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DDSN Executive Memo

TO: Executive Directors of DSN Boards
CEOs of Contracted Service Providers
Residential Directors
Day Service Directors

FROM: Kyla Schultz-Executive Risk and Compliance Manager

DATE: January 14, 2021

RE: Fiscal Year 20/21 Licensing Information and Clarifications

The on-site residential licensing inspections completed by SCDDSN's Quality Improvement Organization, Alliant ASO, will again be temporarily suspended during the COVID-19 State of Emergency. As we did last spring and summer, DDSN has implemented an interim policy which requires the successful completion of a "Provider Self-Assessment Tool for DDSN Licensure during COVID-19 State of Emergency." As we move forward; however, we are adopting a hybrid format in continuing the Licensing Review Process. Day Program licensing will continue in the on-site review format.

To obtain a Provisional License, your agency will need to follow the procedures outlined below:

1. Complete the [Provider Self-Assessment Tool for DDSN Licensure during COVID-19 State of Emergency](#) (also available under Business Tools) for each location.
2. For any indicators that are "Not Met," the provider will document corrective action on the Assessment tool, with the targeted date to complete the corrective action.
3. The Executive Director/President/CEO of the Provider Agency will sign the Self-Assessment for each setting and scan/return the signed document via email to license@ddsn.sc.gov by the 25th of each month, prior to the license expiration date.
4. In addition, Alliant will complete the records review associated with the current licensing indicators. Effective July 1, 2020, specific residential services indicators have been moved out of the realm of contract compliance and to the realm of licensing. During this interim hybrid licensing process, this means that certain documents will need to be available to the licensing reviewer. DDSN has created a checklist to assist providers to prepare for licensing (it is attached to this memo and available on the DDSN website at the following links:

[DDSN Day Licensing Prep List](#)

[DDSN Residential Licensing Prep List](#)

5. Providers have options when providing licensing information to Alliant. Documents may be provided to Alliant as described below:
 - a) At the time of the visit to the home-Due to concerns with the spread of Covid-19, DDSN requests that providers copy information and give it to Alliant to review remotely;
 - b) In Therap-If your agency has an “index” to assist reviewers with the location of specific information in Therap, that index should be provided;
 - c) Via an upload to the Alliant portal within the required timeframes.
6. Upon completion of both the Self-Assessment and the completed records review by Alliant, DDSN will update the licensing information in the Service Provider Management (SPM) Module and issue a provisional license for 1 year (365 days). The Provisional License will be in effect until Alliant can complete an on-site inspection and a new license is issued.
7. Agency staff will be able to review/print the updated license on the first day of the following month, provided that all requirements are met.
8. For each month, as the State of Emergency continues, DDSN will send a list of settings requiring Self-Assessment by the 20th of each month. The Self-Assessments on that list will then be due by the last day of the following month.

As a corresponding issue, DDSN has received several requests for additional information and clarification related to the licensing process. The information contained in this memo supplements and clarifies existing standards and tools.

- A. In order to streamline the licensing process for SLP II programs, DDSN is moving towards a goal of having SLP II license dates align. This will eventually decrease the number of licensing visits, as there will only be the need to inspect once a year to complete all of the SLP II annual licensing inspections. As this alignment is implemented, there may be the need to have some locations inspected more than once in a 12-month period.
- B. The Center for Medicaid and Medicare (CMS) has issued new requirements (known as the Final Rule) for Home and Community Based Settings (HCBS). These requirements apply to many DDSN programs and have been incorporated into a variety of standards and tools in order to provide evidence of implementation. These new rules require an adjustment of philosophy and a commitment to person centered planning/thinking. Central to this philosophy shift is ensuring that a person’s environment is one that is fully physically accessible. This means that the person can fully experience all the benefits of their home with a focus on safety, choice and autonomy.

DDSN recognizes the practical physical site and budgetary challenges such a shift will require. To that end, DDSN is providing the below clarification of the licensing standard related to physical accessibility of the setting.

