

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

**SUPPORT CENTER SERVICES STANDARDS**

**Effective July 1, 2009**

**Revised Effective July 1, 2010**

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**Revised April 8, 2016**

## **SC Department of Disabilities and Special Needs**

### **SUPPORT CENTER SERVICES STANDARDS**

The mission of DDSN is to assist individuals 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 DDSN's mission, the intent of DDSN Support Center Services is to provide individuals 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**

Support Center Services includes non-medical care, supervision and assistance provided in a non-institutional, group setting outside of the participant's home to individuals who because of their disability are unable to care for and supervise themselves. Services provided are necessary to prevent institutionalization and maintain the participants' health and safety. The care, supervision and assistance will be provided in accordance with a plan of care. An array of non-habilitative activities and opportunities for socialization will be offered throughout the day but not as therapeutic goals.

Transportation will be provided from the participant's residence to the service provision site when the service start time is before 12:00 Noon. Transportation will be available from the participant's service provision site to his/her residence when the service start time is after 12:00 Noon.

#### **ANTICIPATED OUTCOMES**

For a limited number of individuals (i.e., elderly, those with significant medical conditions, those with significant psycho-social risk factors), other day support options may be inappropriate or undesirable. As an alternative, Support Center Services allows individuals to spend time away from home in a supervised setting where person-centered activities enable them to actualize their potential, have their needs met and enjoy new experiences.

It is expected that DDSN Support Center Services be provided in a manner that promotes:

- Dignity and respect
- Health, safety and well-being
- Individual and family participation, choice control and responsibility
- Relationships with family and friends and community connections
- Personal growth and accomplishments

It is also expected that Support Center Services reflects the principles of DDSN and therefore services should:

- Be person centered
- Be responsive, efficient, and accountable
- Be strengths-based, results oriented
- Maximize potential
- Be based on best and promising practices

<b>Standards</b>		<b>Guidance</b>
1	Support Center Services will be provided in accordance with all state and federal laws.	
2	Support Center Services will only be provided in or originate from facilities licensed by DDSN.	Please refer to DDSN Standards for Licensing Day Facilities.
3	Support Center Services will be provided in accordance with applicable DDSN Directives, procedures and guidance.	
4	Support Center Services will only be provided by DDSN qualified Day Services providers.	
5	<p>Each program will designate a Program Director who meets the following minimal qualifications:</p> <ul style="list-style-type: none"> <li>• Is at least 21 years old.</li> <li>• Have a four-year (4), baccalaureate degree from an accredited college or university in the human services or related field and two (2) years' experience in administration or supervision in the human services field or have a master's degree from an accredited college or university in the human services or related field and one (1) years' experience in administration or supervision in the human services.</li> <li>• Have references from past employment.</li> </ul>	A Program Director may serve more than one program.
6	<p>Each program will employ direct care staff who meet the following qualifications:</p> <ul style="list-style-type: none"> <li>• Is at least 18 years old.</li> <li>• Have a valid high school diploma or its certified equivalent.</li> </ul>	

<b>Standards</b>		<b>Guidance</b>
	<ul style="list-style-type: none"> <li>Have references from past employment if the potential staff has a work history.</li> </ul>	
7	Staff must meet requirements for criminal background checks.	<p>Checks should be done in accordance with DDSN Directive 406-04-DD: Criminal Record Checks and Reference Checks of Direct Caregivers. No support provider may be employed who has been convicted, pled guilty or nolo contendere to:</p> <ul style="list-style-type: none"> <li>Abuse, neglect or mistreatment of a consumer in any health care setting;</li> <li>An “Offense Against the Person” as provided for in Chapter 3, Title 16;</li> <li>An “Offense Against Morality or Decency” as provided for in Chapter 15, Title 16;</li> <li>Contributing to the delinquency of a minor as provided for in S.C. Code Ann. § 16-17-490;</li> <li>The common law offense of assault and battery of a high and aggravated nature;</li> <li>Criminal domestic violence, as defined in S.C. Code Ann. § 16-25-20;</li> <li>A felony drug-related offense under the laws of this state; and</li> <li>A person who has been convicted of a criminal offense similar in nature to a crime previously enumerated when the crime was committed in another jurisdiction or under federal law; has a substantiated history of child abuse and/or neglect and/or convictions of those crimes listed in SC Code Ann. § 20-7-1642 and/or is listed on the SC Sex Offender Registry.</li> </ul>
8	Staff must pass an initial physical exam prior to working in the program.	Pass = no documentation in the physical exam report of conditions present that would jeopardize health and safety of individuals receiving services or staff’s ability to perform required duties.
9	Staff must pass initial tuberculosis screening prior to working in the program and annually thereafter.	Pass = no evidence of communicable disease; meets requirements of DDSN Directive 603-06-DD: Guidelines for Screening for Tuberculosis.

