

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

COMMUNITY SERVICES STANDARDS

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**SC Department of Disabilities and Special Needs
COMMUNITY 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 the agency's mission, the intent of DDSN Community Service 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

Community Services is aimed at developing one's awareness of, interaction with and/or participation in their community through exposure to and experience in the community and through teaching such concepts as self-determination, self-advocacy, socialization and the accrual of social capital. Services will be provided in facilities licensed by the state. Community activities that originate from a facility licensed by the state will be provided and billed as Community Service. On site attendance at the licensed facility is not required to receive services that originate from the facility.

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

MODELS

Community Services consists of two distinct models of service: Group and Individual Service.

Community Services is designed to accommodate those individuals identified as requiring individualized one on one services as well as those requesting group services.

- Community Services/Group is available to those individuals who can benefit from services provided in a group setting. A unit of Community/Group is defined as 2-3 hours of service.
- Community Services/Individual is available to those individuals who require services be provided on a one to one basis. Community Services/Individual must always be provided with a one to one participant to staff ratio. A unit of Community Services/Individual is defined as 1-3 hours of service.

NOTE: Community Services/Individual model is only available to those enrolled in the Community Supports Waiver. It is **not** available to those whose services are funded by the State or the ID/RD Waiver.

ANTICIPATED OUTCOMES

Community Services provides individuals the opportunity to maximize their exposure, experience and participation within their local community. Through this process the individual will gain access to inclusive citizenship and social capital.

It is expected that DDSN Community 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 Community Services reflect 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

Standards		Guidance
1	Community Services will be provided in accordance with all state and federal laws.	
2	Community Services will only be provided in or originate from facilities licensed by DDSN as Day Facilities.	Please refer to DDSN Standards for Licensing Day Facilities
3	Community Services will be provided in accordance with applicable DDSN Departmental Directives, procedures and guidance.	
4	Community 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"> • Is at least 21 old; • Have a four (4) year, 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; • Have references from past employment. 	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"> • Is at least 18 years old; • Have a valid high school diploma or its certified equivalent; • Have references from past employment if the person has a work history. 	

	Standards	Guidance
7	Staff must meet requirements for criminal background checks.	<p>Checks should be done in accordance with DDSN Directive 406-04-DD: Criminal Records 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"> • Abuse, neglect or mistreatment of a consumer in any health care setting; • An “Offense Against the Person” as provided for in Chapter 3, Title 16; • An “Offense Against Morality or Decency” as provided for in Chapter 15, Title 16; • Contributing to the delinquency of a minor as provided for in S.C. Code Ann. § 16-17-490; • The common law offense of assault and battery of a high and aggravated nature; • Criminal domestic violence, as defined in S.C. Code Ann. § 16-25-20; • A felony drug-related offense under the laws of this state; and • 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.
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
10	Staff must be trained and be deemed competent in accordance with DDSN Directives.	
11	There will be a staff development/in-service education program operable in each provider organization which requires all staff to participate in in-service education programs and staff development opportunities in accordance with DDSN Directives.	<p>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</p>

Standards		Guidance
		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.
12	<p>Each program will have written policies on:</p> <ul style="list-style-type: none"> • Use of volunteers and substitutes; • Program evaluation; • Administration of medication; • Admission and discharge of participants; • Personnel practices; • Procedures to be followed when a participant is discovered to be missing; • Termination of participants from the program which include: <ul style="list-style-type: none"> ○ A list of reasons for dismissal; ○ Methods of averting the termination; ○ When consultation and concurrence with the Department prior to termination will be sought. • 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. 	
13	Individuals receiving Community Services are free from abuse, neglect and exploitation	
14	<p>Individuals receiving Community Services are:</p> <ul style="list-style-type: none"> • Informed of their rights. • Supported to learn about their rights. • Supported to exercise their rights. 	<p>Rights include: Human rights, Constitutional rights and Civil rights.</p> <ul style="list-style-type: none"> • Training includes responsibilities as well as rights. • Each individual's right to privacy, dignity and confidentiality in all aspects of life is

Standards		Guidance
		<p>recognized, respected and promoted.</p> <ul style="list-style-type: none"> • Personal freedoms are not restricted without due process. • Individuals are expected to manage their own funds to the extent of their capability. • Due process is upheld, including the Human Rights Committee review of restriction of personal freedoms. • Individuals with limited knowledge and experience receive training and opportunities to explore their individual rights and the responsibilities that accompany them.
15	Community Services will only be provided to those who are authorized by a DSN Board or contracted Case Manager.	<p>Case Management will provide the chosen Community Services provider with a referral notification that at a minimum includes the following information:</p> <ul style="list-style-type: none"> • Consumer information: name, address, DOB, referral date, SS#, Medicaid # (when applicable), emergency contact information, and name of referring Case Manager; • Authorization of service, number of authorized units; • Additional information: Critical and emergency information, health/medical information, and care and supervision information.
16	Psychological evaluations are required. Adults shall be tested using a restrictive test of intelligence administered by a licensed or certified psychologist on program entry, re-entry or at age 22 whichever occurs first, unless there is a valid psychological evaluation completed within three (3) years of admission on record.	<p>For adults, at the time of program entry, a psychological evaluation that was completed at age 22 or is less than three (3) years old must be available for new program participants. In lieu of a psychological evaluation, a current (i.e., within one (1) year of program entry) ICF/IID Level of Care (LOC) Determination that indicates the LOC criteria were met may be used. For example, if a 35 year old participant were entering the program on March 25, 2008, one of the following could be accepted:</p> <ul style="list-style-type: none"> • A psychological evaluation completed when he/she was 22 (1995) [on program entry, re-entry or at age 22 whichever occurs <u>first</u>]. • One completed within the last three (3) years (2005-2008) [unless there is a valid psychological evaluation completed within three (3) years].

