From: Linguard, Christie
Subject: Meeting Notice - The Commission of the SCDDSN - Policy Committee Meeting - November 9, 2021
Date: Monday, November 8, 2021 10:54:23 AM
Attachments: November 9 2021 Policy Committee Packet.pdf

Good Morning,

The South Carolina Commission on Disabilities and Special Needs will hold an in person Policy Committee meeting on Tuesday, November 9, 2021, at 3:00 p.m. The Committee Meetings are held at the SC Department of Disabilities and Special Needs Central Administrative Office, 3440 Harden Street Extension, Columbia, SC. This meeting can also be viewed via a live audio stream at www.ddsn.sc.gov.

Please see the attached agenda and meeting packet for the Policy Committee Meeting.

For further information or assistance, contact (803) 898-9769 or (803) 898-9600.

Thank you.

POLICY COMMITTEE AGENDA
Commission of the South Carolina Department of Disabilities and Special Needs
3440 Harden Street Extension
Columbia, South Carolina

November 9, 2021 **3:00 p.m.**

1. Call to Order **Committee Chair Barry Malphrus**

2. Statement of Announcement **Lori Manos on behalf of Chairman Malphrus**

3. Invocation **Committee Chair Barry Malphrus**

4. Adoption of Agenda

5. Approval of Summary Notes from September 14, 2021 Meeting (pg. 1-2)

6. New Business:

A. 800-03-CP: South Carolina Commission on Disabilities and Special Needs Executive Limitations Policy (pg. 3-6)

B. Routing Selection of FY 22 List of Directives/Standards/Policies for Review in Third Quarter (**January to March**)

Section I. Retention by Policy Committee

- 200-08-DD: Travel Regulations (pg. 7-8)
- 200-13-DD: Travel Regulations for DSN Boards and Contracted Service Providers (pg. 9-10)
- 250-12-DD: Competitive Funding for Special Service Contract: Statewide Consumer/Family Support Networks (pg. 11-18)

Section II. Referred to Another Committee for Review/Revision: Finance and Audit Committee

- 250-05-DD: Cost Principle for Grants and Contracts with Community Providers (pg. 19-30)

Section III. Referred to Staff for Review/Revision

- 100-12-DD: AIDS Policy (pg. 31-34)
- 104-02-DD: ICF/IID Conversion Protocol (pg. 35-42)
- 502-04-DD: Short Term Admission Services in a DDSN Regional Center or Community ICF/IID (pg.43-45)
- 536-01-DD: Social Sexual Development (pg. 46-48)
- Behavior Support Services Standards (pg. 49-66)
- Respite Licensing Standards (pg. 67-69)
- Respite Program Standards (pg. 70-75)

7. Old Business:

A. 200-04-DD: Voluntary Contributions and Donations (pg.76-79)
B 503-01-DD: Individuals Involved with Criminal System (pg. 80-85)
C. 535-10-DD: Notational Voter Registration Act (Motor Voter) (pg. 86-89)

8. Status Update on Directives Referred to Staff

9. Adjournment – Next Meeting January 11, 2022

MEETING SUMMARY OF THE POLICY COMMITTEE
Commission of the South Carolina Department of Disabilities and Special Needs
3440 Harden Street Extension
Columbia, South Carolina
September 14, 2021

IN ATTENDANCE: Chairman, Barry Malphrus; Gary Lemel; David Thomas; Lori Manos; Steve Von Hollen, Pat Maley and Colleen Honey

1. Adoption of Agenda

Commissioner Malphrus requested committee members to adopt the agenda.

As there were no objections, agenda was adopted.

2. Approval of Summary Notes from the August 10, 2021 Meeting

Commissioner Malphrus requested committee members to adopt the summary notes.

As there were no objections, summary notes from the August 10, 2021 meeting were adopted.

3. New Business

A. 200-04-DD: Voluntary Contributions and Donations

After a brief discussion, staff were directed to make further adjustments. After approval by Chairman, staff are to post directive for external review.

B. 413-03-DD: Code of Conduct

After a brief discussion, it was determined General Counsel guidance was necessary regarding the differences between this directive and 534-02-DD: Procedures for Preventing and Reporting Abuse. This matter will be tabled until the January 11, 2022 meeting due to maternity leave.

C. 503-01-DD: Individuals Involved with Criminal System

After a brief discussion, staff were directed to make further adjustments. Will be reviewed again at the next meeting, November 9, 2021.

D. 535-10-DD: National Voter Registration Act (Motor Voter)

Although not part of the agenda (assigned to the Committee under 2nd quarter review), directive was discussed. Staff were directed to made revisions and present to the Committee at the next meeting November 9, 2021.

E. Routing Selection of FY22 List of Directives/Standards/Polices for Review in the Second Quarter

Directives were assigned quarterly instead of monthly on where they would be delegated for review.

4. Status Update on Directives Referred to Staff

502-10-DD: Transition of Individual from Regional Centers to Community
700-03-DD: Informed Choice in Living Preference for Intermediate Care Facilities for Individuals with Intellectual Disabilities
738-01-DD: Discharge Planning for those leaving Intermediate Care Facilities for Individuals with Intellectual Disabilities and Enrolling in the Intellectual Disability/Related Disability Waiver

Lori Manos indicated all three directives were posted for external review. Only one comment was received (after the due date), but was taken under advisement. Per Committee procedures, all were previously delegated to staff and will presented to the Commission for approval of revisions at the September 16, 2021 meeting.

5. Adjournment

Next meeting November 9, 2021

Constance Holloway
Interim State Director
Patrick Maley
Deputy Director
Interim Chief Financial Officer
Rufus Britt
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy

SOUTH CAROLINA Department OF Disabilities AND Special Needs

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Vice Chairman
Robin B. Blackwood
Secretary
Eddie L. Miller
Stephanie M. Rawlinson
David L. Thomas

Reference: Number:	800-03-CP	
Title of Document:	South Carolina Commission on Disabilities and Special Needs Executive Limitations Policy	
Date of Issue:	January 18, 2007	
Effective Date:	January 18, 2007	
Last Review Date:	April 15, 2021	
Date of Last Revision:	April 15, 2021	**(REVISED)**

The State Director of the South Carolina Department of Disabilities and Special Needs (DDSN) is selected and appointed by the Commission on Disabilities and Special Needs (Commission) and serves at its pleasure. The State Director is responsible for the operation of DDSN, subject to Commission policies and actions applied through Department Directives.

Only decisions of the Commission when acting as a body are binding upon the State Director. Decisions, instructions or requests of individuals are not binding on the State Director, except as specifically authorized by the Commission.

The State Director shall:

1. Maintain ethics and prudence in the operation of DDSN and conform DDSN to all federal, state, and Commission requirements, and protect DDSN assets. Make all decisions, take all actions, establish all practices, and develop all activities within the confines of the reasonable interpretation of the Commission's policies.

2. Hire adequate qualified personnel, and implement effective programs necessary to carry out the legislative mandate and Commission Ends policy.

3. Use resources effectively and efficiently and maintain transparency and accountability with the Commission through reports on services, finances, and other monitoring data necessary to the Commission's policy governance.

   a. An executive summary of all consultant contracts and any other contracts of $200,000 or more recommended by staff within a given fiscal year will be presented to the Commission to determine which contracts will be selected for their review.

      Present to the Commission for approval any contracts for procurement when the full contractual amount exceeds $200,000, excluding contract adjustments due to filling vacancies based on individual choice. Contracts with providers to increase capacity that exceed $200,000 must be presented to the Commission for approval. The Commission will receive a quarterly report of provider contract amendments below the required $200,000 individually approved threshold.

   b. Present to the Commission for approval any recommendations for the creation of new Capital Improvement accounts, as well as any re-scoping of Capital Improvement Projects after Commission approval. On an annual basis, provide the Commission a report of agency's Capital Improvement Projects with corresponding expenditures, as well as an explanation for any project lagging behind its expected completion timeframe.

   c. Present to the Commission for approval prior to implementation any recommendations for positions, programs, and/or divisions that result in the cost of the positions exceeding $200,000.

   d. Present to the Commission for approval all federal grant applications as soon as is practical and prior to actual receipt of funds.

4. Follow the personnel grievance procedures of the Division of State Human Resources of the Department of Administration.

5. Communicate effectively with the Commission, DDSN staff and the public, make the Commission aware of relevant trends, anticipated adverse media coverage, material change, or assumptions on which Commission policy has been established.

6. Clearly present information necessary for monitoring, making decisions, and for policy deliberations without using acronyms whenever possible.

7. Inform the Commission when, in the opinion of the State Director, the Commission is not in compliance with its own policies.

8. Inform the Commission quarterly of the number of all DDSN state employee, contracted personnel and volunteer discrimination and harassment and sexual harassment complaints pursuant to DDSN Directive 413-08-DD: Anti-Harassment.

9. The DSN Commission retains its authority to revise and approve all existing and new Commission Policies, Department Directives, and Service Standards. However, the DSN Commission delegates authority and responsibility to the Policy Committee to establish procedures to coordinate the review, revision, and recommendation of all policies to the full DSN Commission. The State Director's role in the review, revision, and approval of agency policies will be set by the Policy Committee Procedures.

10. The Commission will remain apprised of any anticipated, significant changes to the following:

    a. The service delivery system, or increase restrictions in reporting abuse, neglect, exploitation, critical incidents or sexual assault, prior to implementation.

    b. The responsiveness in person-centered services as expressed in a money-follows-the-individual concept/practice and consumer choice of provider.

    c. Establishment of advisory councils for those supported and/or families by county DSN boards and contracted service providers, and regional and local human rights advisory groups.

    d. Quality management of administration, finances, program and service delivery functions such as standards, licensing/certification and reviews, independent quality review, consumer/family surveys, annual independent financial audits, periodic compliance audits, special audits, critical incident reporting/tracking, abuse/neglect/exploitation reporting/follow-up.

11. Present assessments to the Commission for approval of any proposed procedures and actual assessment instruments being considered for use in the allocation of resources to those eligible for DDSN services.

12. Enforce directives concerning eligibility of applicants and make final decisions on sequence of admissions.

13. Oversee the Internal Audit Director administratively according to an annual work plan, while not restricting the auditor's independence or the functional oversight of the Commission. The State Director shall obtain Commission consent before hiring or firing the Internal Audit Director.

14. Deal with the Commission as a whole except when individuals are specifically authorized to speak for the Commission.

15. Present to the Commission for review and approval any recommendations for changes.

16. Implement an interim policy when faced with a time-sensitive decision. The State Director is encouraged to attempt to consult with all members of the Commission whenever possible prior to implementation of the interim policy. The State Director will present the interim policy to the full Commission at the next Commission meeting.

17. Present to the Commission for approval recommendations for a new DDSN-operated Home and Community Based Services (HCBS) Waiver and/or recommendations for changes to existing DDSN-operated HCBS Waivers prior to making an official request to SCDHHS.

18.[1] In order to assist the Commission in making recommendations to SCDHHS concerning the implementation and operation of all programs it operates directly or through contracted Providers, the State Director will submit relevant information to the Commission concerning all changes being considered by SCDHHS that would affect the administering of federal funds for programs governed by DDSN, including but not limited to:

- Rates and proposed changes in rates.
- Billing methodology for Providers contracted with DDSN, including recommending which agency providers are to bill for services.
- Timelines of implementation for program changes, billing changes, or rate changes.

19. The State Director shall keep the Commission informed of all matters involving inquiries from the Centers for Medicare and Medicaid Services (CMS) regarding DDSN services and/or programs of which the State Director is aware.

Barry D. Malphrus
Vice Chairman

Gary C. Lemel
Chairman

[1] SECTION 44-20-270. Administration of federal funds.

The department is designated as the state's intellectual disability, related disabilities, head injuries, and spinal cord injuries authority for the purpose of administering federal funds allocated to South Carolina for intellectual disability programs, related disability programs, head injury programs, and spinal cord injury programs. This authority does not include the functions and responsibilities granted to the South Carolina Department of Health and Environmental Control or to the South Carolina Department of Vocational Rehabilitation or the administration of the "State Hospital Construction and Franchising Act".

Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy
Thomas P. Waring
Associate State Director
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Vicki A. Thompson

Reference Number:	200-08-DD
Title of Document:	Travel Regulations
Date of Issue:	April 1, 1988
Effective Date:	April 1, 1988
Last Review Date:	December 5, 2016
Date of Last Revision:	December 5, 2016 **(REVISED)**
Applicability:	All Employees and Commission Members of the South Carolina Department of Disabilities and Special Needs

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I. PURPOSE

This Departmental Directive establishes a uniform travel policy designed to achieve maximum economy in the performance of travel necessary when conducting official department business and to ensure the employees and commission members of the South Carolina Department of Disabilities and Special Needs (DDSN) are fairly reimbursed in accordance with state regulations.

II. APPLICABILITY

These procedures should be followed by all employees and Commission members of DDSN.

III. POLICY

Travel should be reimbursed for allowable items up to the amounts allowed by state and federal regulations unless the State Director has established a more restrictive limit. Current regulation and reimbursement guidelines can be found in Sections 1.7 and 3.9 of the DDSN Finance Manual located on DDSN's Microsoft Office SharePoint Server (MOSS).

Claims for travel reimbursements should be made using official DDSN and Comptroller General's Office reimbursement forms as referenced in Section 3.9 of the Finance Manual. All

reimbursement claims must be approved by the employee's immediate supervisor before forwarding for processing.

Overnight travel requests require the prior approval of the State Director or the Associate State Director–Administration via a "Permission for Travel" form. If travel expenses must exceed allowable limits, prior approval must be obtained from the State Director using a "Request for Lodging in Excess of Allowable Cost" form. These forms are located in Section 3.9 of the Finance Manual.

A hotel bill for an employee on authorized Agency business may be submitted directly to DDSN if a prior agreement to bill is obtained from the hotel in advance of the stay. The agreement by a hotel to accept an agency purchase order constitutes prior agreement. It is the responsibility of regional purchasing officials to obtain a hotel's agreement prior to issuing a purchase order. Hotel reservations should be made in accordance with Section 1.7.5 of the Finance Manual.

The maximum hotel lodging rate allowed while in approved overnight travel status is an amount consistent with current federal government travel regulations. The United States General Services Administration (GSA) website (www.gsa.gov) displays current maximum lodging rates by destination city. If a traveler's destination city is not listed, the current standard rate should then be applied as stated on the GSA website. If the maximum lodging rate must exceed allowable limits, approval of the State Director is required as stated previously. Refer to Sections 1.7 and 3.9 of the Finance Manual.

