



LAC

SOUTH CAROLINA GENERAL ASSEMBLY

Legislative Audit Council

October 2023



A LIMITED REVIEW OF THE S.C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

NEW AND CONTINUING ISSUES AT DDSN
[PART 2 OF 2]



Legislative Audit Council

1331 Elmwood Ave., Suite 315
Columbia, SC 29201
(803) 253-7612

PUBLIC MEMBERS

Philip F. Laughridge, CPA
Chairman

Jane P. Miller
Vice Chairman

Rev. Dennis P. Caldwell
John B. Dangler, JSC (ret)
Charles L. A. Terreni, Esq.



LEGISLATIVE MEMBERS

Senate

JUDICIARY COMMITTEE
Luke A. Rankin, Chairman
Wes Climer, Designee

FINANCE COMMITTEE
Harvey S. Peeler, Jr., Chairman

House of Representatives

JUDICIARY COMMITTEE
Wm. Weston J. Newton, Chairman

WAYS AND MEANS COMMITTEE
Bruce W. Bannister, Chairman



DIRECTOR
K. Earle Powell

The Legislative Audit Council performs audits of state agencies and programs, in which we identify ways to reduce the cost and improve the performance of state agencies, and provide information to the General Assembly and the public. We help ensure that operations are efficient and that agencies follow the law to achieve the desired results. We provide information, analysis, and recommendations to help the General Assembly improve state agencies and to help the citizens of South Carolina oversee state government. The LAC is part of the legislative branch of state government and, therefore, it is organizationally independent of the executive branch agencies it audits. Our audits must be requested by the General Assembly, either by statute or on an as-needed basis, Senate Oversight Committee, or House Oversight Committee.

The Legislative Audit Council is composed of five public members, one of whom must be a practicing certified or licensed public accountant and one of whom must be an attorney. In addition, four members of the General Assembly serve ex officio.

Audits by the Legislative Audit Council are conducted in accordance with generally accepted government auditing standards as set forth by the Comptroller General of the United States.

Copies of all LAC audits are available at no charge. We encourage you to visit our website to view and print copies of LAC reports.

LAC.SC.GOV

Deputy Director
Marcia A. Lindsay

Auditors
Jordan Kneece, Esq.
Beth Lemmonds
Stacey Gardner

Former Senior Auditor
Courtney Phillips

Legislative Audit Council

A LIMITED REVIEW OF THE S.C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

NEW AND CONTINUING ISSUES AT DDSN
[PART 2 OF 2]

Contents

Chapter 1 **Introduction** **and Background**

Audit Objectives	1
Scope and Methodology	2
Background	3

Chapter 2 **Consumer** **Protection** **and Rights**

Adult Abuse Registry Needed	5
Consumer Employment, Initiatives, and Assistive Technology	8
Consumer Rights Training	17
Regional Centers' Responses to Allegations of Abuse, Neglect, or Exploitation (ANE)	23
Agency Response to 2021 ANE Incidents	30
Video Surveillance Infrastructure at DDSN Regional Centers	34
Conditions at Regional Centers	39

Chapter 3 **Barriers to** **Services** **Faced by** **Consumers**

Eligibility Determination Processes	45
Improvements Needed in Eligibility Directives	56
Appeals and Reconsiderations	58
Lack of Transparency on Right to Appeal Eligibility Decisions to Administrative Law Court	70
Extended Wait Times for Home and Community-Based Services (HCBS) Waivers	72
Delays in Placements for Individuals with Critical Needs	86
Services for Individuals with Problem Behaviors	95

Chapter 4

Human Resources, Procurement, and Other Administrative Issues

Inadequate Hiring Practices	101
Procurement	112
Website Issues.....	117
Licensure of Child Day Programs.....	124

Appendices

A. DDSN Central Office Employee Survey Results.....	125
B. DDSN Regional Center Employee Survey Results.....	139
C. DDSN Qualified Providers/DSN Boards Survey Results	153
D. Acknowledgment Form for Level of Understanding of Consumers Residing in an Intermediate Care Facility.....	165
E. Agency Comments	167

Introduction and Background

Audit Objectives

Members of the General Assembly asked the Legislative Audit Council (LAC) to conduct an audit of the S.C. Department of Disabilities and Special Needs (DDSN). The requestors were concerned with agency organization and structure, service delivery, employment practices, consumer protection against ANE, compliance with state and federal laws and regulations, and use of best practices.

Part 1 of this audit addressed one of our six audit objectives, which included evaluating the pros and cons of DDSN's current structure as a standalone agency with a commission. Another of our objectives included reviewing training provided to Commissioners. To review that entire report, please visit LAC.SC.GOV.

We address the remaining audit objectives in this publication. Our audit objectives for the entire audit were to:

- Determine if DDSN is providing needed and timely services to consumers.
- Determine if DDSN is protecting consumers from abuse, neglect, and exploitation.
- Review staffing and operations at regional centers to determine what issues exist.
- Review training documentation for Commissioners, DDSN staff, and consumers to determine if training is adequate and if it has been completed as required.
- Gauge how effectively DDSN staff communicate and work with each other as well as with other stakeholders.
- Determine if DDSN has complied with the state procurement code and agency certifications for procurements.

Scope and Methodology

The period of our review was generally calendar years 2021 through 2023, with consideration of earlier periods, when relevant. To conduct this part of the audit, we used the following sources of evidence:

- Interviews with DDSN employees and employees of other state agencies.
- LAC surveys of DDSN employees, Disabilities and Special Needs (DSN) boards, and qualified providers.
- Interested parties, including various advocacy groups.
- Federal and state laws and regulations.
- Commission meetings and minutes of meetings.
- Incident management system records and reports.
- South Carolina Enterprise Information System (SCEIS)/Statewide Accounting System (SAP®) data and documentation.
- Financial data from DDSN.
- Employee human resources' (HR) records.
- Agency directives.
- On-site visits to regional centers.
- Video surveillance recordings.
- Consumer records.
- Employee training records.
- Therap® records and reports. (Therap® is the electronic documentation system for DDSN services.)
- Procurement documentation.

Criteria used to measure performance primarily included state law, the practices of other states, and principles of good business practices. We interviewed DDSN staff, reviewed responses to LAC surveys of DDSN employees, DSN boards, and qualified providers, attended Commission meetings, and reviewed samples of human resources' files, procurements, incident investigations, training records, and expenditures. We also identified ongoing legal proceedings and considered those in relation to the audit objectives.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those generally accepted government auditing standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on these audit objectives. We believe the evidence obtained provides a reasonable basis for our findings and conclusions based on these audit objectives.

S.C. Code §2-15-50(b)(2) requires us to review the effectiveness of an agency to determine if it should be continued, revised, or eliminated. We did not conclude from the review of these sections of the audit [Part 2] that the S.C. Department of Disabilities and Special Needs should be eliminated; however, we have a number of recommendations for improvement.

Background

State law requires the S.C. Department of Disabilities and Special Needs to “...coordinate services and programs with other state and local agencies for persons with intellectual disability, related disabilities, head injuries, and spinal cord injuries.” DDSN is responsible for planning, developing, and providing a full range of services for these individuals subject to the law and availability of fiscal resources.

As of June 30, 2023, approximately 560 consumers were served in the agency’s regional centers: Midlands Center in Columbia, Whitten Center in Clinton, Coastal Center in Summerville, Pee Dee Center in Florence, and the Saleeby Center in Hartsville. We visited each of these centers during our audit. Other consumers are served in community settings with state funding or through one of the DDSN-operated Home and Community-Based Services waivers: the Head and Spinal Cord Injury (HASCI) waiver, the Community Supports (CS) waiver, and the Intellectual Disability/Related Disability (ID/RD) waiver.

According to DDSN, as of August 2023, the agency served more than 21,500 individuals. Total appropriations for DDSN in FY 23-24 were \$703,296,147, including \$126,402,153 in general funds.

During the exit process, DDSN informed us that the agency now refers to “consumers” as “persons supported.” These terms are used interchangeably throughout the report.

LAC Surveys

We conducted surveys of DDSN's central office staff (Appendix A), regional center employees (Appendix B), and staff of DDSN's qualified providers and DSN boards (Appendix C). Questions varied by survey, but included issues of:

- Employee satisfaction.
- Communication between DDSN and stakeholders.
- Staffing.
- Facility management.
- Training.
- Consumer care.

Each survey had at least one open-ended question to allow respondents to discuss any topic. Open-ended responses have been summarized and referenced throughout the report to preserve anonymity for those who participated in the surveys.

Consumer Protection and Rights

Adult Abuse Registry Needed

Inadequate System

DDSN does not have an adequate system to ensure that employee caregivers dismissed for abuse, neglect, or exploitation (ANE) are not rehired elsewhere in the system. We found several cases where employees were terminated for abuse or neglect violations, but the employee was either rehired or allowed to have his/her official reason for separation noted as “personal” instead of “terminated”. (See *Inadequate Hiring Practices* and *Regional Centers’ Responses to Allegations of Abuse, Neglect, or Exploitation (ANE)*.)

Adult Abuse (Maltreatment) Registry Needed

One resource which may aid DDSN and other agencies caring for vulnerable individuals identify potentially dangerous applicants is an adult abuse (maltreatment) registry. South Carolina does not have a centralized registry that employers, such as DDSN, can search to determine if a potential employee has abused, neglected, or exploited a vulnerable adult.

In our 2008 report entitled *A Review of the Department of Disabilities and Special Needs*, we found that DDSN did not have an adequate system to ensure these former employees were not rehired. We also noted that our state did not have an adult abuse registry, which would be an important resource for employers, whether in a state agency or personal residence, of people who work with vulnerable adults.

In our 2014 report, *S.C. Department of Disabilities and Special Needs’ Process to Protect Consumers from Abuse, Neglect, and Exploitation, Administrative Issues, and a Follow Up to Our 2008 Audit*, we recommended to the General Assembly that state law be amended to require an adult abuse registry listing the names of all individuals who have abused, neglected, or exploited any vulnerable adult, including DDSN consumers. The need for this registry still exists.

We also found, in our 2017 report, *A Review of the Department of Social Services Adult Protective Services Program*, that background check requirements for Adult Protective Service caseworkers are not specifically addressed in state law.

All of DDSN's consumers are considered vulnerable adults; additionally, South Carolina is home to approximately 1 million residents 65 or older and these individuals are also considered vulnerable adults. An adult abuse registry would be beneficial by:

- Helping prevent abusers' future access to vulnerable adults.
- Increasing perpetrator accountability and deterring future acts of abuse or neglect.
- Assisting service providers in improving hiring practices.

Over the last five fiscal years, DDSN averaged 599 individual ANE allegations annually for consumers receiving community-based services and averaged 179 individual ANE allegations for consumers in regional centers. There was a significant uptick in allegations in the regional centers from 187 in FY 20-21 to 253 in FY 21-22.

Legislative Action Needed

Since at least 2000, this issue has been studied by the Adult Protection Coordinating Council. The council developed recommendations for how such a registry should be established and maintained. Also, various House members have introduced at least four bills to create a central registry to track those who have abused, neglected, or exploited vulnerable adults. However, no legislation has been enacted.

In our 2014 DDSN audit, we presented information about how other states have implemented and maintained their registries. At that time, there were 20 states that maintained a registry of this type. As of 2019, at least 26 states have these registries to protect their vulnerable adults.

Existing Work on This Topic

In researching the need for such a registry, we found that, in addition to the Adult Protection Coordinating Council studying this issue, the S.C. Bar's Vulnerable Adult Task Force has been reviewing the need for a new, separate department of vulnerable adult services since 2016. The task force members included representatives from the courts, state agencies, law enforcement, health care, and long-term care. This task force has been concerned not only with creating a registry, but also with developing a public guardianship program for elders without families for medical and other decisions.

While we were not able to review all aspects of this task force's concerns and recommendations, we did review the most recent bill the task force developed, which included the establishment of an adult abuse registry. This bill, H.3180, was introduced during the General Assembly's 2021-22 session and included safeguards to ensure that individuals were not placed on the registry inappropriately.

The bill established that the registry should be maintained by the S.C. Department of Social Services (DSS) and an indicated finding of ANE with a known perpetrator must be included for the name of the perpetrator to be placed on the registry. There are several layers of judicial review to ensure appropriate placement of an individual on the registry. We contacted a DSS official who stated that the agency would probably not be opposed to housing such a registry; however, the adult protective services division of DSS would need, at a minimum, more funding to hire appropriate staff.

This House bill also states that agencies, including DDSN, DSS, S.C. Department of Mental Health (DMH), and S.C. Department of Health and Environmental Control (DHEC), may check the registry before employment or service as a volunteer with these agencies. All staff must be screened each time the license, registration, or other operating approval of the facility is renewed. If a vulnerable adult family member, guardian, or other person responsible for the welfare of a vulnerable adult is interviewing an applicant as a caregiver, whether in a private residence or a facility, the applicant may submit a written request to DSS to be screened against the registry and provide the results to the family member or guardian.

To keep the General Assembly informed about the prevalence of vulnerable adult abuse, neglect, and exploitation in South Carolina and the effectiveness of services provided in this state to protect vulnerable adults, this bill requires DSS, the Long Term Care Ombudsman Program, and DHEC to produce an annual report for its members as well as the Governor.

Although not included in this bill, other states have varying lengths of time a name should stay on the registry depending on the nature of the misconduct. Not all states in a national survey conducted by the National Adult Protective Services Association prohibit an agency from hiring an individual on the list – the registry is just another factor to consider. Other considerations may include how professional boards are notified when an individual holding a license is added to the list; automatic placement on the registry for criminal convictions; how individuals on the registry will be tracked if there is a name change; and how inquiries from other states will be handled.

Conclusion

Establishing an adult abuse (maltreatment) registry would provide an additional safeguard for vulnerable adults in our state. All agencies providing services to vulnerable adults, including DDSN, DSS, and DMH could benefit from such a registry. Also, individuals and families could use the registry to ensure caregivers coming into their homes to care for elderly or other vulnerable adults have not committed acts of abuse, neglect, or exploitation.

Recommendations

1. The General Assembly should amend state law to create an adult abuse (maltreatment) registry listing the names of individuals who have been found to have abused, neglected, or exploited any vulnerable adult, including DDSN consumers and elderly adults.
2. The General Assembly should require any state agency hiring caregivers for vulnerable adults, including DDSN's direct support professionals, to check the adult abuse registry prior to hiring, assuming one is created.

Consumer Employment, Initiatives, and Assistive Technology

DDSN has not done all it can to ensure compliance with the *Olmstead v. L.C.* decision, has not pursued needed assistive technology initiatives, and does not maintain needed data on consumers being paid a subminimum wage. During our audit, we found:

- DDSN has not led or directly supported the development of a state *Olmstead* plan to ensure South Carolina is compliant with the *Olmstead* decision and the Americans with Disabilities Act (ADA).
- DDSN does not publicly report on the number of consumers it has transitioned from more restrictive residential settings to less restrictive residential settings, an omission which is neither in the spirit of transparency nor supportive of the tenets of the *Olmstead* decision.
- DDSN has not implemented programming to support the Technology First initiative, nor is it pursuing legislation to make South Carolina a Technology First state.
- DDSN has no central repository of data on consumers who are employed or are being paid a subminimum wage.
- A DDSN employment oversight report shows that the percentage of consumers employed across years is low. This report does not present all data required by the agency's guidance document on individual employment services.

- DDSN has a consumer population that is similar in number to the consumer populations served by disability services counterparts in other states; however, DDSN has a lower integrated consumer employment rate.
- DDSN directives related to the movement of consumers from institutional residential settings to community-based services have potentially conflicting information as to what documentation is required and which staff members are responsible for managing the transition of consumers.
- DDSN has not fully complied with U.S. Department of Labor requirements, as necessary signage was not posted at one regional center.

Lack of Support for State Olmstead Plan

...lack of an Olmstead plan makes it “difficult for South Carolina to prove that it comprehensively and effectively addresses the needless segregation of individuals with disabilities.”

In the 1999 case, *Olmstead v. L.C.*, the United States Supreme Court held that, under Title II of the ADA, states must place a person with a mental disability in a community setting rather than in an institution when the state determines that community placement is appropriate, the transfer of the person from institutional care to a less restrictive setting is not opposed by the individual, and the placement can reasonably be accommodated. The *Olmstead* decision prohibits the unjustified segregation of individuals with disabilities and requires public entities to reasonably modify their policies, procedures, or practices when necessary to avoid discrimination.

A public entity may show compliance with the ADA integration mandate and reasonable modifications provision by demonstrating that it has a comprehensive, effectively working plan for placing qualified persons in less restrictive settings (also known as an Olmstead plan). Another way a public entity can show compliance is to have a waiting list that moves at a reasonable pace not controlled by the state’s endeavors to keep its institutions fully populated.

South Carolina does not currently have an Olmstead plan. A 2023 report published by Disability Rights South Carolina (DRSC) and the South Carolina Institute of Medicine and Public Health (IMPH) indicates that South Carolina’s lack of an Olmstead plan makes it “difficult for South Carolina to prove that it comprehensively and effectively addresses the needless segregation of individuals with disabilities.”

When asked whether DDSN supported the creation of a state Olmstead plan, an agency official stated that since the *Olmstead* decision impacts individuals beyond those who are DDSN consumers, it would be “shortsighted” to have DDSN serve as the lead agency on the development of such plan. The agency official also stated that directives 700-03-DD (Informed Choice in Living Preference) and 700-09-DD (Determining Need for Residential Services) were indicative of DDSN’s efforts to support the *Olmstead* decision. However, the latter directive does not contain language that expressly indicates the residential services determination process is designed to ensure that a consumer is placed in the least restrictive setting. During our audit, we also found that delays in placement of individuals with critical needs may have resulted in unnecessary institutionalizations. (See *Delays in Placements for Individuals with Critical Needs*.)

Department of Justice Investigation

In January 2022, the U.S. Department of Justice (DOJ) began investigating the State of South Carolina for allegations that individuals with mental health issues had been unnecessarily segregated and institutionalized in adult care homes in lieu of being provided community-based mental health services. The DRSC/IMPH report also noted that, in addition to the DOJ, advocacy groups and individuals have challenged states that are non-compliant with the *Olmstead* decision. Such suits have resulted in states being required to make progress on the development of Olmstead plans.

Also, data included in the *2019 American Network of Community Options & Resources Foundation’s Case for Inclusion* report show that South Carolina has twice the rate of institutionalization for intellectually or developmentally disabled individuals than the national average. These issues further illustrate the need for South Carolina to develop an Olmstead plan.

While it is true that some disabled individuals fall outside of the DDSN service population, this fact should not preclude the agency from either serving as the lead entity or partnering with other stakeholders and state government leaders in pursuing the development of a state Olmstead plan.

Lack of Transparency and Potential Non-Compliance with *Olmstead* Decision

DDSN directive 502-10-DD (Transition of Individuals from DDSN Regional Centers to Community) requires the agency to keep a list of consumers at the regional centers who desire to transition to a less restrictive residential setting. These lists previously included the degree to which a consumer desired transition to the community but, as of February 2023, no longer distinguish the degree of desire. Keeping the degree of the consumers' desire for transition on the *Olmstead* lists encourages transparency.

Also, while DDSN indicates it has the capability of extracting information from an agency data system on the number of consumers who have moved from a regional center into community-based services, the agency does not routinely report this information to the public. In order for the agency to demonstrate compliance with the *Olmstead* decision, it should report on its website how many consumers have transitioned to less restrictive settings.

Lack of Support for Assistive Technology Initiatives

While DDSN's home and community-based services waiver programs support the use of some assistive technology to help consumers live more independently, DDSN has not implemented the Technology First initiative, nor is it pursuing legislation to make South Carolina a Technology First state. As of February 2023, there were 28 states that had either adopted this initiative or were reimbursing for the use of assistive technology.

Technology First is a "framework for systems change where technology is considered first in the discussion of support options available to individuals and families through person-directed approaches to promote meaningful participation, social inclusion, self-determination, and quality of life."

The Charles Lea Center (CLC), one of DDSN's qualified providers in Spartanburg, has encouraged the adoption and implementation of Technology First, in that it has trained other states and other providers in how to establish the program. In implementing this initiative with its own consumers, CLC has been able to deinstitutionalize a considerable number of consumers and reduce the number of staff positions needed for hard-to-fill overnight shifts.

While DDSN has had discussions with CLC on implementing a Technology First pilot project, the agency has never proceeded with such a plan. Due to the continuous struggle to fill direct service provider positions—as we found during a survey of DDSN providers—DDSN could potentially alleviate the workforce crisis by officially adopting and implementing the Technology First program. DDSN also does not offer incentives to service providers to use assistive technology and only disseminates general information on technologies to the provider network.

No Central Repository of Employment and Subminimum Wage Data

DDSN does not have a central repository that contains details for all consumers who are either employed or are being paid a subminimum wage. DDSN stores consumer employment records in Therap® for persons who are making at or above the minimum wage and are receiving individual employment services, and it stores records for consumers receiving group employment services in a separate internal data system known as the consumer data support system. However, DDSN does not have direct access to records for consumers who are working in the community or the regional centers and are receiving a subminimum wage; instead, it must survey these entities, who may or may not provide a response.

The lack of a central repository for all DDSN consumers' work and employment records does not instill confidence in the data the agency may produce. This is particularly concerning because data on the number of consumers making a subminimum wage is a critical piece of DDSN's annual subminimum wage report to the General Assembly. This report is required by Act 209 of South Carolina's 2021-2022 legislative session.

Additionally, during our review of DDSN's 2023 annual report on the payment of a subminimum wage to its consumers, we found that the agency's list of employers authorized to pay a subminimum wage was not consistent with U.S. Department of Labor data.

Low Percentage of Continuous Employment for Consumers and Issues with Employment Reporting

Through our review of the Therap® employment oversight reports for 2021 and 2022, we determined that only 13% of the same consumers were employed between one year and the next. During our review, we also found that the Therap® employment oversight report does not capture all consumer employment information required by the agency's employment services standards—individual guidance document. This report fails to provide information on the consumer's employment supervisor, the employer's telephone number, transportation arrangements, wage reporting responsibility, and the reason a job for a consumer has ended. It is important for DDSN staff to know the reasons why a consumer's job has ended so that the consumer may be better prepared for subsequent employment.

Lack of Movement in Employment Statistics and Low State Ranking

In our 2014 DDSN audit report, we found that, per an Institute for Community Inclusion (ICI) StateData report, DDSN had a 30% integrated employment rate. Integrated employment refers to a community-based employment setting where disabled persons work alongside and interact with non-disabled individuals.

The integrated employment rate for DDSN consumers remained the same in ICI's 2019 report. While a 2021 ICI StateData fact sheet for South Carolina shows the integrated employment rate as 34%, the methodology for the 2021 calculation is different and only counts consumers receiving day and employment services. The 2019 ICI report is the latest nationwide report available which counts all consumers served.

The 2019 ICI report also showed that other states serving a comparable number of intellectually or developmentally disabled (IDD) individuals had higher rates of integrated employment, as shown in Table 2.1.

Table 2.1: Higher Rates of Integrated Employment in Other States

STATE	NUMBER OF CONSUMERS SERVED	PERCENTAGE OF INTEGRATED EMPLOYMENT	PERCENT DIFFERENCE OF INTEGRATED EMPLOYMENT FROM SOUTH CAROLINA
WASHINGTON	9,363	85%	+55%
CONNECTICUT	10,879	38%	+8%
SOUTH CAROLINA	9,793	30%	

Source: StateData—The National Report on Employment Services and Outcomes Through 2019 and LAC Analysis

In our 2014 LAC audit report, we stated that there was room for improvement in the integrated employment percentage rate. That statement remains true today.

Average Hourly Wage and Percentage of IDD Individuals Receiving Vocational Rehabilitation Services Who Become Employed in Less Than One Year

Also, South Carolina ranks in the lower half of the country when it comes to the average hourly wage paid to IDD individuals and the percentage of IDD individuals attending vocational rehabilitation who secured a job in less than one year (the entities ranked in Charts 2.2 and 2.3 include both U.S. states and the District of Columbia). While DDSN may have limited control as to the wages paid to IDD individuals, it could continue to strengthen its working relationship with the S.C. Vocational Rehabilitation Department (VRD) to decrease the amount of time it takes for a consumer to gain employment.

In late 2022, DDSN had drafted a memorandum of understanding with VRD that established specific timeframes within which VRD service eligibility determinations must be made; however, the agencies never executed this agreement.

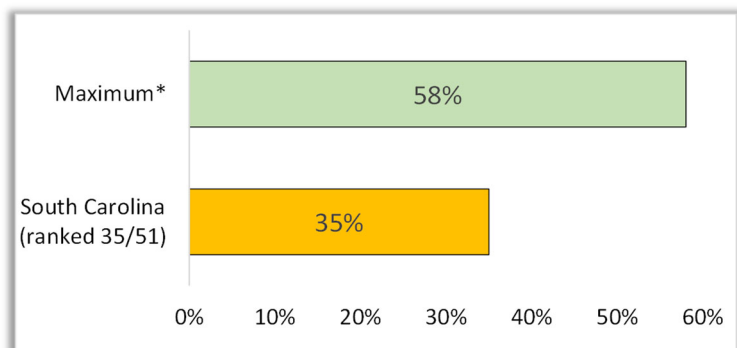
Chart 2.2: Average Hourly Wage Paid to IDD Individuals



* Minimum and maximum represent the nationwide range

Source: StateData—The National Report on Employment Services and Outcomes Through 2019 and LAC Analysis

Chart 2.3: Percentage of IDD Individuals Receiving Vocational Rehabilitation Services Who Become Employed in Less Than One Year



* Minimum (0%, not shown) and maximum represent the nationwide range

Source: StateData—The National Report on Employment Services and Outcomes Through 2019 and LAC Analysis

Conflicting or Confusing Directives on Transition of Regional Center Consumers

DDSN directives related to the movement of consumers from institutional residential settings to community-based services have potentially conflicting information as to what documentation is required. Directive 502-10-DD (Transition of Individuals from DDSN Regional Centers to Community) requires qualified intellectual disability professionals (QIDPs) to complete a transition plan and a checklist for each consumer who will be transitioning out of a regional center and into community-based services. However, directive 738-01-DD (Discharge Planning for Individuals Leaving an Intermediate Care Facility for Individuals with Intellectual Disabilities and Enrolling in a Home and Community-Based Services Waiver Program), which appears to also apply to regional center consumers moving to community-based services, does not cite the checklist within the mandates of the document but instead mentions it as an attachment whose completion is optional. We asked DDSN to provide clarification on the differences between these two directives but did not receive a response.

The directives also require regional center consumers' QIDPs to manage the consumers' transition to community-based services. However, as of January 2023, DDSN had hired an admissions/discharge coordinator to manage the transition of consumers from regional centers into community-based services. It is unclear whether the responsibility for planning and implementing a consumer's transition from a regional center into community-based services belongs with the agency's QIDPs or the admissions/discharge coordinator.

Non-Compliance with U.S. Department of Labor Requirements

During our site visits to the DDSN regional centers in November 2021, we found that one regional center did not have the signage required by the U.S. Department of Labor to inform consumers being paid a subminimum wage of their rights under the Fair Labor Standards Act.

Failure to Update Annual Assessment Form

In our 2014 audit of DDSN, we found that, in the vocational section of the agency's service coordination assessment for day program participants, there was no question asking consumers if they were aware of other options/settings that may be available to them. We asked DDSN to send us a copy of the vocational portion of the most recent annual assessment document, and we received two versions, neither of which included the recommended question.

Recommendations

3. The S.C. Department of Disabilities and Special Needs should partner with other stakeholders to push for legislation or an executive order to develop an official Olmstead plan for South Carolina.
4. The S.C. Department of Disabilities and Special Needs should periodically publish, on its website, reports on the number of consumers who have transitioned from more restrictive to less restrictive residential settings.
5. The S.C. Department of Disabilities and Special Needs should work with partner agencies experienced in implementing the Technology First initiative to incorporate this type of programming into the agency's system of care.
6. The S.C. Department of Disabilities and Special Needs should develop and implement a central, systemwide repository for data on consumers who are working or employed in an effort to support required reporting on the payment of a subminimum wage.
7. The S.C. Department of Disabilities and Special Needs should endeavor to increase the percentage of consumers who are employed across years and ensure that Therap® employment reports present all required data.
8. The S.C. Department of Disabilities and Special Needs should contact other states' disability services agencies assisting similarly-sized consumer populations that have higher rates of integrated employment to determine best practices information on integrated employment.
9. The S.C. Department of Disabilities and Special Needs should update its directives on the transition of institutionalized consumers to less restrictive residential settings to clearly identify what documentation is required and to distinguish the roles and responsibilities of staff involved in the transition process.
10. The S.C. Department of Disabilities and Special Needs should comply with all U.S. Department of Labor requirements related to consumer employment.

Consumer Rights Training

DDSN needs to improve its consumer rights training documentation, recordkeeping, and procedures at the regional centers. We interviewed DDSN staff, reviewed a sample of consumer rights training records at the five regional centers, and interviewed representatives of advocacy groups and found:

- Documentation of consumer rights training at the DDSN regional centers is incomplete or missing required notations, such as specific dates or signatures.
- Forms used at the regional centers to document required consumer rights training are often inconsistent in content, length, signature pages, last revision dates, and/or structure.
- One DDSN regional center had not given the required guidelines for purchases forms to consumers and/or their legal representatives until we requested copies of these forms.
- A number of consumer rights training forms maintained at the regional centers did not indicate whether the consumers' rights were explained to them in a manner understandable to those consumers, which is required by state law and federal guidance.
- There is inconsistency in the manner in which consumer rights training is provided at the DDSN regional centers, and only two of the five have internal written procedures for how consumer rights training should be conducted.
- DDSN is not promoting active, organized consumer rights training with advocacy groups.
- DDSN does not employ an agency training director.
- DDSN does not have a central repository for consumer rights training documentation.

Background

DDSN is bound by state law, federal regulations, and its own directives, guidelines, and manuals to ensure that consumers are informed of their rights. Consumers' rights include, but are not limited to, the right to participate in and make decisions concerning their self-determination, the right to receive visitors, the right to manage their own money, the right to be free from mental and physical abuse, and the right to choose their doctor. The manner in which consumer rights training is conducted depends on the level of care in which a consumer is placed. Generally, consumers, as recipients of DDSN care, must be informed of their rights upon entry into services, and consumers receiving residential or intermediate care must also be informed of their financial rights.

Issues with Consumer Training Records at DDSN Regional Centers

We reviewed a judgmental sample of consumer rights training documentation for 57 consumers residing at DDSN's five regional centers (intermediate care facilities). S.C. Code §44-26-150 requires a consumer enrolled in an intellectual disability program or his representative to, at the time of the consumer's admission, be informed of his rights in terms and language appropriate to his ability to understand. In addition, the Centers for Medicare and Medicaid Services require, through 42 CFR §483.420(a)(1) and (2), that an intermediate care facility inform a consumer, parent, or his legal guardian of the consumer's rights, any rules of the facility, and the consumer's medical condition and attendant risks of treatment or right to refuse treatment.

DDSN directive 534-02-DD requires that consumers be provided annual training as to their rights to report instances of abuse, neglect, or exploitation and how to avoid dangerous situations. The directive also requires that this training be documented in the consumer's file at least annually. DDSN directive 200-02-DD requires the regional centers to explain to the consumer or his representative his financial rights and to advise him as to which goods or services may be charged to him. In our report, we include financial rights training as part of the term "consumer rights training."

We attempted to obtain, by visiting sites or requesting documentation, the required proof of consumer rights training from each of DDSN's regional centers. We reviewed a judgmental sample of consumer rights training documentation for ten percent of each center's consumer population. We collected the following documents:

- Statement of rights
- Statement of financial rights
- Guidelines for purchases

During our review of the documentation, we found the following issues:

24.6%	Consumer rights training documents with inconsistent signing dates for signatories, indicating that training may not have been conducted simultaneously with consumers and their parents or legal representatives or that witnesses to the training were not present at the time the training was actually conducted.
71.9%	Consumer rights training documents missing signatures from parents/legal representatives, staff/team members, and/or witnesses; and/or missing dates.
33.3%	Consumer rights training documents missing file numbers.
61.4%	Consumer files with missing forms or missing pages of forms.
10.5%	Consumer files having no indication of the relation of the consumer to a family member or legal representative.
1.8%	Consumer files with no date option listed on forms.

We found that the statement of rights, statement of financial rights, and guidelines for purchases documents used by the regional centers were often inconsistent in terms of content, length, signature pages, last revision dates, and/or structure. We also found that one regional center had never given the guidelines for purchases forms to consumers and/or their legal representatives until we requested copies of these forms. Also, while the communication of a consumer's rights in a manner understandable to the consumer is required by state law and federal guidance, a number of the forms we reviewed did not contain any indication of whether or how this was done.

In reviewing the judgmental sample, we found a page of a statement of financial rights form used by one regional center that appeared to clearly outline whether the consumer was deemed able to understand his rights; whether he could not understand his rights and needed a family member or legal representative to sign in his stead; or whether he could not understand his rights, had no family member or legal representative to sign in his stead, and thus needed a DDSN staff member to sign in his stead. We believe the addition of this page to each of the required consumer rights training forms would satisfy the requirements of S.C. Code §44-26-150. (See Appendix D.) Having missing or inconsistent consumer rights forms is a poor business practice that does not ensure consumers and their families are adequately informed.

Inconsistent Consumer Rights Training Practices at Regional Centers

We also asked the five DDSN regional centers to provide information on how they conduct consumer rights training. The responses indicate that the manner in which the centers implement consumer rights training varies. A summary of the responses is below:

Only two of the five centers have internal written procedures on how consumer rights training should occur.

Four centers indicated they provide the training at intake and annually or at a time of change, while one center indicated it provides the training only at intake.

Four centers indicated they invite consumers' family members or legal representatives to attend the training, and three of these four indicated they will follow up with family members or legal representatives if these entities do not appear for the training. It was unclear as to whether the fifth center invites consumers' family members or legal representatives to attend the training.

Four centers indicated that staff members provide the training to consumers, and two of these four indicated they have occasionally had advocacy groups conduct the training. One center did not answer this question.

Two centers indicated they provide alternate teaching methods, such as offering visual aids, to ensure consumers are trained in a manner they can understand. Two other centers did not indicate that they do this, and another center provided a response that was unclear.

While the majority of the regional centers indicated they provide consumer rights training at intake and annually, the training documentation we received did not reflect that the training is conducted annually. DDSN directive 534-02-DD requires that the regional centers train consumers in how to report abuse, neglect, or exploitation and how to recognize and avoid dangerous situations and to document this training in the consumers' files at least annually. The lack of uniformity and consistency among the training methods utilized by the regional centers does not promote a statewide, cohesive system of care.

