

From: [Linguard, Christie](#)
Subject: Meeting Notice - The Commission of the SCDDSN - Commission Meeting - February 20, 2025
Date: Tuesday, February 18, 2025 3:41:09 PM
Attachments: [Commission Packet for February 20 2025 Meeting.pdf](#)

Everyone,

The South Carolina Commission on Disabilities and Special Needs will hold its regularly scheduled meeting in-person on Thursday, February 20, 2025, at 10:30 a.m. in conference room 251 at the SC Department of Disabilities and Special Needs, Central Administrative Office, 3440 Harden Street Extension, Columbia, SC. To access the live audio stream for the 10:00 a.m. meeting, please visit <https://ddsn.sc.gov>.

Attached is the Commission Packet for the meeting.

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

Thank you,

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

A G E N D A

**South Carolina Department of Disabilities and Special Needs
3440 Harden Street Extension
Conference Room 251 (TEAMS)
Columbia, South Carolina**

February 20, 2025

10:30 A.M.

1. Call to Order *Chairman Eddie Miller*
2. Notice of Meeting Statement *Commissioner Gary Kocher, MD*
3. Welcome
4. Adoption of Agenda
5. Invocation *Commissioner Gary Kocher*
6. Approval of the January 13, 2025 Commission Meeting Minutes **Pages 2-5**
7. Commissioners' Update *Commissioners*
8. Public Input
9. Commission Committee Business
 - A. Policy Committee *Committee Chairman Gary Kocher, MD*
 1. 502-04-DD: Short-Term Admission to DDSN Regional Centers or Community ICFs/IID (Obsolete) **Pages 6-8**
 2. 535-11-DD: Appeal and Reconsideration of Decisions **Pages 9-25**
 3. 600-11-DD: Physical Management (Obsolete) **Pages 26-29**
 4. Caregiver Coaching Standards **Pages 30-39**
10. Old Business
 1. Quarterly Incident Reports **Pages 40 -42** *Ms. Ann Dalton*
 2. Home and Community Based Settings Regulations Update *Ms. Jamie Heyward*
 3. Regional Center Renovations Update *Ms. Janet Priest*
 4. Legislative Update *Ms. Courtney Crosby*
Ms. Carol Stewart
11. New Business
 1. 2025 Autism Connect Conference **Pages 43-45** *Ms. Stephanie Turner*
 2. FY25 YTD Spending Plan Budget vs. Actual Expenditures **Page 46** *Mr. Bruce Busbee*
12. Next Regular Meeting – March 20, 2025, at 10:30 AM
13. Adjournment

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

MINUTES

January 13, 2025

The South Carolina Commission on Disabilities and Special Needs met on Monday, January 13, 2025, at 1:30 p.m., at the Department of Disabilities and Special Needs Central Office, 3440 Harden Street Extension, Columbia, South Carolina.

The following were in attendance:

COMMISSION

Present In-Person

Michelle Woodhead – Vice Chairman

Gary Kocher, MD - Secretary

Barry Malphrus

Microsoft Teams

David Thomas

Telephone

Eddie Miller - Chairman

DDSN Administrative Staff

Constance Holloway, State Director; Mary Long, Courtney Crosby, Chief of Staff; Carolyn Benzon, General Counsel; Interim Chief Financial Officer; Greg Meetze, Chief Information Officer; Lori Manos, Associate State Director of Policy; Janet Priest, Associate State Director of Operations; Bruce Busbee, Budget Director; Chanel Cooper, Endpoint Technician - Information Technology; and Christie Linguard, Executive Assistant.

Notice of Meeting Statement

Vice Chairman Woodhead called the meeting to order, and Commissioner Malphrus read the statement of announcement about the meeting that was distributed to the appropriate media, interested persons, and posted at the Central Office and on the website in accordance with the Freedom of Information Act.

Welcome

Vice Chairman Woodhead welcomed everyone to the meeting.

Adoption of the Agenda

On a motion by Commissioner Kocher and seconded by Commissioner Malphrus, the agenda was unanimously approved as written by the Commission. (Attachment A)

Invocation

Commissioner Thomas gave the invocation.

Approval of the October 17, 2024, Commission Meeting Minutes

Commissioner Malphrus made a motion to approve the minutes from October 17, 2024, Commission meeting as presented. This motion was seconded by Commissioner Kocher and unanimously approved by the full Commission. (Attachment B)

Commissioners' Updates

Commissioner Malphrus stated that he is interested in hearing the legislative update we have coming up in this meeting. He also pointed out that he received a call from a viewer regarding the Shriner's Hospital update he gave at the October 2024 Commission meeting.

Commissioner Woodhead announced that her daughter, McKenna, is the first wheelchair tennis national champion from the state of South Carolina! McKenna was recognized at one of Clemson's basketball games recently; she also participated in a Podcast on Spotify. Clemson University will be hosting the Palmetto Games in April of this year. Anyone in the state who has a disability can participate.

Public Input

Ms. Heather Waddell, Executive Director at Tri-Development Center of Aiken County, Inc., spoke to the Commission during public input.

Commission Committee Business

Policy Committee

Commissioner Kocher noted that there is one policy to bring to the Commission this month. Ms. Manos presented this information:

133-22-DD: Freedom of Information Act Requests – Coming from the Committee Chairman, Gary Kocher; he presented the motion to approve this policy as amended, which was seconded by Commissioner Malphrus and unanimously approved by the full Commission. (Attachment C)

Old Business

Regional Center Renovations Update

Ms. Courtney Crosby noted that the Agency began implementing the Regional Center Renovation Plan ("Plan") shortly after the Joint Bond Review Committee

(JBRC) met in October of last year. The Plan was first implemented at the Coastal Regional Center, specifically with the vacant dormitories in Highlands 110 and Hillside 620. We expect the design space to be completed for these two dormitories in February or March. The Agency also began implementing part of the Plan at the Pee Dee Regional Center, specifically Mulberry 302. This is a vacant dormitory with extensive plumbing needs. We have an expected completion of construction documents there in mid-Spring. We have also received architect Engineering Services proposals for the 17 remaining Priority One (residential) and Priority Two (program areas) buildings at the Coastal Regional Center. Lastly, the Agency has also received proposals for the Priority One Renovations at the Saleeby Center; all Priority One and Priority Two buildings at the Midlands Center; and all Priority One and Priority Two buildings at the Whitten Center. The Agency will present its quarterly report to the JBRC at their meeting on January 29th. Ms. Crosby will give the Commission an update at the February Commission meeting.

Legislative Update

Ms. Carol Stewart announced that we are at the beginning of the legislative session. There are two bills that have been pre-filed in both the House and Senate regarding restructuring of the healthcare agencies. House Bill 3613 is the same bill that the House filed last year; the Senate Bill, S2, only request merging of our Agency, the Department of Mental Health, and the Department of Alcohol and Other Drug Abuse Services. The Governor has publicly supported these mergers as well. At some point, the House and Senate versions will need to be reconciled into one new law. We have a long way to go before legislature works its way to the Governor's desk.

In terms of the Budget, the Agency has started participating in the budget process. The House Ways and Means Budget Hearing for the Agency will take place on January 22nd.

New Business

FY25 YTD Spending Plan Budget vs. Actual Expenditures

Mr. Busbee presented the budget summary. The Agency is at 50% for the year and we are right at 50% of expenditure. With the budget plan of \$378 million we have spent approximately half of our budget, so we are right where we need to be. (Attachment D)

Director's Update

Director Constance Holloway gave her Director's Update on the Agency. (Attachment E)

Executive Session

At 2:14 PM, Commissioner Kocher made a motion to enter into executive session to discuss a personnel matter, Director of Internal Audit Position, and a contractual matter, Regional Center Security Contract. This motion was seconded by Commissioner Malphrus and unanimously approved by the Commission.

Rise Out of Executive Session

At 3:08 PM, Vice Chairman Woodhead noted that there were no votes taken and no decisions made during executive session. Commissioner Malphrus made a motion to rise out of executive session, seconded by Commissioner Thomas and unanimously approved by the Commission.

Action on Item(s) Discussed in Executive Session, if needed

There are no further actions to be taken by the Commission at this time.

Next Regular Meeting

The next meeting scheduled will take place on Thursday, February 20, 2025.

Adjournment

On a motion by Commissioner Kocher, seconded by Commissioner Malphrus, and unanimously approved by the Commission, the meeting adjourned at 3:10 P.M.

Submitted by:

Approved by:

Christie D. Linguard
Executive Assistant

Commissioner Gary Kocher, M.D.
Secretary



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
Administration

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 PO Box 4706, Columbia, South Carolina 29240
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 Toll Free: 888/DSN-INFO
 Website: www.dds.sc.gov

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

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

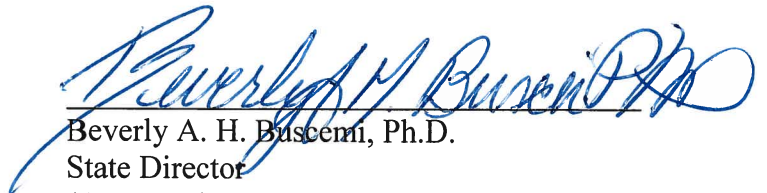
Services and supports to individuals on short-term admission at a DDSN Regional Center or Community ICF/IID for whom Medicaid reimbursement is sought must comply with all applicable ICF/IID Standards, and when receiving supports 30 days or longer, must have an Individual Support Plan. Individuals receiving 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)

Michelle G. Fry, J.D., Ph.D.
State Director
Janet Brock Priest
Associate State Director
Operations
Lori Manos
Associate State Director
Policy
Constance Holloway
General Counsel
Harley T. Davis, Ph.D.
Chief Administrative Officer
Nancy Rumbaugh
Interim Chief Financial Officer
Greg Meetze
Chief Information Officer



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David L. Thomas
Michelle Woodhead

Reference Number: 535-11-DD

Title of Document: Appeal and Reconsideration of Decisions

Date of Issue: May 31, 1996

Date of Last Revision: ~~July 21, 2022~~ XXXX, 2025 (REVISED)

Effective Date: ~~July 21, 2022~~ XXXX, 2025

Applicability: All DDSN Divisions; DDSN Regional Centers; DSN Boards and Contract Service Providers

I. INTRODUCTION:

This directive establishes policies and procedures for reconsideration or appeal of decisions concerning eligibility for and services either solely state-funded by the South Carolina Department of Disabilities and Special Needs (DDSN), ~~Disabilities and Special Needs Boards, and Contracted Providers~~ or Medicaid-funded by the South Carolina Department of Health and Human Services (SCDHHS). Authority for ~~this~~ these procedures is set forth in S.C. Code Ann. § 44-26-80 (2018) relating to the rights of individuals receiving services from DDSN, in S.C. Code Ann. Regs. 88-705-715, and in 42 CFR 431.10. This directive establishes the procedures for the reconsideration of decisions made by DDSN and/or its network of providers that affect the receipt of Medicaid services by Medicaid participants and for the appeal of decisions for applicants seeking eligibility for solely state-funded DDSN services or when such solely state-funded services are denied, suspended, reduced or terminated.

