

Reference Number: 104-01-DD

Title of Document: ~~DDSN~~ Certification & Licensure of ~~DDSN~~ Residential & Day Facilities and New Requirements for DHEC Licensed CRCFs

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Applicability: DDSN and Contracted Providers of Residential, Day, and Respite Facilities (Excluding Family-Arranged Respite) and Recreational Camps

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**PURPOSE:**

To identify authority and guidance for the South Carolina Department of Disabilities and Special Needs (DDSN) to contract with an independent entity that is CMS certified as a Quality Improvement Organization to certify and/or license residential and day facilities.

**AUTHORITY:**

S.C. Code Ann. § 44-20-710 (Supp. 2015), authorizes DDSN to license or contract for licensure day facilities for adults. Facilities may be licensed as Residential or Day Camps, Adult Activity Centers, Work Activity Centers, Sheltered Workshops or Unclassified Programs.

S.C. Code Ann. § 44-7-260 (Supp. 2015), authorizes DDSN to sponsor, certify, or license community-based housing for adults or contract for these functions.

S.C. Code Ann. § 44-7-110 (Supp. 2015), § 44-20-10 (Supp. 2015), and § 44-21-10 (Supp. 2015), grants DDSN authority to license or contract the licensure function for respite facilities for children and/or adults.

Since 1985 DDSN has maintained a Memorandum of Agreement (MOA) with the Department of Social Services (DSS), which grants DDSN authority to license Community Training Homes (CTH) for children. The MOA is in accordance with provisions of S.C. Code Ann. § 44-20-1000 (Supp. 2015). DDSN standards meet Child Foster Care Regulation 27 S.C. Regs. § 114-550 (Supp. 2012) for homes licensed as a CTH-I or Child Group Home Regulation 27 S.C. Regs. § 114-590 (Supp. 2012) for homes licensed as a CTH-II as approved annually by DSS. DSS defines a child as a person under the age of 21 and any movement of these children within DDSN Residential Services must be coordinated through the District Offices and the Quality Management Division.

South Carolina Law grants DHEC the authority to license Community Residential Care Facilities (CRCF) for adults and Intermediate Care Facilities for Individuals with an Intellectual or Related Disability (ICF/IID). CRCF Providers are required to submit a copy of their DHEC CRCF Licensing Inspection Reports and a copy of their license certificate within 15 days of receipt to the DDSN Quality Management Division.

**GENERAL:**

No residential, day or respite facility shall provide services and supports unless the service provider is:

1. Qualified by DDSN;
2. Compliant with applicable federal, state and local laws;
3. Compliant with all applicable DDSN policies, procedures, and standards; and,
4. Issued a license or certification by DDSN or DHEC.

Facilities shall only provide the type of service that is identified on the certificate or license, and shall serve no more than the maximum number of ~~people~~ individuals identified on the certificate and/or license.

The certificate and/or license shall be maintained in the facility at all times. Certificates and/or licenses are non-transferable. Reviews of facilities may be conducted at any time, without prior notice.

When a license or certificate is issued by DDSN, the DDSN Director of Quality Management is responsible for insuring reviews conducted by DDSN or its contractor are conducted according to DDSN protocol.

**SUPPORT MODELS LICENSED/CERTIFIED BY DDSN OR ITS CONTRACTOR:**

**I. Residential:**

Residential Habilitation, as defined by the DDSN Residential Habilitation Standards, is provided in each of the models for residential support listed below:

**A. Community Training Home-I (CTH-I) including the enhanced CTH-I:**

Personalized care, supervision and individualized training provided, in accordance with the resident's service plan to no more than two (2) ~~people~~ **individuals** who live in a support provider's home unless an exception has been granted by DDSN. The enhanced CTH-I model builds in additional respite, personal care and enhanced payment to the caregiver due to the significant needs of the ~~person~~ **individual** with disability. Both CTH-I models are licensed/certified using the same criteria. Support providers are qualified and trained private citizens.

**B. Community Training Home-II (CTH-II):**

A homelike environment in the community where no more than four (4) ~~people~~ **individuals** live.

Care, supervision and skills training are provided by qualified and trained staff in accordance with the resident's service plan.