If Agency approved travel includes the expense of airline tickets and hotel lodging, purchase for airline tickets may be made using a state purchasing card. Hotel lodgings must be billed directly to DDSN as per above, or purchased by the individual and claims for reimbursements made using official DDSN and Comptroller General's Office reimbursement forms as referenced in Section 3.9 of the Finance Manual. The guidelines for such purchases can be found in Sections 1.7 and 3.37 of the Finance Manual.

Advance payment for travel and subsistence should be made only under exceptional circumstances and upon approval of the State Director. Approval must be consistent with current Comptroller General's Office rules and regulations.

Travelers on official DDSN business should utilize state vehicles in lieu of personal vehicles. In order to be reimbursed for mileage in the event that a private vehicle is used, employees must obtain documentation that either a state vehicle was not available or that special permission to use a private vehicle was granted via a "Certificate of Non-Availability of State Vehicle." (Refer to Section 3.9 of the Finance Manual.) The standard business mileage reimbursement rate for use of a personal vehicle when no state vehicle is reasonably available is consistent with the current state appropriations act and can be found in Section 1.7 of the Finance Manual.

Tom Waring
Associate State Director-Administration
(Originator)

Beverly A.H. Buscemi, Ph.D.
State Director
(Approved)

Mary Poole
State Director
Patrick Maley
Deputy Director
Rufus Britt
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Reference Number:	200-13-DD
Title of Document:	Travel Regulations for Disabilities and Special Needs Boards and Contracted Service Providers
Date of Issue:	March 15, 2013
Effective Date:	March 15, 2013
Last Review Date:	February 20, 2020
Date of Last Revision:	February 20, 2020 **(REVISED)**
Applicability:	All DSN Boards and Contracted Service Providers

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I. PURPOSE

This departmental directive provides a uniform travel policy designed to achieve maximum economy while traveling on administrative related business. A traveler on administrative business should exercise the same care in incurring expenses and accomplishing an assignment that a prudent person would exercise if traveling on personal business. Excessive costs, indirect routes, delays or luxury accommodations that are unnecessary and unjustified in the performance of an assignment are not considered prudent. Transportation to and from points of arrival and departure should be accomplished by the most economical method.

Expenditures for travel shall not exceed those allowable under State of South Carolina travel regulations, which are the standard for South Carolina Medicaid cost reporting. Any deviations must receive prior written approval of provider management documenting the reasons and justification thereof.

II. APPLICABILITY

The policy for administrative travel outlined in this directive should be followed by all providers of service for the Department of Disabilities and Special Needs (DDSN), otherwise referred to as

"providers." Providers include contracted entities providing agreed upon services to individuals on behalf of DDSN.

III. POLICY

Travel expenses may be reimbursed for allowable items up to the amounts permitted according to the following referenced regulations, unless a more restrictive limit has been established by provider management. The regulations governing state travel are specified in the South Carolina Appropriations Act, General Provisions Section 89-X90, the State Plan under Title XIX of the Social Security Act and the Comptroller General's Office Policies and Procedures Manual (Subsistence: Section 3). A summary of those regulations follows:

Mileage

The South Carolina Appropriations Act allows for reimbursement of business use of a privately owned vehicle when agency vehicles are not reasonably available at a standard business mileage rate equivalent to the rate established by the Internal Revenue Service (IRS). Notification of the current mileage rate is distributed to providers in January each year by the DDSN Finance Office.

Lodging

Overnight travel requests require prior approval by the provider's Executive Director, or his/her designee. If approved, employees on official agency business more than 50 miles from the employee's headquarters or residence will be allowed reimbursement for expenses incurred for lodging not to exceed the current allowable rate for the destination city or county per the U.S. General Services Administration's website (www.gsa.gov).

Meals

Reimbursement for employee meal expenses will be allowed only when there is overnight travel. Exceptions may be approved by the provider's Executive Director. If an employee's travel is approved, the employee may be reimbursed for the actual expenses incurred in obtaining meals, not to exceed $35 per day, except in areas outside of South Carolina. In this event, the maximum daily reimbursement for meals shall not exceed $50.

Robin Blackwood
Vice-Chairman

Gary Lemel
Chairman

Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
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Reference Number:	250-12-DD
Title of Document:	Competitive Funding for Special Service Contract: Statewide Consumer/Family Support Networks
Date of Issue:	December 18, 2012
Effective Date:	December 18, 2012
Last Review Date:	October 28, 2016
Date of Last Revision:	October 28, 2016 **(NO REVISIONS)**
Applicability:	Non-Profit Statewide Service Providers

This document formalizes procedures and forms utilized for the submission of requests for funding for special projects that strengthen and expand statewide consumer/family support networks relevant to the mission of the South Carolina Department of Disabilities and Special Needs (DDSN). The form utilized is the "Competitive Funding for Statewide Consumer/Family Support Networks – Special Projects Application."

Contingent upon available funds and past funding levels to an applicant organization, up to six (6) projects, $25,000-$65,000 each will be funded through a competitive selection process each fiscal year.

90 days prior to any posted request for proposals, modified selection criteria must be reviewed and approved by the DDSN Commission. Requests for proposals will be posted on the Department's website in May of each year.

Non-profit organizations which meet the following criteria are eligible and encouraged to submit a proposal:

- Must be a statewide organization
- Must be the state affiliate of a national consumer/family support network

- Must lead a network of local/regional units
- Must target one or more disability populations served by DDSN
- Must not be on South Carolina Secretary of State's List of Suspended Charities or its Annual "Scrooge" List

Proposals must focus on efforts which:

- Complement, but do not duplicate, DDSN functions/services
- Extend access to information about disabling conditions and relevant resources
- Offer outreach to non-English speaking people with disabilities/families
- Assist people with disabilities/families to connect with peers and support groups
- Improve the effectiveness of peer mentors and support groups
- Enhance individual/family self-advocacy
- Expand social/recreational opportunities for people with disabilities/families
- Provide visibility and organizational leadership for one or more disability groups
- Promote multi-organization linkages and collaboration

Each proposal will be reviewed and scored by the DDSN Special Projects Selection Committee. The DDSN Special Projects Selection Committee will consider the following criteria in evaluating proposed projects:

- Clear and appropriate goal(s) and objectives
- Specific and appropriate implementation activities
- Scope and expected impact of the project
- Compatibility with DDSN mission and services
- Direct/indirect benefits to people with disabilities/families
- Adequate and justified budget; cost-effectiveness
- Capability to administer a DDSN contract

The DDSN Special Projects Selection Committee will be comprised of six (6) members. The Director of Budgeting and Planning will serve as facilitator of the group. Five Committee members are designated scoring members. The Selection Committee is noted below:

Director of the Autism Division	(Scoring Member)
Director of the Head and Spinal Cord Injury Division	(Scoring Member)
Director of the Intellectual Disabilities Division	(Scoring Member)
Director of Budgeting and Planning	(Facilitator)
Director of Cost Analysis and Community Contracts	(Scoring Member)
District Director-Operations Division (Directors will rotate each year)	(Scoring Member)

Each member may appoint a designee to serve on his/her behalf on the selection committee. Designees will assume scoring responsibilities of the original member.

DDSN Special Projects Selection

Applicant organizations approved through the competitive selection process will be issued a special service contract. Projects must be implemented between July 1 and June 30 of the subsequent fiscal year. For those entities approved through this competitive selection process, a year-end report documenting programmatic results/outcomes is required. Additionally, a year-end report of funds expended or a year-end financial statement is required of each entity per contractual requirements.

Thomas P. Waring
Associate State Director-Administration
(Originator)

Beverly A. H. Buscemi, Ph.D.
State Director
(Approved)

To access the following attachments, please see the agency website page "Attachments to Directives" under this directive number at http://www.ddsn.sc.gov/about/directives-standards/Pages/AttachmentstoDirectives.aspx.

Attachment 1: Competitive Funding for Statewide Consumer/Family Support Networks – Special Projects Application

South Carolina Department of Disabilities and Special Needs
Competitive Funding for FY _____ Special Projects:
Statewide Consumer/Family Support Networks

Application

Project Title: _____

Funding Requested: $_____

Applicant Organization: _____

Federal or Tax Identification Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Project Director: _____

Title: _____ E-Mail: _____

Telephone: ( )_____ FAX: ( )_____

Fiscal Administrator: _____

Title: _____ E-Mail: _____

Telephone: ( )_____ FAX: ( )_____

Project Narrative

I. Disability population(s) to be the target of the project:

II. Project Description:

Provide an overview of the project's purpose, scope, major activities, and expected outcomes.

Include linkages and collaboration with other agencies/organizations.

III. Project Goals(s) and Objectives: List the project goal(s) and objectives

IV. Project Implementation Activities:

Using the following form, specify the activities that will be implemented to accomplish each objective. Complete a separate form for each objective.

Project Implementation Activities

Goal: _____

Objective: _____

List Activities		Person(s) Responsible	Target Date(s)	How the activity will be documented/evaluated

V. Project Budget

Attach an itemized project budget with estimated expenditures reflecting all the funds requested from DDSN.

Indicate any other revenue that will be used for the proposed project, specifying the source and how it will be spent.

VI. Budget Justification

Attach a budget justification explaining each of the estimated expenditures. This should include how the budgeted amount was determined and why it is necessary for the project.

VII. Certification

The application must include the signature below of the President or Executive Director of the organization to certify that it is an official submission by the applicant.

_____
Signature

_____
Name Typed or Printed

_____
Title Typed or Printed

_____
Date

VIII. Submission

The completed application and budget attachments (original and four copies) must be submitted by **May ____, 20___** to:

Equila Kershaw, Budget Division
SC Department of Disabilities and Special Needs
PO Box 4706
Columbia, SC 29240

Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Susan Kreh Beck
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Website: www.ddsn.sc.gov

Reference Number:	250-05-DD
Title of Document:	Cost Principles for Contracts and Grants with Contracted Providers
Date of Issue:	April 1, 1989
Effective Date:	April 1, 1989
Last Review Date:	November 3, 2016
Date of Last Revision:	November 3, 2016 **(REVISED)**
Applicability:	All DSN Boards, All Financial Managers, All Contracted Service Providers

I. PURPOSE

This directive establishes principles for determining costs of services provided under contracts, grants and other agreements between the South Carolina Department of Disabilities and Special Needs (DDSN) and Disabilities and Special Needs Boards, Financial Managers, and other contracted service providers hereafter referred to collectively as "providers." The principles are designed so that the state and federal governments bear their fair share of costs except where restricted or prohibited by law. The principles do not attempt to prescribe the extent of funding for contracts, grants, or other agreements. Provisions for profit or other increments above cost are outside the scope of this directive.

II. APPLICABILITY

These principles shall be used in determining the costs of work performed by providers under contracts, grants, and other agreements issued by DDSN. All of these instruments are hereafter referred to as "awards."

III. GENERAL PRINCIPLES

A. Basic Considerations

1. Composition of Total Cost

The total cost of a service is the sum of the allowable direct and allocable indirect costs less any applicable credits. Applicable credits would include cost reductions such as purchase discounts, rebates or allowances, insurance recoveries, and adjustments of overpayments.

2. Allowable Costs

To be allowable under an award, costs must meet all of the following general criteria. They must:

a. Be reasonable for the performance of the award and be allocable thereto under these principles.

b. Conform to any limitations or exclusions in the award or as stated in Attachment 1.

c. Be consistent with policies and procedures that apply uniformly to both state and federally financed/other activities of the organization.

d. Be accorded consistent treatment.

e. Be determined in accordance with generally accepted accounting principles.

f. Be adequately documented.

g. In the case of Medicaid (Title XIX, Social Security Act) funded programs, be consistent with applicable federal regulations and guidelines set forth in the Health Care Financing Administration's Provider Reimbursement Manual and the South Carolina State Medicaid Plan. For Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) contracts with DDSN, the federal regulations for ICF/IID shall take precedence over the State Medicaid Plan, as interpreted by DDSN.

3. Reasonable Costs

A cost is reasonable if, in its nature or amount, it does not exceed that which would be incurred by a prudent person under the prevailing

circumstances at the time the decision was made to incur the cost. Reasonable costs would be those required to be incurred by standards set by DDSN and program requirements established by the federal government for Medicaid-funded programs, as interpreted by DDSN. In determining the reasonableness of a given cost, consideration should be given to:

a. Whether the cost is of a type recognized in standards, regulations, and other guidelines as ordinary and necessary for the operation of the organization or the performance of the award.

b. The restraints or requirements imposed by such factors as generally accepted sound business practices, arms-length bargaining, federal and state laws and regulations, and terms and conditions of the award.

c. Whether the individuals concerned acted with prudence in the circumstances, considering their responsibilities to the organization, its members, employees and consumers, the public at large, and the government.

d. Significant deviations from the established practices of the organization which may unjustifiably increase the award costs.

4. Allocable Costs

a. A cost is allocable or assignable to an award in accordance with the relative benefits received. A cost is allocable to a DDSN award if it is treated consistently with other costs incurred for the same purpose in like circumstances and if:

i. It is incurred specifically for the award, or

ii. It benefits both the award and other work and can be distributed in reasonable proportion to the benefits received, or

iii. It is necessary to the overall operation of the organization, although a direct relationship to any particular award cannot be shown.

b. Any cost allocable to a particular award or other cost objective under these principles may not be shifted to other DDSN awards to overcome funding deficiencies or to avoid restrictions imposed by law or by the terms of the award.

B. Direct Costs

1. Direct costs are costs that can be identified specifically with a particular award.

2. Any direct cost of a minor amount may be treated as an indirect cost for reasons of practicality when the accounting treatment for such cost is consistently applied to all final cost objectives. For these minor cost areas, the accounting effort in charging costs directly is not commensurate to the results achieved.

C. Indirect Costs

1. Indirect (overhead) costs are those that have been incurred for common or joint objectives and cannot be readily identified with a particular award or other final cost objective. Direct costs of minor amounts may be treated as indirect costs under the conditions described in paragraph B. 2 above. After direct costs have been determined and assigned directly to awards or other work as appropriate, indirect costs are those remaining to be allocated to benefiting awards. A cost may not be allocated to an award as an indirect cost if any other cost incurred for the same purpose, in like circumstances, has been assigned to an award as a direct cost.