II. POLICY:

It is the policy of DDSN that each applicant or service recipient has the right to appeal or request reconsideration of decisions made by DDSN, DSN Boards, or Contracted Service Providers. DDSN, DSN Boards, and Contracted Service Providers shall ensure that all concerns of applicants and service recipients are handled appropriately and in a timely manner.

DDSN utilizes funding appropriated by the South Carolina General Assembly to support those going through DDSN's eligibility process and for those found eligible for the agency's services. For some

DDSN services, the funding appropriated by the South Carolina General Assembly is the only source of funding. However, in order to maximize the appropriated funding, DDSN also partners with the ~~South Carolina Department of Health and Human Services (SCDHHS)~~ to utilize and earn Medicaid as a source of funding for services. Therefore, DDSN has final authority over some decisions, but when Medicaid funding is used or affected, SCDHHS, the State's Medicaid Agency, has final authority over the decision.

A. **DDSN Decisions:** DDSN has the final authority over decisions that are solely state-funded by DDSN (i.e., not funded by Medicaid) and those solely within its established authority. Appeals procedures for adverse decisions solely state-funded by DDSN are outlined in S.C. Code Ann. Regs. 88-705-715. These procedures are outlined in Attachment C: Process for Appeal of DDSN Decisions.

B. **SCDHHS Decisions:** SCDHHS, ~~the Medicaid Agency,~~ has final authority over decisions made regarding programs and services funded by Medicaid. In the context of this document, these decisions will be referred to as “**SCDHHS decisions.**” While the final authority for Medicaid decisions rests with SCDHHS, because DDSN operates Medicaid Home and Community Based Services (HCBS) Waivers on behalf of the SCDHHS and is a provider of Medicaid-funded services, SCDHHS allows DDSN to reconsider decisions made by DDSN or its network of providers before providing a Fair Hearing to a Medicaid participant. The reconsideration by DDSN is allowed to ensure that established Medicaid policy and procedures were followed and appropriately applied when the decision was made.

SCDHHS decisions that may be reconsidered by DDSN include, but may not be limited to:

- Denial of Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) Level of Care.
- Denial of Nursing Facility (NF) Level of Care when reevaluated.
- Other:
 - Denial of Placement on an HCBS Waiver waiting list
 - Denial of ID/RD Waiver Reserved Capacity
 - Denial of HASCI Waiver Reserved Capacity
 - Denial of Community Supports (CS) Waiver Reserved Capacity
 - Denial, suspension, reduction or termination of a HCBS Waiver funded service
 - Denial, suspension, reduction or termination of a Medicaid State Plan service authorized by a Waiver Case Manager
 - Denial of the choice of HCBS Waiver service provider

III. DEFINITIONS:

Applicant:

- a. One who has contacted DDSN (via the toll-free telephone number) to seek a determination of eligibility for DDSN services or by proxy, contact was made by the applicant's legal guardian.
- b. One who has contacted DDSN or a DDSN qualified Case Management provider to seek enrollment or one for whom enrollment is sought by a legal guardian in one of the Home and Community Based Services Waivers operated by DDSN.
- c. One who has contacted their Case Management provider or DDSN to seek a determination of ICF/IID Level of Care or one for whom a determination is sought by a legal guardian.

Service Recipient:

- a. One who has been determined by DDSN to meet the criteria for eligibility for DDSN services, or by proxy, his/her legal guardian.
- b. One who is enrolled in a Home and Community Based Services Waiver operated by DDSN or by proxy, his/her legal guardian.

Representative:

- a. One, who with the consent of an individual who is not adjudicated incompetent, assists the applicant or service recipient.
- b. One, who with the consent of an individual's legal guardian, assists the applicant or service recipient.

Appeal:

A procedure by which a party dissatisfied with a decision, determination or ruling may refer the matter to a higher authority for review. In the context of this document, an appeal is a request by a DDSN applicant to reverse a decision regarding DDSN eligibility or a service or program solely state-funded by DDSN. Procedures for appeal of adverse decisions solely state-funded by DDSN are outlined in S.C. Code Ann. Regs. 88-705-715. Refer to Attachment C: Process for Appeal of DDSN Decisions for an outline of this process.

Reconsideration:

A review of a decision to ensure the decision comports with applicable Medicaid policy or procedures. In the context of this document, a reconsideration is a review by DDSN of a decision made by DDSN or its network of service providers to ensure that applicable Medicaid policy and/or procedures were appropriately applied when making the decision. If dissatisfied with the outcome of the reconsideration, the Medicaid participant may request a Fair Hearing from the Division Office of Appeals and Hearings at SCDHHS.

IV. RECONSIDERATION OF SCDHHS DECISIONS:**A. ICF/IID Level of Care**

An adverse decision regarding an initial determination or an annual re-determination of ICF/IID Level of Care made by or upheld by the DDSN Eligibility Division may be reconsidered if relevant information not previously considered is available. Requests for reconsideration must be made in writing by the applicant/representative within 30 calendar days from receipt of written notification of the of the adverse decision. Written requests for reconsideration may be sent to the State Director of DDSN by email to appeals@ddsn.sc.gov or by mail to 3440 Harden Street Extension, Columbia, SC 29203. ~~(See Attachment A: PROCESS FOR RECONSIDERATION OF SCDHHS DECISIONS)~~ Reasonable accommodations to assist with communication will be provided upon request.

The State Director or a designee will issue a written decision within 10 business days of receipt of the written reconsideration request. The written decision will be mailed to the participant, legal guardian or representative. If the State Director upholds the decision/action, the reason(s) for upholding shall

be specifically identified in the written notification. (See Attachment A: PROCESS FOR RECONSIDERATION OF SCDHHS DECISIONS)

If after reconsideration, including consideration of new information, the determination remains unchanged, the applicant may appeal to SCDHHS-Division Office of Appeals and Hearings. An appeal request to SCDHHS is valid if filed electronically, emailed, faxed or mailed no later than the 30th calendar day following receipt of the DDSN reconsideration notification. The participant, legal guardian, or representative must file the appeal electronically at www.scdhhs.gov/appeals, by mail to SC Department of Health and Human Services, Office of Appeals and Hearings, P.O. Box 8206, Columbia, SC 29202-8206 (postmarked no later than the 30th calendar day from the date of the receipt of notice), by email to appeals@scdhhs.gov or by fax to 803-255-8206. Unless a valid appeal request is made to SCDHHS, the DDSN reconsideration decision will be final and binding. (See Attachment B: SCDHHS MEDICAID FAIR HEARING PROCESS)

NOTE: For those applying for Medicaid through the Tax Equity and Fiscal Responsibility Act (TEFRA), appeals of adverse ICF/IID Level of Care decisions must be made directly to SCDHHS-Division Office of Appeals and Hearings using any one of the four methods noted above. DDSN cannot reconsider these decisions.

B. Nursing Facility Level of Care Re-Evaluations

An adverse decision regarding an annual re-evaluation of a Nursing Facility Level of Care by a Waiver Case Manager will automatically be reviewed by staff of DDSN's Head and Spinal Cord Injury (HASCI) Division prior to the expiration of the current Level of Care determination. A written request to DDSN for reconsideration is not required.

If the adverse decision is upheld by HASCI Division staff, an appeal may be made by the waiver participant to SCDHHS-Division Office of Appeals and Hearings. An appeal request to SCDHHS is valid if filed electronically or mailed postmarked no later than the 30th calendar day following receipt of the DDSN reconsideration notification. The participant, legal guardian, or representative must file the appeal electronically at www.scdhhs.gov/appeals or mailed to SC Department of Health and Human Services, Office of Appeals and Hearings, P.O. Box 8206, Columbia, SC 29202-8206. Unless a valid appeal request is made to SCDHHS, the DDSN reconsideration decision will be final and binding. (See Attachment B: SCDHHS MEDICAID FAIR HEARING PROCESS)

C. Other SCDHHS Decisions

Written requests for reconsideration may be sent to the State Director of DDSN by email to appeals@ddsn.sc.gov or by mail to 3440 Harden Street Extension, Columbia, SC 29203. Actions to suspend, reduce or terminate HCBS Waiver services may be halted while those actions are being reconsidered. In order to halt the action, thereby allowing the HCBS Waiver service to continue while the decision is being reconsidered, the participant, legal guardian or representative must specifically request that the action be halted, the services continue, and the decision be reconsidered. The request must be made in writing and submitted within 10 calendar days of receipt of written notification of the decision/action. If, upon completion of the DDSN Reconsideration and SCDHHS Appeal, the SCDHHS decision is upheld, the participant or legal guardian may be required to repay the cost of the HCBS Waiver services received during the pendency of the reconsideration/appeal.

~~A formal request must be made in writing within 30 calendar days of receipt of notification of the adverse decision.~~ If not requesting that actions to suspend, reduce or terminate HCBS Waiver services be halted, a request for DDSN reconsideration of a SCDHHS decision must be made in writing within 30 calendar days of receipt of written notification of the decision/action. A copy of the written notification of the adverse decision must be submitted along with the basis of the complaint, previous efforts to resolve the complaint, and the relief sought. If the decision was the denial of a request to exceed a waiver service limit, documentation justifying the need for the amount in excess of the limit must be submitted. The request must be dated and signed by the Medicaid ~~participant/representative~~ participant, legal guardian, or representative. Reasonable accommodations to assist with communication will be provided upon request. The State Director or a designee will issue a written decision within 10 business days of receipt of the written reconsideration request. The written decision will be mailed to the participant, legal guardian or representative. If the State Director upholds the decision/action, the reason(s) for upholding shall be specifically identified in the written notification. (See Attachment A: PROCESS FOR RECONSIDERATION OF SCDHHS DECISIONS)

If, after reconsideration, the decision is upheld, a Fair Hearing may be requested by the Medicaid participant to SCDHHS-~~Division~~-Office of Appeals and Hearings. An appeal request to SCDHHS is valid if filed electronically, emailed, faxed, or mailed postmarked no later than the 30th calendar day following receipt of the DDSN reconsideration notification. The participant, legal guardian, or representative must file the appeal electronically at www.scdhhs.gov/appeals or mailed to SC Department of Health and Human Services, Office of Appeals and Hearings, P.O. Box 8206, Columbia, SC 29202-8206. Unless a valid appeal request is made to SCDHHS, the DDSN reconsideration decision will be final and binding. (See Attachment B: SCDHHS MEDICAID FAIR HEARING PROCESS)

~~Barry D. Malphrus~~ Eddie L. Miller
~~Vice Chairman~~ Chairman

~~Stephanie M. Rawlinson~~ Michelle Woodhead
~~Chairman~~ Vice Chairman

To access the following attachments, please see the agency website page “Current Directives” at: <https://ddsn.sc.gov/providers/ddsn-directives-standards-and-manuals/current-directives>

- Attachment A: PROCESS FOR RECONSIDERATION OF SCDHHS DECISIONS
- Attachment B: SCDHHS MEDICAID FAIR HEARING PROCESS
- Attachment C: PROCESS FOR APPEAL OF DDSN DECISIONS

Related Policies:

- 535-08-DD: Concerns of People Receiving Services: Reporting and Resolution
- 700-02-DD: Compliance with Title VI of the Civil Rights Act of 1964, Americans with Disabilities Act of 1990, Age Discrimination Act of 1975 and Section 504 of the Rehabilitation Act of 1973 and Establishment of a Complaint Process

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS (DDSN)
PROCESS FOR RECONSIDERATION OF SCDHHS DECISIONS**

“**SCDHHS decisions**” are decisions made regarding programs and services funded by Medicaid. The final authority for Medicaid decisions rests with the South Carolina Department of Health and Human Services (SCDHHS). However, before a Medicaid participant can request a Fair Hearing through SCDHHS, decisions made by DDSN (and its network of providers) must first be submitted to DDSN for reconsideration. The reconsideration by DDSN is required to ensure that established Medicaid policy and procedures were followed and appropriately applied when the decision was made.