**C. Supervised Living Program-II (SLP-II):**

Supports are provided by qualified and trained staff to adults who need intermittent supervision and supports. Staff are available on-site or in a location from which they can be on-site within 15 minutes of being called, 24 hours a day, seven (7) days a week.

**D. Community Inclusive Residential (CIRS) Services:  
~~Customized Living Options Uniquely Designed (CLOUD):~~**

Supports promote the development and independence of ~~people~~ **individuals** with disabilities in homes leased by the individuals. A customized plan is developed to transition the ~~person~~ **individual** from a 24 hour setting to a semi-independent living arrangement. ~~Persons~~ **Individuals** with a disability are the focus-they choose where they live, with whom they live, and which support staff work with them in their new home. Staffing is provided according to the participant's assessed need and assistive technology may be used to assist with monitoring.

DDSN's contracted provider organizations may provide additional residential options, including CRCFs and ICF/IIDs. These facilities are licensed by DHEC.

**II. Respite:**

Services may be provided in the **person's individual's** home, another residence selected by the **person individual/family**, or a facility licensed/certified by DDSN or DHEC.

**III. Day:**

**A. Adult Activity Center:**

A goal oriented program of developmental, prevocational services designed to develop, maintain, increase or maximize an individual's functioning in activities of daily living, physical growth, emotional stability, socialization, communication, and vocational skills. **Participants must be at least 18 years of age.**

**B. Sheltered Workshop:**

A work program whose purpose is to assist participants to achieve their potential through the use of individual work goals, remunerative employment, supportive services in a controlled environment. The workshop will maintain a certificate with the United States Department of Labor, which designates it as a "regular work program."

**C. Work Activity Center:**

A workshop having an identifiable program designed to provide therapeutic activities for **people individuals** with intellectual and related disabilities whose physical or mental impairment is so severe as to interfere with normal productive capacity. Work or production is not the main purpose of the program; however, the development of work skills is its main purpose. The program must have a certificate from the United States Department of Labor designating it as a Work Activity Program when applicable.

**D. Unclassified Program:**

A program that provides a beneficial service and observes appropriate standards to safeguard the health and safety of clients, staff and the public. This would include non-work related day supports. **Participates must be at least 12 years of age.**

**IV. Recreational Camp:**

**A. Day:**

A program of recreational activities with an emphasis on outdoor and camping activities that utilize trained leadership and the natural or man-made outdoor surroundings to contribute to the camper's mental, physical, and social growth.

Services are provided for less than 24 hours a day to adults and/or children.

**B. Residential:**

A program of recreation activities with an emphasis on outdoor and camping activities that utilize trained leadership and natural or man-made outdoor surroundings to contribute to the camper's mental, physical and social growth.

Services are provided for four (4) or more consecutive 24 hour periods of camp programming at one (1) or more campsites to adults and/or children.

**SCHEDULE FOR REVIEWS**

Facilities Licensed or Certified by a DDSN contractor will be reviewed on an annual inspection cycle. ~~The transition from bi-annual cycles to annual cycles will take place throughout the 2015 calendar year in order to consolidate schedules.~~ A review of all Licensing Standards/indicators will take place during the annual review process.

**APPLICATION PROCESS:**

**A. For A New Facility:**

To initiate licensing/certification reviews of new facilities, all sections of the DDSN Licensing/Certification Application to Operate must be completed with sufficient time to allow a licensing inspection prior to the opening of the facility. A minimum three (3) week's notice is suggested, as the Licensing Contractor may need up to two (2) weeks to complete the inspection from the date they receive the packet. The Application must be submitted with all required inspections, to include the State Fire Marshal, Electrical, and HVAC inspection reports. This information should be submitted as a single packet. The projected opening date of the facility must be noted. DDSN must approve all new facilities prior to licensure by DDSN.

*\*During designated emergencies, DDSN will expedite the initial application process, as necessary, to arrange for short-term placement options.*

**B. To Update Existing Application:**

A DDSN Licensing/Certification Application must be completed when/if any information contained in the previously submitted application changes. The provider must insure that the ~~application information is current at all times.~~ address, occupancy, and contact information for the location are current and accurate in the DDSN Service Provider Management Module (SPM) within the Applications Portal and Therap.

