

South Carolina Department of Behavioral Health & Developmental Disabilities

Office of Intellectual & Developmental Disabilities

Residential Habilitation: Administrative Compliance & Individual Services Review

Key Indicator Review Tool for FY2027

The Key Indicators are based on OIDD Service Standards, Agency Directives, and Medicaid Policy/Requirements.

*Providers must use designated modules in Therap to document service delivery.
Timelines for implementation of individual Therap Modules may be found at: <https://help.therapservices.net/app/south-carolina/>*

Provider Qualifications

Indicator #	Indicator	Guidance
RH-101	Residential staff, employed or contracted by the provider, meet the minimum education requirements for the position.	Refer to OIDD Residential Habilitation Standards for educational and vocational requirements for all staff including those providing Intensive Behavioral Intervention.
RH-102	Residential staff, employed or contracted by the provider, meet the criminal background check requirements for the position, prior to employment.	Source: OIDD Directive 406-04-DD. Applies to new employees working less than 12 months.
RH-103	Residential staff, employed or contracted by the provider, continue to meet the criminal background check requirements for the position, upon required recheck.	Source: OIDD Directive 406-04-DD. Re-check required every three years.
RH-104	Residential staff, employed or contracted by the provider, meet the CMS "List of Excluded Individuals/ Entities" check requirements for the position.	Source: OIDD Directive 406-04-DD. Applies to new employees working less than 12 months.
RH-105	Residential staff, employed or contracted by the provider, meet the DSS Central Registry check requirements for the position.	Source: OIDD Directive 406-04-DD. Applies to new employees working less than 12 months.
RH-106	Residential staff, employed or contracted by the provider, meet the TB Testing requirements for the position, prior to direct service contact.	Source: OIDD Directive 603-06-DD. Applies to new employees working less than 12 months.
RH-107	Residential staff, employed or contracted by the provider, meet the annual TB screening requirements, as outlined in OIDD Directive 603-06-DD.	Source: OIDD Directive 603-06-DD. Applies to existing employees with over 12 months of service.
RH-108	Residential staff, employed or contracted by the provider, have met acceptable reference check requirements for the position.	Source: OIDD Directive 406-04-DD. Applies to new employees working less than 12 months.

Provider Training

Indicator #	Indicator	Guidance
RH-201	Residential Staff must complete new employee competency- based training requirements, as required in 567-01-DD.	Source: OIDD Directive 567-01-DD. Does not include training covered in other Key Indicators (ANE, CPR, First Aid, Medication Technician, or Crisis Management). Applies to new employees working less than 12 months.
RH-202	Residential staff must pass mandatory, competency based ANE training, as required, during pre-service orientation.	Source: OIDD Directive 534-02-DD. Applies to new employees working less than 12 months.
RH-203	Residential Staff, when employed after 1 year, must pass mandatory, competency based ANE training within 12 months of their prior training date(s).	Source: OIDD Directive 534-02-DD. Applies to employees working more than 12 months. Training must be completed by the last day of the month in which it was due.
RH-204	Residential Staff must successfully complete CPR/First Aid certifications new employee training.	Source: OIDD Directive 567-01-DD. Applies to new employees working less than 12 months.
RH-205	Residential Staff, when employed after 12 months, continue to successfully complete CPR/First Aid certifications at the frequency required by the certifying entity.	Source: OIDD Directive 567-01-DD. Applies to employees working more than 12 months. Training must be completed by the expiration date.
RH-206	Residential Staff must successfully complete competency-based crisis management curriculum certification prior to working alone with service participants.	Source: OIDD Directive 567-01-DD and 567-04-DD. Applies to new employees working less than 12 months.
RH-207	Residential Staff, when employed after 12 months, continue to successfully complete approved crisis-management certifications at the frequency required by the certifying entity.	Source: OIDD Directive 567-01-DD and 567-04-DD. Applies to employees working more than 12 months. Training must be completed by the last day of the month in which it was due.
RH-208	Residential Staff must successfully complete an approved Medication Technician Training Curriculum prior to administering medications.	Source: OIDD Directive 603-13-DD
RH-209	Residential Staff, when employed more than 12 months, must successfully complete a refresher course for the approved Medication Technician Training Curriculum in order to continue to administer medications.	Source: OIDD Directive 603-13-DD Training must be complete by the annual date due.

