

Healthcare and Regulatory Subcommittee Meeting

Monday, November 6, 2017

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AGENDA

South Carolina House of Representatives



Legislative Oversight Committee

HEALTHCARE AND REGULATORY SUBCOMMITTEE

*Chairman Phyllis J. Henderson
The Honorable William K. Bowers
The Honorable MaryGail K. Douglas
The Honorable Bill Taylor*

Monday, November 6, 2017

2:00 p.m.

Room 427-Blatt Building

Pursuant to Committee Rule 6.8, S.C. ETV shall be allowed access for internet streaming whenever technologically feasible.

AGENDA

- I. Approval of Minutes
- II. Discussion of study of the Department of Disabilities and Special Needs
- III. Adjournment

MEETING MINUTES

Chair Wm. Weston J. Newton

*First Vice-Chair:
Laurie Slade Funderburk*

*Katherine E. (Katie) Arrington
Gary E. Clary
MaryGail K. Douglas
Phyllis J. Henderson
Joseph H. Jefferson Jr.
Mandy Powers Norrell
J. Todd Rutherford
Tommy M. Stringer
Bill Taylor*

Legislative Oversight Committee



*William K. (Bill) Bowers
Neal Collins
Raye Felder
William M. "Bill" Hixon
Robert L. Ridgeway III
James E. Smith Jr.
Edward R. Tallon Sr.
Robert Q. Williams*

South Carolina House of Representatives

*Jennifer L. Dobson
Research Director*

*Cathy A. Greer
Administration Coordinator*

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*Charles L. Appleby IV
Legal Counsel*

*Carmen J. McCutcheon Simon
Research Analyst/Auditor*

*Kendra H. Wilkerson
Fiscal/Research Analyst*

**Healthcare and Regulatory Subcommittee Meeting
Tuesday, October 24, 2017, at 10:00 am
Blatt Building Room 321**

Archived Video Available

- I. Pursuant to House Legislative Oversight Committee Rule 6.8, South Carolina ETV was allowed access for streaming the meeting. You may access an archived video of this meeting by visiting the South Carolina General Assembly's website (<http://www.scstatehouse.gov>) and clicking on *Committee Postings and Reports*, then under *House Standing Committees* click on *Legislative Oversight*. Then, click on *Video Archives* for a listing of archived videos for the Committee.

Attendance

- I. The Healthcare and Regulatory Subcommittee is called to order by Chair Phyllis J. Henderson on Tuesday, October 24, 2017, in Room 110 of the Blatt Building. All members of the Subcommittee are present for all or a portion of the meeting except.

Minutes

- I. House Rule 4.5 requires standing committees to prepare and make available to the public the minutes of committee meetings, but the minutes do not have to be verbatim accounts of meetings. It is the practice of the Legislative Oversight Committee to provide minutes for its subcommittee meetings.

- II. Representative Taylor moves to approve the meeting minutes from the September 18, 2017, meeting.

Representative Taylor moves to approve the meeting minutes from the September 18, 2017 meetings	Yea	Nay	Not Voting (Absent)	Not Voting (Present)
Rep. William K. Bowers			✓	
Rep. MaryGail Douglas	✓			
Rep. Henderson	✓			
Rep. Taylor	✓			

Meeting

- I. Chair Henderson explains that this is the third meeting with the Department of Disabilities and Special Need (DDSN).
- II. Chair Henderson explains that the full committee received testimony from the public about the agency in March of this year, and the Subcommittee heard an overview of DDSN finances at the last meeting. She explains that this meeting is a continuation of the previous discussion of finances.
- III. Chair Henderson reminds everyone that has previously been sworn in that they remain under oath for any testimony before this Subcommittee or the full Committee.
- IV. Ms. Eva Ravenel, DDSN Commission Chair, and Mr. Bill Danielson, DDSN Commissioner, testify about the Commission's role.
- V. Dr. Beverly A. H. Buscemi, DDSN State Director, provides testimony. Topics discussed included:
 - a. Agency Finances (historical funding, DDSN provider payment system, and room/board);
 - b. Services (history, Medicaid waivers);
 - c. National Benchmarks; and
 - d. Regional Centers.
- VI. Subcommittee members ask questions, which Commissioners and different agency representative's answer. Topics questioned include:

- a. Role of Commission;
- b. Organizational structure;
- c. Band funding;
- d. Tri-Development Center (Aiken);
- e. Blended rates;
- f. Board use of surplus funds;
- g. Regional centers; and
- h. Respite services.

V. There being no further business, the meeting is adjourned.

STUDY TIMELINE

Study Update - Department of Disabilities and Special Needs

- March 2015 - Agency submits its **Annual Restructuring and Seven-Year Plan Report**, which is available online.
- January 11, 2016 - Agency submits its **2016 Annual Restructuring Report**, which is available online.
- January 10, 2017 - **Full committee votes to schedule the Department of Disabilities and Special Needs for study.** Video of the meeting is available online.
- February 9, 2017-March 13, 2017 - Committee solicits input from the public about the agency in the form of an **online public survey.** The results of the public survey are available online.
- March 2, 2017 - Committee holds **public input meeting (Meeting #1)** about Department of Archives and History; DDSN; and John de la Howe School. Video of the meeting is available online.
- May 1, 2017 - Agency submits its **Program Evaluation Report**, which is available online.
- September 18, 2017 - Subcommittee holds meeting #2 to discuss agency **history, governance, services, and customers.**
- October 10, 2017 - Subcommittee holds meeting #3 to discuss **agency finances and responses to questions** from September 18, 2017 meeting.
- October 24, 2017 - Subcommittee holds meeting #4 to continue to discuss **agency finances and responses to questions** from the September 18, 2017, and October 10, 2017 meetings.
- Ongoing - Public may submit written comments on the Oversight Committee's webpage on the General Assembly's website (www.scstatehouse.gov).

AGENCY OVERVIEW

Snapshot

Department of Disabilities and Special Needs

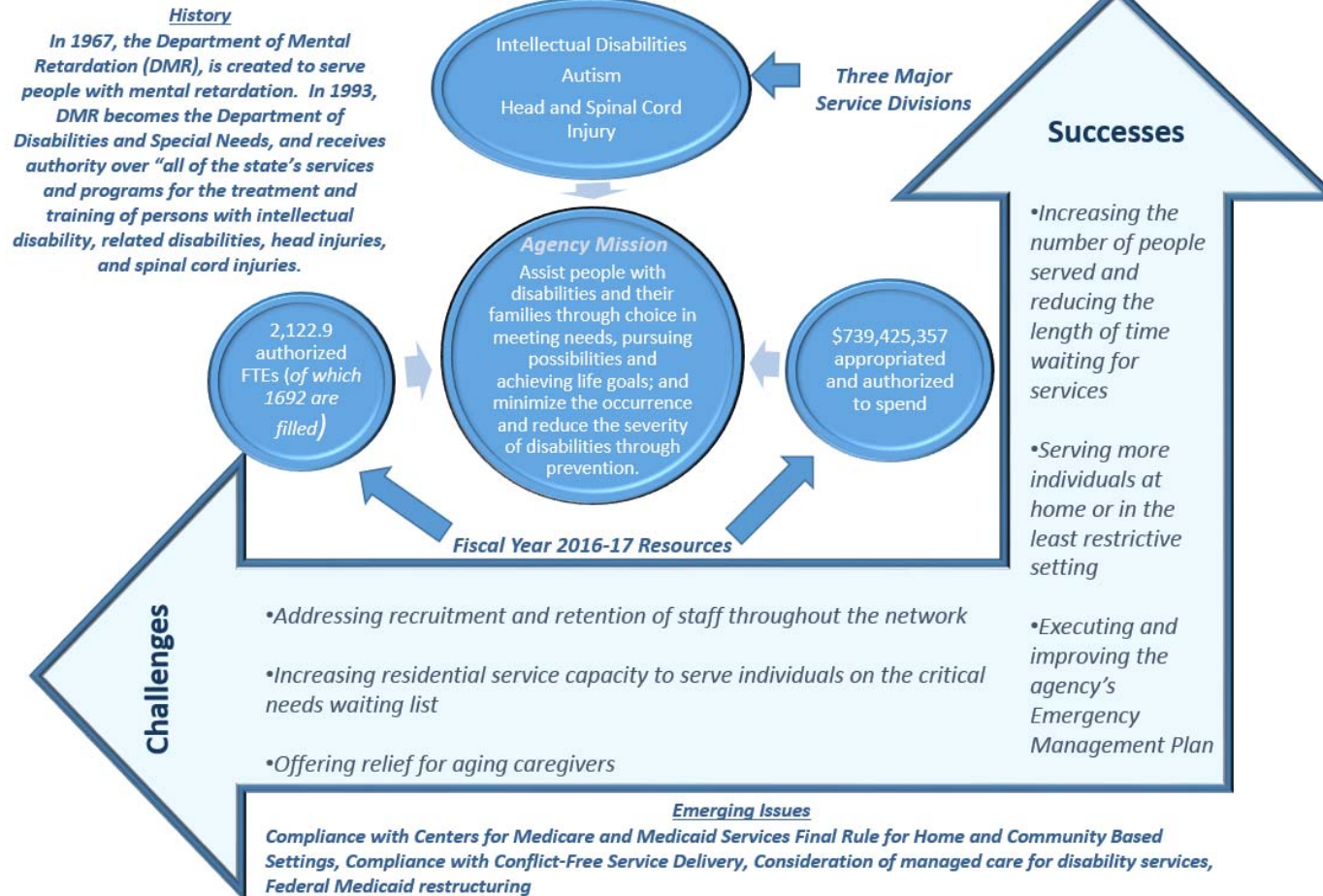


Figure 1. Snapshot of agency that includes its history, mission, resources, successes, challenges, and emerging issues. Source: Agency PER

HUMAN RESOURCES

Full Time Equivalents

The Department of Administration's Division of State Human Resources provided the numbers of authorized, actual, and filled full time employee (FTE) positions for the last five fiscal years. Tables 1, 2, and 3 provide that information.

The Authorized Total FTE is as of July 1 of the fiscal year, as stated in the Appropriations Act. The Actual Total FTE is the sum of Filled FTE and Vacant FTE. It is based on what the agency has entered in SCEIS and is as of June 30. If Actual is more than Authorized, it may be because during the course of the year, the Executive Budget Office can authorize interim FTE positions, which the agency typically requests authorization for in the next budget. If Actual is less than Authorized, it is because the agency has not setup all of the Authorized positions in SCEIS yet. Filled FTEs are positions the agency has setup in SCEIS in which someone is actually working.

Table 1. Authorized FTEs FY13-FY17

	2012-13	2013-14	2014-15	2015-16	2016-17
Total	2,191.400	2,152.400	2,122.900	2,122.900	2,122.900
State	1,497.850	1,483.850	1,462.850	1,462.850	1,462.850
Federal	0.000	0.000	0.000	0.000	0.000
Other	693.550	668.550	660.050	660.050	660.050

Table 2. Actual FTEs - FY13-FY17

	2012-13	2013-14	2014-15	2015-16	2016-17
Total	2,144.750	2,111.750	2,074.500	2,046.000	2,048.000
State	1,556.750	1,499.250	1,474.000	1,454.000	1,459.000
Federal	0.000	0.000	0.000	0.000	0.000
Other	588.000	612.500	600.500	592.000	589.000

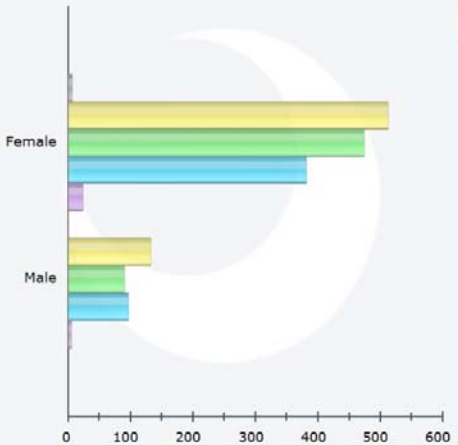
Table 3. Filled FTEs - FY13 - FY17

	2012-13	2013-14	2014-15	2015-16	2016-17
Total	1,901.500	1,873.250	1,855.000	1,781.500	1,692.000
State	1,359.000	1,342.250	1,311.000	1,280.500	1,222.500
Federal	0.000	0.000	0.000	0.000	0.000
Other	542.500	531.000	544.000	501.000	469.500

The Division of State Human Resources also maintains a human resources dashboard for each agency. It includes summary demographic data (gender, race, and generation), retirement burden predictions, and summary salary data. The September 2017 dashboard is included here, on pp. 12-16. The February 2017 dashboard is available on the DDSN page of the Committee's website.

