

## Appendix N

### Home and Community-Based (HCB) Settings Quality Review – State-level Heightened Scrutiny

#### South Carolina Department of Disabilities and Special Needs (SCDDSN) Category 2 settings

Heightened scrutiny is the process of identifying settings that are presumed to have the characteristics of an institution and therefore are subject to more intense review (scrutiny) by the state. Using the criteria in 42 CFR 441.301(c)(5), the South Carolina Department of Health and Human Services (SCDHHS) gathered data on settings to determine whether the settings have home and community-based (HCB) qualities. SCDHHS named this process the “HCB Settings Quality Review.” This process may also be referred to as “state-level review.” The details of this process are found in Section 5.7 of the [SC HCBS Statewide Transition Plan](#).

This section provides the results of the state-level review process for SCDDSN settings that fall under Category 2 of the Home and Community-Based Services (HCBS) regulation, which are defined as “The setting is in a building located on the grounds of, or immediately adjacent to, a public institution.” As detailed in Section 5.6 of the [SC HCBS Statewide Transition Plan](#), public institutions include “community” intermediate care facilities (ICFs) operated by a local disabilities and special needs (DSN) board.

The number of SCDDSN settings in Category 2 is listed in the table below:

Setting Type	Category 2
Day Services/Adult Activity Center (AAC)	4
Residential/Supervised Living Program II (SLP II)	1
Residential/Community Training Home II (CTH II)	2
<b>TOTAL</b>	<b>7</b>

The settings reviewed for Category 2 heightened scrutiny and submitted to the Centers for Medicare and Medicaid Services (CMS) for review are listed below:

	Setting Name	Setting Type	<a href="#">Region</a>
1.	Fountain Inn	SLP II	Piedmont
2.	Gibbs Activity Center	Day/AAC	Pee Dee

3.	Meadowlark	CTH II	Midlands
4.	Patrick Center Activities	Day /AAC	Piedmont
5.	Piedmont Skills – Fountain Inn	Day/AAC	Piedmont
6.	Piedmont Skills – Patrick Center	Day/AAC	Piedmont
7.	Washington	CTH II	Pee Dee

All settings have an approved compliance action plan to address overall HCBS compliance by March 17, 2023. Below is summary information that addresses the reasons SCDHHS believes the setting overcomes the presumption that it has qualities of an institution. The link to each setting’s full review rubric and evidence list is provided under “Evidence to support.”

<b>Setting Name</b>	Fountain Inn
<b>Reason for Category</b>	Located next to a community Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) (inpatient public institution, regardless of size)
<b>Overcomes Presumption of Institutional Qualities?</b>	Yes
<b>Evidence to Support</b>	<ul style="list-style-type: none"> <li>• <a href="#">Link to full rubric and evidence list</a></li> <li>• Documentation of separate staff and management for apartments and ICF/IID <ul style="list-style-type: none"> <li>○ Documentation provided on training related to HCBS requirements</li> </ul> </li> <li>• Documentation of separate vehicles for apartments and ICF/IID</li> <li>• Sample of service plans provided indicate residents engage in own individual activities <ul style="list-style-type: none"> <li>○ Attend church with family, friends</li> <li>○ Out to eat with family, friends</li> <li>○ Out on dates with significant others (arranged for independently, including transportation)</li> <li>○ Visit, vacation with family</li> <li>○ Work in the community</li> <li>○ Serving on provider agency Human Rights Committee (one resident)</li> </ul> </li> <li>• Sample of rap sessions from April and October of 2020 indicate residents engage in different activities, desire different goals <ul style="list-style-type: none"> <li>○ Residents indicated where they want to go out to eat, what day and with whom; what day they want to shop/do errands; planned activities in which they participate <ul style="list-style-type: none"> <li>▪ Example: two residents went downtown to listen to live music and then ate out</li> <li>▪ One resident visited her grandmother</li> </ul> </li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>▪ One resident had a job interview the week prior to the Oct. session</li> <li>▪ One resident got a pedicure; another resident got her hair cut and colored</li> <li>○ Residents expressed a variety of different goals, including working in the community, learning to cook and getting a tattoo</li> <li>• External quality assurance documentation noted residents have keys to their apartments; those interviewed work and engage in community life (church with family, eating out, shopping, time with friends)</li> </ul>
<b>State Remediation Oversight</b>	<ul style="list-style-type: none"> <li>• Quality Improvement Organization (QIO) conducts yearly <a href="#">licensing reviews</a> to monitor these types of residential settings</li> <li>• QIO conducts <a href="#">contract compliance reviews</a> that monitor HCBS compliance measures</li> <li>• QIO conducts yearly <a href="#">residential on-site reviews</a></li> <li>• SCDDSN may request quarterly reports on provider compliance action progress</li> </ul>