Standard	Clarification
2.15 The setting is physically accessible.	<p>DDSN expects that providers are assessing the physical accessibility of settings, acknowledging the need for improvement, and putting plans in place to become compliant.</p> <p>The requirements for accessibility accommodations for mobility related adaptations such as full egress from all exits to the home, lips in doorways, narrow hallways/doorways etc. must be implemented per the guidance in this standard. Providers have limited flexibility with the full implementation of mobility accommodations due to their direct connection to health and safety protections.</p> <p>The requirements for accessibility accommodations such as appliances, counter heights, and furniture must be implemented in consideration of the assessment and person-centered planning process. The decision to make an accessibly change in the home for these types of items, must include consideration of the abilities of the person and their interest to have accommodations put in place in their home. Assessments must include documentation of the discussion with the person about their interests in accessibility changes at their home.</p>

For example: if a person has an interest to learn to prepare meals, the provider needs to assess the person's needs in that area. Then provider can create a plan that describes how to move towards adding accessibility options to the home to meet that need/desire. However, if the person does not express any interest in learning to prepare meals, the provider needs to document the outcome of that discussion in the assessment and no further plan would be needed and no modifications to the home would be necessary.

When a setting has people living at it that are assessed to have different accessibility desires and needs, the provider will work with the people in the home to create a plan to fairly balance accommodations.

What must a setting do in order to ensure physical accessibility?

At a minimum, the setting must comply with existing requirements under federal, state, and local law (e.g., fire safety codes, the Fair Housing Act and the Americans with Disabilities Act (ADA), if applicable). In addition, the setting must ensure that people can come and go from the setting and have visitors at times of their choosing. The setting also must ensure that people have unrestricted access to all common areas of setting (e.g., the kitchen, living room, laundry room, deck, yard etc.). In order to ensure that all parts of the setting that are normally available to people are accessible to people with disabilities, the setting may need to provide widened doorways, laundry machines with front (not top) access, cabinets and counters at a non-standard height, ramps, or other accommodations.

In considering whether a setting meets the accessibility requirements, the DDSN will consider the following factors suggested by CMS:

- Do people have full access to typical facilities in a home such as a kitchen with cooking facilities, dining area, laundry, and comfortable seating in the shared areas?
- Are there gates, Velcro strips, locked doors, or other barriers preventing entrance to or exit from certain areas of the setting?
- Is the setting physically accessible and there are no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting mobility in the setting or if they are present are there environmental adaptations such as a stair lift or elevator to overcome the obstruction?
- For people who need supports to move about the setting as they choose, are supports provided, such as grab bars, seats in the bathroom, ramps for wheel chairs, viable exits for emergencies, etc.?
- Are appliances accessible (e.g. the washer/dryer are front loading for individuals in wheelchairs)?
- Are tables and chairs at a convenient height and location so that people can access and use the furniture comfortably?

Where immediate achievement of all of the above standards—or prompt achievement of these standards as new needs arise—would entail a significant capital expense (e.g., buying new laundry appliances or adjusting counter heights), providers may wait to incur the expense until the affected part of the setting is rebuilt/remodeled/replaced. This delay is not allowed for new settings and does not authorize any provider to delay compliance with the Fair Housing Act, the ADA, or any other existing law.

In cases where the provider would incur a significant capital expense to bring a setting up to standard for any reason, providers must show evidence of an assessment of the setting and plan to bring the setting up to accessibility standards. The plan must align with the assessed needs of each person in the home and be documented via the person centered planning process.

Exceptions for this standard may be made in cases where the provider does not own the setting and has limitations for which environmental modifications are permissible. In those cases, it would be expected that the assessment of the setting would acknowledge these limitations and determine if the setting remains appropriate for the persons served in the setting.

Questions regarding these clarifications or the application of them during licensing inspections should be directed to: license@ddsn.sc.gov.

