

From: [Linguard, Christie](#)
Subject: Meeting Notice - The Commission of the SCDDSN - Commission Meeting - October 17, 2024
Date: Tuesday, October 15, 2024 5:12:10 PM
Attachments: [Commission Packet for October 17 2024 Meeting.pdf](#)

Everyone,

The South Carolina Commission on Disabilities and Special Needs will hold its regularly scheduled meeting in-person on Thursday, October 17, 2024, at 10:00 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**

October 17, 2024

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 **Pages 1 & 2**
5. Invocation *Commissioner Michelle Woodhead*
6. Approval of the September 16, 2024 Commission Meeting Minutes **Pages 3 - 7**
7. Commissioners' Update *Commissioners*
8. Public Input
9. Programs and Services
National Disability Employment Awareness Month *Mr. Reyhan Miller
DDSN Senior Consultant*
10. Commission Committee Business
A. Policy Committee *Committee Chairman Gary Kocher, MD*
 1. 100-12-DD: AIDS Policy (Obsolete) **Pages 8 - 11**
 2. 101-03-DD: Procedures for Providing Genetic Services in DDSN Regional Centers (Obsolete) **Pages 12 - 14**
 3. 335-01-DD: Diet Manual for DSN (Obsolete) **Page 15**
 4. 535-08-DD: Concerns of People Who Receive Services **Pages 16 - 20**
11. Old Business
 1. Commission Recommendation for Meeting Frequency *Ms. Constance Holloway*
 2. Regional Center Renovations Update *Ms. Constance Holloway*
12. New Business
 1. Conveyance of Properties **Page 21** *Ms. Constance Holloway*
 2. Head and Spinal Cord Injury (HASCI) Drop-In Centers Update *Ms. Lori Manos*

13. Director's Update
14. Next Regular Meeting – November 21, 2024
15. Adjournment

SOUTH CAROLINA COMMISSION ON DISABILITIES AND SPECIAL NEEDS

MINUTES

September 16, 2024

The South Carolina Commission on Disabilities and Special Needs met on Thursday, September 16, 2024, at 10:00 a.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

Eddie Miller - Chairman

Michelle Woodhead – Vice Chairman

Gary Kocher, MD - Secretary

Barry Malphrus

Microsoft Teams

David Thomas

DDSN Administrative Staff

Constance Holloway, State Director; Courtney Crosby, Internal Audit Director; Mary Long, Interim Chief Financial Officer; Carolyn Benzon, General Counsel; Greg Meetze, Chief Information Officer; Lori Manos, Associate State Director of Policy; Melissa Ritter, Director of Head and Spinal Cord Injury Division; Robert McBurney, Program Manager for Emergency Operations & Special Projects; Bruce Busbee, Budget Director; Pacifico Perea, Public Information; Janá Brown; and Christie Linguard, Executive Assistant.

Notice of Meeting Statement

Chairman Miller called the meeting to order, and Commissioner Kocher 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

Chairman Miller welcomed everyone to the meeting.

Adoption of the Agenda

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

Invocation

Commissioner Malphrus gave the invocation.

Approval of the August 15, 2024, Commission Meeting Minutes

Commissioner Woodhead made a motion to approve the minutes from the August 15, 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 shared that there are five (5) neurological and physical adaptation centers in the United States. These centers are state of the art facilities for children with adaptive therapy and neurological and developmental disabilities. The closest center to South Carolina is the one in Austin, Texas.

Commissioner Thomas questioned the meeting frequency agenda item from last August's meeting. He was unsure if the Commission actually voted on months the Commission would not meet. Chairman Miller asked if Commissioner Thomas would get with the state director to discuss this further. Some Commissioners expressed a desire to not meet in the months of November and December rather than the voted-on months of December and January.

Public Input

There was no public input.

Programs and Services

Spinal Cord Injury Awareness Month

Ms. Ritter updated the Commission on what the Agency has been doing during this month to bring awareness to spinal cord injury. Ms. Ritter was happy to report that this year's bake sale raised \$1,372, which will be donated to the South Carolina Spinal Cord Injury Association. Later this month, the Agency will host a Be Smart campaign presentation. This campaign was launched in 2015 for the purpose of promoting responsible gun ownership in order to reduce child gun deaths and spinal cord injuries. The Superhero 5K will take place on September 28th. And lastly, there are four spotlights this month featuring our consumers with spinal cord injuries. These spotlights are included in a packet at each Commissioner's table setting. As well, they are posted on the Agency's social media accounts and the Agency's website. The head and spinal cord injury waiting list was discussed by Commissioner Malphrus.