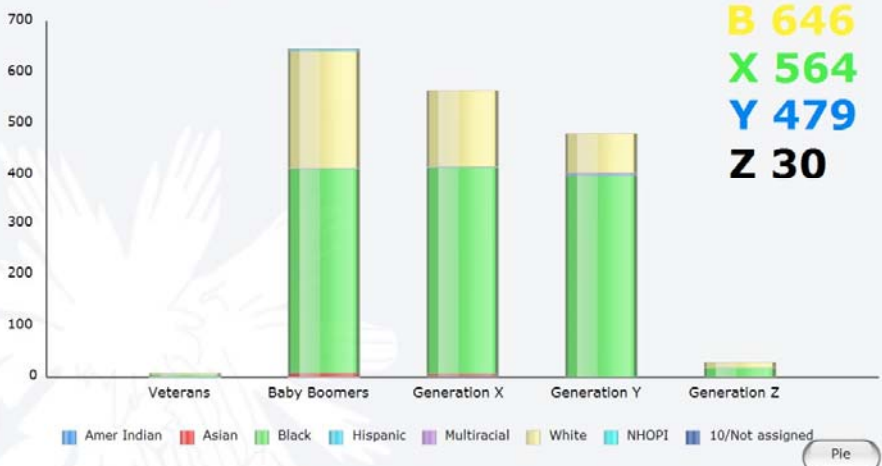
Gender by Generation

F 1400
M 327

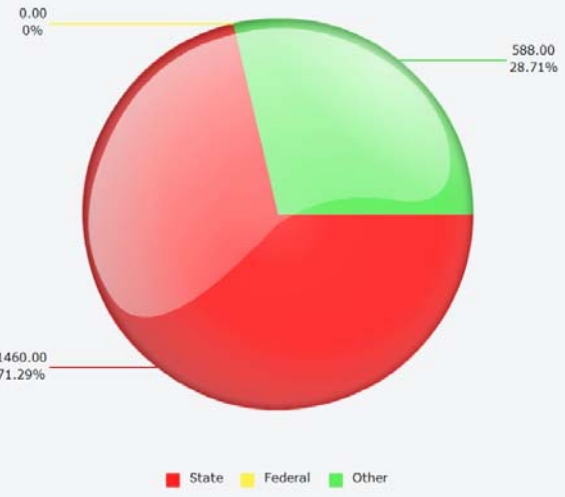


Race by Generation

V 8
B 646
X 564
Y 479
Z 30



FTE's by Funding



AUTHORIZED TOTAL

2122.9

POSITIONS FILLED

1708.5

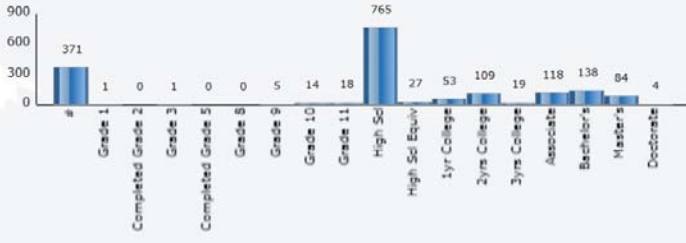
VACANCIES

339.5

Temp Employees



Education Level

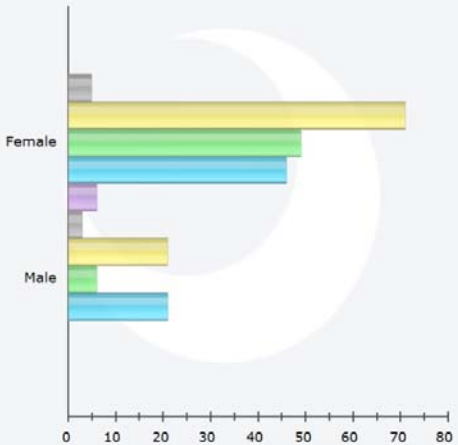


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DEPT OF DISABILITIES&SPEC NEED



Gender by Generation Temp

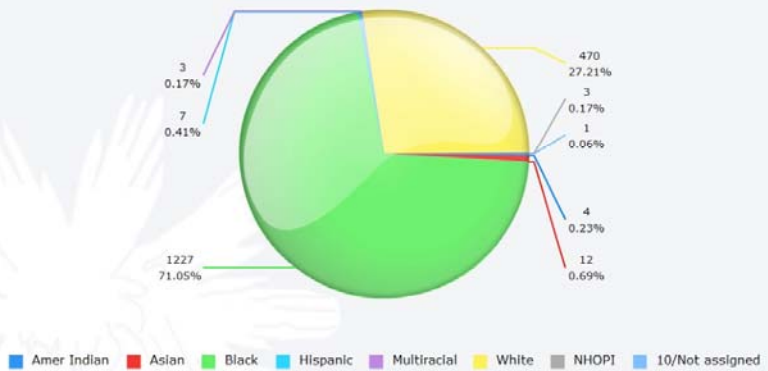


F 177
M 51

- Veterans
- Baby Boomers
- Generation X
- Generation Y
- Generation Z

[FTE](#)
[Info](#)

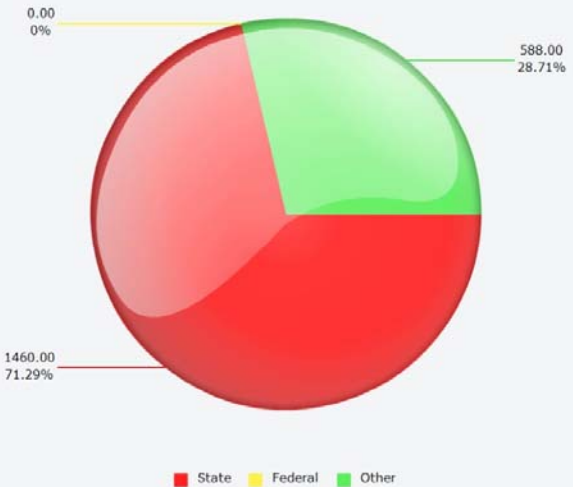
Race



Amer Indian Asian Black Hispanic Multiracial White NHOPI 10/Not assigned

[Graph](#)

FTE's by Funding



AUTHORIZED TOTAL
2122.9

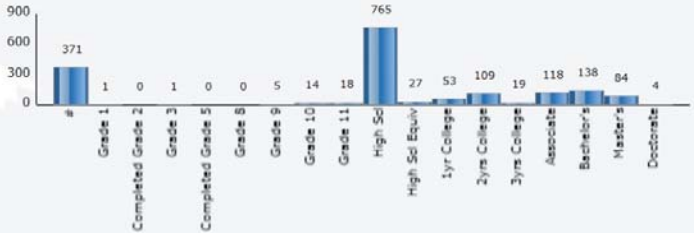
POSITIONS FILLED
1708.5

VACANCIES
339.5

Temp Employees



Education Level



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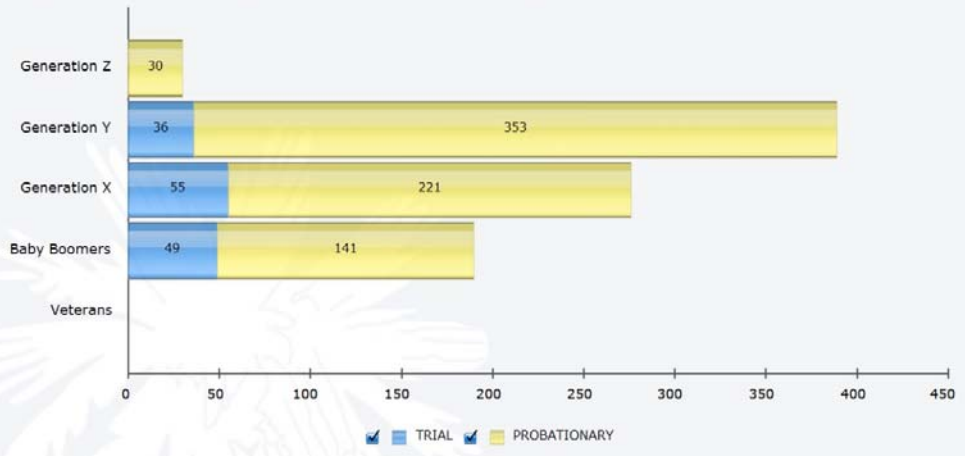
DEPT OF DISABILITIES&SPEC NEED



TERI & Retirees

RETIREE TYPE	EMPLOYEES
SERVICE	34
TERI	123

Trial and Probationary by Generations



Average Agency Service

DEPT OF DISABILITIES&SPEC NEED

8.60

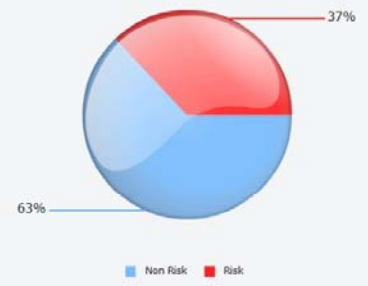
Retirement Eligible Employees

PEBA Data as of 12/2016

Eligible to retire in 5 Yrs

628

Risk %

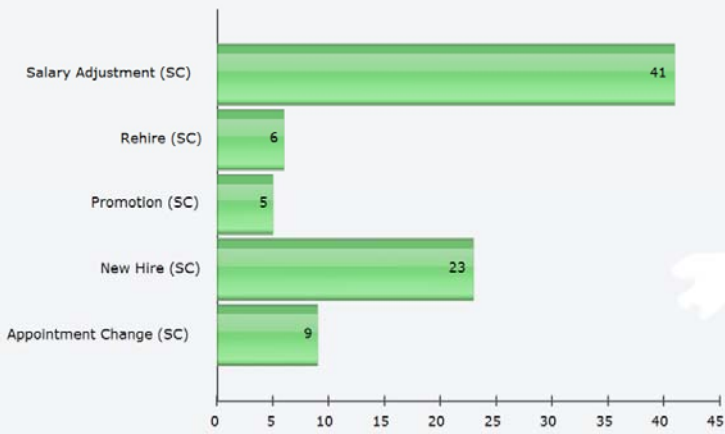


Average Salary by Payband



Pay Actions By Type

As of Current Month



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DEPT OF DISABILITIES&SPEC NEED



CPM Graduates by Year

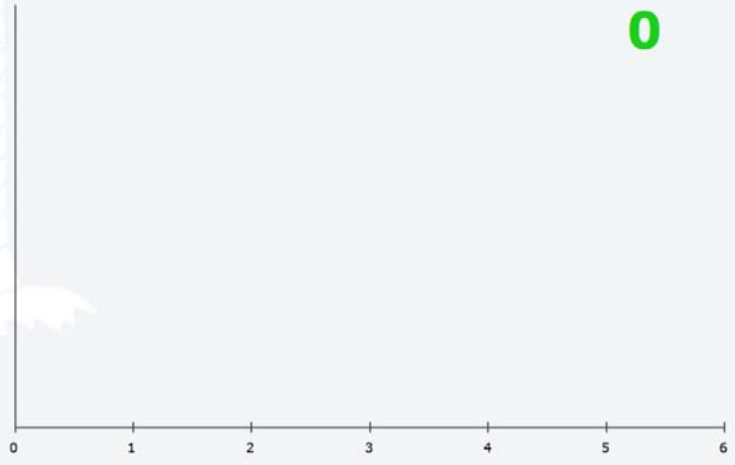
Data provided by OHR



Grand Total

5

Employees with Arrest Powers



0

User: kpickett

DEPT OF DISABILITIES&SPEC NEED



Strategic Allocation of Human Resources

In its Program Evaluation Report (PER), DDSN responds to questions related to human resources. The Strategic Summary chart provides an allocation of Human Resources across the agency's strategic plan. Excerpts of the chart are included below.

Table 4. Strategic Allocation of Human Resources

			2015-16		2016-17	
			Total # of FTEs	Total amount Appropriated and Authorized to Spend	Total # of FTEs	Total amount Appropriated and Authorized to Spend
			authorized-2122 available-1987 utilized-1697	\$679,547,683	authorized-2122 available-1987 utilized-1685	\$739,425,357
			2015-16		2016-17	
Strategic Plan Part and Description (2016-17) (e.g., Goal 1 - Insert Goal 1; Strategy 1.1 - Insert Strategy 1.1; Objective 1.1.1 - Insert Objective 1.1.1)	Intended Public Benefit/Outcome: (Ex. Outcome = incidents decrease and public perceives that the road is safer)	# of Consumers Served in FY 2015-16	# of FTE equivalents utilized	Total amount spent (spending calculated at the strategy level)	# of FTE equivalents planned to utilize	Total amount budgeted
Goal 1: Prevent Disabilities and Ameliorate Impact of Disabilities						
Strategy 1.1: Greenwood Genetic Center Birth Defect Services	prevent and mitigate birth defects	1669	<1	\$ 10,366,281	<1	\$ 11,811,376
Strategy 1.2: Early Childhood Developmental Delay Services (BabyNet & Early Intervention)	mitigate developmental delays (ages 0-6)	9,098	2	\$ 23,336,768	2	\$ 31,479,472
Strategy 1.3: Post Acute Traumatic Brain or Spinal Cord Injury Rehabilitation Services	ameliorate impact of traumatic brain and spinal cord injuries	54	<1	\$ 2,692,717	<1	\$ 3,100,000

Strategy 1.4: Pervasive Developmental Disorder (Autism) Services	mitigate developmental disorders and associated long-term medical costs	1,255 - waiver 6000-other	2	\$ 8,111,577	2	\$ 10,323,590
Goal 2: Provide Services in Community Integrated and Least Restrictive Settings and Promote Individual Independence						
Strategy 2.1: In-Home Family Support Services (least restrictive community setting)	serves consumers at home, which is the least restrictive community based setting; promotes community integration, higher quality of life, consumer choice, lower costs, and individual independence	37,330	24	\$ 66,851,682	25	\$ 128,148,699
Strategy 2.2: Community Residential Services (residential habilitation services while still in the community)	serves consumers requiring residential habilitation services while still in a community based setting; promotes community integration, higher quality of life, consumer choice, lower costs, and individual independence	4,639	91	\$314,137,241	99	\$ 339,047,125
Strategy 2.3: Regional Center Residential Services (severe or profound disabilities)	serves fragile consumers with severe or profound disabilities where community based services are not appropriate	666	1,495	\$ 86,111,572	1,765	\$ 100,833,502
Strategy 2.4: Adult Development & Employment Support Services	promotes independence, community involvement, and quality of life	6,399 day 2,359 employ	1	\$ 71,934,699	1	\$ 80,338,186
Strategy 2.5: Service Coordination (Case Management)	provides consumer advocate and logistical support to ensure consumer needs met	17,237	5	\$ 18,542,692	5	\$ 22,893,752
Goal 3: Protect Health, Safety & Welfare of Individuals Served						

Strategy 3.1: Quality assurance monitoring of providers' compliance with contract operational performance; consumer health, safety & welfare; and facility licensing standards	ensure quality outcomes consistent with contract requirements with emphasis on consumer health, safety & welfare	All Eligible Consumers	5	\$ 1,827,922	6	\$ 1,883,953
Strategy 3.2: Monitor providers' financial management and operational requirements	provide assurance of providers compliance with DDSN contract and policy fiscal requirements	All Eligible Consumers	8	\$ 585,352	8	\$ 658,546
Goal 4: Meet the Needs of the Maximum Number of Eligible Individuals Through Efficient & Effective Use of Available Resources						
Strategy 4.1: Monitor organizational effectiveness through benchmarks	provides indicators of organizational effectiveness to executive management, oversight, and the public	All Eligible Consumers	64	\$ 7,169,393	74	\$ 8,907,156
Total			1,697	\$ 611,667,896	1,987	\$ 739,425,357

Employee Turnover, Satisfaction Measurement, and Certification Requirements by Organizational Unit

DDSN's Organizational Units chart provides data on turnover, certifications and the agency's measurement of employee satisfaction.