Lack of Active Training Partnerships with Advocacy Groups

Both Disability Rights South Carolina (DRSC) and the Long Term Care Ombudsman Program (LTCO) at the S.C. Department of Aging have periodically, or upon request, administered consumer rights training to DDSN consumers and staff. However, a DRSC official indicated that DDSN has not routinely asked or invited DRSC to provide training except in a few instances, and there is no current agreement with either DRSC or LTCO to provide this training. A DDSN official indicated that the agency has been partnering with Family Connection of South Carolina on the “Families Making Connection: A Peer Support and Outreach Program,” but this program is aimed primarily at supporting families and caregivers caring for children, youth, and young adults with a disability. Outside of the Family Connection partnership, there is little evidence that the agency is actively promoting organized consumer rights training with advocacy groups.

Lack of Centralized Training Director and Central Repository for Consumer Rights Training Records

We asked a DDSN official whether the agency employs an overall training director and were informed that the agency does not have one. The official indicated that training oversight is tied to the specific service area of the consumer (e.g., case management, residential, day, etc.). The official also noted that the agency plans to move training functions under its division of quality management.

We also asked the official whether the agency has a central repository for documentation of all consumer rights training that has been administered to DDSN consumers and were told the agency does not. This is a fragmented approach to recordkeeping and does not promote continuity in services.

Recommendations

11. The S.C. Department of Disabilities and Special Needs should ensure that documentation of consumer rights training is accurate and complete.
12. The S.C. Department of Disabilities and Special Needs should update its forms to include an acknowledgement page for the consumer or consumer's family to sign.
13. The S.C. Department of Disabilities and Special Needs should update the statement of rights, statement of financial rights, and guidelines for purchases forms and require each regional center to use identical versions of these forms to document consumer training.
14. The S.C. Department of Disabilities and Special Needs should ensure all required consumer training documents are completed by consumers and/or their legal representatives.
15. The S.C. Department of Disabilities and Special Needs should ensure that all training documentation contains a clear indication as to whether the consumer's rights have been explained in a manner that is understandable to him, or an acknowledgment that the consumer's condition renders him unable to understand his rights such that a parent or legal guardian has been provided with the explanation of the consumer's rights.
16. The S.C. Department of Disabilities and Special Needs should develop a uniform consumer rights training protocol for the five regional centers.
17. The S.C. Department of Disabilities and Special Needs should immediately arrange active and organized consumer rights training partnerships with advocacy groups.
18. The S.C. Department of Disabilities and Special Needs should hire an agency training coordinator to ensure that all required consumer rights training is conducted at the appropriate intervals and documented in accordance with state law, federal regulation, and agency directives, guidelines, and manuals.
19. The S.C. Department of Disabilities and Special Needs should establish a central repository for all consumer rights training documentation.

Regional Centers' Responses to Allegations of Abuse, Neglect, or Exploitation

DDSN regional centers do not always respond appropriately to allegations of abuse, neglect, or exploitation (ANE). We spoke with employees, reviewed a statistically-valid sample of ANE investigation files from 2021 in DDSN's incident management system, and reviewed human resources' (HR) information from the Division of State Human Resources and DDSN's HR division and found:

- Regional center staff did not always report suspected ANE incidents within 24 hours or the next working day, as required by state law and DDSN directive 534-02-DD.
- Regional center staff did not always document notification to the S.C. Department of Health and Environmental Control (DHEC) of allegations of ANE as required by state regulation and DDSN's directive.
- Consumer-reported allegations of ANE were the least likely to be investigated using surveillance video.
- Review of video is crucial to determining whether ANE occurred.
- Five regional center staff may have been allowed to resign in lieu of termination following ANE investigations.
- Records of training in response to ANE investigations are not always maintained by the regional centers and could not be verified.

2021 ANE Investigations

DDSN investigated 175 allegations of ANE at its regional centers in 2021. We reviewed a statistically-valid sample of 63 of these ANE investigation files and found that regional center employees did not always report suspected incidents of ANE in a timely manner, did not always document notification to DHEC of ANE allegations, and did not always utilize video recordings to investigate consumer-reported allegations of ANE.

The sample of 63 ANE investigation files reviewed had a confidence level of 95% and a margin of error of 10 percentage points. During our review, it was discovered that 3 of the 63 ANE files in the sample were for investigations that were terminated. As a result, these three ANE investigation files were not included in the results of our analysis.

Delayed Reporting of Alleged ANE

DDSN's employees are mandated reporters under the state Omnibus Adult Protection Act. As a result, they are required to report suspected abuse, neglect, or exploitation within 24 hours or the next working day of witnessing the alleged incident. For DDSN's facilities, all incidents of suspected ANE must be reported to the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division (SLED).

DDSN directive 534-02-DD additionally requires employees to submit an initial report to the DDSN incident management system within 24 hours or the next business day of the discovery of the suspected ANE. For regional centers, a final administrative review must then be submitted via the incident management system within five working days of the discovery of the suspected ANE.

When reviewing length of time to report, we looked only at ANE investigation files where staff witnessed or should have witnessed the suspected ANE or its effect on a consumer. This included files where there was an injury of unknown origin or where regional center staff or central office staff reported the incident. We found that:

11 allegations in our sample took two or more days from the date of the incident to be reported.

1 incident at the Pee Dee Center was reported 82 days after it occurred; this was only because central office staff noticed suspected ANE during video review of another incident.

Other alleged ANE incidents were found to have been reported as many as 10, 22, 24, and 58 days after the incident occurred.

These delays violate not just DDSN's directive, but also the requirements of the Omnibus Adult Protection Act, and may place consumers at risk of further harm.

DHEC Notifications

DHEC licensing regulations for intermediate care facilities for individuals with intellectual disabilities require reporting of confirmed or suspected cases of ANE. DDSN regional centers are intermediate care facilities for individuals with intellectual disabilities and subject to this requirement. Further, DDSN directive 534-02-DD also requires notification to the DHEC division of health licensing within 10 days of any suspected abuse, neglect, or exploitation.

During review of our sample, we found that notification of ANE allegations to DHEC was not always documented in the incident management system. We found that 48% of ANE investigation files did not include dates of notification for DHEC; therefore, it is unclear whether these incidents were reported to DHEC. Failure to report these incidents to DHEC may subject consumers to risk of harm.

...70% of the investigations of consumer-reported allegations of ANE did not include review of any surveillance video.

Review of Video Surveillance

DDSN directive 535-16-DD requires installation of surveillance video cameras at each regional center. Surveillance video cameras may only be used in the common areas or shared spaces of the facility.

During review of our sample, we found that only 50% of ANE investigation files indicated surveillance video was reviewed during investigation of the suspected ANE. Consumer-reported allegations of ANE were more common than any other kind of ANE report in our sample; however, 70% of the investigations of consumer-reported allegations of ANE did not include review of any surveillance video.

Of those ANE investigation files where surveillance video was reviewed, the video directly impacted the outcome of the investigation 53% of the time. For example, in one case, a regional center reported in an ANE investigation that staff used a consumer's clothing to move the consumer; however, later review of video showed that the consumer was actually dragged across the floor. The consumer was injured as a result and the incident led to the dismissal and arrest of all seven staff involved. The discrepancies between the regional center's report and what really occurred would have resulted in physical abuse not being discovered had video not been reviewed.

Location of the alleged ANE may explain why video might not always be reviewed, as consumer bedrooms and bathrooms are not allowed to have surveillance cameras. However, given the impact of surveillance video review on the investigations in our sample, it is imperative that any available recordings are reviewed during an investigation. This is especially true for any allegations reported by consumers, as they may be taken less seriously by staff than allegations reported by an employee.

Employee Separations

Regional center employees involved in allegations of ANE may have been allowed to resign in lieu of termination. We reviewed information for all alleged perpetrators of ANE during calendar year 2021 in DDSN's incident management system, as well as employee separation information from DDSN's HR division and the Division of State Human Resources (DSHR). We found that five employees were listed in separation reports as having resigned for personal reasons, despite the ANE investigation file stating they were terminated.

DSHR uses codes to classify reasons for employee separations. These codes are grouped into categories—voluntary separations, involuntary separations, and transfers. The “personal” code indicates a voluntary separation. Examples of involuntary separation codes include “patient, client, or inmate abuse”; “dismissal – conduct;” and “violation of agency policy.” Table 2.4 lists employees who may have been allowed to resign in lieu of termination.

Table 2.4: Employees Listed as Personal Separations Despite Being Listed as Terminated in ANE Administrative Review

EMPLOYEE	REGIONAL CENTER	PERSONNEL ACTION TAKEN ACCORDING TO ANE ADMINISTRATIVE REVIEW	SEPARATION REASON IN REPORTS FROM DSHR AND DDSN’S CENTRAL OFFICE
EMPLOYEE #1	Pee Dee	Terminated for failure to report.	Personal
EMPLOYEE #2	Pee Dee	Terminated for failure to monitor safeguards and report abuse, and for sharing login passwords for video surveillance.	Personal
EMPLOYEE #3	Coastal	Terminated for evidence of improper conduct and failure to notify SLED immediately after witnessing abuse.	Personal
EMPLOYEE #4	Pee Dee	Terminated for possession of weapons, alcohol, or illegal drugs on agency property, threatening or making a threatening action towards another employee or consumer, and malicious use of profane or disrespectful language to staff or consumers.	Personal
EMPLOYEE #5	Pee Dee	Terminated for failure to report.	Personal

Source: LAC Analysis of DDSN and DSHR Data

Employee #2 was arrested in connection with the employee’s involvement in the ANE allegation, yet the employee was still listed in DSHR and DDSN reports as having separated from the agency for “personal” reasons. Another employee with the same violations as Employee #3 in connection with the same allegation of ANE had an involuntary “Dismissal —Conduct” separation code in reports from DSHR and DDSN’s central office.

It is unclear why some employees were given the opportunity to voluntarily separate from the agency when others were not. It is additionally unclear why an ANE report would indicate termination has occurred when the employee resigned for “personal” reasons. These inconsistencies make it difficult for a potential employer to discover a terminated employee’s history of involvement in ANE allegations. If a terminated employee seeks similar employment in a personal care field, a potential employer may unknowingly place its clients at risk.

Employee Training in Response to ANE Allegations

Records of employee training in response to ANE investigations are not consistently maintained by DDSN’s regional centers. For each ANE investigation file in our sample indicating that training was a recommended action in response to the alleged incident, we reviewed records to verify that the training occurred. DDSN’s regional centers provided training documentation for only 24% of the ANE investigation files which recommended training in our sample.

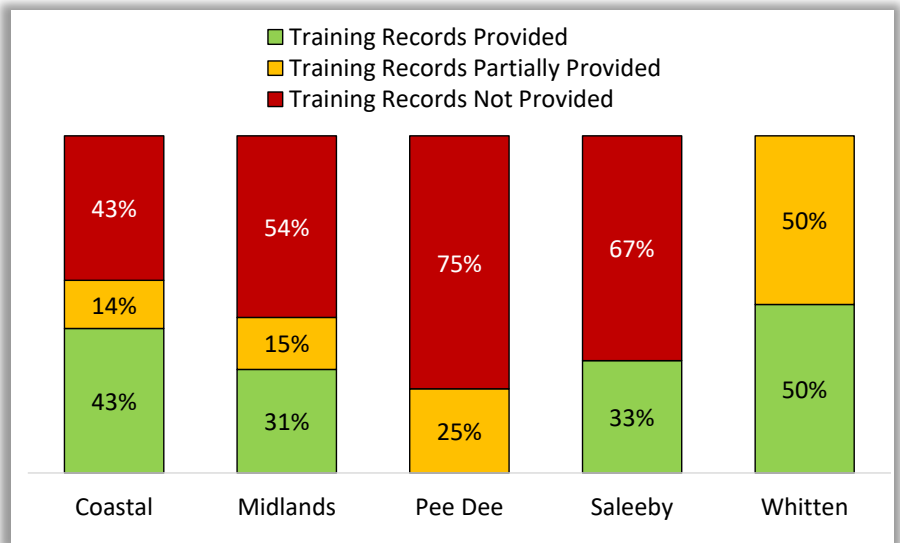
DDSN’s administrative reviews frequently recommend training for employees in response to the alleged ANE. DDSN directive 534-02-DD states that “recommendation[s] for personnel action (e.g., staff training, reassignments, environmental modifications, procedural changes, etc.) and any other recommendations should be noted” in administrative reviews following ANE allegations. Additionally, “staff training issues...identified during the Review shall be addressed whether or not a violation of agency rules, regulations or policies is discovered.” The directive states that training issues, along with the corrective action for those issues, should be submitted to DDSN’s director of quality management. However, the directive does not require submission of proof of completion of corrective actions, like employee training.

We found 45 of the 63 ANE investigation files in our sample recommended employee training in response to the alleged incidents. We requested that each regional center submit documentation showing completion of the training listed in our sample of ANE investigation files. Four of the five regional centers submitted records; an employee from the Pee Dee Center responded that all training records, including records of training in response to allegations of ANE, are maintained in Therap®.

Since Therap® tracks training records by employee and not by ANE investigation, we could not identify the records for training where no specific employees were identified (i.e., training for “all staff” in a specific unit, or training for all nurses). We emailed the employee at Pee Dee Center responsible for tracking these trainings for clarification twice, in November 2022 and in January 2023, but we received no response. As a result, we were unable to verify training records for 75% of the ANE investigation files from Pee Dee Center.

Overall, training for only 24% of the ANE investigation files in our sample was documented. Of the centers, the Whitten Center had the most documentation available—50% of Whitten Center’s files had training documentation for all training in response to the alleged ANE, and the other half had partial documentation. Three regional centers—Coastal, Pee Dee, and Saleeby—provided documentation for some trainings occurring *before* the date of the alleged incident. Pee Dee Center also provided records for some trainings occurring more than three months *after* the date of the alleged incident. It is unlikely that training before the alleged incident, or a few months after the incident, is in response to the specific allegation of ANE investigated in the file. As such, these records are not considered proof of completion of the trainings in our analysis.

Chart 2.5: Percentage of Sample 2021 ANE Investigation Files with Training Records Available, by Regional Center



Source: LAC Analysis of DDSN Data

The inability to verify whether training occurred in response to ANE allegations creates doubt as to whether the regional centers are appropriately responding to ANE. The most common employee violations discovered during ANE investigations are violations of DDSN's ANE reporting directive, suggesting that training on ANE reporting requirements is needed. Without training to clarify when and to whom ANE should be reported, employees may be left without the proper skills to prevent future ANE from occurring.

Recommendations

20. The S.C. Department of Disabilities and Special Needs should ensure that employees always report allegations of abuse, neglect, or exploitation within 24 hours or the next working day, as required by state law and agency directive 534-02-DD.
21. The S.C. Department of Disabilities and Special Needs should ensure that employees always report allegations of abuse, neglect, or exploitation to the S.C. Department of Health and Environmental Control, as required by state regulations and agency directive 534-02-DD.
22. The S.C. Department of Disabilities and Special Needs should always review all available surveillance video during investigations into alleged incidents of abuse, neglect, or exploitation.
23. The S.C. Department of Disabilities and Special Needs should never allow employees recommended for termination due to participation in an incident of abuse, neglect, or exploitation to resign.
24. The S.C. Department of Disabilities and Special Needs should always maintain records of training conducted in response to allegations of abuse, neglect, or exploitation.
25. The S.C. Department of Disabilities and Special Needs should amend directive 534-02-DD to require the maintenance of records of training conducted in response to allegations of abuse, neglect, or exploitation.
26. The S.C. Department of Disabilities and Special Needs should amend directive 534-02-DD to require that, if training is recommended as the result of an abuse, neglect, or exploitation investigation, it is completed within 30 days of the final administrative review.

Agency Response to 2021 ANE Incidents

DDSN's former executive staff and the agency's video surveillance directive prevented timely and thorough responses to multiple allegations of abuse, neglect, and exploitation (ANE) at DDSN regional centers. We found:

- Following an abuse allegation on May 2, 2021, DDSN's former executive staff created barriers to risk management employees reviewing surveillance video of ANE at the regional centers.
- Barriers to video review continued to exist even after it was discovered that Pee Dee Center staff were failing to report ANE.
- When video was reviewed, many more incidents of unreported ANE were discovered.
- Only one risk management employee was allowed to review video, and only for the Pee Dee Center. A second employee was allowed to review video beginning in July 2021, and additional centers were added for review in August 2021.

The response by DDSN's former executive staff prevented a timely review of video surveillance to determine whether additional abuse was going unreported, despite mounting evidence that regional center staff were working to hide ANE and the limitations of DDSN's 60-day video recording retention policy.

2021 ANE Incidents

Former members of DDSN's executive staff and the agency's video surveillance directive prevented timely and thorough responses to multiple allegations of ANE at DDSN regional centers. We reviewed email communications and interviewed agency employees and found that risk management employees were prevented from reviewing video associated with multiple incidents of ANE in 2021.

Risk Management

DDSN's risk management program was established to eliminate, reduce, and control DDSN's and the provider network's exposure to risk, loss, and injury. Among other reasons, the program's purpose is to improve the safety and quality of life for consumers and employees. In 2021, the risk management program was under an executive risk manager and included technical assistance and quality assurance. Employees under the executive risk manager were tasked with investigating incident reports and abuse cases, managing contracts and licensing, and conducting quality assurance reviews and training for providers.

Video Surveillance Directive

DDSN's video surveillance directive 535-16-DD requires the installation of video surveillance cameras at the regional centers. It allows for review of video by facility administrators and their designees, administrators on duty, and entities with investigative authority. The directive also states that "DDSN staff viewers of the surveillance video camera recordings will not take any recordings or images off campus and they should also not be transmitted electronically in any form (social media, etc.)" It then lists "administrative review" and "investigative entities" as acceptable reasons for release of video, as ordered by the DDSN state director and documented on a release record.

Additionally, the directive states that:

Recorded images will not be routinely checked and will only be reviewed in the event DDSN has a need to review the recorded images for limited purpose of implementing necessary and required internal reviews, safety and quality improvement, internal education and training activities.

Unless marked as containing evidence of injury or abuse, video surveillance recordings are automatically deleted after 60 days due to limited storage capacity.

Pee Dee Center Incidents

On May 2, 2021, an altercation occurred between a nurse and a resident of the Pee Dee Center. Weeks later, on May 19, a DDSN risk management employee received an anonymous tip stating that the video of the incident should be reviewed. The anonymous source stated that a supervisor witnessed the altercation and failed to intervene or make a report and alleged that Pee Dee Center management was hiding abuse. The risk management employee requested video from Pee Dee Center to verify.

The next day, an executive staff member, who no longer works for DDSN, stated that video could be reviewed by a different risk management employee on site at the regional center, but that the video could not be transmitted electronically because of the agency's video surveillance directive. In response, it was requested that risk management employees be authorized to review video for ANE reports.

Risk management employees and another member of executive staff, who also no longer works for DDSN, reviewed the video of the incident, and, in doing so, discovered another ANE incident occurring in the background. This second incident was reported to SLED and then to an official at the Pee Dee Center.

Risk management employees repeatedly warned executive staff of a dangerous, pervasive culture of abuse and neglect at the regional centers.

Before allowing additional video to be reviewed, the Pee Dee official stated that a “signed consent from [the executive risk manager] and all three of [the employees reviewing] consents will need to be signed off on by [the interim director] (based on policy). Once finished with the review, please let me know and I will go retrieve the video.” Notably, this Pee Dee official was later arrested for reviewing surveillance video of abuse and failing to report it.

A meeting was scheduled with executive staff to debrief on what was being found. Following the meeting, the former executive staff members told risk management employees that they had no right to review videos, that they needed to sign statements to review video because of the video surveillance policy, that the directive limits electronic transmission of video, that there was a “lack of a team approach to solutions,” and that risk management employees were attempting to “indict” a member of executive staff.

Executive staff also prohibited risk management employees from directly contacting executive staff members, and some executive staff expressed discomfort about ANE allegations being sent to them via email. Ultimately, it was decided that only one risk management employee should be allowed to watch video, and that it can only be video from the Pee Dee Center.

Through email, risk management employees repeatedly warned executive staff of a dangerous, pervasive culture of abuse and neglect at the regional centers. They stated:

“At what point is the office considered complicit with systemic abuse of the people directly in our care? At this point we suspect abuse on a wide scale and we need to gather additional information so that we can make credible reports to SLED.”

“If we did not have compelling evidence of systemic abuse, one could argue delaying in order to get a strong policy in place. However, we are not in such a situation.”

“We haven’t had time to discuss our concerns with the pattern of abuse and the minimization of abuse when reporting to SLED. We need to get ahead of these things and dig in.”

“There are systemic issues that need to be addressed to prevent ANE and they involve multiple layers of management and oversight.”

“There is currently no policy to require Regional Center staff to randomly review video. In my opinion, they need to be looking at the issues noted above and reviewing video, randomly, to ensure instances of ANE are reported.”

More inaccurately reported and unreported incidents of abuse at the Pee Dee Center were discovered through review of surveillance video by the risk management employee. By July 6, 2021, a second risk management employee was given permission to review video from the Pee Dee Center; however, actual access to the videos was not granted until July 9, 2021.

This was 68 days from the initial report of ANE on May 2, 2021. Any video not already saved from that day would have been deleted on July 1, 2021, per the 60-day retention policy for video recordings.

On July 28, 2021, a request was made to review video associated with specific ANE reports at the Midlands Center; however, a response was not received. This request was expanded to include a selection of ANE reports at all regional centers on August 23, 2021.

As of August 2022, DDSN hired investigators to assist with central office administrative reviews of ANE. Risk management is able to review any video surveillance without approval. Turnover has led to new executive staff. As of June 2023, however, the video surveillance directive had not been updated, and it is unclear whether random review of surveillance video is occurring to ensure there are no unreported instances of ANE.

Improper Application of Directive

The agency's video surveillance directive does not prohibit review of video by DDSN risk management employees, as it lists "administrative review" as an acceptable reason for release of the video. The directive also appears to limit electronic transmission to prevent confidential video from being improperly posted online. It is unlikely that the directive's intent is to prevent DDSN risk management employees from reviewing video electronically in the course of their job duties.

Further, per DDSN's directive, surveillance video cameras are required in the regional centers to ensure that clients are not subjected to abuse. Preventing DDSN risk management employees from freely reviewing video when abuse has been reported directly contravenes the intent of the directive and negates the camera requirement. Additionally, the directive does not prohibit routine checks of recordings when DDSN has a need to review images to implement safety and quality improvement. That need existed here. While the directive works to balance consumers' rights to privacy with consumers' expectations of safety and security, the incidents described above required quick and easy access to video surveillance to prevent further abuse.

The response by DDSN's former executive staff prevented a timely review of video surveillance to determine whether additional abuse was going unreported, despite mounting evidence that regional center staff were working to hide ANE and the limitations of the 60-day retention policy. Former executive staff improperly used the agency's video surveillance directive to prevent review by risk management employees.

Recommendations

27. The S.C. Department of Disabilities and Special Needs should amend directive 535-16-DD, “Required Use of Surveillance Video Cameras in DDSN Regional Center ICFs/IID Settings,” to require regular review of video surveillance recordings at the regional centers to ensure that incidents of abuse, neglect, or exploitation are being properly reported.
28. The S.C. Department of Disabilities and Special Needs should always allow agency investigative staff to review video surveillance recordings from the regional centers when investigating abuse, neglect, or exploitation.

Video Surveillance Infrastructure at DDSN Regional Centers

Since we identified issues with DDSN’s review of video at the regional centers, we reviewed the agency directive and obtained video for our audit. We found that identification and investigation of abuse, neglect, and exploitation (ANE) at DDSN regional centers are inhibited by the agency’s video surveillance system and storage capabilities. We found:

- DDSN directive 535-16-DD requires video surveillance but does not specify where cameras are required at regional centers.
- Unless already identified as containing evidence of abuse, neglect, or exploitation, video surveillance recordings are deleted on a rolling basis after 60 days due to limited storage space.
- The deletion of recordings after 60 days has prevented DDSN from providing video to the State Law Enforcement Division (SLED) during abuse, neglect, and exploitation investigations.
- There are limited maps of camera locations, which may prevent thorough investigations of abuse, neglect, and exploitation.

These issues prevented DDSN from providing us with surveillance video in a timely manner. Our intent was to review a random sample of video to determine whether there were unreported incidents of ANE at the regional centers. Recordings were provided 81 working days after the initial request and included corrupted files. The provided recordings did not include video for the period initially requested. Expansion of storage capacity at DDSN regional centers could alleviate issues associated with the 60-day retention policy.

Video Surveillance Directive

DDSN's video surveillance directive does not identify where cameras should be located throughout the regional centers, despite stating that each regional center is required to install them. Without required locations, there is no minimum standard for acceptable camera coverage.

DDSN directive 535-16-DD requires installation of video cameras at each regional center. The directive balances this requirement against the importance of maintaining consumer privacy in areas like bathrooms or bedrooms. Consent to recording must be obtained from each consumer, his family, or his guardian. The directive implies, but does not specifically state, that if all consumers living in a unit do not consent, cameras will not be installed in that unit. The directive does not list locations where camera surveillance is required.

As a result, regional centers do not have cameras in all communal areas, such as gymnasiums, or in outdoor spaces like recreational areas or gardens. This creates blind spots that could be exploited. We spoke with multiple DDSN employees who expressed concern that the lack of cameras outside of buildings at the regional centers is resulting in unreported or undiscovered abuse.

One employee spoke of a consumer whose reported incidents typically happen outside, so the source of the consumer's injuries is never documented by video. Another employee described an incident where regional center staff reported that a consumer supposedly went outside, removed his clothing, and rolled on the pavement, causing scrapes and cuts. However, the consumer's neck had a red mark, an injury that was not consistent with this description of events. The incident report completed by the regional center stated that because there are no cameras outside, what happened could not be confirmed. A third employee also stated that many accidents happen outside of buildings and out of view of the cameras, and a fourth employee stated that staff know how to hide incidents in the outside areas where there are no cameras.

Without designating a minimum standard of video surveillance coverage, areas without coverage exist and may be preventing the identification of ANE. Ensuring that all communal areas are covered by cameras will assist in the investigation of ANE incidents.

60-Day Recording Retention Policy

DDSN's system automatically deletes video recordings after 60 days, a practice which has significantly limited the use of video recordings in ANE investigations. The DDSN video surveillance directive requires recordings affiliated with ANE investigations be retrieved and preserved until 60 days after the final disposition of any review or legal action; however, when ANE is reported 60 or more days after the fact, or if additional video is requested, recordings are unavailable for review.

The 60-day recording retention policy exists to preserve storage space. Storage is not centralized, and the length of time a video is retained varies, depending on the number of cameras at a regional center. Additional servers could be added to increase storage space, with one server costing between \$15,000–\$20,000.

We identified two separate instances where DDSN could not provide SLED with video recordings for ANE investigations because the recordings were already deleted under the 60-day recording retention policy. The first was a subpoena for video from Pee Dee Center regarding an incident on April 23, 2021. The release of video for the subpoena was approved by DDSN on July 16, 2021. The second was a request for additional video of separate incidents occurring on May 2 and 3, 2021 at Pee Dee Center. This request was made on July 27, 2021.

The 60-day limit caused by lack of storage space creates a time constraint on ANE investigations and has resulted in potentially valuable video being deleted. Increasing storage capacity by adding additional servers at each regional center could directly benefit ANE investigations.

LAC Request for Video

During our audit, we requested video surveillance recordings to review to ensure that incidents of ANE are accurately reported in a timely manner. We planned to conduct a review of a statistically-valid sample of video. On September 15, 2021, we asked DDSN to provide:

...video footage from the Midlands Center from
8 am to 8 pm for each day in the 30-day period from
July 17, 2021, through August 16, 2021...

On September 24, 2021, we requested recordings from all other regional centers for the same time frames in our initial, written request. We received recordings on January 5, 2022, 81 working days after our initial requests.

Table 2.6: Dates of Video Recordings Received from DDSN, January 5, 2022

REGIONAL CENTER	DATE RANGE OF VIDEO PROVIDED	
MIDLANDS	Files 1 – 3	10/1/2021 – 10/30/2021
	File 4	11/1/2021 – 11/30/2021
COASTAL	File 1	9/10/2021 – 10/9/2021
	File 2	Corrupted
PEE DEE	File 1	10/23/2021 – 11/1/2021
	File 2	9/24/2021 – 10/23/2021
SALEEBY	File 1	9/24/2021 – 10/23/2021
WHITTEN	File 1	11/13/2021 – 12/13/2021
	File 2	11/9/2021 – 12/9/2021
	File 3	11/16/2021 – 12/16/2021
	File 4	Corrupted

Source: LAC Analysis of Files Provided by DDSN

Several issues arose during the transfer of video recordings:

Staff turnover resulted in three different DDSN employees taking charge of our request.

Because video is not stored in a central location, it had to be downloaded at each regional center.

Recordings could not be bookmarked and saved from deletion after 60 days because of storage capacity; only two centers, Midlands and Saleeby, had enough space to retain recordings. For this reason, each center had different dates of recordings, as seen in Table 2.6.

Two regional centers, Whitten and Midlands, could only download 30 cameras at a time.

According to a former chief information officer for DDSN, each center has 278 cameras. However, maps we were provided of camera locations did not support this. For example, the maps indicated that there were only 70 cameras at Coastal Center.

Midlands Center's servers could not "talk" with the storage device, resulting in a delay for that download.

Pee Dee Center's recordings had to be downloaded twice due to data corruption.

DDSN stated that a possible power outage occurred, postponing the downloads. DDSN did not clarify at which center this happened.

These issues resulted not only in a delay, but also in different dates of video between the regional centers. The different dates of video received for each regional center prevented us from conducting a statistically-valid sample of video. As a result, we reviewed recordings based on general event reports (GERs) in Therap® that met certain criteria suggesting ANE may have occurred. Once we began reviewing, the following problems with the recordings were identified:

We were provided recordings for only four buildings at Coastal Center. None of the events in the GERs occurred in those four buildings. As a result, we were unable to review 19 events identified as potential ANE.

We were provided four files of video for Midlands Center; however, each file included duplicate recordings. Thirteen cameras and their recordings were duplicated throughout the four files.

DDSN provided recordings in two files for the Pee Dee Center. One file was significantly large (more than 1.4 terabytes), which caused our computers to freeze when opened. The second file only contained two cameras and for a different range of dates than the first file.

There were limited maps of camera locations, and those that did exist were incomplete or did not include camera names or numbers. This made it difficult to determine which cameras we should be reviewing for which GERs.

Ultimately, DDSN's 60-day video retention policy and limited storage capabilities prevented a thorough review of recordings for unidentified instances of ANE at the regional centers. As a result, it is unclear whether there were unreported incidents of ANE for the dates we requested.

Recommendations

29. The S.C. Department of Disabilities and Special Needs should amend directive 535-16-DD to establish a minimum standard of coverage by video surveillance cameras at the regional centers by including specific locations that must have surveillance.
30. The S.C. Department of Disabilities and Special Needs should identify and evaluate all security camera "blind spots" in communal spaces at each regional center and implement measures to eliminate them in areas where ANE could occur, including areas outside of buildings.
31. The S.C. Department of Disabilities and Special Needs should ensure that communal spaces, including areas outside of buildings, are under video surveillance at the regional centers.
32. The S.C. Department of Disabilities and Special Needs should expand the video recording storage capacity of the regional centers to ensure that all allegations of abuse, neglect, or exploitation can be thoroughly investigated.

Conditions at Regional Centers

DDSN has not provided its regional centers with adequate repairs and maintenance and has not requested funding to update consumer equipment. Regional center staff responded to our survey that staffing levels at their facilities were not adequate. Also, DDSN failed to display required notices at the regional centers.

Physical Conditions

In November 2021, we conducted unannounced site visits to the five regional centers to, in part, assess their physical conditions. During the visits, we found:

- Broken ceiling tiles and peeling paint in multiple locations across Coastal Center campus.
- The main door to the consumers' dorm at Midlands Center did not close completely and remained unlocked.
- A courtyard that consumers use for outdoor activities at Midlands Center was covered in algae.
- An empty fire extinguisher cabinet at Coastal Center in one of the dorms.

Figure 2.7: Courtyard Covered in Algae at Midlands Center



Source: LAC Staff

Figure 2.8: Empty Fire Extinguisher Cabinet at Coastal Center



Source: LAC Staff

LAC Employee Survey

In April 2022, we conducted a survey of all staff employed at the regional centers. (See Appendix B.) The survey questions were designed to obtain feedback on staffing, pay, management, consumer safety, and conditions. Approximately 261 of the 328 (80%) survey respondents indicated that the facility or unit in which they work needs repairs. In addition, some DDSN commissioners stated that the consumer equipment is outdated and the regional centers are not maintained properly.

Budget Requests

We reviewed DDSN's budget requests for FY 22-23 and FY 23-24. While DDSN has allocated funding for certain repairs, it has not requested or designated funds for consumer equipment upgrades. By not ensuring regional centers are adequately equipped and maintained, DDSN is risking the safety of its consumers and staff and disregarding consumers' quality of life.

Vacant Regional Center Buildings

DDSN has failed to utilize vacant buildings effectively at its regional centers. During our audit, we found that multiple regional centers had at least one unoccupied building. Some of the vacant buildings were used as COVID isolation units or were used when an existing building needed renovations or repairs. Additionally, some buildings were vacant due to staffing shortages at the regional centers.

According to an executive staff member, DDSN plans to convert one unoccupied building into an autism-focused unit at the Whitten Center. Also, there are plans to convert one vacant building at the Midlands Center into another dormitory for the purpose of reducing consumer-on-consumer contact.

In DDSN's preliminary exit comments, it provided evidence of expending approximately \$400,000 to renovate a Midlands Center building being used, as of June 2023, as institutional respite for persons supported who are transitioning out of critical placement situations such as hospitals, jails, and other residential settings.

We reviewed DDSN's most recent five-year capital improvement plan that was approved in June 2023. While the agency plans to replace items such as HVAC systems, generators, roofs, and windows, it was not evident that any consumer equipment, such as bathing equipment or lift beds, would be upgraded.

For FY 23-24, DDSN requested approximately \$11 million to establish three regional center-based stabilization units throughout the state. While legislation was passed to allow DDSN, among other facilities, to establish these units, DDSN did not receive the requested funding to do so. Since regular maintenance is not performed on unoccupied buildings, this could result in potential unnecessary costs for the state if DDSN allows the vacant buildings to fall into disrepair.

Staffing

One of our objectives included reviewing staffing at regional centers. We addressed this by surveying regional center staff in the Spring of 2022. DDSN did not have email addresses for all regional center staff, so we sent surveys through text messages and paper surveys to employees' home addresses. Collection of responses was complicated when a DDSN central office employee informed staff that the survey links "...did come back as phishing." One regional center employee stated that co-workers blocked the number and did not complete the survey as a result.