New Business

Regional Center Renovations

Director Holloway began by thanking Courtney Crosby, Carolyn Benzon, Robert McBurney, Claire Thompson, the State Engineering Office (SEO), the states materials management office (MMO), and Mr. Rick Harmon of the Joint Bond Review Committee (JBRC) for their assistance and collaborative efforts to get all of the Regional Center assessments completed and ready to present to the JBRC on October 8, 2024.

This is a life changing project to establish the Regional Centers as centers of care. Additionally, Director Holloway thanked Senator Sean Bennett from Dorchester County, District 18 who assisted with creating Proviso 36.14 as part of the 2024-2025 General Appropriations Bill. This Proviso allowed the Agency to conduct five assessments of the Regional Centers; it also helped to develop a comprehensive renovation plan to present to JBRC. The estimates for the renovations total is \$136 million, of which we have already identified \$95 million. Non-recurring funds amount to \$73 million of the \$95 million mentioned, which come directly from the Families First Coronavirus Response Act. An additional \$22 million non-recurring funds come from the Social Security income payments of individuals residing at the Regional Centers. Commissioners thanked Senator Bennett and everyone else for all of their efforts to assist with the renovations of the Regional Centers. Commissioner Malphrus made a motion to approve the \$73 million plus the \$22 million to be used on the renovations of the Regional Centers, this motion was seconded by Commissioner Kocher and unanimously approved by the Commission. (Attachment C)

FY25 YTD Spending Plan Budget vs. Actual Expenditures

Mr. Busbee presented the spending plan vs. actual expenditures to the Commission. Currently, the Agency is over budgeted by 1.06%. (Attachment D)

FY26 Legislative Budget Proposal

Mr. Busbee presented the Agency's budget proposal for fiscal year 2026. He went through all six (6) of the Agency's priorities including, State Funded Residential Services (\$1,975,380); Employment Navigation (\$975,000); Non-Recurring Capital Funds to stand up additional residential services (\$17,500,000); Funding for Deferred Maintenance (approximately \$15,828,801); SC Genomic Medicine Initiative for sustaining genomic testing and technologies for adults (\$500,000); and SC Genomic Medicine Initiative to improve existing specialized genetic service levels (\$1 million). In total, the Agency is requesting of \$29,250,380 plus an additional approximately \$15,828,801 for deferred maintenance for the 57 properties owned by the Agency.

Commissioner Thomas asked several questions about Greenwood Genetics Center (GGC) and the monies they receive from other entities, to include private and state. He wants to know why GGC have not obtained patents for their genetic research. There was discussion as to whether or not the budget proposal should be approved today or wait until staff or Commissioners talk with staff at Greenwood Genetics. The Agency's budget proposal is due for submission on September 27, 2024. Therefore, Director Holloway made a recommendation to the Commission to approve the budget request as outlined today, and after Commissioner Thomas and Chairman Miller complete their due diligence with GGC, the Agency can decide whether to withdraw their requests later. Commissioner Malphrus noted that the Agency had a non-voting member on the GGC's Board at one time and that perhaps Commissioner Thomas can be the Commission's representative on their Board. After Director's Holloway's recommendation, Commissioner Thomas moved that the Commission approve the budget as presented with the understanding that after due diligence is done by the Commission, the Agency may or may not remove the request for GGC from our budget request; seconded by Commissioner Kocher with the understanding that the \$15 million plus will be added to the total budget for deferred maintenance. (Attachment E)

Director's Update

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

Executive Session

At 10:59 AM, Commissioner Kocher made a motion to enter into executive session to discuss litigation updates. This motion was seconded by Commissioner Woodhead and unanimously approved by the Commission.

Rise Out of Executive Session

At 11:24 AM, Chairman Miller noted that there were no motions made and no votes taken during executive session. Commissioner Malphrus made a motion to rise out of executive session, seconded by Commissioner Woodhead 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 Commission approved for the next meeting to take place on Thursday, October 17, 2024 beginning at 10:30 AM. All Commission members were in

favor of changing the meeting time of the next meeting from 10:00 AM to 10:30 AM.

Adjournment

On a motion by Commissioner Malphrus, seconded by Commissioner Kocher, and unanimously approved by the Commission, the meeting adjourned at 11:26 A.M.

