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

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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~~ ~~2022~~), 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~~2022) 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.

E. Supervised Living Program-I (SLP-I): Supports are provided by qualified and trained staff to adults who need intermittent supervision and supports. Participants need support in their own apartment or home setting. Support is provided through a 15 minute-unit and support is available 24 hours per day by phone. An annual assessment is completed for each participation to verify support needs in their own setting.

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. Participants 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 ([Attachment A](#)) 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 Residential Services Request/Notification](#) 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](#) [700-09-DD: Determining Need for Residential Services](#).

For CTH-I Settings, a supplemental application is required (Attachment D). For SLP-I participants, an approved Assessment is required prior to service delivery, and annually thereafter (Attachment E).

*\*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](http://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.

**SITE CLOSURE:**

Whenever a DDSN licensed or certified setting must close, whether temporarily or permanently, a Site Closure Notification Form (Attachment F) must be submitted to DDSN. The reason for the closure must be stated, including the effective date and the expected duration of the closure. If renovations are completed within the setting, a new licensing inspection will be required prior to occupancy.

**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.

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Barry D. Malphrus  
Vice Chairman

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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)
- Attachment D: Supplemental Application for CTH-I Settings
- Attachment E: Supported Living Assessment
- Attachment F: Site Closure Form