Agency Responding	Department of Disabilities and Special Needs
Date of Submission	

Did the agency have an exit interview and/or survey, evaluation, etc. when employees left the agency in 2013-14; 2014-15; or 2015-16? (Y/N)	2013-14: Y 2014-15: Y 2015-16: Y
---------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------

Note: Delete any rows not needed;
Add any additional rows needed

Organizational Unit	Purpose of Unit	Turnover Rate in the organizational unit in 2013-14; 2014-15; and 2015-16	Did the agency evaluate and track employee satisfaction in the organizational unit in 2013-14; 2014-15; and 2015-16? (Y/N)	Did the agency allow for anonymous feedback from employees in the organizational unit in 2013-14; 2014-15; and 2015-16? (Y/N)	Did any of the jobs in the organizational unit require a certification (e.g., teaching, medical, accounting, etc.) in 2013-14; 2014-15; and 2015-16? (Y/N)	If yes, for any years in the previous column, did the agency pay for, or provide in-house, classes/instruction/etc. needed to maintain all, some, or none of the required certifications?
AGENCY HEAD - EXECUTIVE SUITE	Division of the State Director of DDSN, and the key leadership positions of organizational units created to deliver the established mission of the agency.	2013-14: 0% 2014-15: 0% 2015-16: 0%	2013-14: N 2014-15: N 2015-16: Y	2013-14: Y 2014-15: Y 2015-16: Y	2013-14: Y 2014-15: Y 2015-16: Y	
GENERAL COUNSEL	The Office of General Counsel is legal counsel for the agency. Duties include representing the agency in state courts, monitoring cases handled by outside counsel, and offering legal advice on varied agency issues.	2013-14: 0% 2014-15: 0% 2015-16: 0%			2013-14: Y 2014-15: Y 2015-16: Y	Some
GOVERNMENT AND COMMUNITY RELATIONS		2013-14: 0% 2014-15: 0% 2015-16: 0%			2013-14: N 2014-15: N 2015-16: N	
ADMINISTRATION OFFICE	The division of the chief financial officer, the division directors of the units created to ensure fiscal accountability of the agency.	2013-14: 0% 2014-15: 0% 2015-16: 0%			2013-14: N 2014-15: N 2015-16: N	
BUDGET OFFICE	Responsible for the oversight, planning, development, organization and maintenance of the agency's complete budgetary system, totaling approximately \$740M. The division evaluates policies, plans and programs for cost effectiveness and overall fiscal impact. Budget division conducts research and analyses to support decision making and monitors agency expenditures and revenues. The division is responsible for external budgetary policy interpretation and participation in development of internal procedures. The division coordinates with staff outside the agency concerning budgetary and planning requirements.	2013-14: 0% 2014-15: 0% 2015-16: 14.3%			2013-14: N 2014-15: N 2015-16: N	
FINANCE AND ACCOUNTING	Ensures that all revenues and expenditures for the agency are properly processed and accounted for according to generally accepted accounting principles and SC state laws and regulations. The division is also responsible for processing all Medicaid claims for eligible services provided to consumers in our network.	2013-14: 0% 2014-15: 14.3% 2015-16: 50%			2013-14: N 2014-15: N 2015-16: N	

Organizational Unit	Purpose of Unit	Turnover Rate in the organizational unit in 2013-14; 2014-15; and 2015-16	Did the agency evaluate and track employee satisfaction in the organizational unit in 2013-14; 2014-15; and 2015-16? (Y/N)	Did the agency allow for anonymous feedback from employees in the organizational unit in 2013-14; 2014-15; and 2015-16? (Y/N)	Did any of the jobs in the organizational unit require a certification (e.g., teaching, medical, accounting, etc.) in 2013-14; 2014-15; and 2015-16? (Y/N)	If yes, for any years in the previous column, did the agency pay for, or provide in-house, classes/instruction/etc. needed to maintain all, some, or none of the required certifications?
COST ANALYSIS	Responsible for developing and maintaining rates paid to Providers; developing and reconciling contracts with Providers; filing Cost Reports for the Department; and ensuring that Providers are paid timely. The Division also performs a variety of analyses to track expenditures, trends, and contract compliance.	2013-14: 40% 2014-15: 16.7% 2015-16: 33.3%			2013-14: N 2014-15: N 2015-16: N	
ENGINEERING & PLANNING	Ensures that buildings owned by the Department are constructed, renovated, and life cycle maintained in good condition for the health and safety of clients, staff, and others, and in accordance with SC state laws and regulations. The division is also responsible for procurement of professional design services, procurement and contract administration for construction contracts, and procurement of inspection services related to building systems. The division assists other DDSN divisions and provider organizations with various capital and construction projects related to DDSN's mission.	2013-14: 0% 2014-15: 0% 2015-16: 0%			2013-14: Y 2014-15: Y 2015-16: Y	Some
INFORMATION TECHNOLOGY	Directs and manages the agency's information technology program. This including planning, policy development, technology procurement, program management, systems development, design and operation of the agencies information technology systems. The Information technology division is also responsible for the agencies office automation , information technology architecture, information technology infrastructure, and records management systems. All of these systems have significant impact upon the agency's ability to successfully carry out its mission.	2013-14: 0% 2014-15: 13.3% 2015-16: 8.9%			2013-14: N 2014-15: N 2015-16: N	
PROCUREMENT	Responsibility to oversee the following functions agency wide: Procurement Services, Fixed Assets, Vehicle Management, Nutrition Services, Mail Services, Laundry Services, Housekeeping Services, Ground Maintenance, Regional Inventories, Drug & Alcohol Testing for CDL Drivers, Surplus Property, Contract Administration, Copier Management, SCEMIS (State Fleet) Coordinator, Building Card Access System, Recycle Program, Building Maintenance & Services, State Contracts, P-Card Administration, and Gas Card Security.	2013-14: 91.7% 2014-15: 0% 2015-16: 50%			2013-14: Y 2014-15: Y 2015-16: Y	Some

Organizational Unit	Purpose of Unit	Turnover Rate in the organizational unit in 2013-14; 2014-15; and 2015-16	Did the agency evaluate and track employee satisfaction in the organizational unit in 2013-14; 2014-15; and 2015-16? (Y/N)	Did the agency allow for anonymous feedback from employees in the organizational unit in 2013-14; 2014-15; and 2015-16? (Y/N)	Did any of the jobs in the organizational unit require a certification (e.g., teaching, medical, accounting, etc.) in 2013-14; 2014-15; and 2015-16? (Y/N)	If yes, for any years in the previous column, did the agency pay for, or provide in-house, classes/instruction/etc. needed to maintain all, some, or none of the required certifications?
POLICY OFFICE	The Office of Policy develops and maintains policies to provide guidance to and requirements of the Agency. The following Divisions are contained within the supervision of the Office of Policy: Autism Division, Eligibility Division, Head and Spinal Cord Injury Division, Intellectual Disability/Related Disabilities Division, Quality Management Division and Waiver Administration Division.	2013-14: 0% 2014-15: 0% 2015-16: 0%			2013-14: N 2014-15: N 2015-16: N	
INTELLECTUAL DISABILITIES & RELATED	Develop policies, procedures and standards that govern the delivery of services provided through the agency; operate two (2) Medicaid Home and Community Based Waivers; facilitate the coordination of Agency services with services provided by other state agencies; assist in the qualification of providers of Agency services; provide training, assistance and support to the Agency's qualified providers.	2013-14: 0% 2014-15: 0% 2015-16: 15.4%			2013-14: N 2014-15: N 2015-16: N	
AUTISM DIVISION	Responsible for providing training and consultation to parents and professionals on matters pertinent to Autism Spectrum Disorder (ASD), and for conducting evaluations to determine the presence of ASD.	2013-14: 22.05% 2014-15: 5.06% 2015-16: 16.34%			2013-14: N 2014-15: N 2015-16: N	
HEAD & SPINAL CORD INJURY DIVISION	Oversee the delivery of services provided through DDSN, operate the Head and Spinal Cord Injury Waiver, provide training and technical support to DDSN qualified providers, and to support and implement prevention and awareness initiatives.	2013-14: 50% 2014-15: 0% 2015-16: 66.7%			2013-14: N 2014-15: N 2015-16: N	
QUALITY MANAGEMENT DIVISION	Works to improve the health, safety and welfare of DDSN's service recipients and monitors compliance with State and Federal Regulations and Medicaid requirements.	2013-14: 0% 2014-15: 0% 2015-16: 16.7%			2013-14: N 2014-15: N 2015-16: N	
ELIGIBILITY DIVISION	Determines DDSN Eligibility based on set criteria and completes administrative duties such as determining Level of Care for Medicaid Waivers and TEFRA eligibility.	2013-14: 20% 2014-15: 8.3% 2015-16: 0%			2013-14: N 2014-15: N 2015-16: N	
WAIVER ADMINISTRATION	Responsibility to review individual service plans and approve service levels in compliance with Medicaid requirements. Ensures quality and consistency components are present in all Home and Community-based Waiver support plans.	2013-14: 0% 2014-15: 0% 2015-16: 0%			2013-14: N 2014-15: N 2015-16: N	
OPERATIONS OFFICE	Provides oversight and leadership to the District I and District II Offices, four ICF/IID Residential Regional Centers, the Office of Clinical Services and the Office of Children's Services. Most areas are directly involved in serving individuals directly or training and monitoring DSN Boards and private providers serving eligible individuals.	2013-14: 0% 2014-15: 0% 2015-16: 0%			2013-14: N 2014-15: N 2015-16: N	

Organizational Unit	Purpose of Unit	Turnover Rate in the organizational unit in 2013-14; 2014-15; and 2015-16	Did the agency evaluate and track employee satisfaction in the organizational unit in 2013-14; 2014-15; and 2015-16? (Y/N)	Did the agency allow for anonymous feedback from employees in the organizational unit in 2013-14; 2014-15; and 2015-16? (Y/N)	Did any of the jobs in the organizational unit require a certification (e.g., teaching, medical, accounting, etc.) in 2013-14; 2014-15; and 2015-16? (Y/N)	If yes, for any years in the previous column, did the agency pay for, or provide in-house, classes/instruction/etc. needed to maintain all, some, or none of the required certifications?
CHILDREN'S SERVICES	Responsible for monitoring and training the DSN Board and private Early Intervention providers delivering early intervention services to children birth to six years old. Staff also serve on numerous interagency committees.	2013-14: 0% 2014-15: 25% 2015-16: 25%			2013-14: N 2014-15: N 2015-16: N	
CLINICAL SERVICES	Responsible for conducting psychological evaluations of individuals charged with a crime who are thought to be unable to competently stand trial. Staff in this unit are responsible for arranging in-home and residential services for judicially admitted individuals; arranging in-home and residential services for children with dual developmental and psychiatric disabilities; and are also involved in numerous interagency initiatives.	2013-14: 45% 2014-15: 0% 2015-16: 58.3%			2013-14: Y 2014-15: Y 2015-16: Y	None
DISTRICT OFFICES: I & II	Provide training to the DSN Boards and private providers delivering community services to individuals residing in the western (District I) and eastern (District II) halves of the state. These staff also review and respond to individuals who are in crisis. The District I Director supervises Midlands Regional Center's and Whitten Regional Center's facility administrators. The District I Office is located on the grounds of Whitten Center. The District II Director supervises Coastal Regional Center's and Pee Dee/Saleeby Regional Center's facility administrators. The District II Office is located on the grounds of Coastal Center.	2013-14: 0% 2014-15: 6.7% 2015-16: 0%			2013-14: N 2014-15: N 2015-16: N	
MIDLANDS REGIONAL CENTER	Residential ICF/IID facility located in Columbia. Staff at this unit are responsible for providing a broad array of medical, therapeutic, recreational, and personal care to individuals with some of the most severe disabilities of any served by DDSN. Services are provided 24 hours per day/365 days per year. Must operate in compliance with extensive federal regulations governing all facets of operation.	2013-14: 25.11% 2014-15: 26.91% 2015-16: 32.72%			2013-14: Y 2014-15: Y 2015-16: Y	NONE
PIEDMONT (WHITTEN) REGIONAL CENTER	Residential ICF/IID facility located in Clinton. Staff at this unit are responsible for providing a broad array of medical, therapeutic, recreational, and personal care to individuals with some of the most severe disabilities of any served by DDSN. Services are provided 24 hours per day/365 days per year. Must operate in compliance with extensive federal regulations governing all facets of operation.	2013-14: 43.86% 2014-15: 39.16% 2015-16: 36.14%			2013-14: Y 2014-15: Y 2015-16: Y	None

Organizational Unit	Purpose of Unit	Turnover Rate in the organizational unit in 2013-14; 2014-15; and 2015-16	Did the agency evaluate and track employee satisfaction in the organizational unit in 2013-14; 2014-15; and 2015-16? (Y/N)	Did the agency allow for anonymous feedback from employees in the organizational unit in 2013-14; 2014-15; and 2015-16? (Y/N)	Did any of the jobs in the organizational unit require a certification (e.g., teaching, medical, accounting, etc.) in 2013-14; 2014-15; and 2015-16? (Y/N)	If yes, for any years in the previous column, did the agency pay for, or provide in-house, classes/instruction/etc. needed to maintain all, some, or none of the required certifications?
COASTAL REGIONAL CENTER	Residential ICF/IID facility located in Summerville. Staff at this unit are responsible for providing a broad array of medical, therapeutic, recreational, and personal care to individuals with some of the most severe disabilities of any served by DDSN. Services are provided 24 hours per day/365 days per year. Must operate in compliance with extensive federal regulations governing all facets of operation.	2013-14: 20.79% 2014-15: 27.59% 2015-16: 29.45%			2013-14: Y 2014-15: Y 2015-16: Y	None
PEE DEE/SALEEBY REGIONAL CENTER	Residential ICF/IID facilities located in Florence and Hartsville. Staff at this unit are responsible for providing a broad array of medical, therapy, recreational, and personal care to individuals with some of the most severe disabilities of any served by DDSN. Services are provided 24 hours per day/365 days per year. Must operate in compliance with extensive federal regulations governing all facets of operation.	2013-14: 16.65% 2014-15: 26.11% 2015-16: 27.15%			2013-14: Y 2014-15: Y 2015-16: Y	None
INTERNAL AUDIT	Audit of the agency's and its contractors' processes and business practices; reporting to the DSN Commission.	2013-14: 14.29% 2014-15: 14.29% 2015-16: 0%			2013-14: N 2014-15: N 2015-16: N	
HUMAN RESOURCES	Designs, implements, and monitors the administration and coordination of the agency's human resources programs. Anticipates and plans for long-term HR needs and trends.	2013-14: 20.03% 2014-15: 9.76% 2015-16: 4.55%			2013-14: N 2014-15: N 2015-16: N	

RESPONSES TO SEPTEMBER 18, 2017 MEETING FOLLOW UP LETTER

Turnover Rates

During the September 18, 2017 meeting, Subcommittee members asked a question regarding turnover rates. That question was:

- Please provide a chart of Turnover by Reason for FY 14-15, FY 15-16, and FY 16-17. Include all reasons for turnover applicable to DDSN. Also, do providers (boards and private providers) maintain data on the reasons why employees conclude their employment with the organization?