Submitted by:

Approved by:

Christie D. Linguard
Executive Assistant

Commissioner Gary Kocher, M.D.
Secretary

PROPOSED TO MARK OBSOLETE

DRAFT

Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy
Thomas P. Waring
Associate State Director
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803/898-9600
Toll Free: 888/DSN-INFO
Website: www.ddsn.sc.gov

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

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

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

A. Screening

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

1. Experiencing Clinical Symptoms

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

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

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

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

- (a) Males known to have had sex with another male one (1) or more times since 1978.
- (b) Past or current drug abuse.
- (c) Diagnosed with hemophilia and received clotting factor concentrates or individuals received a blood or blood product transfusion from 1978 through July 1985.
- (d) Engaged in sexual intercourse with multiple partners or with persons specified in “a, b, c.”
- (e) Engaged in sexual intercourse for drugs or money.
- (f) Deemed by the attending physician.

3. Testing Requested

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

B. Consent for Testing

- 1. HIV testing must be preceded by specific informed consent and pretest counseling (with documentation by the physician in the medical record) of the service recipient being tested or his/her specifically identified legal guardian.
- 2. A clear and urgent medical reason as determined by the attending physician that is documented in the service recipient’s medical record creates an exception to obtaining informed consent.
- 3. After test results are obtained, post-testing counseling will be provided and documented in the medical record.

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

- 1. There will be no discrimination regarding admission or provision of services to eligible service recipients with regard to their HIV status.
- 2. Service recipients with HIV/AIDS shall be medically evaluated, monitored and appropriately counseled as to their health status. Consultations with Department of Health and Environmental Control (DHEC) infectious disease consultants and/or private infectious disease consultants will be done as necessary.
- 3. Service recipients with HIV/AIDS shall be provided services in the least restrictive setting. Each service recipient’s plan shall reflect the level of supervision and other interventions necessary to ensure his/her needs are met and others are protected from exposure to the virus.
- 4. Service recipients with HIV/AIDS shall receive counseling and education on an ongoing basis to assure, to the extent possible, they understand:

4. Service recipients with HIV/AIDS shall receive counseling and education on an ongoing basis to assure, to the extent possible, they understand:
 - (a) The nature of their HIV/AIDS infection;
 - (b) Methods of transmission of the disease;
 - (c) Recommendations regarding abstinence, monogamy or “safer” sex practices in order to reduce the risk of transmission of HIV and other sexually transmitted diseases (STDs);
 - (d) Sound health-care principles; and
 - (e) The importance of avoiding drug use.
5. Service recipients with HIV/AIDS who have imminent (within three (3) months) transfer and/or discharge plans shall receive the counseling and education as listed in #4 above immediately prior to discharge and should have appropriate social and medical referrals to subsequent health-care providers.

D. Confidentiality

1. The results of HIV tests are confidential.
2. Confidential medical information including HIV test results may be shared only with those who have a need to know such information in order to provide safe care.
3. When a service recipient is transferred to other facilities or providers, their medical records, including HIV status and other related information, must be transferred in a sealed envelope marked “Confidential.”
4. Any breach of confidentiality will be subject to disciplinary action in accordance with each board/provider’s policy.

E. Reporting

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

II. Employees

- A. HIV screening will not be required for employment.
- B. Occupational exposure to blood/potentially infectious materials will be managed according to DDSN Directive 603-05-DD: Policy for Management of Exposure to Potential Bloodborne Pathogens, at Regional Centers and similar policies with boards/providers.

D. Employees who have HIV/AIDS

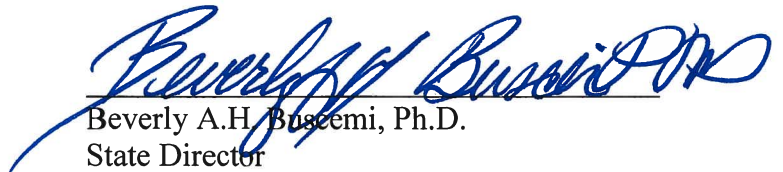
1. There shall be no unlawful job discrimination or breach of confidentiality for job applicants or employees who disclose their HIV status.
2. Diagnostic or therapeutic medical/dental intervention is not provided to any employee. They will be advised to contact their own physician for treatment.
3. Employees with HIV infection (or Hepatitis B infection) routinely require no job modification or restriction unless they perform “exposure-prone invasive procedures” as defined by the Centers for Disease Control and Prevention (CDC) (MMWR of July 12, 1991/40 (RR08)) and implemented by federal and state law and upon consultation with appropriate DHEC officials.
4. Employees with HIV infection who perform “exposure-prone invasive procedures” must undergo a confidential review by an appropriately constituted and DHEC-approved “expert review panel” (ERP) as specified by the CDC (op. cit.). ERP recommendations must be considered legally binding requirements upon the affected health-care worker.
5. Employees with HIV/AIDS who work in areas where service recipients who display aggressive behavior reside may be re-assigned administratively to other areas with less aggressive service recipients.