<b>Standards</b>		<b>Guidance</b>
10	Staff must be trained and be deemed competent in accordance with DDSN Directive 567-01-DD: Employee Orientation, Pre-Service and Annual Training Requirements.	
11	There will be a staff development/in-service education program operable by each provider which requires all staff to participate in in-service education programs and staff development opportunities in accordance with DDSN Directives.	<p>From DDSN Directive 567-01-DD: Employee Orientation, Pre-Service and Annual Training Requirements, staff must periodically be required to demonstrate continuing competency on the most critical information and skills taught in the curriculum. Providers have wide latitude in designing the format of such rechecks.</p> <p>Encouraging staff commitment to continuing personal and professional development will expand the capacity to provide quality service and supports. Staff should routinely be exposed to information regarding training resources and opportunities. Supervisors should be working with staff to identify annual personal and professional goals.</p>
12	<p>Each program will have written policies on:</p> <ul style="list-style-type: none"> <li>• Use of volunteers and substitutes;</li> <li>• Program evaluation;</li> <li>• Administration of medication;</li> <li>• Admission and discharge of participants;</li> <li>• Personnel practices;</li> <li>• Procedures to be followed when a participant is discovered to be missing;</li> <li>• Termination of participants from the program which include: <ul style="list-style-type: none"> <li>○ A list of reasons for dismissal;</li> <li>○ Methods of averting the termination;</li> <li>○ When consultation and concurrence with DDSN prior to termination will be sought;</li> </ul> </li> </ul>	

Standards		Guidance
	<ul style="list-style-type: none"> <li>Keeping and managing a waiting list for those who are seeking entry into each service provided in the program that includes the frequency with which the list will be reviewed.</li> </ul>	
13	Individuals receiving Support Center Services are free from abuse, neglect and exploitation.	
14	Provider staff must advocate for each service recipient to insure the individual's constitutional, civil and human rights are protected.	
15	Support Center Services will only be provided to those who are authorized by a DSN Board or contracted Case Manager to receive.	<p>Case Management will provide the chosen Support Center Services provider with a referral notification that at a minimum includes the following information:</p> <ul style="list-style-type: none"> <li>Consumer information: name, address, DOB, referral date, SS#, Medicaid # (when applicable), emergency contact information, and name of referring Case Manager;</li> <li>Authorization of service, number of authorized units;</li> <li>Additional information: Critical and emergency information, health/medical information, and care and supervision information.</li> </ul>
16	Individuals receiving Support Center Services are supported to make decisions and exercise choice regarding the specific Support Center Services they will receive.	
17	<p>Within 15 business days of receipt of a referral, the Support Center Services provider will notify the referring Case Manager in writing of their intent to:</p> <ul style="list-style-type: none"> <li>Accept the individual for service, or</li> <li>Accept the referral for placement</li> </ul>	