Agency Response

A response will be provided during subsequent meetings.

Provider Oversight

During the September 18, 2017 meeting, Subcommittee members asked a question about the agency's oversight of providers. That question was:

- Provide the policy that explains the management/administrative review processes that occurs in cases of alleged abuse, neglect, or exploitation. If the provider requests to reinstate an employee as a result of the provider's review but prior to the conclusion of an investigating agency's review, what authority does DDSN have to refuse to allow reinstatement of the employee?

Agency Response

The agency provided the documents on the following pages and will provide more information during subsequent meetings.

Beverly A. H. Buscemi, Ph.D.
State Director
David A. Goodell
Associate State Director
Operations
Susan Kreh Beck
Associate State Director
Policy
Thomas P. Waring
Associate State Director
Administration



COMMISSION
Christine Sharp
Chairman
Fred Lynn
Vice Chairman
Eva R. Ravenel
Secretary
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Katherine W. Davis
Katherine Llamas Finley
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3440 Harden Street Ext (29203)
PO Box 4706, Columbia, South Carolina 29240
803/898-9600
Toll Free: 888/DSN-INFO
Website: www.ddsn.sc.gov

Reference Number: 534-02-DD

Title of Document: Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a DSN Board or Contracted Service Provider

Date of Issue: March 31, 1988
Effective Date: November 13, 2014
Last Review Date: January 26, 2015
Date of Last Revisions: January 26, 2015 **(REVISED)**

Applicability: DDSN Regional Centers, DSN Boards and Contracted Service Providers

I. PURPOSE

This directive establishes the system for preventing and reporting abuse, neglect, or exploitation of people receiving services and supports from the South Carolina Department of Disabilities and Special Needs (DDSN) or from service providers under contract with DDSN.

This directive sets forth the reporting requirements of state law and also identifies DDSN and its contract provider agencies legal responsibility for reporting abuse, neglect, or exploitation. The directive also identifies the appropriate state investigative agencies with statutory authority to receive and investigate reports of suspected abuse, neglect, or exploitation and identifies the administrative and management functions of DDSN and its network of contracted service providers.

The directive shall apply to all employees, volunteers, caregivers and other persons responsible for the welfare of any person receiving services and supports from DDSN or one of its contracted service providers.

DISTRICT I

P.O. Box 239
Clinton, SC 29325-5328
Phone: (864) 938-3497

Midlands Center - Phone: 803/935-7500
Whitten Center - Phone: 864/833-2733

DISTRICT II

9995 Miles Jamison Road
Summerville, SC 29485
Phone: 843/832-5576

Coastal Center - Phone: 843/873-5750
Pee Dee Center - Phone: 843/664-2600
Saleeby Center - Phone: 843/332-4104

II. POLICY

People with disabilities and special needs have a right to be treated with dignity and respect and to receive services and supports in an environment that is safe and free of abuse, neglect, or exploitation. Abuse, neglect, or exploitation, as defined by this policy, is strictly prohibited.

Employees and volunteers of DDSN and its network of contracted service providers are all mandated reporters and are required to report any suspected abuse, neglect, or exploitation in accordance with agency policy and state law. Failure to report may constitute abuse and may result in termination of employment and prosecution.

Employees who abuse, neglect, or exploit any person receiving services/supports as determined by State Law Enforcement Division (SLED), local law enforcement, the Attorney General's Office, or DSS (either APS or CPS) will be terminated and may be subject to prosecution. An employee terminated for abuse, neglect, or exploitation as determined by SLED, local law enforcement, the Attorney General's Office, or DSS (either APS or CPS) will not be eligible for employment in any program, facility, service, or supports operated by DDSN or its contract service providers. Likewise, if under an Administrative or Management Review, the employee has been found to violate Written Rules, Regulations or Policies, employee disciplinary action will be taken based upon the nature and extent of the policy violation.

NOTE: When SLED vets a case to the Long Term Care (LTC) Ombudsman Office, there are separate policy and procedures to follow. Please see DDSN Directive 534-03-DD: The Long Term Care Ombudsman Program.

To ensure that people receiving services/supports are assured of equal protection and a uniform system of reporting suspected abuse, neglect, or exploitation, DDSN and its network of providers shall develop written policies and procedures consistent with this policy and in accordance with state law.

III. ABUSE PREVENTION

Quality Assurance

As part of an effective system of quality assurance each DDSN operated service and support, DDSN Regional Center, and contracted service provider shall establish and implement an abuse prevention program. The prevention program should be proactive in developing a system of identifying at-risk situations, preventive actions, analyzing incident trends and taking appropriate steps to address any negative trends, employee training and assistance, and corrective actions that lead to abuse prevention. An abuse prevention program shall include but is not limited to:

A. Employee Training

All employees, volunteers, and caregivers shall receive training in their legal responsibilities to report suspected abuse, neglect, or exploitation and prevention of abuse. To ensure statewide consistency in the overall content of training, DDSN requires the use of training materials

developed by the USC Children's Law Center and the Adult Protection Coordinating Council (APCC), in addition to this Directive. The USC Children's Law Center training and the APCC Omnibus Adult Protection Act training Power Point presentations may be accessed through the DDSN Website <http://www.ddsn.sc.gov/providers/Pages/ANEReportingTools.aspx>. Additional resources may include resources from the National Center on Elder Abuse: http://www.ncea.aoa.gov/Resources/Publication/docs/NCEA_LTCF_ResearchBrief_2013.pdf and http://www.ncea.aoa.gov/Resources/Publication/docs/NCEA_WhatYouMustKnow2013_508.pdf Providers may supplement training with their own materials, but may not exclude any of the training described above. Comprehension based training shall be provided as a part of new employee orientation and at least every 12 months thereafter. Staff should be able to define and give examples of different types of abuse, including physical, financial, sexual and psychological abuse, and neglect. [Staff training is also an important element in the prevention of abuse. Such training should address interpersonal skills, managing difficult situations, problem solving, cultural issues that affect staff-consumer relationships, conflict resolution, stress reduction and information about dementia when applicable]. Each employee shall participate in comprehension based training as indicated by DDSN. Providers may supplement the Comprehension Test and alter the formatting based on provider needs, but the minimum content provided by DDSN must not be changed. A copy of the employee's test shall be placed in the human resources file each year as evidence of the training.

B. Employee Assistance

Resources will be made available for employees to seek assistance for themselves or co-workers who may exhibit potential problems or risk indicators for committing abuse, neglect, or exploitation. DDSN operated services and supports, DDSN Regional Centers, and contract provider agencies will designate a staff person for employees to talk to about preventing and reporting abuse, neglect, or exploitation.

C. Identification of Risk Situations

Procedures to identify situations or people that may be at risk for abuse, neglect, or exploitation should be a part of any provider's quality management system. For example:

- Identify workplace contexts (e.g., staffing and oversight) that create a risky climate for mistreatment.
- Identify worker attitudes and behaviors that create a risky climate, such as unintentional rough handling, carrying stress or inappropriate disciplinary habits from home.
- Identify resident vulnerabilities that increase the risk of their being mistreated such as those who are quiet, disoriented, unable to communicate or isolated from family support.

Increased monitorship, prevention strategies, and resources must be developed to address these situations.

D. Consumer Training

Training for people receiving services/supports in reporting abuse, neglect or exploitation and how to recognize and avoid dangerous situations must be provided and documented in the consumer's file at least annually by the case management provider and/or by the residential services provider. A copy of the documentation must exist in both files.

E. Positive Behavior Support

Positive behavior support recognizes that consumers with disabilities exhibit problem behavior because it serves a useful purpose for them in their current situation. Therefore, the focus of behavioral supports must begin with understanding the structure and function of the problem behavior in order to teach and promote effective alternatives and not just to eliminate the undesirable behavior. It is the philosophy of DDSN that during the development of Behavior Support Plans, people receiving services/support will be free from any serious and immediate threat to physical and psychological health and safety. It is also important to note that procedures used to ensure safety are not misunderstood and/or substitute for procedures to provide positive behavioral supports.

F. Administrative and Management Reviews

The review of incidents/allegations of abuse, neglect, or exploitation will be used as a management tool to assist in identifying preventive and corrective actions that may lead to prevention of abuse, neglect, or exploitation, but also to determine if an employee's conduct toward a consumer was improper or violates agency policy.

G. Abuse Prevention Coordinator

As a part of quality assurance, the Facility Administer/Executive Director/CEO may designate a staff person to serve as the abuse prevention coordinator. This person would have responsibility for ensuring that corrective/preventive actions are taken to prevent a recurrence of a similar incident, identify at-risk situations, and develop initiatives and employee training on abuse prevention. Resources are made available on the DDSN web-site, including a presentation for reporting Abuse, Neglect, and Exploitation of Children and Elderly and Vulnerable Adults in South Carolina and additional resources made available through the APCC based on the Omnibus Adult Protection Act (OAPA). Providers may supplement training with their own materials, but may not exclude any of the training described above.

H. Reporting Reasonable Suspicion of a Crime in ICF/IID Residences

Section 1150B of the Social Security Act, established by section 6703(b)(3) of the Affordable Care Act requires ICFs/IID to report any reasonable suspicion of a crime against a resident to at least one law enforcement agency and to DHEC – Bureau of Certification. In the case of Abuse, Neglect, or Exploitation, suspicion of a crime should be reported to the State Law Enforcement Division (SLED). Reasonable suspicion of other crimes should be reported to local law enforcement. The report to should be made within two (2) hours if serious bodily injury

occurred and within 24 hours for all other incidents. Notification can be made to DHEC – Bureau of Certification 24 hours a day via fax (803) 545-4292 or via the 24 hour complaint line 1-800-922-6735.

IV. STATE LAWS

South Carolina state law requires the reporting of any suspected abuse, neglect, or exploitation. **The Child Protection Reform Act** requires the reporting of any suspected abuse or neglect occurring to a child, age 17 and under. **The Omnibus Adult Protection Act** requires the reporting of suspected abuse, neglect, or exploitation of a vulnerable adult, age 18 and above.

Vulnerable Adult is defined as any person, age 18 and above, who has a physical or mental condition that substantially impairs the person from adequately providing for his/her own care or protection. A resident of a facility or a person, age 18 and above receiving services from DDSN or its contract provider agencies is a vulnerable adult.

The appropriate reporting agency is determined by the age of the victim, suspected perpetrator, and the location of the alleged incident.

A. Child Protection Reform Act – Age 17 and Under

1. Definitions

S.C. Code Ann. § 63-7-20 (Supp. 2014), et seq., Child Protection Reform Act

Child abuse or neglect or harm occurs when the parent, guardian, or other person responsible for the child's welfare:

- (a) inflicts or allows to be inflicted upon the child physical or mental injury or engages in acts or omissions which present a substantial risk of physical or mental injury to the child, including injuries sustained as a result of excessive corporal punishment, but excluding corporal punishment or physical discipline which:
 - (i) Is administered by a parent or person in loco parentis;
 - (ii) Is perpetrated for the sole purpose of restraining or correcting the child;
 - (iii) Is reasonable in manner and moderate in degree;
 - (iv) Has not brought about permanent or lasting damage to the child, and;
 - (v) Is not reckless or grossly negligent behavior by the parents.
- (b) commits or allows to be committed against the child a sexual offense as defined by the laws of this State or engages in acts or omissions that present a substantial risk that a sexual offense as defined in the laws of this State would be committed against the child;
- (c) fails to supply the child with adequate food, clothing, shelter, supervision appropriate to the child's age and development, or health care though financially able to do so or offered financial or other reasonable means to do so and the failure to do so has caused or presents

a substantial risk of causing physical or mental injury. However, a child's absences from school may not be considered abuse or neglect unless the school has made efforts to bring about the child's attendance, and those efforts were unsuccessful because of the parents' refusal to cooperate. For the purpose of this chapter "adequate health care" includes any medical or non-medical remedial healthcare permitted or authorized under state law;

- (d) Abandons the child;
- (e) Encourages, condones, or approves the commission of delinquent acts by the child and the commission of the acts are shown to be the result of the encouragement, disregard, or approval; or
- (f) Has committed abuse or neglect as described in subsections (a) through (e) such that a child who subsequently becomes part of the person's household is at substantial risk of one of those forms of abuse or neglect.

Physical injury means death or permanent or temporary disfigurement or impairment of any bodily organ or function.

Mental injury means an injury to the intellectual, emotional, or psychological capacity or functioning of a child as evidenced by a discernible and substantial impairment of the child's ability to function when the existence of that impairment is supported by the opinion of a mental health professional or medical professional.

Institutional child abuse and neglect means situations of known or suspected child abuse or neglect where the person responsible for the child's welfare is the employee of a public or private residential home, institution, or agency.

2. Penalties for not reporting

Any person required to report child abuse or neglect or any other person required to forward a report who knowingly fails to do so, or any person who threatens or intimidates the victim or any witnesses shall be subject to prosecution. Upon conviction, the person is guilty of a misdemeanor and shall be fined not more than \$2,500.00 or imprisoned for not more than six (6) months, or both. An employer cannot dismiss, demote or suspend an employee who is required by statute to report abuse or neglect based on the fact the person made a report of child abuse and neglect. Employees shall file a report to the appropriate State Investigative Agencies, as outlined in this directive.

Penalties if found guilty of abuse, neglect or exploitation

A person who abuses a child is guilty of a felony and upon conviction can be imprisoned for up to ten (10) years. Cruelty to a child is a misdemeanor with up to 30 days imprisonment and a fine up to \$200.00.

3. **Negligence**

The State Attorney General's Office, upon referral, may bring an action for negligence against a person, corporation, or other business entity if, through pattern or practice, the entity fails to exercise reasonable care in hiring, training, or supervising staff, or in operating a facility or services and this failure results in the commission of abuse, neglect, or exploitation. This is a civil action in Circuit Court and may result in a fine or other relief the Court feels is needed.