2. Because of the diverse characteristics and accounting practices of provider organizations, it is not possible to specify the types of costs which may be classified as indirect costs in all situations. However, typical examples of indirect costs for provider organizations may include the costs of operating and maintaining shared facilities and general administrative costs for executive directors, financial officers and shared secretarial staff, including salaries, fringe benefits and support costs.

IV. COST ALLOCATION PROCEDURES

A. Definitions

1. Cost Allocation Plan

A cost allocation plan is a document explaining the system used by a provider to measure and assign costs to awards and other cost objectives. When indirect costs are distributed among two (2) or more programs, the plan must explain methodology used to distribute these costs.

2. Cost Center

A cost center is a separate accounting unit to which costs are charged for an organization. A cost center may be established for each award or for each indirect cost center which needs to be allocated. A final cost center

is one established for an award: the costs charged there are not further charged or allocated. An intermediate cost center is an accounting unit whose costs are further allocated to other cost centers. For example, if operational and maintenance costs for a shared building are to be allocated or charged out, the separate cost center established for these costs is known as "intermediate."

B. Plan Preparation Requirements

Each provider shall maintain a cost allocation plan in accordance with the principles stated in this directive. The plan must include adequate narratives and schedules to explain the methodology used to distribute shared costs. The plan must include a detailed budget for all costs that are allocated. Any changes in methodology to cost allocation plans must be approved in advance by DDSN.

C. Allocation Methods

1. Simplified Allocation Method

a. Applicability:

When a provider does not operate Medicaid-funded programs, the simplified allocation method may be used.

b. Procedure for Charging Joint Costs:

Under this method all costs of the organization are treated as direct costs with the exception of general administrative costs. Joint shared costs such as rent, operation and maintenance of facilities, and telephone costs are prorated individually as direct costs to each award using the base most appropriate to the particular cost being prorated. Examples of allocation bases are listed in Attachment 2 to this directive.

c. Treatment of Indirect Costs:

Under the simplified method, indirect costs include only general administrative costs including costs of the Executive Director's office, accounting and clerical services, audit costs, and other costs not readily assignable to awards. These indirect costs are allocated to awards on the basis of total direct costs of the awards.

d. Plan Preparation Steps:

The following steps should be followed in preparing a cost allocation plan using the simplified method.

i. Establish clearly definable cost centers with the advice of auditors.

ii. Identify cost centers as either final or intermediate. Final cost centers are client service programs usually with separate contracts or grants. Charges to intermediate cost centers (for example: administration) must be further spread through the cost allocation plan.

iii. Estimate the total annual costs for all cost centers based on prior year actual figures or the current year budget. For contracts based on standardized award amounts, direct program costs – not DDSN established payment levels – should be used for the purpose of cost allocation.

iv. Determine the most reasonable allocation basis for each intermediate cost center. The bases chosen should closely reflect benefits received from service areas and also be feasible in terms of data collection. For allocating administrative and general management costs, including costs of DSN board executive director offices, total direct costs should generally be used. A list of possible allocation bases can be found in Attachment 2 to this directive.

v. Allocate all intermediate cost centers to all final cost centers that they benefit.

vi. Total the costs for all final cost centers. The totals represent the estimated full costs of operating the service programs.

2. Step-Down Allocation Method

a. Applicability:

When a provider operates Medicaid-funded facilities, the step down allocation method must be used. Providers without Medicaid-funded programs may use this method if it will make a significant difference in the allocation of indirect costs.

b. Overview of Plan Preparation:

Under this method of plan preparation, joint shared costs are pooled into intermediate cost centers. A separate intermediate cost center should be established for each cost area to be separately allocated. Typical

intermediate cost centers for DSN Boards include but are not limited to the following:

- Administration,
- Transportation,
- Facility costs including rent, utilities, and maintenance, and
- Day program costs when the day program serves the residential facilities funded by Medicaid.

Each intermediate cost center should be allocated to all other benefiting cost centers whether they are final or intermediate.

Three basic rules govern the allocation process:

i. Allocate first the cost centers benefiting the greatest number of other cost centers.

ii. A cost center should not be allocated back to itself.

iii. Once an intermediate cost center is allocated, it should receive no further allocations.

c. Plan Preparation Steps:

The following steps should be followed in preparing a cost allocation plan using the step-down method.

i. Establish clearly definable cost centers with the advice of auditors.

ii. Identify cost centers as either final or intermediate. Final cost centers are client service programs usually with separate contracts. Charges to intermediate cost centers must be further spread through the cost allocation plan.

iii. Estimate the total annual costs for all cost centers, based on prior year actual figures or the current year budget. For contracts based on standardized award amounts, direct program costs – not DDSN established payment levels – should be used for the purpose of cost allocation.

iv. Determine the order in which the intermediate cost centers should be allocated. Those centers that benefit the greatest number of other cost centers should generally be allocated first.

v. Determine the most reasonable allocation basis for each intermediate cost center. The bases chosen should closely reflect benefits received from service areas and also be feasible in terms of data collection. For allocating administrative and general management costs (home office costs), total direct costs must be used for Medicaid purposes when the organization provides a variety of services in addition to residential programs. A list of possible allocation bases can be found in Attachment 2 to this directive.

vi. Begin with the first intermediate cost center and allocate its cost to all other cost centers including intermediate and final. The costs of the cost center should not be allocated back to itself.

vii. Allocate, in succession, each of the other intermediate cost centers to all other cost centers except for centers that have already been allocated. Each cost center allocated is "closed out" and receives no further allocations. Continue the process until the costs of all intermediate cost centers are allocated to final cost centers.

viii. Total the costs for all final cost centers. The totals represent the estimated full costs of operating the service programs.

Tom Waring
Associate State Director-Administration
(Originator)

Beverly A.H. Buscemi, Ph.D.
State Director
(Approved)

To access the following attachments, please see the agency website page "Attachments to Directives" under this directive number located at http://www.ddsn.sc.gov/about/directives-standards/Pages/AttachmentstoDirectives.aspx.

Attachment A: Limitations on Costs for Awards with DDSN
Attachment B: Sample Allocation Bases for Shared Cost Areas

LIMITATIONS ON COSTS FOR AWARDS
WITH THE SOUTH CAROLINA
DEPARTMENT OF DISABILITIES & SPECIAL NEEDS

The following cost limitations shall apply to community program awards of DDSN.

1. Compensation for non-working provider officers

Disbursement of funds or other assets to an agency officer who has not performed in a work capacity is not an allowable cost. (This does not preclude transportation and other travel expenses related to attending agency board meetings and other agency related business from being reimbursed.)

2. Entertainment

The cost of non-consumer entertainment is not allowable for charges to DDSN awards.

3. Transportation

Transportation expenses to be reimbursable from grant funds must be either directly related to the provision of services for the recipient or integral to the operation of the program, provided they are not reimbursed from some other source. The expense of agency-owned automotive equipment by staff for personal business or non-work related transportation is not reimbursable from award funds.

4. Bad debts

Bad debts are not an allowable cost item from award funds. Bad debts should be treated as a deduction from income.

5. Donations

Donations or contributions are not allowable cost items from award funds. Donations are defined as a gift of cash or in-kind services to other organizations and/or persons external to the program activities funded through the award. This exclusion does not apply to funds paid to other organizations as part of contracts for specific services.

6. Non-consumer meals

Non-consumer meals are not allowable costs for award funds. Non-consumer meals are defined as meals consumed by parents, guests, and staff when staff attendance with the consumer is not programmatically mandatory.

7. Interest

Interest costs on borrowed funds which are required to provide program services to consumers, or reasonably related to consumer services, is reimbursable from grant award funds. The following examples of interest costs are not reimbursable by award funds:

a. Funds borrowed for investment purposes.
b. Funds borrowed to create working capital in excess of three months' operating costs.
c. Funds borrowed for the personal benefit of employees, officers, or board members of the provider.
d. Funds borrowed without prior written approval of DDSN for the purchase of land, buildings, and/or equipment for future expansion.
e. Interest costs in excess of prime interest paid by the provider to persons or organizations who are related to the provider through control, ownership, or family relations.
f. Interest paid to related persons or organizations as defined in (9.) c. below.

8. Intra-provider fund loan interest charges

Interest costs for intra-provider loans among funds are not a reimbursable cost from award funds. A provider is defined as an organizational entity with a single Federal Employer's Identification Number.

9. Rentals

a. Rental income

Any rental income received by a provider must be used to reduce the reimbursable cost by award funds for the item rented provided the cost item is allowable.

b. Rental costs of buildings and equipment

Rental costs for buildings and equipment which are reasonable in relation to the local market for these items and which are necessary to provide program services to consumers or reasonably related to consumer care are reimbursable expenses. Any lease payments made to any organization for facility rental is treated as a third-party transaction and allowable cost equals the actual lease costs or the fair rental value for similar properties in the area, whichever is less.

c. Costs resulting from transactions with related persons or organizations will be considered as a part of the provider's allowable costs to the extent that the purchases represent the actual cost to the related persons or organizations. For example, provider may rent a building from a related organization or person. The costs recognized for reimbursement purposes are the actual costs to the related person or organization (such as depreciation, interest on mortgage, real estate taxes, insurance and other program approved expenses) rather than the rental amount paid by the provider to the related person or organization. Thus, the net effect is to treat the rented facility as though it were owned by the agency.

d. The following definitions will be applied in determining the existence of common ownership or control between a provider and the supplying person or organizations:

i. Relatives of the provider staff or of those who have control or common ownership include husband, wife, natural parent, child, sibling, adopted child, adoptive parent, stepparent, stepchild, stepbrother, stepsister, father-in-law, mother-in-law, daughter-in-law, son-in-law, brother-in-law, sister-in-law, grandparent and grandchild.

ii. Related to the provider or those who have control or common ownership means that to a significant extent there exists on the part of the provider providing care an association with the person or organization furnishing the service, resources, facilities or supplies.

iii. Control exists when a person or organization has the power, directly or indirectly, to influence or direct the actions or policies of a provider or the provider's funded program.

iv. Common ownership exists when a person or persons possess part or full ownership or equity in the provider being funded and the person or organization servicing the provider.

The above definitions shall be applied as a rule in the determination as to whether there exists common ownership or control between the provider and the supplying person or organization. This rule applies whether the providing person or organization is a sole proprietorship, partnership, corporation, trust or estate, or any other form of business organization, proprietary, or nonprofit.

10. Sales of goods or services

For funded sheltered workshops or work activity programs, the costs of recipient wages and material acquisition are not allowable from award funds when the product or service produced by the recipient is marketable and when the revenue covers costs. Any costs incurred by the provider for the sales of goods or services are not reimbursable from award funds to the extent that the costs are covered by revenue.

11 Fund raising

Costs associated with fund raising are not allowable for awards. These costs should be paid from the proceeds of the fund raising activities.

12 Reserve funds

Providers may establish reserves of fund balances for specific future capital outlays such as major repairs, and replacement of buildings and vehicles. Capital outlays are expenditures that result in the acquisition of or addition to fixed assets, which are assets of a long-term nature. If a reserve fund is established by a governing board, restrictions must be developed to avoid transferring monies out of the fund to cover recurring operating expenditures. Providers may consider computing the amount to transfer into the reserve funds on the basis of depreciation or projected replacement cost of the assets.

SAMPLE ALLOCATION BASES FOR SHARED COST AREAS

Cost Areas	Suggested Bases
Administration/Executive Director's Office	*****Total direct costs plus allocation of capital costs including interest and depreciation
Facility costs including rent, utilities, maintenance, and insurance	Square footage
Financial Management	Total direct costs or number of transactions
Personnel/Payroll	Number of employees
Telephone	Number of instruments
Transportation of Consumers	Consumer miles or vehicle miles

***** Required allocation basis for Medicaid: capital costs would normally be allocated on the basis of square footage.

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Reference Number:	100-12-DD
Title of Document:	AIDS Policy
Date of Issue:	November 1, 1987
Effective Date:	November 1, 1987
Last Review Date:	October 31, 2016
Date of Last Revision:	October 31, 2016 **(NO REVISIONS)**
Applicability:	DDSN Regional Centers, DSN Boards, Contracted Service Providers

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Acquired Immune Deficiency Syndrome (AIDS) is caused by the Human Immunodeficiency Virus (HIV). HIV can be transmitted by intimate sexual contact via vaginal or rectal intercourse or possibly oral sex, parenteral spread (by needle stick or needle-sharing, as occurs among injecting drug abusers), by administration of infected blood or blood products, before or during birth from an infected mother to her newborn and by breast-feeding. HIV is transmitted primarily through blood, semen and vaginal secretions.

I. Persons Served by DDSN Regional Centers or Contracted Service Providers (Service Recipients)

A. Screening

HIV pre and post-test counseling (consistent with the tested person's level of understanding) and other testing services may be provided to service recipients in the following categories:

1. Experiencing Clinical Symptoms

   Service recipients with symptoms suggestive of HIV infection/AIDS will be screened with the HIV antibody test.

2. Not Experiencing Clinical Symptoms but at High Risk for HIV/AIDS

   Service recipients who fall into one or more of the following categories should be considered at high risk for HIV/AIDS and may be HIV tested and re-tested as necessary:

(a) Males known to have had sex with another male one (1) or more times since 1978.

(b) Past or current drug abuse.

(c) Diagnosed with hemophilia and received clotting factor concentrates or individuals received a blood or blood product transfusion from 1978 through July 1985.

(d) Engaged in sexual intercourse with multiple partners or with persons specified in "a, b, c."

(e) Engaged in sexual intercourse for drugs or money.

(f) Deemed by the attending physician.

3. Testing Requested

HIV testing and counseling will be performed at the request of the service recipients or his/her legal guardians.

B. Consent for Testing

1. HIV testing must be preceded by specific informed consent and pretest counseling (with documentation by the physician in the medical record) of the service recipient being tested or his/her specifically identified legal guardian.

2 A clear and urgent medical reason as determined by the attending physician that is documented in the service recipient's medical record creates an exception to obtaining informed consent.

3. After test results are obtained, post-testing counseling will be provided and documented in the medical record.

C. Provision of Services to Those with HIV/AIDS Infection

1. There will be no discrimination regarding admission or provision of services to eligible service recipients with regard to their HIV status.