RH-210	Residential Staff, when employed for more than 12 months, must receive annual training on the following topics: • Confidentiality & HIPAA • OSHA Guidelines and Workplace Safety • Fire Safety/Disaster Preparedness • Rights/Due Process • Consumer Supervision • Consumer Funds • Personal Property Inventory	Source: OIDD Directive 567-01-DD. Applies to employees working more than 12 months. Training must be completed by the last day of the month in which it was due.
RH-211	Annually, Residential Staff employed or contracted by the provider, are made aware of the False Claims' Recovery Act, that the Federal government can impose a penalty for false claims, that abuse of the Medicaid Program can be reported, and that reporters are covered by Whistleblowers' laws.	Evidence of staff being made aware of the false claims' recovery act must be provided. This activity must be completed by the last day of the month in which it was due. Source: Contract for ... Capitated Model and Source: Contract for ... Non-Capitated Model

Residential Habilitation Service Delivery

Source document for all information in this section (unless otherwise indicated) is the Residential Habilitation Standards.

New Admissions

Indicator #	Indicator	Guidance
RH-301	For new residential admissions, prior to providing residential habilitation, a preliminary plan must be developed to ensure health, safety, supervision, and rights protection while the person is undergoing functional assessment for goal planning. At the time of admission, the preliminary plan for the person must be implemented.	Source: OIDD Residential Habilitation Standards
RH-302	An initial comprehensive functional assessment must be completed for the person.	Source: OIDD Residential Habilitation Standards
RH-303	Within 30 days of admission a residential support plan is developed.	Source: OIDD Residential Habilitation Standards
RH-304	The "Swallowing Disorders Checklist" is completed within 30 days of admission.	Source: OIDD Directive 535-13-DD
RH-305	When prescribed anti-psychotic medication or other medication(s) associated with Tardive Dyskinesia, monitoring is conducted within one month of admission.	Source: OIDD Directive 603-01-DD

Comprehensive Functional Assessment:

Indicator #	Indicator	Guidance
RH-401	A comprehensive functional assessment is completed/updated for each person, as needed.	Source: OIDD Residential Habilitation Standards
RH-402	The information in the comprehensive functional assessment must align with the information in the residential plan.	Source: OIDD Residential Habilitation Standards

Residential Support Plan

Indicator #	Indicator	Guidance
RH-501	The residential support plan shall be developed every 365 days.	Source: OIDD Residential Habilitation Standards
RH-502	The person participates in the development of his/her residential plan and identifies goals and training priorities.	Source: OIDD Residential Habilitation Standards
RH-503	The Residential Support Plan must include the type and frequency of care to be provided.	Source: OIDD Residential Habilitation Standards
RH-504	The Residential Support Plan must include the type and frequency of supervision to be provided.	Source: OIDD Residential Habilitation Standards and OIDD Directive 510-10-DD.
RH-505	The Residential Support Plan must include any other supports/interventions to be provided.	Source: OIDD Residential Habilitation Standards
RH-506	The Residential Support Plan must include the functional skills training to be	Source: OIDD Residential Habilitation Standards
RH-507 W	Training objectives (goals) are documented as required per the residential	Source: OIDD Residential Habilitation Standards

