

Administrative Compliance & Individual Service Reviews

FAQ

DDSN's Administrative Compliance & Individual Service (ACIS) Reviews, Licensing Reviews, and Day/ Residential Observation process are completed by a Federally Recognized Quality Improvement Organization (QIO).

Review Cycles

1. **What is the criteria for a 12 month versus an 18-month ACIS Review?** The FY24 Review Cycle will be determined by your FY23 (or FY22) Review Scores. If a provider scored at or above 86% Compliance in all areas (Administrative Indicators and Individual Service Indicators), then they will be on an 18-month review cycle. Providers with one or more scores falling below 85.9% Compliance will be on a 12-month review cycle.
2. **How do I determine whether I am on a 12 month or 18-month ACIS?** A provider should review their last ACIS Review Score to determine whether they are on a 12 or 18-month Review Cycle. Please note, the time frames are approximate.
3. **When can I anticipate my report from the ACIS review?** The Report of Findings will be posted on the QIO Portal within 30 days of the completion of the ACIS Review. The review is "complete" after the QIO has reviewed documentation submitted during the reconciliation period for a final determination.

Key Indicators for ACIS Reviews

4. **Are there new Key Indicators for FY23?** No. Key Indicators from FY23 will continue into FY24. The Key Indicators are based on DDSN Service Standards and Agency Directives or Medicaid Policies/ requirements.
5. **Which Key Indicators are applicable to my agency?** The Key Indicators are based on DDSN Service Standards, Agency Directives, and Medicaid Policy/Requirements. Each of these documents will state the applicability for different types of providers. In general, Administrative Indicators apply to all agencies, although there may be some indicators that only apply to particular service types.

The Key Indicators for service delivery have been separated for different provider or service types. On the DDSN Website, there is a set of Key Indicators for Day Services, Employment Services, Residential Habilitation, In-Home Support, and Case Management, and Early Intervention.

6. **What are the required training requirements that are measured in the ACIS process?** Providers should ensure that all training requirements outlined in DDSN Directive 567-01-DD are met, in addition to other requirements listed in individual service standards.
7. **What are the employee qualifications requirements that are measured in the ACIS process?** Providers should ensure that all pre-employment background check and reference requirements outlined in DDSN Directive 406-04-DD are met, in addition to other requirements listed in individual service standards.
8. **When is a SLED Background Check required versus a Federal Background Check?** A direct care applicant who is unable to verify South Carolina residency for the past 12 months and/or will be expected to work directly with children, newborn to 18 years old, shall submit to a Federal Criminal Record Check conducted by the Federal Bureau of Investigation (FBI) prior to employment. The results will include any applicable state law enforcement agency results and the FBI database information. The Federal Criminal Record Check shall be conducted via an electronic fingerprint scan. No other type of criminal background check can be substituted for an FBI database check when a Federal background check is required. Federal Background Checks must be requested as outlined in DDSN Directive 406-04-DD.

9. **What are the requirements for Human Rights Committees?** The requirements for Human Rights Committees are outlined in DDSN Directive 535-02-DD: Human Rights Committees.
10. **Are small agencies required to have a Human Rights Committee?** Yes. All DDSN Contracted providers must have a Human Rights Committee, or they must have a contractual relationship with another provider to utilize their HRC.
11. **Are small agencies required to have a Risk Management Committee?** Yes. All agencies must have a system in place to track, trend and analyze their agency's data and compare it to statewide data. The Risk Management Committees must meet on a quarterly basis. There are specific functions identified for the Risk Management Committee in the Administrative Agency Standards.

Review Notification/ Samples for ACIS Reviews

12. **Will I receive prior notification of my review?** The Provider will receive a 48-hour notice for their review. This process will apply to the 12/18-month reviews and the Follow-up Reviews.

Individual Record Reviews will begin without prior notice to the Provider Agency for Case Management, Residential and Day Services. The QIO will begin the record review utilizing information available through the electronic record, including Therap and CDSS. Most ACIS Reviews are coordinated as remote desk reviews, meaning the provider will upload information that is not available through Therap or other electronic formats.

Early Intervention will have a one-week prior notice for review of individual records to avoid conflicts with family training. This process will be the same for 12/18 month reviews and Follow-up Reviews.
13. **Do all my service records/files need to be available?** Providers should be "Review Ready" at all times and the records should be accessible for a review. The QIO will review a sample of files from each service type offered by the provider.
14. **What if there is a specific time period that I would like to avoid a review?** On a case-by-case basis, the QIO may determine the need to exempt a provider from having a review during a specific time period. For example, a small provider may have a training retreat scheduled for 2 days and request (in advance) that their agency would be excluded from any review for that 2 day period. Generally speaking, if a provider is open for business and billing for services, they may be subject to a review.
15. **How is a sample determined for the Individual Record Review?** DDSN will select a representative sample for each provider. The sample will be statistically significant and generally represent about 5% of the service populations. Larger providers may have a smaller sample and smaller providers may have a larger sample than 5% in order to meet confidence level and minimum review requirements.
16. **When will the provider receive the sample?** The provider will continue to receive the sample for staff files and individual files on the morning of the scheduled review. If the Individual Record Review will take more than one day, the provider will receive the sample for each day on the morning of the review.
17. **What information is needed to begin the Administrative Review?** To prepare for the Administrative Review, the Provider will assemble documentation verifying compliance with standards, manuals and policies for each of the Administrative Review sections. This information should be available at the conclusion of the entrance conference and may include, but not be limited, to the following:
 - Identification of Human Rights Committee members with their start dates, as well as identification of member composition
 - Verification of HRC initial training (for new members during review period) and tabbed ongoing training for all corrective actions
 - HRC Minutes
 - Risk Management/Safety Committee Meeting Minutes