2. Service recipients with HIV/AIDS shall be medically evaluated, monitored and appropriately counseled as to their health status. Consultations with Department of Health and Environmental Control (DHEC) infectious disease consultants and/or private infectious disease consultants will be done as necessary.

3. Service recipients with HIV/AIDS shall be provided services in the least restrictive setting. Each service recipient's plan shall reflect the level of supervision and other interventions necessary to ensure his/her needs are met and others are protected from exposure to the virus.

4. Service recipients with HIV/AIDS shall receive counseling and education on an ongoing basis to assure, to the extent possible, they understand:

4. Service recipients with HIV/AIDS shall receive counseling and education on an ongoing basis to assure, to the extent possible, they understand:

   (a) The nature of their HIV/AIDS infection;

   (b) Methods of transmission of the disease;

   (c) Recommendations regarding abstinence, monogamy or "safer" sex practices in order to reduce the risk of transmission of HIV and other sexually transmitted diseases (STDs);

   (d) Sound health-care principles; and

   (e) The importance of avoiding drug use.

5. Service recipients with HIV/AIDS who have imminent (within three (3) months) transfer and/or discharge plans shall receive the counseling and education as listed in #4 above immediately prior to discharge and should have appropriate social and medical referrals to subsequent health-care providers.

D. Confidentiality

1. The results of HIV tests are confidential.

2. Confidential medical information including HIV test results may be shared only with those who have a need to know such information in order to provide safe care.

3. When a service recipient is transferred to other facilities or providers, their medical records, including HIV status and other related information, must be transferred in a sealed envelope marked "Confidential."

4. Any breach of confidentiality will be subject to disciplinary action in accordance with each board/provider's policy.

E. Reporting

1. Facilities and providers shall comply with the South Carolina Department of Health and Environmental Control's (DHEC) requirements for reporting all cases of AIDS and HIV infection.

II. Employees

A. HIV screening will not be required for employment.

B. Occupational exposure to blood/potentially infectious materials will be managed according to DDSN Directive 603-05-DD: Policy for Management of Exposure to Potential Bloodborne Pathogens, at Regional Centers and similar policies with boards/providers.

D. Employees who have HIV/AIDS

1. There shall be no unlawful job discrimination or breach of confidentiality for job applicants or employees who disclose their HIV status.

2. Diagnostic or therapeutic medical/dental intervention is not provided to any employee. They will be advised to contact their own physician for treatment.

3. Employees with HIV infection (or Hepatitis B infection) routinely require no job modification or restriction unless they perform "exposure-prone invasive procedures" as defined by the Centers for Disease Control and Prevention (CDC) (MMWR of July 12, 1991/40 (RR08)) and implemented by federal and state law and upon consultation with appropriate DHEC officials.

4. Employees with HIV infection who perform "exposure-prone invasive procedures" must undergo a confidential review by an appropriately constituted and DHEC-approved "expert review panel" (ERP) as specified by the CDC (op. cit.). ERP recommendations must be considered legally binding requirements upon the affected health-care worker.

5. Employees with HIV/AIDS who work in areas where service recipients who display aggressive behavior reside may be re-assigned administratively to other areas with less aggressive service recipients.

III. Education

All employees and volunteers working greater than ten (10) hours per week will receive pre-service training and refresher training as needed in HIV related issues.

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(Originator)

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Cross-reference numbers: 603-05-DD

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Reference Number:	104-02-DD
Title of Document	ICF/IID to CRCF Conversion Protocol
Date of Issue:	February 25, 2004
Effective Date:	February 25, 2004
Last Review Date:	October 19, 2015
Date of Last Revision:	October 19, 2015 **(REVISED)**
Applicability:	DSN Boards

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;

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/OverviewOfHealthcareFacilityConstructionSafety/.

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) Wavier 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)

Beverly A.H. Buscemi, Ph.D.
State Director
(Approved)

Beverly A. H. Buscemi, Ph.D.
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David A. Goodell
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Associate State Director
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Thomas P. Waring
Associate State Director
Administration

SOUTH CAROLINA Department OF Disabilities AND Special Needs

3440 Harden Street Ext (29203)
PO Box 4706, Columbia, South Carolina 29240
803/898-9600
Toll Free: 888/DSN-INFO
Website: www.ddsn.sc.gov

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Vicki A. Thompson

Reference Number:	502-04-DD
Title of Document:	Short-Term Admission to DDSN Regional Centers or Community ICFs/IID
Date of Issue:	July 30, 1987
Effective Date:	July 30, 1987
Last Review Date:	September 13, 2016
Date of Last Revision:	September 13, 2016 **(REVISED)**
Applicability:	DDSN Regional Centers, DSN Boards and Contracted Service Providers

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I. DEPARTMENT PHILOSOPHY

The South Carolina Department of Disabilities and Special Needs (DDSN) will authorize admission to a DDSN Regional Center or Community ICF/IID when the following conditions exist:

1) The individual is eligible for that level of care;
2) All other less restrictive support and/or placement options have been exhausted, and
3) There is sufficient licensed and funded capacity at the respective facility.

The admission of an individual to an ICF/IID may be short-term (typically less than 90 days) or long-term. Individuals admitted for short-term are the subject of this directive.

II. ELIGIBILITY/APPROVAL

All persons served by DDSN are eligible to receive short-term admission into a DDSN Regional Center or Community ICF/IID subject to the criteria noted above in Item #I. The DDSN District Director must pre-approve all such short-term admissions (refer to DDSN Directive 502-01-DD:

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

Admissions/Discharge of Individuals to/from DDSN Funded Community Residential Placements). Approval for short-term admission does not signify the regular admission to such facility is appropriate or will be approved. This service must be included in his/her plan of supports/services as determined by the assigned Case Manager.

III. COORDINATION OF SERVICES

Close coordination among the designated DDSN District Office staff, the Service Provider residential staff, the Service Provider case manager staff and, when applicable, the appropriate Regional Center staff is required to schedule a short-term admission to a Regional Center or Community ICF/IID.

Staff at DDSN Regional Centers and Community ICFs/IID will coordinate the schedule of individuals going on leave with those needing temporary support to maximize the amount of services that can be offered and to allow families sufficient lead-time for adequate planning in non-emergency situations. The assigned case manager shall identify the need for short-term admission services or receive such requests and make the appropriate contacts/referrals for such to be carried out as available, and as agreed upon by the person whose bedroom will be used.

IV. CASE MANAGEMENT RESPONSIBILITY

All individuals receiving short-term admission services will be monitored by the assigned DDSN Regional Center and/or Service Provider case manager for the duration of care. The case manager shall make immediate contact (within 48 hours) with the appropriate receiving facility staff to discuss services needed and alert other staff to any circumstances and/or conditions that may warrant immediate or special attention during the short-term admission. All needed services (medical, vocational, therapeutic, educational, etc.) will be provided to all individuals on short-term admission status regardless of the time expected or spent in the status. Whenever feasible, the individual will continue in public school, day services or other personal options while receiving short-term admission services.

V. POLICIES PERTAINING TO SHORT-TERM ADMISSION TO DDSN REGIONAL CENTERS AND COMMUNITY ICFs/IID

A. Fees for short-term admission services

Charges for short-term admission services will be incurred in accordance with an individual's ability to pay.

Proper billing mechanisms shall utilize all possible sources of reimbursement. Medicaid shall be billed for all short-term admissions to DDSN Regional Facilities or ICFs/IID in accordance with routine Medicaid billing procedures. Prior to filing for Medicaid reimbursement for such individuals, the DDSN Regional Facility must ensure compliance with all Title XIX Medicaid regulations, including individual eligibility, and adherence to an appropriate time-frame.

B. Length of Stay

Short-term admission is not intended to be a permanent residential placement and may not exceed 90 days without the approval of the Associate State Director-Operations.

C. Programmatic Requirements

Services and supports to individuals on short-term admission at a DDSN Regional Center or Community ICF/IID for whom Medicaid reimbursement is sought must comply with all applicable ICF/IID Standards, and when receiving supports 30 days or longer, must have an Individual Support Plan. Individuals receiving supports less than 30 days shall have an activity schedule and receive all appropriate supports to meet their needs, including medical and programmatic, for the duration of their stay.

Whenever individuals enter under a short-term admission with a pre-existing Individual Support Plan or Individualized Education Plan (IEP) from a public school program, all appropriate elements of the plan shall be continued throughout the period of admission.

When the individual is receiving institutional respite funded through the Medicaid Home and Community-Based ID/RD waiver, procedures stipulated in the DDSN ID/RD Waiver Manual must be followed.

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

Beverly A. H. Buscemi, Ph.D.
State Director
(Approved)

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SOUTH CAROLINA Department OF Disabilities AND Special Needs

3440 Harden Street Ext (29203)
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Toll Free: 888/DSN-INFO
Website: www.ddsn.sc.gov

Reference Number:	536-01-DD
Title of Document:	Social-Sexual Development
Date of Issue:	October 6, 1992
Effective Date:	October 6, 1992
Last Review Date:	June 10, 2016
Date of Last Revision:	June 10, 2016 **(REVISED)**
Applicable:	DDSN Regional Centers, DSN Boards, and Contracted Service Providers

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Purpose:

To establish guidance consistent with state and federal law, for addressing social-sexual issues of people receiving services from a DDSN Regional Center, DSN Board, or contracted service provider.

Philosophy:

All people have the right to experience family, friends, and relationships and to receive the necessary supports to enhance their participation and involvement as valued members of society. It is recognized that all people are sexual beings and have the right to express their sexuality in appropriate ways based on legal, cultural, religious, personal, and family values. Each person's right to be free from sexual abuse and exploitation will be respected along with their rights to sexual expression, privacy, confidentiality, and freedom of associations.

Procedures:

People receiving services will be provided services in a healthful and safe environment. Supports and interventions will assist them in acquiring skills to promote understanding and exercising rights, personal choice and responsibility, and awareness of personal health and safety. When someone cannot ensure his/her own safety, the service provider will be responsible for developing supportive services, including the development of a plan of supervision (in

accordance with Directive 510-01-DD: Supervision of People Receiving Services), to ensure that the person is protected from harm. When those receiving services demonstrate the desire to express their sexuality, service provider responsibility will be directed towards assisting them to have an understanding of informed decision making and consent (in accordance with Directive 535-07-DD: Obtaining Consent for Minors and Adults), mutuality of relationships, family planning, protection from sexually transmitted diseases, and to have the necessary skills to protect themselves from sexual abuse and exploitation.

All people have a right to express their sexuality in appropriate ways and to establish interpersonal relationships based on mutual consent. Sexual expression with another must be by mutual consent. Some people may not be able to give consent because of age or mental capabilities. The Department of Disabilities and Special Needs (DDSN) and all service providers must ensure that those who receive services, family, staff and volunteers are aware that a large body of state and federal laws affects sexuality. The U.S. Constitution guarantees an person's right to privacy and freedom from harm. Service providers have the responsibility of balancing rights to privacy and self-determination with protecting vulnerable people from harm and exploitation. In carrying out their dual responsibility, service providers are expected to comply with all state laws designed to protect the rights of those who receive services as well as those designed to prevent abuse and protect people from harm.

Social Sexual Development:

Interventions and supports to aid in the development of social competency will be provided. Those interventions and supports should engender feelings of self-worth and self-esteem. Interventions and/or supports (including training, supervision, counseling, etc.) to develop appropriate social sexual skills will be provided, including the opportunities for learning experiences that promote the development of social skills appropriate to the person's age and adaptive level. Social-sexual interventions will not encourage the development of specific behaviors, but rather will address the acquisition of appropriate skills based upon each person's expressed needs.

Service providers will not attempt to impose their own moral and religious values upon those being served, but will provide assistance to explore their own moral and religious heritage and develop their own values. Service providers will encourage those served to seek guidance from family members, faith based organizations, or others in the community.

Some may choose to marry. When they do, they will be assisted to identify and secure needed support services including premarital counseling. If a husband and wife both reside in a residential program, they will be afforded the right to share a room.

Family Role and Responsibilities:

As noted in the South Carolina Intellectual Disability, Related Disabilities, Head Injuries, and Spinal Cord Injuries Act, parental involvement and participation in planning will facilitate decisions and treatment plans that serve the best interests and welfare of the person receiving services. The person's interest and welfare will be the mutual responsibility and concern of the

person, the family, DDSN, local DSN Boards, and service providers. Parents/guardians, as appropriate, are encouraged to participate in developing supports in accordance with Directive 100-17-DD: Family Involvement.

Review Process:

If the person or his/her parent/guardian disagrees with action recommended by program staff, they may ask for a reconsideration of the decision in accordance with consumer grievance/review procedures, which include a review by the local Human Rights Committee. The case may also be considered in a court of competent jurisdiction. Any one wishing to exercise the right of review shall be assisted in obtaining independent legal representation or advocacy assistance, if so desired.

Quality Assurance:

DDSN Regional Centers, DSN Boards, and contracted service providers shall develop procedures for implementing this Directive.

As a part of quality assurance, DDSN Regional Centers, DDSN District Offices, and DSN Boards and contacted service providers shall also develop monitoring procedures to ensure compliance with this directive.

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

Beverly A.H. Buscemi, Ph.D.
State Director
(Approved)

South Carolina Department of Disabilities
And
Special Needs

Behavior Support Services Standards

Effective December 1, 2009

Revised May 16, 2016

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. Consistent with the agency's mission, the intent of DDSN Waiver Behavior Support Services is to provide people with an Intellectual Disability or a Related Disability (ID/RD), Autism, Traumatic Brain Injury (TBI), Spinal Cord Injury (SCI), and Similar Disability (SD) the supports needed in order for them to meet their needs, pursue possibilities and achieve their life goals.

DEFINITION

Behavior Support Services are those services which use current, empirically validated practices to identify causes of, intervene to prevent, and appropriately react to problematic behavior. These services include initial assessment for determining need for and appropriateness of Behavior Support Services; behavioral assessment (i.e., functional assessment and/or analysis) that include direct observation, interview of key persons, collection of objective data; analysis of behavioral/functional assessment data to determine the function of the behaviors (and later to assess success of intervention and any needed modifications); and behavioral intervention, based on the functional assessment, that is primarily focused on prevention of the problem behavior(s) based on their function.

Behavior Support Services must not be provided in a group setting or to multiple waiver participants at once.

