



**SOUTH CAROLINA DEPARTMENT OF DISABILITIES  
AND SPECIAL NEEDS  
SUPPLEMENTAL APPLICATION TO OPERATE  
FOR COMMUNITY TRAINING HOME I (CTH-I) LICENSES**

In the Community Training Home-I (CTH-I) Model, personalized care, supervision and individualized training are provided in accordance with a service plan and the participant lives in a support provider’s home where they essentially become one of the family. CTH-I Support Providers are qualified and trained private citizens. They may be employed or contracted by a Residential Habilitation provider agency. Residential Habilitation services are coordinated through the direction and management of a Qualified Provider or Disabilities and Special Needs Board (herein known as the “licensee”).

A CTH-I Support Provider and all family members residing at their home address must meet background check requirements, as defined in DDSN Directive 406-04-DD: Criminal Record Checks and Reference Checks of Direct Caregivers. If additional adult family members return to the family home after the initial license is issued, the Provider/licensee must update their records and ensure appropriate background checks are completed. In addition, the Provider/Licensee sponsoring the CTH-I must attest to their ability to demonstrate compliance with DDSN Directives, Administrative and Service Standards, and Medicaid Policies. This includes, but is not limited to: compliance with Staff Qualifications and Training Requirements, Medication Administration Requirements, Infection Control Procedures, Incident Management Reporting (including allegations of Abuse/Neglect/Exploitation, Critical Incidents, and Death Reporting), Human Rights Committees, Risk Management, Quality Management, and timely handling of participant grievances.

CTH-I homes are private family homes and meet Office of State Fire Marshal Foster Home Regulations. Many CTH-I Support Providers previously served as Foster Parents and continue to support the participants in their home. It is important to distinguish the difference between Foster Care and the surrogate role with the paid service provider of an adult receiving Residential Habilitation, as a Medicaid service. Training must be provided to ensure the CTH-I Supports Provider understands their role in providing Care, Skills Training, and Supervision according to a specifically developed Plan of Support for the individual. The CTH-I Support Provider and Licensee are fully responsible for evidence of service delivery to support claims for Residential Habilitation.

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**CTH-I SETTING:**

CTH-I Setting/Name: \_\_\_\_\_

Physical Address (include zip code): \_\_\_\_\_

Phone Number (include area code): \_\_\_\_\_ Email Address: \_\_\_\_\_

**LICENSEE INFORMATION:**

Licensee/Qualified Provider Agency: \_\_\_\_\_

Name of Alternate Staff for Licensing Contact: \_\_\_\_\_

Phone Number (include area code): \_\_\_\_\_ Email Address: \_\_\_\_\_

**CTH-I SUPPORT PROVIDER/FAMILY SETTING**

For CTH-I or Respite locations, please identify all household members (including child(ren)):

FULL NAME	AGE	RELATIONSHIP TO CAREGIVER	BACKGROUND CHECKS COMPLETED

## RESPIRE/EMERGENCY CONSIDERATIONS

The Residential Services Provider must have an Emergency Plan available in the event the authorized CTH-I Support Provider becomes incapacitated or experiences an emergency which renders them unable to provide service delivery. In addition, the Residential Services Provider will need to establish procedures with the CTH-I Support Provider for any Respite needs and how the individual will continue to be supported in his/her home, or comparable setting of their choosing.

## TRANSFER TO ANOTHER RESIDENTIAL SERVICES PROVIDER ORGANIZATION

A CTH-I Support Provider may choose to contract with any Qualified Residential Services Provider. Each Residential Services Provider may establish the terms of their contracts with CTH-I Support Providers and any process for sharing licensing, training, or other records in the event the CTH-I Support Provider desires to contract with a different Qualified Provider organization. In addition, in compliance with DDSN Directive 406-04-DD: Criminal Record Checks and Reference Checks of Direct Caregivers, Residential Service Providers must provide a reference check for prospective CTH-I Support Providers when inquiries are made from other organizations. CTH-I Support Providers who are not in good standing are not eligible for transfer to another organization.

## TRAINING ASSURANCES FOR CTH-I SUPPORT PROVIDERS

- Yes    No   Has the CTH-I Support Provider been trained on the Licensee's policies for reporting allegations of Abuse, Neglect, and Exploitation, as well as other types of Critical Incidents?
- Yes    No   Has the CTH-I Support Provider been trained on the Licensee's competency-based Medication Technician Curriculum and documentation requirements regarding Medication Administration?
- Yes    No   Has the CTH-I Support Provider been trained on the Licensee's policies for resident's rights, behavior support, and prohibited practices?
- Yes    No   Have the CTH-I Support Provider and the Residential Habilitation participant agreed to the terms of a legally enforceable lease or residential agreement?
- Yes    No   Has the CTH-I Support Provider been trained on the individual's Support Plan and the expectations for Residential Habilitation, to include Care, Skills Training and Supervision?
- Yes    No   Has the CTH-I Support Provider been trained on the Licensee's expectations to maintain documentation to support Medicaid Claims for each date of service?

## ATTESTATION

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 result in enforcement actions as identified in DDSN Directive 104-01-DD: Certification and Licensure of DDSN Residential and Day Facilities and/or the DDSN/Provider Contract. The provider is responsible for maintaining evidence of service delivery to support claims.

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Executive Director/CEO of Provider Agency