We sent a total of 1,284 surveys and received only 343 (27%) completed responses. Although the response rate was fairly low, the results were telling:

80%	Disagreed or strongly disagreed that staffing levels in their facility or unit were adequate.
59%	Have been asked to work overtime less than 6 hours in advance of or during their shift.
81%	Disagreed or strongly disagreed that their salary and benefits meet their needs or the needs of their families.
56%	Would not continue to work at DDSN if offered another job with the same pay and benefits.

When asked what the main reasons for staff turnover were, regional center staff answered with the following reasons:

66%	Dissatisfied with pay and benefits.
59%	Long work hours and/or overtime.
60%	Poor management.

DDSN should consider these concerns expressed by regional center staff when developing its staffing strategy. Staffing shortages affect both staff and persons supported by DDSN.

Required Notices (Posters)

DDSN's required notices (posters) on reporting abuse, neglect, and exploitation (ANE) are outdated, missing, or inappropriately placed at the regional centers. Any intermediate care facility operated or contracted for operation by DDSN is required by law to prominently display these notices, which are provided by SLED and the Long Term Care Ombudsman Program. If there are revisions to the required notices, the Ombudsman is responsible for providing several copies for each regional center to replace the outdated versions. Additionally, regional centers are required by law to post notices of the Resident's Bill of Rights in conspicuous locations. These notices are for the benefit of consumers, their families, and staff.

During the audit team's unannounced site visits to the regional centers, the team evaluated the location and revision dates of the required notices on reporting ANE and the Resident's Bill of Rights. At the regional centers, all of the notices on reporting ANE were outdated. The Pee Dee Center and Whitten Center were the only centers to have an updated version of the Resident's Bill of Rights notice posted. By failing to replace outdated notices, consumers, their families, and staff could be misinformed if they are looking for specific information, such as another agency's contact information.

We observed that required notices were placed on bulletin boards with other unrelated posters and appeared disorganized. This could cause consumers and their families to become confused with the abundance of information in a single space. Also, some regional centers were missing required notices in prominent locations, such as a family visitation room and nurses' stations. We found the same issues in our 2014 audit of DDSN. By failing to place the required notices in conspicuous locations, a consumer, staff member or visitor could assume there is not a requirement to report ANE.

Recommendations

33. The S.C. Department of Disabilities and Special Needs should request funding for regional center repairs, deferred maintenance, and upgraded consumer equipment in the next fiscal year budget request.
34. The S.C. Department of Disabilities and Special Needs should provide updates to the General Assembly and the public on what the agency plans to do with the vacant buildings at the regional centers.
35. The S.C. Department of Disabilities and Special Needs should ensure required notices are updated and placed where they are easy to distinguish for consumers, their families, and visitors.
36. The S.C. Department of Disabilities and Special Needs should ensure required notices are posted in prominent locations at each regional center.

Barriers to Services Faced by Consumers

Eligibility Determination Processes

DDSN manages two eligibility determination processes for services—one for applicants who apply and already have an intake provider, and one for those who do not have an intake provider. Those already connected with an intake provider are generally referrals from BabyNet, South Carolina’s interagency early intervention (EI) system for infants and toddlers under three years of age with developmental delays or who have conditions associated with developmental delays.

We reviewed DDSN’s eligibility processes and data and found that the agency has:

- Failed to establish performance benchmarks for either of its eligibility processes.
- Inadequately monitored eligibility data for trends.
- Used incomplete and inadequate data to produce monthly reports.
- Failed to identify applicants in its various eligibility datasets with unique individual or unique case identifiers.

Based on our analysis of the DDSN’s eligibility data, we found the following:

- In 2021, approximately 2,900 individuals applied under the EI process; 81% of whom were ultimately evaluated for eligibility. Of those evaluated, 85% were deemed eligible, 14% were found not eligible, and 1% withdrew or were awaiting a determination.
- In 2021, the EI eligibility process lasted an average of 13 days—nearly 3 work weeks—of which the DDSN-controlled portion of the process lasted 4 days.
- In 2021, approximately 3,700 applicants applied without an intake provider under the general process; roughly 26% were eventually evaluated for eligibility. The remainder were screened out, withdrew, or terminated the process. Of those evaluated, 78% were deemed eligible.
- In 2021, the general eligibility determination process lasted an average of 51 days—10 work weeks—of which the DDSN-controlled portion of the process lasted 14 days.
- The agency’s general eligibility process time decreased incrementally from 2019–2021, from 60 days to 51 days.
- Of the four years reviewed, DDSN staff were the most efficient, under both processes, during 2020, when the COVID-19 pandemic began.

Overview of Eligibility Processes

DDSN has two eligibility processes—one for applicants who apply already with an intake provider, and one for applicants who do not. Those without one are offered a choice of intake providers—which is a provider that assists an applicant in the collection of required documentation—if the applicant is deemed likely eligible after the initial screening by DDSN staff.

Applicants for DDSN EI services usually have intake providers, since they are referred to the agency by BabyNet to DDSN. These applicants typically fall under DDSN’s high-risk infant eligibility category.

All others who apply for DDSN services generally do so without an intake provider. These applicants often apply under the following eligibility categories:

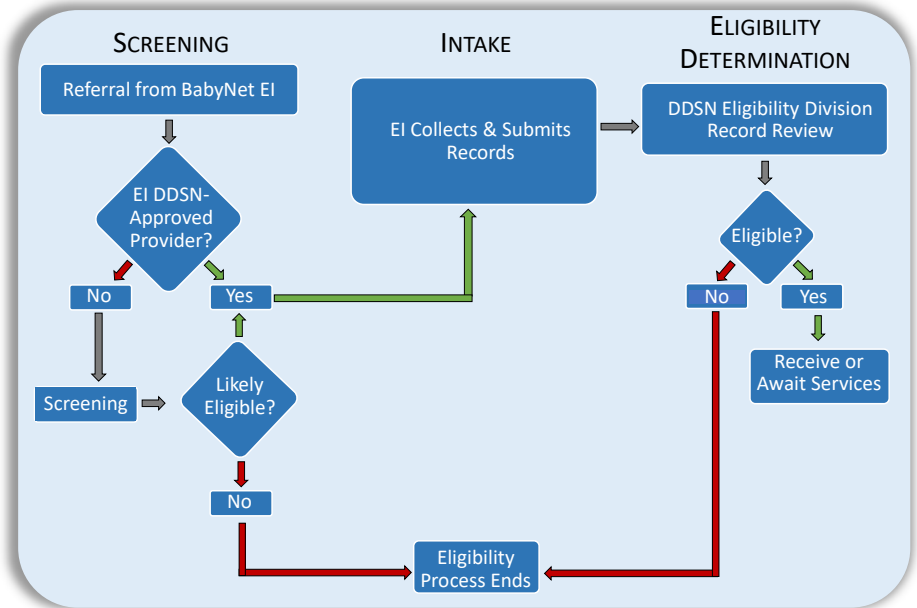
Intellectual Disability	Related Disability
Autism Spectrum Disorder	Head Injury
Spinal Cord Injury	Similar Disability

Between 2018–2021, there were approximately 22,700 applicants who filed nearly 23,500 applications for DDSN eligibility. The difference between applicants and applications is due to individual applicants filing multiple applications under different eligibility categories on the same day. Of those, approximately 47% of applicants went through the process for those already with a provider (the EI eligibility process) while 53% went through the process for those without a provider (the general eligibility process).

Early Intervention Eligibility Process

The EI eligibility process is unique in that EI services are provided by BabyNet, through the S.C. Department of Health and Human Services. Applicants for DDSN EI services are referred by BabyNet early interventionists. If these early interventionists are DDSN-approved providers, the applicants skip DDSN’s screening process and proceed to the next step of collecting and submitting required documentation. DDSN then reviews the documentation and makes an eligibility determination. Chart 3.1 is a flow chart of this process.

Chart 3.1: DDSN's Early Intervention Eligibility Process



Source: LAC Rendering from DDSN's Eligibility Directive

In 2021, there were approximately 2,900 applicants to the EI process, an average of 243 applicants per month, or 15 applicants per day. Of those, approximately 2,400 returned the required documentation; of the 2,400, approximately:

85% (2,011)	Were deemed eligible.
14% (342)	Were found not eligible.
<1% (1)	Withdrew from the process or were awaiting a determination as of June 2, 2022.

On average in 2021, staff conducted 196 evaluations per month or 14 evaluations per day. Approximately 81% of the initial EI applicant pool was evaluated for eligibility.

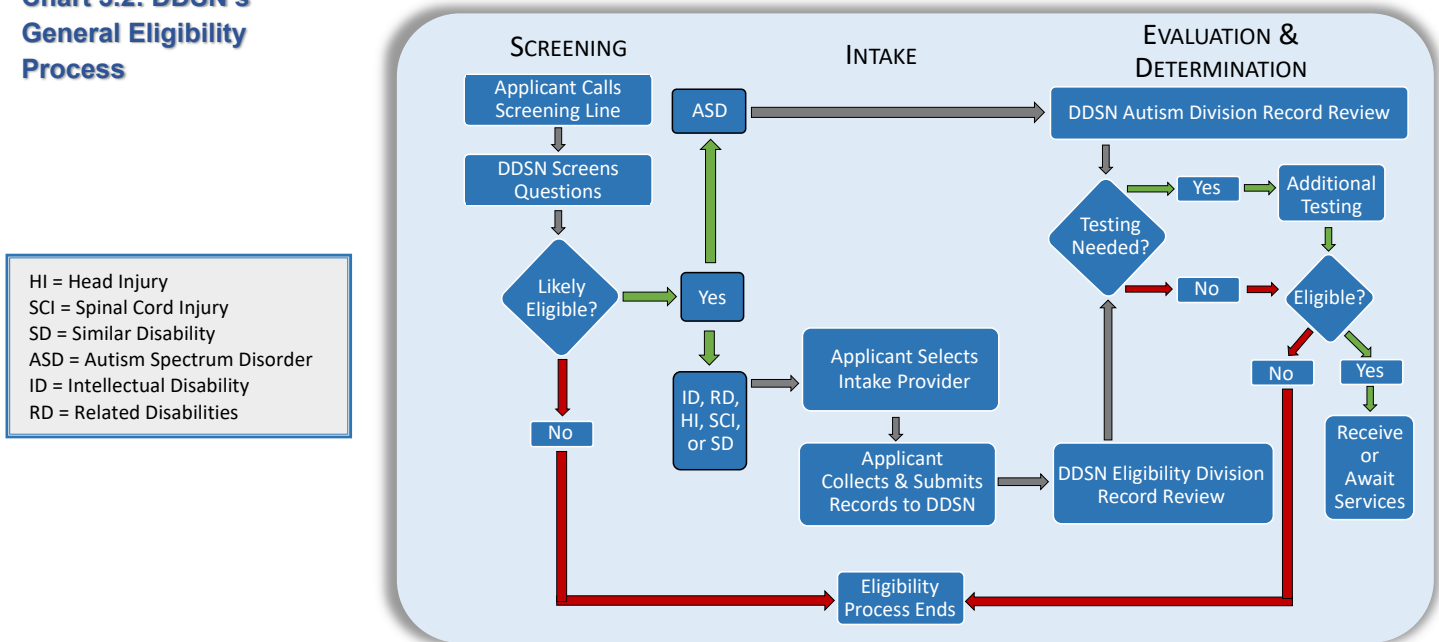
In 2021, the full EI process took an average of 13 days, excluding holidays and weekends; this amounts to approximately 2 ½ work weeks. The longest part of the process involved the collection of records, which is contingent upon the intake provider and the parent collecting and submitting required documents to DDSN. This period averaged nine days for the year. Once DDSN received the required documents, it took an average of four days for the agency to evaluate and determine eligibility.

At times, DDSN conducted additional testing of an applicant to evaluate eligibility. When additional testing was deemed necessary, the agency's evaluation processing time extended to an average of 20 days for the year. When no additional testing occurred, evaluation processing time averaged two days.

General Eligibility Determination Process

The general eligibility determination process includes screening, intake, evaluation, and final determination. Chart 3.2 is a flow chart of this process.

Chart 3.2: DDSN's General Eligibility Process



Source: LAC Rendering from DDSN Eligibility Directive

In 2021, DDSN received approximately 3,700 applicants for the general eligibility process, an average of 308 applicants per month or 17 applicants per day. Of those, DDSN sent 43% (1,580) to an intake provider; 38% (606) terminated the process or were awaiting documentation as of June 2, 2022; and the remaining 62% (976) returned the required documentation. As of June 2, 2022, DDSN had evaluated 965 applicants who applied in 2021, an average of 80 evaluations per month or 5 evaluations per day. Of those, 78% (753) were deemed eligible and 22% (212) were deemed ineligible. Approximately 26% of the initial applicant pool was evaluated for eligibility.

The overall full eligibility determination process took an average of 51 days, excluding holidays and weekends. This equates to approximately 10 work weeks or 2 ½ months. There was an average of 2 days between the applicant applying and DDSN referring the applicant to an intake provider; an average of 34 days between referral to an intake provider and DDSN receiving the required documentation, and an average of 14 days between DDSN receiving the required documentation and making an eligibility determination.

At times, DDSN required applicants to undergo additional testing before determining their eligibility, which lengthened the processing time. For those applicants who underwent additional testing, DDSN took an average of 26 days to have the applicant complete the test and for DDSN to make its determination. Of those not needing additional testing, DDSN took an average of just five days to make an eligibility determination.

Positive Trends

DDSN appears to have improved its eligibility screening process and has reduced the amount of time applicants spend undergoing the full eligibility determination process. Analysis of DDSN's general eligibility determination process showed an incremental decrease from 2019–2021 for the percentage of applicants who were sent to an intake provider.

Also, for the general eligibility determination process, the number of days for the full process—application to final eligibility determination—generally decreased from 2018–2021. We observed a decrease in the process interval for eligibility determination, which is predominately controlled by DDSN staff.

The number of DDSN staff conducting the evaluations was generally the same from year to year for this period. The decrease in process time, therefore, may be a result of fewer applicants reaching the evaluation interval of the process, possibly as a result of improved screening practices. It may also be a result of efficiencies developed by DDSN staff.

From our analysis, it appears that staff were generally the most efficient in processing general eligibility applicants in 2020, during the height of the COVID-19 pandemic. The same was true for applicants in the EI process, which saw roughly the same number of applicants evaluated each year.

No Established Benchmarks

DDSN has not established performance benchmarks for its eligibility determination processes. As noted, DDSN's eligibility determination process times have generally decreased from year to year since 2018. Despite this positive trend, it is unclear if the agency's most efficient processing year—2021 at 51 days—is an ideal time frame, since benchmarks have not been established. Benchmarks for these processes could serve as performance goals for the agency and could be used to support the need for additional staff. They could also be used to communicate expectations to applicants intending to go through the eligibility determination process.

Data Trends Not Adequately Monitored

DDSN has not adequately monitored eligibility data for trends. Our analysis revealed a few irregularities for which the cause is unknown, in part, because trends were never identified and questioned. The following sections provide greater detail on the issues noted in the agency's eligibility data for 2018–2021.

Significant Change in Applicants Screened and Referred

Analysis of the general eligibility determination process showed that, in 2018, approximately 97% of applicants DDSN screened were sent to an intake provider. In the three subsequent calendar years, this figure was closer to 50%. Table 3.3 shows the breakdown of the screened general eligibility applicants who were sent to an intake provider, by year.

Table 3.3: General Eligibility Applicants Screened by DDSN and Sent to an Intake Provider, 2018–2021

YEAR	APPLICANTS	
	SCREENED	SENT TO INTAKE PROVIDER
2021	3,694	1,580 (42.8%)
2020	3,108	1,593 (51.3%)
2019	3,589	2,100 (58.5%)
2018	2,087	2,017 (96.6%)

Source: LAC Analysis of DDSN Eligibility Data

Compared to later years, the number of applicants screened and then sent to an intake provider is so significantly different that it suggests that DDSN may have implemented a process change between 2018 and 2019. DDSN staff speculated that the reason for this data shift may be due to a process improvement regarding intake for applicants with records already on file—reapplicants—and the COVID-19 pandemic. However, reapplicants were not included in our analysis, and the period in question was well before COVID-19 pandemic.

Temporary Time Increase in Evaluation Interval for Some Applicants

Analysis of the general eligibility determination process showed a significant increase in processing time for applicants who did not require additional testing during the DDSN determination interval. Between October 2018–July 2019, the time DDSN spent in making an eligibility determination averaged 14 days, excluding holidays and weekends. By comparison, from January 2018–September 2018, the average processing time was three days. Table 3.4 shows the process interval lengths for 2018–2019. Note that the shading in the determination column provides a visual representation of the number of days for the months in question as well as earlier and later periods for comparison.

Table 3.4: General Eligibility Process Interval Lengths for Applicants Who Did Not Need Additional Testing, 2018–2019

AVERAGE NUMBER OF DAYS						
	MONTH	APPLIED > REFERRED	REFERRED > SENT TO IP*	SENT > RECEIVED	RECEIVED > DETERMINATION	FULL PROCESS
2019	January	3	8	36	22	69
	February	2	7	27	12	48
	March	2	3	32	16	52
	April	2	3	33	11	49
	May	2	4	31	14	52
	June	2	4	28	13	46
	July	3	3	27	12	44
	August	0	7	25	9	41
	September	3	9	25	5	42
	October	2	4	24	4	35
	November	2	4	33	2	42
	December	2	9	38	3	51
	TOTAL	2	5	29	11	48
2018	January	2	5	33	3	42
	February	2	4	26	3	35
	March	1	5	35	4	45
	April	1	4	33	4	42
	May	2	5	32	2	41
	June	2	3	37	4	45
	July	1	5	33	3	41
	August	2	7	38	3	50
	September	9	1	31	3	44
	October	2	6	31	11	50
	November	2	5	33	14	54
	December	2	9	35	13	60
	TOTAL	2	5	33	6	46

*IP = Intake Provider

Source: LAC Analysis of DDSN Eligibility Data

During the nine-month period between October 2018–July 2019, the number of DDSN staff conducting the evaluations was approximately the same as earlier and later periods, meaning this shift is unlikely due to staffing changes. According to a current agency official, eligibility staff produce monthly reports for agency leadership, who then monitor the data for trends. Agency leadership at the time, however, did not question the causes for this trend shift. Since members of the agency leadership during that period are no longer employed with the agency, we were unable to determine if they were actually monitoring this data.

Furthermore, the monthly reports that are generated are limited in scope. While these reports measure various components of the eligibility determination process, the report period only includes data for the month that recently ended, the month prior, and for six months prior. Monitoring data for trends over a limited time span such as this is unlikely to reveal red flags. Month-to-month analysis over several years will more clearly reveal areas of concern. This information can be used to head off an issue before it becomes a serious problem.

Issues Related to Incomplete and Inaccurate Data

DDSN’s reported analysis of its eligibility determination process in 2021 was based on incomplete data. In 2021, monthly eligibility reports were missing an average of 37% of EI data points and 44% of general eligibility data points. According to agency staff, time constraints caused delays in the data entry. Consequently, DDSN’s reported analysis for this period is not accurate.

DDSN’s reported analysis also did not accurately measure the actual time DDSN staff spent determining eligibility. The agency’s reported analysis on the various process interval lengths included weekends and holidays. Including these non-working periods can artificially inflate the results, misrepresenting actual staff time spent in the process. For example, in November 2019, there were 30 calendar days but only 18 workdays.

Table 3.5 compares DDSN’s general eligibility process length in days against our analysis. It is important to note that the reported figures in DDSN’s analysis are based on the incomplete, above-mentioned data.

Table 3.5: Comparison of DDSN's Analysis Against LAC's Analysis of the Agency's Eligibility Process Lengths

MONTH/YEAR	PROCESS TYPE	NUMBER OF DAYS BASED ON ANALYSIS BY		DIFFERENCE
		DDSN	LAC	
May 2021	Record Review	52	44	8
	Additional Testing	76	59	17
April 2021	Record Review	43	37	6
	Additional Testing	72	60	12
November 2020	Record Review	64	41	23
	Additional Testing	103	67	36

NOTES: The record review eligibility determination process measures the total process length for those applicants for which a determination was based on the records received from the intake provider.

The additional testing eligibility determination process measures the total process length for those applicants for which additional testing was performed after DDSN received records from the intake provider.

Source: DDSN's Eligibility Monthly Report & LAC's Analysis of DDSN Eligibility Data

Lack of Unique Identifiers

DDSN does not use unique identifiers across the three eligibility datasets for either individual applicants or individual applicant cases. The lack of unique identifiers can make it difficult to compare datasets and ensure datasets are complete.

DDSN maintains records on applicants requesting eligibility for DDSN services in three sources: a module within a web-based database, called Therap®, and two internal spreadsheets. Therap® stores various types of information about the applicant including name, the date eligibility was requested, the eligibility category requested, and the outcome, among other information. Additionally, the module includes a section for notes as well as the capability to upload documents such as authorization forms, assessment results, and eligibility letters.

DDSN also maintains two internal spreadsheets on eligibility applicants. One is a master spreadsheet that records applicants' names, application dates, and other basic demographic information. This spreadsheet also includes dates for various intervals in the eligibility determination process except for those individuals applying under the autism spectrum disorder category. Starting in July 2019, DDSN developed a second internal spreadsheet to capture the interval dates for autism spectrum disorder applicants.

When individuals apply for eligibility, their information is added to Therap®, which assigns each individual a unique six-digit code. This code is an individual's unique identifier in Therap®. DDSN, however, does not include this code on its internal spreadsheets.

DDSN also does not assign a case unique identifier in any of its data sources. Like individual unique identifiers, case unique identifiers may be numerical or alphanumeric sequences that identify specific cases. In terms of DDSN eligibility, a case is an application, which may be different than an applicant. For example, Jane Doe could apply more than one time in a single year, but the data associated with each application will likely contain differences, such as the eligibility category for which the applicant applied or the process interval dates.

During our analysis, we noted approximately 1,500 more applicants in the Therap® dataset than on the master internal spreadsheet from 2018–2021. According to staff, applicants are logged into Therap® and then into the master internal spreadsheet; therefore, the cause for the difference is unclear. The lack of unique identifiers in the internal master spreadsheet prohibited comparative analysis between the datasets that may have identified the cause. The absence of unique identifiers—individual and case—can limit the ability to ensure that, when multiple datasets exist, they are complete.

Recommendations

37. The S.C. Department of Disabilities and Special Needs should establish eligibility determination process benchmarks for the various intervals and the full process.
38. The S.C. Department of Disabilities and Special Needs should generate monthly eligibility reports that contain month-over-month and year-over-year data.
39. The S.C. Department of Disabilities and Special Needs should ensure that staff monitor eligibility data for trends.
40. The S.C. Department of Disabilities and Special Needs should ensure that eligibility data is complete prior to generating its monthly eligibility reports.
41. The S.C. Department of Disabilities and Special Needs should measure process intervals without including holidays and weekends.
42. The S.C. Department of Disabilities and Special Needs should apply unique individual and case identifiers to all applicants in all of its eligibility datasets.

Improvements Needed in Eligibility Directives

List of Generally Accepted Cognitive Tests Not Public

DDSN does not publicize a list of generally accepted cognitive tests, which are used, in part, to evaluate some applicants for eligibility. The agency also does not survey individuals who have completed the application process, as required by agency directive 100-30-DD. Limiting transparency to and feedback from eligible applicants may result in communication issues and missed opportunities for improvement.

DDSN does not have a directive that publicizes a list of cognitive tests that it accepts from applicants, as it does for adaptive tests. DDSN's eligibility directive states that DDSN maintains a list of psychometric tests that must be used for eligibility purposes, yet the directive does not list these tests, nor does it refer to a directive that does. According to an agency official, DDSN accepts the following cognitive tests for intellectual disability/related disability applicants:

BAYLEY SCALES OF INFANT DEVELOPMENT
MULLEN SCALES OF INFANT DEVELOPMENT
WECHSLER BATTERIES (CHILDREN TO ADULTHOOD)
STANFORD-BINET
DIFFERENTIAL ABILITY SCALES
WOODCOCK JOHNSON TEST OF COGNITIVE ABILITY
KAUFMAN ASSESSMENT BATTERY FOR CHILDREN

The agency also accepts the following tests for nonverbal applicants:

UNIVERSAL NONVERBAL INTELLIGENCE TEST
COMPREHENSIVE TEST OF NONVERBAL INTELLIGENCE
LEITER INTERNATIONAL PERFORMANCE SCALE
WECHSLER NONVERBAL SCALE OF ABILITY

The agency official stated that it is unclear why DDSN does not publicize, in a directive, the list of generally accepted cognitive tests as it does adaptive tests. Providing greater transparency regarding generally accepted cognitive tests improves communication with the public, particularly potential applicants.

Connection Needed Between Eligibility and Other Related Directives

DDSN's eligibility directive 100-30-DD does not cite other directives when referring to requirements or processes that are outlined in greater detail in other agency directives. DDSN's eligibility directive refers to accepted adaptive tests, the permission to evaluate form, and the appeal process. All of these topics are discussed individually and in more depth in specific directives. However, the eligibility directive does not inform the reader that more information can be found on these topics and the location of this information. Specifically connecting the content of the eligibility directive to related directives will improve user navigation and accessibility.

Surveys of Eligibility Applicants Not Conducted

DDSN does not survey eligibility applicants as required by its eligibility directive. DDSN's eligibility directive states the following:

After your eligibility is determined, DDSN will send a satisfaction/feedback email survey, via Google Survey Monkey so that you can rate your Intake experience. You are encouraged to complete the survey so that we can continue to improve the process.

According to an agency official, DDSN has not conducted these surveys since before the COVID-19 pandemic. By not conducting these surveys, DDSN is missing out on valuable feedback from applicants that may serve to improve its process.

Recommendations

43. The S.C. Department of Disabilities and Special Needs should publicize, in a directive, a list of the generally accepted cognitive tests it uses to determine an applicant's eligibility.
44. The S.C. Department of Disabilities and Special Needs should ensure that, when information cited in its eligibility directive can be found in other agency directives, it provides notice that additional information is available and the location of such information.
45. The S.C. Department of Disabilities and Special Needs should resume conducting customer service surveys of eligibility applicants and use the feedback to improve services.

Appeals and Reconsiderations

DDSN uses an appeal process and a reconsideration process for reviewing initial agency decisions. The process type used depends on the funding source for the initial decision. We reviewed the agency's directive outlining the processes as well as case logs for each type of process from calendar years 2019–2021 and found that DDSN:

- Uses inconsistent language in its processes regarding time limits, often to the advantage of the agency.
- Maintains an appeal log that contains a significant number of inaccurate date entries, omits unique identifiers, and is not recorded in electronic format.
- Does not include consequences in its directive for instances in which it fails to meet response deadlines to appellants.
- Was not responsive to appellants in 35% of appeals, per agency time limits.
- Has not overturned a single initial agency decision on appeal.
- Maintains a reconsideration log that contains inaccurate dates, omits unique identifiers, and is incomplete.
- Overturned 61% of reconsideration cases, most of which were for assistive technology.

Overview of Processes

DDSN has two different internal processes for reviewing initial agency decisions regarding service eligibility and service provision: an appeal process and a reconsideration process. The basis for the different processes is the source of the program's or services' funding. The following sections describe the different processes.

DDSN Appeal Process

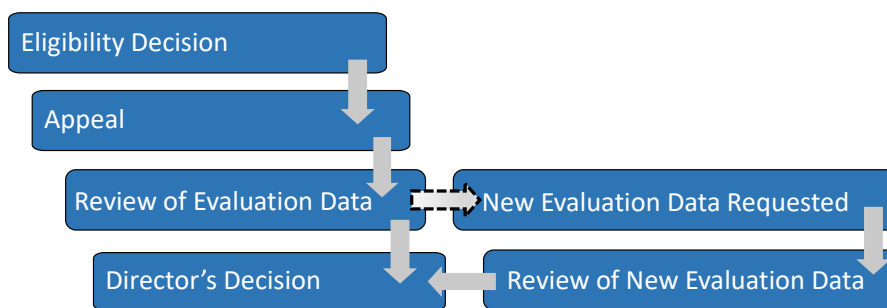
DDSN treats a review of a decision involving a program funded solely with state dollars as an appeal. Decisions that are appealed include eligibility determinations for state-funded services, such as calculation of room and board.

For appeals regarding eligibility, the appeal process requires an individual to file a written appeal to DDSN within 30 calendar days of the date of the initial decision. In turn, the agency must respond within 30 calendar days of receipt of the appeal request, or within 30 calendar days of receipt of the new evaluation data.

For appeals regarding state-funded services, the appeal process requires an individual to file a written appeal to DDSN within 30 calendar days of the notification of the decision. In turn, the agency must respond within 30 calendar days of receipt of the appeal request.

The primary focus of this review was on eligibility. A visualization of this process is in Chart 3.6.

Chart 3.6: DDSN's Eligibility Appeal Process



Source: LAC Rendering from DDSN Appeals and Reconsiderations Directive

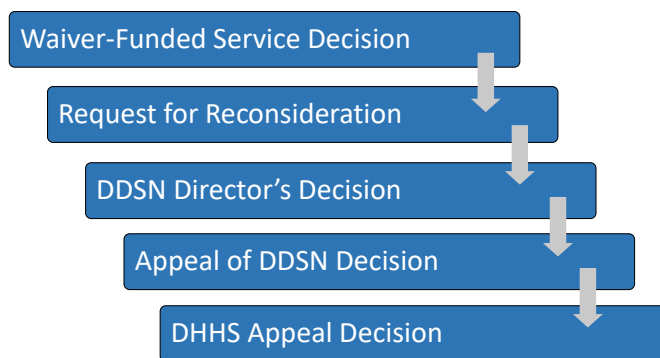
DDSN Reconsideration Process

A review of a decision for a program or service that is funded with Medicaid funding is categorized as a reconsideration. These decisions include level of care decisions as well as denials, suspensions, reductions, or terminations of waiver-funded services, among other things. Initial decisions may be made by DDSN or a provider in its network, such as a disabilities and special needs (DSN) board.

For reconsiderations related to a denial, suspension, reduction, or termination of waiver services—which was the focus of our analysis—an individual must file a written request to DDSN within a set number of calendar days from the receipt of the initial decision: within 10 days for those applicants who request that services continue while a decision is reconsidered and within 30 for those applicants who do not request services to continue. A reconsideration is then issued by DDSN within ten business days of receipt of the reconsideration request.

Individuals dissatisfied with a reconsideration determination may appeal to the S.C. Department of Health and Human Services (DHHS). To initiate this process, an individual must submit an appeal request to DHHS within 30 calendar days after receipt of DDSN's reconsideration decision. DHHS issues its decisions within 90 calendar days of receipt of the appeal request but may be expedited based on exigent circumstances, including situations in which an individual's life is at risk. Chart 3.7 is a visualization of this process.

Chart 3.7: Waiver-Funded Services Reconsideration Process



Source: LAC Rendering from DDSN Appeals and Reconsiderations Directive

Inconsistencies Within Process Rules

DDSN does not use consistent language within its appeal and reconsideration processes, specifically with regard to when a process time is initiated—"receipt of" versus "notification of" versus "date of" request—and the type of day counted—calendar days versus business days.

Generally, these inconsistencies are to the benefit of the agency. For example, response time frames often begin when the agency renders a decision, but an individual may not receive the decision until several days later as a result of mail delivery. Inconsistencies such as these require more focus from the individual, who is likely less familiar with the processes than the agency. Instead, the agency maintains a greater familiarity due to having developed the processes and then having the regular practice of applying them. Having process components that are unnecessarily inconsistent and more advantageous for the agency creates an unfair burden on the individual to navigate an appeal or reconsideration.

Missing Information in Directive

DDSN's appeal and reconsideration directive 535-11-DD does not specify in the directive, itself, the amount of time the agency has to respond to a reconsideration request, which is within ten business days of receipt of the written request. The same is true for the request time for individuals who want to have services continue during the reconsideration, which is 10 calendar days as opposed to 30 calendar days. Instead, this information is included in one of the attachments to the directive. By not including this information within the actual directive, the agency may be limiting public awareness of DDSN's responsibility in this process.

Additionally, DDSN does not define a re-evaluation or describe its process in the appeals and reconsiderations directive. A re-evaluation is similar to an appeal but includes additional information that was not considered during the initial evaluation. The lack of transparency about this process may deter some consumers or consumer families who would otherwise challenge the agency's initial eligibility decision.

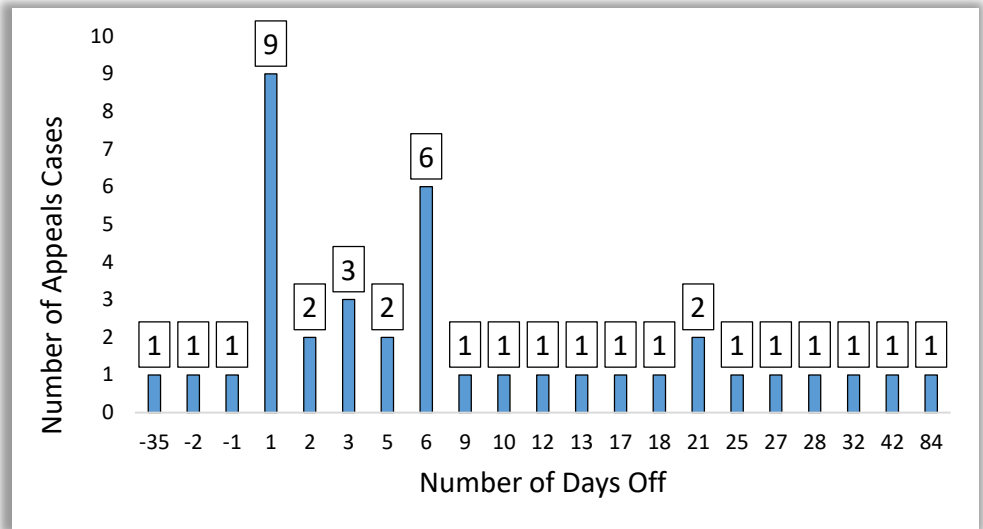
Maintenance of Appeal Log

DDSN does not maintain an appeal log for eligibility decisions that contains accurate date entries and unique identifiers nor is this information recorded in an electronic format. The following sections provide more detail on each of these topics.

Inaccurate Date Entries

The agency's appeal log for eligibility decisions contains a column for the date the appeal request was received by the agency. We obtained source data for each of the individuals on the appeal log from calendar years 2019–2021 and found that, for 69% of appellants, the recorded receipt date was different from the receipt date in the source documentation. Chart 3.8 shows the number of appeal cases with inaccurately recorded receipt dates by the number of days they were off.