For further clarification of the definition approved by the Center for Medicare and Medicaid Services (CMS), please consider this amplified version of the definition (*italicized* content added):

Behavior Support Services are those services which use current, empirically validated practices to identify causes *(functions)* of *[target behaviors], prevent the occurrence of problem behavior, and* intervene to *teach appropriate, functionally equivalent replacement behavior,* prevent, and appropriately react *(therapeutically)* to problematic behavior. These services include*:*

a) initial *[behavioral]* assessment for determining

   (1) *the* need for and appropriateness of Behavior Support Services; behavioral assessment (i.e., functional assessment and/or analysis) that includes direct observation *(and collection of antecedent-behavior-consequence data), an* interview of key persons, *a preference assessment,* collection of objective data *(including antecedent-behavior-consequence data*); analysis of behavioral/functional assessment data to determine

   (2) the function of the behaviors (and later to assess success of intervention and any needed modifications);

b) and behavioral intervention *(including staff/caregiver training),* based on the functional assessment, that is primarily focused on *replacement and* prevention of the problem behavior(s) based on their function

c) and an assessment of the success of the intervention through progress monitoring that includes analysis of behavioral data, any changes (including medication) and any needed modifications.

PHILOSOPHY

Positive behavior support recognizes that people exhibit problem behavior because it serves a useful purpose for them in their current situation. The focus of positive behavior supports begins with understanding the function of the problem behavior. Once it is known why the problem occurs for a consumer, procedures can be developed to teach and promote alternatives that can replace the problem behavior. The goal is not just to eliminate the undesirable behavior. The focus should be to create environments and patterns of support for the person that make the problem behavior irrelevant, ineffective or inefficient. The key outcome of positive behavior supports should be an improvement in quality of life for the person that includes the replacement of problem behavior(s) with appropriate alternatives that serve the same purpose. It is the philosophy of DDSN that people will be free from any serious risk to physical and psychological health and safety at all times, including during the development of a Behavior Support Plan (BSP). Procedures used to insure safety should not be misunderstood to substitute for procedures to provide positive behavior supports.

Those who develop Behavior Support Plans (BSP) must know the values, theory and practices of positive behavior support as provided in *Functional Assessment and Program Development for Problem Behavior: A Practical Handbook* by O'Neill, Horner et. Al. (Brookes/Cole Publishing Company, 1997) and other similarly recognized guides to effective, evidence-based practices in positive behavior support.

The provision of waiver-funded Behavior Support Services must comply with the following DDSN departmental directives and standards:

- 600-05-DD Behavior Support, Psychotropic Medications, and Prohibited Practices
- 535-02-DD Human Rights Committee
- 535-07-DD Obtaining Consent For Minors and Adults

	STANDARDS	GUIDANCE
1	Behavior Support Services may only be provided by those who have met and continue to meet specified criteria as indicated by approval as a provider of Behavior Support Services under the Medicaid waiver.	The individual provider's name is on the current DDSN list of approved providers of Behavior Support Services. This is administratively reviewed.
2	Providers of Behavior Support Services must satisfy specified continuing education requirements.	Evidence of sufficient CEU's (i.e., minimum of 20 during the two-year approval period) approved by the Behavior Analyst Certification Board has been provided. This is administratively reviewed.
3	As part of the foundation for behavior support plan development, indirect assessment must be conducted by the provider that includes: a) Record review of DDSN Support Plan and, if they exist, existing behavior support plan and supervision plan. b) Interview using the Functional Assessment Interview Form (O'Neill, et al., 1997) or another empirically validated functional assessment instrument – such as the QABF (Questions About Behavioral Function, Matson & Vollmer, 1995) – with two or more people who spend the most time with the consumer (can include the consumer). Must be completed within 30 days of referral/authorization and include (or be supplemented by additional assessment documentation which includes) the following: 1. Description of problem behavior 2. Listing of ecological and setting events that predict the occurrence and/or non-occurrence of the behavior 3. Listing of possible antecedents that predict the occurrence and/or non-occurrence of the behavior 4. Listing of possible consequences (access, escape/avoid, automatic) that maintain the problem behavior 5. Record of information on the efficiency of the problem behavior 6. List of functional alternatives the person currently demonstrates	Written information in the BSP and/or assessment file indicates that each component of the assessment was conducted. a) Does the Support Plan reflect the need for behavior supports? b) A completed Functional Assessment Interview form or other empirically validated functional assessment instrument (and, if necessary, supplemental assessment documentation) containing the 10 items in 3-b must be in the file. If the QABF (or other empirically validated functional assessment interview tool) is used there must be information provided in the assessment results (via a note) that specifies where in the behavior support file information on each component of 3b (1 – 10) is located.

	7. Description of the person's communication skills 8. Description of what to do and what to avoid in teaching 9. Listing of what the person likes (potential reinforcers) 10. Listing of the history of the problem behavior(s), previous interventions, and effectiveness of those efforts c) Development of summary statements based on the *Functional Assessment Interview* (contains information on setting events, antecedents, problem behavior, and consequences)	c) These must be specified in the functional assessment document and kept in the file. See Appendix B.
4	Direct Assessment must be conducted by the provider to verify the indirect assessment information. This includes: Observational data collection forms and/or observational summaries that represent <u>two or more sessions</u> using A-B-C recording in direct observation for a minimum of: 1) <u>3 or more total hours or</u> 2) <u>20 occurrences of the target behavior(s)</u>. If no problem behavior is observed, observational information must be summarized to describe contexts that support the non-occurrence of target behavior. If observational data do not verify the indirect assessment information, then the summary statements must be revised to correspond to the direct assessment data.	A summary must be included in the functional assessment (document) that includes the relative frequency of specific antecedents and consequences for individual problem behaviors. This can be either a table or narrative format. The functional assessment is a document that can be separate from the BSP (conclusions referenced in the BSP) or included in the BSP. In either case, the entire functional assessment document must be available for review. Standards 3 and 4 constitute the required content of the functional assessment document. If during the provider's observations no target behaviors are observed, the provider must either include summarized A-B-C data from staff observations or conduct additional observations that do include occurrences of the target behavior(s).
5	Behavior Support Plans must contain: a) Description of the consumer: 1) Name, age, gender, residential setting, 2) Diagnoses (medical and psychiatric), 3) Intellectual and adaptive functioning, 4) Medications (medical and psychiatric),	a) The BSP should include brief, specific descriptions of each item <u>and how they relate, or don't relate, to issues of behavior support</u>.

5) Health concerns, 6) Mobility status, 7) Communication skills, 8) Daily living skills, 9) Typical activities and environments, 10) Supervision levels, 11) Preferred activities, items, and people, and 12) Non-preferred activities, items, and people.	
b) Locations where BSP will be implemented and identification of program implementers.	b) Specified in BSP
c) Description of Problem Behaviors and Replacement Behaviors are defined in terms that are observable, measurable, and on which two independent observers can agree.	c) Definitions of problem behaviors and replacement behaviors meet criteria as shown in Appendix C.
d) Summary of direct assessment results.	d) Summary statements per problem behavior based on A-B-C data must be included in the BSP. These statements provide the hypotheses about the context and/or maintaining function of the behavior. They include the likely antecedent, behavior, and consequence information. See example in Appendix B. Reliability coefficients (while not required) would be appropriate here.
e) Objectives for each problem behavior, including: 1) Consumer's name, 2) Measurable and observable way to describe behavior, 3) Conditions under which the behavior occurs or should occur, and 4) Criteria for completion (performance and time)	e) See examples in Appendix D.
f) Competing Behavior Model for each class of problem behavior that includes function of problem behavior and replacement behavior based on direct assessment	f) See Appendix E (Competing Behavior Model, adapted from O'Neill, et al, p. 82)
g) Objectives for each replacement behavior, including: 1) Consumer's name, 2) Measurable and observable way to describe behavior, 3) Conditions under which the behavior occurs or should occur, and	g) See examples in Appendix D.

	4) Criteria for completion (performance and time). h) Support Procedures 1) Setting Event/Antecedent Strategies 2) Teaching Strategies 3) Consequence Strategies 4) Crisis Management Strategies 5) Data Recording Method 6) Data Collection Forms	 h) 1) Antecedents identified in the assessment must be addressed in the intervention (e.g., changing a difficult task). 2) Teaching strategies must be consistent with behavioral principles and teach desired/replacement behaviors (e.g., teaching a response to ask for help). 3) Reinforcement procedures to increase/maintain appropriate behavior must be included (can be in teaching procedures). Withholding reinforcement for problem behavior may also be specified. 4) Crisis management strategies must include strategies to ensure the safety of the consumer and others. This should include techniques from a competency-based curriculum to prevent and respond to dangerous behavior (e.g., MANDT, PCM, etc.) if such behaviors are exhibited by the consumer. 5) The data recording method must describe where, when, how and how often behavioral data are to be collected. Must also include: occurrence of problem behavior, occurrence of replacement behavior, and the data recording method (i.e., frequency, duration, latency, or percent of trials). 6) The data collection forms must include: consumer name, date(s) of data collection, location of data collection, operational definition for the problem behavior and the replacement behavior, instructions for data collection, an organized format to collect numerical data, and signature or initials of Direct Support Professionals (DSP's)/caregivers who collect data.
6	Behavior Support Plan Implementation a) DSP(s)/caregivers responsible for implementing a BSP must be fully trained to: 1) collect behavioral data (see standard #5-g-5 & 6), and 2) implement the BSP procedures	a) no guidance needed

b) Procedures for training DSP(s)/caregivers on implementation must include: 1) written and verbal instruction, 2) modeling, 3) rehearsal, and 4) trainer feedback.	b) Procedures for training DSP(s) and/or caregivers must be documented in either the BSP, training materials, or training documentation.
c) Documentation of DSP(s)/caregiver training must accompany the plan and must include: 1) consumer name, 2) date of initial training, 3) date of additional DSP(s)/caregivers training, 4) names and signatures of DSP(s)/caregivers trained, and 5) name of trainer and/or authorized secondary trainer.	c) Documentation of DSP/caregiver training must be present to indicate training prior to the effective date/implementation date of any addendum/amendment to the BSP. Documentation must specify: 1) training on observation and behavioral data collection system and on treatment procedures, and 2) retraining on 1 and/or 2 if needed. See sample in Appendix F.
d) Fidelity procedures completed by the Behavior Support provider must occur quarterly and must document <u>direct observation of DSP(s) and/or caregiver(s) implementing procedures according to the plan</u>. Documentation must include: 1) consumer name, 2) name(s) of DSP(s)/caregiver(s) being observed, 3) date, location and time (including duration) of observation, 4) description of procedures observed, 5) directions and/or description of DSP/caregiver performance, 6) signature of observed caregiver(s), and 7) signature of the observer.	d) If opportunities to observe 1) antecedent, teaching, or consequence strategies for acceptable behavior, 2) response strategies to problem behavior, or 3) both are infrequent or not observed during a fidelity check, it would be sufficient to observe the DSP(s)/caregiver(s) practicing the BSP procedures by role-play with the Behavior Support provider acting the part of the consumer. If the BSP addresses more than one setting (e.g., Day Program, Home, etc.), then the fidelity checks should, on a rotating basis, be conducted in each setting addressed by the plan. See sample sheet in Appendix G.

7	Progress monitoring must occur at least monthly and rely on progress summary notes that include:	Monitoring is reflected in the monthly progress note.
	a) Graphs that are legible and contain: 1) Title related to behavior measured, 2) X- and Y-axis that are scaled and labeled 3) Labeled gridlines 4) Consecutive and connected data points, 5) Legend for data points (when more than one type is used), and 6) Phase lines and labels for changes (i.e., programmatic, environmental, medical, and/or medication changes)	a) Graph must be in the file and contain elements in 7a) 1 – 6. See sample black & white copy compatible graph in Appendix H. A color graph is acceptable as long as the provider makes color copies available to all members of the support team.
	b) Visual analysis that includes description of the level, trend, and variability of each behavior along with discussion related to programmatic, environmental, medical, and/or medication changes	b) The progress note should describe these items related to the desired outcome in the objective.
	c) Future (planned) implementation must be described and include any barriers that need to be addressed (e.g., inaccurate implementation, incomplete data collection, etc.), and any changes that need to be made to the procedures based on lack of progress or deteriorating performance, and	c) The progress note should describe these items related to the desired outcome in the objective.
	d) If fidelity procedures (see standard #6-d) reveal that the BSP is being properly implemented and data properly collected, yet no progress is observed for the problem behavior, replacement behavior, or desired behavior for three (3) consecutive months, then a meeting with the DSP(s)/caregiver(s), Behavior Support provider, and others on the support team as appropriate must be conducted to revisit the Functional Assessment and its summary and to determine the benefits of revisiting, modifying or augmenting BSP procedures or of enhancing DSP / caregiver training.	d) This would be documented by a dated, titled meeting sign-in sheet identifying the consumer, the reason(s) for lack of progress, and the revisions to BSP procedures that are to be implemented and DSP(s)/caregiver(s) to be trained for the revision, or justification for no revision. Signature sheets must be in the file. Note: If the fidelity procedures reveal that the BSP is not being properly implemented or data are not being properly collected, then re-training of the DSP(s)/caregiver(s) is sufficient, and no team meetings or plan modifications are required.

APPENDIX A

Support Plan Criteria Glossary

A-B-C Recording: A form of direct, continuous observation in which the observer records a descriptive, temporally sequenced account of all behavior(s) of interest and the antecedent conditions and consequences for those behaviors as those events occur in the client's natural environment.

Caregiver: Family members, friends or others who provide custodial care and are not paid for so doing

Direct Support Professional (DSP): paid day/residential program staff members, house managers, teachers, therapists, etc.

Conditional probability: The likelihood that a target behavior will occur in a given circumstance; computed by calculating

(a) the proportion of occurrences of behavior that were preceded by a specific antecedent variable, and

(b) the proportion of occurrences of problem behavior that were followed by a specific consequence.

Conditional probabilities range from 0.0 to 1.0; the closer the conditional probability is to 1.0, the stronger the relationship is between the target behavior and the antecedent/consequence variable.

Desired behavior: Socially acceptable behavior targeted for increase.

Duration: A measure of the total extent of time during which a behavior occurs

Frequency: A ratio of count per observation time; often expressed as count per standard unit of time (e.g., per minute, per hour, per day) and calculated by dividing the number of responses recorded by the number of standard units of time in which observations were conducted; used interchangeably with rate.