III. **Education**

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



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



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

Cross-reference numbers: 603-05-DD

PROPOSED TO MARK OBSOLETE

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Reference Number: 101-03-DD
Title of Document: Procedures for Providing Genetic Services in DDSN Regional Centers
Date of Issue: September 23, 1991
Effective Date: September 23, 1991
Last Review Date: February 3, 2017
Date of Last Revision: February 3, 2017 (REVISED)
Applicability: DDSN Regional Centers

PURPOSE:

The purpose of this document is to offer guidelines for providing genetic services to individuals and their families served in the Department of Disabilities and Special Needs (DDSN) Regional Centers.

BACKGROUND:

Genetic services are part of the total service plan for people with intellectual disability/related disability (ID/RD). Through genetic services, individuals with ID/RD and their families can receive valuable information about the nature and complications related to the disability, its origin, its implications and options for future service and treatment needs, and the risk to other family members for having children with the same condition. Genetic services are a major component of the department's prevention efforts. The need for genetic evaluations will be determined by the genetic team.

GENETIC TEAMS:

DDSN contracts with the Greenwood Genetic Center to provide genetic services to individuals and their families who receive DDSN services. Genetic teams are assigned to satellite offices around the state. Each team consists of a geneticist (physician) and a genetic caseworker

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(usually a nurse, but may be another discipline). The teams provide genetic evaluations, counseling, and follow-up to individuals and families served by DDSN.

GENETIC EVALUATIONS:

As a part of services provided, each individual served in a DDSN Regional Center will be offered an assessment to determine the need for genetic evaluation. The assessment and evaluation may consist of any or all of the following:

- 1) A review of medical and social records
- 2) An interview with the family
- 3) A physical examination by the geneticist
- 4) Appropriate photographic or video graphic documentation
- 5) Laboratory tests

It is the responsibility of the designated DDSN Regional Center staff to notify the genetic caseworker located at the closest Greenwood Genetic Center office of new DDSN Regional Center admissions if the individual/family wish to receive these services and to arrange access to appropriate admission information, including medical and social records. The genetic caseworker will work with DDSN Regional Center staff to arrange evaluations of individuals already residing in a DDSN Regional Center.

The genetic caseworker will review all records of newly admitted individuals who wish to receive a genetic evaluation and will schedule appropriate evaluations. Results from the evaluation will be maintained in the individual's Electronic Health Record.

GENETIC COUNSELING AND FOLLOW-UP:

Counseling and follow-up with the individual or his/her family regarding the results of the evaluation will be made by the genetic team. Results should be discussed with the individual, as appropriate. The genetic team will send copies of correspondence with individuals/families to the DDSN Regional Center for placement in the individual's Electronic Health Record.

MEDICAL REPORT:

The geneticists providing this service for DDSN are physician geneticists (if DDSN Regional Center physician does not write orders) and should write orders for tests on the Physician's Orders in the individual's unit record (The geneticists should clearly state that the tests were "done" to prevent staff from repeating the tests). After the evaluation, it is the responsibility of the facility physician/physician assistant/nurse practitioner to provide a summary report (verbal or in writing) concerning positive genetic findings to the interdisciplinary team for discussion during the team meeting. Each DDSN Regional Center should assure its physical examination form lists "genetic evaluation" to remind the DDSN Regional Center physician of the need to record genetic results.

PAYMENT FOR GENETIC SERVICES:

Facilities will bill private health insurance companies and/or Medicaid for covered services. Neither the individual nor his/her family will be billed for portions of genetic services that are not reimbursable through insurance or Medicaid.