<b>Setting Name</b>	Gibbs Activity Center
<b>Reason for Category</b>	Located next to a community ICF/IID (inpatient public institution, regardless of size)
<b>Overcomes Presumption of Institutional Qualities?</b>	Yes
<b>Evidence to Support</b> <ul style="list-style-type: none"> <li>• <a href="#">Link to full rubric and evidence list</a></li> </ul>	<ul style="list-style-type: none"> <li>• Documentation of separate staff and management for day program and ICFs/IID <ul style="list-style-type: none"> <li>○ Staff training agendas (pre-employment and annual refresher trainings) include topics on HCBS requirements for non-residential settings; waiver participant rights</li> </ul> </li> <li>• Documentation of separate vehicles for day program and ICFs/IID <ul style="list-style-type: none"> <li>○ Specific staff designated to provide information and training on free public transportation for attendees</li> </ul> </li> <li>• Documentation of community service and community activities for day program participants <ul style="list-style-type: none"> <li>○ Participants attended Disability Advocacy Day in March 2020</li> <li>○ Self-advocacy group supported at center</li> <li>○ Different trips to different towns; attendance showed different participants attending each trip (shopping, using local YMCA, eating out)</li> </ul> </li> <li>• Documentation of participants engaged in off-site work (enclaves)</li> </ul>
<b>State Remediation Oversight</b>	<ul style="list-style-type: none"> <li>• QIO conducts yearly <a href="#">licensing reviews</a> to monitor these types of non-residential settings</li> <li>• QIO conducts <a href="#">contract compliance reviews</a> that monitor HCBS compliance measures</li> </ul>

	<ul style="list-style-type: none"> <li>• QIO conducts yearly <a href="#">day settings on-site reviews</a></li> <li>• SCDDSN may request quarterly reports on provider compliance action progress</li> </ul>
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<b>Setting Name</b>	Meadowlark
<b>Reason for Category</b>	Located next to a community ICF/IID (inpatient public institution, regardless of size)
<b>Overcomes Presumption of Institutional Qualities?</b>	Yes
<b>Evidence to Support</b> <ul style="list-style-type: none"> <li>• <a href="#">Link to full rubric and evidence list</a></li> </ul>	<ul style="list-style-type: none"> <li>• Documentation of separate staff for home and ICF/IID</li> <li>• Documentation of separate transportation (vehicles) for home and ICF/IID <ul style="list-style-type: none"> <li>○ Provider supports residents of home to have access to community through transportation</li> <li>○ Evidence residents of home can also walk to nearby community resources (stores, shops, etc.)</li> </ul> </li> <li>• Documentation of training for staff, residents regarding HCBS requirements, rights.</li> <li>• T-logs documenting, on each staff shift, daily activities for each resident. Provided evidence of individual schedules, activities supporting alignment with individual support plan goals (one full month of T-logs for each resident provided)</li> <li>• Personal focus worksheets demonstrating individual goals, preferences of residents (samples provided)</li> <li>• Pictures showing personalization of residents' rooms; home</li> <li>• Internal quality assurance documentation reflecting various schedules, skills, interests, activities of residents from observations of and conversations directly with residents <ul style="list-style-type: none"> <li>○ Supported staff documentation of residents' activities in T-logs</li> <li>○ Quality assurance activities were conducted onsite at residence in Dec. 2019</li> <li>○ Interviews with residents conducted without staff present</li> </ul> </li> <li>• External quality assurance documentation by QIO reflecting various schedules, skills, interests, activities of residents from observations of and conversations directly with residents <ul style="list-style-type: none"> <li>○ Supported staff documentation of residents' activities in T-logs</li> <li>○ QIO Quality Assurance activities were conducted onsite at residence in Feb. 2020</li> <li>○ Interviews with residents conducted without staff present</li> </ul> </li> </ul>
<b>State Remediation Oversight</b>	<ul style="list-style-type: none"> <li>• QIO conducts yearly <a href="#">licensing reviews</a> to monitor these types of residential settings</li> </ul>