South Carolina Department of Disabilities & Special Needs
Provider Self-Assessment Tool for DDSN Licensure during COVID-19 State of Emergency

Provider: _____ Date of Assessment: _____ Completed by: _____

Setting Type: CTH I _____
 (Name/Address)

CTH II _____
 (Name/Address)

SLP II _____
 (Name/Address)

Other Purpose: _____

In order to ensure facilities maintain current licensure, the licensing self-assessment will be used during emergency/extreme situations when the normal licensing process is unable to be completed. The assessment may be completed by a coordinator level staff member and will require the review and approval of the Executive Director/Pres/CEO. Any item unmet at the time of the assessment requires an explanation and detailed description of the plan to address the issue.

Upon completion of the Self-Assessment, the provider should submit a scanned copy to License@ddsn.sc.gov. The original document must be maintained with provider files.

#	Requirement	Met	Not Met	Comments	Plan to Address Issue	Completion Date
1	Sufficient staff shall be available 24 hours daily to respond to the needs of the residents and implement their programs.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
2	Fire extinguishers and smoke detectors are available and have been inspected to be in good working order.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
3	Carbon monoxide detectors are available, if conditions warrant.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
4	Monthly, quarterly, semi-annual fire sprinkler inspections are current.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
5	Well stocked first aid kit is readily accessible.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
6	Water temperature is no less than 100°, no more than 120°, if anyone is unable to self-regulate. Never over 130°	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
7	The bedrooms shall have operable window(s), with clear egress. The windows must be secure and operable without the use of special tools.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			

8	Bathrooms (toilets/showers) are clean and in good working order, with lockable doors, unless justified.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
9	Setting is clean, free of obvious hazards with equipment in good working order. Sanitizing agents are available and staff know when/how to use.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
10	Flashlight on each level.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
11	Medications stored safely on site (unless justified), in secure, sanitary area with no expired medications.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
12	Medication logs are being reviewed monthly to ensure errors/events are documented and each location has a monthly medication error rate.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
13	Emergency food stores are present and in sufficient quantities. (At least one week's worth)	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
14	Personal protective equipment is available.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			

I hereby attest that the information provided in this document is true and accurate.

Executive Director/Pres/CEO

DDSN Use:
Date entered into SPM: _____

South Carolina Department of Disabilities & Special Needs

FY21 Day Services Licensing Prep List

Effective July 1, 2020, specific day services indicators have been moved out of the realm of contract compliance and to the realm of licensing. This means that certain documents will need to be available to the licensing reviewer at the time of the visit to the facility, available in Therap, or uploaded to the Alliant portal within the required timeframes. Alliant staff will have access to Therap, so providers will not need to transfer any information stored there. If your agency has an “index” to assist reviewers with the location of specific information in Therap, that index should be provided.

As a general guide, day service providers will need to ensure the following documentation is available to the Alliant Review staff at the time of the Licensing Review:

- Census for the date of review
- Staff list for each day services location, noting staff who are responsible for transportation
- Annual Fire Marshal Inspection (include evidence of correction if violations were noted)
- Electrical Inspection (within prior 3-year period)
- Sprinkler System Inspection
- HVAC Inspection (within prior 3-year period)
- Evidence of quarterly fire/disaster drills.
- Evidence of staff fire/safety training, including the use of fire extinguishers.
- Evidence of daily checklists completed for each vehicle in active use.
- Evidence of vehicle maintenance.
- Evidence of the successful completion of a Defensive Driving course for all staff transporting participants.
- Documentations of provisions for alternate coverage for staff members who are ill. Such policies shall require staff members with acute communicable disease, including respiratory infection, gastro-intestinal infection, and skin rash, to absent themselves during the acute phase of illness
- Evidence of the written authorization to administer medication for any participants with medications at the day services location.
- Medications Control sheets (current and past 3 calendar months – for all controlled medications)
- Policy regarding the disposition of medications
- Medication Administration Record (MARs – current and previous 3 calendar months)
- Medication error rates for previous 3 calendar months (using calculation method described in Directive 100-29-DD)
- Evidence of Therap documentation of any restraints that occurred in the past 12 months (if no restraints occurred, please provide a signed statement that none occurred)
- Documentation to indicate the Intensive Behavior Intervention provider and Human Rights Committee were informed of the use of any restraints

**Any documentation submitted in the form of a spreadsheet is subject to verification.*

A sample of records may be selected to validate data entered into staff training or vehicle maintenance spreadsheets.