KNOWLEDGE/CONSENT OF GENETIC SERVICES:

As one of several components of a complete physical examination for an individual with an intellectual disability, a separate consent for genetic services is not indicated for individuals residing in a DDSN Regional Center. However, to prepare families for this and other medical services, the "Regular Residential Admission Understanding" includes consent for genetic services as well as other medical referrals upon admission. The "Request for Services Agreement" also includes permission to videotape the individual, a method commonly used by geneticists to establish a diagnosis.

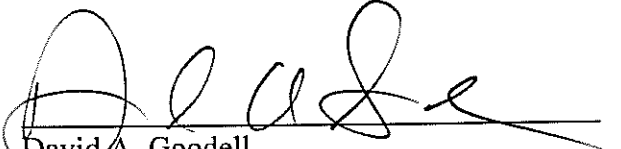
If an individual or family refuses to consent to genetic services or if an individual does not want the results shared with family members, the wishes of the individual/family will be respected. Documentation of the genetic services refusal should be placed in the individual's record and the genetic team should be notified of such refusal.

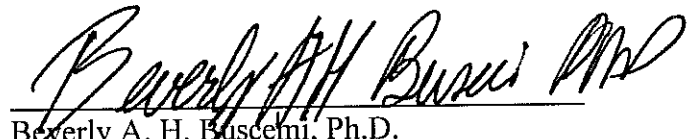
STAFF KNOWLEDGE:


DDSN Regional Center Facility Administrators are responsible for sharing the content of this procedural document with staff. The purpose and benefit of genetic services will be incorporated into the staff orientation curriculum.

QUALITY ASSURANCE:

It is the responsibility of the DDSN Regional Center Facility Administrator to assure that the content of this procedural document is incorporated into existing medical/nursing manuals; forms and materials are revised as indicated; and staff are knowledgeable about the content of this document.


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

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

Attachment: Service Agreement and Permission to Evaluate

PROPOSED TO MARK OBSOLETE

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Toll Free: 888/DSN-INFO
Website: www.ddsn.sc.gov

Reference Number: 335-01-DD
Title of Document: Diet Manual for the Department of Disabilities and Special Needs
Date of Issue: April 25, 1995
Effective Date: April 25, 1995
Last Review Date: April 4, 2017
Last Revision Date: April 4, 2017 (NO REVISIONS)
Applicability: DDSN Regional Centers

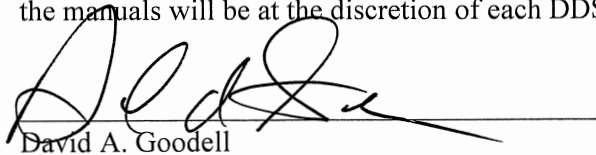
I. PURPOSE

To assure that DDSN Regional Centers follow professionally accepted practice for the purpose of prescribing and preparing nutritionally adequate diets for the consumers.

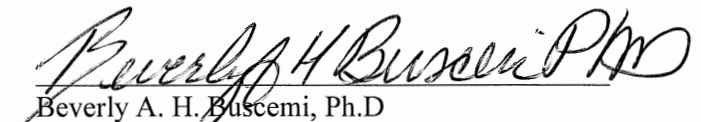
II. PROCEDURE

All DDSN Regional Centers, which directly prepare food for the consumers, will purchase and utilize a professionally sanctioned manual. This manual will be used to develop consumer diets and menus. The manual utilized will be no older than five (5) years. The selection of the manual will be approved by the DDSN Regional Center Facility Administrator.

The manual is to be distributed to at least all dietitians, and food service directors. Further dispersal of the manuals will be at the discretion of each DDSN Regional Center.


David A. Goodell

Associate State Director-Operations
(Originator)


Beverly A. H. Buscemi, Ph.D.

State Director
(Approved)



Susan Kreh Beck, Ed.S., NCSP
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Saleeby Center - Phone: 843/332-4104

Reference Number: 535-08-DD

Title of Document: Concerns of People Who Receive Services: Reporting and Resolution

Date of Issue: February 1, 1990

Date of Last Revision: ~~March 16, 2017~~ XXXX, 2024
(NO REVISIONS REVISIED)

Effective Date: ~~February 1, 1990~~ XXXX, 2024

Applicability: DDSN Central Office, DDSN Regional Centers, DSN Boards and Contracted Service Providers

PURPOSE:

This document establishes policies and procedures to assure that concerns of people who receive services and supports or representatives acting on their behalf are handled appropriately.