Functional behavioral assessment: A process for gathering information that can be used to maximize the effectiveness and efficiency of behavioral support. It is complete when the five (5) main outcomes have been achieved:

1. A clear *description of the problem behaviors*, including classes or sequences of behaviors that frequently occur together

2. Identification of the events, times and situations that *predict* when the problem behaviors *will* and *will not* occur across the full range of typical daily routines

3. Identification of the *consequences that maintain the problem behaviors* (that is, what functions the behaviors appear to serve for the person)

4. Development of one or more *summary statements* or hypotheses that describe specific behaviors, a specific type of situation in which they occur, and the outcomes or reinforcers maintaining them in that situation

5. Collection of *direct observation data* that support the summary statements that have been developed

Functional analysis: An analysis of the purposes (functions) of problem behavior, wherein antecedents and consequences representing those in the person's natural routines are arranged within an experimental design so that their separate effects on problem behavior can be observed and measured; typically consists of four conditions; three (3) test conditions – contingent attention, contingent escape, and alone – and a control condition in which problem behavior is expected to be low because reinforcement is freely available and no demands are placed on the person.

Level: The value on the vertical axis around which a series of behavioral measures converge.

Phase label: Labels, in the form of single words or brief descriptive phrases, are printed along the top of the graph and parallel to the horizontal axis (also referred to as condition labels).

Phase line: Vertical lines drawn upward from the horizontal axis on a graph to show points in time at which changes in the independent variable occurred (also referred to as condition change lines).

Replacement behavior: A socially-acceptable, equivalent behavior that could produce the same consequence as the problem behavior.

Response latency: A measure of the elapsed time from the onset of a stimulus (e.g., task direction, cue) to the initiation of a response.

Scatterplot: A type of graph that plots instances of recorded behavior according to when they occur. It is used to help identify environmental stimuli that may be influencing the behavior.

Summary Statements: Specific hypothesis statements for each distinct context or maintaining function of the behavior. Typically states the suspected or determined antecedent, behavior, consequence contingency.

Trend: The overall direction taken by a data path. It is described in terms of direction (increasing, decreasing, or zero trend), degree (gradual or steep), and the extent of variability of data points around the trend. Trend is used in predicting future measures of the behavior under unchanging conditions.

Variability: The frequency and extent to which multiple measures of behavior yield different outcomes.

Definitions were taken in part from the following texts:

1. Cooper, J.O., Heron, T.E., and Heward, W.L. (2007). *Applied Behavior Analysis (2nd ed.)*. Prentice-Hall.

2. O'Neill, R., Horner, R., Albin, R., Sprague, J., Storey, K. & Newton, J. (1997). *Functional Assessment and Program Development for Problem Behavior: A Practical Handbook* (2nd ed.). Brooks/Cole Company, Pacific Grove, CA.

3. Mayer, G.R., Sulzer-Azaroff, B., & Wallace, M. (2012). *Behavior Analysis for Lasting Change*, 2nd Edition. Sloan Publishing, Cornwall-on-Hudson, NY.

APPENDIX B

Summary Statements

Setting Event (Function)	Antecedent	Problem Behavior	Consequence

APPENDIX C

Target Behavior Operational Definitions: Appropriate Examples and Inappropriate Examples

A. Definitions: Appropriate Examples

1. Verbal Aggression: Cursing, threatening to harm others, calling others derogatory names, or all three behaviors

2. Self-Injury: Biting own wrist and/or own hand

B. Definitions: Inappropriate Examples

1. Verbal aggression: Calling people bad names

2. Self-Injury: Any behavior that hurts himself

APPENDIX D

Objectives: Appropriate Examples and Inappropriate Examples

A. Objectives: Appropriate Examples

1. Becky will emit two (2) or fewer occurrences of *verbal aggression* per week when asked to return to her work station for three (3) consecutive months by 9/1/14.

2. Bobby will emit eight (8) or fewer incidents of self-injury per month when asked to engage in activities related to his service plan for three (3) consecutive months by 12/31/14.

3. Bobby will *wait* instead of emitting physical aggression during 90% or more opportunities per week for three (3) consecutive months by 12/31/14.

B. Objectives: Inappropriate Examples

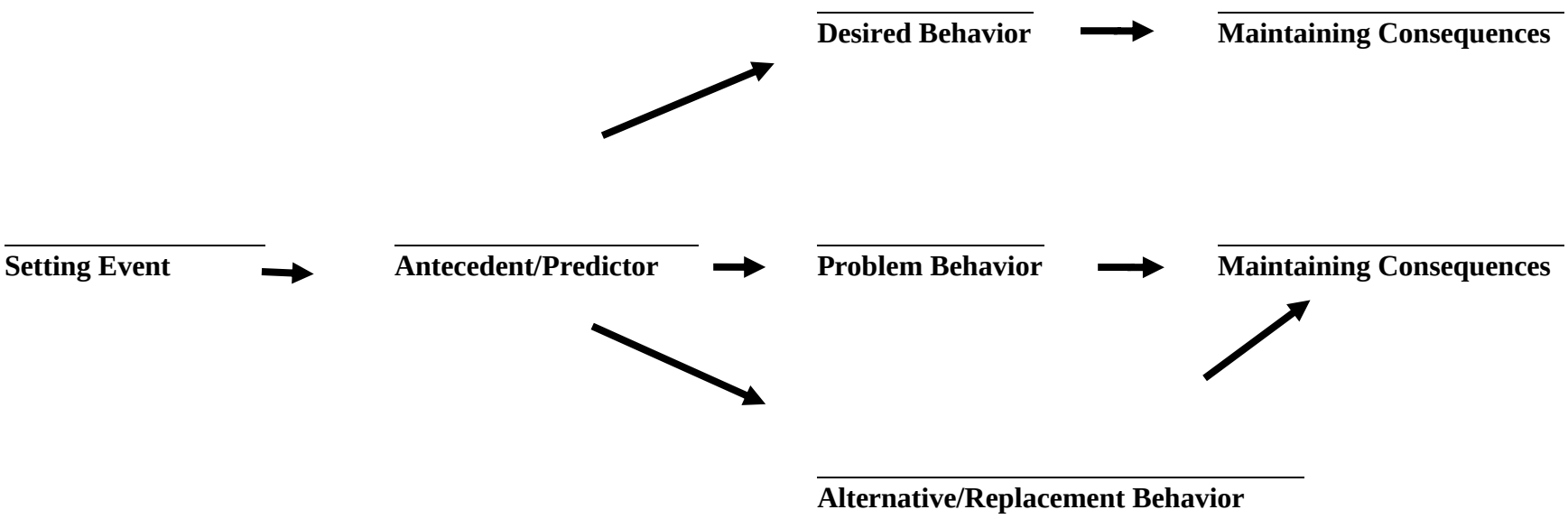
1. Becky will reduce her episodes of self-injury by the end of the year.

2. Bobby will not exhibit verbal aggression when he gets frustrated 10 times per month or less for 12 months by 12/31/13.

APPENDIX E

Competing Behavior Model
Adapted from O'Neill et al., 1997

Diagram of a Summary Statement and Competing Behavior Paths



APPENDIX F

Sample Training Documentation Sheet

Supported by XYZ Community Support Agency

1. Person supported by this Behavior Support Plan: _____

2. Date of *observation/behavioral data system training* for Direct Support Professionals (DSP's)/caregiver(s) on this BSP: _____

3. Date of *initial procedure training* for DSP(s)/caregiver(s) on this BSP: _____

4. Date(s) of *additional training(s) for* DSP(s)/caregiver(s) on this BSP: _____

5. Name of BSP author: _____

6. Name of primary trainer: _____

7. Name(s) of authorized secondary trainer(s) (if any): _____

Type of training conducted on this date: _____ (check below as appropriate)

☐ Training on collecting behavioral data and/or observation system
☐ Training on BSP procedures
☐ Retraining on data
☐ Retraining on BSP procedures

_____ _____

Direct Support Professional/Caregiver Name (please print) DSP/Caregiver Signature

APPENDIX G

Sample Fidelity Procedures Documentation Sheet

1. Consumer Name: _____

2. Names of Direct Support Professionals (DSP's)/caregivers being observed:
   _____
   _____
   _____

3. Date of Observation: _____

   a. Location: _____

   b. Time (Duration): _____

4. Description of Procedures Observed (Must describe and **not state "refer to BSP"**):

   _____

   _____

   _____

   _____

5. Procedures a) implemented correctly and b) needing improvement: _____

   _____

   _____

   _____

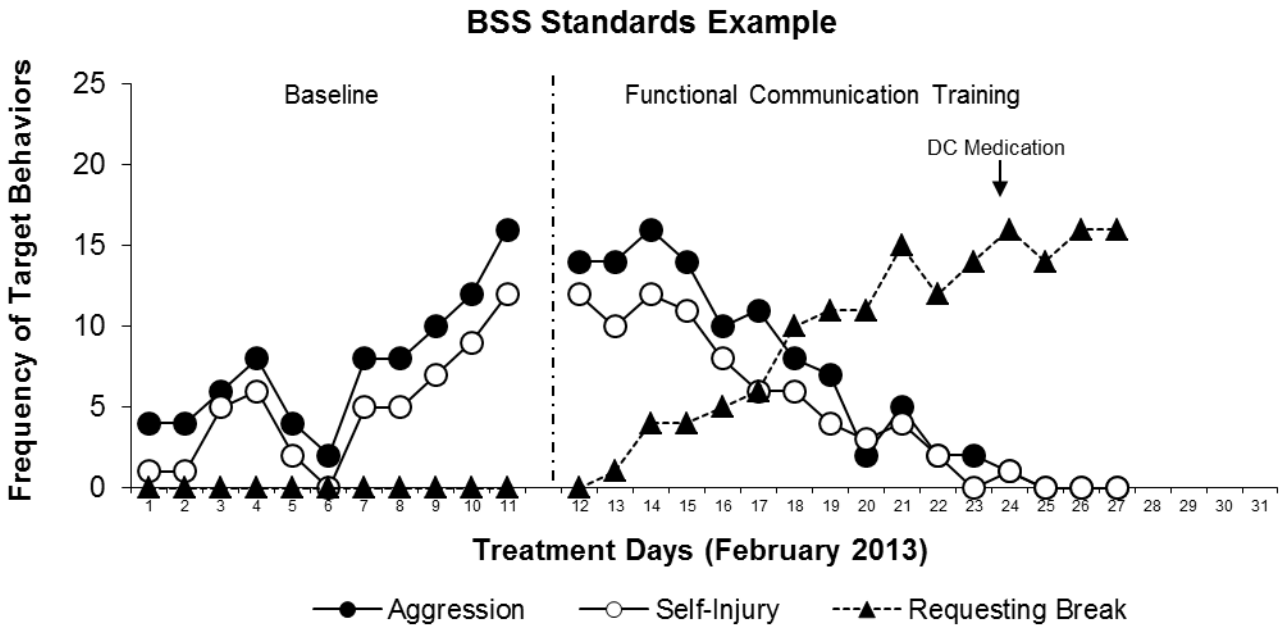
6. Signature of Observed DSP(s) / caregiver(s): _____

7. Signature of Observer: _____

*Note: The *Fidelity Checklist,* adapted from the Observation/Staff Feedback Skills Checklist from the Carolina Curriculum on Positive Behavior Support can be used for steps 1 – 5 if specific procedures observed are listed on the fidelity checklist.

APPENDIX H

Sample Graph of Target Behaviors



South Carolina Department of Disabilities
And
Special Needs

Respite Licensing Standards

Effective February 2008

REVISED July 1, 2009

REVISED: Effective March, 2012

REVISED June 2015

	RESPITE FACILITY	GUIDANCE
1.0	Respite may be provided in: A. Licensed Respite Facility. B. Foster Home. C. Medicaid certified ICF/IID. D. Group Home. E. Community Residential Care Facility. F. Licensed Nursing Facility. The license as specified above must be current at the time respite is provided. The licensed capacity cannot be exceeded.	Licensed Respite Facility: Settings licensed by SCDDSN as a Respite Facility; Foster Home licensed by SCDSS as a Foster Home or by SCDDSN as a Community Training Home I. ICF/IID that is licensed by SCDHEC and certified by SCDHEC as an ICF/IID Group Home licensed as a Community Training Home-II. Community Residential Care Facility licensed by SCDHEC. Hospital licensed by SCDHEC Nursing Home licensed by SCDHEC.
1.1	The home must be licensed: A. Prior to provision of respite services. B. Annually. C. After major home renovations.	
1.2	To be licensed as a Respite Facility, the setting must: A. Be in good working order. B. Be free from obvious hazards. C. Generally clean and free of undesirable odors. D. Have a system for heating and cooling. E. Have at least one (1) non-coin operated telephone. F. Have at least one toilet and lavatory with hot/cold running water for every six (6) people using the Respite Facility.	Equipment such as stove, refrigerator, furnace, and air conditioner in good working order. Obvious hazards such as pool without proper safety equipment, uncovered well, etc.

	G. Have at least one shower (or bathtub) for every six (6) people using the Respite Facility if bathing is part of the routine of the service recipient during the hours of care.	
1.3	If respite will be provided during sleeping hours, appropriate sleeping space must be provided: A. Maximum of two (2) individuals per bedroom with minimum of 36 inches between beds. B. Individuals who are six (6) years of age and older and are of opposite sex may not share bedrooms/sleeping space. C. Bedrooms/sleeping space may not be located in a detached building, unfinished attic or basement, stairway, hall or room commonly used for a purpose other than sleeping/bedroom. D. Each bedroom/sleeping space must have a window. E. Each bedroom/sleeping space must be at least 80 sq. feet or 120 sq. feet for double occupancy.	
1.4	If respite will be provided during sleeping hours, each recipient must be provided with their own: A. Bed and clean, comfortable mattress and pillow of proper size and height. B. Clean bedding appropriate to weather. C. Sufficient, accessible storage.	
	PERSONAL RIGHTS & PROTECTIONS	**GUIDANCE**
2.0	All consumer information is kept confidential.	

South Carolina Department of Disabilities
And
Special Needs

Respite Program Standards

Effective February 2008

Revised January 2010

Revised: Effective March 2012

REVISED May 2015

Definitions:

Care Acts to maintain health and/or personal safety of the individual.