Chart 3.8: Receipt of Appeal Requests Inaccurately Recorded by Number Cases and Number of Days Off, CY 2019–2021



Source: LAC Analysis of DDSN Data

For the case off by 35 days, the appeal log notes that the request was received in January 2020, while documentation shows the agency's eligibility division did not actually receive the request until February 2020. For the case off by 84 days, records show that DDSN received the appeal request in early April 2019, but the request was not recorded until late June 2019. For this case, records did not show that the appellant provided any additional information after the submission of the request, which would have justifiably extended the receipt date. These inaccuracies have caused the agency to miss response deadlines in 35% of cases.

Additionally, the appeal log contains a column for the date that determination letters are sent internally to the agency's eligibility division. This date, however, is not always the date that the agency issues a formal determination to the appellant. While the variance between the eligibility division date and the formal issue date was not as wide as the receipt dates noted above, there were still differences that ultimately impacted response deadlines. Having a third party, such as another employee, periodically review log entries may improve the accuracy of the content.

Lack of Unique Identifiers

The agency's appeal log does not contain unique identifiers for the individuals on the list even though DDSN assigns a six-digit code to each person during the eligibility intake process. Failing to use this unique identifier on the appeal log makes it difficult to locate the records of individuals—especially those with common names—in the agency's data system. Unique identifiers are useful in locating and tracking individuals. Data lacking unique identifiers was not only an issue during this analysis but also in several other analyses conducted during the audit.

(See *Eligibility Determination Processes and Delays in Placements for Individuals with Critical Needs*.)

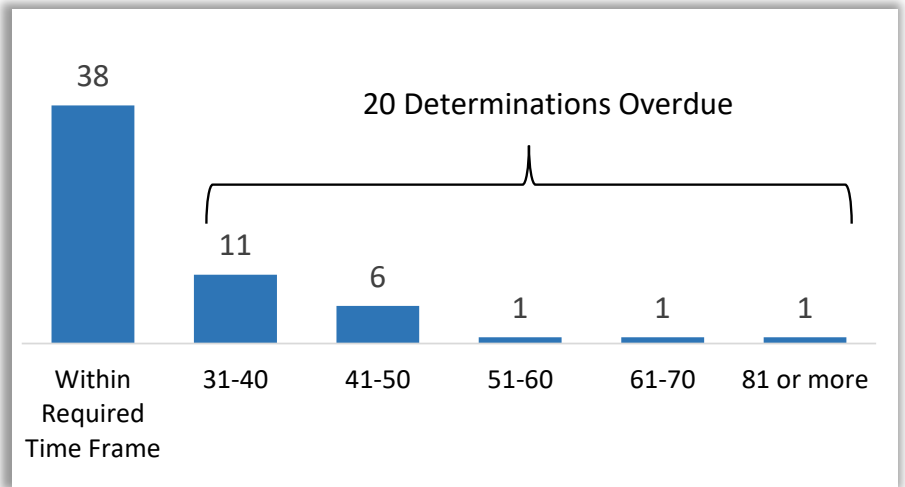
Not Logged in an Electronic Format

We found that the agency's appeal log was maintained in a handwritten format, which caused readability issues. Such issues can limit usage of the list to just the author. Recording the data in this format suggests the agency is not analyzing the data for its responsiveness to appellants. When asked, an agency official stated that determinations were overdue on only one occasion. Our analysis, however, showed that 9 (16%) were overdue.

To determine if DDSN is responsive to appeal requests, we transcribed the appeal log into an electronic format. We then added additional columns for date information from source records. We also limited the scope to entries that were both initiated and resolved in calendar years 2019–2021 and excluded entries that were incorrectly categorized as appeals or were closed or withdrawn. Based on these conditions, we found there were a total of 58 appeals—23 in 2019, 19 in 2020, and 16 in 2021.

Using the dates DDSN recorded in the appeal log, we found that 9 of the 58 (16%) determinations were overdue. Using dates from source documents, 20 of the 58 (35%) determinations were overdue. Chart 3.9 shows a breakdown of the number of appeals completed within the required time frame and those that were overdue, by ranges, for calendar years 2019–2021.

Chart 3.9: Appeal Determinations Completed Within Required Time Frame and Overdue, CYs 2019–2021

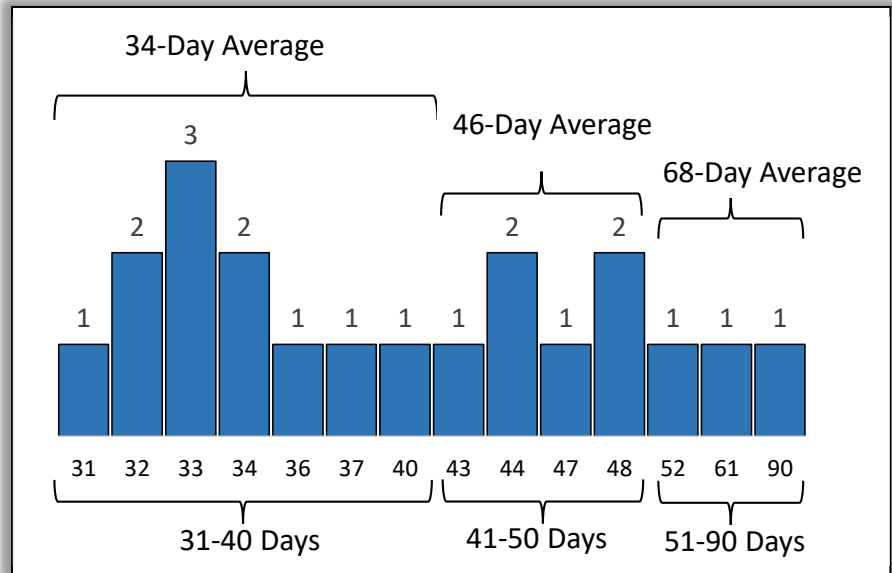


Source: LAC Analysis of DDSN Data

Based on our analysis of source data, it took an average of 15 days from initiation of the appeal to completion for cases with determinations issued within the required time frame, and it took an average of 43 days—13 days over the directive’s limit—from initiation to completion for cases with overdue determinations.

Chart 3.10 shows the breakdown of the number of overdue appeal determinations, by incremental ranges, and the average days, by range, for calendar years 2019–2021.

Chart 3.10: Count and Average of Overdue Appeal Determinations, by Ranges, CY 2019–2021



Source: LAC Analysis of DDSN Data

No Consequences for Overdue Responses to Appellants

DDSN's appeal and reconsideration directive does not contain any consequences for the agency in situations when it does not meet the established response deadlines to appellants.

The response deadlines established in DDSN's directive 535-11-DD define the requirements for an appellant and the agency. The deadlines also imply consequences for the appellant. Appeals not received within the established time frame will not be accepted. However, there are no consequences, implied or stated, for the agency when it fails to respond within the established time frame. As stated, DDSN has not been adequately responsive to appellants in 35% of appeal cases from CYs 2019–2021. Establishing agency consequences may improve DDSN's responsiveness to appellants of DDSN determinations.

No Appeals Overturned

Between CYs 2019–2021, DDSN did not overturn a single eligibility appeal. An appeal is a request for a review of a decision that was made and is based on the same information from which the initial decision was made. If new information was included in the appeal review, the appeal becomes a re-evaluation.

It is important to note that, for nearly a decade, DDSN was not transparent to appellants of their right to appeal the agency’s final eligibility decision as a contested case to the Administrative Law Court. (For more detailed information, see *Lack of Transparency on Right to Appeal Eligibility Decisions to Administrative Law Court*.) A lack of transparency about appealing to a neutral entity separate and distinct from DDSN gives the illusion that the agency has the final authority. This lack of transparency may have deterred not only those who received an ineligibility determination after an appeal from contesting the decision with the Administrative Law Court, but it may also deter those who received an ineligible determination after an initial staff evaluation from appealing the decision under DDSN’s appeal process.

Maintenance of Reconsideration Log

Like the appeal log, DDSN’s reconsideration log—for decisions regarding level of care and waiver-funded services—did not always accurately record date information and did not contain unique identifiers. The reconsideration log was also incomplete due to the misclassification of these cases as appeals.

Regarding the date information, we did not review the full population or a sample of this dataset. However, from an example case provided to us, we noted that the date recorded in the log as received was two days later than the date stamp on the source document. While the difference in days would not have caused this particular decision to exceed the agency’s time limits per its directive, the practice of entering date information incorrectly could impact the responsiveness of the agency in other reconsideration decisions. Periodically reviewing the log entries by a third party, such as another employee, may improve the accuracy of the content.

Additionally, the reconsideration dataset did not contain unique identifiers. As mentioned earlier, this can make it difficult to locate individuals in the agency’s data system and track their histories.

Lastly, there were three entries DDSN misclassified as appeals but were, in fact, reconsiderations, based on the source of funding for the initial decision. Logging information inaccurately may reduce the agency’s ability to respond to consumers in a timely manner.

Reconsiderations Issued Within Required Time Frame

With reconsiderations, DDSN generally met the ten business day deadline prescribed in the agency's directive. Between calendar years 2019–2021, there were 146 reconsiderations: 79 in 2019, 42 in 2020, and 25 in 2021. Of the total reconsiderations from 2019–2021, 7 (5%) were issued after 10 business days. Six of those seven occurred in 2019. At most, the overdue reconsiderations took DDSN 13 business days to issue a determination.

Majority of Reconsiderations Overturned

Between CYs 2019–2021, DDSN overturned 61% (89) of reconsideration cases. The most common type of reconsideration case involved assistive technology; 62% (28) of these cases were overturned.

Assistive technology is, generally, described as equipment used to increase, maintain, or improve functional capabilities of individuals with disabilities; it may include wheelchairs, lifts, hospital beds, and smart devices, such as smart doorbells. Assistive technology is a relatively broad category, which may explain why it had the highest number of overturned reconsideration cases at DDSN.

The issues that were most frequently overturned after reconsideration were for in-home supports at 89% (8/9), followed by respite services at 87% (27/31). Chart 3.11 shows the percentage of reconsideration cases by outcome and issue type for CYs 2019–2021.

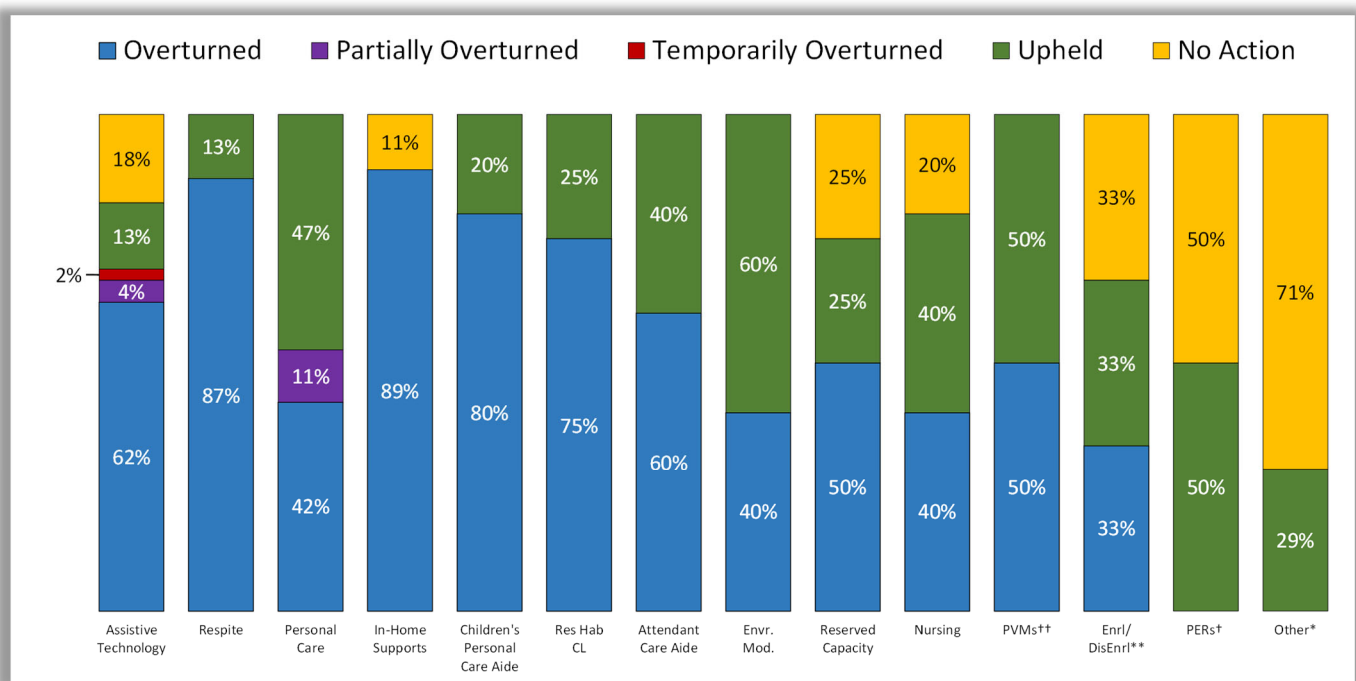
According to a DDSN official, the high percentage of overturned cases may be due to case managers not providing adequate information to reach the appropriate decision initially, consumers providing additional information during the reconsideration process, and changes to policy interpretation due to agency director turnover.

Obtaining sufficient information to make the appropriate determination is the responsibility of the case manager, not the consumers or their families. In CY 2021, 16 of 25 reconsiderations were fully or partially overturned. Of these, three of the six providers involved in these decisions were disproportionately more likely to have overturned reconsiderations. Considering the high percentage of overturned reconsideration cases, additional case management training—particularly for providers with proportionately higher overturned reconsideration rates—on collecting sufficient documentation for decision making may reduce the number of overturned cases.

With regards to director turnover, our analysis covered CYs 2019–2021, of which 26 of the 36 months were under the same director’s leadership. During this time, we did not identify any notable trends in overturned cases by year, either in general, or by a specific issue.

Of the 57 reconsideration cases that DDSN did not fully overturn, 10 were appealed to DHHS, and 4 of those were overturned. Consequently, 67% of reconsideration cases were either overturned by DDSN or DHHS.

Chart 3.11: Percentage of Reconsideration Cases by Overturned Status and Issue Type, CYs 2019–2021



* Includes day program issues, dental care, companion services.

** ENRL = Enrollment

† Personal Emergency Response System

†† Private Vehicle Modifications

Source: LAC Analysis of DDSN Data

Recommendations

46. The S.C. Department of Disabilities and Special Needs should amend its appeal and reconsideration directive to use consistent language with regard to receipt of, notification of, or date of request, as well as calendar or business days.
47. The S.C. Department of Disabilities and Special Needs should ensure that all time requirements for the reconsideration process are explained in the directive, itself.
48. The S.C. Department of Disabilities and Special Needs should define what a re-evaluation is and define this process in an agency directive.
49. The S.C. Department of Disabilities and Special Needs should accurately record dates in its appeal log.
50. The S.C. Department of Disabilities and Special Needs should have a third party periodically review entries in the appeal log for accuracy.
51. The S.C. Department of Disabilities and Special Needs should record appeal cases by using a unique identifier for each appellant.
52. The S.C. Department of Disabilities and Special Needs should record the appeal log in an electronic format.
53. The S.C. Department of Disabilities and Special Needs should establish consequences for the agency when it fails to adequately respond to appellants per the time limits in its appeal and reconsideration directive (535-11-DD).
54. The S.C. Department of Disabilities and Special Needs should accurately record dates in its reconsideration log.
55. The S.C. Department of Disabilities and Special Needs should have a third party periodically review entries in its reconsideration log for accuracy.
56. The S.C. Department of Disabilities and Special Needs should record reconsideration cases by using an appellant's unique identifier.
57. The S.C. Department of Disabilities and Special Needs should appropriately classify appeals and reconsiderations.
58. The S.C. Department of Disabilities and Special Needs should adequately train providers in obtaining sufficient documentation to make appropriate decisions regarding consumer services and supports.

Lack of Transparency on Right to Appeal Eligibility Decisions to Administrative Law Court

Notice of Appeal Rights Not Provided

DDSN has not been transparent about the right to appeal its final decisions regarding eligibility for services to the S.C. Administrative Law Court (ALC). A lack of transparency about appealing to an entity separate and distinct from DDSN gives the illusion that the agency has the final authority, when, in fact, it does not. A lack of transparency of the right to appeal to the ALC may prevent individuals from appealing eligibility determinations. Consequently, this may result in individuals being denied services when they may actually be entitled to benefit from the agency's programs.

We reviewed DDSN's statute, regulations, directives, eligibility determination letters, and its website to determine if, since 2013, the agency provided notice to individuals of their right to appeal these decisions and found none. To date, DDSN does not notify appellants of their right to appeal final agency decisions to the ALC.

The S.C. Constitution grants individuals the right to judicial review in administrative agency decisions. Specifically, Article I, Section 22 of the S.C. Constitution states:

No person shall be finally bound by a judicial or quasi-judicial decision of an administrative agency affecting private rights except on due notice and an opportunity to be heard...and he shall have in all such instances the right to judicial review.

As recent as April 2021, the agency decided to continue to withhold notice of the right to appeal. Transcripts from an agency policy committee meeting from that time include a discussion about notice of appeal rights and whether this type of notification should be included in the impending update to the agency's appeals policy. An agency official discouraged this update on the basis "that it was not required for DDSN to advise about the next step after...an eligibility decision," and because research showed that the S.C. Department of Health and Human Services (DHHS) does not include this information in its decision letters. We found that not only has DHHS included this information in its decision letters since at least 2013, but the agency also includes this information in its Medicaid policy manual and on its website.

While state law does not explicitly require DDSN, or other state agencies, to notify individuals of the right to appeal final agency decisions to the ALC, given the vulnerabilities of the population DDSN serves, withholding such information may create unnecessary barriers to individuals in need of DDSN's services.

Administrative Procedures Act and Notice of Right to Appeal

The Administrative Procedures Act does not require that state agencies provide notice to individuals of the right to appeal agency decisions to the ALC. We asked the ALC to comment on how amending state law to include such a provision would affect the agency, and the ALC offered the following:

About 40% of the ALC's current caseload is heard in its appellate capacity which would fall under the proposed change to the Code. If agencies have not been providing parties with information regarding their right to appeal to the ALC, providing that information would likely result in more individuals exercising their right to appeal, thereby increasing the number of cases filed with the ALC. However, unless the proposed amendment significantly increases the number of cases filed as a result, the ALC would absorb the impact.

Requiring within the Administrative Procedures Act that DDSN and other state agencies provide formal notice to appellants of their right to appeal may ensure that individuals who have received final agency decisions are made aware of their state constitutional right to judicial review from an entity separate and distinct from the agency making the decision.

Administrative Law Court Contested Case Hearings

Final agency decisions that are appealed to the ALC are referred to as contested case hearings. ALC rules note there is a non-refundable filing fee for contested cases, which would be \$150 for DDSN cases. A party unable to pay, however, may file a fee waiver for review by the court. Furthermore, the ALC's FAQs webpage notes that a party may represent himself, although he is responsible for compliance with the ALC's rules and the code.

Recommendations

59. The S.C. Department of Disabilities and Special Needs should provide full transparency to individuals who apply for eligibility of the right to appeal final agency decisions as a contested case to the S.C. Administrative Law Court. Such transparency should be included in agency directives, decision letters to applicants/appellants, and on its website.
60. The S.C. General Assembly should consider amending Title I, Chapter 23 of the S.C. Code of Laws to include a provision that state agencies must provide formal notice to applicants or users of services of their right to appeal final agency decisions to the S.C. Administrative Law Court.

Extended Wait Times for Home and Community-Based Services (HCBS) Waivers

Consumers wishing to enroll in one of DDSN's Home and Community-Based Services (HCBS) waivers face prolonged wait times that may limit access to services. We reviewed waiting lists for the Head and Spinal Cord Injury (HASCI) waiver, the Community Supports (CS) waiver, and the Intellectual Disability/Related Disability (ID/RD) waiver and found that average wait times increased by 22%, or by almost nine months, from 2019 to 2022.

We found that the following factors likely contribute to extensive wait times:

- Past waiver enrollment process inefficiencies.
- The federal mandate that paused Medicaid disenrollments during the COVID-19 public health emergency.
- Uninterested individuals remaining on waiting lists.
- Likely overestimation of the number of reserved capacity slots needed.
- Case management errors resulting in enrolled individuals remaining on waiting lists.

It is unlikely that DDSN will be able to eliminate the waiting lists without additional state funding. As of June 2023, the estimated cost to eliminate all waiting lists was \$52,869,000.

Waiting Lists as of June 15, 2023

DDSN operates three waivers: the ID/RD waiver, the CS waiver, and the HASCI waiver. The waivers are programs that allow individuals who would otherwise need institutionalization to receive services in the community, instead of in an institutional facility. The waivers are funded through Medicaid, and each has unique selections of available services and enrollment requirements.

Individuals seeking enrollment in one of DDSN's waivers are currently facing extensive wait times. We reviewed waiver waiting lists as of June 15, 2023, and found that a total of 31,073 spaces were occupied on the three DDSN waiting lists. Individuals may be on multiple waiver waiting lists simultaneously, but may enroll in only one waiver. The total number of individuals on each waiting list is illustrated in Table 3.12.

**Table 3.12: Number of
Individuals Per Waiting List
as of June 15, 2023**

WAIVER WAITING LIST	NUMBER OF INDIVIDUALS
Intellectual Disability/ Related Disability Waiver	17,326
Community Supports Waiver	13,392
Head and Spinal Cord Injury Waiver	355

Source: LAC Analysis of DDSN Data

The ID/RD waiting list contained the most individuals as of June 15, 2023. Consequently, the individual at the top of the ID/RD waiver waiting list has been waiting since August 11, 2016—a wait time of 7 years. This is the longest wait time of the three waiting lists, as illustrated in Table 3.13.

Table 3.13: Current Length of Time Waiting for Individual at Top of Waiting List as of June 15, 2023

WAIVER WAITING LIST	INDIVIDUAL'S DATE OF ENTRY	LENGTH OF TIME WAITING
Intellectual Disability/ Related Disability Waiver	8/11/2016	7 Years
Community Supports Waiver	6/14/2018	5 Years, 1 Month, 20 Days
Head and Spinal Cord Injury Waiver	5/4/2022	1 Year, 8 Months, 3 Days

Source: LAC Analysis of DDSN Data

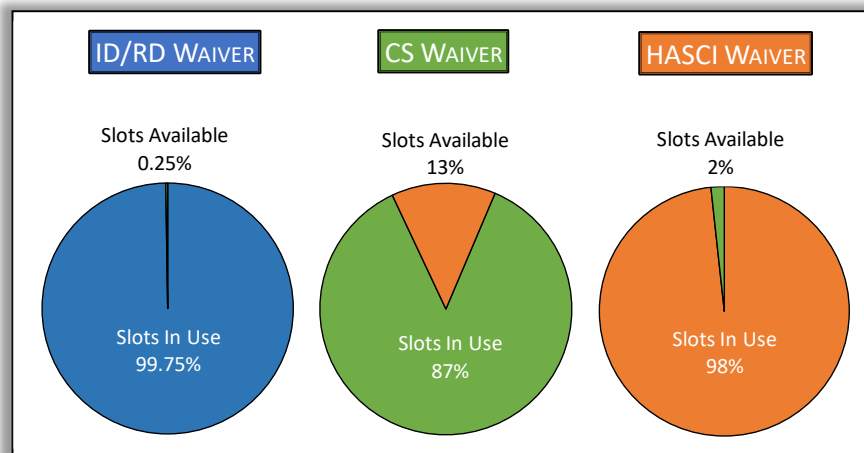
DDSN's waivers have limited spaces, referred to as "slots," for new enrollees. Waiver slots are awarded on a first-come, first-served basis. The total number of slots per waiver as of June 15, 2023 is illustrated in Table 3.14. Of the three waivers, the CS waiver has the highest percentage of slots open—13%—as of June 15, 2023. Availability of open slots for each of the waivers is illustrated in Table 3.15.

Table 3.14: Total Number of Slots Per Waiver as of June 15, 2023

WAIVER	TOTAL NUMBER OF SLOTS
Intellectual Disability/ Related Disability Waiver	8,657
Community Supports Waiver	3,338
Head and Spinal Cord Injury Waiver	1,055

Source: LAC Analysis of DDSN Data

Chart 3.15: Open Waiver Slot Availability as of June 15, 2023



Source: LAC Analysis of DDSN Data

Increased Waiver Enrollment Wait Times from 2019–2022

Wait times for individuals on waiver waiting lists increased from 2019 to 2022. We calculated average wait times for individuals removed from DDSN's waiting lists between 2019 and 2022 and found that, overall, individuals waited an average of 3 years, 7 months, and 15 days to be enrolled in a waiver. Average wait times from entry on any waiting list to enrollment in any waiver increased by almost nine months from 2019 to 2022.

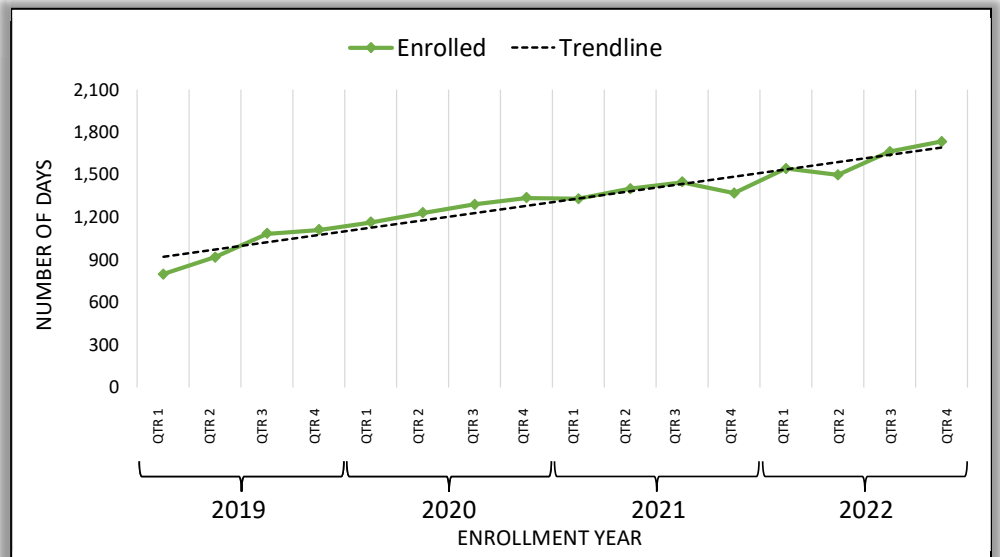
DDSN utilizes Therap®, an online records system, to manage service delivery and records statewide. The Therap® priority list module is used to maintain the DDSN waiver waiting lists. Individuals are “removed for processing” from the priority list module when they are getting ready to be awarded waiver slots. However, this date of removal from the waiting list in Therap® is not the actual date of enrollment in the waiver.

DDSN calculates the length of the waiver waiting lists by using the amount of time the person highest on the list has waited to be enrolled. However, this method does not account for the time between an individual's removal from the waiting list and enrollment in the waiver. During this period, the individual remains in a “processing” or “pending” status.

To calculate a more accurate average wait time showing how long individuals waited to receive waiver services, we measured the time between an individual's date of entry on a waiting list and date of enrollment into a waiver for individuals removed for processing from the Therap® priority list module. All enrollment data analyzed are valid as of June 15, 2023.

We found that the average wait time for the CS waiver grew from 2019 to 2022 by 1 year, 7 months, and 7 days—from 2 years, 8 months, and 29 days in 2019 to 4 years, 4 months, and 6 days in 2022.

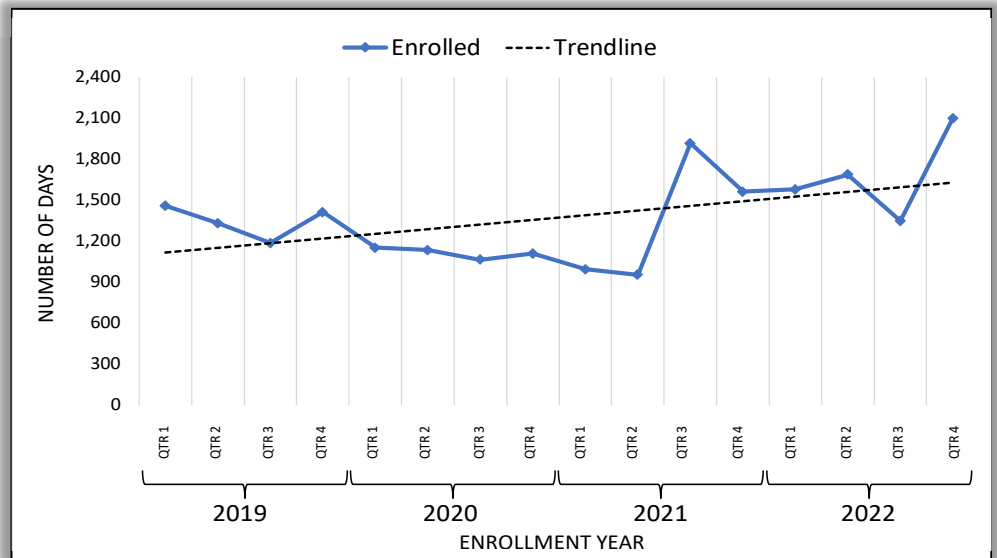
Graph 3.16: Average Wait Time for Enrollment, Community Supports Waiver, 2019–2022



Source: LAC Analysis of DDSN Data

The average wait time for the ID/RD waiver grew from 2019 to 2022 by 9 ½ months—from 3 years, 8 months, and 28 days in 2019 to 4 years, 6 months, and 13 days in 2022.

Graph 3.17: Average Wait Time for Enrollment, Intellectual Disability/Related Disability Waiver, 2019–2022



Source: LAC Analysis of DDSN Data

The average wait time from 2019 to 2022 for the HASCI waiver is not included because a waiting list for this waiver did not exist until 2021. From 2021 to 2022, the average wait time increased by almost 2 months—from 10 months, 7 days in 2021 to 1 year, 3 days in 2022.

Past waiver enrollment process inefficiencies, paused disenrollments, uninterested individuals remaining on waiting lists, likely overestimation of reserved capacity slots, and case management errors all artificially increase the waiting lists and likely contribute to extended wait times. The following sections provide greater detail on these topics.

Waiver Enrollment Process Changes

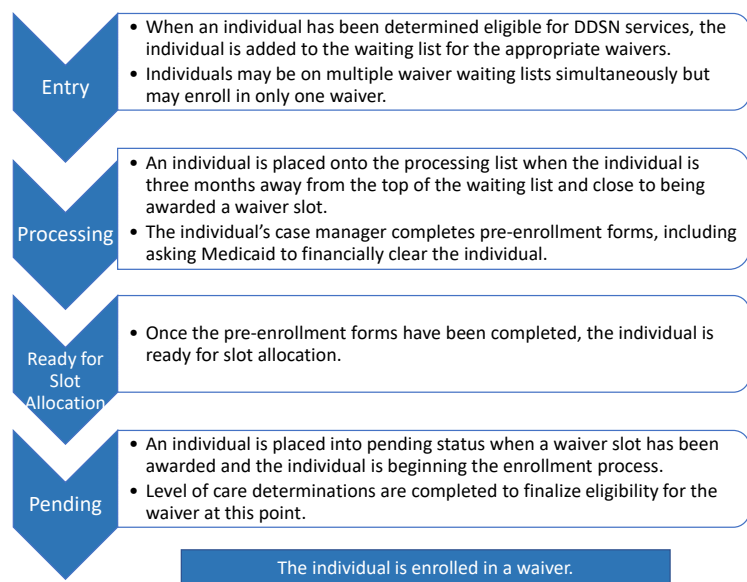
Past waiver enrollment process inefficiencies may have contributed to extended wait times. DDSN improved its waiver enrollment process in July 2021 by adding new stages to increase contact and ensure that individuals are still eligible and interested in waiver services.

Individuals are placed on the waiting lists and enrolled in a waiver on a first-come, first-served basis. Prior to July 1, 2021, individuals were not contacted until waiver slots were allocated to them. Once allocated, a case manager would have to locate the individuals, who would then decide whether they still wanted to enroll in a waiver and complete pre-enrollment eligibility forms at the same time. As a result of the lack of regular contact, some individuals may have remained on waiting lists although they were uninterested or ineligible to receive a waiver slot.

This resulted in enrollment delays throughout the waiting lists, as there were more people on the list than those actually wanting or able to receive services.

Effective July 1, 2021, DDSN updated its enrollment process. Under the new process, individuals are contacted annually by staff to inform them of their place on the waiting list and verify that they are still interested or able to receive a waiver slot. Additional stages were also added to the enrollment process: “ready for slot allocation” and “pending.” The stages of the updated enrollment process can be seen in Chart 3.18.

Chart 3.18: DDSN Waiver Enrollment Process as of July 1, 2021

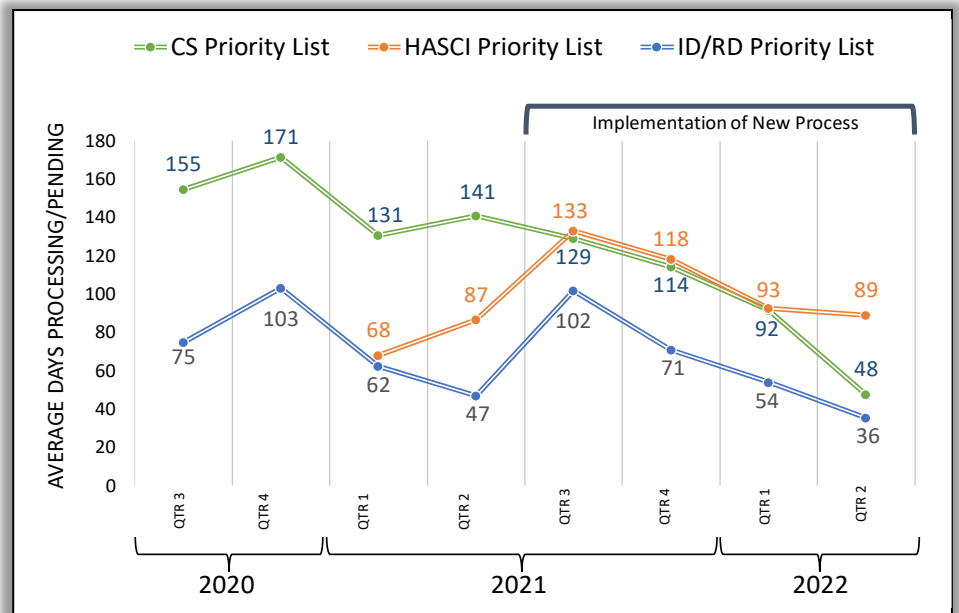


Source: LAC Analysis of DDSN Procedures

In addition to the new stages added to the waiver enrollment process, DDSN has begun identifying and working to enroll individuals who have been in a processing status longer than six months or a pending status longer than 60 days. DDSN's investigation into these long processing or pending times revealed that, in many cases, little to no effort was being made by case management providers to enroll these individuals.