Actions to suspend, reduce or terminate HCBS Waiver services may be halted while those actions are being reconsidered. In order to halt the action, thereby allowing the HCBS Waiver service to continue while the decision is being reconsidered, the participant, legal guardian or representative must specifically request that the action be halted, the services continue, and the decision be reconsidered. The request must be made in writing and submitted within 10 calendar days of receipt of written notification of the decision/action. If, upon completion of the DDSN Reconsideration and SCDHHS Appeal, the SCDHHS decision is upheld, the participant or legal guardian may be required to repay the cost of the HCBS Waiver services received during the pendency of the reconsideration/appeal.

If not requesting that actions to suspend, reduce or terminate HCBS Waiver services be halted, a request for DDSN reconsideration of a SCDHHS decision must be made in writing within 30 calendar days of receipt of written notification of the decision/action. The request must clearly state the basis of the complaint, previous efforts to resolve the complaint, and relief sought. If the decision was the denial of a request to exceed a waiver service limit, documentation justifying the need for the amount in excess of the limit must be submitted.

If needed, assistance with completion of the reconsideration request can be provided. The request must be dated and signed by the participant, legal guardian or representative assisting the participant. The request for reconsideration must be mailed to or e-mailed to:

**State Director
South Carolina Department of Disabilities and Special Needs
3440 Harden Street Extension
Columbia, SC 29203
appeals@ddsn.sc.gov**

The State Director or a designee will issue a written decision within 10 business days of receipt of the written reconsideration request. The written decision will be mailed to the participant, legal guardian or representative. If the State Director upholds the decision/action, the reason(s) for upholding shall be specifically identified in the written notification.

SCDHHS MEDICAID APPEAL PROCESS

If the participant, parent of a minor participant, court appointed legal guardian, or Authorized Representative ~~participant, legal guardian or representative~~ fully completes the DDSN reconsideration process and is dissatisfied with the result, ~~the participant, legal guardian or representative~~ has they have the right to request an appeal with the State Medicaid Agency, which is the South Carolina Department of Health and Human Services (SCDHHS).

The appeal request ~~may~~ can be made: 1) electronically using the SCDHHS website indicated below, 2) faxed, 3) mailed, 4) emailed, 5) by telephone or 6) in person ~~or it may be mailed~~ to the SCDHHS Office of Appeals and Hearings. This must be done no later than 30 ~~calendar~~ days after receipt of the DDSN notification. Unless a valid appeal request is made to SCDHHS, the DDSN reconsideration decision will be final and binding.

The purpose of a SCDHHS administrative appeal is to prove error(s) in fact or law pertaining to a decision made and/or action taken by DDSN that adversely affects a Waiver participant. The appeal ~~must~~ should clearly state the specific issue(s) that are disputed and what action is requested. A copy of the reconsideration notification received from DDSN must be ~~uploaded using the SCDHHS website indicated below or included~~ provided to the SCDHHS Office of Appeals and Hearings with the mailed appeal before it will be opened and assigned to a Hearing Officer.

The participant, parent of a minor participant, court appointed legal guardian, or Authorized Representative, ~~participant, legal guardian or representative~~ is encouraged to can file the appeal electronically at www.scdhhs.gov/appeals.

OR

The appeal request may be mailed to:

SC Department of Health and Human Services
Division Office of Appeals and Hearings
P.O. Box 8206
Columbia, SC 29202-8206

OR

The appeal request may be provided in person:

SC Department of Health and Human Services
1801 Main Street
Columbia, SC 29201
Attn: SCDHHS Office of Appeals and Hearings

OR

The appeal request may be faxed directly to the SCDHHS Office of Appeals and Hearings at (803) 255-8206 or emailed at appeals@scdhhs.gov.

~~An appeal request to SCDHHS is valid if filed electronically or mailed to the above address and postmarked no later than the 30th calendar day following receipt of the DDSN reconsideration notification. Unless a valid appeal request is made to SCDHHS, the DDSN reconsideration decision will be final and binding.~~

~~If a valid appeal request is made, the participant, legal guardian or representative will be advised by the SCDHHS Division Office of Appeals and Hearings as to the status of the appeal request, which may include a scheduled hearing.~~

A participant, parent of a parent of a minor participant, court appointed legal guardian or guardian, or Authorized Representative ~~beneficiary~~ may request an expedited appeal if the standard appeal timeframe (90-calendar days) could jeopardize the individual's life, health, or ability to attain, maintain, or regain maximum

function. SCDHHS will grant or deny these requests as quickly as possible. If ~~we~~ SCDHHS grants ~~your~~ the request to expedite, ~~your~~ the appeal will be resolved as quickly as possible ~~instead of the standard 90-calendar day timeframe~~. If ~~we deny~~ the request to expedite is denied, the appeal will follow the standard ~~90-calendar day~~ timeframe.

To avoid delays in the process, any supporting documentation should be submitted with the request for expedited review at the time of filing or immediately thereafter. While supporting documentation is not required, SCDHHS will make its determination based on the information made available at the time the request is considered.

~~SCDHHS may grant expedited review if we it determines the standard appeal timeframe could jeopardize the individual's life, health, or ability to attain, maintain, or regain maximum function. SCDHHS may consider, among other facts:~~

~~The medical urgency of the beneficiary's situation~~

~~Whether a needed procedure has already been scheduled~~

~~Whether a beneficiary is unable to schedule a needed procedure due to lack of coverage~~

~~Whether other insurance will cover most of the costs of the requested treatment.~~

~~You may request that an appeal be expedited, if desired. To avoid delays in the process, please submit any supporting documentation with the request for expedited review at the time of filing or immediately thereafter. While supporting documentation is not required, SCDHHS will make its determination based on the information made available at the time we consider the request.~~

For more information on the DHHS appeals process, please refer to www.scdhhs.gov/appeals.

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
(DDSN) PROCESS FOR APPEAL OF DDSN DECISIONS**

“**DDSN decisions**” are decisions made by DDSN or its network of providers regarding services that are solely state funded by DDSN (i.e., not funded by Medicaid) and those solely within its established authority. When an applicant disagrees with a decision that was made by or on behalf of DDSN, the applicant can appeal the decision to DDSN. Appeals of DDSN decisions that fall within DDSN’s purview to hear are those decisions related to eligibility for DDSN services and decisions about services that are solely state-funded by DDSN.

When an appeal is desired by an applicant, a signed and dated written appeal of the denial must be made within 30 calendar days ~~from the date of the written correspondence from DDSN which communicates the eligibility decision of the Department~~ of receipt of written notification of the decision/action. The appeal must state the reason(s) the denial was in error and include any additional supporting information. The appeal shall be made by letter or email to:

South Carolina Department of Disabilities and Special Needs - Appeals
3440 Harden Street Extension
Columbia, SC 29203
appeals@ddsn.sc.gov

Reasonable accommodations to assist with communication will be provided upon request.

Upon receipt of the appeal all information shall be reviewed by the State Director using the eligibility criteria as set forth in the Department's regulation addressing “Eligibility,” S.C. Reg. § 88-705-715. If the State Director determines new evaluation data is needed, no decision shall be made until this data is received. The applicant shall be notified a new evaluation is needed within 30 business days of receipt of the written appeal.

~~A written decision shall be provided to the applicant within 30 business days of receipt of the written appeal or receipt of the new evaluation data~~ The State Director or a designee will issue a written decision within 30 calendar days of receipt of the written appeal. The written decision will be mailed to the individual, legal guardian or representative. In accordance with S.C. Code Ann. § 44-20-430 (2018), the decision of the State Director is final.

Constance Holloway, Esq.
State Director
Courtney Crosby
Chief of Staff
Carolyn Benzon
General Counsel
Janet Brock Priest
Associate State Director
Operations
Lori Manos
Associate State Director
Policy
Mary Long
Interim Chief Financial Officer
Greg Meetze
Chief Information Officer



COMMISSION
Eddie L. Miller
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Michelle Woodhead
Vice-Chairman
Gary Kocher, M.D.
Secretary
Barry D. Malphrus
David L. Thomas

Reference Number: 535-11-DD

Title of Document: Appeal and Reconsideration of Decisions

Date of Issue: May 31, 1996

Date of Last Revision: February 20, 2025 (REVISED)

Effective Date: February 20, 2025

Applicability: All DDSN Divisions; DDSN Regional Centers; DSN Boards and Contract Service Providers

I. INTRODUCTION:

This directive establishes policies and procedures for reconsideration or appeal of decisions concerning eligibility for and services either solely state-funded by the South Carolina Department of Disabilities and Special Needs (DDSN), or Medicaid-funded by the South Carolina Department of Health and Human Services (SCDHHS). Authority for these procedures is set forth in S.C. Code Ann. § 44-26-80 (2018) relating to the rights of individuals receiving services from DDSN, in S.C. Code Ann. Regs. 88-705-715, and in 42 CFR 431.10. This directive establishes the procedures for the reconsideration of decisions made by DDSN and/or its network of providers that affect the receipt of Medicaid services by Medicaid participants and for the appeal of decisions for applicants seeking eligibility for solely state-funded DDSN services or when such solely state-funded services are denied, suspended, reduced or terminated.

II. POLICY:

It is the policy of DDSN that each applicant or service recipient has the right to appeal or request reconsideration of decisions made by DDSN, DSN Boards, or Contracted Service Providers. DDSN, DSN Boards, and Contracted Service Providers shall ensure that all concerns of applicants and service recipients are handled appropriately and in a timely manner.