Quarterly Review of the Residential Support Plan

Indicator #	Indicator	Guidance
RH-601	The effectiveness of Residential Habilitation is monitored, and the plan is amended when a new strategy, training, or support is identified.	Source: OIDD Residential Habilitation Standards
RH-602	A quarterly report of the status of the goals in the plan and the supports provided to achieve those goals must be completed with input from the person. The report must be available within 10 days of the end of the corresponding quarter.	Source: OIDD Residential Habilitation Standards
RH-603	The effectiveness of Residential Habilitation is monitored, and the plan is amended when the person is not satisfied with the support.	Source: OIDD Residential Habilitation Standards

RH-604	The effectiveness of Residential Habilitation is monitored, and the plan is amended when there is a change in health care or behavioral status.	Source: OIDD Residential Habilitation Standards
RH-605	The effectiveness of Residential Habilitation is monitored, and the plan is amended when no progress is noted on a goal.	Source: OIDD Residential Habilitation Standards
Behavior Supports and Restrictive Interventions		
Indicator #	Indicator	Guidance
RH-701	Behavior(s) that pose a risk to the person, (i.e. self-injury, elopement, etc.), others, (i.e. physical aggression, dangerous/inappropriate sexual behaviors, etc.), or the environment, (i.e., property destruction, etc.) are addressed. *OIDD is using the term "behavior guidelines" to describe the following from OIDD Directive 600-05-DD: "When, for those receiving Residential Habilitation, a Behavior Support Plan is not used in conjunction with psychotropic medication, the specific behavior/psychiatric symptoms targeted for change by the use of psychotropic medications must be clearly noted. Data must be collected on the occurrence of those behaviors/symptoms targeted for change."	Source: OIDD Directive 600-05-DD and OIDD Residential Habilitation Standards
RH-702	The record reflects documentation and discussion of the person's due process rights and opportunity to present issues to the Human Rights Committee. Any Restrictions in the Service Plan have been approved by the HRC with a plan for continued review and/or discontinuation.	Source: Directive 535-02-DD and OIDD Residential Habilitation Standards
RH-703	Prior to the development of a behavior support plan there must be a documented functional assessment that yields a summary statement that identifies function of behaviors, antecedents, setting events and replacement behaviors.	Source: OIDD Residential Habilitation Standards
RH-704	Behavior Support Plans must contain Support Procedures that include each of the following: 1) Setting Event and Antecedent Strategies. 2) Teaching Strategies. 3) Consequence Strategies. 4) Crisis Management Strategies. 5) Data Recording Method; and 6) Data Collection Forms.	Source: OIDD Residential Habilitation Standards
RH-705 W	Training for DSPs must accompany the plan and must include names, dates, and signatures of DSPs trained and the name of the trainer and/or authorized secondary trainer. In addition, the following components must be included: 1) written and verbal instruction. 2) modeling. 3) rehearsal; and 4) trainer feedback.	Source: OIDD Residential Habilitation Standards
RH-706	Fidelity procedures must occur quarterly by the plan author or authorized secondary trainer and must document direct observation of DSP(s) implementing procedures according to the plan. Documentation must include name(s) and date(s) of DSP(s) being observed, description of observation, and signatures of DSP(s) and Observers.	Source: OIDD Residential Habilitation Standards
RH-707	Progress monitoring must occur at least monthly and produce data-based progress summary notes. Details of future (planned) implementation must be described and include any barriers that need to be addressed (e.g., inaccurate implementation, incomplete data collection, etc.), and any changes that need to be made to the procedures based on lack of progress or deteriorating performance.	Source: OIDD Residential Habilitation Standards
RH-708	If fidelity procedures reveal that the BSP is being properly implemented and data properly collected, yet no progress is observed for the problem behavior, replacement behavior, or desired behavior for 3 consecutive months, then the Functional Assessment and its summary must be revisited with input from program implementers to determine the benefits modifying or augmenting BSP procedures or enhancing DSP training.	Source: OIDD Residential Habilitation Standards
RH-709	As needed by the person, but at least quarterly, psychotropic medications (or any medications prescribed for behavioral control) and the BSP are reviewed by the prescribing physician, physician's assistant, or certified nurse practitioner; the professional responsible for behavioral interventions; and support team. The behaviors/psychiatric symptoms targeted, (i.e. target behaviors) for change will be identified and documented in the review process.	Source: OIDD Directive 600-05-DD and OIDD Residential Habilitation Standards