**C. For A Residential Facility Serving Children under 21 years(CTH-I or CTH-II):**

A completed DDSN Licensing/Certification Application to Operate must be submitted with sufficient time to allow a licensing inspection prior to the opening of the facility. A minimum three (3) week's notice is suggested, as the Licensing Contractor may need up

to two (2) weeks to complete the inspection from the date they receive the packet. The Application must be submitted with all required inspections, to include the State Fire Marshal, Electrical, and HVAC inspection reports. For CTH-I or CTH-II serving **people individuals** under 21 years, a DHEC Health and Sanitation inspection must also be included. This information should be submitted as a single packet. The projected opening date of the facility must be noted. DDSN must approve all new facilities prior to licensure by DDSN.

Completed applications should be mailed to the address noted on the application.

### **FIRE SAFETY INSPECTIONS:**

Fire Safety Inspections, when required, must be made by a Fire Marshal employed by the State Fire Marshal's Office. Fees for this service are pre-paid by DDSN, but inspections must be requested. Requests should only be made via the Internet following these steps:

- Step 1: Go to [www.llr.state.sc.us/fmarshal/](http://www.llr.state.sc.us/fmarshal/)
- Step 2: Select "Online Inspection Report"
- Step 3: Enter password "america" in lower case letters;
- Step 4: Selection "Request For Inspection - Other" (Residential) **OR** "Work Camps" (Day)
- Step 5: Fill in all sections of the request
- Step 6: Submit the request

Requests must be made at least 90 days in advance. For additional guidance, please contact the Senior Deputy Fire Marshal at (803) 896-9880.

### **FINDINGS/PLANS OF CORRECTION/RE-VISIT**

Staff from the Licensing Contractor will make an on-site review of the physical plant and records, then compare their finding with the requirements as set forth in standards, policies, and procedures. As a result of these activities, a report will be issued to the provider organization within 30 days.

Each report will include the standard, policy, or procedure determined to be deficient, a statement of the specific findings and the classification of the deficiency. Each standard cited as deficient will be classified as one of the following:

- ◆ Class 1 Deficiency: ~~A person's~~ **An individual's** physical, emotional, and financial well being is in immediate jeopardy. Immediate correction is required.
- ◆ Class 2 Deficiency: A failure of organizational safeguards which could put the ~~person's~~ **individual's** physical, emotional, and financial well being in jeopardy. The Plan of Correction from the provider is either required before the end of the survey or within 15 days of receiving the written licensing report. The nature, circumstances, and extent of the deficiency will be evaluated by the surveyor to determine the time frame

requirements for the Plan of Correction. Corrections are required to be completed no later than 60 days after receiving the written licensing report unless otherwise specified and subsequently approved by DDSN or its designee.

- ◆ Class 3 Deficiency: All other reportable deficiencies. The Plan of Correction from the provider is required within 15 days of receiving the written licensing report. The nature, circumstances, and extent of the deficiency will be evaluated by the surveyor to determine the time frame requirements for the Plan of Correction. Corrections are required to be completed no later than 60 days after receiving the written licensing report unless otherwise specified.

Upon receipt of the report, the provider will have 15 days to submit a written Plan of Correction. The Plan of Correction should not only address the individual deficiency cited, but should also include a systemic response to ensure correction across the organization. Corrections are required to be completed no later than 60 days after receiving the written licensing report unless otherwise specified and subsequently approved by the Licensing Contractor or DDSN.

If the provider does not agree with the content of the report, reconsideration may be requested. The provider may request reconsideration of the deficiencies by submitting, in writing, the standard, policy, or procedure cited; the finding related to the standard, policy, or procedure; the nature of their disagreement with the finding; and any documentation to support their position. The provider is allowed one reconsideration request **for each citation** per survey cycle. The provider would submit the request of citation reconsideration with their Plan of Correction (i.e., within 15 days of receiving the licensing report). **The Appeal/Reconsideration Request form must be completed on the QIO Portal, with the form and supporting documentation uploaded as an attachment for the review in question. Upon receipt, the appeal/reconsideration request will be reviewed by the appropriate program staff at DDSN for the particular service area. Requests for reconsideration should be submitted to:**

**SCDDSN  
PO Box 4706  
Columbia, SC 29240  
Attention: ~~Director Intellectual Disability/Related Disability Division~~**

If reconsideration is requested, a Plan of Correction is not required to be submitted until a decision regarding the reconsideration is reached. However, any deficiency not being reconsidered must be corrected according to the timelines as outlined in this document.

