

Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Kathi K. Lacy, Ph.D.
Associate State Director
Policy
Thomas P. Waring
Associate State Director
Administration



COMMISSION
Fred Lynn
Chairman
Deborah C. McPherson
Vice Chairman
Christine Sharp
Secretary
Nancy L. Banov, M.Ed.
Harvey E. Shiver
Katherine W. Davis

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

Reference Number: 502-01-DD

Title of Document: Admissions/Discharge of Individuals To/From DDSN
Funded Community Residential Settings

Date of Issue: January 29, 1988
Effective Date: January 29, 1988
Last Review Date: August 2, 2012
Date of Last Revision: August 2, 2012 **(REVISED)**

Applicability: DSN Boards and Contracted Residential Service Providers

Purpose:

To assure that people who are eligible for South Carolina Department of Disabilities and Special Needs (DDSN) services receive the services most appropriate to meet their needs and that limited resources are utilized prudently.

I. General Conditions of Community Residential Service Provision

- A. Unless otherwise authorized by DDSN, the residential setting must have a valid certificate or license issued by DDSN or the South Carolina Department of Health and Environmental Control (DHEC) to provide services.
- B. The residential setting must have sufficient capacity as indicated on its license or certificate to serve those admitted.
- C. The residential service provider must have a valid contract to deliver the residential services in specified settings.

II. Initial Admission into Community Residential Services

The following conditions must be met prior to admission.

- A. The person must have been determined eligible to receive DDSN services.
- B. The person must be on the DDSN Critical Needs Waiting List or currently residing in one of the DDSN Regional Centers (reference DDSN Directive 502-05-DD: DDSN Waiting Lists) unless otherwise approved by DDSN when there are sufficient resources available to support such admissions (e.g., Residential Priority I Waiting List, Court Ordered Judicial Admission, living with aging caregiver).
- C. The person/guardian must have chosen to receive services in the proposed residential setting. This choice should be an informed choice that is documented. Documentation must be maintained in the person's record. Additionally, others living in the home should support the person's admission.
- D. The proposed residential setting must represent the least restrictive setting in which the person's needs can be met. The following lists residential settings from most to least restrictive.
 - 1. Regional Center
 - 2. Community ICF/ID
 - 3. CRCF
 - 4. CTH-II
 - 5. SLP-II/CTH-I
 - 6. SLP-I/CTH-I
- E. The residential provider must have resources and expertise necessary to safely and effectively meet the needs of the person being admitted.
- F. Efforts must be made to establish person's Medicaid eligibility and ICF/ID Level of Care need prior to residential admission.
- G. The funding for services in the proposed setting must have been approved by DDSN. A complete, fully signed "Community Residential Admission Discharge Report (Attachment A) will constitute approval of funding.
- H. The DDSN "Community Residential Admission/Discharge Report" (Attachment A) must be completed by the residential service provider proposing to serve the person and signed by the appropriate DDSN officials (Assistant District Director, District Director, and Director of Cost Analysis/designee) prior to the admission. DDSN officials will return fully signed copies of this form to the residential provider and to the person's service coordination provider.

III. Transfer between DSN Board/Contracted Service Provider's Community Residential Setting (applies to all transfers be they to less, more or equally restrictive settings or intra- or inter-agency transfers)

- A. There must be a legitimate reason for the transfer (e.g., the person requires a more/less intensive level of service, the person is not compatible with the other persons residing at the home, the person desires to move to another home closer to his family).
- B. The person/guardian must have chosen to receive services in the proposed residential setting. This choice should be an informed choice that is documented. Documentation must be in the person's record. Additionally, others living in the home should support the person's transfer.
- C. The proposed residential setting should represent the least restrictive setting in which the person's needs can be met. The following lists residential settings from most to least restrictive.
 - 1. Community ICF/ID
 - 2. CRCF
 - 3. CTH-II
 - 4. SLP-II/CTH-I
 - 5. SLP-I/CTH-II
- D. The funding for services in the proposed setting must have been approved by DDSN. A complete, fully signed "Community Residential Admission/Discharge Report" (Attachment A) will constitute approval of funding.
- E. The residential provider must have resources and expertise necessary to safely and effectively meet the needs of the person being admitted.
- F. The DDSN "Community Residential Admission/Discharge Report" (Attachment A) must have been completed by the residential service provider currently serving the person and have been signed by the appropriate DDSN officials (Assistant District Director, District Director, Director of Cost Analysis/designee) prior to the transfer. DDSN officials will return fully signed copies of this form to the residential provider currently serving the person, the residential provider to whom the person is transferring and the service coordination provider. If the proposed transfer involves moving someone from a Regional Center/community ICF/ID to a non-ICF/ID residential setting, final approval will not be provided until that person has been enrolled in the ID/RD Waiver.