Respite Services provided to participants unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those individuals normally providing the care. Respite may be used on a regular basis to provide relief to caregivers or in response to a family emergency or crisis. The service may be:

- **Family Arranged**

  The family is responsible for obtaining and arranging training, oversight of the support provider and securing the respite site.

- **Provider Arranged**

  The Provider Agency is responsible for obtaining and arranging training, and oversight of the support provider, including securing the respite site (with input from the family).

Respite may be provided in a variety of settings:

- Individual's home or place of residence or other residence selected by the individual/his/her family.

  Note: "Other residence" option is not available for HASCI funded respite

- A facility licensed by SCDHEC.

Supervision Acts to protect the person from harm and/or injury.

Supports Providing care and supervision.

Desired Outcomes:

- To maintain optimal health, safety and welfare of the individual in absence of the caregiver.
- To reduce family/caregiver stress and thereby help preserve family stability.
- Reduce out-of-home placement.
- Satisfaction based on the expectations of the individual/family.

General Information:

- The Provider Agency may not impose requirements upon service recipients or their representation in addition to those set forth herein.
- Respite providers may not provide skilled care (i.e., care which requires nurse training/supervision and written certification).
- Providers must follow all applicable DDSN policies related to this service.

Option I: Family Arranged

Respite provided in the individual's home or other residence selected by the individual or his/her representative.

A. **Funded through Family Support Funds DDSN Respite/Family Support Contract**

When the Family Arranged option is used and the family is provided with funds to purchase the service, the individual/family/caregiver assumes the responsibility for assuring the safety and quality of the setting and the competency of the respite caregiver.

B. **Funded through ID/RD or HASCI Waiver**

When the Family Arranged option is used and the service is funded through ID/RD or HASCI Waiver, the following standards must be met:

Family Arranged Respite Funded through ID/RD or HASCI Waiver

	Standard	Guidance
1.0	Caregiver/Respite Provider must meet the following qualifications: A. Be at least 18 years of age. B. Have the ability to speak, read, and write English. C. Be capable of aiding in the activities of daily living. D. Be capable of following the Plan of Care with minimal supervision. E. Have no record of abuse, neglect, crimes committed against another or felonious conviction of any kind. F. Be free of communicable diseases. G. Possess a valid driver's license if required as part of the job.	Reference DDSN Directive 735-02-DD: Relatives/Family Members Serving as Paid Caregivers of Respite Services Reference ID/RD Waiver Manual, Home Supports Caregiver Certification.
2.0	The individual or his/her representative must acknowledge that the setting in which the service will be provided was chosen by them and has not been licensed, inspected or approved by DDSN or the contracted service provider.	Documentation of this acknowledgement must be kept on file by the contracted service provider.

	Standards	Guidance
3.0	The caregiver/respite provider must demonstrate competency by successful completion of exams designed to measure knowledge in the areas of: 1. Confidentiality 2. Supervision 3. Prevention of abuse & neglect 4. First aid	
4.0	The caregiver/respite provider must be deemed by the service recipient's responsible party competent without testing or successfully complete exams designed to measure knowledge in the areas of: 1. Fire Safety/disaster preparedness. 2. Understanding disabilities or orientation to Head and Spinal Cord injuries. 3. Signs and symptoms of illness and seizure disorders.	Understanding disabilities or orientation to head and spinal cord injuries must be specifically related to person/family needing services.
5.0	Documentation must be present to show that the service was rendered on the dates for which reimbursement is requested.	
6.0	Payment for services is made to the service provider, not to the service recipient or his/her representative.	

Option II: Licensed Respite

Respite provided in a home or a facility licensed by SCDHEC

	Personal Rights and Protections	Guidance
7.0	Caregivers/respite providers and Provider Agencies must advocate for the individual to insure the individual's rights are exercised and protected.	
	Support Providers and Household Members	**Guidance**
8.0	Prior to providing services, respite providers and adult household members must pass a criminal background check.	Refer to DDSN Directive 406-04-DD: Criminal Record Checks and Reference Checks of Direct Caregivers. No person may provide respite or live in a licensed respite facility who has been convicted, pled guilty, or nolo contendere to: a. Abuse, neglect or mistreatment of a consumer in any health care setting. b. An "Offense Against the Person" as provided for in Chapter 3, Title 16. c. An "Offense Against Morality or Decency" as provided for in Chapter 15, Title 16. d. Contributing to the delinquency of a minor as provided for in S.C. Code Ann. § 16-17-490. e. The common law offense of assault and battery of a high and aggravated nature. f. Criminal domestic violence, as defined in S.C. Code Ann. § 16-25-20. g. A felony drug-related offense under the laws of this state. h. A person who has been convicted of a criminal offense similar in nature to a crime previously enumerated when the crime was committed in another jurisdiction or under federal law; has a substantiated history of child abuse and/or neglect and/or convictions of those crimes listed in SC Sex Offender Registry. S.C. Code Ann. § 44-7-2910; Article 23, Criminal Record Checks of Direct Care Staff
8.1	Respite providers must be: A. Physically and mentally able to implement the individuals care plan. B. Free from tuberculosis.	Physical exam by a licensed physician, licensed physician's assistant, Licensed Nurse Practitioner. Refer to DDSN Directive 603-06-DD: Guidelines for Screening for Tuberculosis

	C. At least 18 years of age. D. High school diploma or equivalent.	
	Care and Supervision	**Guidance**
9.0	Prior to providing respite services, the caregiver/respite provider must be provided a Plan of Care that identifies essential information to maintain the individual's health, safety and welfare.	Information must be included on handling illnesses or injuries that might occur during the respite stay. The Plan of Care is updated as needed as determined by the individual normally providing the care and supervision at home to ensure the Plan of Care is current at all times. A copy of the Plan of Care is on-site and easily accessible for the support person.
	Health Services	**Guidance**
10.0	Individuals receiving respite must be free of communicable disease	Annual physical exam. Tuberculosis screening as specified in DDSN Directive 603-06-DD: Guidelines for Screening for Tuberculosis.
10.1	Medications/treatments are taken/administered safely and accurately, as prescribed.	Medication has not expired. There are no contraindications, (i.e., no allergy for the medication). Given at: Proper time Prescribed dosage Correct route
10.2	If respite is provided during mealtimes, the individual must be offered planned meals which: Constitute a well-balanced diet. Served at regular times comparable to normal mealtimes in the community. Served in appropriate quality, form, temperature and with appropriate utensils. Special and modified diets must be served as instructed.	

Reference Number:	200-04-DD
Title of Document:	Voluntary Contributions and Donations
Date of Issue:	June 1, 1987
~~Effective Date:~~	~~June 1, 1987~~
~~Last Review Date:~~	~~August 1, 2016~~
Date of Last Revision:	~~August 1, 2016~~XXXX, 2021(~~NO REVISIONS~~**REVISED**)
Effective Date:	~~June 1, 1987~~XXXX, 2021
Applicability:	DDSN Regional Centers, Central Office

I. PURPOSE

The purpose of this departmental directive is to state a uniformed policy in regard to the receipt and handling of voluntary contributions or donations made to the South Carolina Department of Disabilities and Special Needs (DDSN).

II. APPLICABILITY

This policy is to be followed by all employees of DDSN Regional Centers and Central Office.

III. POLICY

All voluntary contributions and donations made to DDSN should be deposited with the State Treasurer's Office and entered into DDSN's accounting records as a contribution. No voluntary contributions or donations given to DDSN can be given to or held by any other organization, even if it is an affiliated organization.

IV. GENERAL PROCEDURES

A. Receiving Donations

~~Regional staff accepting contributions or donations at the Regional Centers shall furnish a receipt to the donor.~~ A receipt must be given to the donor of any donation received. If the donation is

Commented [HC1]: Stacey Jordan – Georgetown DSN Board

Since all voluntary contributions and donations made to DDSN are deposited with the State Treasurer's Office and entered into DDSN's accounting records as a contribution, should there be a time frame in which this deposit is made once the donation is made? For example, I'd question if someone submits a check for deposit that they've held for 30 days. Providing a timeframe would allow some consistency with the process of voluntary donations.

I see that there was a strike through on who will accept and furnish a receipt on non restrictive donations (previously stated regional staff). No specific guidance leaves it open to anyone to receive the donation i.e. nurse, DSP, Maintenance, a supervisor so I think it should be clearly defined especially since there's no guidance on when the contribution needs to be deposited.

Commented [MP2R1]: 1st paragraph – no change. State finance procedures requires DDSN to deposit within 5 business days. 2nd paragraph – added clarification

classified as restrictive (for a specific purpose, a specific region, or a specific purpose within a region), it should be noted on the receipt. All donations must be forwarded for initial intake to either the Director of Finance in Central Office or through the Finance Director at each DDSN Regional Center. A copy of the receipt with an accompanying memo briefly describing the circumstances of the donation are required. The Director of Finance will record the purpose of any donation which will make it a "restricted" donation. ~~and documented in supporting work papers as to intent and purpose. Otherwise, the donation~~ Any other donation received will be considered "unrestricted." Unrestricted funds can be used by DDSN on any expense deemed reasonable by the approving official. ~~DDSN's accounting records show restricted and unrestricted donations separately.~~

B. Expending Donations

~~Any expenditure of donated funds below $1,000 must receive written approval of the Facility Administrator. Any expenditure above $1,000 up to $4,999.99 must have the written approval of the District Director. Expenditure of donated funds of $5,000 and above requires the written approval of the Associate State Director-Administration prior to the expenditure.~~

~~Once approved, forward a copy of the approval to the Central Office Budget and Finance Divisions. Any expenditure from a restricted donation account must have the pre-approval signature of the Facility Administrator to assure expenditures are made only for the purpose specified by the donor.~~

~~Except as noted above, receipts and expenditures of voluntary contributions and donations should be made through DDSN's regular receipting and disbursements procedures.~~

Expending restricted donations to use at a particular DDSN Regional Center requires the Facility Administrators (FA), or designee, to approve. All FA approvals of less than $1,000.00 are routed directly to the Director of Finance, who will administratively process to ensure the expenditure meets the intent of the restricted purpose and then process for payment.

All FA approvals $1,000.00 or greater and all other expenditures of restricted donations and unrestricted donations are routed by the originator to the Associate State Director for Operations, or designee, for approval. Any expenditure $10,000.00 and greater also requires the additional approval of the State Director. Subsequent to final approval by the Associate State Director or State Director, the approval is routed to the Director of Finance, who will administratively process to ensure the expenditure meets the intent of the restricted purpose, if applicable, and then process for payment.

~~Tom Waring~~	~~Beverly A.H. Buscemi, Ph.D.~~
~~Associate State Director-Administration~~	~~State Director~~
~~(Originator)~~	~~(Approved)~~
Barry D. Malphrus	Stephanie M. Rawlinson
Vice Chairman	Chairman

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Reference Number:	200-04-DD
Title of Document:	Voluntary Contributions and Donations
Date of Issue:	June 1, 1987
Date of Last Revision:	November 18, 2021 (**REVISED**)
Effective Date:	November 18, 2021
Applicability:	DDSN Regional Centers, Central Office

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IV. GENERAL PROCEDURES

A. Receiving Donations

A receipt must be given to the donor of any donation received. If the donation is classified as restrictive (for a specific purpose, a specific region, or a specific purpose within a region), it should be noted on the receipt. All donations must be forwarded for initial intake to either the Director of Finance in Central Office or through the Finance Director at each DDSN Regional Center. A copy of the receipt with an accompanying memo briefly describing the circumstances of the donation are required. The Director of Finance will record the purpose of any donation which will make it a "restricted" donation. Any other donation received will be considered "unrestricted." Unrestricted funds can be used by DDSN on any expense deemed reasonable by the approving official.

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Barry D. Malphrus
Vice Chairman

Stephanie M. Rawlinson
Chairman

Reference Number:	503-01-DD
Title of Document:	Individuals Involved with the Criminal Justice System
Date of Issue:	March 1, 2007
Effective Date:	March 1, 2007
Last Review Date:	~~May 3, 2016~~XXXX, 2021
Date of Last Revision:	~~May 3, 2016~~XXXX, 2021 (**REVISED**)
Applicability:	DSN Boards, Private Contracted Service Providers, DDSN Regional Centers, DDSN Central Office~~, DDSN District Offices~~

PURPOSE

The South Carolina Department of Disabilities and Special Needs (DDSN) places a high priority on promoting individual rights, choice and self-direction. This emphasis should be balanced with the need to also promote individual responsibilities; see DDSN Directive 510-01-DD: Supervision of People Receiving Services, ~~Attachment A~~Attachment: Balancing the Rights of Consumers to Choose With the Responsibility of Agencies to Protect. As such, individual adherence with local, state and federal law should be strongly encouraged. Nonetheless, some individuals will become involved with the criminal justice system.

This policy serves to clarify the role of the DDSN Central Office~~, ,DDSN District Offices~~, DDSN Regional Centers and boards/providers once individuals are arrested by law enforcement or charged with a criminal offense.

PROCEDURE

A. Reporting

Boards/Providers/DDSN Regional Centers should submit a Critical Incident Report to DDSN Central Office in accordance with DDSN Directive 100-09-DD: Critical Incident Reporting, if an individual is arrested by local, state or federal law enforcement.

B. Incarceration

1. If the criminal charge against the individual is serious, the individual may be incarcerated at a local detention facility upon arrest and not be able or allowed to post bond.

   i. The ~~board/provider/DDSN Regional Center~~ Case Manager/Qualified Intellectual Disability Professional or any other DDSN employee or DDSN contracted service provider ~~should~~ must not post bond for the incarcerated ~~individual~~person.

   ii. However, it would be appropriate for the ~~board/provider/DDSN Regional Center~~Case Manager/Qualified Intellectual Disability Professional to facilitate the ~~individual~~ person to use personal resources to post bond when appropriate supervision/support can be provided to the ~~individual~~ person after release.

2. ~~The board/provider/DDSN Regional Center's primary responsibility, if an individual is incarcerated following arrest, is to advocate for the individual to be assigned a public defender.~~It is appropriate for the board/provider/DDSN Regional Center to advocate for the incarcerated person to be assigned legal representation (i.e., public defender).

3. If the ~~individual~~ person is not receiving case management when arrested, State Funded Case Management ~~(SFCM)~~ should be requested from DDSN. DDSN will pre-certify State Funded Case Management for the ~~individual~~ person for at least the period of time until he/she is convicted or the case is resolved.