	<ul style="list-style-type: none"> <li>• QIO conducts <a href="#">contract compliance reviews</a> that monitor HCBS compliance measures</li> <li>• QIO conducts yearly <a href="#">residential on-site reviews</a></li> <li>• SCDDSN may request quarterly reports on provider compliance action progress</li> </ul>
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<b>Setting Name</b>	Patrick Center Activities AAC
<b>Reason for Category</b>	Located next to a community ICF/IID (inpatient public institution, regardless of size)
<b>Overcomes Presumption of Institutional Qualities?</b>	Yes
<b>Evidence to Support</b> <ul style="list-style-type: none"> <li>• <a href="#">Link to full rubric and evidence list</a></li> </ul>	<ul style="list-style-type: none"> <li>• Documentation of separate staff and management for day program and ICF/IID</li> <li>• Documentation of separate vehicles for day program and ICF/IID</li> <li>• Provider policy manual states the “focus of Day Services is to provide participants with individualized supports according to their own goals and needs and to develop the skills they need to fully participate in their communities.” <ul style="list-style-type: none"> <li>○ For participants who choose community engagement, emphasize opportunities for community participation including adult enrichment, wellness &amp; recreation, citizenship, community navigation, volunteerism and employment awareness</li> </ul> </li> <li>• Since setting reopened in August 2020, all staff attend the “Thriving in Life, Work, and Play” training, based on DSP manual, which emphasizes person-centered planning, individual choice, community integration, and Employment First</li> <li>• Documentation of various community activities for Day program participants <ul style="list-style-type: none"> <li>○ Participants can choose to go to shopping, out to eat at various locations, attend learning opportunities on local resources, participate in tours to local sites (trips to outside venues emphasized during COVID-19 public health emergency)</li> <li>○ Variety of activities also offered at setting (crafts, current event activities, music therapy, basketball, etc.)</li> </ul> </li> </ul>
<b>State Remediation Oversight</b>	<ul style="list-style-type: none"> <li>• QIO conducts yearly <a href="#">licensing reviews</a> to monitor these types of non-residential settings</li> <li>• QIO conducts <a href="#">contract compliance reviews</a> that monitor HCBS compliance measures</li> <li>• QIO conducts yearly <a href="#">day settings on-site reviews</a></li> <li>• SCDDSN may request quarterly reports on provider compliance action progress</li> </ul>

<b>Setting Name</b>	Piedmont Skills- Fountain Inn AAC
<b>Reason for Category</b>	Located next to a community ICF/IID (inpatient public institution, regardless of size)
<b>Overcomes Presumption of Institutional Qualities?</b>	Yes
<b>Evidence to Support</b> <ul style="list-style-type: none"> <li>• <a href="#">Link to full rubric and evidence list</a></li> </ul>	<ul style="list-style-type: none"> <li>• Documentation of separate staff and management for day program and ICF/IID</li> <li>• Documentation of separate vehicles for day program and ICF/IID</li> <li>• Documentation of community service and community activities for day program participants <ul style="list-style-type: none"> <li>○ Small group of participants chose to go to local parks, nature trails to walk for exercise, local monuments to learn about local history (trips to outside venues emphasized during COVID-19 public health emergency)</li> <li>○ Small group of participants do Meals on Wheels deliveries on Fridays</li> </ul> </li> <li>• Documentation of participants engaged in off-site work (enclave)</li> <li>• Provider policy manual states the “focus of Day Services is to provide participants with individualized supports according to their own goals and needs and to develop the skills they need to fully participate in their communities.” <ul style="list-style-type: none"> <li>○ “Supports the Employment First philosophy of service delivery.”</li> <li>○ For participants who choose community engagement, emphasize opportunities for community participation including adult enrichment, wellness &amp; recreation, citizenship, community navigation, volunteerism and employment awareness</li> </ul> </li> </ul>
<b>State Remediation Oversight</b>	<ul style="list-style-type: none"> <li>• QIO conducts yearly <a href="#">licensing reviews</a> to monitor these types of non-residential settings</li> <li>• QIO conducts <a href="#">contract compliance reviews</a> that monitor HCBS compliance measures</li> <li>• QIO conducts yearly <a href="#">day settings on-site reviews</a></li> <li>• SCDDSN may request quarterly reports on provider compliance action progress</li> </ul>