DDSN utilizes funding appropriated by the South Carolina General Assembly to support those going through DDSN’s eligibility process and for those found eligible for the agency’s services. For some

DDSN services, the funding appropriated by the South Carolina General Assembly is the only source of funding. However, in order to maximize the appropriated funding, DDSN also partners with the South Carolina Department of Health and Human Services (SCDHHS) to utilize and earn Medicaid as a source of funding for services. Therefore, DDSN has final authority over some decisions, but when Medicaid funding is used or affected, SCDHHS, the State’s Medicaid Agency, has final authority over the decision.

- A. **DDSN Decisions:** DDSN has the final authority over decisions that are solely state-funded by DDSN (i.e., not funded by Medicaid) and those solely within its established authority. Appeals procedures for adverse decisions solely state-funded by DDSN are outlined in S.C. Code Ann. Regs. 88-705-715. These procedures are outlined in Attachment C: Process for Appeal of DDSN Decisions.
- B. **SCDHHS Decisions:** SCDHHS has final authority over decisions made regarding programs and services funded by Medicaid. In the context of this document, these decisions will be referred to as “**SCDHHS decisions.**” While the final authority for Medicaid decisions rests with SCDHHS, because DDSN operates Medicaid Home and Community Based Services (HCBS) Waivers on behalf of the SCDHHS and is a provider of Medicaid-funded services, SCDHHS allows DDSN to reconsider decisions made by DDSN or its network of providers before providing a Fair Hearing to a Medicaid participant. The reconsideration by DDSN is allowed to ensure that established Medicaid policy and procedures were followed and appropriately applied when the decision was made.

SCDHHS decisions that may be reconsidered by DDSN include, but may not be limited to:

- Denial of Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) Level of Care.
- Denial of Nursing Facility (NF) Level of Care when reevaluated.
- Other:
 - Denial of Placement on an HCBS Waiver waiting list
 - Denial of ID/RD Waiver Reserved Capacity
 - Denial of HASCI Waiver Reserved Capacity
 - Denial of Community Supports (CS) Waiver Reserved Capacity
 - Denial, suspension, reduction or termination of a HCBS Waiver funded service
 - Denial, suspension, reduction or termination of a Medicaid State Plan service authorized by a Waiver Case Manager
 - Denial of the choice of HCBS Waiver service provider

III. DEFINITIONS:

Applicant:

- A. One who has contacted DDSN (via the toll-free telephone number) to seek a determination of eligibility for DDSN services or by proxy, contact was made by the applicant’s legal guardian.
- B. One who has contacted DDSN or a DDSN qualified Case Management provider to seek enrollment or one for whom enrollment is sought by a legal guardian in one of the Home and Community Based Services Waivers operated by DDSN.

- C. One who has contacted their Case Management provider or DDSN to seek a determination of ICF/IID Level of Care or one for whom a determination is sought by a legal guardian.

Service Recipient:

- A. One who has been determined by DDSN to meet the criteria for eligibility for DDSN services, or by proxy, his/her legal guardian.
- B. One who is enrolled in a Home and Community Based Services Waiver operated by DDSN or by proxy, his/her legal guardian.

Representative:

- A. One, who with the consent of an individual who is not adjudicated incompetent, assists the applicant or service recipient.
- B. One, who with the consent of an individual's legal guardian, assists the applicant or service recipient.

Appeal:

A procedure by which a party dissatisfied with a decision, determination or ruling may refer the matter to a higher authority for review. In the context of this document, an appeal is a request by a DDSN applicant to reverse a decision regarding DDSN eligibility or a service or program solely state-funded by DDSN. Procedures for appeal of adverse decisions solely state-funded by DDSN are outlined in S.C. Code Ann. Regs. 88-705-715. Refer to Attachment C: Process for Appeal of DDSN Decisions for an outline of this process.

Reconsideration:

A review of a decision to ensure the decision comports with applicable Medicaid policy or procedures. In the context of this document, a reconsideration is a review by DDSN of a decision made by DDSN or its network of service providers to ensure that applicable Medicaid policy and/or procedures were appropriately applied when making the decision. If dissatisfied with the outcome of the reconsideration, the Medicaid participant may request a Fair Hearing from the Division of Appeals and Hearings at SCDHHS.

IV. RECONSIDERATION OF SCDHHS DECISIONS:

- A. ICF/IID Level of Care

An adverse decision regarding an initial determination or an annual re-determination of ICF/IID Level of Care made by or upheld by the DDSN Eligibility Division may be reconsidered if relevant information not previously considered is available. Requests for reconsideration must be made in writing by the applicant/representative within 30 calendar days from receipt of written notification of the of the adverse decision. Written requests for reconsideration may be sent to the State Director of DDSN by email to appeals@ddsn.sc.gov or by mail to 3440 Harden Street Extension, Columbia, SC 29203. Reasonable accommodations to assist with communication will be provided upon request.

The State Director or a designee will issue a written decision within 10 business days of receipt of the written reconsideration request. The written decision will be mailed to the participant, legal guardian or representative. If the State Director upholds the decision/action, the reason(s) for upholding shall be specifically identified in the written notification. (See Attachment A: PROCESS FOR RECONSIDERATION OF SCDHHS DECISIONS)

If after reconsideration, including consideration of new information, the determination remains unchanged, the applicant may appeal to DHHS-Division of Appeals and Hearings. An appeal request to DHHS is valid if filed electronically, emailed, faxed or mailed no later than the 30th calendar day following receipt of the DDSN reconsideration notification. The participant, legal guardian, or representative must file the appeal electronically at www.scdhhs.gov/appeals, by mail to SC Department of Health and Human Services, Division of Appeals and Hearings, P.O. Box 8206, Columbia, SC 29202-8206 (postmarked no later than the 30th calendar day from the date of the notice), by email to appeals@scdhhs.gov or by fax to 803-255-8206. Unless a valid appeal request is made to SCDHHS, the DDSN reconsideration decision will be final and binding. (See Attachment B: SCDHHS MEDICAID FAIR HEARING PROCESS)

NOTE: For those applying for Medicaid through the Tax Equity and Fiscal Responsibility Act (TEFRA), appeals of adverse ICF/IID Level of Care decisions must be made directly to SCDHHS- Office of Appeals and Hearings using any one of the four methods noted above. DDSN cannot reconsider these decisions.

B. Nursing Facility Level of Care Re-Evaluations

An adverse decision regarding an annual re-evaluation of a Nursing Facility Level of Care will automatically be reviewed by staff of DDSN's Head and Spinal Cord Injury (HASCI) Division prior to the expiration of the current Level of Care determination. A written request to DDSN for reconsideration is not required.

If the adverse decision is upheld by HASCI Division staff, an appeal may be made by the waiver participant to SCDHHS- Office of Appeals and Hearings. An appeal request to DHHS is valid if filed electronically or mailed postmarked no later than the 30th calendar day following receipt of the DDSN reconsideration notification. The participant, legal guardian, or representative must file the appeal electronically at www.scdhhs.gov/appeals or mailed to SC Department of Health and Human Services, Division of Appeals and Hearings, P.O. Box 8206, Columbia, SC 29202-8206. Unless a valid appeal request is made to SCDHHS, the DDSN reconsideration decision will be final and binding. (See Attachment B: SCDHHS MEDICAID FAIR HEARING PROCESS)

C. Other SCDHHS Decisions

Written requests for reconsideration may be sent to the State Director of DDSN by email to appeals@ddsn.sc.gov or by mail to 3440 Harden Street Extension, Columbia, SC 29203. Actions to suspend, reduce or terminate HCBS Waiver services may be halted while those actions are being reconsidered. In order to halt the action, thereby allowing the HCBS Waiver service to continue while the decision is being reconsidered, the participant, legal guardian or representative must specifically request that the action be halted, the services continue, and the decision be reconsidered. The request must be made in writing and submitted within 10 calendar days of receipt of written notification of the decision/action. If, upon completion of the DDSN Reconsideration and SCDHHS Appeal, the SCDHHS

decision is upheld, the participant or legal guardian may be required to repay the cost of the HCBS Waiver received during the pendency of the reconsideration/appeal.

If not requesting that actions to suspend, reduce or terminate HCBS Waiver services be halted, a request for DDSN reconsideration of a SCDHHS decision must be made in writing within 30 calendar days of receipt of written notification of the decision/action. A copy of the written notification of the adverse decision must be submitted along with the basis of the complaint and the relief sought. The request must be dated and signed by the Medicaid participant, legal guardian, or representative. Reasonable accommodations to assist with communication will be provided upon request. The State Director or a designee will issue a written decision within 10 business days of receipt of the written reconsideration request. The written decision will be mailed to the participant, legal guardian or representative. If the State Director upholds the decision/action, the reason(s) for upholding shall be specifically identified in the written notification. (See Attachment A: PROCESS FOR RECONSIDERATION OF SCDHHS DECISIONS)

If, after reconsideration, the decision is upheld, a Fair Hearing may be requested by the Medicaid participant to SCDHHS-Division of Appeals and Hearings. An appeal request to DHHS is valid if filed electronically, emailed, faxed, or mailed postmarked no later than the 30th calendar day following receipt of the DDSN reconsideration notification. The participant, legal guardian, or representative must file the appeal electronically at www.scdhhs.gov/appeals or mailed to SC Department of Health and Human Services, Division of Appeals and Hearings, P.O. Box 8206, Columbia, SC 29202-8206. Unless a valid appeal request is made to SCDHHS, the DDSN reconsideration decision will be final and binding. (See Attachment B: SCDHHS MEDICAID FAIR HEARING PROCESS)

Eddie L. Miller
Chairman

Michelle Woodhead
Vice Chairman

To access the following attachments, please see the agency website page “Current Directives” at: <https://ddsn.sc.gov/providers/ddsn-directives-standards-and-manuals/current-directives>

- Attachment A: PROCESS FOR RECONSIDERATION OF SCDHHS DECISIONS
- Attachment B: SCDHHS MEDICAID FAIR HEARING PROCESS
- Attachment C: PROCESS FOR APPEAL OF DDSN DECISIONS

Related Policies:

535-08-DD: Concerns of People Receiving Services: Reporting and Resolution

700-02-DD: Compliance with Title VI of the Civil Rights Act of 1964, Americans with Disabilities Act of 1990, Age Discrimination Act of 1975 and Section 504 of the Rehabilitation Act of 1973 and Establishment of a Complaint Process

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS (DDSN)
PROCESS FOR RECONSIDERATION OF SCDHHS DECISIONS**

“**SCDHHS decisions**” are decisions made regarding programs and services funded by Medicaid. The final authority for Medicaid decisions rests with the South Carolina Department of Health and Human Services (SCDHHS). However, before a Medicaid participant can request a Fair Hearing through SCDHHS, decisions made by DDSN (and its network of providers) must first be submitted to DDSN for reconsideration. The reconsideration by DDSN is required to ensure that established Medicaid policy and procedures were followed and appropriately applied when the decision was made.