As a result, DDSN has hired state-level case managers and has begun contacting individuals affected by long processing or pending times and offering them alternative choices of case management provider to expedite enrollment. Since implementation of these changes, the time an individual spends in a processing or pending status has decreased, as is illustrated in Graph 3.19.

Graph 3.19: Average Days Processing or Pending, July 2020 – July 2022



Source: LAC Analysis of DDSN Data

Paused Disenrollments

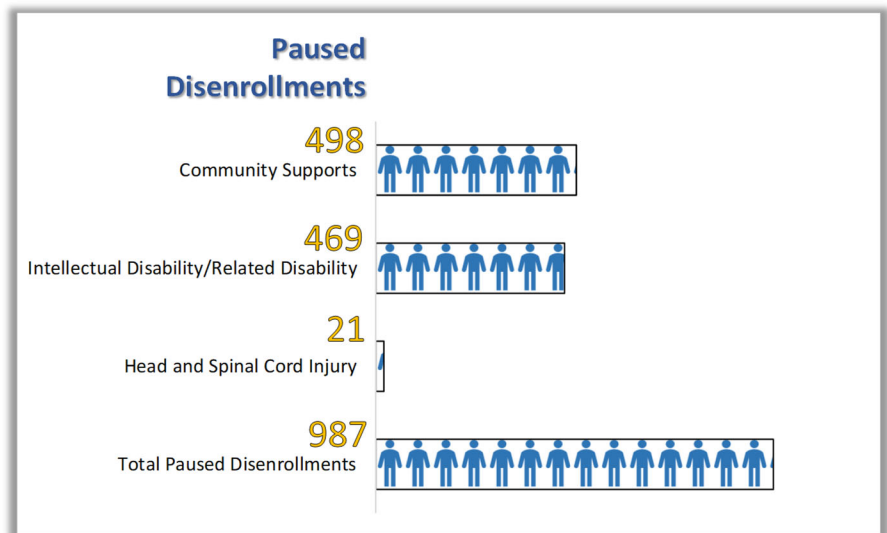
Wait times for enrollment in a waiver may have increased due to changes to Medicaid during the COVID-19 pandemic. The federal Families First Coronavirus Response Act mandated that states must not find any recipient of Medicaid benefits ineligible until the first day of the month after the public health emergency ended. As a result, disenrollments of individuals from the waivers for the following situations were paused:

- Loss of an intermediate care facility for individuals with intellectual disability level of care status.
- Failure to receive two services under the waiver within the 60-calendar days since enrollment.
- Failure to receive two services under the waiver within a full calendar month.

Exceptions were made for individuals who requested to be removed from a waiver, moved out of state, or were deceased. Additionally, Medicaid did not conduct annual reviews of individuals' financial eligibility during the public health emergency.

These changes during the public health emergency artificially inflated the waiting lists. Throughout this time, DDSN maintained a list of known individuals who would have been removed from the waiver if these changes in Medicaid did not exist. As of September 7, 2022, this list included 987 individuals. The CS waiver had the highest number of paused disenrollments, as illustrated in Chart 3.20.

Chart 3.20: Number of Paused Disenrollments, by Waiver, as of September 7, 2022



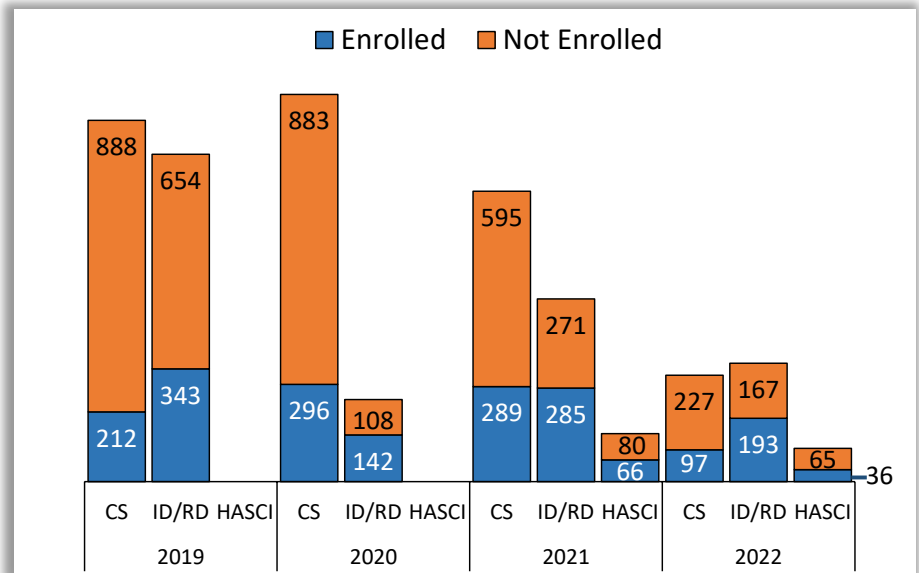
Source: LAC Analysis of DDSN Data

The public health emergency ended on May 11, 2023. If these individuals had been disenrolled, 987 waiver slots would have become available. However, without natural attrition from individuals losing eligibility, fewer waiver slots were made available during the public health emergency, resulting in longer wait list times.

Uninterested Individuals on Waiting Lists

Individuals who are no longer interested in placement remaining on waiting lists are likely contributing to extended wait times. We reviewed enrollment statuses for individuals removed for processing from a waiting list for all three waivers from 2019 to 2022 and found that only 33% of individuals had a corresponding enrollment. Enrollments resulting from waiting list removals for each waiver are illustrated in Chart 3.21.

Chart 3.21 Enrollments from Waiting List Removals, by Waiver, 2019 – 2022



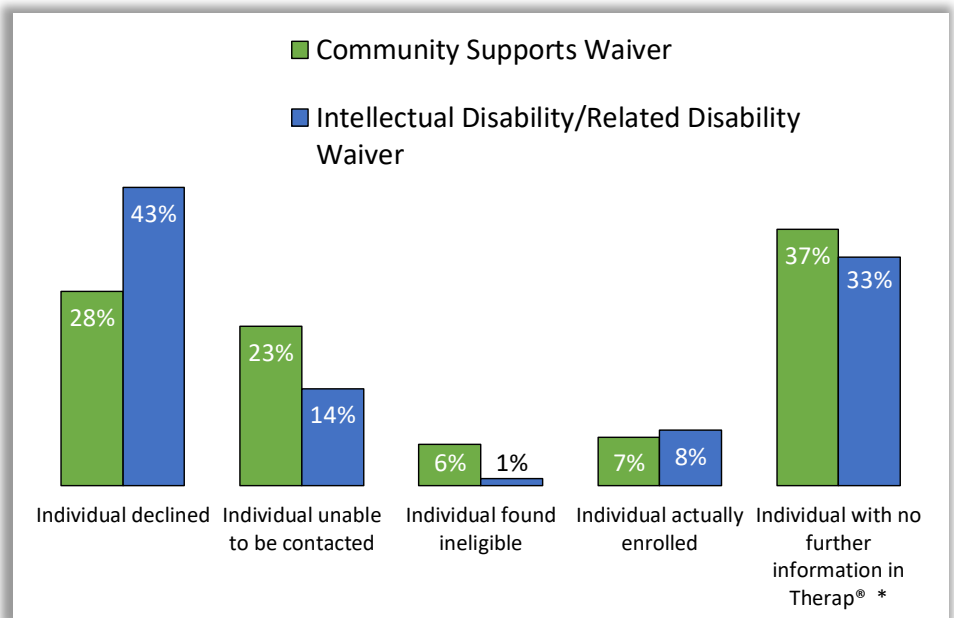
NOTE: The HASCI waiting list was not created until 2021; therefore, HASCI information is for 2021 and 2022 only.

Source: LAC Analysis of DDSN Data

To determine why enrollment percentages are low, we reviewed a statistically-valid sample of individuals (with a confidence level of 95% and a margin of error of ± 10 percentage points) who were removed from the CS and ID/RD waiver waiting lists in 2019, but never enrolled. We selected CY 2019 for review because it allowed for a longer period for individuals to be enrolled after being removed from the waiting list. The results can be projected to all individuals on the CS and ID/RD waiting lists who were removed for processing in calendar year 2019, but not enrolled. We did not review the HASCI waiting list because it was not created until 2021.

The most common reasons individuals did not enroll in a waiver after being removed from the waiting list are that they declined waiver services or were unable to be contacted. Chart 3.22 illustrates the various reasons individuals in the sample did not enroll, by percentage and waiver type.

Chart 3.22: Reasons for Non-Enrollment in 2019, CS and ID/RD Waivers



* Reasons could not be determined for individuals with no case notes or additional information in Therap®.

Source: LAC Analysis of DDSN Data

An individual who declines a waiver slot may elect to be placed back on a waiver waiting list. Of the individuals in the sample declining a slot in the CS waiver, 50% chose to return to the waiting list. Correspondingly, 61% of individuals declining a slot in the ID/RD waiver chose to return to the waiting list.

The percentage of individuals returning to the waiting lists after declining a slot suggests that many people are placing themselves on the lists as a contingency plan should they eventually want waiver services. This may be a consequence of the first-come, first-served method of waiting list management. Additionally, the number of individuals that case managers were unable to contact—23% from CS and 14% from ID/RD—emphasizes the need for regular, annual contact with the individuals to ensure that everyone on the waiting lists is eligible and intends to enroll.

Reserved Capacity

Overestimated need of reserved capacity slots is also likely contributing to extended wait times. Reserved capacity slots are waiver slots that are reserved for individuals meeting specific criteria outlined in the waiver. For example, an individual may qualify for a reserved capacity slot under the ID/RD waiver if, among other reasons, they are transitioning from the CS waiver, or if they are at serious or imminent risk of harm. These individuals bypass the waiting list and are immediately awarded a slot. The ID/RD waiver reserves 400 slots a year for reserved capacity and the CS waiver reserves 75 slots a year. These slots are included in the total number of slots available.

The ID/RD waiver application states that the number of reserved capacity slots was determined based on previous utilization. However, DDSN did not begin tracking use of reserved capacity slots until mid-2021. An official from the S.C. Department of Health and Human Services (DHHS), which oversees DDSN's waivers, restated that the number was determined currently and historically by utilization and need. DDSN staff also stated that they believe the actual number of ID/RD reserved capacity slots used each year is likely less than 400.

Without tracking the number of reserved capacity slots used, the number of slots reserved is an estimate and not an exact reflection of past utilization. This may result in more slots being reserved than needed, and slots subsequently remaining unfilled despite the existence of a lengthy waiting list.

Case Management Errors

Case management errors resulting in individuals remaining on waiting lists after enrollment are likely contributing to extended wait times. We reviewed a statistically-valid sample of individuals (with a confidence level of 95% and a margin of error of ± 10 percentage points) with fewer than two years of waiting time on the CS or ID/RD waiver waiting lists from 2019–2021 to verify that these individuals qualified for reserved capacity and did not unfairly bypass the waiting lists. The results can be projected to individuals with fewer than two years of waiting time on the CS or ID/RD waiver waiting lists from 2019–2021. The HASCI waiver waiting list was not reviewed, as it did not exist until 2021.

We identified instances where what appeared to be a shorter than average wait time for an individual was actually the correction of a case management error. Of the sample of individuals on the CS waiting list, 33% were removed from the waiting list because they were already enrolled in a waiver, and of the ID/RD waiting list, 47% were removed for the same reason. When we asked about these errors, DDSN officials stated that staff have begun reviewing the lists monthly to look for similar issues, though this did not occur in the past. Regular review of the waiting lists for errors is necessary, as individuals remaining on the waiting lists after enrollment artificially inflate wait times until the errors are found and corrected.

We also found two instances where individuals were allowed to bypass the waiting list. These individuals bypassed the list not because they qualified for a reserved capacity slot, but because DHHS reinstated an old waiver slot offer the individuals originally declined. In both cases, the individuals alleged that their case manager or early interventionist did not fully explain the waiver, an omission which led them to decline services. Both individuals had requested to be placed back on the waiting list at the time they declined. One individual requested the waiver slot be reinstated over a year after it had been declined.

Neither of these individuals went through a formal reconsideration process, and DDSN's appeal and reconsideration of decisions' directive 535-11-DD does not directly address procedures for these situations. Reconsiderations and appeals ensure that established Medicaid policy and procedures were followed and appropriately applied when the decision was made. Without a formal reconsideration or appeals process in these two cases, it is difficult to determine whether these slots were properly reinstated.

Impact of Funding on Wait Times

It is unlikely that the waiting lists can be eliminated without additional state funding. DDSN's Home and Community-Based Services waivers are authorized under Section 1915(c) of the Social Security Act. Section 1915(c) requires that states remain cost neutral when operating the waiver, meaning that the average per capita expenditures for a waiver's services must remain at or under what it would cost had those services been provided in an institution. To ensure that states remain cost neutral, states are allowed to impose caps on waiver program enrollment.

The number of individuals who may enroll per waiver is determined based on available federal funding and how much of that funding a state can match. As a result, state funding is the most important factor for increasing waiver capacity. For FY 22–23, the S.C. General Assembly appropriated \$1.9 million to DDSN to fund 300 additional ID/RD waiver slots and 60 additional HASCI waiver slots. As of June 2023, the estimated cost to eliminate all waiting lists was \$52,869,000. Without additional funding, extended wait times will most likely continue.

Recommendations

61. The S.C. Department of Disabilities and Special Needs should continue to annually contact individuals on waiver waiting lists to ensure the individuals are eligible and still interested in enrolling in a waiver.
62. The S.C. Department of Disabilities and Special Needs should continue to ensure individuals are not placed in a processing status for longer than six months or in a pending status for longer than 60 days.
63. The S.C. Department of Disabilities and Special Needs should track the use of reserved capacity waiver slots.
64. The S.C. Department of Disabilities and Special Needs should base the number of reserved capacity waiver slots listed in the waivers on past numbers of reserved capacity slots actually utilized.
65. The S.C. Department of Disabilities and Special Needs should continue to review waiting lists monthly for errors to prevent artificial inflation of wait times.
66. The S.C. Department of Disabilities and Special Needs should update its appeal and reconsideration of decisions directive to include situations where an individual wishes to have a waiver slot reinstated.
67. The S.C. Department of Disabilities and Special Needs should follow a formal reconsideration process when reinstating waiver slots to individuals.
68. The S.C. General Assembly should consider allocating additional funding to increase waiver capacity.

Delays in Placements for Individuals with Critical Needs

DDSN's system for residential placement of individuals in life-threatening situations or at risk of harm, referred to by the agency as individuals with critical needs, does not always address those needs in a timely manner. We reviewed wait times for individuals on DDSN's critical needs list from 2019–2021, as well as the residential needs list as of June 2022, and found:

- An individual's average wait time more than tripled if that individual had intensive behavioral health needs.
- Extensive wait times for individuals with critical needs may have led to unnecessary institutionalizations.
- DDSN's data collection prevented calculation of accurate wait times for individuals on the critical needs list. Actual wait times are likely longer than we identify in this report.

Extensive wait times may exist for individuals, especially those with intensive behavioral health needs, for the following reasons:

- Providers of residential habilitation select who they wish to serve.
- Prior to the implementation of fee-for-service in January 2022, providers were paid for vacancies in their facilities, enabling them to be more selective in whom they chose to serve.
- Roommates or housemates already in the residential setting must approve the addition of the individual to the living arrangement.

Funding to support expansion or creation of new residential facilities may help address extended wait times.

Extensive Wait Times for Individuals with Critical Needs

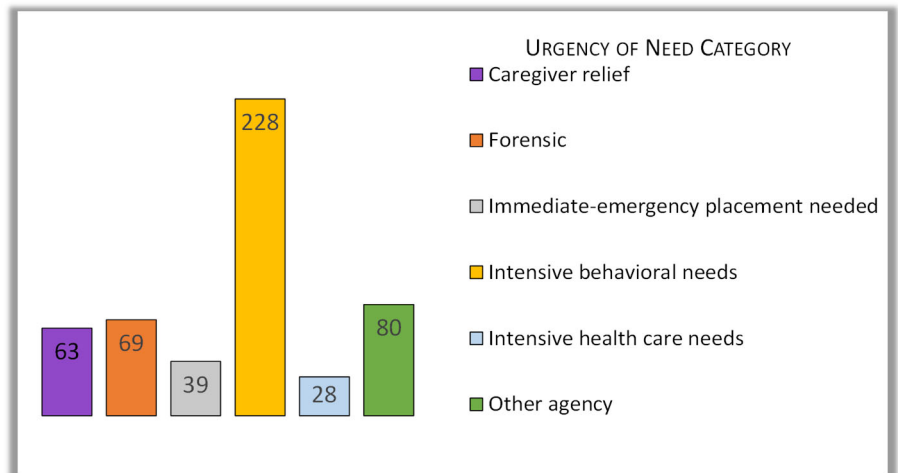
DDSN's system for residential placement of individuals with critical needs does not always address those needs in a timely manner. DDSN defines a critical need as a life-threatening situation that requires immediate action, or a situation that presents imminent risk of jeopardizing the person's health, safety, and/or welfare. Life-threatening or imminent risk of life-threatening situations are limited to the following scenarios in the agency directive:

- An individual has been recently abused/neglected/exploited by the primary caregiver.
- An individual is homeless (including situations where the individual is being discharged from an alternative placement and is unable to return to a family member's home or live independently).
- An individual has seriously injured himself or others and continues to pose a threat to the health and safety of himself or others.
- An individual has been judicially admitted to DDSN.
- An individual has recently lost a primary caregiver or is at imminent risk of losing a primary caregiver.
- An individual has a primary caregiver who is 80 years of age or older with diminished ability to provide care that is likely to continue indefinitely due to the caregiver's physical or mental status and lack of an alternative caregiver.

If an individual is determined to have a critical need requiring DDSN-sponsored residential placement, he is added to the critical needs list (referred to by the agency as the residential needs list as of Spring 2022). A version of this list without individual names is distributed to qualified providers statewide. Qualified providers can then choose to assist individuals on the list.

Individuals with critical needs who were placed in residential settings from 2019–2021 waited an average of 71 days for placement. During this time, DDSN utilized urgency of need categories to label approvals on the critical needs list. For individuals identified as belonging to the intensive behavioral health needs urgency of need category, average wait time more than tripled to 228 days during the same period, a 221% increase. A comparison of this wait time can be seen below in Chart 3.23.

Chart 3.23: Average Number of Days Waiting for Placement in a Residential Setting by Urgency of Need Category, 2019–2021



Source: LAC Analysis of DDSN Data

From 2019–2021, there were 742 individuals given residential placements after inclusion on the critical needs list, 43 of whom had intensive behavioral health needs. Of the individuals with intensive behavioral health needs, eight were ultimately placed into intermediate care facilities for individuals with intellectual disabilities, which are institutional facilities, after waiting an average of 368 days. Five of these individuals had been approved for placement in a less restrictive community-based residence.

A key element of DDSN’s definition of critical needs is the immediacy of the need or the imminence of the risk. The longer an individual’s wait time is, the greater the chance that individual’s health, safety, and welfare are jeopardized. An extensive wait time, especially for those individuals with intensive behavioral health needs, may lead to unnecessary institutionalization and removal of the individual from the community.

Residential Facility Availability

We reviewed the residential needs list and the residential availability list showing provider vacancies as of June 7, 2022 and found a need for more community training home IIs (CTH-IIs) statewide, especially for men. DDSN’s residential needs list included 101 individuals waiting for residential services as of June 7, 2022.

DDSN classifies residential services using two categories: intermediate care facilities for individuals with intellectual disabilities and residential habilitation. Intermediate care facilities for individuals with intellectual disabilities provide services in an institutional setting and can either be DDSN-operated (i.e., the regional centers) or operated by a local disabilities and special needs board. Residential habilitation settings provide care, skills training, and supervision to individuals in a non-institutional, community setting. DDSN identifies five categories of residential habilitation settings.

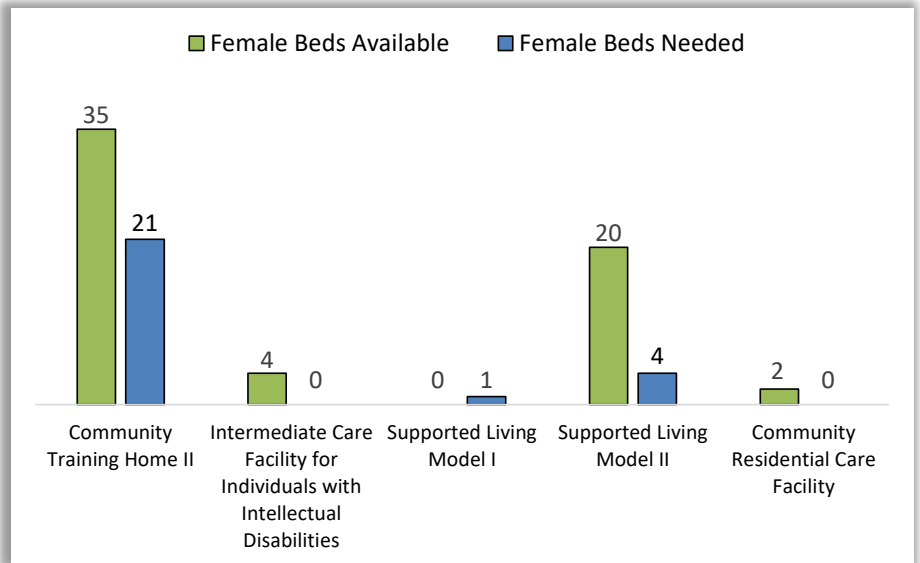
Chart 3.24: Residential Habilitation Setting Categories

MORE SUPERVISION		LESS SUPERVISION		
CRCF	CTH-II	CTH-I	SLP-II	SLP-I
Community Residential Care Facility	Community Training Home II	Community Training Home I	Supervised Living Model II	Supported Living Model I
Like the CTH-II, care, skills training, and supervision are provided with an opportunity to live in a homelike environment in the community under the supervision of qualified, trained caregivers.	Care, skills training, and supervision are provided with an opportunity to live in a homelike environment in the community under the supervision of qualified and trained staff. No more than four people live in each residence.	Personalized care, supervision, and individualized training are provided to a maximum of two people living in a support provider's home.	Intermittent supervision and supports are provided in an apartment setting that has staff available on-site or within 15 minutes away.	Occasional support is provided in an apartment or house setting with staff available 24 hours a day by phone.

Source: DDSN Residential Habilitation Standards

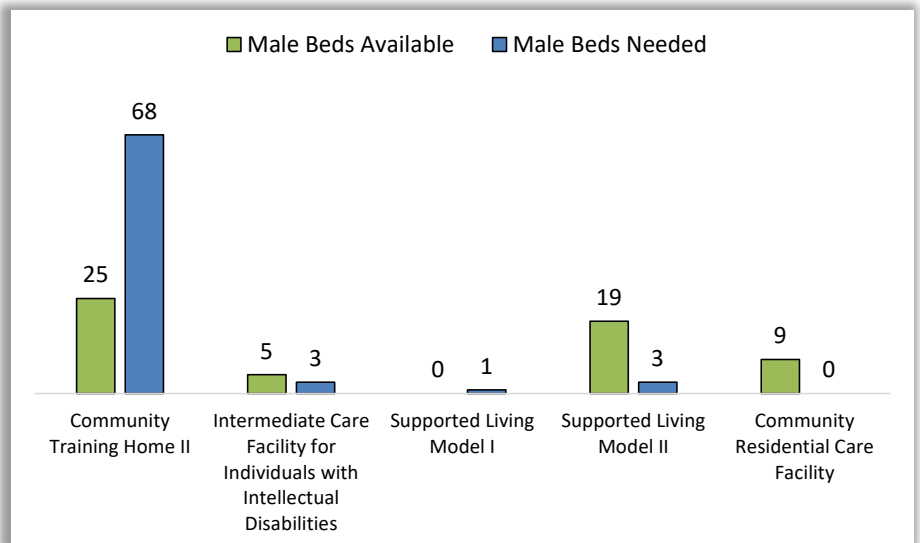
The most approved residential habilitation setting for men and women on the residential needs list was a CTH-II. Eighty-eight percent of individuals were waiting for availability at a CTH-II. The difference in needed beds versus available beds between genders can be seen in Charts 3.25 and 3.26.

**Chart 3.25: Critical Needs
Residential Placement
Availability vs. Need, Female,
as of June 7, 2022**



Source: LAC Analysis of DDSN Data

**Chart 3.26: Critical Needs
Residential Placement
Availability vs. Need, Male,
as of June 7, 2022**



Source: LAC Analysis of DDSN Data

Demand for space for men at CTH-IIs exceeded the availability of beds in those facilities; however, there were more CTH-II beds available for women than needed. Of these men and women, 11 had been waiting one year or longer for placement on the residential needs list, and at least 4 had been waiting for residential placement at a CTH-II since 2020. By DDSN's definition of critical needs and inclusion of these individuals on the list, individuals waiting for placement are waiting in circumstances that are jeopardizing their health, safety, or welfare.

Existence of a vacancy does not guarantee placement of an individual at that residential facility. Both the providers of residential habilitation and the consumers living in these settings have the right to refuse placement. Further, prior to the implementation of fee-for-service in January 2022, providers were paid for vacancies in their facilities, enabling them to be more selective with whom they chose to serve. Additionally, potential roommates or housemates already residing in the residential facility must approve of the addition of the individual to the living arrangement.

Freedom of choice is essential to ensuring individual rights are maintained, but it does create several hurdles for individuals to clear before residential placement is found. Residential reimbursement rates were increased in 2022; however, there is a significant need to expand the pool of available community residential providers.

For FY 22–23, the S.C. General Assembly appropriated \$140,000 in additional funds to DDSN for expansion of four CTH-II facilities. The funding will specifically address individuals who are currently in a regional center and wish to move to a residential facility in the community. DDSN will contract with qualified providers for the expansion. A similar approach may be taken to create additional residential facilities in the community to alleviate wait times for individuals with critical needs. The creation of additional, DDSN-funded residential facilities in the community, especially CTH-IIs, may help reduce wait times and prevent unnecessary institutionalization by providing placement to the individuals who have been on the critical needs list the longest.

Wait Times Likely Longer Than Calculated

DDSN's data collection method prevents calculation of accurate wait times for individuals on the residential needs list. Before an individual is added to the residential needs list, DDSN's waiting list directive requires that an individual's case manager initiate the determination of need for residential services process by submitting forms to DDSN. A home visit must also take place. As a result, individuals wait for some time before they are added to the residential needs list.

DDSN maintains the residential needs list in a database that tracks the date the individual was added to the list and the date of resolution of the issue, among other data points. DDSN staff provided us with a separate intake spreadsheet tracking the date that critical needs determinations were initiated; however, neither document contained a unique identifier, which prevented our analysis, and not every individual in the residential needs list database could be found on the intake spreadsheet. These omissions prevented an accurate calculation of wait time.

Without the date the critical needs determination process was initiated, the time before an individual is placed on the residential needs list is not accounted for in calculation of wait time. As a result, the wait times included in this report do not show the total amount of time individuals waited for resolution of their critical needs, but only the amount of time the individuals were on the residential needs list. Actual wait time for an individual with a critical need is likely longer.

Changes to the Residential Habilitation and Services Determination Process

A new directive, 700-09-DD (Determining Need for Residential Services), has changed the critical needs process, effective December 1, 2022. The new process includes a committee to review all requests submitted to the agency. The committee is required to complete an initial review to ensure completeness of the submitted request within three business days. No later than five business days after receipt of the request, the committee must evaluate the request to determine whether criteria have been met, and the type and setting or tier of residential habilitation needed.

This new procedure will result in individuals waiting for review by the committee before placement on the list. As such, it remains crucial for DDSN to track the time an individual's request is being evaluated by the committee to include it in an accurate calculation of wait time.

Residential Services Waiting Lists Not Maintained

DDSN's residential services waiting lists were not maintained by the agency despite the requirements in past agency directive 502-05-DD. This past directive was effective until December 1, 2022, when it was replaced by the new directive, 700-09-DD, Determining Need for Residential Services.

Past Agency Policy

The old directive, under the heading "Residential Services Waiting Lists," stated that, "DDSN maintains waiting lists for those likely to need residential services at some time in the future. For residential services, there are two waiting lists which are differentially prioritized with defined criteria." According to the directive, these two lists were:

PRIORITY I

For individuals in an urgent situation which is anticipated to require residential services through DDSN within the next year to prevent harm to the individual or his/her caregiver(s).

PRIORITY II

For individuals where the person or caregiver(s) perceive that residential placement may be needed in the future, more than one year from the present time.

Case managers and early interventionists could place individuals on the Priority II list themselves, but they must have requested and received approval from DDSN for placement of their clients on the Priority I list.

Additionally, individuals who were neither approved nor denied placement on the critical needs waiting list, which was the waiting list for individuals at risk of harm in need of residential services, were placed on the Priority I list. According to DDSN directive 502-01-DD, inclusion on the Priority I list may have been used to support admission to a DDSN-funded residential facility in the community if the individual is not already on the critical needs waiting list, residing in another DDSN-funded community residential setting, or currently under a court-ordered judicial admission.

Agency Practice

The residential services waiting lists were not used as waiting lists. Multiple DDSN officials stated that the residential services waiting lists were used for information only, despite the list's description in the old directive.

We requested a copy of the residential services waiting list covering 2019–2021. When asked who at DDSN was responsible for maintaining the residential services lists, two officials we spoke with each said the other official was responsible. A third official stated the list was not monitored or managed and that, even though we were provided with a copy of a spreadsheet with entries from 2019–2021 labeled as the residential services waiting list by the same official, the official was not sure who was maintaining the spreadsheet or removing individuals from it. Since ownership or maintenance of the spreadsheet could not be verified, and because the list was not considered to be a true waiting list by DDSN, no analysis of wait time could be conducted.

Recommendations

69. The S.C. General Assembly should consider allocating funding to the S.C. Department of Disabilities and Special Needs to establish additional residential habilitation facilities in the community for individuals with critical needs.
70. The S.C. Department of Disabilities and Special Needs should establish additional residential habilitation facilities in the community to decrease wait times for individuals with critical needs.
71. The S.C. Department of Disabilities and Special Needs should utilize unique identifiers for consumers when maintaining its residential needs list data.
72. The S.C. Department of Disabilities and Special Needs should note the date the residential needs determination process was initiated in its residential needs list data to accurately track wait time.

Services for Individuals with Problem Behaviors

DDSN does not enforce its minimum educational and certification requirements for providers of services for individuals with problem behaviors. We reviewed behavior support services and intensive behavioral intervention providers and found:

- DDSN's minimum educational requirements for behavior support services providers are not established in the agency's service standards nor in the three waivers that offer the service.
- Neither DDSN nor the S.C. Department of Health and Human Services (DHHS) ensures that providers of behavior support services have maintained their board certifications.
- Of the 40 behavior support providers for DDSN's three waivers, only 45% had an active certification with the Behavioral Analyst Certification Board.

South Carolina ranks 22nd in the nation for availability of behavior support services providers per 10,000 residents. Comparatively low reimbursement rates may be limiting the availability of behavior support services providers.

Overview of Service

Behavior support services and intensive behavioral intervention are two services offered by DDSN and its providers to support individuals with problem behaviors. While the approach for both services is the same, the difference between them is the setting in which the service is delivered. Behavior support services are provided in a consumer's own home or the home of the consumer's parent or guardian, whereas intensive behavioral interventions are provided in residential settings such as community residential care facilities (CRCFs) or community training homes.

Behavior support services and intensive behavioral intervention use empirically validated practices intended to identify the causes of, intervene to prevent, and appropriately react to problematic behavior. They include:

- Conducting a behavioral assessment.
- Developing interventions based on the assessment, focusing on replacing the problem behavior with appropriate behavior.
- Training caregivers or direct support professionals to implement developed interventions.
- Monitoring the effectiveness of the interventions and modifying when needed.

Behavior Support Service Provider Certification Requirements

DDSN's minimum educational requirements for behavior support service providers are not established in the agency's service standards nor in the three waivers that offer these services. By omitting the minimum requirements for these services in these documents, there is the potential for unqualified providers to still provide the service.

DDSN provides behavior support services through each of its three waivers: Intellectual Disability/Related Disability (ID/RD), Community Supports (CS), and Head and Spinal Cord Injury (HASCI). These waivers do not specify the minimum qualification criteria for providers of behavior support services, but instead refer to DDSN standards for required qualifications. However, DDSN's standards also do not specify the minimum provider qualifications. Rather, the standards redirect readers back to the waiver by stating:

Behavior Support Services may only be provided by those who have met and continue to meet specified criteria as indicated by approval as a provider of Behavior Support Services under the Medicaid waiver.

The agency's CS waiver once included minimum educational qualifications for behavior support service providers, specifically that providers must be a board-certified behavioral analyst or a board-certified assistant behavioral analyst; however, as of the July 1, 2022 waiver renewal, those qualifications are no longer included. According to a DDSN official, the behavior support services standards, which were last updated in May 2016, should be reviewed and revised to include the minimum requirements for providers of this service.

Intensive Behavioral Intervention Provider Certification Requirements

DDSN's residential habilitation standards state that intensive behavioral intervention will be provided by someone who:

- Is a Board-Certified Behavioral Analyst-Doctoral™ (BCBA-D™).
- Is a Board-Certified Behavioral Analyst® (BCBA®).
- Possesses at least a Master's degree in behavior analysis, psychology, special education, or a closely related field and has a minimum of two (2) years of experience in the use of the principles of applied behavior analysis in the habilitation of people with intellectual disabilities/related disabilities including experience in the development of Behavior Support Plans.

According to an agency official, one of the minimum requirements for providers of intensive behavioral intervention was set at a slightly lower threshold than the minimum educational requirements for behavior support services. The reason for this difference is that intensive behavioral intervention is provided by a team of professionals that provide various services to the consumer in a residential setting. This team of professionals acts as a layer of accountability that allows for a non-board certified professional to provide the service. Conversely, providers of behavior support services work individually in the consumer's or parent's home. Since there is no team of professionals, the behavior support provider's credentials, which bind the provider to a code of conduct, act as a layer of accountability.

Behavior Support Providers Not Certified

Neither DDSN nor DHHS has ensured that providers of behavior support services under the ID/RD, CS, and HASCI waivers have maintained their board certifications. Neglecting to ensure that providers of these services meet the minimum requirements may result in consumers receiving services from providers who are no longer certified to provide these services.

DDSN's ID/RD waiver requires behavior support service providers to be verified and enrolled by DHHS. The CS and HASCI waivers require behavior support service providers to be "verified/approved" by DDSN and enrolled by DHHS. According to a DDSN official, the agency conducts an initial certification check and then forwards approved providers to DHHS for enrollment as Medicaid providers.