Concerns may be related to services, supports, or programs operated or funded by the South Carolina Department of Disabilities and Special Needs (DDSN), a DDSN Regional Center, a DSN Board, or contracted service provider, but are not ~~those~~ concerns that rise to the level of critical incident, abuse, neglect or exploitation as defined by DDSN policy or adverse decisions that can be appealed or reconsidered in accordance with DDSN Policy.

Contacts typically are made when the person who receives services or their representative feels their concern has not been satisfied through informal or routine contact with staff directly associated with the service, support or program. Contact with someone outside of the situation provides an opportunity for objective and impartial review of the concern.

POLICY

All providers will have a procedure for reporting concerns for people who receive services and supports or representatives acting in their behalf ~~that assures their right.~~ The procedure must assure the rights of those supported and their representatives to voice concerns without ~~actions being taken against them for doing so~~ fear of retaliation. The procedure ~~will~~must be reflective of the values and principles of DDSN and ~~will~~ clearly delineate all steps in the process. People who receive services and their representatives ~~will~~must be provided with information about the process in a manner that is ~~understandable to the person~~ easy to understand. ~~Support will be provided, if needed to people who wish to express a concern but need assistance in understanding or following the process.~~Support to express concerns or assistance with the process must be provided, if needed.

~~All efforts will be made to resolve concerns at the most immediate staff level that can properly address the concern. Efforts will be made to promote trust and open communication at the local service level whenever possible.~~

Concerns involving the health and safety of people ~~receiving services will~~supported must receive immediate review and ~~necessary action will be taken if the person's health or safety is at risk.~~

PROCEDURES FOR CONCERNS REPORTED TO DDSN

People ~~who receive services supported~~ and/or their representatives when expressing concerns to DDSN should will be encouraged to seek remediation ~~through their direct service provider's policy regarding concerns~~ by following the provider's procedure for concerns.

~~If~~When the concern is unable to be resolved ~~at this level by the provider,~~ then the matter ~~should~~may be referred to the DDSN ~~Office of Consumer Affairs or the appropriate District Director~~ Constituent Services Coordinator.

Follow-up to a concern by the DDSN Constituent Services Coordinator will include contact with the person or representative expressing the concern, review and research of the concern, efforts to mediate resolution, and documentation of all actions taken. The nature of the concern and the needs of the individual will factor into the ~~time period~~ time required for response, but generally, responses are provided within ten (10) business days.

~~Facility Directors~~DDSN Regional Center Facility Administrators/Executive Provider Executive Directors/CEOs will be notified whenever a ~~consumer~~ concern ~~involves their service area~~ with a DDSN facility/company provider has been brought to DDSN's attention.

Concerns generating media contacts will be coordinated ~~through procedures~~ as outlined in DDSN Directive 133-01-DD: Media and Publications Policies.

Critical incidents and allegations of abuse shall be reported as outlined in DDSN Directive 100-09-DD: Critical Incident Reporting and DDSN Directive 534-02-DD: Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from

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DDSN or a Contracted Provider Agency. Adverse decisions shall be handled in accordance with DDSN Directive 535-11-DD: Appeal and Reconsideration ~~Policy and Procedure~~ of Decisions.

~~Legislative contacts that rise to the level of DDSN Office of Consumer Affairs will be referred to the Director of Government and Community Relations to coordinate with the appropriate Division or District Director for response and follow up.~~ Concerns brought to DDSN's attention through legislative contacts will be shared with the DDSN State Director or his/her designee.

~~Susan Kreh Beck, Ed.S., NCSP~~

~~Associate State Director Policy~~

~~(Originator)~~

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Title of Document: Concerns of People Who Receive Services: Reporting and Resolution

Date of Issue: February 1, 1990

Date of Last Revision: October 17, 2024 (REVISED)

Effective Date: October 17, 2024

Applicability: DDSN Central Office, DDSN Regional Centers, DSN Boards and Contracted Service Providers

PURPOSE:

This document establishes policies and procedures to assure that concerns of people who receive services and supports or representatives acting on their behalf are handled appropriately.

Concerns may be related to services, supports, or programs operated or funded by the South Carolina Department of Disabilities and Special Needs (DDSN), a DDSN Regional Center, a DSN Board, or contracted service provider, but are not concerns that rise to the level of critical incident, abuse, neglect or exploitation as defined by DDSN policy or adverse decisions that can be appealed or reconsidered in accordance with DDSN Policy.