IV. Residential Discharge

- A. There must be a legitimate reason for the discharge (e.g., the person no longer requires residential services, the DSN Board/contracted service provider does not

have a residential setting capable of meeting the person's needs, the person has died).

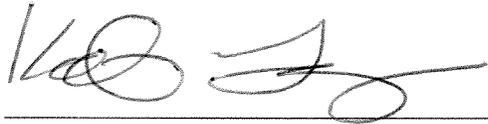
- B. If applicable, there must be a plan that outlines the post-discharge service/support needs of the person. This plan should be shared with future service providers.
- C. If alternative services are proposed, funding for those services must have been approved prior to discharge. A complete, fully signed "Community Residential Admission/Discharge Report" will signify DDSN's approval.
- D. The DDSN "Community Residential Admission/Discharge Report" (Attachment A) must have been completed by the residential-service provider currently serving the person and have been signed by the appropriate DDSN officials (Assistant District Director, District Director, Director of Cost Analysis/designee) prior to the discharge. DDSN officials will return a fully signed copy of this form to the residential-service provider and the person's service coordination provider.

V. Residential Vacancies

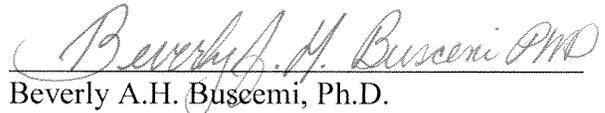
- A. DSN Boards must admit people (as specified in Section II B of this document) into a funded residential vacancy within 30 calendar days. Failure to do so may result in financial sanction unless reasonable justification for extended vacancy has been approved by DDSN.
 - 1. For the purpose of this funding requirement, a residential vacancy is considered to exist if someone receiving community residential services has been admitted to a DDSN Regional Center for short term behavioral/medical stabilization or has not been sleeping at the residence for ten (10) consecutive nights.
 - 2. Residential service providers must notify their respective Assistant District Director of any such temporary residential vacancies within three (3) days. Notice should be in writing (.e.g., email or memo) and include the projected date that the person will return to the community residence.
- B. Residential service providers must provide a monthly summary of efforts to fill any vacancies using the attached DDSN "Residential Vacancy" form (Attachment C). This report must be submitted to the Assistant District Director no later than the first (1st) Monday of each month.
- C. Residential service providers should remain knowledgeable of those DDSN Regional Center residents who have expressed a desire to receive residential services in a community-based setting. DDSN will periodically distribute a listing of DDSN Regional Center residents who desire to receive services in the community.

VI. Respite

- A. Residential service providers can also provide respite in certain residential settings (i.e., CTH-I, CTH-II, CRCF, ICF/ID) to people who are in crisis or as a planned break for the person's primary caretaker. The residential service provider must also be an approved respite provider.
- B. In order to provide respite, there must be sufficient licensed/certified capacity in the residential setting to accommodate all who will be present.
- C. The residents of the home must agree to respite being provided unless the provision of respite is approved by local Human Rights Committee and DDSN. If a resident's bedroom will be used in his/her absence for respite, appropriate consent must be obtained from the resident and, if desired, he/she must be able to secure personal belongings in his/her absence.
- D. The DDSN "Residential Respite" form (Attachment B) must be completed by the residential service provider proposing to provide the respite and be approved by DDSN official (District Director) prior to the provision of any residential respite in excess of three (3) calendar days. The Executive Director/CEO must approve any residential respite provided for three (3) calendar days or less.



Kathi K. Lacy, Ph.D.
Associate State Director-Policy
(Originator)



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

To access the following attachments, please see the agency website page "Attachments to Directives" under this directive number.

Attachment A: Community Residential Admission/Discharge Report
Attachment B: Residential Respite Form
Attachment C: Residential Vacancy Form