The ID/RD and CS waivers both state under the frequency of verification section for providers of behavior support services: "verification of continuing education upon revalidation by SCDHHS." In the HASCI waiver amendment, under the same section it states, "Upon enrollment; verification of continuing education every two years." While not expressly stated, because DHHS is responsible for enrollment, the language suggests that DHHS is also the entity responsible for conducting recertification checks of these providers under the HASCI waiver every two years.

As of April 4, 2022, there were 40 behavior support service providers for DDSN's three waivers approved by DDSN and enrolled with DHHS. Of the 40 behavior support providers, only 45% (18) had an active certification with the Behavior Analyst Certification Board. Regardless of certification status, many of these providers are listed by DDSN as offering behavior support services to consumers in multiple counties. DDSN's provider directory does not indicate whether a provider's certification is inactive.

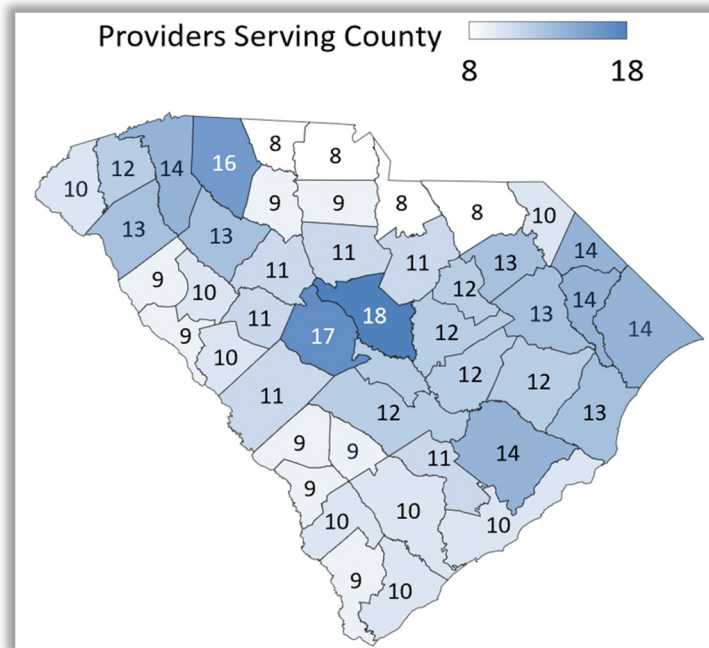
When asked in October 2022, a DHHS official stated that DHHS does conduct revalidations of providers; however, during the federally-declared public health emergency, Centers for Medicare and Medicaid Services (CMS) allowed for, and DHHS opted to, enact flexibilities that paused the provider revalidation process. The federal public health emergency ended on May 11, 2023.

Neglecting to ensure that providers of these services meet the minimum requirements has resulted in providers with lapsed certifications remaining on DDSN's provider list. Further, if DDSN is relying on the certification of behavior support service providers to bind them to a code of conduct when these providers are working individually in consumer homes, then that layer of accountability is nonexistent for providers without active certifications.

Limited Availability of Providers

Comparatively low reimbursement rates may be limiting the availability of behavior support services providers. We reviewed the current demand and availability of behavior support services providers, as well as the rates for these services, and found that for every 10,000 South Carolinians, there are approximately 4 providers of behavior support services. South Carolina ranks 22nd in the nation for availability of behavior support services providers per 10,000 residents.

Chart 3.27: Behavior Support Service Providers by County, as of April 4, 2022



Source: LAC Analysis of DDSN Data

In each county, there are at least 8 and as many as 18 behavior support service providers available. However, as there are only 40 providers of behavior support services under the waiver statewide, many of whom are working in multiple counties, actual provider availability may vary.

Reimbursement rates for behavior support services for each of the three waivers is \$31 per half hour. The rate for similar services for autism spectrum disorder under the Medicaid State Plan, as of January 1, 2022, was \$85 per hour for a BCBA® or Board-Certified Assistant Behavior Analyst (BCaBA®). This comparatively low reimbursement rate may be discouraging growth of a provider network for behavior support services under DDSN's waivers.

Recommendations

73. The S.C. Department of Disabilities and Special Needs should include the minimum educational requirements for behavior support service providers in the agency's service standards.
74. The S.C. Department of Disabilities and Special Needs should immediately conduct a review of providers of behavior support services for the Intellectual Disability/Related Disability, Community Supports, and Head and Spinal Cord Injury waivers to ensure their certifications are active and remove providers with inactive certifications from the DDSN provider directory.
75. The S.C. Department of Disabilities and Special Needs should request that the S.C. Department of Health and Human Services increase the reimbursement rates for behavior support services under the Intellectual Disability/Related Disability, Community Supports, and Head and Spinal Cord Injuries waivers to better match the rates available under the Medicaid State Plan.

Human Resources, Procurement, and Other Administrative Issues

Inadequate Hiring Practices

The S.C. Department of Disabilities and Special Needs (DDSN) does not have adequate hiring processes in place to help ensure consumers are properly protected from abuse and neglect. We reviewed a random, judgmental sample of 79 human resources' (HR) files from DDSN's five regional centers and found:

- In 49% of the HR files, there was either no documentation of the required criminal background checks, the checks were conducted after the employee was hired, or the criminal background checks were incomplete.
- Approximately 9% of former employees were hired at the same regional center or another DDSN-contracted provider despite the previous employer indicating, in writing, that these employees should not be rehired or because the previous employer did not classify the separation properly.
- In 16% of the files, there was no documentation that the required drug tests were completed, or the tests were conducted after the employees were hired.
- In 39% of the files, there were either no sex offender registry checks conducted, the checks were conducted post-hire, or they were incomplete or inaccurate.

Employment Requirements

State law requires a pre-employment criminal background check for any direct caregiver working for DDSN and its contractors. However, we found that these criminal background checks were not complete prior to hire in 49% of the HR files reviewed.

Direct caregivers are employees who have contact with consumers served by the agency. S.C. Code §44-7-2910(C)(1) requires that a state criminal background check be conducted prior to hiring a direct caregiver. DDSN's directive 406-04-DD requires more stringent pre-employment checks be conducted before hiring a direct caregiver.

The pre-employment checks include:

- Prior employment information for applicants who are current or former employees of DDSN or a DDSN-contracted provider.
- Criminal background check (a national fingerprint-based background check may be required depending on residency verification).
- List of Excluded Individuals and Entities (used to verify that an applicant does not have a background in Medicaid or Medicare fraudulent activities).
- Child Abuse and Neglect Registry (maintained by the S.C. Department of Social Services).
- A negative drug test prior to being hired.

In addition to a pre-employment criminal background check, DDSN requires an updated criminal background check for direct caregivers every three years.

There are five regional centers—Coastal Center, Midlands Center, Pee Dee Center, Saleeby Center, and Whitten Center. In addition to Saleeby Center's HR files being stored at the Pee Dee Center, Pee Dee also provides HR support for the Saleeby Center. We reviewed a sample of HR files from all five regional centers to determine whether DDSN was in compliance with state law and its own directives.

Criminal Background Checks

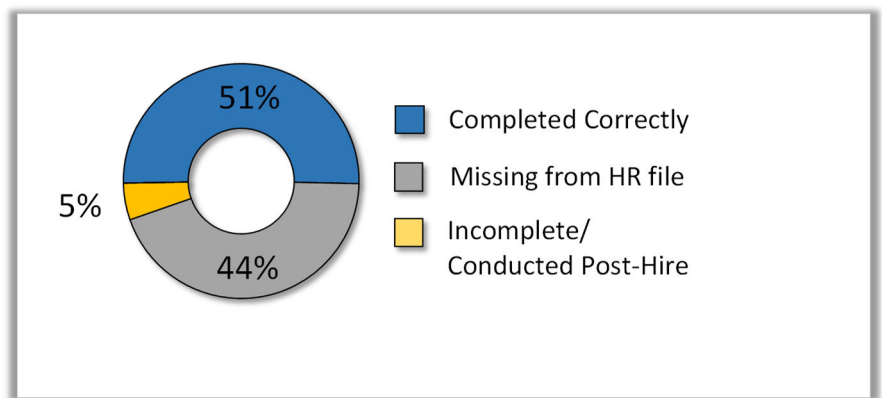
Name-Based Criminal Background Checks

In approximately one half of the files in our sample, criminal background checks were either missing, conducted after the employee was hired, or were incomplete. We found that some name-based criminal background checks were incomplete due to DDSN's unresponsiveness when additional identifying information was needed to confirm the applicant's identity.

State law and agency directive require all DDSN direct care applicants to undergo a criminal background check through the State Law Enforcement Division's (SLED's) Citizens Access to Criminal Histories (CATCH) system for a \$25 fee, if they have lived in South Carolina for longer than one year.

CATCH is a name-based search that provides criminal records information only from South Carolina. Also, CATCH requires an exact match on a subject's last name, first initial, and date of birth to retrieve an accurate result. CATCH does not provide a subject's sex offender status. However, SLED does provide a link to the South Carolina Sex Offender Registry. During our review, we found that name-based criminal background checks were not being performed in an adequate or timely manner.

Chart 4.1: Name-Based Criminal Background Checks Conducted



Source: LAC Review of DDSN Regional Center HR Files

Regional center staff have failed to abide by state law and agency directive. This could result in hiring a direct caregiver who has a criminal background, which may place consumers in harm's way.

National Fingerprint-Based Background Checks

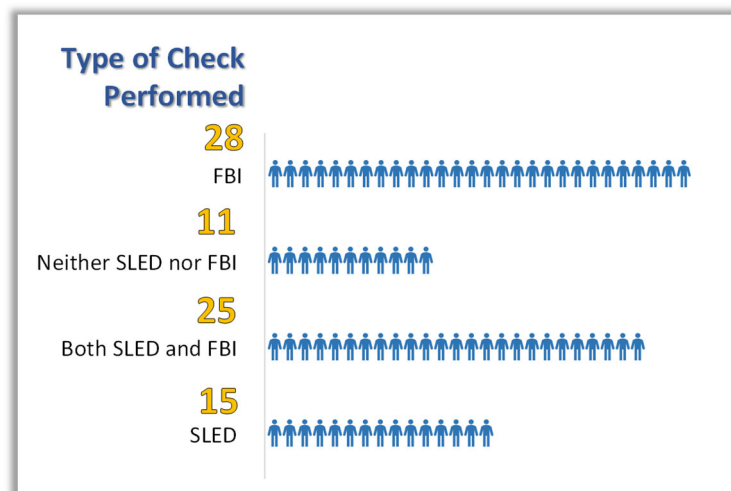
DDSN has not consistently conducted national fingerprint-based criminal background checks as required by state law. State law and agency directive require that any direct care applicant unable to verify South Carolina residency for the preceding 12 months and/or is working with consumers under the age of 18 to undergo a federal criminal background check conducted by the Federal Bureau of Investigation (FBI). This check is conducted via electronic fingerprint scan at a cost of \$51.50. The results will include any applicable state law enforcement agency results, including SLED, and national FBI database information.

In order to create a complete criminal profile of an individual, fingerprint-based background checks should be conducted. Other non-fingerprint background checks or name-based criminal background checks (such as the CATCH system) run the individual's background against a limited number of commercially-available records.

Generally, fingerprint-based background checks are much more reliable than name-based criminal background checks. For accurate results, a name-based background check must include an individual's exact name, date of birth, race, sex, and social security number. Name-based criminal background checks can produce inaccurate results if there are names and other identifying characteristics that are similar to the information being checked. Inaccurate results can occur due to misspelled information, clerical errors, or intentionally inaccurate information provided by individuals who would like to avoid their prior criminal histories being discovered.

While each national fingerprint-based background check would cost \$26.50 more than the CATCH check, it will ensure that other issues such as misspelled names are not the cause of hiring someone with a criminal background. In 32% of the files, we found that both a national fingerprint-based background check and a CATCH check were conducted. Chart 4.2 shows the number of applicants in our sample and the type of background check each received.

Chart 4.2: Number of Applicants Who Received Various Types of Background Checks



Source: LAC Review of DDSN Regional Center HR Files

In our 2008 and 2014 audits of DDSN, we recommended that DDSN and the General Assembly require a national fingerprint-based background check be conducted for all direct care applicants. To date, these recommendations have not been implemented. Requiring all direct care applicants to undergo a national fingerprint-based background check will initially cost \$26.50 more per individual but would more accurately screen applicants who will work with DDSN's consumers.

Frequency of Criminal Record Checks

During our review, we found that HR staff do not conduct required, periodic name-based criminal background checks. Our sample reflected that, while 18% of the sampled employees worked at a regional center or a DDSN-contracted provider for three years or longer, none had the required periodic name-based criminal background check.

According to S.C. Code §44-7-2920, a direct care entity is not required to repeat a name-based criminal background check if the employee remains employed with DDSN or a DDSN-contracted provider for one year or longer. In our 2014 audit of DDSN, we recommended that name-based criminal background checks be conducted annually for direct caregivers. DDSN's criminal background directive was last revised in 2017 and requires that DDSN-contracted providers and regional centers obtain a periodic name-based criminal background check once every three years. DDSN has failed to ensure that direct caregivers, who are currently employed with the agency, have not been engaged in illegal activity that could put DDSN consumers at risk.

Recommendations

76. The General Assembly should amend S.C. Code §44-7-2910 to require pre-employment national fingerprint-based background checks for all direct caregivers, regardless of state residency.
77. The S.C. Department of Disabilities and Special Needs should revise directive 406-04-DD and require pre-employment national fingerprint-based background checks for all direct caregivers, regardless of state residency.
78. The S.C. Department of Disabilities and Special Needs should comply with the agency directive 406-04-DD that requires periodic name-based criminal background checks for direct caregivers every three years.

Pre-Employment Checks

...we found that even when a regional center labels a former employee as ineligible for rehire, these same individuals are being rehired.

Reference Checks of Former or Current Employees

We reviewed a judgmental sample of 79 former employees who were involuntarily and voluntarily separated from employment at the regional centers from 2019 through 2021. We wanted to determine if agency officials are verifying that employees are eligible to be rehired. Employees are ineligible to be rehired if their separations were due to involuntary termination, resignation in lieu of termination, or job abandonment.

Based on our analysis, we found that:

- Approximately 13% of the employees in our sample had previously been employed at a regional center or a DDSN-contracted service provider. In addition, 8% of the HR files did not include the required employment information from the previous regional center or DDSN-contracted provider.
- Another 9% of HR files failed to identify a former employee as ineligible for rehire or an ineligible employee was rehired at the same regional center or a DDSN-contracted provider.

According to an HR management official, requiring a regional center to obtain this information from a center and/or DDSN-contracted provider where the applicant previously worked is one way the agency ensures that ineligible employees are not being rehired. However, we found that even when a regional center labels a former employee as ineligible for rehire, these same individuals are being rehired.

For example, a Whitten Center employee was hired in September 2019 despite the former employer, a DDSN-contracted provider, indicating it would not rehire the employee due to position abandonment in 2017. Additionally, a Coastal Center employee was terminated in November 2021 due to excessive tardiness. The employee's HR file did not properly reflect that the employee was ineligible to be rehired. In April 2022, this employee was rehired at the Coastal Center. By rehiring ineligible employees, the regional centers are not following the agency's directive and are risking the safety of DDSN consumers.

Incorrect Employment Separation Classification

DDSN is incorrectly classifying employees' separations and failing to document the actual reason an employee separated from the agency. According to our analysis, 16% of the HR files reviewed were missing separation classification documentation or had incorrect classifications of the employees' separations.

For example, a Coastal Center employee was placed on administrative leave without pay pending the results of an abuse, neglect, or exploitation (ANE) investigation. Documentation in the file showed that the employee was terminated shortly after the ANE investigation began and labeled as 'Not Recommended for Rehire.' However, the termination separation status was replaced with 'resignation.' Since the employee was terminated involuntarily, a 'resignation' classification is inappropriate. Also, if this employee decides to apply for employment at another regional center and/or a DDSN-contracted provider, there will be no indication in the HR file that the employee was terminated for violating the agency ANE policy.

Additionally, if there is no documentation in a former employee's file that indicates the reason for separation, the agency must rely on the reason provided in the S.C. Enterprise Information System (SCEIS). Without separation documentation, there is no way to confirm if the reason provided is accurate. By failing to correctly document the reason an employee separated from the agency, DDSN is potentially risking consumers' safety at DDSN and other facilities that may ultimately hire this employee.

List of Excluded Individuals and Entities (LEIE)

During our review, we found that 13% of the HR files had no documentation that a LEIE check had been conducted. Additionally, 5% were conducted after the applicant was hired and 6% had the name of the applicant misspelled, which returned inaccurate results. The LEIE is maintained by the U.S. Department of Health and Human Services Office of Inspector General, and there is no fee to conduct a search.

When entering an applicant's name into a database, the first name, last name, and social security number must match the information stored in the database. If any portion of the applicant's name or social security number is entered incorrectly, the results will be invalid. Reviewer accuracy is vital when verifying that an applicant is not on a list of excluded individuals.

When DDSN staff incorrectly spells an applicant's name or fails to conduct a complete LEIE search, the inaccurate results may affect services for consumers. Errors in data entry can diminish the accuracy of the results.

S.C. Child Abuse and Neglect Registry and Database

In our sample, we found that 8% of the files were missing a S.C. Child Abuse and Neglect Registry check. Additionally, 5% of the checks were conducted post-hire. The S.C. Department of Social Services (DSS) maintains the S.C. Child Abuse and Neglect Registry and Database. DDSN directive 406-04-DD requires that this \$8 registry check be conducted pre-hire for all direct care applicants.

While this registry is specifically for crimes committed against minors, screening an applicant against the central registry can be used as preventative tool to protect vulnerable consumers from potentially abusive perpetrators.

Drug Testing

During our audit, we found that HR files contained documentation of drug tests that had been conducted after an employee had already been hired or files that contained no drug test documentation. Our analysis found that drug test results were missing from 10% of the sampled HR files and an additional 6% were conducted after the employee's date of hire. All DDSN applicants are required to take a drug test during the pre-employment process. According to DDSN's directive 334-04-DD, which has been in effect since 1996, a negative drug test is required before an offer of employment can be made.

We found that an employee at the Coastal Center was drug tested for the first time five years after the employee was hired. HR staff are failing to verify that applicants are submitting to the required drug tests and that the tests are being completed in a timely manner. By failing to conduct adequate due diligence, regional centers could be placing consumers at risk.

...drug test results were missing from 10% of the sampled HR files and an additional 6% were conducted after the employee's date of hire.

Sex Offender Registry

DDSN does not require pre-employment sex offender registry checks for direct caregivers; however, our review showed that the regional centers' practice is to check this registry. We found that regional centers conducted sex offender registry checks for 61% of the applicants using The National Sex Offender Public Website (NSOPW). NSOPW is the only U.S. government website that links public state, territorial, and tribal sex offender registries in one national search site. There is no fee associated with conducting this registry check.

Our review of HR files showed that the sex offender registry checks fell into one of the following categories:

- A completed sex offender registry check was in 61% of the HR files.
- Approximately 15% of the HR files were missing a sex offender registry check.
- Sex offender registry checks were conducted post-hire in 3% of the HR files.
- Approximately 16% of HR files contained an incomplete sex offender registry check (this was due to another jurisdiction's database being temporarily unavailable at the time the check was conducted).
- Approximately 5% of the files contained an invalid sex offender registry check due to the misspelling of an applicant's name.

In our 2014 audit, we recommended that DDSN should require a sex offender registry check. However, the current directive does not require this check.

Recommendations

79. The S.C. Department of Disabilities and Special Needs should comply with agency directive 406-04-DD that requires employment information be obtained for any former direct caregiver applying to work for the agency or one of its contracted providers.
80. The S.C. Department of Disabilities and Special Needs should correctly identify all human resources' files for former employees as eligible or ineligible for rehire.
81. The S.C. Department of Disabilities and Special Needs should classify separations accurately, especially when an employee was terminated for violating an abuse, neglect, or exploitation policy.
82. The S.C. Department of Disabilities and Special Needs should require regional centers and boards/providers to conduct a retroactive review of employees who were terminated within the last year for violating the abuse, neglect, or exploitation policy, to ensure their separations are classified correctly in the human resources' files and in the S.C. Enterprise Information System.
83. The S.C. Department of Disabilities and Special Needs should comply with agency directive 406-04-DD that requires regional centers and boards/providers to verify that a direct caregiver applicant is not listed on the U.S. Department of Health and Human Services Office of Inspector General List of Excluded Individuals and Entities.
84. The S.C. Department of Disabilities and Special Needs should comply with agency directive 406-04-DD that requires it to check the S.C. Child Abuse and Neglect Registry and Database for all direct caregiver applicants.
85. The S.C. Department of Disabilities and Special Needs should comply with agency directive 334-04-DD to ensure that all applicants complete a pre-employment drug test and receive a negative result before an applicant is hired.
86. The S.C. Department of Disabilities and Special Needs should revise directive 406-04-DD to require a pre-employment sex offender registry check to be conducted for all direct caregiver applicants.
87. The General Assembly should amend S.C. Code §44-7-2910 to require regional centers and boards/providers to conduct a pre-employment sex offender registry check for all direct caregiver applicants.

Incomplete DEW Documentation

Upon separation from DDSN, a former employee may seek to receive unemployment benefits from the S.C. Department of Employment and Workforce (DEW). Our analysis found that DDSN failed to accurately complete DEW paperwork in 6% of sampled HR files. Examples include:

- Failure to respond in a timely manner to a request for information regarding a former employee.
- Incorrectly labeling a former employee's separation as 'laid off' despite the former employee being terminated due to spraying cleaner on a consumer.
- Failure to describe and provide agency policies related to separation.
- Failure to provide an explanation of the events that led up to a former employee's separation.

While we found no law requiring employers to respond to DEW, employers are given the opportunity to do so to ensure an accurate account of an employee's separation is given. However, failure to complete and provide correct information to DEW could result in benefits being provided to ineligible former DDSN employees who were separated for cause. This could also be an unnecessary cost to the state.

Recommendation

-
88. The S.C. Department of Disabilities and Special Needs should respond to the S.C. Department of Employment and Workforce's inquiries regarding separations with correct information in a timely manner.

Temporary Employees

DDSN has allowed temporary employees to work, with no break in service, for periods exceeding 12 consecutive months. We reviewed all DDSN employee separations that occurred during 2019–2021. We found that 38 employees were classified as temporary employees and their employment terms lasted longer than 12 months. The longest temporary employee's tenure was for 12 years and 8 months. According to S.C. Reg. 19-700, the definition of a temporary employee is:

A full-time or part-time employee who does not occupy an FTE position, whose employment is not to exceed one year, and who is not a covered employee.

Temporary employees are intended to provide short-term coverage for full-time employees on extended leave and are prohibited from working for over 12 months without a break in service. Temporary employees who are continuously employed without a break in service may assume they are in an FTE position and should be entitled to benefits.

Recommendation

89. The S.C. Department of Disabilities and Special Needs should comply with State Regulation 19-700 regarding the length of time a person may be employed as a temporary employee without a break in service.

Procurement

We interviewed DDSN staff; reviewed DDSN's procurement records, manual, and directive; and reviewed select DDSN webpages and found:

- Required documentation for sole source procurements was incomplete.
- DDSN did not provide evidence that it complied with the state procurement code for contracts with providers of waiver services.
- DDSN's listing of sole source, emergency, and unauthorized procurements did not match records the agency had submitted to the State Fiscal Accountability Authority (SFAA).
- There are discrepancies between the verbiage in the agency's version of the procurement manual and the version submitted to SFAA, and both versions contain names of DDSN staff members who no longer work for the agency.

- The agency's procurement manual excludes procedural changes that were part of a corrective plan for inappropriate and unreported sole source and emergency procurements.
- The agency's procurement directive only applies to local disabilities and special needs (DSN) boards and contracted service providers.
- DDSN does not have a link to its procurement manual on the agency's directives, standards, and manuals webpage, and the agency's procurement office webpage lists staff members who no longer work for the agency.

Incomplete Documentation for Sole Source Procurements

We received two lists of sole source, emergency, and unauthorized procurements for DDSN for the time period of July 1, 2019 through June 30, 2022, and reviewed documentation for the first list to determine whether the records met the requirements of the state procurement code, state procurement regulations, and the DDSN procurement manual. We found the documentation for sole source procurements to be incomplete, in that:

- Proof of advertisement in South Carolina Business Opportunities was not provided for all sole source procurements exceeding \$50,000, as required by the state procurement code.
- The agency did not possess copies of Drug-Free Workplace Affidavits for any of the sole source procurements exceeding \$50,000, as required by the Drug-Free Workplace Act and the DDSN procurement manual.
- Copies of sole source checklists were not provided for all sole source procurements, as required by the DDSN procurement manual.

Documentation the agency provided for the one emergency and the one unauthorized procurement included on the initial list met the requirements of the state procurement code, state procurement regulations, and the agency's procurement manual.

DDSN subsequently submitted an updated list of sole source, emergency, and unauthorized procurements for the same time period. We compared this list to the quarterly procurement records the agency had submitted, as required by state procurement regulations, to SFAA for that period. We found that there were 5 sole source, 6 emergency, and 33 unauthorized procurements that were on the second list but were not included in DDSN's quarterly procurement records submitted to SFAA.

No Evidence of Compliance with State Procurement Code for Certain Contracts

In August 2021, a DDSN official informed us that since some of the Intellectual Disability/Related Disability (ID/RD) waiver, Head and Spinal Cord Injury (HASCI) waiver, and autism service contracts the agency had with providers were set to expire, an emergency procurement may need to be pursued to ensure continuity of consumer services. According to the original fixed price bid solicitation, the providers could only be qualified through September 30, 2021, the end of the five-year period allowed by the state procurement code.

The agency subsequently issued an executive memorandum to extend the original fixed price bid contract for qualifying providers until January 31, 2022. According to the state procurement code, contracts extending beyond the allowable five-year period are multiterm contracts which require the approval of the chief procurement officer at SFAA. We contacted SFAA to ask whether DDSN had obtained from the chief procurement officer a change order or other memorandum required to authorize the extension, but SFAA could find no record of such approval.

Since April 1, 2022, the S.C. Department of Health and Human Services (DHHS) has been paying the providers of waiver services through the Medicaid fee-for-service payment system. DDSN stated that there has been no break in service provision since August 2021, but the agency did not provide evidence that a later solicitation for qualifying providers was ever posted. It is unclear how contracts for these providers were paid for the period between September 30, 2021 and April 1, 2022; therefore, we cannot determine if providers were paid appropriately.

Multiple Versions of Procurement Manual and Missing Procedures

We reviewed the DDSN procurement manual, which had a revision date of March 13, 2012. We then reviewed a March 13, 2012 copy of the manual that the agency had submitted to SFAA and determined there were differences in the verbiage in sections pertaining to preferences and affidavits and the application summary for general supplies, equipment, and services. The distribution list shown in both versions of the manual referenced the names of DDSN staff members who no longer work for the agency.

We also reviewed an independent procurement audit conducted by SFAA for procurements executed from January 1, 2012 through June 30, 2018. This report outlined a number of deficiencies, including inappropriate or unreported sole source and emergency procurements, and it contained a corrective action plan letter from DDSN dated August 12, 2019. DDSN noted in the letter that it would implement the following corrective actions related to sole source and emergency procurements:

- Develop a timeline worksheet for upcoming sole source and emergency procurements in order to provide adequate lead time for required competition.
- Implement procedures to provide backup information to ensure accuracy and completeness of sole source and emergency procurements so that these procurements are properly reported.

We found that the proposed corrective action procedures were not included in DDSN's procurement manual because the manual had not been updated since 2012. Also, DDSN produced no documentation that the sole source and emergency timeline worksheet had been developed. As such, we are unable to determine whether the agency addressed issues that were raised by SFAA in its independent procurement audit of DDSN.

Procurement Directive for Agency, Itself

We reviewed DDSN's procurement directive 250-08-DD, which requires each DSN board or contracted service provider to maintain and make available for review their respective procurement policies and procedures. However, there is no procurement directive that applies to the agency as a whole. This does not promote a uniform system of financial checks and balances.

Missing or Outdated Procurement Information on Website

We reviewed DDSN's directives, standards, and manuals webpage and found no evidence of a link to the agency's procurement manual. As DDSN has no agency-wide procurement directive and as there is no link to the procurement manual on the appropriate webpage, a member of the general public would not be aware that DDSN has agency-wide procurement procedures in place. This is not in the spirit of fiscal transparency. We also reviewed DDSN's procurement office webpage and found that two of the procurement contacts, including the procurement director, were no longer with the agency, as of October 2022.

Medpod Pilot Project

Due to a report we received involving an alleged conflict of interest, we reviewed documentation of a pilot program that Medpod, a telemedicine platform, conducted with DDSN to determine whether the agency had executed any procurements with Medpod to obtain goods, equipment, or services. We found no evidence that DDSN had pursued a procurement of any type or had paid any amount of funding to Medpod for implementation of the pilot project.

Recommendations

90. The S.C. Department of Disabilities and Special Needs should ensure that all required documentation for sole source procurements is maintained as part of the official procurement record.
91. The S.C. Department of Disabilities and Special Needs should comply with all state procurement code requirements for contracts with waiver service providers.
92. The S.C. Department of Disabilities and Special Needs should ensure that quarterly records submitted to the State Fiscal Accountability Authority on sole source, emergency, and unauthorized procurements are accurate and timely.
93. The S.C. Department of Disabilities and Special Needs should ensure that any updates it makes to the agency's procurement manual are conveyed to SFAA and ensure that agency positions, not names of specific DDSN staff members, are included in the manual.
94. The S.C. Department of Disabilities and Special Needs should ensure that any procedural changes which are part of a corrective action plan for procurements are both executed and reflected in the agency's procurement manual.
95. The S.C. Department of Disabilities and Special Needs should consider establishing a procurement directive for the agency, itself.
96. The S.C. Department of Disabilities and Special Needs should update its website to ensure that the agency's procurement manual is available for access by the public and that contact information for procurement staff is accurate.

Website Issues

When we initially reviewed DDSN's website between April and September 2022, we found that the website needed improvement to address user accessibility. We found:

- Individuals with disabilities, including those with visual impairments and users of assistive technology, may have difficulty in fully accessing the site.
- Outdated personnel listings, contact information, reimbursement rates, and directives.
- At least 40 broken hyperlinks, in which users received the notice "page not found." One of these links was the agency's translate site feature.
- Whistleblower protection information was not easily accessible as other legally required website components, such as the contact information for reporting complaints to the State Child Advocate and the Inspector General.

As of May 2023, the website was updated; however, we found some items that were on the previous website are not on the new website, but should be.

- The website no longer has links to the State Child Advocate's Office or the Inspector General's Office, both of which are required by state law.
- An important link which was once on the website's homepage is no longer there: "Report ANE of Persons Supported by DDSN."

We also identified other ways the website could be improved:

- The same issues regarding individuals with visual impairments and users of assistive technology remain.
- One division listed on the website, as of June 19, 2023, did not have contact information.
- Whistleblower protection information was still not easily found on the agency website.
- The option to translate the website to another language only translates to Spanish when other languages may be easily added.

Disabled Accessibility Issues

DDSN's website contains issues that could make it difficult for individuals with disabilities to navigate and fully access. Section 508 of the federal Rehabilitation Act of 1973 requires that federal agencies' electronic and information technology be accessible to individuals with disabilities. WAVE®, a web accessibility evaluation tool, can be used to evaluate web content for accessibility errors and ensure compliance with Section 508.

In August 2022, we tested DDSN's main webpage using WAVE® and found contrast errors and alerts regarding PDFs and redundant text. Contrast errors occur when there is low contrast between text and the background. Per WAVE®, adequate contrast is necessary for all users, especially those with low vision. This issue was found at DDSN's search field area and footer menu.

With regard to the alerts, WAVE® noted at least one link to a PDF was present. These are important in that PDFs often have accessibility issues unless they are authored with accessibility in mind. Also, PDFs are typically viewed using a separate application and, therefore, can cause confusion and navigation difficulties.

As for the redundant text alert, WAVE® noted instances in which the attribute text—the information that appears when a user hovers the mouse over an element of the page—was the same as the text on the page or the alternative text. Alternative text is the textual substitute for non-text content, such as images and multimedia. According to WAVE®, attribute text should not be identical or very similar to the displayed text. At least one instance of this was noted in the footer menu on the link for filing a complaint with the State Child Advocate.

Other features and elements were noted as present on the webpage, such as alternative text and structural features. It is important for alternative text to be accurate, succinct, and not redundant. Structural features were also noted, such as headings. Headings facilitate page navigation for users of assistive technology. It is important to ensure that text identified as headings are, in fact, headings and that they are structured correctly on the page outline. In these instances, WAVE® noted that these features and elements exist on the agency's main webpage, not that they are used correctly or incorrectly.

In June 2023, we retested DDSN's new main webpage and some of the same continuing issues with alerts, structural elements, and contrast errors were still present.

Incorrect Information on Previous Website

DDSN's website contained outdated personnel listings, contact information, reimbursement rates, and directives. Dated information may result in poor customer service for those providing services on behalf of DDSN, as well as for the public.

As of August 2022, the website listed at least five division directors who were no longer employed with the agency, and another two division directors were identified with incorrect titles. Additionally, the website contained the job advertisement for a new agency director, despite it being filled nearly a year prior. Furthermore, on the finance and accounting page, the current rates for qualified providers page listed the rates that became effective more than four years prior.

As for directives, there were at least ten policies that had not been revised for more than four years, contrary to the agency's directive page; one of these policies is DDSN's abuse, neglect, and exploitation reporting policy. Also, there was at least one policy that referenced another policy that is obsolete, and at least one policy that contained URLs that were broken. Lastly, several policies referred to a position that no longer exists, and at least one policy referred to a practice that is no longer followed. Failing to provide updated policies on an agency website does not promote transparency or aid staff in accessing the most current policies.

As of June 2023, the website had current information about all divisions except the engineering and planning division, for which no contact person was listed. We found the same provider rates as were on the website in August 2022, even though rates had been updated and increased effective January 1, 2023.

In our 2008 audit of DDSN, we noted a problem with the agency failing to review its policies; however, in our 2014 audit, we determined that the agency had followed its policy to review all directives annually. This is not currently the case.

During this audit, we found that 54 of 130 (42%) of the directives were well past due for review/revision, as per the agency's current standard of four years (instead of annually). Three of these directives had not been reviewed since 2015, with one of those being the procedures for preventing and reporting abuse, neglect, and exploitation.

None of the additional seven policies relating directly to the Commission were overdue for review; however, these policies are not found on the directives webpage, but, instead, under the commission tab.

Broken Links on Previous Website

DDSN's website contained at least 40 broken hyperlinks, in which users received the notice "page not found." Similar to outdated information, broken links create barriers to information for users.

On DDSN's main webpage, additional webpages are categorized into four areas: "about us," "contact," "providers," and "services." Table 4.3 lists the number of broken links by area as well as examples of the types of broken links.