B. Omnibus Adult Protection Act – Age 18 and Above

Definitions – S.C. Code Ann. § 43-35-5 (Supp. 2014), et seq., S.C. Code Ann. §43-35-10 (Supp. 2014)

Physical abuse means intentionally inflicting or allowing to be inflicted physical injury on a vulnerable adult by an act or failure to act. Physical abuse includes, but is not limited to, slapping, hitting, kicking, biting, choking, pinching, burning, actual or attempted sexual battery, use of medication outside the standards of reasonable medical practice for the purpose of controlling behavior, and unreasonable confinement. Physical abuse also includes the use of a restrictive or physically intrusive procedure to control behavior for the purpose of punishment except that a therapeutic procedure prescribed by a licensed physician or other qualified professional or that is part of a written plan of care by a licensed physician or other qualified professional is not considered physical abuse. Physical abuse does not include altercations or acts of assault between vulnerable adults.

Psychological abuse means deliberately subjecting a vulnerable adult to threats or harassment or other forms of intimidating behavior causing fear, humiliation, degradation, agitation, confusion, or other forms of serious emotional distress.

Neglect means the failure or omission of a caregiver to provide the care, goods, or services necessary to maintain the health or safety of a vulnerable adult including, but not limited to, food, clothing, medicine, shelter, supervision, and medical services. Neglect may be repeated conduct or a single incident which has produced or can be proven to result in serious physical or psychological harm or substantial risk of death. Noncompliance with regulatory standards alone does not constitute neglect. Neglect includes the inability of a vulnerable adult, in the absence of a caretaker, to provide for his or her own health or safety which produces or could reasonably be expected to produce serious physical or psychological harm or substantial risk of death.

Exploitation means:

- Causing or requiring a vulnerable adult to engage in activity or labor which is improper, unlawful, or against the reasonable and rational wishes of the vulnerable adult. Exploitation does not include requiring a vulnerable adult to participate in an activity or labor which is a part of a written plan of care or which is prescribed or authorized by a licensed physician attending the patient;

- An improper, unlawful, or unauthorized use of the funds, assets, property, power of attorney, guardianship, or conservatorship of a vulnerable adult by a person for the profit or advantage of that person or another person; or
- Causing a vulnerable adult to purchase goods or services for the profit or advantage of the seller or another person through:
 - Undue influence,
 - Harassment,
 - Duress,
 - Force,
 - Coercion, or
 - Swindling by overreaching, cheating, or defrauding the vulnerable adult through cunning arts or devices that delude the vulnerable adult and cause them to lose money or other property.

Penalties for not reporting

Any person required to report abuse or neglect of a vulnerable adult or any other person required to forward a report, who knowingly fails to do so, or any person who threatens or intimidates the victim or any witnesses shall be subject to prosecution. Upon conviction, the person is guilty of a misdemeanor and shall be fined not more than \$2,500.00 and imprisoned for up to one (1) year. An employer cannot dismiss, demote or suspend an employee who is required by statute to report abuse or neglect based on the fact the person made a report of abuse and neglect. Employees shall file a report to the appropriate State Investigative Agencies as outlined in this directive.

Penalties if found guilty of abuse, neglect or exploitation

A person who knowingly and willfully abuses, neglects, or exploits a vulnerable adult is guilty of a felony and upon conviction will receive the following:

- Simple Abuse (no serious injury): Punishment: Up to 5 years
- Abuse great bodily injury: Punishment: Up to 15 years
- Abuse resulting in death: Punishment: Up to 30 years
- Neglect: Punishment depends on seriousness of injury
- Exploitation: Punishment: Up to 5 years and a fine up to \$5,000 plus restitution

It is against the public policy of South Carolina to change an employee's employment status solely because a person reports abuse, neglect and exploitation.

Negligence

The State Attorney General's Office, upon referral, may bring an action for negligence against a person, corporation, or other business entity if, through pattern or practice, the entity fails to exercise reasonable care in hiring, training, or supervising staff, or in operating a facility or

services and this failure results in the commission of abuse, neglect, or exploitation. This is a civil action in Circuit Court and may result in a fine or other relief the Court feels is needed.

Posting Notices under Omnibus Adult Protection Act (OAPA)

All programs operated or contracted for operation by DDSN shall prominently display notices stating the duties of its personnel and contact information, the text of which must be provided by the Long Term Care Ombudsman Program in consultation with SLED Vulnerable Adults Investigations Unit.

V. REPORTING REQUIREMENTS AND PROCEDURES

Children Age 17 and Under

1. STEP ONE – Make a Direct Report to the Appropriate State Investigative Authority

Employees and volunteers of DDSN or its contracted service providers are required to report directly to the appropriate state investigative agency, immediately but no later than 24 hours, except as noted below when they have reason to believe that a child has been or is at risk for abuse, neglect, or exploitation.

If anyone other than an employee or volunteer of DDSN or its contracted service providers makes a direct report to the appropriate state investigative agency the Facility Administrator/Executive Director/CEO or higher authority, once notified, must immediately initiate activities beginning at STEP 3. The alleged perpetrator must immediately be placed on administrative leave without pay¹ and the initial report must be sent to the DDSN Director of Quality Management within 24 hours or the next business day. This requirement applies to all allegations of ANE, regardless of the intake status with the State Investigative Agency.

NOTE: In cases of an emergency, serious injury, or suspected sexual assault, the victim's health and welfare takes priority to STEP ONE. If medical attention is needed, the reporter must call 911 prior to calling law enforcement or DSS. Serious is defined as "needing immediate medical attention or hospitalization." Once 911 is contacted, the person making the report must contact law enforcement or DSS immediately.

Serious consumer injuries of unknown or unexplainable origin must be reported to the appropriate state investigative agency according to the procedures outlined herein.

¹ When an employee of a DSN Board/Qualified Provider (not a DDSN Regional Center or DDSN employee) is placed on leave without pay, the Board/Qualified Provider may allow the employee to use their annual/sick leave while the case is being investigated, if the Board/Qualified Provider's HR policy allows for such action. However, if and when, the employee is cleared of the allegation against them and returns to work, the Board/Qualified Provider must reinstate the employee's hours of leave used.

State DSS Out of Home Abuse and Neglect Investigation Unit (OHAN)

State DSS has established an Out of Home Abuse and Neglect Investigation Unit (OHAN) to investigate all out of home allegations of abuse and neglect of children. This includes alleged abuse or neglect occurring to a child in facilities operated by or contracted for operation by DDSN to include DDSN Regional Centers, ICF/IID and Community Training Homes I and II. In these facilities, staff are required to report immediately, but no later than, the end of the reporter's shift.

DSS-Child Protective Service-County Offices

When the suspected abuse or neglect of a child occurs in any location other than those defined above, a report must be made to county DSS immediately, but no later than 24 hours. Reports of suspected abuse in locations other than those defined above are not required to be reported to DDSN. The report and final outcome must be documented in the vulnerable child's and appropriate agency files.

Local Law Enforcement

In addition to notifying the investigative agency above, local law enforcement must be contacted immediately if any of the following condition(s) exist:

- All sexual assaults between consumers and staff, volunteers, or other persons responsible for their care.
- There is serious physical injury (such as fractures, burns, serious lacerations, death, etc.) and there is reason to believe the injury was caused by possible abuse or neglect, or when a physician documents that the injury was due to abuse or neglect.
- There are multiple victims.
- Abuse or neglect was inflicted on a child by a person who is not a parent or a childcare worker.
- Serious abuse, neglect, or exploitation occurred and there is a cover up or failure to report when clearly an obligation existed to report.
- Intimidation of the victim or witness, or impediment to an investigation.
- Time sensitive evidence.
- When the victim or victim's family requests a referral to law enforcement.

2. STEP TWO – REPORT TO SUPERVISOR OR HIGHER AUTHORITY

After the report to the appropriate investigative agency is made, the employee is obligated to report the suspected abuse, neglect, or exploitation to their supervisor or the Facility Administrator/Executive Director/CEO immediately following the report to the appropriate state investigative agency. Immediately means within one (1) hour. The person making the report must assure the alleged victim is safe.

3. STEP THREE – INITIAL RESPONSE

Once the supervisor, Facility Administrator/Executive Director/CEO or higher authority is notified, the following actions must be initiated when the allegation of abuse occurs in a residential or other facility operated or contracted for operation by DDSN:

Initial Response is the initial brief immediate action taken by the first response person who is called to the scene of the alleged abuse, neglect, or exploitation and should be conducted concurrently with reporting requirements. Because of the seriousness of any allegation of abuse, neglect, or exploitation, the first response person is usually a supervisory/administrative level staff person. This decision is made by the supervisor in STEP 2.

The focus of the initial response is to ensure:

- The victim is safe;
- Needed medical treatment is sought;
- Evidence is preserved; and
- The victim, witnesses, and alleged perpetrator(s) are identified.

(a) Safety Plan

Ensure the victim is safe, free from harm and intimidation.

- An assessment should be made as to the safety of the victim and others who may be at risk.
- The alleged perpetrator must be separated from the victim.
- The alleged perpetrator must be placed on administrative leave without pay pending the outcome of the investigation².

² When an employee of a DSN Board/Qualified Provider (not a DDSN Regional Center or DDSN employee) is placed on leave without pay, the Board/Qualified Provider may allow the employee to use their annual/sick leave while the case is being investigated, if the Board/Qualified Provider's HR policy allows for such action. However, if and when, the employee is cleared of the allegation against them and returns to work, the Board/Qualified Provider must reinstate the employee's hours of leave used.

(b) Determine if alleged victim requires medical assistance

The alleged victim should be taken/referred for a medical exam if needed.

(c) Secure the scene-preserve evidence

The scene should be secured if there is physical evidence of a disturbance or crime, (e.g., overturned chairs, blood on floor, evidence of sexual assaults, etc.)

For Administrative Review purposes only, the Receipt for Property should be completed.

(d) Identify Victim, witnesses, and perpetrator

Identify victim, alleged perpetrator and all potential witnesses. It is essential to identify all potential witnesses, including people receiving services, employees, volunteers, or others who may have information.

4. STEP FOUR – NOTIFICATION

Based on the contact information in the consumer's plan, the parent/guardian or primary correspondent will be notified of the allegation, as soon as possible, in the most expeditious manner possible and will be kept informed of the results of the review to the extent possible, while maintaining confidentiality for all parties involved. The parent/guardian or primary correspondent will be informed of any injuries as well as action taken to ensure the consumer's safety. There may be situations in which family members of other residents may need to be contacted regarding concern for their own family member's status and safety. The circumstances requiring contact would be specified in the annual service plan. The parent/guardian or primary correspondent will also be informed of their right to contact the state investigative agency if they have any questions or concerns. If the Case Manager/Qualified Intellectual Disability Professional/Early Interventionist is not the person notifying the family, then DDSN will assure that the Case Manager/Qualified Intellectual Disability Professional/Early Interventionist is aware of the allegation within three (3) working days of the incident, if applicable.

Adult consumers who may legally consent may also choose not to disclose individual incidents. At least annually, the adult consumer, with input from those important to him/her will specify who will be contacted should an incident occur. This information will be documented and readily available in the person's file.

NOTE: The state investigative agency may also contact the alleged victim's parent/guardian or primary correspondent directly.

5. STEP FIVE – INITIAL REPORT OF ALLEGED ABUSE, NEGLECT, EXPLOITATION

A report of the allegation must be submitted on the DDSN Incident Management System within 24 hours or the next business day in which the suspected abuse, neglect or exploitation is discovered.

6. STEP SIX – INITIATE A REVIEW OF THE ALLEGATION

DDSN Regional Centers, DSN Boards and contracted service providers shall cooperate with external investigations to insure the Administrative/Management review as described below does not jeopardize the investigation by law enforcement or the state investigative agency. The Administrative/Management Review will be completed on the DDSN Incident Management System.

A. Application of Review

An Administrative or Management Review should be done when the following conditions apply:

Administrative Review

An ICF/IID (Community or DDSN Regional Center) resident is allegedly abused, including when resident is at a day program.

Management Review

- (1) An alleged abuse occurs while a child resides in any other home operated or contracted for operation by DDSN, or
- (2) An alleged abuse occurs while a child is under the direct supervision of an agency employee or contracted employee, to include respite services, early intervention, and support centers.

While conducting an Administrative or Management Review, system-oriented information that warrants further review may be received. The recommendation for such review along with recommendation for personnel action (e.g., staff training, reassignments, environmental modifications, procedural changes, etc.) and other recommendations should be noted.

Any risk situations should be identified and appropriate action taken. If negligent situations are identified through the review process, this should be brought to the immediate attention of the Facility Administrator/Executive Director/CEO or their designee for prompt corrective/preventive action.

B. Types of Reviews

Administrative Review

DDSN Regional Centers and ICF/IID providers will conduct an Administrative Review immediately upon receiving an allegation of abuse, neglect, or exploitation.

For non ICF/IID facilities/consumers, the provider is permitted to conduct an Administrative Review for Improper Conduct Toward a Consumer if the state investigative agency (i.e., DSS(CPS)) does not notify the provider of their acceptance or otherwise of the initial report of an allegation. Once the review is complete providers may take appropriate personnel action as policies dictate, including bringing the employee back to work if the review did not indicate improper conduct.

Purpose

The Administrative Review is the systematic review of all information, witness statements, and evidence related to the allegation in order to make a determination, based on facts, if:

- An employee has violated a written rule, regulation or policy and related to improper conduct toward a consumer; and
- What actions management might take in order to reduce the likelihood that abuse would occur in the future.

This Administrative Review will be completed by a person assigned by the Facility Administrator/Executive Director/CEO. The assigned staff member will determine if an employee has violated any written rule, regulation or policy related to improper conduct toward consumer. When the credible, relevant facts support violation of the provider's written rules, regulations or policies related to improper conduct toward a consumer, the provider will follow its personnel policy of disciplinary action.

The Administrative Review along with the report of the initial response fulfills the requirements of CFR §483.420(d)(3) which requires the thorough investigation of all allegations of improper conduct toward a consumer.

Administrative Review Functions

The following activities must be conducted, as applicable, during the Administrative Review; however, they should never interfere with the investigation of the allegation of abuse, neglect or exploitation conducted by the state investigative agency.

- Collecting witness statements.
- Interviewing witnesses.