- Verification of analysis of ANE, CI, & Death/ impending death data and actions taken to prevent future ANE & CI and Death as applicable
 - Database of recorded/tracked, analyzed, trended medication errors including corrective actions
 - Database of recorded/tracked, analyzed, trended use of restraints
 - Documentation of follow-up for consumers referred for GERD/ Dysphagia Consultation
 - Verification of quarterly visits to all homes by upper-level management (tabbed by home)
 - A list of homes with names of their designated coordinators (staff responsible for the development and monitoring of residential plans)
 - Statements of Financial Rights for all residential admissions during the period in review
 - System for 24/7 access to assistance (Service Coordination providers only)
- *The Administrative Indicator Review may be subject to the request of additional information.*

18. **How is a sample determined for personnel files to be reviewed?** Upon notification of the ACIS Review, the Service Provider must submit a listing of all employees to the QIO within 24 hours. This list will include all staff employed during the review period, even staff that are no longer working for the agency. From this list, the QIO will determine the personnel files to be reviewed using the staff qualifications and training sections of each set of service indicators. The Provider will be notified of the names in the sample on the morning of the review start date.
19. **What is the time frame that the files must be available during a ACIS Review?** The QIO will provide timelines for file uploads required for desk reviews. For on-site reviews, files should be available for the QIO to review within 2 hours of receiving the sample. Typically, providers will receive their sample information when the QIO Review Team is in transit and the files should be available upon the team's arrival.
20. **Will Early Intervention Service Providers receive prior notice for reviews?** Yes. Early Intervention providers will receive a 48-hour notice for the Administrative Indicator section of their review and a 7-day notice for the Individual Record Review.

Reconsideration/ Appeal- ACIS Reviews

21. **Will the reconsideration period be an opportunity to increase the response time to provide initial documentation for review?** No. The reconsideration period serves as an opportunity to provide clarification or supplemental information. This is not an opportunity for first-time submission of documentation.
22. **Are DDSN staff available to assist with questions during a review?** DDSN staff will not intervene during a provider review. If the provider does not agree with a citation, they may have an opportunity to resolve it during the reconsideration period immediately following the review or by submitting an appeal after the report of findings has been posted to the portal. DDSN staff are not able to see the same documentation available to the review staff while they are completing a review and they cannot provide a response without consideration of all available information.
23. **Will the agency have an opportunity to discuss potential citations and provide additional documentation if needed?** Yes. There is an opportunity for dialogue between the QIO and the Provider each day. In addition, the provider will receive a brief, written summary of findings immediately following their review. The provider will have an opportunity to provide additional documentation for consideration during a 48-hour window, following receipt of the summary.
24. **What if I am not in agreement with the citation?** If a provider is not in agreement with a citation noted in the Report of Findings they may choose to appeal the citation.
25. **What is the appeal process and how do I appeal?** From the POC template on the QIO Portal, the provider must indicate their intent to appeal the designated citation. There is a check box within the format for this purpose. In addition, the provider must complete the Appeal form (available on the QIO Portal) and upload this document along

with any supporting documentation they would like to be considered. Once the Appeal documentation has been uploaded, the QIO will provide documentation of their findings and DDSN program staff for the specific service area will review all available documentation in order to make a determination. Providers will be notified of the Appeal decision within 30 days.

26. **Once a determination has been made by DDSN regarding my appeal, is there another reconsideration process if I am not in agreement with DDSN's determination?** The Appeal decision is determined by DDSN staff working in the specific service area. These staff are likely the same staff that are responsible for the development and monitoring of the service standards and/or the applicable directives and in the best position to determine if the requirements for the standard/directive was, in fact, met. The decision is final. The DDSN Appeal process does not provide any process for a secondary review after the appropriate program staff have made a determination on the citation.

Plans of Correction- ACIS Reviews

27. **Do I have to provide a Plan of Correction (POC) for each citation?** Yes. A Plan of Correction will be required for each citation. The action plan should address both the individual citation and systemic corrections. Plans of Correction must be submitted by the due date established on the Report of Findings.
28. **What is the time frame to submit a POC?** A POC will be due within 30 days of the provider's receipt of the Report of Findings for ACIS Reviews. The due date is noted on the Report of Findings and on the POC format on the QIO portal.
29. **What if my POC is late? Will it affect the follow-up review?** Providers will be notified if their POC is not submitted by the due date. Failure to submit a timely POC will not affect the follow-up review.

Follow-up Reviews

30. **When can I anticipate a follow-up review?** The purpose of the follow-up review is to ensure remediation of the citation. Typically, this is after the Plan of Correction has been submitted and the targeted action plans have been implemented. Most Follow-up Reviews occur 6 months after the prior review date.
31. **Will I receive notification of my follow-up review?** Providers will receive notice on the date their follow-up review begins. Since the follow-up is specifically targeted towards the prior citations, the follow-up review is limited in scope and size. Most follow-up reviews are desk reviews and the providers may upload documentation of their remediation as it happens. For additional samples or other information needed, the QIO will give the provider 24 hours' notice to upload the documentation.
32. **What will the QIO review during my follow-up review?** The QIO will look for documentation that verifies any citations from the prior review were corrected and that the agency took steps to prevent similar citations in the future.
- A follow-up review is limited in size and scope. The only indicators reviewed are those with prior citations. An equal number of new records will also be reviewed to ensure systemic remediation.
33. **Will the QIO come on-site for a follow-up review or will they be limited to desk reviews?** Most follow-up reviews will be completed as desk reviews. The follow-up reviews are limited in size and scope.
34. **What happens if I continue to have the same citations after my follow-up review?** If the citations are not resolved during the follow-up visit, the provider will complete another Plan of Correction and then be scheduled for a second follow-up visit. In addition, the provider may receive technical assistance from DDSN to assist with the remediation.