<b>Standards</b>		<b>Guidance</b>
	<p>on the provider's waiting list, or</p> <ul style="list-style-type: none"> <li>• Reject the referral.</li> </ul>	
18	<p>Prior to providing Support Center Services, a preliminary plan that outlines the non-medical care, supervision and assistance to be provided must be developed.</p>	<p>Plan must include essential information to ensure appropriate services and supports are in place to assure health, safety, supervision and rights protection.</p>
19	<p>On the first day of attendance in Support Center Services, the preliminary plan must be implemented.</p>	<p>Preliminary plan is to be implemented on the first day of attendance in Support Center. When assessments are completed, the plan will be completed and will replace the preliminary plan.</p>
20	<p>Within 30 calendar days of the first day of attendance in Support Center Services, and annually thereafter, an assessment will be completed that identifies the non-medical care, supervision, assistance and interests/preferences of the individual.</p>	
21	<p>Based on the results of the assessment, within 30 calendar days of the first day of attendance of Support Center Services and annually thereafter, a plan that outlines the Support Center Services and supports to be provided is developed with participation from the individual and/or his/her legal guardian.</p>	<p>At a minimum, the plan must be completed every 12 months.</p>
22	<p>The plan must include:</p> <ul style="list-style-type: none"> <li>• A description of the care and assistance to be provided.</li> <li>• A description of the type and frequency of supervision to be provided.</li> <li>• A description of the kinds of activities in which the individual is interested or prefers to participate.</li> <li>• Emergency contact information.</li> </ul>	<p>In accordance with DDSN Directive 510-01-DD: Supervision of Individuals Receiving Services, services provided shall include the provision of any interventions and supervision needed by the individual which includes dining/eating. The interventions to be provided must be based on assessed needs. Supervision must encompass any time outside of the actual unit time when the individual is present and supervision is needed.</p> <p>All critical and emergency information for this individual must be documented in the plan.</p> <p>Medications (medications taken by the individual must</p>

<b>Standards</b>		<b>Guidance</b>
	<ul style="list-style-type: none"> <li>• Current and comprehensive medical information.</li> <li>• Any information essential to maintaining the individual's health, safety and welfare.</li> </ul>	be listed and any assistance of medicating must be documented (self-medicate or assisted medicate)). All known relevant medication information must be documented. All specific instructions concerning individual reactions, side effects or restrictions to medicine must be documented.
23	As soon as the plan is developed, it must be implemented.	
24	Data must be collected as specified in the plan and must be sufficient to support the implementation of the plan for each unit of service reported.	Data documented on the Support Center Monthly Data Recording Sheet must specify the amount of time the service was provided.
25	Data entries must be: <ul style="list-style-type: none"> <li>• True and accurate;</li> <li>• Complete;</li> <li>• Logically sequenced;</li> <li>• Typed or handwritten in permanent dark ink; and,</li> <li>• Dated and signed by the staff making the entry.</li> </ul>	
26	At least monthly, the plan is monitored by staff responsible for developing and monitoring the plan to determine its effectiveness.	The Program Director's or designee's signature on the Support Center Monthly Data Recording Sheet signifies that the plan has been monitored.
27	The plan is amended when significant changes to the plan are necessary.	Significant changes may include, but are not limited to: changes in activities, changes in supervision, and/or the person's life situation has changed.
28	A record shall be maintained for each participant that contains, at a minimum, the items listed below. All documents and entries shall be legible, dated, and signed by staff making the entry. If symbols are used, explanatory legends must be provided. <ul style="list-style-type: none"> <li>• Current Plan that supports the provision of the service provided;</li> </ul>	Record of illnesses and accidents will be maintained for those accidents that occur during service provision and for illnesses made known to the provider.

<b>Standards</b>		<b>Guidance</b>
	<ul style="list-style-type: none"> <li>• Monthly summary; (Monthly Data Recording Sheet)</li> <li>• Record of unusual behavior incidents which are recorded at the time of occurrence;</li> <li>• Record of illness and accidents;</li> <li>• Authorization for emergency medical service and medication administration;</li> <li>• Record of critical incidents.</li> </ul>	
29	Any evidence of illness or injury shall be documented in the participant's record and action shall be taken to obtain necessary medical treatment of the individual and to safeguard others from contagion.	
30	<p>Reporting requirements are performed correctly.</p> <ul style="list-style-type: none"> <li>• According to the DDSN Finance Manual and applicable DDSN Directives.</li> <li>• Reporting of Critical Incidents.</li> <li>• Death or Impending Death of Persons Receiving Services.</li> <li>• Community Financial Reporting Requirements.</li> <li>• Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of Individuals Receiving Services from DDSN or a Contract Provider Agency.</li> </ul>	