- Chronology of events – This section shall include in paragraph form, the recreation of the events prior to, during, and following the incident of alleged abuse. It shall contain, to the extent possible, the names of the individuals, their action, and the time frame during which the alleged abuse occurred.
- Discussion – This section will list all facts.
- Conclusion.
- Supporting documents to be included:
 - Signed and dated statements from each person involved
 - Unusual occurrence form
 - Photographs
 - Officer of the day report
 - Injury report
 - Other documents, if needed during the Administrative Review, such as:
 - Body check report
 - Doctor/nurse reports
 - Work schedule
 - Security report

Reporting to DDSN

Administrative Review

The ICF/IID Administrative Review must be submitted on the DDSN Incident Management System, within five (5) working days, excluding state and federal holidays of discovery of the suspected abuse, neglect or exploitation.

The non ICF/IID Administrative Review, conducted for improper conduct toward a consumer, must be submitted on the DDSN Incident Management System within five (5) working days excluding state and federal holidays of discovery of the suspected abuse, neglect or exploitation.

If the outcome of the Administrative Review results in “no findings” meaning the employee did not violate a written rule, regulation or policy related to improper conduct toward a consumer, the provider should document the results of their review and note their intention of bringing the employee back to work. If the date the employee will return is known, the date may be included in the Administrative Review. If the date is not known, the provider will need to submit an Addendum once established, to notify DDSN of the date of the employee’s return to work.

Management Review

Non ICF/IID providers will conduct a Management Review when the state investigative agency actively investigates or refers the allegation to be investigated, the investigative agency may be DSS(CPS), local law enforcement, or Attorney General’s Office. If DSS(CPS) does not notify

the provider of their acceptance or otherwise of the initial report of an allegation - in these cases, the provider may conduct an Administrative Review.

Purpose

The purpose of the Management Review is to determine if:

- An employee has violated a written rule, regulation or policy related to improper conduct toward a consumer; and
- Whether corrective actions regarding the employee (such as disciplinary action), management or practice/service changes need to occur.

Management Review Functions

The following activities may be conducted during the Management Review; however, they should never interfere with the investigation of the allegation of abuse, neglect or exploitation conducted by the state investigative agency. During the Management Review process, which is conducted when DSS(CPS), local law enforcement, or the Attorney General's Office accepts a case for investigation, reviewers are not permitted to interview the consumer or staff and cannot collect witness statements. Staff can write a statement to share with the state investigative agency, but staff cannot share the information with providers during an active investigation.

- Chronology of events – This section shall include in paragraph form, the recreation of the events prior to, during, and following the incident of alleged abuse. It shall contain, to the extent possible, the names of the individuals, their action, and the time frame during which the alleged abuse occurred.
- Discussion – This section will list all facts.
- Conclusion.
- Supporting documents to be included:
 - unusual occurrence form
 - photographs
 - officer of the day reports
 - injury reports
 - other documents, if needed during the Management Review, such as:
 - body check report
 - doctor/nurse reports
 - work schedule
 - security report

Reporting to DDSN

The Management Review must be completed and the results reported to the DDSN Director of Quality Management, within ten (10) working days, excluding state and federal holidays, in which the suspected abuse, neglect or exploitation are discovered.

If the outcome of the Management Review results in “no findings,” meaning the employee did not violate a written rule, regulation or policy related to improper conduct toward a consumer, the provider may request to the DDSN Director of Quality Management to reinstate the employee with back pay, prior to the completion and/or receipt of the state investigative agency’s final report from DSS(CPS), local law enforcement, or the Attorney General’s Office. This request must be submitted using the DDSN Incident Management System. Request for Reinstatement of Employee Form. DDSN will review the request and inform the provider of the results. If the employee is recommended for reinstatement, the provider will submit the Addendum to Administrative/Management Review Report to notify DDSN of its action. All forms/correspondence regarding ANE Reports must be submitted on the IMS.

7. STEP SEVEN – CONFIDENTIALITY

The Administrative/Management Review is an internal, confidential document and may not be released except to law enforcement and/or state investigative agencies. The report shall not be filed in the victim or alleged perpetrator/employee’s file. The results of the Review, including actions taken to ensure the victim’s safety, must be shared with the parent/guardian or primary correspondent. However, the Review may not be released.

The Facility Administrator/Executive Director/CEO or their designee may share information from the Review or a copy of the Review with their staff on a need to know basis.

8. STEP EIGHT-OUTCOME OF THE EXTERNAL ABUSE INVESTIGATION AND/OR INTERNAL REVIEW

Investigation

Only DSS(CPS), local law enforcement, or the Attorney General’s Office, can make a determination of abuse, neglect, or exploitation. Once written notification from one of the aforementioned agencies is received concerning the outcome of the investigation, the following action must be taken by the Facility Administrator/Executive Director/CEO or their designee:

Founded/Substantiated, Perpetrator Known

Founded abuse, neglect, or exploitation by DSS(CPS), local law enforcement, or the Attorney General’s Office, will result in termination of the perpetrator within 24 hours of receiving the results of the investigation.

In cases of financial exploitation by an employee, the Facility Administrator/Executive Director/CEO or their designee shall ensure that the victim's misappropriated funds are reimbursed to the victim.

Under statutory authority, State DSS maintains a statewide Central Registry of Child Abuse and Neglect. Initial reports of suspected child abuse and neglect reported to DSS(CPS) will be entered in the registry. Indicated reports (i.e., founded), including the name of the perpetrator, will be maintained on the registry for seven (7) years. State DSS has established due process procedures for appeal of indicated reports.

Founded/Substantiated, Perpetrator Unknown

When the investigation determines that abuse, neglect, or exploitation occurred, but the perpetrator cannot be identified, the Facility Administrator/Executive Director/CEO or their designee shall ensure that the victim is safe and free from harm. Corrective/preventive action shall be taken to prevent a recurrence.

Unfounded/Unsubstantiated

If the allegation is unsubstantiated, the alleged perpetrator will be reinstated without prejudice, including any back wages, unless the employee has violated the provider's rules, regulations or policies and the provider has followed its personnel policy of progressive discipline.

ADMINISTRATIVE/MANAGEMENT REVIEW

Once the Administrative/Management Review is completed, the following action must be taken by the Facility Administrator/Executive Director/CEO or their designee:

Employee Violation of Rules, Regulations or Policies

If an employee has been found to have violated the provider's written rules, regulations or policies, the provider must follow its personnel policy of disciplinary action.

Staff Training/Policy Procedural Change

Staff training issues or policy procedural changes identified during the Review shall be addressed to determine whether or not a violation of agency rules, regulations or policies is discovered. Training issues and/or policy procedural changes must be submitted to the DDSN Director of Quality Management along with corrective action planned or taken to address the issues identified.

Environmental Modifications

Issues regarding structural accommodations or safety devices identified during the Review shall be addressed whether or not a violation of agency rules, regulations or policies is discovered. All changes identified to be made must be submitted to the DDSN Director of Quality Management.

Notification of Licensure/Certification Boards

DHEC, Division of Health Licensing shall be notified within ten (10) days of any suspected abuse, neglect, or exploitation occurring within a Habilitation Center (e.g., regional and community-based ICF/IIDs, Community Residential Care Facilities, Hospitals and Day Care Facilities for adults).

The appropriate state licensure or state accreditation board (e.g., State Board of Nursing, State Board of Medical Examiners, Long Term Care Nurse Aide Registry), will be notified in writing by the provider whenever an allegation of abuse, neglect, or exploitation, including failure to report, has been substantiated against a licensed/accredited employee. The employee may be subject to disciplinary action by the licensing/accreditation board.

Addendum to Administrative/Management Review Report:

If the disposition of the Administrative/Management Review changes, or if there is additional information after the Review, (e.g., the results from external agency investigation/review are received, or if upon approval from DDSN the employee is reinstated prior to the completion of a state investigative agency's final report), the Addendum to Administrative/Management Review Report must be completed and sent to the DDSN Director of Quality Management within 24 hours or the next business day of the change.

9. STEP NINE - EMPLOYEE GRIEVANCE APPEAL PROCEDURES

If an employee is reinstated during the Employee Grievance Appeal, an addendum must be completed stating the reason for reinstatement and sent to the DDSN Director of Quality Management.

REPORTING REQUIREMENTS CONTINUED:

B. Vulnerable Adults Age 18 and Above

1. STEP ONE

Make a Direct Report to the Appropriate State Investigative Authority SLED, local law enforcement, or DSS(APS) depending on where abuse is alleged and type of alleged abuse.

Employees and volunteers of DDSN or its contracted service providers are mandated to report directly to the appropriate state investigative agency immediately, but no later than 24 hours, except as noted below, when they have reason to believe that a vulnerable adult has been or is at risk for abuse, neglect, or exploitation.

If anyone other than an employee or volunteer of DDSN or its contracted service providers makes a direct report to SLED, local law enforcement, or DSS(APS), the Facility Administrator/Executive Director/CEO or higher authority, once notified, must immediately initiate activities beginning at STEP 3. The alleged perpetrator must immediately be placed on

administrative leave without pay³ and the initial report must be sent to the DDSN Director of Quality Management within 24 hours or the next business day. This requirement applies to all allegations of ANE, regardless of the intake status with the State Investigative Agency.

NOTE: In cases of an emergency, serious injury, or suspected sexual assault, the victim's health and welfare takes priority to STEP ONE. If medical attention is needed, the reporter must call 911 prior to calling SLED or DSS(APS). Serious is defined as "needing immediate medical attention or hospitalization." Once 911 is contacted, the person making the report must contact SLED or DSS(APS) immediately.

Serious consumer injuries of unknown or unexplainable origin must be reported to the state investigative agency according to the procedures outlined herein.

SLED-Special Victims Unit

Alleged abuse, neglect, or exploitation occurring to a vulnerable adult in any residential program operated by or contracted for operation by DDSN shall be reported to SLED's toll free number by the person who has actual knowledge, or reason to believe, that a vulnerable adult has been or is likely to be abused, neglected, or exploited. In these facilities, staff is required to report immediately, but no later than the end of the reporter's shift.

DSS - Adult Protective Services – County Offices

Alleged abuse, neglect, or exploitation occurring to a vulnerable adult in settings other than a home operated or contracted for operation by DDSN, shall be reported to DSS in the county where the alleged incident occurred. This includes suspected abuse that may have occurred while a person is living at home or on a home visit. Reports of suspected abuse in locations other than those defined above are not required to be reported to DDSN. The report, and final outcome, must be documented in the vulnerable adult's and appropriate agency files.

Local Law enforcement

In addition to reporting to DSS(APS), local law enforcement must be notified immediately when the following conditions apply (note, if report is made to SLED, local law enforcement does not need to be contacted by the provider).

- All sexual assaults between consumers and staff, volunteers, or other persons responsible for their care.

³ When an employee of a DSN Board/Qualified Provider (not a DDSN Regional Center or DDSN employee) is placed on leave without pay, the Board/Qualified Provider may allow the employee to use their annual/sick leave while the case is being investigated, if the Board/Qualified Provider's HR policy allows for such action. However, if and when, the employee is cleared of the allegation against them and returns to work, the Board/Qualified Provider must reinstate the employee's hours of leave used.

- There is serious physical injury (such as fractures, burns, serious lacerations, death, etc.) and there is reason to believe the injury was caused by possible abuse or neglect, or when a physician documents that the injury was due to abuse or neglect.
- There are multiple victims.
- Serious abuse, neglect, or exploitation occurred and there is a cover up or failure to report when clearly an obligation existed to report.
- Intimidation of the victim or witness, or impediment to an investigation.
- Time sensitive evidence.
- When the victim or victim's family requests a referral to law enforcement.

2. **STEP TWO – REPORT TO SUPERVISOR OR HIGHER AUTHORITY**

After the required report by phone is made, the person making the report must make a report immediately to his/her supervisor or Facility Administrator/Executive Director/CEO. Immediately means within one (1) hour. The person making the report must assure the alleged victim is safe.

3. **STEP THREE – INITIAL RESPONSE**

Once the supervisor, Facility Administrator/Executive Director/CEO or higher authority is notified, the following actions must be initiated when the allegation of abuse occurs in a residential or other facility operated or contracted for operation by DDSN.

Initial Response is the initial brief immediate action taken by the first response person who is called to the scene of the alleged abuse, neglect, or exploitation and should be conducted concurrently with the reporting requirements. Because of the seriousness of any allegation of abuse, neglect, or exploitation, the first response person is usually a supervisory/administrative level staff person. This decision is made by the supervisor in STEP 2.

The focus of the initial response is to ensure:

- The victim is safe;
- Needed medical treatment is sought;
- Evidence is preserved; and
- The victim, witnesses, and alleged perpetrator(s) are identified.

Safety Plan

Ensure the victim is safe, free from harm and intimidation.

- An assessment should be made as to the safety of the victim and others who may be at risk.

- The alleged perpetrator must be separated from the victim.
- The alleged perpetrator must be placed on administrative leave without pay pending the outcome of the investigation.

Determine if alleged victim requires medical assistance

The alleged victim should be taken/referred for a medical exam if needed. Talk with the victim/assess degree of injury, functional level, etc.

Secure the scene - Preserve Evidence

The scene should be secured if there is physical evidence of a disturbance or crime, (e.g., overturned chairs, blood on floor, evidence of sexual assaults, etc.). For Administrative Review purposes only, a Receipt for Property should be completed.

Identify Victim, Witnesses, and Perpetrator

Identify victim, alleged perpetrator and all potential witnesses. It is essential to identify all potential witnesses, including people receiving services, employees, volunteers, or others who may have information.

4. STEP FOUR – NOTIFICATION

Based on the contact information in the consumer's plan, the parent/guardian or primary correspondent will be notified of the allegation, as soon as possible, in the most expeditious manner possible and will be kept informed of the results of the review to the extent possible, while maintaining confidentiality for all parties involved. The parent/guardian or primary correspondent will be informed of any injuries as well as action taken to ensure the consumer's safety. There may be situations in which family members of other residents may need to be contacted regarding concern for their own family member's status and safety. The circumstances requiring contact would be specified in the annual service plan. The parent/guardian or primary correspondent will also be informed of their right to contact the state investigative agency if they have any questions or concerns. If the Case Manager/Qualified Intellectual Disability Professional/Early Interventionist is not the person notifying the family, then DDSN will assure that the Case Manager/Qualified Intellectual Disability Professional/Early Interventionist is aware of the allegation within three (3) working days of the incident, if applicable.

Adult consumers who may legally consent may also choose not to disclose individual incidents. At least annually, the adult consumer, with input from those important to him/her will specify who will be contacted should an incident occur. This information will be documented and readily available in the person's file.