<b>Setting Name</b>	Piedmont Skills- Patrick Center AAC
<b>Reason for Category</b>	Located next to a community ICF/IID (inpatient public institution, regardless of size)
<b>Overcomes Presumption of Institutional Qualities?</b>	Yes
<b>Evidence to Support</b> <ul style="list-style-type: none"> <li>• <a href="#">Link to full rubric and evidence list</a></li> </ul>	<ul style="list-style-type: none"> <li>• Documentation of separate staff and management for day program and ICF/IID</li> <li>• Documentation of separate vehicles for day program and ICF/IID</li> <li>• Documentation of participants engaged in off-site work (enclaves)</li> <li>• Documentation of community service and community activities for day program participants <ul style="list-style-type: none"> <li>○ Participants can choose to go to local parks, participate in group exercise, attend learning opportunities related to health, participate in tours to local sites (trips to outside venues emphasized during COVID-19 public health emergency)</li> <li>○ Participants can participate in Meals on Wheels deliveries on Mondays, Wednesdays, and Fridays</li> <li>○ Participants can volunteer with Harvest Hope Food Bank weekly</li> </ul> </li> <li>• Provider policy manual states the “focus of Day Services is to provide participants with individualized supports according to their own goals and needs and to develop the skills they need to fully participate in their communities.” <ul style="list-style-type: none"> <li>○ “Supports the Employment First philosophy of service delivery.”</li> <li>○ For participants who choose community engagement, emphasize opportunities for community participation including adult enrichment, wellness &amp; recreation, citizenship, community navigation, volunteerism and employment awareness</li> </ul> </li> <li>• Since setting reopened in August 2020, all staff attend the “Thriving in Life, Work, and Play” training, based on DSP manual, which emphasizes person-centered planning, individual choice, community integration, and Employment First</li> <li>• Person-centered approaches to employment service planning for sample of assessments and plans provided <ul style="list-style-type: none"> <li>○ People had different work histories, preferences, and goals documented</li> </ul> </li> </ul>
<b>State Remediation Oversight</b>	<ul style="list-style-type: none"> <li>• QIO conducts yearly <a href="#">licensing reviews</a> to monitor these types of non-residential settings</li> <li>• QIO conducts <a href="#">contract compliance reviews</a> that monitor HCBS compliance measures</li> <li>• QIO conducts yearly <a href="#">day settings on-site reviews</a></li> <li>• SCDDSN may request quarterly reports on provider compliance action progress</li> </ul>

<b>Setting Name</b>	Washington
<b>Reason for Category</b>	Located next to a community ICF/IID (inpatient public institution, regardless of size)
<b>Overcomes Presumption of Institutional Qualities?</b>	Yes
<b>Evidence to Support</b>  • <a href="#">Link to full rubric and evidence list</a>	<ul style="list-style-type: none"> <li>• Documentation of separate staff for home and ICF/IID <ul style="list-style-type: none"> <li>○ New staff orientation includes training on person centered planning and personal outcomes measures, choice and skill development and rights</li> <li>○ Annual employee training includes refresher topics on rights, home and community-based services and person-centered thinking</li> </ul> </li> <li>• Documentation of separate transportation (vehicles) for home and ICF/IID</li> <li>• Documentation of public transit available to residents</li> <li>• Pictures show personalization of residents’ rooms, home</li> <li>• Monthly meeting held with residents to “determine their choices for menu planning, recreational and leisure activities, house discussions...and any other topics related to the choices and desires of the people living in the home.”</li> <li>• Documentation provided indicated residents going to different places in community; sometimes together, sometimes individually <ul style="list-style-type: none"> <li>○ Ex: One resident went to the bank and to Dollar General.</li> <li>○ Ex: Three residents went out to eat and then attended the flea market</li> <li>○ Ex: Two residents went to a restaurant to eat</li> </ul> </li> </ul>
<b>State Remediation Oversight</b>	<ul style="list-style-type: none"> <li>• QIO conducts yearly <a href="#">licensing reviews</a> to monitor these types of residential settings</li> <li>• QIO conducts <a href="#">contract compliance reviews</a> that monitor HCBS compliance measures</li> <li>• QIO conducts yearly <a href="#">residential on-site reviews</a></li> <li>• SCDDSN may request quarterly reports on provider compliance action progress</li> </ul>

Based on CMS feedback on a particular setting, the state will apply that feedback to remediate similarly situated setting settings not included in the CMS review sample in the following ways:

- Customize the feedback on the selected setting type to other similarly situated settings as appropriate to send to the providers of the setting(s)
  - The customization will be based on the setting’s compliance action plan already in place, ensuring targeted remediation feedback



- Offer the setting provider individual, state-provided technical assistance to implement and apply the setting remediation feedback
- Review SCDDSN's setting licensing and service or habilitation standards for any needed revisions to support and facilitate system-wide remediation and compliance