Appendix H

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/Transfer of Individuals To/From DDSN Funded Community Residential Settings

Date of Issue: January 29, 1988
Effective Date: January 29, 1988
Last Review Date: October 19, 2015
Date of Last Revision: October 19, 2015 (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/IID
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/IID Level of Care need prior to residential admission.

G. The funding for services in the proposed setting must have been approved by DDSN. An approved Admission/Discharge/Transfer form on the ADT application located on the DDSN Application Portal will constitute approval of funding.

H. The Admission/Discharge/Transfer form must be completed on the ADT application by the residential services provider proposing to serve the individual, and approved by the appropriate DDSN officials (Assistant District Director and Director of Cost Analysis/designee) prior to the admission. The online system will notify via email the residential provider, the individual’s Case Manager and appropriate DDSN personnel of the ADT approval/disapproval.

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/IID
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. An approved Admission/Discharge/Transfer form on the ADT application located on the DDSN Application Portal 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 Admission/Discharge/Transfer form must have been completed on the ADT application by the residential services provider proposing to serve the individual (receiving provider), and approved by the appropriate DDSN officials (assistant District Director and Director of Cost Analysis/designee) prior to the transfer. The online system will notify via email the sending and receiving residential providers (for interagency transfers), the individual’s Case Manager, and appropriate DDSN personnel of the ADT approval/disapproval. If the proposed transfer involves moving an individual from a Regional Center/Community ICF/IID to a non-ICF/IID residential setting, final approval will not be provided until the individual is ready to be enrolled in the ID/RD Waiver.

G. The person must be notified of the pending transfer in writing. Notice will be provided at least thirty days prior to the proposed transfer unless this length of notice would jeopardize the health and/or safety of the individual to be transferred or any other individual. If the person/legal guardian/surrogate consent giver disagrees with the transfer, the dispute should be resolved in accordance with DDSN Directive 535-08-DD: Concerns of People Receiving Services - Reporting and Resolution.

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. An approved Admission/Discharge/Transfer form on the ADT application located on the DDSN Application Portal will signify DDSN’s approval.

D. The DDSN Admission/Discharge/Transfer form must be completed on the ADT application by the residential services provider, and approved by the appropriate DDSN officials (Assistant District Director and Director of Cost Analysis/designee) prior to the discharge (unless reason for discharge is due to individual’s death on a weekend or holiday, in which case, it must be done the next business day). The online system will notify via email the residential provider, the individual’s Case Manager, and appropriate DDSN personnel of the ADT approval/disapproval.

E. The person may not be discharged to a setting that does not meet the person’s needs.

F. The person must be notified of the pending discharge in writing. Notice will be provided at least 30 days prior to the proposed discharge unless this length of notice would jeopardize the health and/or safety of the individual to be discharged or any other individual. If the person/legal guardian/surrogate consent giver disagrees with the discharge, the dispute should be resolved in accordance with DDSN Directive 535-08-DD: Concerns of People Receiving Services - Reporting and Resolution.

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 B). 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/IID) 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 A) 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.

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

Attachment A: Residential Respite Form
Attachment B: Residential Vacancy Form