NOTE: The state investigative agencies may contact the alleged victim's parent/guardian or primary correspondent directly.

5. **STEP FIVE – INITIAL WRITTEN REPORT**

A report of the allegation must be submitted on the DDSN Incident Management System and SLED within 24 hours or the next business day in which the suspected abuse, neglect or exploitation is discovered using the Initial Report of Alleged Abuse, Neglect or Exploitation.

6. **STEP SIX – INITIATE A REVIEW OF THE ALLEGATION**

DDSN Regional Centers, DSN Boards and contracted service providers shall cooperate with external investigations to insure the Administrative/Management Review does not jeopardize the investigation by law enforcement or the state investigative agency.

A. **Application of Review**

An Administrative or Management Review should be done when the following conditions apply:

Administrative Review

- (1) An ICF/IID (community or DDSN Regional Center) resident is allegedly abused, including when resident is at a day program, or
- (2) When SLED vets the case to the Long Term Care Ombudsman Office.

Management Review

- (1) An alleged abuse occurs while consumer resides in any other homes operated or contracted for operation by DDSN, or
- (2) An alleged abuse occurs when a consumer is under direct supervision of agency employee or contracted employee, to include day services, rehabilitation supports, companion, respite, etc.

While conducting an Administrative or Management Review, system-oriented information that warrants further review may be received. The recommendation for such review along with recommendation for personnel action (e.g., staff training, reassignments, environmental modifications, procedural changes, etc.) and any other recommendations should be noted.

Any risk situations should be identified and appropriate action taken. If negligent situations are identified through the Review process, this should be brought to the immediate attention of the Facility Administrator/Executive Director/CEO or their designee for prompt corrective/preventive action.

B. **Types of Reviews**

Please see DDSN Directive 534-03-DD: The Long Term Care Ombudsman Program, in cases where SLED vets to the Long Term Care Ombudsman Office.

Administrative Review

DDSN Regional Centers and ICF/IID providers must conduct an Administrative Review immediately upon receiving an allegation of abuse, neglect, or exploitation.

For non ICF/IID facilities/consumers, the provider is permitted to conduct an Administrative Review for Improper Conduct towards a consumer upon receiving the SLED intake form, which indicates the case has been vetted to the Long Term Care Ombudsman or DSS(APS). Once the Review is complete, providers may take appropriate personnel action as policies dictate, including bringing the employee back to work if the review did not indicate improper conduct.

Purpose

The Administrative Review is the systematic review of all information, witness statements, and evidence related to the allegation in order to make a determination, based on facts, if:

- An employee has violated a written rule, regulation or policy related to improper conduct toward a consumer; and
- What actions management might take in order to reduce the likelihood that abuse would occur in the future.

The Administrative Review will be completed by a person assigned by the Facility Administrator/Executive Director/CEO. The assigned staff member will determine if an employee has violated any written rule, regulation or policy related to improper conduct toward consumer. When the credible, relevant facts support violation of the provider's written rules, regulations or policies related to improper conduct toward a consumer, the provider will follow its personnel policy of disciplinary action.

The Administrative Review along with the report of the initial response (STEP 3) fulfills the requirements of CFR §483.420(d) (3) which requires the thorough investigation of all allegations of improper conduct toward a consumer.

Administrative Review Functions

The following activities must be conducted during the Administrative Review, as applicable; however, they should never interfere with the investigation of the allegation of abuse, neglect or exploitation conducted by the state investigative agency.

- Collecting witness statements.
- Interviewing witness.
- Chronology of events – this section shall include in paragraph from the recreation of the events prior to, during, and following the incident of alleged abuse. It shall contain, to the extent possible, the names of the individuals, their action, and the time frame during which the alleged abuse occurred.
- Discussion – This section will list all facts.

- Conclusion.
- Supporting documents to be included:
 - signed and dated statements from each person involved
 - unusual occurrence form
 - photographs
 - officer of the day reports
 - injury of the report
 - other documents, if needed during the Administrative Review, such as:
 - body check report
 - doctor/nurse reports
 - work schedule
 - security report

Reporting to DDSN

The ICF/IID Administrative Review conducted by DDSN Regional Centers and ICF/IID must be submitted on the DDSN Incident Management System, within five (5) working days, excluding state and federal holidays, of discovery of the suspected abuse, neglect or exploitation.

If SLED vets the investigation to the State Long-Term Care Ombudsman and the outcome of the ICF/IID Administrative Review results in “no findings” meaning the employee did not violate a written rule, regulation or policy related to improper conduct toward a consumer, the provider should document the results of their review and note their intention of bringing the employee back to work. If the date the employee will return is known, the date may be included in the Administrative Review. If the date is not known, the provider will need to submit an Addendum, once established, to notify DDSN of the date of the employee’s return to work.

If SLED accepts the case for investigation (ICF/IID only) and the outcome of the ICF/IID Administrative Review results in “no findings” meaning the employee did not violate a written rule, regulation or policy related to improper conduct toward a consumer, the provider should document the results of their review and may request to reinstate the employee, with back pay, prior to the completion and/or receipt of the state investigative agency’s report. This request must be submitted on the DDSN Incident Management System, using the Request for Reinstatement of Employee Form. DDSN will review the request and inform the provider of the results. If the employee is recommended for reinstatement the provider will send in the Addendum to Administrative/Management Review Report to notify DDSN of its action. All forms are to be completed using the Incident Management System.

The Administrative Review conducted for improper conduct toward a consumer (Non-ICF/IID) must be completed and the results reported to the DDSN Director of Quality Management, within ten (10) working days excluding state and federal holidays.

If the outcome of the Administrative Review for Improper Conduct results in “no findings” meaning the employee did not violate a written rule, regulation or policy related to improper

conduct toward a consumer, the provider should document the results of their review and note their intention of bringing the employee back to work. If the date the employee will return is known, the date may be included in the Administrative Review. If the date is not known, the provider will need to submit an Addendum, once established, to notify DDSN of the date of the employee's return to work.

Management Review

Non ICF/IID providers will conduct a Management Review when SLED actively investigates or refers the allegation to local law enforcement or the Attorney General's Office.

Purpose

The purpose of the Management Review is to determine if:

- An employee has violated a written rule, regulation or policy related to improper conduct toward a consumer, and
- Whether corrective actions regarding the employee (such as disciplinary action), management or practice/service changes need to occur.

Management Review Functions

The following activities may be conducted during the Management Review; however, they should never interfere with the investigation of the allegation of abuse, neglect or exploitation by the state investigative agency. During the Management Review process, which is conducted when SLED or local law enforcement accepts a case for investigation, reviewers are not permitted to interview the consumer or staff and cannot collect witness statements. Staff can write a statement to share with the state investigative agency, but cannot share the information with providers during an active investigation.

- Chronology of events – this section shall include in paragraph form, the recreation of the events prior to, during, and following the incident of alleged abuse. It shall contain, to the extent possible, the names of the individuals, their action, and the time frame during which the alleged abuse occurred.
- Discussion – this section will list all facts.
- Conclusion.
- Supporting documents to be included:
 - unusual occurrence form
 - photographs
 - officer of the day report

- injury reports
- other documents, if needed during the Management Review, such as:
 - body check report
 - doctor/nurse reports
 - work schedule
 - security report

Reporting to DDSN

The Management Review must be completed and the results reported to the DDSN Director of Quality Management, within ten (10) working days, excluding state and federal holidays, in which the suspected abuse, neglect or exploitation is discovered.

If the outcome of the Management Review results in “no findings,” meaning the employee did not violate a written rule, regulation or policy related to improper conduct toward a consumer, the provider may request to the DDSN Director of Quality Management to reinstate the employee with back pay, prior to the completion and/or receipt of the state investigative agency’s report. This request must be submitted on the DDSN Incident Management System, using the Request for Reinstatement of Employee Form. DDSN will review the request and inform the provider of the results. If the employee is recommended for reinstatement the provider will send in the Addendum to Administrative/Management Review Report to notify DDSN of its action. All forms are to be completed using the DDSN Incident Management System.

7. STEP SEVEN – CONFIDENTIALITY

The Administrative/Management Review is an internal, confidential document and may not be released except to law enforcement and/or state investigative agencies. The report shall not be filed in the victim or alleged perpetrator/employee’s file. The results of the Review, including actions taken to ensure the victim’s safety, must be shared with the parent/guardian or primary correspondent. However, the Review may not be released.

The Facility Administrator/Executive Director/CEO or their designee may share information from the Review or a copy of the Review with their staff on a need to know basis.

8. STEP EIGHT – Outcome of the External Investigation and/or Internal Review

A. Investigation

Only the state investigative agency (SLED, local law enforcement agency, the Attorney General’s Office, or DSS(APS) can determine abuse, neglect, or exploitation. Once written notification from the state investigative agency is received concerning the outcome of the investigation, the following action must be taken by the Facility Administrator/Executive Director/CEO or their designee:

- **Founded/Substantiated, Perpetrator Known**

Founded abuse, neglect, or exploitation will result in termination of the perpetrator, within 24 hours of receiving the results of the investigation. In cases of financial exploitation by an employee, the Facility Administrator/Executive Director/CEO or their designee shall ensure that the victim's misappropriated funds are reimbursed to the victim.

- **Founded/Substantiated, Perpetrator Unknown**

When the investigation determines that abuse, neglect, or exploitation occurred, but the perpetrator cannot be identified, the Facility Administrator/Executive Director/CEO or their designee shall ensure that the victim is safe and free from harm. Corrective/preventive action shall be taken to prevent a recurrence.

- **Unfounded/Unsubstantiated**

If the allegation is unsubstantiated, the alleged perpetrator will be reinstated without prejudice, including any back wages, unless the employee has violated the provider's rules, regulations or policies and the provider has followed its personnel policy of progressive discipline.

B. Administrative/Management Review

Once the Administrative/Management Review is completed, the following action must be taken by the Facility Administrator/Executive Director/CEO or their designee.

Employee Violation of Rules, Regulations or Policies

If an employee has been found to have violated the provider's written rules, regulations or policies, the provider must follow its personnel policy of disciplinary action.

Staff Training/Policy Procedural Change

Staff training issues or policy procedural changes identified during the Review shall be addressed whether or not a violation of agency rules, regulations or policies is discovered. Training issues and/or policy procedural changes must be submitted to the DDSN Director of Quality Management along with corrective action planned or taken to address the issues identified.

Environmental Modifications

Issues regarding structural accommodations or safety devices identified during the Review shall be addressed whether or not a violation of agency rules, regulations or policies is discovered. All changes identified to be made must be submitted to the DDSN Director of Quality Management.

Notification of Licensure/Certification Boards

DHEC, Division of Health Licensing shall be notified within ten (10) days of any suspected abuse, neglect, or exploitation occurring within a Habilitation Center (e.g., DDSN Regional and community-based ICF/IIDs, Community Residential Care Facilities, Hospitals and Day Care Facilities for adults).

The appropriate state licensure or state accreditation board (e.g., State Board of Nursing, State Board of Medical Examiners, Long Term Care Nurse Aide Registry), will be notified in writing by the provider whenever an allegation of abuse, neglect, or exploitation, including failure to report, has been substantiated against a licensed/accredited employee. The employee may be subject to disciplinary action by the licensing/accreditation board.

Addendum to Administrative/Management Review Report

If the disposition of the Administrative/Management Review changes or if there is additional information after the Review, (e.g., the results from external agency investigation/review are received, or if upon approval from DDSN the employee is reinstated prior to the completion of a state investigative agency's final report), the Addendum to Administrative/Management Review Report must be submitted to DDSN on the Incident Management System within 24 hours or the next business day of the change.

9. STEP NINE - EMPLOYEE GRIEVANCE APPEAL PROCEDURES

If an employee is reinstated during the Employee Grievance Appeal, an addendum must be completed stating the reason for reinstatement and sent to the DDSN Director of Quality Management. The Addendum must be completed on the IMS.

VI. MISCELLANEOUS INFORMATION

Provider agencies will assure that the person's Case Manager/QIDP/Early Interventionist is aware of the allegation and is informed of the investigative findings. The Case Manager/QIDP/Early Interventionist will monitor to make sure that adequate services and supports recommended are in place to prevent future occurrences of abuse, neglect, or exploitation.

Human Rights Committee

The agency's Human Rights Committee shall be notified at the next regularly scheduled meeting of all allegations of abuse, neglect, or exploitation and the results of the state investigative agency.

Legal Action

If legal pleadings are served which resulted from an incident of abuse, neglect, or exploitation, the Facility Administrator/Executive Director/CEO or their designee shall notify the DDSN Associate State Director of Operations and DDSN General Counsel immediately.

Media Inquiries

In situations where media attention has been generated about an incident of abuse, neglect, or exploitation, DDSN and provider agencies should cooperate with providing information as required under the Freedom of Information Act. Consistent with the provisions of South Carolina Law and Health Insurance Portability and Accountability Act (HIPAA), the Facility Administrator/Executive Director/CEO or their designee must notify the DDSN Associate State Director of Operations when media attention is generated about an incident of abuse, neglect, or exploitation.

The Director of Community Relations is available to provide assistance to DDSN and contract providers in responding to media inquiries.

VII. OTHER INVESTIGATIVE AGENCIES

DDSN and contract providers shall cooperate with external investigations. In addition to investigations by SLED, local law enforcement, Attorney General's Office or DSS (either CPS or APS), other state agencies have jurisdiction to make inquiry into incidents of abuse, neglect, or exploitation and may conduct their own investigation. These agencies include, but are not limited to:

Long Term Care Ombudsman

The Long Term Care Ombudsman's Office investigates those cases vetted by SLED when there is no reasonable suspicion of criminal conduct. Please see DDSN Directive 534-03-DD: The Long Term Care Ombudsman Program.

SC Code Ann § 43-38-10 also allows the Ombudsman to investigate complaints in facilities including intermediate care facilities, residential care facilities and facilities for persons with developmental disabilities.

The Long Term Care Ombudsman Program is authorized to investigate any problem or complaint on behalf of any interested party or any client, patient, or resident of any of the DDSN facilities. In carrying out the investigation, the Long Term Care Ombudsman Program may request and receive written statements, documents, exhibits, and other items pertinent to the investigation. Following the investigation, the Long Term Care Ombudsman Program may issue such report and recommendations as in its opinion will assist in improving the facility under investigation.