Standards		Guidance
		<ul style="list-style-type: none"> • Or a current LOC Determination that is based on a psychological evaluation completed from 1995 until 2005.
17	Individuals receiving Community Services are supported to make decisions and exercise choice regarding the specific Community Services they will receive.	
18	<p>Within 15 business days of receipt of a referral, the Community Services provider will notify the referring Case Manager in writing of their intent to:</p> <ul style="list-style-type: none"> • Accept the individual for service, or • Accept the referral for placement on the provider's waiting list, or • Reject the referral 	
19	After acceptance into service, but prior to providing Community Services, a preliminary plan must be developed that outlines the care, supervision and skills training/interventions to be provided.	Plan must include essential information to ensure appropriate services and supports are in place to assure health, safety, supervision and rights protection.
20	On the first day of attendance in Community Services, the preliminary plan must be implemented.	Preliminary plan is to be implemented on the first day of attendance in Community Services. When assessments are completed and training needs/priorities have been identified, the plan will be completed and will replace the preliminary plan.
21	<p>Within 30 calendar days of the first day of attendance in Community Services and annually thereafter an assessment will be completed that identifies the abilities/strengths, interests/preferences and needs of the individual in the following areas:</p> <ul style="list-style-type: none"> • Self-Advocacy/Self Determination. • Self-Esteem. • Coping Skills. • Personal Responsibility. • Personal Health and Hygiene. 	At a minimum, assessments must be completed every 12 months.

Standards		Guidance
	<ul style="list-style-type: none"> • Socialization. • Community Participation. • Mobility and Transportation. • Community Safety. • Money Management. 	
22	Based on the results of the assessment, within 30 calendar days of the first day of attendance in Community Services and annually thereafter, a plan for Community Services is developed with participation from the individual and/or his/her legal guardian.	At a minimum, the plan must be completed every 12 months.
23	<p>The plan must include:</p> <ul style="list-style-type: none"> • A description of the interventions to be provided including time limited and measurable goals/objectives. • A description of the type and frequency of supervision to be provided. • Emergency contact information. • Current and comprehensive medical information. • Any information necessary to support the individual in a Community Services setting. 	<p>The Community Services Plan is developed to identify: the community skills needed to enhance the individual's opportunities within the community, necessary skills training in the areas of community awareness and community participation and develop real life skills through participation in a "natural setting."</p> <p>Documentation must include description of how each intervention must be provided, indicate the data to be collected, and schedule for implementation.</p> <p>In accordance with DDSN Directive 510-01-DD: Supervision of People 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 be listed and any assistance of medicating must be documented (self medicate or assisted medicate). All relevant medication information must be documented. All known specific instructions concerning individual reactions, side effects or restrictions to medicine must be documented.</p>

Standards		Guidance
24	The interventions in the plan must support the provision of Community Services as defined in these standards.	
25	As soon as the plan for Community Services is developed, it must be implemented.	
26	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.	For each unit of service provided, documentation on the Monthly Data Recording Sheet must be present to show the service was provided on the day the service was reported. Additionally, for training objectives, data documenting the response to training must be sufficient to measure the progress.
27	Data entries must be: <ul style="list-style-type: none"> • True and accurate. • Complete. • Logically sequenced. • Typed or handwritten in permanent dark ink. • Dated and signed by the staff making the entry. 	
28	At least monthly, the plan is monitored by the Program Director or his/her designee to determine its effectiveness.	The Program Director's or designee's signature on the Monthly Data Recording Sheet signifies that the training intervention(s) in the plan have been monitored. An evaluation of progress for each training intervention must be noted.
29	The plan is amended when significant changes to the plan are necessary.	Significant changes may include, but are not limited to: interventions are not appropriate, interventions are not supporting progress, and/or the individual's life situation has changed.
30	A record shall be maintained, for each participant, which contains, at a minimum, the items listed below. All documents and entries shall be legible, dated, and signed by the staff making the entry. If symbols are used, explanatory legends must be provided. <ul style="list-style-type: none"> • Report of a medical examination which was performed not more than 12 months prior to admission; 	Record of illnesses and accidents will be maintained for those accidents that occur during service provision and for illnesses made known to the provider.

Standards		Guidance
	<ul style="list-style-type: none"> • Report of psychological evaluation(s) as required by these standards; • Current Plan that supports the provision of the service provided; • Monthly summary notations of progress; (Monthly Data Recording Sheet); • Record of unusual behavior incidents which are recorded at the time of occurrence; • Record of illness and accidents; • Authorization for emergency medical service and medication administration; • Record of critical incidents. 	
31	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.	
32	Reporting requirements are performed correctly.	<ul style="list-style-type: none"> • According to the DDSN Finance Manual and applicable DDSN Directives. • Reporting of Critical Incidents. • Death or Impending Death of Persons Receiving Services. • Community Financial Reporting Requirements. • Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contract Provider Agency.