RH-710	The specific behaviors/psychiatric symptoms targeted for change by the use of the psychotropic medication, as identified in the quarterly psychotropic medication review process, are clearly noted in the Residential Support Plan and the quarterly psychotropic drug review team meeting document.	Source: OIDD Directive 600-05-DD and OIDD Residential Habilitation Standards
RH-711	The Psychotropic Drug Review process provides for gradually diminishing medication dosages and ultimately discontinuing the drug unless clinical evidence to the contrary is present.	OIDD Directive 600-05-DD and OIDD Residential Habilitation Standards
RH-712	Consent for restrictive interventions is obtained in accordance with 600-05-DD.	Source: Directive 600-05-DD and OIDD Residential Habilitation Standards
RH-713	When prescribed anti-psychotic medication or other medication(s) associated with Tardive Dyskinesia, monitoring is conducted.	Source: OIDD Directive 603-01-DD and OIDD Residential Habilitation Standards

Healthcare

Indicator #	Indicator	Guidance
RH-801	People actively participate in the management of their healthcare to the extent they are able. At a minimum, documentation reflects that people: - Are offered choice of healthcare provider. - Kept informed regarding appointments and purpose. - Have information regarding purpose/side effects of medications taken.	Source: OIDD Residential Habilitation Standards
RH-802	People receive a health examination by a licensed Physician, Physician's Assistant, or Certified Nurse Practitioner who determines the need for and frequency of medical care.	Source: OIDD Residential Habilitation Standards
RH-803	People receive a dental examination by a licensed dentist who determines the need for and frequency of dental care, and there is documentation that the dentist's recommendations are being carried out.	Source: OIDD Residential Habilitation Standards
RH-804	People receive coordinated health care follow-up when the licensed Physician, Physician's Assistant, or Certified Nurse Practitioner determines the need for additional treatment and/or referrals to other medical providers (i.e., specialty care).	Source: OIDD Residential Habilitation Standards
RH-805	Within 24 hours following a visit to a physician, Certified Nurse Practitioner (CNP), or Physician's Assistant (PA) for an acute health care need, all ordered treatments will be provided and any needed follow-up appointments are scheduled.	Source: OIDD Residential Habilitation Standards
RH-806	The "Swallowing Disorders Checklist" is completed annually.	Source: OIDD Directive 535-13-DD
RH-807	If "yes" was noted as a response to any item on the "Swallowing Disorders Checklist", the "Swallowing Disorders Follow-Up Assessment" was completed and submitted with the "Checklist" to OIDD for review, in a timely manner. Appropriate follow-up documentation is available in the person's medical file.	Source: OIDD Directive 535-13-DD
RH-808	All actions/ recommendations included in "Required Provider Follow-Up" on the Swallowing Disorders Consultation Summary, were added to the person's plan (residential, day services or case management) and implemented within 30 calendar days or reason for non-implementation was documented.	Source: OIDD Directive 535-13-DD

Health/Safety/Welfare and Personal Growth

Indicator #	Indicator	Guidance
RH-901	All categories of incidents/events are recognized and reported in order to protect and promote the health, safety, and welfare of people.	Source: OIDD Directives 534-02-DD and 100-09-DD.
RH-902	People are supported to learn about their finances.	Source: Directive 200-12-DD and OIDD Residential Habilitation Standards
RH-903	People receive training on what constitutes abuse and how and to whom to report.	Source: OIDD Directive 534-02-DD and OIDD Residential Habilitation Standards
RH-904	People receive training about their rights and the process to report a complaint of a rights issue.	Source: OIDD Residential Habilitation Standards