All departments, officers, agencies and employees of the state shall cooperate with the Long Term Care Ombudsman's Office in carrying out their duties.

Child Fatalities Review Office

The Child Fatalities Review Office of SLED will investigate all deaths involving abuse, physical and sexual trauma as well as suspicious and questionable deaths of children. The State Child Fatalities Review Office will also review the involvement that various agencies may have had with the child prior to death. DDSN is an active member of this committee.

Vulnerable Adult Fatalities Review Office

The Vulnerable Adult Fatalities Review Office of SLED will investigate all deaths involving a vulnerable adult in any residential program operated or contracted for operation by DDSN. DDSN is an active member of this committee.

Attorney General - Office of Medicaid Fraud

The Medicaid Fraud Division of the State Attorney General's Office may also investigate allegations of financial exploitation in Medicaid facilities and programs.

Protection and Advocacy for People with Disabilities, Inc.

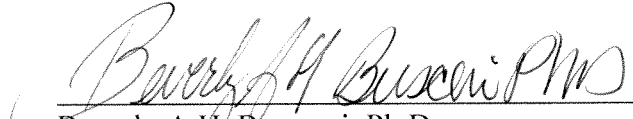
Protection and Advocacy for People with Disabilities (P&A) has statutory authority to investigate abuse and neglect of people with disabilities upon receipt of a complaint.

VIII. QUALITY ASSURANCE

In order to effect and/or maintain a comprehensive system to ensure the timely reporting, as well as preventive/corrective actions, DDSN shall implement and evaluate its quality assurance program which monitors all allegations of abuse, neglect, or exploitation and other violations of rules, regulations or policies occurring in DDSN operated services and supports, Regional Centers, and contract provider agencies.



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



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

Related Directives:

- 100-09-DD Critical Incident Reporting
- 100-28-DD Quality Assurance and Management
- 413-01-DD Standards of Disciplinary Action
- 505-02-DD Death or Impending Death of Person Residing in a Residential Program Sponsored by DDSN
- 533-02-DD Sexual Assault Prevention and Incident Procedure Follow-up
- 534-03-DD The Long Term Care Ombudsman Program

Attachment: Comprehension Test

All forms are to be completed using the Incident Management System

DDSN Training for Abuse, Neglect and Exploitation Comprehension Test

Employee Name: _____

Date of training: _____

Date of Test: _____

Score: _____

(Must score 80% or re-test)

Provider Agency: _____

Section 1- True or False

1. A resident of any DDSN facility is a Vulnerable Adult. True
 False

2. After the report to the appropriate investigating agency is made, the employee is obligated to report the suspected abuse, neglect, or exploitation to their supervisor or other management staff within their organization. True
 False

3. Punishing a vulnerable adult by using a restrictive or physically intrusive procedure to control behavior may be considered physical abuse unless the procedure is included as a part of a therapeutic plan developed by a qualified professional. True
 False

4. Failure to properly follow a behavior support plan may result in an allegation of abuse. True
 False

5. If an employee does not think an allegation of abuse is true, they do not have to report. True
 False

6. An employee terminated for abuse, neglect, or exploitation as determined by SLED, local law enforcement, the Attorney General's Office, or DSS (either APS or CPS) will not be eligible for employment in any program, facility, service, or supports operated by DDSN or its contract service providers. True
 False

7. Employees may contact consumers/ coworkers while they are on Administrative Leave without Pay. True
 False

8. If a family member makes an allegation of abuse, neglect, or exploitation, staff must follow-up to ensure the allegation is reported to the appropriate state investigative agency. True
 False

Section 2- Multiple Choice

9. The following persons are mandated reporters and shall report when they believe that a vulnerable adult has been or is likely to be abused, neglected, or exploited:
- A) Medical Professionals (physician, nurse, dentist, etc.)
 - B) Teacher, Counselor, psychologist
 - C) Caregiver, staff, supervisors and volunteers of day and residential facilities
 - D) All of the above.
10. Employees and volunteers of DDSN and its network of contracted service providers are all mandated reporters and are required to report the following in accordance with agency policy and state law:
- A) Abuse
 - B) Neglect
 - C) Exploitation
 - D) All of the above.
11. The following action must take place when an alleged perpetrator has been identified:
- A) The staff is assigned to work with another consumer or in another location.
 - B) The staff receives a written warning and placed back on the schedule.
 - C) The staff must be placed on administrative leave without pay pending the outcome of the investigation.
 - D) The staff is terminated without any internal review.
12. If under an Administrative or Management Review, the employee has been found to violate Written Rules, Regulations or Policies, employee disciplinary action will be taken based upon the nature and extent of the policy violation. This disciplinary action may include:
- A) Written Warning
 - B) Additional training
 - C) Termination
 - D) Any of the above, depending on the nature of the violation.
13. Allegations of abuse, neglect or exploitation may be investigated by:
- A) Department of Social Services (Child Protective Services or Adult Protective Services)
 - B) Attorney General- Medicaid Fraud Control Unit
 - C) Law Enforcement
 - D) Any of the above

Section 3- Please fill in the blank using the word list below

Psychological Abuse	Misdemeanor	Exploitation
Supervisor	Long Term Care Ombudsman (LTCO)	Law Enforcement
Department of Social Services (DSS)		

14. _____ may include threatening, harassing or intimidating a vulnerable adult or committing other acts of intimidation that cause fear, humiliation, degradation, agitation, confusion, or other forms of serious emotional distress.
15. _____ may include causing a vulnerable adult to purchase goods or services for the profit or advantage of the seller or another person.
16. _____ investigates or cause to be investigated noncriminal reports of alleged abuse, neglect, and exploitation of vulnerable adults occurring in facilities other than those handled by SLED.
17. The Adult Protective Services Program (APS) or Child Protective Services Program (CPS) of the _____ investigates or causes to be investigated noncriminal reports of alleged abuse, neglect, and exploitation of vulnerable adults occurring in all settings other than facilities.
18. A mandated reporter who knowingly and willfully fails to report is guilty of a _____ and, upon conviction, must be fined not more than twenty-five hundred dollars or imprisoned not more than one year.
19. Provided the mandatory reporting requirements are met, a reporter can also make direct contact with _____, and in cases of an emergency, serious injury, or suspected sexual assault law enforcement must be contacted immediately.
20. After the report to the appropriate investigative agency is made, the employee is obligated to report the suspected abuse, neglect, or exploitation to their _____ or the Facility Administrator/Executive Director/CEO immediately following the report to the appropriate state investigative agency. Immediately means within one (1) hour. The person making the report must assure the alleged victim is safe.

I have completed this Comprehension Test independently after receiving training on Abuse, Neglect and Exploitation and DDSN Directive 534-02-DD: Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contract Provider Organization.

Employee Signature

Date: _____

Training staff responsible for providing correction for any missed questions to ensure the employee understands the correct procedures: *(Employee must score 80% or re-test)*

Training Staff/ Supervisor Signature

Date: _____



SC Department of Disabilities & Special Needs
Reporting Procedures for
Allegations of Abuse,
Neglect and Exploitation
534-02-DD

What to Report:

Any observed or suspected allegations of neglect or exploitation.

abuse,

- *Physical Abuse* includes hitting, slapping, Burning, kicking, biting, pinching, actual or attempted sexual assault; use of meds outside the standards of reasonable medical practice; use of a restrictive method or procedure to control behavior except those prescribed by a physician or part of a BSP.
- *Psychological Abuse* includes making threats of harm; intimidation causing embarrassment, fear, humiliation, agitation or other forms of emotional stress.
- *Exploitation* includes causing or requiring participation in activity or labor that is improper or against the will/wishes of consumer; unlawful use of consumer funds, assets or property of the consumer; improper use of consumer Power of Attorney, guardianship for advantage or profit; causing consumer to make purchases for profit or advantage of the seller or another person through undue influence, coercion or swindling.

- NOTE: The DDSN policy for Abuse, Neglect, and Exploitation does not include any incident referred to as “verbal abuse”. These incidents are reported as a Critical Incident. Please refer to Critical Incident policy regarding use of profane and disrespectful language towards a consumer.

Where do you make reports of ANE Allegations?

Adults

- If incident occurs while consumer is at the Day Program, make the report to DSS.
- If incident involving an ICF/ID consumer occurs on the agency van en route to the Day Program, make the report to SLED except as noted below.
- All other incidents of possible ANE should be reported **directly to SLED**.
- **Do not make any reports directly to the Ombudsman—SLED will decide if a case should be referred/vetted to the Ombudsman.**
- If an incident of possible ANE occurs while the consumer is on a home visit or out in the community not under direct supervision by DDSN staff, make the report to DSS and no reports to DDSN are required.

Children

- For children in residential services, report any possible ANE of consumers age 17 and under to OHAN.
- For suspected ANE in other locations, report to the local DSS Child Protective Services Office.

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REPORTS MADE TO SLED:

SLED is the “gatekeeper” and will decide whether they will accept a report, issue an Intake Report and whether the case will be referred to another investigative agency.

TO MAKE A REPORT TO SLED: CALL TOLL FREE 1-866-200-6066 *If SLED accepts a case and issues an Intake report, they will usually fax it to DDSN and the Provider within 24-36 hours.*

CRIMINAL CASES

- SLED may vet a case to a Local Law Enforcement agency, to the Attorney General’s Office or SLED may conduct the investigation.
- If a report is made to SLED and SLED vets a case to DSS **and** advises the caller to also report the case to LLE, proceed as a criminal case.

NON-CRIMINAL CASES

- SLED may vet(refer) a case to the Ombudsman.
- SLED may accept the report For Information only or For Assessment and issue an Intake report. (All required ANE reports must still be submitted in these instances.)

REPORTS MADE TO DSS:

CRIMINAL CASES:

- In some instances a report is made by the Provider to DSS and simultaneously to Local Law Enforcement, or DSS advises the Provider at the time the report is made that they will also contact LLE. When either of these occurs, proceed as a criminal case.

NON-CRIMINAL CASES:

- Most of the time, cases reported to DSS will be Non-criminal in nature and LLE will not be involved in the case.

INITIAL ANE REPORTS

- Include all required consumer information in the IMS report
- Be sure the residential setting listed is correct
- Include names of all alleged perpetrators and the required personnel action of Administrative Leave Without Pay (date and time)
- Include the required Safety Plan for the victim to include any referral for medical exam if indicated
- The Description of Incident should include all information from the SLED Intake Report narrative (if reported to SLED)
- Initial Reports are due within 24 hours of Incident Date or Date of Discovery

TYPES OF REVIEWS CONDUCTED/SUBMITTED:

- If the consumer is an ICF/IID resident, the **only** Review conducted will be the *Administrative Review for ICF/IID*.
- For Non ICF/IID consumers, a *Management Review* will be conducted on **criminal** cases.
- For Non-ICF/IID consumers, an *Administrative Review for Improper Conduct* will be conducted on **Non-criminal** cases.

Administrative Reviews for ICF/ID:

ADMINISTRATIVE REVIEW FOR ICF/IID IS DUE WITHIN 5 BUSINESS DAYS OF INCIDENT DATE OR DATE REPORTED; ALL OTHER REVIEWS ARE DUE WITHIN 10 BUSINESS DAYS OF DATE OF INCIDENT OR DATE OF DISCOVERY.

The Purpose of the Review (whether case is criminal or non-criminal) is to determine if staff violated any of your agency policy or engaged in inappropriate conduct towards the consumer

- Can we collect written/signed statements? Yes--required
- Can we conduct interviews Yes--required
- Can we take photographs of injuries? Yes--optional
- Can we review shift notes, logs, etc.? Yes--if indicated
- Can we include a report from the OD? Yes--if one was done
- Can we review accident/injury reports? Yes—as indicated
- All of the above may be done as long as it does not interfere with the investigation by LLE , SLED, DSS or the Ombudsman.

Management Reviews:

- Can we collect written statements? No--
investigating agency does this
- Can we conduct interviews? No—
investigating agency does this
- Can we take photographs of injuries? Yes— to
give to investigating agency
- Can we review shift notes, nursing notes? Yes
- Can we review accident/injury reports? Yes

Administrative Review for Improper Conduct

- Can we collect written statements? Yes--required
- Can we conduct interviews? Yes—required
- Can we take photographs of injuries? Yes
- Can we review shift notes, logs, etc.? Yes
- Can we include a report from the OD? Yes
- Can we review accident/injury reports? Yes
- If consumer/victim can provide his/her written statement, please obtain. If unable to provide a written statement, staff should take victim's verbatim statement and victim can initial statement; if unable to do either, please address in Discussion section of Outline of Report
- A written, signed/dated statement must be obtained from the alleged perpetrator(s)

Returning Staff to Work:

Criminal cases:

- If the provider has not received a written Case Status Report from the investigative agency (SLED or LLE), then a Request for Reinstatement must be submitted and approved in advance of the employee's return to work. The provider may document any verbal findings on the Request for Reinstatement, noting the name of the investigator providing the information and the date given.
- If the provider has received written Case Status report from SLED or LLE indicating case closed as Unfounded or Unsubstantiated and completed Management Review, then the date the date staff will return to work may be indicated on the Management Review (or in an Addendum) and any applicable disciplinary actions or staff training noted.

Non-criminal Cases:

- The employee may return to work once the Administrative Review is completed to determine if there was any improper conduct or if there were any policy/procedural violations. The date the date staff will return to work may be indicated on the Administrative Review (or in an Addendum) and any applicable disciplinary actions or staff training noted.

Final Case Disposition:

- **ANE REVIEWS SUBMITTED:** The Disposition in the section on Alleged Perpetrators should remain “ *Other Agency Investigating*” unless we have received a Case Status Report from SLED or LLE, or a Written Report from DSS or the Ombudsman.
- **DISPOSITIONS CONFIRMED SUBSEQUENT TO REVIEW SUBMISSION:** If the Case Status report from SLED or LLE or Written report from DSS or the Ombudsman is received after the review has been submitted, an Addendum should be submitted to include the Final determination by the investigative agency. The Disposition in the section of the Addendum on Allegations should be added/updated to reflect the final case determination.

Other Reasons to submit an Addendum:

- When additional information is received after the Review has been submitted and approved
- When a case determination or status changes
- To indicate final personnel action and date for alleged perpetrators
- Within 24 hours after a reinstatement request has been approved

COMMITTEE CONTACT INFORMATION



- Website - <http://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee.php>
- Phone Number - 803-212-6810
- Email - HCommLegOv@schouse.gov
- Location - Blatt Building, Room 228