4. If the ~~individual~~ person does not have active family involvement, the Case Manager/Qualified Intellectual Disability Professional ~~the board/provider/DDSN Regional Center~~ must contact (telephone or personal) the incarcerated ~~individual~~person/jail staff at least monthly (prior to trial) to assure that his/her needs are being met. ~~(especially needs relating to medications).~~

5. If the ~~individual~~ person is incarcerated in a state operated correctional facility following a court trial, State Funded Case Management may continue for three (3) months. State Funded Case Management may not resume until the ~~individual~~ person is within three (3) months of release.

6. The ~~board/provider/DDSN Regional Center~~Case Manager, Qualified Intellectual Disability Professional, or other DDSN contracted service provider should not make any agreements with the Court, Solicitor or Public Defender to accept responsibility for serving the ~~individual~~ person in exchange for the criminal charge not being prosecuted. If such an agreement is suggested, the DDSN Office of Clinical Services and/or the DDSN Office of the General Counsel must immediately be notified.

C. Forensic Examination/Court Orders

1. When a~~n individual~~ person is involved with the criminal justice system ~~(General Sessions Court or Family Court)~~, there should be a determination made if the ~~individual~~ person is competent to stand trial ~~(CST)~~, (see DDSN Directive 508-01-DD: Competency to Stand Trial Evaluations). ~~unless the charge is in Magistrate/Municipal Court.~~

2. The Office of Clinical Services coordinates the forensic evaluations which must be conducted to assist the court to determine if a~~n individual~~person is competent to stand trial.

   i. Typically the court order to conduct "CST evaluations" will be sent to the Office of Clinical Services.

   ii. In the event that a court order to conduct the "CST evaluation" is inadvertently sent to a board/provider/Regional Center, the court order must immediately be sent to the Office of Clinical Services or the Office of the General Counsel.

3. Court orders for ~~individuals~~persons to be evaluated regarding their competency to stand trial and the presence of an intellectual disability or related disability are the most common orders sent to DDSN.

   ~~i. These court orders may be received from the Family Court or General Sessions Court only.~~

   ~~ii.~~i. Some ~~individuals~~persons referred for CST evaluations are eligible for DDSN services. However, some ~~individuals~~persons have not been determined eligible for DDSN services and will need to go through DDSN eligibility determination if the opinions rendered by the examiners are not competent to stand trial and intellectually disabled.

   ~~iii.~~ii. ~~In either case, and in~~ In accordance with S.C. Code Ann. § 44-23-410 (Supp. 2020), two DDSN examiners conduct the evaluation to determine if an intellectual disability or related disability is present, and if so, render an opinion regarding the ~~individual's~~ person's competency to stand trial. In cases where the ~~individual~~person is suspected of having both an

~~I~~intellectual ~~D~~disability/~~R~~related ~~D~~disability ~~(ID/RD)~~ and mental illness, examiners from both DDSN and the Department of Mental Health ~~(DMH)~~ will conduct the evaluation jointly.

4. If a~~n individual~~person is ~~deemed~~ opined incompetent to stand trial and the examiners believe an intellectual disability or related disability is present, ~~the board/provider in the individual's home county will be notified by the Office of Clinical Services with a copy of the competency evaluation completed by DDSN and copies of other pertinent information. The DDSN District Office and the Director of the DDSN Consumer Assessment Team (CAT) (if eligibility needs to be determined) will also be notified~~, the Case Management provider entity will be notified via a formal letter for those persons already assigned a Case Management entity. If the person is already eligible for services, but not assigned a Case Management entity, the person's home board will be notified via a formal letter. If the person is not an eligible DDSN consumer, the Office of Clinical Services will initiate a referral to the DDSN Eligibility Division for eligibility determination.

~~4.~~5. If a~~n individual~~person is ~~found~~ adjudicated not competent to stand trial, the Solicitor may petition the Family or Probate Court to issue a petition to "judicially admit" the ~~individual~~person to the jurisdiction of DDSN.

i. These petitions judicially admit a~~n individual~~person to DDSN, not a specific facility.

ii. These petitions are typically sent to the Office of the General Counsel; however, in the event that a petition for a "judicial admission to DDSN" is inadvertently sent to a board/provider/DDSN Regional Center, the Petition (and any supporting documentation) must immediately be sent to the Office of the General Counsel.

~~5.~~6. The Office of Clinical Services tracks all incoming court orders/petitions for the Department. The Office of Clinical Services and the Office of the General Counsel are responsible for insuring that DDSN and the board/providers respond in a timely and appropriate manner with meaningful information provided.

~~6.~~7. There are ~~three~~ two (~~3~~2) situations in which the board/provider/DDSN Regional Center must respond following a forensic evaluation/judicial admission order.

~~i~~. ~~If an individual is deemed incompetent to stand trial by DDSN and is already eligible for DDSN services, it is expected that the board/provider will follow through upon notification by the Office of Clinical Services to develop, review, and/or revise a service plan of supports for the individual, in conjunction with the Office of Clinical Services.~~

~~ii~~i. If a~~n individual~~ person is ~~deemed~~ adjudicated incompetent to stand trial by DDSN and is not known to the DDSN system, the Office of Clinical Services will initiate a referral to the DDSN ~~Consumer Assessment Team~~ Eligibility Division for DDSN eligibility determination as noted in section C.4. of this Directive.

~~iii~~ii. If there is a Petition for Judicial Admission of a~~n individual~~ person due to his/her incompetence to stand trial, it is expected that the board/provider will, upon notification from the Office of Clinical Services, develop a service plan for the ~~individual~~person, in conjunction with the Office of Clinical Services.

a. The service plan must include sufficient interventions and supports so that it can be reasonably expected that a recurrence of the activity which resulted in criminal charges will not occur.

b. The Office of Clinical Services ~~or DDSN District Office will attend~~ is responsible for attending the court hearing and present~~ing~~ the Plan of Services Report to the court. The case manager is expected to attend the hearing as well.

c. Contact with the individual and family to initiate planning must be initiated immediately after notification from the Office of Clinical Services. Planning cannot be delayed until a Notice of Hearing is issued by the court.

d. DDSN is federally mandated to serve ~~individuals~~persons in the least restrictive setting feasible. This includes ~~individuals~~persons involved in the criminal justice system. The development of a Service Plan for a~~n individual~~ person who is being judicially admitted to DDSN involves the following steps:

- Assessment of the home setting to determine if services can be offered to support the ~~individual~~person in his/her home, and if in-home supports will adequately protect the health, safety, and supervision needs of the ~~individual~~person and ensure the safety of the general public.

- If services and supports to meet the needs of the ~~individual~~person in his/her home and community in a manner which would be reasonably expected to prevent the recurrence of any criminal activity can be provided, residential services will not be necessary.

- If residential services are deemed to be necessary, the ~~c~~Case ~~m~~Manager should ~~notify the DDSN District Office~~submit a critical out of home placement request to

the DDSN Crisis Coordinator. of the need for residential services in accordance with DDSN Directive 502-05-DD: DDSN Waiting List.

D. Service Implementation

1. The board/provider/DDSN Regional Center, in conjunction with the Office of Clinical Services, must assure that the service plan presented to the court is immediately implemented as written.

2. Implementation of the Plan must be managed, overseen and monitored to ensure the individual's person's needs are met, thereby reducing the likelihood of re-offending.

3. IndividualsPersons who have been judicially admitted to DDSN cannot be discharged from DDSN without prior approval from the Office of Clinical Services, in conjunction with the Office of General Counsel, and the DDSN State Director or his/her designee.

4. Any problems or concerns with the implementation of the plan, must be reported to the Office of Clinical Services.

5. All judicially admitted individuals persons must receive active cCase mManagement unless otherwise directed by the Office of Clinical Services. approved by the Office of Clinical Services.

E. Quality Assurance/Prevention

1. The Office of Clinical Services will track those individuals persons judicially admitted to DDSN by regularly soliciting updates from case managers on status of plan implementation.

2. As ableIf requested, the Office of the General Counsel and the Office of Clinical Services staff will provide periodic training to county judges, solicitors, public defenders on pertinent laws and regulations relating to DDSN individualspersons involved with the criminal justice system.

3. Boards/providers/DDSN Regional Centers should offer training as needed to applicable staff in the established protocol for responding when an individual person has involvement with the criminal justice system.

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Associate State Director Policy	State Director
(Originator)	(Approved)
Barry D. Malphrus	Stephanie M. Rawlinson
Vice Chairman	Chairman

Reference Number:	535-10-DD
Title Document:	~~National~~ Voter Registration ~~Act (Motor Voter)~~and Voting Rights
Date of Issue:	November 23, 1994
~~Effective Date:~~	~~January 1, 1995~~
~~Last Review Date:~~	~~April 22, 2013~~
Date of Last Revision:	~~April 22, 2013~~XXXX, 2021 (**REVISED**)
Effective Date:	~~January 1, 1995~~XXXX, 2021
Applicability:	DDSN Central Office, DDSN Regional Centers, DSN Boards and Contracted ~~Service Coordination~~ Case Management Providers

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Purpose:

The purpose of this directive is to establish guidelines and procedures that enable DSN Boards, Contracted ~~Service Coordination~~ Case Management Providers, and DDSN Regional Centers to function as voter registration locations for people with disabilities receiving or requesting services.

Disabilities Agency Registration Provision

The National Voter Registration Act (NVRA) and South Carolina Voter Registration Act of 1993 require that ~~individuals~~ persons be given the opportunity to register to vote (or change their voter registration data) in elections for federal office when applying for (or receiving) services or assistance at an office in the state that provides state-funded programs. This Act applies to agencies engaged in providing services to persons with disabilities.

~~Individuals~~ Persons must be provided this opportunity at the time of their application for services, when filing any renewal (interpreted as when someone has separated from DDSN Services and their file has been closed but is reapplying for services or renewing their services), or in the event there is a change of address form relating to such services.

Implementation

1. Designation of Coordinator.

   To comply with the NVRA mandate, each DSN Board, contracted ~~service coordination~~ case management provider, and DDSN Regional Center must function as a voter registration location. Someone must be appointed to coordinate the Act's implementation at the local level. The duties of the coordinator will be to ensure an adequate supply of forms, monitor voter registration activities, train new employees, and resolve questions and problems that arise in coordination with state and local election officials and other agencies. This responsibility will be ongoing, but not full time. Each DDSN Regional Center, DSN Board, or contracted ~~Service Coordination~~ Case Management Agency Head must select one staff person to function in the role as local coordinator. The local coordinator will be responsible for teaching staff how to offer registration.

2. Designating appropriate staff to offer registration.

   A. Executive Directors, contracted Qualified Intellectual Disability Professional (QIDP) Agency Heads and Facility Directors must designate which staff is appropriate to offer registration at the time of initial application for services.

      1. For the DDSN Regional Centers, the ~~Service Coordinator~~ Case Manager is suggested.

      2. For ~~Service Coordination~~ Case Management Providers, the designated person for completing Intake is recommended to be the appropriate staff to offer voter registration when a person is applying for DDSN services/eligibility. If a person is already eligible for DDSN services, the person's ~~Service Coordinator~~ Case Manager is suggested as the appropriate staff to offer registration should there be a change of address.

   B. The local coordinator will teach staff how to offer registration.

3. Duties of staff related to these activities will be:

   A. Offer adults with disabilities the opportunity to register to vote when applying for services, when filing any renewal for services or when there is a change of address explaining the process and the options to register or decline.

   B. Assist adults with completing the voter registration form (supplied by and available through the SC Election Commission or also available in the DDSN

Human Resources Office) and explain the nature of the form. The form must be signed by the person.

C. Provide a Voter Registration Declination form – Attachment A (supplied by and available through the SC Election Commission or also available in the DDSN Human Resources Office) and ask the adult to read the form, complete all checkboxes necessary, and sign the form. Give the bottom tear away portion of the form to the adult.

D. Enter the data on the CDSS.

E. Mail the form to the county voter registration office for final decision regarding registration.

4. Data from the CDSS regarding name, voting address and age will be transmitted to the state election commission via a connection through the Division of State Information Technology (DSIT). Address changes will automatically be sent to the state election commission when they are entered on the CDSS.

5. Each DDSN Regional Center or provider will keep voter registration forms for distribution but will not be responsible for recording or mailing the voter registration forms for anyone except those applying or eligible for services.

6. Declinations to apply will be recorded and kept by the Agency in a confidential manner for one (1) year.

7. Voter Registration information can be obtained from the SC Election Commission (www.scvotes.org) or from the DDSN Director of ~~Service Coordination~~ Case Management and Plan development (lmanos@ddsn.sc.gov). Voter Registration Declination forms can be requested from the SC Election Commission or from the DDSN Human Resources Office.

REGISTRATION

Determining if a person "would like to register or decline to register to vote" can be done by asking the person and having them check the appropriate box on the Voter Registration Declination form. Failure to check either box constitutes a declination to register. If the person declines to check a box they should be told "if you do not check either box, you will be considered to have decided not to register to vote at this time". Make a note in the record (chart) of the offer and declination.

If a person needs assistance in completing the form, it can be offered and provided to the same degree of assistance given to complete other forms.

State law requires that each person who registers to vote must be:

1. A citizen of the U.S.

2. A resident of the state, the county and precinct in which he/she registers.

3. At least 18 years old or will be 18 years old before the election in which he/she wishes to vote.

4. Not convicted of a felony or an offense against the election laws.

5. Not under a court order declaring the individual mentally incompetent.

The final requirement for people with a disability is that when presenting oneself to vote, that person must be capable of asking for assistance with the voting process. ~~Assistance can be given by the people in the voting place, but not by~~According to the South Carolina Disability Voting Coalition, a person may choose anyone to assist them in the voting booth **except** staff of DSN Boards, contracted providers or DDSN Regional Centers. To receive assistance, the person must tell the poll worker they have a disability and that they need assistance. The person must identify the individual helping them or request the help of a poll manager. The person does not have to state their disability or provide any proof of disability.

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~~Associate State Director Policy~~	~~State Director~~
~~(Originator)~~	~~(Approved)~~
Barry D. Malphrus	Stephanie M. Rawlinson
Vice Chairman	Chairman

To access the following attachment, please see the agency website page "Current Directives" at: https://ddsn.sc.gov/providers/ddsn-directives-standards-and-manuals/current-directives

RELATED FORM: SEC Form 2030-201004 Declination to Register to Vote