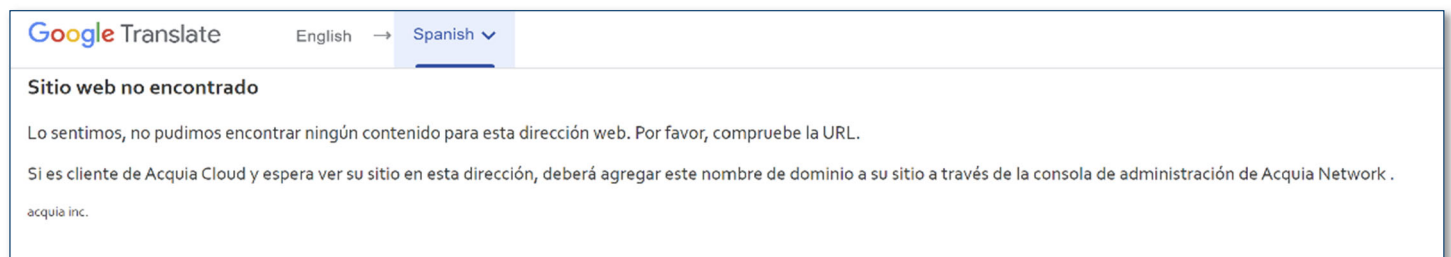
Table 4.3: Broken Links by Website Areas, as of September 2022

WEB PAGES	BROKEN LINKS	EXAMPLE OF CONTENT
About Us	1	Rate Information
Services	3	Waiver Information
Providers	6	Service Manual, Rate Information
Contact	30	Find a Service Provider, Waiver Information

Source: LAC Analysis of DDSN Website

Prior to the recent update, DDSN's main webpage contained a translate feature, in which the content of the page could be translated from English to another language; this link was also broken. Figure 4.4 shows the result after a user selected "Translate Site" on the agency's main webpage.

Figure 4.4: Image of DDSN's Google Translate Webpage



NOTE: "Sitio web no encontrado" translates in English to "Web site not found."

Source: Google Translate from DDSN's Translate Site Link

Without a translate feature, non-English speaking users will likely have difficulty understanding the content on the agency's website.

After the website was updated in May 2023, we did not find any broken links. The translate feature now works to change the language to Spanish; however, the website does not have the capability to translate into any other language.

We identified other state agencies, including the S.C. Department of Health and Human Services and the S.C. Department of Motor Vehicles, whose websites have translation capabilities for other languages. In South Carolina, almost 400,000 residents speak a language other than English in their homes. The top five spoken languages, after English, in this state are Spanish, German, Chinese (including Mandarin and Cantonese), French (including Cajun), and Tagalog (including Filipino). According to Google, its Translate Website Translator has been made available at no cost to state government agencies.

Accessibility of Whistleblower Protection, State Child Advocate, and Inspector General Information

In the previous version of DDSN's website, we found that the whistleblower protection information was not as accessible as other legally required website components, such as the contact information for reporting complaints to the State Child Advocate and Inspector General.

Since the website update in May 2023, contact information for the State Child Advocate and the Inspector General has been removed from the homepage and DDSN's website does not contain easily-accessible contact information for whistleblower protection.

Whistleblower Protection

It is important that staff are aware of their protections regarding whistleblowing, so they can feel confident about reporting, in good faith, internal problems without facing repercussions.

S.C. Code §8-27-60 states:

Each public body must make a summary of this chapter available on the public body's Internet website. The summary must include an explanation of the process required to report wrongdoing, an explanation of what constitutes wrongdoing, and a description of the protections available to an employee who reports wrongdoing.

On DDSN's website, information about whistleblower protections can be found in the agency's code of conduct directive. While searching for "whistleblower" in the agency's search field returned the code of conduct directive in the previous version, the directive does not appear in the top ten results now. Further "whistleblower" is not included in the directive's title, making it difficult to identify which directive includes the information in the list of directives on the agency's directives' webpage. Descriptions of the directives do not accompany their titles online. This information should be more conspicuously located.

Statutory language for both the State Child Advocate and Inspector General uses the terms "prominent" and "conspicuous" for the contact information. Those terms, however, are not found in the state's Whistleblower Protection Act. For the nine agencies—including DDSN, the S.C. Department of Social Services, and the S.C. Department of Juvenile Justice—required to display a link for complaints to the Child Advocate prominently and conspicuously, they did so on their main webpages. Displaying these protections for state employees prominently and conspicuously on the agency's main webpage may make it easier for employees to report wrongdoing.

Removing links to easily file a complaint with the State Child Advocate and Inspector General's offices is a disservice to DDSN's staff and other users of its website.

Recommendations

97. The S.C. Department of Disabilities and Special Needs should ensure that its website is fully accessible to individuals with disabilities.
98. The S.C. Department of Disabilities and Special Needs should ensure that all information included on its website is current, including staff contact information, service rates, and the content of its directives.
99. The S.C. Department of Disabilities and Special Needs should update directives which have not been reviewed or revised within the past four years, as required.
100. The S.C. Department of Disabilities and Special Needs should continue to ensure that website hyperlinks are not broken by conducting periodic checks.
101. The S.C. Department of Disabilities and Special Needs should research the feasibility of adding other languages to its translate feature on the agency's website.
102. The General Assembly should amend the Whistleblower Protections Act to include the terms "conspicuous" and "prominent" with regard to publicizing whistleblower protections on agency websites.
103. The S.C. Department of Disabilities and Special Needs should include, on its homepage, a hyperlink directing the user to a summary of whistleblower protections, the State Child Advocate's office, and the Inspector General's complaint webpage.

Licensure of Child Day Programs

DDSN has violated state law by failing to license and monitor child day programs since 2008. A child day program is a center-based day program for preschool and school-age children with disabilities. By not licensing and monitoring these programs, those enrolled may face a greater risk of harm.

DDSN does not license child day programs, as required by state law. S.C. Code §44-20-710 states:

No day program in part or in full for the care, training, or treatment of a person with intellectual disability, a related disability, head injury, or spinal cord injury may deliver services unless a license first is obtained from [DDSN].

According to agency officials, DDSN stopped licensing child day programs around 2008 or 2009. Reasons provided by the agency for this change include state budget cuts in 2008 and the emphasis on mainstreaming ID/RD children into public schools. In January 2022, we requested any policies or documentation of licensing and monitoring conducted by DDSN for child day programs prior to 2008; however, DDSN could not provide any documentation.

As of April 2022, we confirmed that there were at least three child day programs operating in the state. Two of these child day programs are licensed and monitored by the S.C. Department of Social Services (DSS) and receive pass-through funding from DDSN by Proviso 36.8 of the FY 21-22 Appropriations Act. The third child day program is operating without a required license since DDSN no longer licenses or monitors these programs. There is a possibility that there may be other unlicensed child day programs operating in South Carolina.

We found that no other entity currently licenses or monitors this type of child day program. Since DDSN has no documentation of how it previously licensed or monitored child day programs, we were unable to compare its practices to those of DSS. Children in these programs may face a greater risk of harm because these programs lack appropriate licensing and monitoring to ensure their safe functioning. DDSN management commented that the agency intends to resume the licensing and monitoring of child day programs.

Recommendation

104. The S.C. Department of Disabilities and Special Needs should resume the licensing and monitoring of child day programs, as required by state law.

DDSN Central Office Employee Survey Results

The LAC survey of DDSN central office employees was conducted between March 17, 2022 and March 25, 2022, using SurveyMonkey®. We sent a total of 214 survey invitations and received 134 complete responses, yielding a response rate of 63%. The survey was conducted anonymously, and the open-ended responses have been summarized and referenced throughout the report to preserve anonymity for those who participated.

The survey was designed using question logic to direct respondents to specific questions based on their responses. This resulted in some questions with low response counts, as they only applied to a limited number of participants. Questions are provided below with response percentages and response counts.

1. How long have you been employed with DDSN?		
ANSWER CHOICES	RESPONSES	
Less than 3 years	32.84%	44
Between 3 and 9 years	31.34%	42
More than 9 years	35.82%	48
TOTAL		134

2. In which division of the agency do you work?		
ANSWER CHOICES	RESPONSES	
Operations	32.84%	44
Policy	16.42%	22
Finance/ Information Technology/ Engineering	25.37%	34
Director's Office/ Human Resources/ Internal Audit/ Administrative Assistants	15.67%	21
Legal/ Risk & Quality Management/ Technical Assistance/ Information Security	9.70%	13
TOTAL		134

3. Why did you choose to work at DDSN? Please select the option that best describes your decision.		
ANSWER CHOICES	RESPONSES	
School prepared me for this career.	20.15%	27
Found the agency's mission interesting or important.	33.58%	45
State job security and benefits.	28.36%	38
Difficult to find another job in my field.	0.00%	0
Other (please specify).	17.91%	24
TOTAL		134

4. Why do you continue to work at DDSN? Please select the option that best describes your decision.

ANSWER CHOICES	RESPONSES	
Gain job experience.	11.19%	15
Find my job interesting or important.	56.72%	76
State job security and benefits.	17.16%	23
Difficult to find another job in my field.	1.49%	2
Other (please specify).	13.43%	18
TOTAL		134

5. To what extent is/was this agency a good place to work?

ANSWER CHOICES	RESPONSES			
	Currently		A year ago	
Always	25.20%	32	21.26%	27
Often	42.52%	54	28.35%	36
Sometimes	22.05%	28	18.90%	24
Rarely	6.30%	8	14.17%	18
Never	0.79%	1	3.15%	4
No Opinion	3.15%	4	14.17%	18
TOTAL		127		127

6. To what extent do/did you look forward to coming to work each day?

ANSWER CHOICES	RESPONSES			
	Currently		A year ago	
Always	26.77%	34	23.62%	30
Often	36.22%	46	31.50%	40
Sometimes	23.62%	30	13.39%	17
Rarely	6.30%	8	11.81%	15
Never	2.36%	3	4.72%	6
No Opinion	4.72%	6	14.96%	19
TOTAL		127		127

7. To what extent are you motivated to do your job?

ANSWER CHOICES	RESPONSES			
	Currently		A year ago	
Always	59.06%	75	48.03%	61
Often	25.98%	33	25.98%	33
Sometimes	11.02%	14	10.24%	13
Rarely	3.15%	4	3.15%	4
Never	0.00%	0	1.57%	2
No Opinion	0.79%	1	11.02%	14
TOTAL	127		127	

8. To what extent does/did your work environment contribute to your ability to perform your job well?

ANSWER CHOICES	RESPONSES			
	Currently		A year ago	
Always	30.71%	39	25.98%	33
Often	34.65%	44	29.13%	37
Sometimes	18.90%	24	18.90%	24
Rarely	8.66%	11	7.87%	10
Never	2.36%	3	3.15%	4
No Opinion	4.72%	6	14.96%	19
TOTAL	127		127	

9. Please provide any comments on how the agency's work environment has contributed to your ability to do your job.

ANSWER CHOICES	RESPONSES	
Open-Ended Responses Only	Answered	127
	Skipped	7

10. To what extent do/did you feel valued by the agency?

ANSWER CHOICES	RESPONSES			
	Currently		A year ago	
Always	22.83%	29	17.32%	22
Often	27.56%	35	25.98%	33
Sometimes	28.35%	36	18.90%	24
Rarely	14.17%	18	15.75%	20
Never	4.72%	6	9.45%	12
Prefer Not to Answer	2.36%	3	12.60%	16
TOTAL	127		127	

11. To what extent do/did you feel that agency leaders are/were focused on the mission of the agency?				
ANSWER CHOICES	RESPONSES			
	Currently		A year ago	
Always	32.50%	39	23.33%	28
Often	28.33%	34	21.67%	26
Sometimes	17.50%	21	21.67%	26
Rarely	8.33%	10	13.33%	16
Never	0.83%	1	2.50%	3
No Opinion	12.50%	15	17.50%	21
TOTAL	120		120	

12. To what extent do/did you have confidence in agency leaders?				
ANSWER CHOICES	RESPONSES			
	Currently		A year ago	
Always	28.33%	34	14.17%	17
Often	33.33%	40	30.00%	36
Sometimes	17.50%	21	13.33%	16
Rarely	6.67%	8	17.50%	21
Never	0.83%	1	6.67%	8
No Opinion	13.33%	16	18.33%	22
TOTAL	120		120	

13. To what extent do/did the actions of agency leaders show high ethical standards?				
ANSWER CHOICES	RESPONSES			
	Currently		A year ago	
Always	35.00%	42	18.33%	22
Often	26.67%	32	17.50%	21
Sometimes	14.17%	17	18.33%	22
Rarely	2.50%	3	15.83%	19
Never	1.67%	2	4.17%	5
No Opinion	20.00%	24	25.83%	31
TOTAL	120		120	

14. To what extent have agency leaders fostered the highest standards of ethics and integrity?					
ANSWER CHOICES	RESPONSES				
	Currently		A year ago		
Always	36.67%	44	20.00%	24	
Often	22.50%	27	17.50%	21	
Sometimes	13.33%	16	19.17%	23	
Rarely	4.17%	5	13.33%	16	
Never	2.50%	3	4.17%	5	
No Opinion	20.83%	25	25.83%	31	
TOTAL	120		120		

15. To what extent do/did agency leaders listen to employee issues and suggestions?					
ANSWER CHOICES	RESPONSES				
	Currently		A year ago		
Always	20.00%	24	10.00%	12	
Often	25.83%	31	21.67%	26	
Sometimes	18.33%	22	20.00%	24	
Rarely	9.17%	11	15.83%	19	
Never	5.83%	7	10.00%	12	
No Opinion	20.83%	25	22.50%	27	
TOTAL	120		120		

16. To what extent do/did different departments in this agency work together effectively to solve cross-departmental problems?					
ANSWER CHOICES	RESPONSES				
	Currently		A year ago		
Always	20.83%	25	12.50%	15	
Often	31.67%	38	25.00%	30	
Sometimes	20.00%	24	20.83%	25	
Rarely	7.50%	9	15.00%	18	
Never	5.83%	7	5.83%	7	
No Opinion	14.17%	17	20.83%	25	
TOTAL	120		120		

17. To what extent do/did agency leaders make sound policy/business decisions?					
ANSWER CHOICES	RESPONSES				
	Currently		A year ago		
Always	20.83%	25	7.50%	9	
Often	30.00%	36	24.17%	29	
Sometimes	17.50%	21	18.33%	22	
Rarely	5.83%	7	15.00%	18	
Never	1.67%	2	4.17%	5	
No Opinion	24.17%	29	30.83%	37	
TOTAL	120		120		

18. To what extent do/did agency leaders explain the reasons behind policy/business decisions?				
ANSWER CHOICES	RESPONSES			
	Currently		A year ago	
Always	10.83%	13	5.00%	6
Often	24.17%	29	13.33%	16
Sometimes	20.83%	25	25.00%	30
Rarely	14.17%	17	20.83%	25
Never	10.00%	12	14.17%	17
No Opinion	20.00%	24	21.67%	26
TOTAL	120		120	

19. To what extent can/could you believe the information you are/were given by agency leaders?				
ANSWER CHOICES	RESPONSES			
	Currently		A year ago	
Always	28.33%	34	15.83%	19
Often	32.50%	39	21.67%	26
Sometimes	15.00%	18	23.33%	28
Rarely	5.83%	7	10.00%	12
Never	3.33%	4	6.67%	8
No Opinion	15.00%	18	22.50%	27
TOTAL	120		120	

20. To what extent do/did you have access to information/resources needed to do your job?				
ANSWER CHOICES	RESPONSES			
	Currently		A year ago	
Always	42.02%	50	31.09%	37
Often	36.13%	43	29.41%	35
Sometimes	12.61%	15	18.49%	22
Rarely	5.04%	6	6.72%	8
Never	0.84%	1	1.68%	2
No Opinion	3.36%	4	12.61%	15
TOTAL	119		119	

21. To what extent is/was your ability to get things done at work dependent on personal friendships or favoritism?				
ANSWER CHOICES	RESPONSES			
	Currently		A year ago	
Always	3.36%	4	1.68%	2
Often	5.04%	6	7.56%	9
Sometimes	8.40%	10	10.92%	13
Rarely	19.33%	23	15.97%	19
Never	57.14%	68	48.74%	58
No Opinion	6.72%	8	15.13%	18
TOTAL	119		119	

22. To what extent does/did this agency allocate adequate resources to the most important projects/activities?				
ANSWER CHOICES	RESPONSES			
	Currently		A year ago	
Always	14.29%	17	10.08%	12
Often	22.69%	27	19.33%	23
Sometimes	21.85%	26	21.85%	26
Rarely	3.36%	4	10.08%	12
Never	4.20%	5	3.36%	4
No Opinion	33.61%	40	35.29%	42
TOTAL	119		119	

23. To what extent is/was the amount of paperwork required by your job reasonable?					
ANSWER CHOICES	RESPONSES				
	Currently		A year ago		
Always	31.93%	38	24.37%	29	
Often	34.45%	41	26.05%	31	
Sometimes	16.81%	20	22.69%	27	
Rarely	5.04%	6	7.56%	9	
Never	3.36%	4	3.36%	4	
No Opinion	8.40%	10	15.97%	19	
TOTAL	119		119		

24. To what extent are/were your skills and abilities being put to good use?					
ANSWER CHOICES	RESPONSES				
	Currently		A year ago		
Always	34.45%	41	26.89%	32	
Often	39.50%	47	30.25%	36	
Sometimes	16.81%	20	19.33%	23	
Rarely	4.20%	5	8.40%	10	
Never	1.68%	2	2.52%	3	
No Opinion	3.36%	4	12.61%	15	
TOTAL	119		119		

25. To what extent is/was your job description an accurate reflection of the duties you perform daily?					
ANSWER CHOICES	RESPONSES				
	Currently		A year ago		
Always	30.25%	36	24.37%	29	
Often	36.97%	44	28.57%	34	
Sometimes	20.17%	24	23.53%	28	
Rarely	4.20%	5	7.56%	9	
Never	2.52%	3	3.36%	4	
No Opinion	5.88%	7	12.61%	15	
TOTAL	119		119		

26. To what extent are/were changes in staffing communicated with other staff (new hires, terminations, promotions, transfers, etc.)?					
ANSWER CHOICES	RESPONSES				
	Currently		A year ago		
Always	16.95%	20	11.02%	13	
Often	22.03%	26	13.56%	16	
Sometimes	25.42%	30	23.73%	28	
Rarely	19.49%	23	24.58%	29	
Never	8.47%	10	12.71%	15	
No Opinion	7.63%	9	14.41%	17	
TOTAL	118		118		

27. To what extent are/were you comfortable contacting the agency's human resources department when you have/had a problem or concern?					
ANSWER CHOICES	RESPONSES				
	Currently		A year ago		
Always	32.20%	38	26.27%	31	
Often	17.80%	21	12.71%	15	
Sometimes	10.17%	12	10.17%	12	
Rarely	13.56%	16	13.56%	16	
Never	10.17%	12	13.56%	16	
No Opinion	16.10%	19	23.73%	28	
TOTAL	118		118		

28. Currently, to what extent are people in this agency able to raise allegations of the following in a confidential way?								
ANSWER CHOICES	RESPONSES							
	Discrimination				Harassment			
	Racial		Sex		Sexual		Verbal	
Always	29.66%	35	28.81%	34	27.97%	33	27.97%	33
Often	7.63%	9	9.32%	11	10.17%	12	10.17%	12
Sometimes	4.24%	5	3.39%	4	5.08%	6	4.24%	5
Rarely	5.93%	7	5.08%	6	5.93%	7	7.63%	9
Never	6.78%	8	7.63%	9	5.93%	7	7.63%	9
No Opinion	45.76%	54	45.76%	54	44.92%	53	42.37%	50
TOTAL	118		118		118		118	

29. A year ago, to what extent were people in this agency able to raise allegations of the following in a confidential way?

ANSWER CHOICES	RESPONSES							
	Discrimination				Harassment			
	Racial		Sex		Sexual		Verbal	
Always	17.80%	21	17.80%	21	16.95%	20	16.95%	20
Often	5.93%	7	6.78%	8	6.78%	8	5.93%	7
Sometimes	5.93%	7	5.08%	6	5.08%	6	6.78%	8
Rarely	9.32%	11	11.02%	13	11.86%	14	10.17%	12
Never	5.93%	7	6.78%	8	5.93%	7	8.47%	10
No Opinion	55.08%	65	52.54%	62	53.39%	63	51.69%	61
TOTAL	118		118		118		118	

30. During any point in the last year, to what extent are/were you confident that your concerns shared with the agency's human resources department remain/remained confidential?

ANSWER CHOICES	RESPONSES	
Always	27.12%	32
Often	5.93%	7
Sometimes	8.47%	10
Rarely	7.63%	9
Never	9.32%	11
No Opinion	41.53%	49
TOTAL	118	

31. Currently, to what extent are you confident that you would be protected from retaliation if you report harassment or discrimination?

ANSWER CHOICES	RESPONSES	
Always	23.73%	28
Moderately	19.49%	23
Sometimes	8.47%	10
Rarely	10.17%	12
Never	9.32%	11
No Opinion	28.81%	34
TOTAL	118	

32. A year ago, to what extent were you confident that you would be protected from retaliation if you reported harassment or discrimination?		
ANSWER CHOICES	RESPONSES	
Always	16.10%	19
Moderately	11.86%	14
Sometimes	7.63%	9
Rarely	14.41%	17
Never	12.71%	15
No Opinion	37.29%	44
TOTAL		118

33. During any point in the last year, to what extent are you satisfied with the human resources practices used to resolve employee complaints/issues?		
ANSWER CHOICES	RESPONSES	
Always	17.80%	21
Often	7.63%	9
Sometimes	5.93%	7
Rarely	12.71%	15
Never	7.63%	9
No Opinion	48.31%	57
TOTAL		118

34. Currently, to what extent are people in this agency free from:								
ANSWER CHOICES	RESPONSES							
	Discrimination				Harassment			
	Racial		Sex		Sexual		Verbal	
Always	27.12%	32	27.12%	32	28.81%	34	27.12%	32
Often	15.25%	18	16.95%	20	13.56%	16	16.10%	19
Sometimes	11.02%	13	11.02%	13	12.71%	15	11.02%	13
Rarely	5.08%	6	4.24%	5	1.69%	2	5.08%	6
Never	1.69%	2	1.69%	2	0.85%	1	2.54%	3
No Opinion	39.83%	47	38.98%	46	42.37%	50	38.14%	45
TOTAL	118		118		118		118	

35. A year ago, to what extent were people in this agency free from:

ANSWER CHOICES	RESPONSES							
	Discrimination				Harassment			
	Racial		Sex		Sexual		Verbal	
Always	18.64%	22	18.64%	22	18.64%	22	17.80%	21
Often	15.25%	18	14.41%	17	14.41%	17	13.56%	16
Sometimes	10.17%	12	10.17%	12	12.71%	15	14.41%	17
Rarely	7.63%	9	6.78%	8	4.24%	5	7.63%	9
Never	3.39%	4	3.39%	4	3.39%	4	5.08%	6
No Opinion	44.92%	53	46.61%	55	46.61%	55	41.53%	49
TOTAL	118		118		118		118	

36. Currently, to what extent does this agency fairly deal with:

ANSWER CHOICES	RESPONSES							
	Discrimination				Harassment			
	Racial		Sex		Sexual		Verbal	
Always	21.19%	25	21.19%	25	21.19%	25	21.19%	25
Often	9.32%	11	9.32%	11	9.32%	11	9.32%	11
Sometimes	6.78%	8	6.78%	8	8.47%	10	8.47%	10
Rarely	7.63%	9	5.93%	7	3.39%	4	6.78%	8
Never	4.24%	5	4.24%	5	2.54%	3	4.24%	5
No Opinion	50.85%	60	52.54%	62	55.08%	65	50.00%	59
TOTAL	118		118		118		118	

37. A year ago, to what extent did this agency fairly deal with:

ANSWER CHOICES	RESPONSES							
	Discrimination				Harassment			
	Racial		Sex		Sexual		Verbal	
Always	15.25%	18	14.41%	17	13.56%	16	14.41%	17
Often	10.17%	12	10.17%	12	10.17%	12	9.32%	11
Sometimes	6.78%	8	6.78%	8	8.47%	10	10.17%	12
Rarely	8.47%	10	7.63%	9	6.78%	8	8.47%	10
Never	5.93%	7	6.78%	8	5.08%	6	7.63%	9
No Opinion	53.39%	63	54.24%	64	55.93%	66	50.00%	59
TOTAL	118		118		118		118	

38. Currently, to what extent does this agency quickly deal with:

ANSWER CHOICES	RESPONSES							
	Discrimination				Harassment			
	Racial		Sex		Sexual		Verbal	
Always	16.10%	19	16.10%	19	16.10%	19	16.10%	19
Often	10.17%	12	9.32%	11	11.02%	13	9.32%	11
Sometimes	3.39%	4	4.24%	5	4.24%	5	6.78%	8
Rarely	5.08%	6	4.24%	5	2.54%	3	3.39%	4
Never	2.54%	3	3.39%	4	2.54%	3	3.39%	4
No Opinion	62.71%	74	62.71%	74	63.56%	75	61.02%	72
TOTAL	118		118		118		118	

39. A year ago, to what extent did this organization quickly deal with:

ANSWER CHOICES	RESPONSES							
	Discrimination				Harassment			
	Racial		Sex		Sexual		Verbal	
Always	11.86%	14	11.02%	13	10.17%	12	11.02%	13
Often	11.86%	14	11.02%	13	11.02%	13	10.17%	12
Sometimes	2.54%	3	2.54%	3	4.24%	5	5.93%	7
Rarely	8.47%	10	7.63%	9	7.63%	9	7.63%	9
Never	4.24%	5	5.08%	6	3.39%	4	6.78%	8
No Opinion	61.02%	72	62.71%	74	63.56%	75	58.47%	69
TOTAL	118		118		118		118	

40. To what extent is the amount of time you spend responding to requests from commissioners or preparing for commission meetings reasonable? (This includes requests directly from the commission or a commission member and requests from your supervisors on behalf of the commission or a commission member.)

ANSWER CHOICES	RESPONSES	
Always	11.02%	13
Usually	12.71%	15
Sometimes	12.71%	15
Rarely	16.95%	20
Never	10.17%	12
No Opinion	36.44%	43
TOTAL	118	

41. Do you think the agency should continue to be run by a commission?		
ANSWER CHOICES	RESPONSES	
Yes	19.49%	23
No	33.05%	39
No Opinion	47.46%	56
TOTAL		118

42. Please provide your thoughts regarding agency restructuring, such as a director appointed by the governor, a cabinet agency, or organized under another agency (i.e., the S.C. Department of Health and Human Services). If other, please specify.		
ANSWER CHOICES	RESPONSES	
Open-Ended Responses Only	<i>Answered</i>	39
	<i>Skipped</i>	95

43. Please provide any other concerns, comments, or suggestions that you think might be useful to our review of DDSN. Please remember that all of your responses are anonymous and confidential.		
ANSWER CHOICES	RESPONSES	
Open-Ended Responses Only	<i>Answered</i>	75
	<i>Skipped</i>	59

DDSN Regional Center Employee Survey Results

The LAC survey of DDSN regional center employees was conducted between April 12, 2022 and May 4, 2022, using SurveySparrow® combined with hardcopy forms for employees where no email address or telephone number was provided to us. We sent a total of 1,284 survey invitations and received 343 complete responses, yielding a response rate of 27%. The survey was conducted anonymously, and the open-ended responses have been summarized and referenced throughout the report to preserve anonymity for those who participated.

The survey was designed using question logic to direct respondents to specific questions based on their responses. This resulted in some questions with low response counts, as they only applied to a limited number of participants.

1. How long have you been employed with DDSN?		
ANSWER CHOICES	RESPONSES	
Less than 1 year	9.91%	34
1-4 years	27.99%	96
5-10 years	25.36%	87
More than 10 years	36.73%	126
TOTAL		343

2. At which regional center do you work? For individuals who split time between regional centers, please respond with from which location you normally work.		
ANSWER CHOICES	RESPONSES	
Coastal	38.71%	132
Midlands	15.54%	53
Pee Dee/Saleeby	21.99%	75
Whitten	23.75%	81
TOTAL		341

3. In which area do you work?		
ANSWER CHOICES	RESPONSES	
Residential Staff (including Day Program Staff)	43.03%	145
Support Services	24.33%	82
Health Services/ Medical Department (including Nursing, Medical, Dental, and Consumer Supports)	19.29%	65
Administrative (including Campus Office, Switchboard, Facility Officer of the Day, Quality Assurance, Human Resources, and Staff Development)	13.35%	45
TOTAL		337

4. Why did you choose to work at DDSN?		
ANSWER CHOICES	RESPONSES	
School prepared me for this career	6.63%	22
I found the organization's mission interesting or important	28.92%	96
State job security and benefits	44.28%	147
Unable to find another job in my field	5.42%	18
Other (please specify)	14.76%	49
TOTAL		332

5. Why do you continue to work at DDSN?		
ANSWER CHOICES	RESPONSES	
Gain job experience	5.12%	17
I find my job interesting or important	46.99%	156
State job security and benefits	25.90%	86
Unable to find another job in my field	4.82%	16
Other (please specify)	17.17%	57
TOTAL		332

6. My salary and benefits adequately meet the needs of myself and/or my family.		
ANSWER CHOICES	RESPONSES	
Strongly Agree	0.60%	2
Agree	9.58%	32
Neither Agree nor Disagree	8.38%	28
Disagree	33.23%	111
Strongly Disagree	48.20%	161
TOTAL		334

7. Would you continue to work at DDSN if another job offered you the same pay and benefits?		
ANSWER CHOICES	RESPONSES	
Yes	44.31%	148
No	55.69%	186
TOTAL		334

8. Generally, how far in advance of your shift are you asked to work overtime?		
ANSWER CHOICES	RESPONSES	
I am asked during my shift/less than 6 hours in advance	58.86%	196
6-12 hours in advance	5.41%	18
12-18 hours in advance	0.90%	3
18-24 hours in advance	1.50%	5
24 hours in advance or more	5.71%	19
I have not been asked to work overtime	27.63%	92
TOTAL		333

9. I feel obligated to work overtime when I am asked.		
ANSWER CHOICES	RESPONSES	
Strongly Agree	34.54%	86
Agree	21.69%	54
Neither Agree nor Disagree	22.09%	55
Disagree	9.24%	23
Strongly Disagree	9.64%	24
I have not been asked to work overtime	2.81%	7
TOTAL		249

10. Staffing levels in my facility/unit/department are adequate.		
ANSWER CHOICES	RESPONSES	
Strongly Agree	4.50%	15
Agree	8.41%	28
Neither Agree nor Disagree	7.51%	25
Disagree	18.02%	60
Strongly Disagree	61.56%	205
TOTAL		333

11. What do you think is the main reason for turnover among staff? Select all that apply.		
ANSWER CHOICES	RESPONSES	
Dissatisfied with pay and benefits	65.60%	225
Work hours/overtime	58.89%	202
Poor management	60.35%	207
Insufficient training	39.94%	137
COVID safety issues/fear of contracting COVID	13.99%	48
Other (please specify)	22.16%	76

12. In the past year, have you been <u>asked</u> to work despite having COVID-19 symptoms (fever, cough, loss of taste or smell, etc.)?		
ANSWER CHOICES	RESPONSES	
Yes	26.67%	88
No	73.33%	2424
TOTAL		330

13. In the past year, have you been <u>required</u> to work despite having COVID-19 symptoms (fever, cough, loss of taste or smell, etc.)?		
ANSWER CHOICES	RESPONSES	
Yes	20.61%	68
No	79.39%	262
TOTAL		330

14. Have you been <u>asked</u> to work despite testing positive for COVID-19?		
ANSWER CHOICES	RESPONSES	
Yes	14.29%	47
No	85.71%	282
TOTAL		329

15. Have you been <u>required</u> to work despite testing positive for COVID-19?		
ANSWER CHOICES	RESPONSES	
Yes	10.94%	36
No	89.06%	293
TOTAL		329

16. For issues other than the pandemic, communication with DDSN Central Office is adequate.		
ANSWER CHOICES	RESPONSES	
Strongly Agree	6.98%	3
Agree	23.26%	10
Neither Agree nor Disagree	32.56%	14
Disagree	9.30%	4
Strongly Disagree	16.28%	7
I do not communicate with the Central Office	11.63%	5
TOTAL		43

17. DDSN Central Office was supportive during the early stages of the pandemic (Spring 2020).

ANSWER CHOICES	RESPONSES	
Agree	36.84%	14
Neither Agree nor Disagree	21.05%	8
Disagree	10.53%	4
Strongly Disagree	18.42%	7
I do not communicate with the Central Office	13.16%	5
TOTAL		38

18. The facility/unit/department in which you work is clean.

ANSWER CHOICES	RESPONSES	
Strongly Agree	14.94%	49
Agree	38.72%	127
Neither Agree nor Disagree	14.94%	49
Disagree	18.29%	60
Strongly Disagree	13.11%	43
TOTAL		328

19. The facility/unit/department in which you work needs repairs.

ANSWER CHOICES	RESPONSES	
Strongly Agree	50.91%	167
Agree	28.66%	94
Neither Agree nor Disagree	10.37%	34
Disagree	8.23%	27
Strongly Disagree	1.83%	6
TOTAL		328

20. I know to whom I must report alleged abuse, neglect, and/or exploitation.

ANSWER CHOICES	RESPONSES	
Yes	99.39%	325
No	0.61%	2
TOTAL		327

21. In the past year, have you been discouraged from reporting abuse, neglect, and/or exploitation?

ANSWER CHOICES	RESPONSES	
Yes	5.83%	19
No	94.17%	307
TOTAL		326

22. In the past year, are you aware of any abuse, neglect, and/or exploitation that was not reported to SLED?		
ANSWER CHOICES	RESPONSES	
Yes	3.68%	12
No	96.32%	314
TOTAL		326

23. In the past year, are you aware of any abuse, neglect, and/or exploitation that was not reported to the regional center's management?		
ANSWER CHOICES	RESPONSES	
Yes	3.67%	12
No	96.33%	315
TOTAL		327

24. In the past year, did you report abuse, neglect, and/or exploitation for which management did not conduct a management review of the reported incident?		
ANSWER CHOICES	RESPONSES	
Yes	2.75%	9
No	97.25%	318
TOTAL		327

25. Onboarding training delivered through video would be helpful.		
ANSWER CHOICES	RESPONSES	
Strongly Agree	18.40%	60
Agree	34.36%	112
Neither Agree nor Disagree	28.53%	93
Disagree	11.35%	37
Strongly Disagree	7.36%	24
TOTAL		326

26. Annual training delivered through video would be helpful.		
ANSWER CHOICES	RESPONSES	
Strongly Agree	20.86%	68
Agree	39.57%	129
Neither Agree nor Disagree	24.23%	79
Disagree	10.43%	34
Strongly Disagree	4.91%	16
TOTAL		326

27. In the past year, have you attended training that discusses the following topics? Select all that apply.

ANSWER CHOICES	RESPONSES	
Prevention of Abuse, Neglect, and Exploitation	64.72%	222
Restraints	42.57%	146
Choking Prevention	39.65%	136
Consumer's Individual Support Plan (ISP)	42.27%	145
Workplace Harassment	34.99%	120
Confidentiality/HIPAA	53.35%	183
Fire Safety/Disaster Preparedness	55.39%	190
Consumer Rights/Due Process	51.90%	178
Personal Property Inventory	30.32%	104
Consumer Supervision	44.31%	152
None of the above	16.33%	56

28. How frequently do you receive training that relates to your job duties? Please indicate a time frame closest to when the training occurs.