Additional information may be requested at the time of review.

Please refer to the DDSN Licensing Review Tools for specific indicators and references to source documents.

www.ddsn.sc.gov >Contacts > Quality Management >Licensing

South Carolina Department of Disabilities & Special Needs

FY21 Residential Services Licensing Prep List

Effective July 1, 2020, specific residential services indicators have been moved out of the realm of contract compliance and to the realm of licensing. This means that certain documents will need to be available to the licensing reviewer at the time of the visit to the home, available in Therap, or uploaded to the Alliant portal within the required timeframes. Alliant staff will have access to Therap, so providers will not need to transfer any information stored there. If your agency has an “index” to assist reviewers with the location of specific information in Therap, that index should be provided.

As a general guide, residential service providers will need to ensure the following documentation is available to the Alliant Review staff at the time of the Licensing Review:

- Fire Marshal Inspection (include evidence of correction if violations were noted)
- Electrical Inspection (if renovations have taken place)
- HVAC Inspection (if renovations have taken place)
- DHEC water quality inspection (if the home has well water)
- Fire Marshal Health and Sanitation Inspection (if home is licensed for persons under age 21)
- Approved DDSN Request for Exception if any firearms are present in the home
- Current vaccination certificates for pets onsite
- Signed statement of Financial Rights (to include a fee schedule and quarterly monitoring)
- Signed statement of Residential Rights (for new admissions to the home within the prior twelve months)
- Evidence to support residents have received training on abuse and how and to whom to report
- Lease agreement for each individual resident
- If each person does not have a key, a Key assessment for each individual resident will be required (for bedroom and front door - with only appropriate staff having keys to doors)
- Assessment for access to cleaning supplies, if access is restricted
- Evidence to support choice of healthcare provider, the person is informed of medical appointments and purpose, and side effects of medications have been explained to the person
- A physical health exam with follow-up, as recommended by the physician
- For acute health care needs – include evidence that follow up appointments and treatments were provided within 24 hours
- Evidence of Dental exam
- Documentation of the person’s participation in meal planning, grocery shopping, and meal preparation
- Swallowing Disorders Checklist
- Swallowing Disorders Follow-Up Assessment, as required
- Provider follow-up and the Swallowing Disorders consultation summary
- Medication Control sheets (current and past 3 calendar months – for all controlled medications)
- Controlled Medication End of Shift Review Logs (current and past 3 calendar months – for all controlled medications)
- Policy regarding the disposition of medications
- For SLP II, if each person’s medication is not stored in their apartment, there should be documentation as to why this would present a health and safety issue
- Medication Self-Administration assessment (if individual self-administers medications)
- Medication Administration Record (MARs – current and previous 3 calendar months)
- Medication error rates for previous 3 calendar months
- Evidence of Quarterly Psychotropic Medication Review (PDR) (past 12 months)
- Behavior Support Plans
- Current Residential Support Plan
- Consent for health care or restrictive interventions
- Evidence of monitoring for Tardive Dyskinesia symptoms
- Documentation of any restraints that occurred in the past 12 months (if no restraints occurred, please provide a signed statement that none occurred)
- Evidence to indicate the Intensive Behavior Intervention provider and Human Rights Committee were informed of the use of any restraints

Additional information may be requested at the time of review.

Please refer to the DDSN Licensing Review Tools for specific indicators and references to source documents.

www.ddsn.sc.gov > Contacts > Quality Management > Licensing