Actions to suspend, reduce or terminate HCBS Waiver services may be halted while those actions are being reconsidered. In order to halt the action, thereby allowing the HCBS Waiver service to continue while the decision is being reconsidered, the participant, legal guardian or representative must specifically request that the action be halted, the services continue, and the decision be reconsidered. The request must be made in writing and submitted within 10 calendar days of receipt of written notification of the decision/action. If, upon completion of the DDSN Reconsideration and SCDHHS Appeal, the SCDHHS decision is upheld, the participant or legal guardian may be required to repay the cost of the HCBS Waiver services received during the pendency of the reconsideration/appeal.

If not requesting that actions to suspend, reduce or terminate HCBS Waiver services be halted, a request for DDSN reconsideration of a SCDHHS decision must be made in writing within 30 calendar days of receipt of written notification of the decision/action. The request must clearly state the basis of the complaint, previous efforts to resolve the complaint, and relief sought. If the decision was the denial of a request to exceed a waiver service limit, documentation justifying the need for the amount in excess of the limit must be submitted.

If needed, assistance with completion of the reconsideration request can be provided. The request must be dated and signed by the participant, legal guardian or representative assisting the participant. The request for reconsideration must be mailed to or e-mailed to:

**State Director
South Carolina Department of Disabilities and Special Needs
3440 Harden Street Extension
Columbia, SC 29203
appeals@ddsn.sc.gov**

The State Director or a designee will issue a written decision within 10 business days of receipt of the written reconsideration request. The written decision will be mailed to the participant, legal guardian or representative. If the State Director upholds the decision/action, the reason(s) for upholding shall be specifically identified in the written notification.

SCDHHS MEDICAID APPEAL PROCESS

If the participant, parent of a minor participant, court appointed legal guardian, or Authorized Representative fully completes the DDSN reconsideration process and is dissatisfied with the result, they have the right to request an appeal with the State Medicaid Agency, which is the South Carolina Department of Health and Human Services (SCDHHS).

The appeal request can be made: 1) electronically using the SCDHHS website, 2) faxed, 3) mailed, 4) emailed, 5) by telephone or 6) in person to the SCDHHS Office of Appeals and Hearings. This must be done no later than 30-calendar days after receipt of the DDSN notification. Unless a valid appeal request is made to SCDHHS, the DDSN reconsideration decision will be final and binding.

The purpose of a SCDHHS administrative appeal is to prove error(s) in fact or law pertaining to a decision made and/or action taken by DDSN that adversely affects a Waiver participant. The appeal should clearly state the specific issue(s) that are disputed and what action is requested. A copy of the reconsideration notification received from DDSN must be provided to the SCDHHS Office of Appeals and Hearings before it will be opened and assigned to a Hearing Officer.

The participant, parent of a minor participant, court appointed legal guardian, or Authorized Representative can file the appeal electronically at www.scdhhs.gov/appeals.

OR

The appeal request may be mailed to:

SC Department of Health and Human Services
Office of Appeals and Hearings
P.O. Box 8206
Columbia, SC 29202-8206

OR

The appeal request may be provided in person:

SC Department of Health and Human Services
1801 Main Street
Columbia, SC 29201
Attn: SCDHHS Office of Appeals and Hearings

OR

The appeal request may be faxed directly to the SCDHHS Office of Appeals and Hearings at (803) 255-8206 or emailed at appeals@scdhhs.gov.

A participant, parent of a parent of a minor participant, court appointed legal guardian, or Authorized Representative may request an expedited appeal if the standard appeal timeframe (90-calendar days) could jeopardize the individual's life, health, or ability to attain, maintain, or regain maximum function. SCDHHS will grant or deny these requests as quickly as possible. If SCDHHS grants the request to expedite, the appeal will be resolved as quickly as possible. If the request to expedite is denied, the appeal will follow the standard timeframe.

To avoid delays in the process, any supporting documentation should be submitted with the request for expedited review at the time of filing or immediately thereafter. While supporting documentation is not required, SCDHHS will make its determination based on the information made available at the time the request is considered.

For more information on the DHHS appeals process, please refer to www.scdhhs.gov/appeals.

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
(DDSN) PROCESS FOR APPEAL OF DDSN DECISIONS**

“**DDSN decisions**” are decisions made by DDSN or its network of providers regarding services that are solely state funded by DDSN (i.e., not funded by Medicaid) and those solely within its established authority. When an applicant disagrees with a decision that was made by or on behalf of DDSN, the applicant can appeal the decision to DDSN. Appeals of DDSN decisions that fall within DDSN’s purview to hear are those decisions related to eligibility for DDSN services and decisions about services that are solely state-funded by DDSN.

When an appeal is desired by an applicant, a signed and dated written appeal of the denial must be made within 30 calendar days of receipt of written notification of the decision/action. The appeal must state the reason(s) the denial was in error and include any additional supporting information. The appeal shall be made by letter or email to:

South Carolina Department of Disabilities and Special Needs - Appeals
3440 Harden Street Extension
Columbia, SC 29203
appeals@ddsn.sc.gov

Reasonable accommodations to assist with communication will be provided upon request.

Upon receipt of the appeal all information shall be reviewed by the State Director using the eligibility criteria as set forth in the Department's regulation addressing “Eligibility,” S.C. Reg. § 88-705-715. If the State Director determines new evaluation data is needed, no decision shall be made until this data is received. The applicant shall be notified a new evaluation is needed within 30 business days of receipt of the written appeal.

The State Director or a designee will issue a written decision within 30 calendar days of receipt of the written appeal. The written decision will be mailed to the individual, legal guardian or representative. In accordance with S.C. Code Ann. § 44-20-430 (2018), the decision of the State Director is final.

PROPOSED TO MARK OBSOLETE

DRAFT



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State Director
David A. Goodell
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy
Thomas P. Waring
Associate State Director
Administration

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3440 Harden Street Ext (29203)
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803/898-9600
Toll Free: 888/DSN-INFO
Website: www.ddsn.sc.gov

Reference Number: 600-11-DD
Title of Document: Physical Management
Date of Issue: January 9, 2001
Effective Date: January 9, 2001
Last Review Date: October 28, 2016
Last Revision Date: October 28, 2016 (NO REVISIONS)
Applicability: DDSN Regional Centers

PURPOSE:

The purpose of this directive is to define and provide procedures for a Physical Management Program at the South Carolina Department of Disabilities and Special Needs (DDSN) Regional Centers. Physical Management promotes individual and staff health and safety and reduces the number of injuries among staff and individuals.

DEFINITION:

Physical Management is the comprehensive and holistic support of individuals with physical disabilities which addresses their seating and mobility, therapeutic handling, transferring, positioning, facilitation of movement, safe utilization of adaptive equipment and nutritional concerns, across a 24 hour day, seven (7) days a week.

A Physical Management Plan is designed to reduce abnormal reflex activity, prevent joint contractures and deformities, and at the same time facilitate normal muscle tone, movement patterns, and skill acquisition. It is expected that Physical Management Plans will promote comfort, good health, and safety for all individuals living in the Regional Centers.

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

PROCEDURES:

Who Develops Physical Management:

The components of a Physical Management program at each Regional Center are developed and implemented by the Physical Management Team which includes Occupational/Physical/Speech Therapists, Nursing, Physicians, Human Service Assistants, Rehabilitation Engineers, Program Coordinators, QIDPs and other staff as appropriate.

Physical Management Components:

A Physical Management Plan details services and special considerations for care of the individual and sets forth a schedule for those services. Physical Management Plans should also:

1. Identify the equipment to be used in implementing the program,
2. Define handling and transfer techniques to be used,
3. Address any safety precautions which should be observed, and
4. Describe any other special services required to meet the individual's identified needs such as dining protocols, positioning schedules and bathing equipment. Nutritional Management principles are an integral part of the total physical management plan.

Implementation of Physical Management:

Most Physical Management services are carried out by direct support staff as a regular part of the individual's routine, not as a separate training program. Only those problem areas requiring intensive treatment or attention have separate service area objectives. Other specialized services provided by Occupational/Physical/Speech Therapists, Nursing, Physicians, Audiology, Nutrition, Assistive Technology and others follow regular programmatic procedures.

1. Physical Management will be addressed at the annual Single Plan meeting for everyone.
2. The support plan team will discuss the individual's Physical Management needs and the services and programming required to meet those needs.
3. When deemed necessary, a written Physical Management Plan will be developed outlining specialized programs. The Physical Management Plan will be written in a manner that is useful to the direct support staff. A copy of the Physical Management Plan will be readily available for use by direct support staff, but will be stored in a manner which protects confidentiality and protected health information.
4. The team will identify any potential risks to health/safety associated with the use of specialized adaptive equipment, and how these risks may be mitigated.
5. Changes will be addressed through called team meetings.

Physical Management and Equipment Monitoring:

The Physical Management process will be monitored by Program Coordinators, QIDPs, Residential Managers/Shift Supervisors, Residential Programmers/Residential Assistants, Nursing, Administrative staff, Occupational/Physical/Speech Therapists. All equipment used in physical management programming (ex: Positioning and feeding equipment, wheelchairs, braces, splints, etc.) is monitored daily by direct contact staff for safety, wear, and needed repair. Assigned Occupational/Physical/Speech Therapy staff should be notified of any problems with programming equipment or usage.

All equipment will be re-evaluated at least annually and as needed by habilitation therapy staff for continued appropriateness, fit, and safety. Wheelchairs will undergo routine maintenance as needed by the Facility's adaptive equipment staff.


Training:

1. Physical Management Training will be provided by a Occupational/Physical/Speech Therapist with appropriate expertise.
2. All new Regional Center employees providing direct support to consumers, within 60 days of their hire dates, will be required to participate in physical management training as a part of their general orientation.
3. All residential, habilitation, and healthcare staff will be required to attend Physical Management training as needed for updating skills.
4. Additional training will be provided as needed when a person's needs require staff retraining, such as a change in their physical condition or physical surroundings.

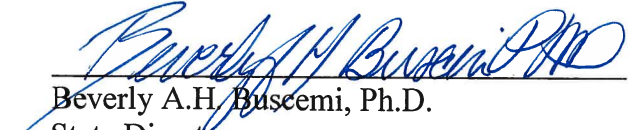
System Monitoring:

- A. Each Regional Center will maintain a Physical Management Committee.
 1. The Physical Management Committee will be comprised of appropriate clinicians and administrative personnel as assigned by the Facility Administrator.
 2. The Physical Management Committee will review systemwide issues relating to the effective maintenance of a Physical Management Program (e.g., amount and quality of staff training; quality of Physical Management Plans, number/rates of decubiti ulcers occurring in consumers, rates of aspiration pneumonia experienced by consumers).
 3. The Physical Management Committee will meet regularly and provide recommendations to Facility Administrator on necessary improvements to the Regional Center's Physical Management program.