The reconsideration will be completed within 30 days of receiving the request. Based on the results of the reconsideration, if needed, a revised report will be issued. A Plan of Correction for all deficiencies must be submitted to DDSN within 15 days of the reconsideration decision. Corrections are required to be completed no later than 60 days after receiving the written licensing report unless otherwise specified and subsequently approved by DDSN.

## **FOLLOW-UP**

All deficiencies cited in a licensing report will require a follow-up review. A provider may have two follow-up reviews for annual surveys, if necessary to ensure remediation. ~~The deficiency Class (I, II, III) dictates the number of follow-up reviews completed and/or sanctions imposed (See Sanctions).~~ All timeframes identified above apply to these follow-up surveys. All citations identified on the reports will be individually reviewed by the Licensing Contractor to determine the type of follow up needed (i.e., documentation request or onsite review). All Class I citations will be resolved onsite at the time of the review. Each Class II or Class III citation will be reviewed individually by the Licensing Contractor to determine the most appropriate method for follow-up. Results of the Follow-up Review will be included in a report format that is similar to the annual inspection report and will provide a percentage score for compliance.

DDSN's Licensing Contractor will contact the provider organization and discuss the follow-up process, as it relates to their review. Contact will be made within 90 days of the approved Plan of Correction. Citation determinations will be identified as follows:

1. Need documentation review;
2. Need onsite review.

Any findings of repeat/recurring citations and the use of documentation for citation correction will be discussed at the exit meeting and a report will be sent to the provider within 30 days. A written Plan of Correction will be submitted by the provider in response to **any citations that remain after** the follow-up review.

## **SANCTIONS:**

Unannounced follow-up visits will be conducted by DDSN or the Licensing Contractor in situations where the severity and/or prevalence of deficiencies may adversely impact someone's health and safety and will determine if deficiencies have been corrected. Failure to correct deficiencies result in the following sanctions:

- ◆ Sanction 1 – Failure to correct a Class 1 deficiency, no matter what level or quantity of deficiency existing will result in the removal of the license/contract and movement of the ~~person~~ individual.
- ◆ Sanction 2 – Depending on the level or quantity of deficiencies, any of the following sanctions may be issued:
  - 1) Ongoing site monitoring;
  - 2) Required technical assistance;
  - 3) The issuance of a provisional license/certificate with a shortened expiration date;
  - 4) The license/certificate capacity of the program may be reduced;
  - 5) Financial payments for that program may be held in a reserve account;
  - 6) Financial payments may be reduced; or
  - 7) The license/certificate may be denied, suspended, revoked, or rescinded.

For example, if there are a combination of deficiencies across licensed facilities with no repeated findings, step 1 or 2 may be used. If multiple deficiencies are discovered across licensed facilities and systemic problems that exist are not resolved after step 1 through 6 have been issued, then step 7 will be issued.

**APPEALS:**

The imposition of the specific sanction that involves denial, suspension or revocation of a license may be appealed. DDSN Directive 167-01-DD: Appeal Procedure for Facilities Licensed or Certified by DDSN, governs these appeals.

**EXCEPTIONS:**

DDSN reserves the right to make exceptions to standards or policies if the exception will not jeopardize the health and safety of the service recipient, staff or the public, and when the exception will not significantly reduce the quality or quantity of services provided. No exception should be implemented until first approved by the Director of Quality Management and the State Director/designee.

The request for exception should be submitted to the DDSN Quality Management Director using the DDSN Request for Exception Form (Attachment B). All sections of the form must be complete and accurate. The form must be signed by the Executive Director and Board Chairperson.

Unless otherwise noted, exceptions to Adult Day Standards and Recreation Camp Standards will be valid for one (1) year from the date approved.

Unless otherwise requested and approved, exceptions to Residential and Respite Standards will remain valid for as long as the information contained on the initial request remains the same.

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

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

*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>.*

**ATTACHMENTS:**

Attachment A: Application to Operate Residential, Day Facility, or Camp  
Attachment B: Request for Exception Form