Contacts typically are made when the person who receives services or their representative feels their concern has not been satisfied through informal or routine contact with staff directly associated with the service, support or program. Contact with someone outside of the situation provides an opportunity for objective and impartial review of the concern.

POLICY

All providers will have a procedure for reporting concerns for people who receive services and supports or representatives acting in their behalf. The procedure must assure the rights of those supported and their representatives to voice concerns without fear of retaliation. The procedure must be reflective of the values and principles of DDSN and clearly delineate all steps in the process. People who receive services and their representatives must be provided with information about the process in a manner that

is easy to understand. Support to express concerns or assistance with the process must be provided, if needed.

Concerns involving the health and safety of people supported must receive immediate review and action.

PROCEDURES FOR CONCERNS REPORTED TO DDSN

People supported and/or their representatives when expressing concerns to DDSN will be encouraged to seek remediation by following the provider’s procedure for concerns.

When the concern is unable to be resolved by the provider, then the matter may be referred to the DDSN Constituent Services Coordinator.

Follow-up to a concern by the DDSN Constituent Services Coordinator will include contact with the person or representative expressing the concern, review and research of the concern, efforts to mediate resolution, and documentation of all actions taken. The nature of the concern and the needs of the individual will factor into the time required for response, but generally, responses are provided within ten (10) business days.

DDSN Regional Center Facility Administrators/Provider Executive Directors/CEOs will be notified whenever a concern with a DDSN facility/provider has been brought to DDSN’s attention.

Concerns generating media contacts will be coordinated as outlined in DDSN Directive 133-01-DD: Media and Publications Policies.

Critical incidents and allegations of abuse shall be reported as outlined in DDSN Directive 100-09-DD: Critical Incident Reporting and DDSN Directive 534-02-DD: Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contracted Provider Agency. Adverse decisions shall be handled in accordance with DDSN Directive 535-11-DD: Appeal and Reconsideration of Decisions.

Concerns brought to DDSN’s attention through legislative contacts will be shared with the DDSN State Director or his/her designee.

Eddie L. Miller
Chairman

Michelle Woodhead
Vice Chairman

Consideration of Conveyance of 110 and 114 Resinwood Drive, Moncks Corner 29461 to Berkeley Citizens, Inc., dba Unity Bay - A Qualified Provider of Residential Services DDSN.

Need approval from Commission to convey “the Conifers” at 110 and 114 Resinwood Drive (currently one licensed 8-bed ICF and one vacant (unlicensed) 8-bed former ICF) on four contiguous lots on which they were constructed in Berkeley County to Berkeley Citizens, Inc, dba Unity Bay

- Upon approval by Commission, the department will work with staff at the Department of Administration and the State Fiscal Accountability Authority to convey these properties to a local provider per Proviso 2023-2014 36.6.
- Such is tentatively scheduled for the SFAA agenda of December 10, 2024, contingent upon Commission approval and the Department of Administration’s agenda review.
- Background: The board of the current provider of residential services named above has agreed to accept such a conveyance.
- These Berkeley homes have not undergone a fair market analysis by an MAI appraiser, as such is unnecessary, per the Department of Administration.
- With the approval of DDSN, the provider is currently undergoing basic rehabilitation work to the vacant unit, Conifer II, at 114 Resinwood Drive.
- The work is being done to re-license this four-bedroom home (formerly an 8-bed ICF) as a less-restrictive 4-bed CTH-II. Essentially the work involves reducing the sprinkler system, repainting, some floor work, and hardware.
- After Conifer II has been re-opened and re-licensed, similar work will be done to Conifer I.
- The plan would be to move 4 of the current ladies in Conifer I (licensed 8-bed ICF) into this re-opened and re-licensed 4-bed CTH-II “Conifer II” at 114 Resinwood Drive.
- Such a conveyance would be written to ensure the properties are utilized for DDSN-approved services, with a quit-claim deed along with a reverter clause should Berkeley Citizens, Inc., dba Unity Bay, vacate its management of such homes in accordance with a Memo of Understanding to be developed by DDSN legal staff and recorded with the quit-claim deed.
- DDSN staff wish to convey these properties for not only the above purposes, but also in accord not only with the 2017 Senate Medical Affairs Committee but also the October 2023 Legislative Audit Council recommendations in addressing the critical waiting list of individuals to be served in residential settings.