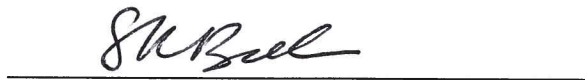
- B. The District Directors and Facility Administrators will review the status of Regional Centers Physical Management programs on an annual basis and take necessary remedial action.



David A. Goodell
Associate State Director-Operations
(Originator)



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



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



South Carolina
Department of Disabilities
and Special Needs

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

Caregiver Coaching Standards

Commission Approved: XX/25

NEW: Effective XX/25

Commented [CH1]: Dr. David Rotholtz - SC Act Early Team

Thank you for the opportunity to provide comments on the Caregiver Coaching Standards that DDSN has opened for public comments. Much of what follows was previously provided to the SC Department of Health and Human Services in October 2024 and discussed with their lead policy staff in January 2025 on behalf of the South Carolina Act Early Team. The Act Early Team provides focused collaboration among leaders representing professionals, state agencies, universities, healthcare systems, private non-profit organizations, and families to improve the quality of life for children, youth and adults with Autism Spectrum Disorder and their families in South Carolina. These comments are provided with the intent to have this new service be implemented in a way that provides effective and meaningful support to caregivers "caring for family members with challenging behaviors" (definition of service on page 2 of standards).

We hope that these comments are helpful in assisting SC DDSN to finalize standards for a service that can be potentially helpful to caregivers supporting people with Intellectual/Developmental Disabilities.

Commented [CH2R1]: DDSN Response: No Action Needed

Commented [CH3]: Mike Adams - Careforth

Careforth appreciates the opportunity to review the proposed standards for the new caregiver coaching service. We commend the agency's commitment to enhancing caregiver support and recognize the value this service will bring to the caregivers and families in South Carolina.

After reviewing the provided standards, we fully support their implementation and look forward to participating as a provider in the near future. We are eager to contribute our expertise to ensure the success of this important initiative.

Thank you for your efforts in advancing caregiver support services. We look forward to continued collaboration.

Commented [CH4R3]: DDSN Response: No Action Needed

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

To provide a support system to unpaid caregivers who are caring for family members with challenging behaviors, caregiver coaching services may be provided. The purpose of caregiver coaching is to enable the health, safety, well-being and continued community integration of waiver participants by equipping family caregivers with the skills and resources necessary to manage the participants' behavioral and associated needs at home. This service is not provided directly to waiver participants, but to their family caregiver(s). A participant has to be assessed by a case manager to need the behavior support service before the family caregiver can access caregiver coaching. The waiver participant does not have to be actively receiving behavioral services in order for the family caregivers to receive caregiver coaching.

I	Provider Requirements	Guidance
1.1	<p>Providers delivering Caregiver Coaching must have and continuously maintain one (1) of the following accreditations:</p> <ul style="list-style-type: none"> • National Committee for Quality Assurance (NCQA) – Case Management for LTSS for community-based organizations Accreditation. • National Committee for Quality Assurance (NCQA) - Managed Behavioral Healthcare Organizations Accreditation. • Commission on Accreditation of Rehabilitation Facilities (CARF) – Behavioral Health Accreditation. • The Joint Commission (TJC) – Behavioral Health Care Accreditation. • Council on Accreditation (COA) – Private Organizations Accreditation; Public Agencies Accreditation. 	<p>Verification of accreditation will be conducted by DDSN.</p> <p>Once verified, prospective providers must enroll with the South Carolina Department of Health and Human Services (South Carolina’s Medicaid agency) as a provider of Caregiver Coaching.</p> <p>Once verified and enrolled, the provider’s information will be displayed on the DDSN website as a qualified provider of the service.</p>
1.2	<p>Providers delivering Caregiver Coaching shall have a system in place which allows caregivers to request assistance twenty-four (24) hours per day, seven (7) days per week.</p>	

Commented [CH5]: Dr. David Rotholtz - SC Act Early Team

On page 3 of the standards it is clear that the provider requirements are for organizations and not the individuals (coach) who will provide the service. There is not a requirement that the coach have a professional credential that includes a code of ethics, continuing education requirement or scope of competence that would help insure an appropriate service. This may be because caregiver coaching is not an independent profession and does not have an evidence base to support its effectiveness.

Commented [CH6R5]: DDSN Response: No Action Needed

II	Requirements for Caregiver Coaches	Guidance
2.1	<p>Staff delivering Caregiver Coaching (“Coach”) must possess one of the following:</p> <ul style="list-style-type: none"> • A bachelor’s or graduate degree in a human services field from an accredited college or university and one year of experience providing community-based supports to people with intellectual/ developmental disabilities. • License to practice nursing issued by the state of South Carolina and experience providing community-based supports to people with intellectual/developmental disabilities. 	<p>Caregiver Coaching activities performed by staff who do not meet the qualifications are not reimbursable.</p> <p>Valid documentation of the credentials of each coach shall be maintained by the provider agency and available for inspection/review.</p> <p>A Coach may not provide Caregiver Coaching services to a member of their own family.</p>
2.2	Coaches must pass a background check.	<p>Pass = no felony convictions.</p> <p>A state background check is acceptable for applicants who have continuously resided in the state of South Carolina for the prior 12 months.</p> <p>A federal background check is required for applicants who have not continuously resided in the state of South Carolina for the prior 12 months.</p>
2.3	When Coaches deliver services during face-to-face encounters with a caregiver and/or a waiver participant, the provider shall ensure appropriate measures are in place to prevent the spread of tuberculosis.	Refer to DDSN Directive 603-06-DD: Tuberculosis Screening .
2.4	<p>Prior to delivering Caregiver Coaching services, the Coach must be provided training and demonstrate competency in the following topic areas:</p> <ul style="list-style-type: none"> • Rights of people disabilities. • Principles of Positive Behavior Support. • Effective Communication. • Prevention, identification and reporting of Abuse, Neglect and Exploitation. • Health Insurance Portability and Accountability Act (HIPAA) and confidentiality of information. 	

Commented [CH7]: Dr. David Rotholz - SC Act Early Team

On page 4 there is a requirement for a bachelor’s degree and “one year of experience providing community-based supports to people with intellectual/developmental disabilities”. While experience working with these individuals is important, it does not ensure that the coach has the skills needed for effective caregiver coaching that would come from training, experience and demonstrated skills.

Commented [CH8R7]: DDSN Response: Additional training is outlined in #2.4

Commented [CH9]: Dr. David Rotholz - SC Act Early Team

Section 2.4 on page 4 partially addresses skills crucial to providing a potentially helpful service. We appreciate the requirement that caregiving coaches must demonstrate competency in the principles of positive behavior support (PBS) and recognize that they are skill-based with specific training requirements. This training typically requires at least several days of highly specific/practical training that includes information, demonstration by instructor(s) and demonstration by training participants (see for example the Positive Behavior Support Training Curriculum by the American Association on Intellectual and Developmental Disabilities, which was initially developed by SC DDSN and the University of South Carolina to meet needs in South Carolina).

Commented [CH10R9]: DDSN Response: Added guidance to clarify

Commented [CH11]: Dr. David Rotholz - SC Act Early Team

Additional information about Positive Behavior Support Principles: It is important to note that PBS is an evidence-based practice with a foundation of applied behavior analysis that also includes person centered thinking and planning with an essential focus on quality of life. It is focused on teaching skills, supporting adaptive behavior and addressing behavioral challenges. As needed for the individual, other approaches are also included that focus on family systems/support, medical science, psychiatry, etc.

Positive behavior support recognizes that people exhibit problem behavior because it serves a useful purpose for the individual (most often it is communication). It is essential to understand the function or purpose that the problem behavior serves for the person so that they can be taught an appropriate way to achieve what they are seeking and thereby reduce/eliminate the problem behavior. The goal of PBS is not to just eliminate the problem behavior, but to replace it with appropriate behavior that serves the same purpose or function. Having the training and experience in *how to teach* skills to a person with disabilities is essential for the professional developing and implementing positive behavior supports and especially training others to implement the support. PBS is focused on increasing the overall quality of life for the person receiving the support and not merely achieving a behavior reduction goal.

To appropriately implement positive behavior support the professional must have training, skills and experience that includes, but is not limited to, the areas of positive and negative reinforcement, antecedent and consequence analysis, functional skills, the role of choice, the impact of the person’s environment, how to teach both the person with IDD and the caregiver (e.g., caregiver training), and the functional assessment/analysis process that underlies all behavior support efforts.

Commented [CH12R11]: DDSN Response: Added guidance to clarify

III	Service Delivery	Guidance
3.1	<p>Caregiver Coaching shall only be provided:</p> <ul style="list-style-type: none"> When authorized for an ID/RD Waiver participant, and During the effective period identified by the authorization. 	<p>A maximum of 16 units per month may be authorized. A unit of Caregiver Coaching equals thirty (30) minutes of service delivery.</p> <p>Services rendered without a valid authorization will not be reimbursed.</p> <p>Services rendered prior to or after the effective dates identified by the authorization will not be reimbursed.</p>
3.2	<p>Within two (2) business days of acceptance of an authorization for Caregiver Coaching, the provider agency will contact the participant's caregiver.</p>	<p>Documentation must support that contact was made or attempted within two (2) business days of acceptance of the authorization.</p> <p>If initial attempt is unsuccessful, then attempts to contact shall continue at least every two (2) business days until the contact has been completed or the referral declined.</p>
3.3	<p>During the initial contact with the caregiver, the provider shall, at a minimum:</p> <ul style="list-style-type: none"> Explain the service. Provide instructions for how to access the Caregiver Coaching provider for assistance during normal working hours. Provide instructions for how to contact the Caregiver Coaching provider outside of normal working hours (twenty-four (24) hours per day, seven (7) days per week). Explain next steps. 	
3.4	<p>Within fifteen (15) business days of the first contact with the caregiver, the Coach will collect sufficient information about the waiver participant and the caregiver to determine the areas of risk(s) and/or need(s) which can be addressed with Caregiver Coaching.</p>	<p>Information about the waiver participant and the caregiver should be collected and synthesized by the Coach.</p>
3.5	<p><u>The information collected shall include the following information about the waiver participant:</u></p> <ul style="list-style-type: none"> Age. Typical schedule (weekdays/weekend). 	<p>Types of health care providers should be specific to the person and may include internal medicine, gastroenterologist, neurologist, psychiatrist, OB/GYN, etc.</p> <p>This information may be gathered from various sources but should be validated by the caregiver.</p>

Commented [CH13]: Dr. David Rotholz - SC Early Act Team

On page 6, section 3.5 includes some information that is likely to be helpful in developing supports for the recipients of caregiver coaching. However some of this information will be helpful only if gathered by a skilled professional. While some information should be available from file review (e.g., diagnosis, medications, health care providers) and validated from caregiver interview, some cannot. Key information such as antecedents to problem behavior and frequency of problem behavior are valid when in-person observation is conducted along with additional information provided by the caregiver. It is a well-established professional requirement that interview information regarding challenging behavior be confirmed by direct observation of the problematic situations (i.e., the challenging behavior that justifies the need for caregiver coaching).

