employment. New employee training shall cover these issues.</p> <p>The Annual Statement should also include the following statement concerning the False Claims Recovery Act:</p> <p>“I am aware of the False Claims Act and that the Federal Government can impose a penalty on any person who submits a claims to the federal government that he or she knows (or should know) is false. I am also aware that I can report abuse of the Medicaid program and that I am protected by Whistleblower Laws.”</p>	

FISCAL MANAGEMENT –600

	STANDARD	GUIDANCE
601	The Agency manages its fiscal affairs in accordance with generally accepted accounting principles (GAAP) and sound business principles.	
602	The Agency’s assets and resources are properly insured.	To include but not limited to: a. Fire and causality; b. Liability; c. Vehicle; d. Bonding of officers, employees, and agents of the Agency who are authorized to handle or be responsible for the Agency’s and/or service users’ funds; e. Directors and officers insurance; f. Tort liability; and, g. Workers’ compensation.
603	Insurance types and amounts are reviewed and approved by the Governing Board/Body.	
604	All contracts and agreements to provide services are reviewed annually for appropriateness by the Governing Board/Body.	The method and review is determined by the Governing Board/body.
605	When an Agency charges for services, it has a fee schedule that has been approved in writing by the Governing Board/Body and by DDSN. The fee schedule is provided to the service users or their guardians upon request.	
606	DSN Boards grant equal access to Individual Family Support Funds to all who are eligible.	Refer to DDSN Directive 734-01-DD: Individual and family support stipend - state funding
607	The DSN Board shall provide DDSN copies of financial statements as of the end of each calendar quarter at a minimum. These financial statements shall include, but not be limited to, a statement of financial position and results of operations of fiscal year to date. The Provider shall present these financial statements to the DSN Board’s Board of Directors.	
608	The DSN Board shall submit an annual cost allocation plan prepared in accordance with Medicaid cost principles in accordance with DDSN Directive 250-05-DD: Cost Principles for Grants and Contracts with Community Providers.	
609	All expenditures of DDSN funds shall be in accordance with DDSN Directive 250-05-DD: Cost Principles for Grants and Contracts with Community Providers.	
610	The Agency shall submit a certified annual audit of its agency’s financial statements as specified in DDSN Directive 275-04-DD: Procedures for Implementation of DDSN Provider Audit Policy, by September 30th of each year for the prior year, unless DDSN provides an extension. The Provider also shall submit a reconciliation of the cost reports to the audited financial statements.	