ANSWER CHOICES	RESPONSES	
Every 3 months	13.35%	43
Every 6 months	7.76%	25
Every 12 months	38.20%	123
Longer than every 12 months	18.32%	59
I have not received training that relates to my job duties	22.36%	72
TOTAL		322

29. The training provided has been helpful to you in the performance of your job duties.

ANSWER CHOICES	RESPONSES	
Strongly Agree	12.76%	31
Agree	44.86%	109
Neither Agree nor Disagree	28.40%	69
Disagree	7.82%	19
Strongly Disagree	4.12%	10
I have not received training that relates to my job duties	2.06%	5
TOTAL		243

30. The training provided on consumer abuse, neglect, and exploitation (ANE) has been helpful in knowing when to report ANE.

ANSWER CHOICES	RESPONSES	
Strongly Agree	39.61%	61
Agree	50.65%	78
Neither Agree nor Disagree	7.79%	12
Disagree	0.65%	1
Strongly Disagree	1.30%	2
TOTAL		154

31. The training provided on consumer abuse, neglect, and exploitation has been helpful in knowing who is responsible to report ANE.

ANSWER CHOICES	RESPONSES	
Strongly Agree	38.96%	60
Agree	52.60%	81
Neither Agree nor Disagree	5.84%	9
Disagree	1.95%	3
Strongly Disagree	0.65%	1
TOTAL		154

32. The training provided on consumer abuse, neglect, and exploitation has been helpful in knowing to which agency to report ANE.

ANSWER CHOICES	RESPONSES	
Strongly Agree	37.66%	58
Agree	51.95%	80
Neither Agree nor Disagree	7.79%	12
Disagree	1.30%	2
Strongly Disagree	1.30%	2
TOTAL		154

33. The training provided has been helpful when dealing with consumers who have aggressive behaviors.

ANSWER CHOICES	RESPONSES	
Strongly Agree	13.55%	21
Agree	25.81%	40
Neither Agree nor Disagree	18.06%	28
Disagree	24.52%	38
Strongly Disagree	18.06%	28
TOTAL		155

34. The training provided has been helpful to you in preventing harm or injury to a consumer.		
ANSWER CHOICES	RESPONSES	
Strongly Agree	18.71%	29
Agree	45.16%	70
Neither Agree nor Disagree	19.35%	30
Disagree	12.26%	19
Strongly Disagree	4.52%	7
TOTAL		155

35. The annual training is adequate to provide first aid to consumers with injuries.		
ANSWER CHOICES	RESPONSES	
Strongly Agree	11.69%	18
Agree	41.56%	64
Neither Agree nor Disagree	19.48%	30
Disagree	19.48%	30
Strongly Disagree	7.79%	12
TOTAL		154

36. During your shift, consumers are treated with dignity and respect during bathroom activities (using the bathroom, bathing, etc.).		
ANSWER CHOICES	RESPONSES	
Always	64.04%	130
Usually	18.23%	37
Sometimes	6.40%	13
Rarely	1.48%	3
Never	0.49%	1
Not Applicable	9.36%	19
TOTAL		203

37. During your shift, consumers are treated with dignity and respect during meal times.		
ANSWER CHOICES	RESPONSES	
Always	70.44%	143
Usually	17.24%	35
Sometimes	5.42%	11
Rarely	0.49%	1
Never	0.99%	2
Not Applicable	5.42%	11
TOTAL		203

38. Day programs use activities other than television.		
ANSWER CHOICES	RESPONSES	
Always	39.90%	81
Usually	24.63%	50
Sometimes	12.81%	26
Rarely	5.91%	12
Never	0.99%	2
Not Applicable	15.76%	32
TOTAL		203

39. Day programs use music in the activities.		
ANSWER CHOICES	RESPONSES	
Always	29.06%	59
Usually	22.17%	45
Sometimes	27.59%	56
Rarely	5.42%	11
Never	0.99%	2
Not Applicable	14.78%	30
TOTAL		203

40. Day programs use reading materials in the activities.		
ANSWER CHOICES	RESPONSES	
Always	21.57%	44
Usually	18.63%	38
Sometimes	26.96%	55
Rarely	9.31%	19
Never	4.41%	9
Not Applicable	19.12%	39
TOTAL		204

41. Day programs use sensory objects in the activities.		
ANSWER CHOICES	RESPONSES	
Always	31.86%	65
Usually	25.49%	52
Sometimes	22.55%	46
Rarely	2.94%	6
Never	0.98%	2
Not Applicable	16.18%	33
TOTAL		204

42. Consumers' social needs are regularly met.		
ANSWER CHOICES	RESPONSES	
Always	25.49%	52
Usually	24.51%	50
Sometimes	22.06%	45
Rarely	16.67%	34
Never	3.92%	8
Not Applicable	7.35%	15
TOTAL		204

43. Consumers' health needs are regularly met.		
ANSWER CHOICES	RESPONSES	
Always	37.25%	76
Usually	32.35%	66
Sometimes	15.69%	32
Rarely	7.84%	16
Never	1.96%	4
Not Applicable	4.90%	10
TOTAL		204

44. Consumers' safety needs are regularly met.		
ANSWER CHOICES	RESPONSES	
Always	39.71%	81
Usually	34.80%	71
Sometimes	14.22%	29
Rarely	6.86%	14
Never	0.98%	2
Not Applicable	3.43%	7
TOTAL		204

45. Are there consumers residing at the regional center who are employed on campus?		
ANSWER CHOICES	RESPONSES	
Yes	39.59%	97
No	32.65%	80
Not Applicable	27.76%	68
TOTAL		245

46. Are there enough employment opportunities at the regional center for consumers who can or want to work?

ANSWER CHOICES	RESPONSES	
Yes	36.11%	26
No	40.28%	29
Not Applicable	23.61%	17
TOTAL		72

47. Are there consumers residing at the regional centers who could reside in a less restrictive setting?

ANSWER CHOICES	RESPONSES	
Yes	45.00%	27
No	30.00%	18
Not Applicable	25.00%	15
TOTAL		60

48. Greater access to assistive technology could help some residents move out of the regional center and into less restrictive settings.

ANSWER CHOICES	RESPONSES	
Strongly Agree	8.89%	4
Agree	35.56%	16
Neither Agree nor Disagree	37.78%	17
Disagree	8.89%	4
Strongly Disagree	8.89%	4
TOTAL		45

49. How frequently do you discuss residential options other than the regional center with consumers who may qualify?

ANSWER CHOICES	RESPONSES	
Monthly	3.33%	2
Every 3 months	5.00%	3
Yearly	5.00%	3
I do not work directly with consumers/Not Applicable	86.67%	52
TOTAL		60

50. How frequently do you discuss residential options other than the regional center with consumers' families/guardians?		
ANSWER CHOICES	RESPONSES	
Weekly	0.00%	0
Monthly	11.11%	1
Every 3 months	22.22%	2
Every 6 months	0.00%	0
Every 12 months	44.44%	4
I do not work directly with consumers/Not Applicable	22.22%	2
TOTAL		9

51. To your knowledge, when was the last time a consumer transitioned out of living at the regional center?		
ANSWER CHOICES	RESPONSES	
Last week	11.11%	1
Last month	0	0
3 months ago	11.11%	1
6 months ago	22.22%	2
12 months ago	33.33%	3
I do not know/I am not aware	11.11%	1
Not Applicable	11.11%	1
TOTAL		9

52. How often are consumer rights' training provided to consumers?		
ANSWER CHOICES	RESPONSES	
Once a month	6.56%	16
Once every 3 months	7.38%	18
Once every 6 months	4.92%	12
Once a year	31.56%	77
Not Applicable	49.59%	121
TOTAL		244

53. Who currently conducts the consumer rights' training?		
ANSWER CHOICES	RESPONSES	
DDSN Staff	50.83%	123
Long-Term Care Ombudsman	13.22%	32
Disability Rights of S.C.	9.09%	22
I do not know/I am not aware	26.86%	65
TOTAL		242

54. Please provide any other concerns, comments, or suggestions that you think might be useful to our review of DDSN. Please remember that all of your responses are anonymous and confidential.		
ANSWER CHOICES	RESPONSES	
Open-Ended Responses Only	<i>Answered</i>	212
	<i>Skipped</i>	131

DDSN Qualified Providers/DSN Boards

Survey Results

The LAC survey of DDSN qualified providers and DSN boards was conducted between April 11, 2022 and April 25, 2022, using SurveySparrow®. We sent a total of 161 survey invitations and received 43 responses, yielding a response rate of 27%. The survey was conducted anonymously, and the open-ended responses have been summarized and referenced throughout the report to preserve anonymity for those who participated.

The survey was designed using question logic to direct respondents to specific questions based on their responses. This resulted in some questions with low response counts, as they only applied to a limited number of participants.

1. How long have you been employed with your organization?		
ANSWER CHOICES	RESPONSES	
Less than 1 year	2.33%	1
1-3 years	9.30%	4
4-7 years	16.28%	7
8-10 years	6.98%	3
Greater than 10 years	65.12%	28
TOTAL		43

2. Do you work for a Qualified Provider or a DSN Board?		
ANSWER CHOICES	RESPONSES	
Qualified Provider	51.16%	22
DSN Board	48.84%	21
TOTAL		43

3. In which area do you work?		
ANSWER CHOICES	RESPONSES	
Administration	74.42%	32
Direct care	6.98%	3
Other (please specify)	18.60%	8
TOTAL		43

4. Why did you choose to work with your organization?

ANSWER CHOICES	RESPONSES	
School prepared me for this career	16.28%	7
I found the organization's mission interesting or important	62.79%	27
Job security and benefits	4.65%	2
Other (please specify)	16.28%	7
TOTAL		43

5. Why do you continue to work at your organization?

ANSWER CHOICES	RESPONSES	
I find my job interesting or important	88.37%	38
Job security and benefits	4.65%	2
Other (please specify)	6.98%	3
TOTAL		43

6. Staffing levels at your facility/unit/organization are adequate.

ANSWER CHOICES	RESPONSES	
Strongly Agree	9.52%	4
Agree	14.29%	6
Neither Agree nor Disagree	16.67%	7
Disagree	35.71%	15
Strongly Disagree	23.81%	10
TOTAL		42

7. This organization does an adequate job in retaining essential employees.

ANSWER CHOICES	RESPONSES	
Strongly Agree	7.14%	3
Agree	35.71%	15
Neither Agree nor Disagree	19.05%	8
Disagree	30.95%	13
Strongly Disagree	7.14%	3
TOTAL		42

8. What do you think is the main reason for turnover among staff?

ANSWER CHOICES	RESPONSES	
Dissatisfied with pay and benefits	64.29%	27
Work hours/overtime	2.38%	1
Insufficient training	2.38%	1
COVID safety/fear of contracting COVID	4.76%	2
Other (please specify)	26.19%	11
TOTAL		42

9. Does your organization have a behavioral support specialist (BSS) or board-certified behavior analyst (BCBA) on staff?

ANSWER CHOICES	RESPONSES	
Yes	37.50%	12
No	62.50%	20
TOTAL		32

10. What service(s) does your organization provide? Select all that apply.

ANSWER CHOICES	RESPONSES	
Adult companion services	2.74%	6
Behavioral support services	4.57%	10
Career preparation services	9.59%	21
Case management services	10.05%	22
Community services	7.76%	17
Day activity services	10.50%	23
Early intervention services	13.70%	30
Employment services	9.59%	21
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)	5.48%	12
Intake services	8.22%	18
Residential habilitation services	10.96%	24
Respite care services	3.20%	7
Support center services	3.65%	8

11. Your organization is treated equitably in comparison to DSN boards.

ANSWER CHOICES	RESPONSES	
Strongly Agree	19.05%	4
Agree	14.29%	3
Neither Agree nor Disagree	23.81%	5
Disagree	33.33%	7
Strongly Disagree	9.52%	2
TOTAL		21

12. Generally, how often do you communicate with DDSN's Central Office?

ANSWER CHOICES	RESPONSES	
Daily	7.14%	3
Weekly	35.71%	15
Monthly	40.48%	17
Quarterly	9.52%	4
I do not communicate with the Central Office	7.14%	3
TOTAL		42

13. For issues other than the pandemic, communication with DDSN's Central Office is adequate.

ANSWER CHOICES	RESPONSES	
Strongly Agree	5.13%	2
Agree	25.64%	10
Neither Agree nor Disagree	25.64%	10
Disagree	30.77%	12
Strongly Disagree	12.82%	5
TOTAL		39

14. DDSN's Central Office was supportive during the early stages of the pandemic (Spring 2020).

ANSWER CHOICES	RESPONSES	
Strongly Agree	17.95%	7
Agree	46.15%	18
Neither Agree nor Disagree	12.82%	5
Disagree	15.38%	6
Strongly Disagree	5.13%	2
Not Applicable	2.56%	1
TOTAL		39

15. Communication with DDSN's Central Office has improved in the last year.		
ANSWER CHOICES	RESPONSES	
Strongly Agree	5.13%	2
Agree	15.38%	6
Neither Agree nor Disagree	23.08%	9
Disagree	33.33%	13
Strongly Disagree	23.08%	9
TOTAL		39

16. Communication with DDSN's Central Office has improved in the last six months.		
ANSWER CHOICES	RESPONSES	
Agree	17.95%	7
Neither Agree nor Disagree	33.33%	13
Disagree	28.21%	11
Strongly Disagree	20.51%	8
TOTAL		39

17. When you ask DDSN's Central Office a question, you receive a prompt reply.		
ANSWER CHOICES	RESPONSES	
Strongly Agree	4.76%	2
Agree	45.24%	19
Neither Agree nor Disagree	19.05%	8
Disagree	23.81%	10
Strongly Disagree	4.76%	2
I do not communicate with the Central Office	2.38%	1
TOTAL		42

18. I feel free to discuss problems or ideas with DDSN's Central Office.		
ANSWER CHOICES	RESPONSES	
Strongly Agree	12.20%	5
Agree	31.71%	13
Neither Agree nor Disagree	26.83%	11
Disagree	21.95%	9
Strongly Disagree	7.32%	3
TOTAL		41

19. DDSN has good channels of communication that stimulate feedback.		
ANSWER CHOICES	RESPONSES	
Strongly Agree	7.50%	3
Agree	15.00%	6
Neither Agree nor Disagree	20.00%	8
Disagree	37.50%	15
Strongly Disagree	20.00%	8
TOTAL		40

20. DDSN has clearly defined policies, procedures, directives, etc. to guide your decision making.		
ANSWER CHOICES	RESPONSES	
Strongly Agree	12.20%	5
Agree	51.22%	21
Neither Agree nor Disagree	12.20%	5
Disagree	24.39%	10
TOTAL		41

21. DDSN explains the reasons behind its policy decisions.		
ANSWER CHOICES	RESPONSES	
Strongly Agree	9.76%	4
Agree	29.27%	12
Neither Agree nor Disagree	12.20%	5
Disagree	39.02%	16
Strongly Disagree	9.76%	4
TOTAL		41

22. DDSN communicates required changes to policies, procedures, directives, etc. in a timely manner.		
ANSWER CHOICES	RESPONSES	
Strongly Agree	9.76%	4
Agree	26.83%	11
Neither Agree nor Disagree	31.71%	13
Disagree	26.83%	11
Strongly Disagree	4.88%	2
TOTAL		41

23. Do you think DDSN should keep its commission structure?		
ANSWER CHOICES	RESPONSES	
Yes	21.95%	9
No	53.66%	22
No Opinion	24.39%	10
TOTAL		41

24. If no, please provide your thoughts regarding agency restructuring such as to a cabinet agency, organized under another agency (i.e., the SC Department of Health and Human Services or other structure). Please specify.		
ANSWER CHOICES	RESPONSES	
Open-Ended Responses Only	<i>Answered</i>	18
	<i>Skipped</i>	7

25. The transition to fee-for-service (FFS) will impact/has impacted the organization.		
ANSWER CHOICES	RESPONSES	
Strongly Agree	29.27%	12
Agree	48.78%	20
Neither Agree nor Disagree	12.20%	5
Disagree	7.32%	3
Not Applicable	2.44%	1
TOTAL		41

26. Please provide any comments regarding the impact of DDSN's transition to FFS on your organization.		
ANSWER CHOICES	RESPONSES	
Open-Ended Responses Only	<i>Answered</i>	24
	<i>Skipped</i>	19

27. The implementation of conflict-free case management has impacted the organization.		
ANSWER CHOICES	RESPONSES	
Strongly Agree	29.27%	12
Agree	31.71%	13
Neither Agree nor Disagree	21.95%	9
Disagree	2.44%	1
Not Applicable	14.63%	6
TOTAL		41

28. There are enough service providers to meet the needs of the consumers you serve.		
ANSWER CHOICES	RESPONSES	
Strongly Agree	9.76%	4
Agree	26.83%	11
Neither Agree nor Disagree	19.51%	8
Disagree	29.27%	12
Strongly Disagree	14.63%	6
TOTAL		41

29. What staffing positions are the most difficult to secure?		
ANSWER CHOICES	RESPONSES	
Behavioral support specialists	8.77%	5
Case managers	19.30%	11
Direct support professionals	50.88%	29
Psychologists	1.75%	1
Not Applicable	3.51%	2
Other (please specify)	15.79%	9

30. How frequently do you receive training that relates to your job duties?		
ANSWER CHOICES	RESPONSES	
Monthly	41.46%	17
Every 3 months	17.07%	7
Every 6 months	12.20%	5
Yearly	24.39%	10
I have never received training	4.88%	2
TOTAL		41

31. In the past year, have you attended training on the following topics? Select all that apply.

ANSWER CHOICES	RESPONSES	
Prevention of Abuse, Neglect, and Exploitation	14.04%	32
Choking Prevention	7.46%	17
Restraints	7.46%	17
Consumer's Individual Support Plan (ISP)	5.70%	13
Workplace Harassment	10.53%	24
Confidentiality/HIPAA	15.35%	35
Fire Safety/Disaster Preparedness	11.84%	27
Consumer Rights/Due Process	12.28%	28
Personal Property Inventory	7.02%	16
Consumer Supervision	7.02%	16
None of the above	1.32%	3

32. It would be helpful if training materials were developed by DDSN's Central Office staff.

ANSWER CHOICES	RESPONSES	
Strongly Agree	21.95%	9
Agree	36.59%	15
Neither Agree nor Disagree	21.95%	9
Disagree	14.63%	6
Strongly Disagree	4.88%	2
TOTAL		41

33. How many consumers receiving your services are employed in the community?

ANSWER CHOICES	RESPONSES	
None	4.88%	2
1-4	4.88%	2
5-9	12.20%	5
10-14	9.76%	4
15+	41.46%	17
Not Applicable	26.83%	11
TOTAL		41

34. How many consumers receiving your services are enrolled in workforce training (certificate, credential programs, soft skills programs, on the job training/job-shadowing, apprenticeships, etc.)?

ANSWER CHOICES	RESPONSES	
None	26.67%	8
1-4	26.67%	8
5-9	3.33%	1
10-14	6.67%	2
15+	33.33%	10
Not Applicable	3.33%	1
TOTAL		30

35. Do you believe some consumers would be capable of a more independent lifestyle if they had greater access to assistive technology?

ANSWER CHOICES	RESPONSES	
Yes	75.61%	31
No	2.44%	1
Not Applicable	21.95%	9
TOTAL		41

36. How frequently do you discuss less restrictive residential options with your consumers?

ANSWER CHOICES	RESPONSES	
Weekly	2.44%	1
Monthly	21.95%	9
Every 3 months	14.63%	6
Every 6 months	17.07%	7
Not Applicable	43.90%	18
TOTAL		41

37. How frequently do you discuss less restrictive residential options with your consumers' families/guardians?

ANSWER CHOICES	RESPONSES	
Weekly	4.35%	1
Monthly	17.39%	4
Every 3 months	17.39%	4
Every 6 months	8.70%	2
Yearly	52.17%	12
TOTAL		23

38. Please provide any other concerns, comments, or suggestions that you think might be useful to our review of DDSN. Please remember that all of your responses are anonymous and confidential.

ANSWER CHOICES	RESPONSES	
Open-Ended Responses Only	<i>Answered</i>	22
	<i>Skipped</i>	21

Acknowledgment Form for Level of Understanding of Consumers Residing in an Intermediate Care Facility

STATEMENT OF FINANCIAL RIGHTS (FOR PERSONS RECEIVING RESIDENTIAL SERVICES (Continued))

If the person is capable of understanding his/her financial rights, he or she should sign below:

The rights outlined in this document have been explained to me and I understand how they affect me. I have designated Pee Dee Regional Center to manage my personal financial affairs in a manner consistent with my Financial Plan.

Person's Name
(Print): _____

Signature: _____ Date: _____

Witness Signature: _____ Date: _____

If the person is unable of understanding his/her financial rights and therefore cannot sign above, a Parent/Guardian/Other Responsible Party should sign below on his/her behalf:

As parent/guardian/other responsible party for the above named person, these rights and services have been explained to me and I understand how they will affect my relative/person for whom I am responsible. I understand that I am signing on his/her behalf.

Name (Print):
(Parent/Guardian/
Other Responsible
Party) _____

Relationship:
(to the person) _____

Signature: _____ Date: _____

If the person is unable of understanding his/her financial rights and therefore cannot sign above, and the signature of a parent/guardian/other responsible party cannot be obtained, a provider staff signature is required below:

I have explained the financial rights outlined in this document to (Person's Name) and he/she has indicated an understanding of and acceptance of these rights.

Name (Print):
(Provider Staff
Representative) _____

Title: _____

Signature: _____ Date: _____

Appendix D
Acknowledgment Form for Level of Understanding of Consumers
Residing in an Intermediate Care Facility

Agency Comments

Constance Holloway
State Director
Carolyn Benzon
Interim General Counsel
Janet Brock Priest
Associate State Director
Operations
Lori Manos
Associate State Director
Policy
Harley T. Davis, Ph.D.
Chief Administrative Officer
Quincy Swygert
Chief Financial Officer



3440 Harden Street Extension
Columbia, South Carolina 29203
(803) 898-9600
Toll Free: 888/DSN-INFO
Home Page: ddsn.sc.gov

COMMISSION
Eddie L. Miller
Chairman
Michelle Woodhead
Vice Chairman
Gary Kocher, M.D.
Secretary
Barry D. Malphrus
David L. Thomas

October 17, 2023

VIA EMAIL MLindsay@lac.sc.gov

Marcia Lindsay
Deputy Director
Legislative Audit Council
1331 Elmwood Avenue, Suite 315
Columbia, SC 29201

Dear Ms. Lindsay:

On February 15, 2023, the South Carolina Department of Disabilities and Special Needs (“DDSN”) received the Legislative Audit Council (“LAC”) Draft Report entitled *A Limited Review of the S.C. Department of Disabilities and Special Needs – Agency Structure and Commission Issues (Part 1 of 2)*. The Final Report of Part 1 was published in March 2023. Most recently, on October 11, 2023, DDSN received *New and Continuing Issues at DDSN (Part 2 of 2)*, which shall be referred to as the “Final Report.” DDSN is now responding to the Final Report of Part 2.

Response

DDSN appreciates the time and commitment the LAC placed into investigating and reporting on important issues. DDSN remains steadfast in its mission to assist people with disabilities and their families through choice in meeting needs, pursuing possibilities, and achieving life goals. Accordingly, DDSN will take into consideration all recommendations provided in the Final Report and work diligently to make the appropriate changes for the betterment of the Agency and the people we support.

Chapter 2 Consumer Protection and Rights

Consumer Employment, Initiatives, and Assistive Technology

Employment

As to the sections discussing employment and subminimum wage, DDSN believes the discussion should include the South Carolina Department of Vocational Rehabilitation (“SCVRD”), due to the fact that it is the agency responsible for operating the federal-state vocational rehabilitation program. SCVRD’s

services are mandated by the Rehabilitation Act of 1973 and part of SCVRD's mission is to prepare and assist South Carolinians with disabilities to achieve and maintain employment. DDSN funds employment services for persons supported through either state funding or HCBS Waiver funding. Waiver participants may only receive prevocational and supported employment services to the extent that those services are not available through SCVRD, pursuant to the Rehabilitation Act of 1973.

Vocational Rehabilitation ("VR") services in South Carolina are different than VR services in other states. First, in most states, the VR agency partners or contracts with Community Rehabilitation Programs ("CRPs"). These CRPs typically play a significant role in the state's VR system. As an example, a VR program may contract with providers that have specific expertise in supporting people with intellectual disabilities to perform VR functions, such as job development, placement, and job coaching. In contrast, these partnerships do not exist in South Carolina. SCVRD performs all the required functions for all VR eligible South Carolinians. Please note that states referenced in Table 2.1, i.e., Washington and Connecticut, have partnerships.

Second, federal legislation establishes provisions for a state to be designated as an Order of Selection state. Very generally, when a VR agency cannot serve all who are eligible and seeking services, then the VR agency must prioritize the people with the most significant disabilities. Unlike Washington, South Carolina is not an Order of Selection state.

Initiatives

DDSN is one of several agencies that serves individuals with disabilities; therefore, DDSN believes the development of an *Olmstead* Plan should be a joint effort. For instance, DDSN participated in Disability Rights South Carolina ("DRSC") efforts with Institute of Medicine and Public Health ("IMPH") to develop recommendations for an *Olmstead* Plan. Most recently, DDSN provided input to DRSC regarding *Olmstead* legislation, and DDSN and DRSC met virtually on September 26, 2023.

Moving along, DDSN reports the number of persons supported transitioning from intermediate care facilities ("ICF") to community-based settings. DDSN does not report the number of persons supported moving between community-based settings. In the Agency Accountability Report ("AAR") for FY2023, DDSN reported the ratio of persons supported in home and community-based services ("HCBS") Waivers to persons supported served in ICFs and the number of persons supported discharged from ICFs to community-based settings.

Assistive Technology

To date, DDSN has received a grant request to support the provider network in a Technology First Initiative. DDSN encourages providers to utilize technologies to support persons supported who are eligible for DDSN services; however, HCBS Waivers are very limiting in what technologies are eligible for reimbursement. DDSN encourages Charles Lea Center and other providers that choose to implement technologies and have not prohibited this in any way. As noted in the Final Report, Charles Lea Center was able to utilize technology to reduce or supplant personnel and realized a financial reward in doing so. Additionally, remote supports were added to the intellectual disability and related disabilities ("ID/RD") and head and spinal cord injuries ("HASCI") Waivers on July 1, 2023.

Regional Centers' Responses to Allegations of Abuse, Neglect, or Exploitation

DDSN recognizes the importance of a Risk Management Department, which is why it was established in 2020. While there is no excuse for the past shortcomings of the Risk Management Department or the terrible events that occurred at the Pee Dee Center in 2021, DDSN appreciates that the LAC recognizes

those events took place under former leadership. DDSN is committed to protecting the health, safety, and well-being of all persons supported and in order to do so, the current executive leadership team has taken significant steps to improve and restructure the Risk Management Department.

DDSN Directive 100-26-DD: *Risk Management Program*, is currently being updated to include new training requirements and unannounced audits of Regional Centers, to include additional video review. A training manual is also under development and will mandate that staff complete annual training with six-month refresher trainings, all in an effort to help staff understand what needs to be reported and to improve the timeliness of reporting to the South Carolina Law Enforcement Division (“SLED”), the Department of Health and Environmental Control (“DHEC”), and the Risk Management Department.

Once Directive 100-26-DD is approved, the Risk Management Department has plans to update Directive 535-16-DD: *Required Use of Surveillance Video Cameras in DDSN Regional Center ICFs/IID Settings*. Risk Management directors and investigative coordinators have access to all cameras at the Regional Centers. Investigative coordinators work diligently to review video footage for all allegations of Abuse Neglect and Exploitation (“ANE”). While this is standard procedure, it should be noted that not all ANEs have video footage of an alleged incident, some incidents happen out of camera view. DDSN must balance the safety and privacy of all persons supported, which is why placement of cameras is so important.

Video Surveillance Infrastructure at DDSN Regional Centers

DDSN made several upgrades to the surveillance infrastructure in FY2023, including: (1) Pee Dee Center – 48 new interior cameras and 25 new exterior cameras; (2) Coastal Center – 47 new interior cameras and 26 new exterior cameras; (3) Saleeby Center – 4 new interior cameras and 6 new exterior cameras; (4) Whitten Center – 36 new interior cameras and 67 new exterior cameras; and (5) Midlands Center – 36 new interior cameras and 69 new exterior cameras. DDSN spent a total of \$1,208,629.81 for these camera improvements.

Per DDSN Directive 534-02-DD: *Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a DSN Board or Contracted Service Provider*, an employee is required to report a suspected incident of ANE within 24 hours of the incident occurring to SLED, DHEC, and the Risk Management Department. Once reported, Risk Management retrieves, saves, and permanently stores available video footage. DDSN regularly supplies SLED with the available video footage.

Conditions at Regional Centers

DDSN has increased spending levels for Regional Center improvements in the last two fiscal years and has also submitted its five-year comprehensive permanent improvement plan (“CPIP”) with FY2024 (year 1) of \$12,675,000 in planned projects. Due to the public health emergency, DDSN is fortunate to have a non-recurring cash carryforward, similar to other healthcare agencies, of which a large portion has been earmarked for Regional Center improvements. In future budget years, if DDSN requires additional funding for improvements, a decision package will be compiled and submitted as part of a non-recurring request.

To address the LAC’s concerns that DDSN has not been using vacant buildings, DDSN would like to provide notice that as of the week of June 20, 2023, the Agency began using a previously vacant Midlands Center building, known as “Walnut.” DDSN spent approximately \$437,000.00, to renovate and prepare this building for use. Walnut offers institutional respite to persons supported who are transitioning out of hospitals and/or prisons. DDSN has plans to replicate this same model at other Regional Centers, utilizing vacant buildings.

Chapter 3 Barriers to Services Faced by Consumers

Eligibility Determination Processes

DDSN does not believe any improvements are necessary for the Eligibility Directive because DDSN updated its regulations. There is now an Eligibility Regulation, *S.C. Code Ann. Regs. 88-505-520 (2022)*, which clearly outlines the diagnostic criteria needed for eligibility. DDSN also believes there are many routes to eligibility and a list of “accepted” tests would not necessarily benefit families or the public. For example, the LAC’s list does not include autism spectrum disorder (“ASD”) tests that are utilized by the Agency. In addition, DDSN regulations outline the appeals process.

Delays in Placements for Individuals with Critical Needs

Delays in finding appropriate supports for persons supported occurs for several reasons, some of which are not recognized in the Final Report. For example, one of the most significant reasons for delays is workforce shortages. Additionally, if DDSN cannot find appropriate supports for persons supported, DDSN must look for other options. Those options are limited, and unfortunately more restrictive settings are sometimes the only available option. To combat these issues, DDSN staff submitted a proposal to the Disability and Special Needs Commission on September 21, 2023, to support the development of High Management homes, which will provide residential support to those in critical need. While the development of these homes is necessary, it should be noted that building and renovating homes does not guarantee sufficient staffing of a home.

DDSN understands there is a lack of providers for Residential Habilitation Services, and therefore, the Agency posted a solicitation for Residential Habilitation Services. The Agency received several proposals which resulted in the addition of 20 beds. Twelve of these beds were considered replacement beds, but eight beds were considered new. This solicitation was successful, and DDSN plans to continue working with providers on similar solicitations to serve those most in need.

Services for Individuals with Behavior Problems

DDSN is not responsible for ensuring that providers are licensed; instead, this is a requirement of Medicaid. More specifically, the South Carolina Department of Health and Human Services (“HHS”) writes the HCBS Waiver documents, which include the service definition and provider qualifications, for approval by Centers for Medicare and Medicaid Services (“CMS”). Service Standards are drafted by DDSN and approved by HHS.

Chapter 4 Human Resources, Procurement, and Other Administrative Issues

Employment Requirements/Criminal Background Checks

In response to the LAC’s assertion that 49% of the sample of 79 of Human Resources (“HR”) files lacked adequate documentation of background checks, DDSN argues that the Central Office HR Department maintains all FBI background check results. FBI background check results may take two to three weeks upon the initial job offer. Please note, new hires may begin employment by participating in orientation training and without being in contact with persons supported, while results are waiting to be processed and submitted to the Central Office HR Department for review. If requested by the LAC, Central Office HR Department may be able to provide the missing FBI background checks.

DDSN is currently in the process of updating Directive 406-04-DD: *Criminal Background Checks and Reference Checks of Direct Caregivers*, and will take the LAC’s recommendations under advisement.

Pre-Employment Checks

Similarly, the Central Office HR Department may be able to provide missing drug tests and sex offender registry checks, if requested by the LAC.

As to the LAC's concerns regarding the rehiring of employees, Human Resources routinely documents the rehire status on separation paperwork and Regional Centers exercise the right to rehire employees. There may be additional factors that were taken into consideration when exercising that right, and DDSN would be able to provide that information to the LAC if requested.

As stated in the Final Report, Directive 406-04-DD requires that the South Carolina Child Abuse Registry be reviewed for all pre-hires for all direct care applicants. This is currently conducted, but it should be noted that this only applies to children. DDSN only serves a small population of children, and therefore, not every file will contain this check.

Website Issues

DDSN recognizes its shortcomings regarding its website and has been diligently working to update and improve its website. Specifically, the IT Department entered a contract with a State Vendor, *Harris Technologies*, to develop the new website. The website template provided by *Harris Technologies* has been approved by Governor McMaster. This contract includes a plan for a translation function, which will enable the website to be translated into multiple languages. Additionally, IT has been fixing all broken hyperlinks and will resolve all issues. DDSN is eager to see the project through.

Conclusion

Again, DDSN appreciates the time and commitment the LAC placed into producing the Final Report. Although DDSN does not agree with all of the statements made by the LAC, DDSN takes their recommendations seriously and will be proactive in identifying and remediating issues within the Agency.

Sincerely,


Constance Holloway
State Director

This report was published for a total cost of \$139.34; 14 bound copies were printed at a cost of \$9.95 per unit.