Commented [CH14R13]: DDSN Response: No Action Needed

	<ul style="list-style-type: none"> • Current health conditions. • Types of health care providers currently treating/following the waiver participant and date of most recent examination or follow-up. • Current diagnoses including disability types, health, and psychiatric. • Current medications and purpose of the medication (e.g., Prilosec for GERD). • Current services (e.g., Personal Care, Respite) being delivered and frequency. • Specific problem behavior displayed, antecedents known to evoke problem behavior, and frequency of problem behavior. • Strategies, formal (e.g., Behavior Support Plan) and informal tried but determined not successful. • Strategies, formal and informal, currently in use and effectiveness of those strategies. • Method of communication (e.g., uses words, uses gestures, uses device). • Actions, objects, or people known to be preferred, liked, appreciated or desired. • Actions, objects, or people known to be disfavored, unliked, or not appreciated. • Any personal goal(s) or aspirations expressed. 	
<p>3.6</p>	<p>The information collected shall include the following information about the <u>caregiver</u>:</p> <ul style="list-style-type: none"> • Household composition/living arrangements (who lives in the household, ages of those in the household and relationship). 	

	<ul style="list-style-type: none"> • Do others who are not paid to do so engage in any caregiving to the waiver participant? If so who and how often? • Relationships outside of the home and/or caregiving role (e.g., friends, work, church, clubs/organizations). • Does this caregiver have responsibilities to care for someone in addition to the waiver participant? • Personal health and well-being. • Knowledge and confidence regarding caregiving. • Concerns with caregiving. 	
3.7	<p>Information collected must be current and accurate at all times.</p> <p>To ensure currency and accuracy, the information shall be revised as needed.</p> <p>At a minimum, the information shall be reviewed at least every 180 days.</p>	
3.8	<p>Within fifteen (15) business days after the collection of information about the waiver participant and the caregiver, a Caregiver Coaching Plan shall be created.</p>	
3.9	<p>The Caregiver Coaching Plan must be approved by the Coach and the caregiver prior to implementation.</p>	<p>Approved = documentation of agreement from the caregiver.</p>
3.10	<p>A paper or electronic version of the completed and approved Caregiver Coaching Plan shall be made available to the caregiver and the waiver participant's Waiver Case Manager within five (5) business days of completion and approval.</p>	
3.11	<p>The Caregiver Coaching Plan must be amended as needed.</p> <p>At a minimum, the Caregiver Coaching Plan shall be reviewed at least every 180 days.</p>	

3.12	<p>The Caregiver Coaching Plan must include:</p> <ul style="list-style-type: none"> • Waiver participant’s and caregiver’s name and contact information. • The risk(s) or concern(s) identified through the collection of information to be addressed through the delivery of Caregiver Coaching. • The specific strategies to be employed to address the risk/concern, including the frequency with which the strategy will be employed, the communication method to be used, and the method for measuring the success of the strategy. 	<p>Risk/concern to be addressed = statement of the need (e.g., needs to know what to do when Johnny refuses medication).</p> <p>Strategies =</p> <p>Example: Coaching sessions will be used to identify responses to one or more strategies as identified in Johnny’s behavior support plan or strategies to achieve goals identified in his person-centered care plan. Results of strategy(ies) and their effectiveness will be discussed at the next scheduled Caregiver Coaching session. The risk/concern will be considered met when the caregiver is able to successfully support Johnny in responding to behavior support strategies or progress in achieving identified goals in person-centered service plan.</p>
3.13	<p>At the first available opportunity following the development and approval of the Caregiver Coaching Plan, the plan must be implemented.</p>	

IV	Documentation	Guidance
4.1	Only activities that support the delivery of Caregiver Coaching will be reimbursed.	
4.2	<p>Every activity that supports the delivery of Caregiver Coaching must be documented.</p> <p>The documentation must, at a minimum, include the:</p> <ul style="list-style-type: none"> • date of the activity. • the type of activity. • start and stop time of the activity. • the person(s) involved in the activity. 	
4.3	<p>Activities that support the delivery of Caregiver Coaching include:</p> <ul style="list-style-type: none"> • Contacting, or contact with, the caregiver, or others on behalf of the caregiver. • Collecting information about the waiver participant or the caregiver, including revising and reviewing. • Planning for service delivery including developing, reviewing and revising the plan. • Implementing the plan. • Reporting critical incidents when required. 	
4.4	All documentation and reporting shall be performed correctly, including the reporting of critical incidents to the appropriate authority within required timeframes.	<p>Documentation of activities that support service delivery shall be recorded within seven (7) days of the activity.</p> <p>Refer to SCDHHS Critical Incident Policy.</p> <p>The start and end time of Caregiver Coaching activities must only include the time spent by the professional delivering Caregiver Coaching. Time spent engaging in casual conversation or conversation not directly related to the delivery of Caregiver Coaching is not reimbursable.</p>

The table below shows the number of units that may be billed based on the length of time spent delivering Caregiver Coaching. A provider may not bill for activities that take less than 16 minutes if it is the only activity provided that day. Activities accomplished at different times on the same day may be combined, if necessary, to obtain a unit for billing purposes.

Units	Time
1	Greater than/equal to 16 minutes but less than 46 minutes
2	Greater than/equal to 46 minutes, but less than 76 minutes
3	Greater than/equal to 76 minutes, but less than 106 minutes
4	Greater than/equal to 106 minutes, but less than 136 minutes
5	Greater than/equal to 136 minutes, but less than 166 minutes
6	Greater than/equal to 166 minutes, but less than 196 minutes
7	Greater than/equal to 196 minutes, but less than 226 minutes
8	Greater than/equal to 226 minutes, but less than 256 minutes
9	Greater than/equal to 256 minutes, but less than 286 minutes
10	Greater than/equal to 286 minutes, but less than 316 minutes
11	Greater than/equal to 316 minutes, but less than 346 minutes
12	Greater than/equal to 346 minutes, but less than 376 minutes

Community-Based Incident Management Quarterly Reporting FY25Q2

The reporting rates for ANE Allegations remain steady throughout the first half of FY25 and they are currently about 20% lower than our FY24 total. The numbers are about where we would expect them for the 5-year averages.

Critical Incidents- There have been 584 Critical Incidents reported in Community Settings through the end of the second quarter. We continue to have a decrease in the number of law enforcement calls, as compared to prior years, but the number of suicidal threats has sharply increased.

Deaths- There have been 30 deaths reported in FY25 among Community-based residential settings. The cause of death has been pretty evenly divided among cardiac-related issues, respiratory distress, and cancer or other terminal illnesses.

Training:

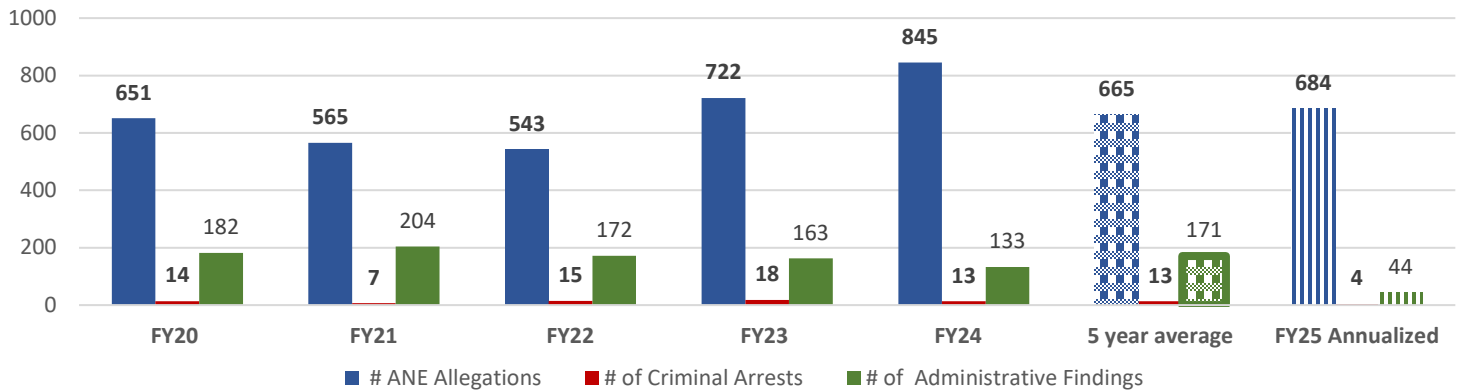
As mentioned in prior quarterly reports, DDSN continues to work with IntellectAbility to develop on-line training courses related to abuse prevention and reporting allegations of ANE. This training will include periodic knowledge checks/testing within the curriculum. IntellectAbility has also made free training available to our providers for the “Fatal 5,” including prevention and treatment of individuals at risk for aspiration, dehydration, dysphagia, bowel obstructions, seizures, and sepsis.

SCDDSN Incident Management Report 5-year trend data

for Community-Based Services (Includes Residential & Day Service Settings) Thru 12/31/2024

Allegations of Abuse, Neglect, Exploitation	FY20	FY21	FY22	FY23	FY24	5 YEAR Average	FY25 Annualized (Thru Q2)
# of Individual ANE Allegations	651	565	543	722	845	665	684 (342)
# of ANE Incident Reports (One report may involve multiple allegations)	436	388	389	511	593	463	504 (252)
Rate per 100	11.8	10.9	9.3	12.1	12.3	11.3	11.3
# ANE Allegations resulting in Criminal Arrest	14	7	15	18	13	13	4 (2)
# ANE Allegations with Administrative Findings from DSS or State Long-Term Care Ombudsman	182	204	172	163	133	171	44 (22)

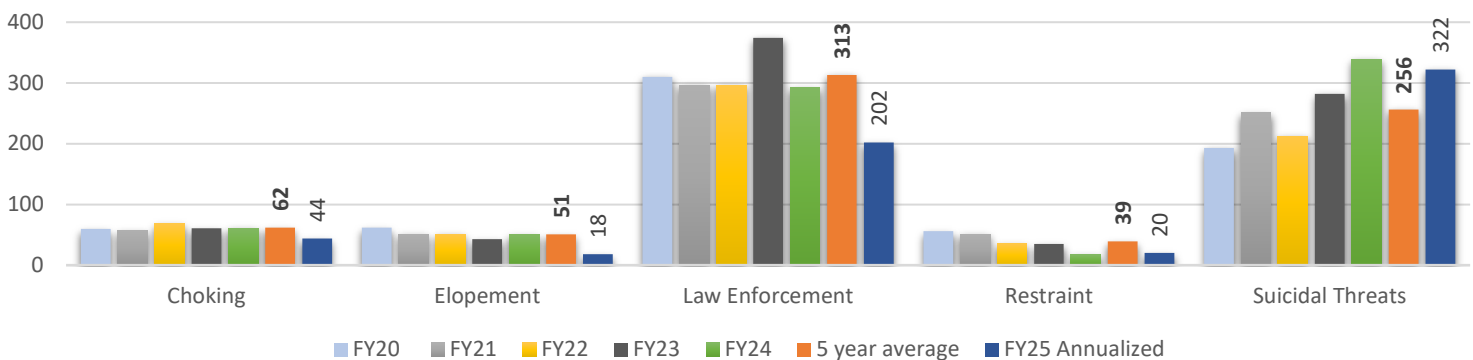
ANE Allegations: Comparison to Arrest Data & Administrative Findings



For FY25, there have been 3 ANE Reports involving a child under the age of 18 in a Community Setting. All other reports were for adults.

Critical Incident Reporting	FY20	FY21	FY22	FY23	FY24	5 YEAR Average	FY25 Annualized (Thru Q2)
# Critical Incidents	982	974	1245	1265	1267	1147	1168 (584)
Rate per 100	11.8	10.9	15.4	13.2	13.6	13.0	13.2
# Choking Events	65	57	68	61	61	62	44 (22)
# Law Enforcement Calls	310	296	296	292	292	296	202 (101)
# Suicidal Threats	193	251	212	282	339	265	322 (161)
# Emergency Restraints or Restraints w/ Injury	56	51	35	35	17	39	20 (10)

5 Year Critical Incident Trend Report- Community Settings



For FY25, there have been 2 Critical Incident Reports involving a child under the age of 18 in a Community Setting.

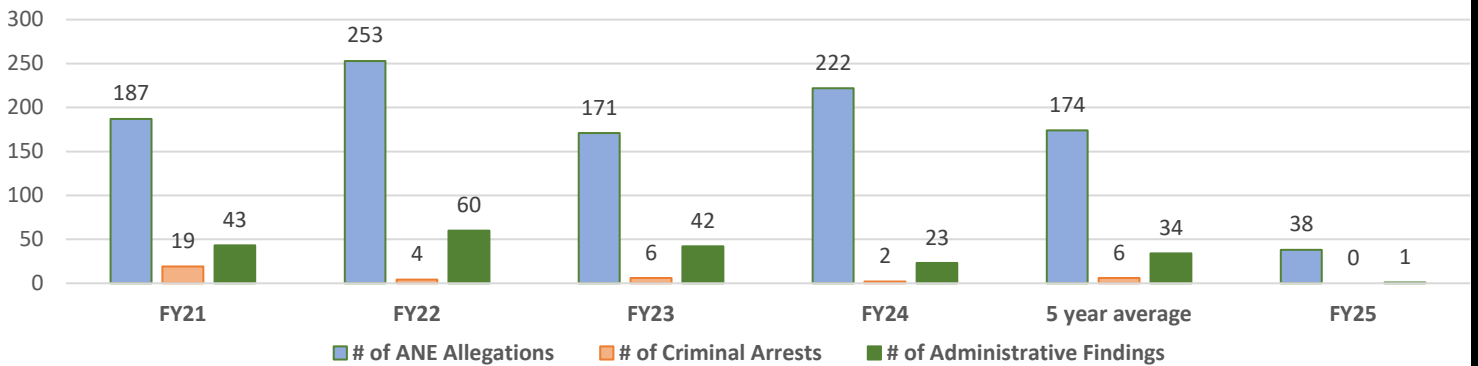
Death Reporting	FY20	FY21	FY22	FY23	FY24	5 YEAR Average	FY25 Annualized (Thru Q2)
# of Deaths Reported- Community Residential Settings	86	130	102	95	112	105	60 (30)
Rate per 100	1.9	2.8	2.2	2.0	2.6	2.3	1.6

SCDDSN Incident Management Report 5-year trend data

for Regional Centers Thru 12/31/2024

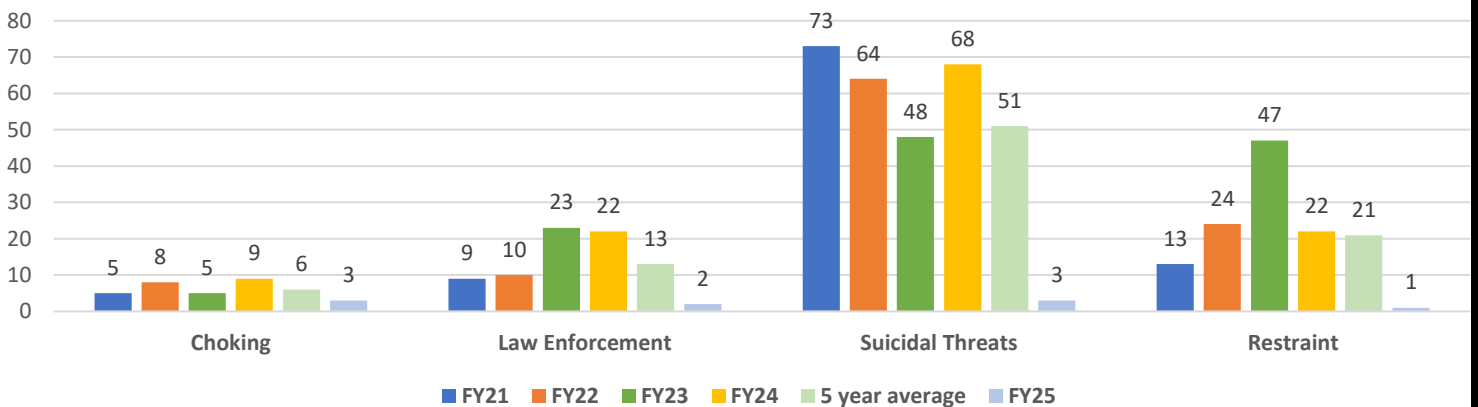
Allegations of Abuse, Neglect, & Exploitation	FY21	FY22	FY23	FY24	5 YEAR Average	FY25
# of Individual ANE Allegations	187	253	171	222	174	38
# of ANE Incident Reports (One report may involve multiple allegations)	138	167	138	153	125	29
Rate per 100	27.9	38.0	31.7	41	29.1	6.9
# ANE Allegations resulting in Criminal Arrest	19	4	6	2	6	0
# ANE Allegations with Administrative Findings from DSS or State Long-Term Care Ombudsman	43	60	42	23	34	1

ANE Allegations: Comparison to Arrest Data & Administrative Findings



There was 1 ANE report for FY25 Q2 involving a minor.

Critical Incident Reporting	FY21	FY22	FY23	FY24	5 YEAR Average	FY25
# Critical Incidents	124	160	171	169	133	43
Rate per 100	19.1	24.2	24.8	31.2	21.4	7.8
# Choking Events	5	8	5	9	6	3
# Law Enforcement Calls	9	10	23	22	13	2
# Suicidal Threats	73	64	48	68	51	3
# Emergency Restraints or Restraints w/ Injury	13	24	47	22	21	1



There were 0 Critical Incident Reports for FY25 Q2 involving minors. All reports were for adults.

Death Reporting	FY21	FY22	FY23	FY24	5 YEAR Average	FY25
# of Deaths Reported - Regional Centers	48	36	21	24	27	7
Rate per 100	7.0	5.4	4.0	5.5	4.6	1.3



South Carolina
Department of Disabilities
and Special Needs



DRAFT
THE
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CENTER



SOUTH CAROLINA
Developmental Disabilities Council

AUTISM CONNECT

APRIL 2, 2025
8 AM TO 3 PM

Bringing together the autism community for a day filled with connections, support, and understanding!

Location:

Brookland Banquet & Conference Center
1066 Sunset Blvd, West Columbia SC 29169

Cost for attendees:

FREE!

- Visit **75 exhibitors** to learn what resources are available in your community.
- Engage with experts at **21 unique presentations** who have an in-depth knowledge of Autism.
- Connect with other families and build your support network.
- Free Continuing Education.
- **No Cost:** Free for the General Public!
- Lunch will be provided to all who register.
- Free Parking.

Registration is closed - this event is at full capacity.

SCAN TO REGISTER



To register, scan QR code or visit the AutismConnect webpage:

<https://ddsn.sc.gov/ddsn-divisions/autism/autismconnect>



South Carolina
Department of Disabilities
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Exhibitor tiers start at \$50

Half-price for nonprofits

CALL FOR EXHIBITORS & PRESENTERS

- Continuing Education.
- A limited number of exhibitor tables and sponsorship opportunities.
- Connect directly with families and other providers.
- Extend your reach beyond your current audience.
- Share best practices, research, and knowledge with professionals and caregivers at AutismConnect.
- **Deadline for presenters/exhibitors is February 28, 2025.**

To register, scan QR code or visit the AutismConnect webpage:

<https://ddsn.sc.gov/ddsn-divisions/autism/autismconnect>

SCAN TO REGISTER



FY25 SPENDING PLAN BUDGET - APPROVED		\$ 378,895,420
YTD EXPENDITURES BY CATEGORY	EXPENDITURES THRU 1/31/2025	
501000 - PERSONAL SERVICES - PAYROLL	\$	57,392,152
502000 - CONTRACTUAL SERVICES	\$	117,844,383
503000 - SUPPLIES AND MATERIALS	\$	4,785,510
504000 - FIXED CHARGES AND CONTRIBUTIONS (RENT/LEASE)	\$	2,806,416
505000 - TRAVEL	\$	233,163
506000 - FIXED ASSETS (CAPITALIZED)	\$	652,167
507000 - LAND & BUILDINGS	\$	1,790,400
511000 - PUBLIC ASSISTANCE	\$	5,664,473
513000 - EMPLOYER CONTRIBUTIONS - FRINGE BENEFITS	\$	26,743,825
515000 - UTILITIES	\$	1,117,217
517000 - ALLOCATIONS	\$	2,900,000
518000 - AID TO SUBDIVISIONS (STATE AID)	\$	-
520000 - FIXED ASSETS(NON-CAPITALIZED)	\$	81,401
DHHS RECLASSIFICATION JOURNAL ENTRY TO REIMBURSE EXP	\$	-
TOTAL YTD EXPENDITURES	\$	222,011,107
% OF YTD EXPENDITURES		58.59%
% OF SPENDING PLAN REMAINING		41.41%
% OF FISCAL YEAR REMAINING		41.67%
% DIFFERENCE - OVER (UNDER) BUDGETED EXPENDITURES		0.26%

Notes:

Methodology & Report Owner: DDSM Budget Division