

South Carolina Department of Disabilities & Special Needs

FY24 Administrative Compliance & Individual Service Reviews

Review Process Summary

- Upon notification of the Provider's review, the Contracted Quality Improvement Organization (QIO) will establish the review period (typically the 12 months prior to the review date), services to be reviewed, and the sample size.
- The QIO will request a list of the provider's employees and contractors, to include names of staff, titles, dates of hire (and/or termination within review period) to be provided within 24 hours of the call.
 - Employee list should identify staff who support homes licensed for children (18-21)
 - Residential Providers with CTH I locations and/or licensed Respite homes must include the caregivers, regardless of employee or contractor status.
 - The list of all contractors must include those with direct contact with people supported by the agency within the prior 12 months. This would include contracting nurses, psychiatrists, Intensive Behavior Supports providers, QA consultants, and others having direct contact with people supported and access to files. This would not include contracted service technicians, food/beverage delivery, and other such incidental contacts.
- The QIO will review documents demonstrating compliance during the review period, but they may need the prior year's documentation to support full compliance. (Example: If a new service plan was developed in the middle of the review period, the QIO will need the support plan from the prior year to ensure timely completion and appropriate transfer of needs/goals.)
- The QIO has access to documents in CDSS and Therap. Providers do not need to print/submit documents that are stored there. Providers should provide an index to assist the QIO reviewers with locating specific documents needed for the review.
- The QIO will provide daily "Check-in" meetings to provide a status update on the review. This will be an opportunity for the QIO staff to request documentation/clarification to reconcile findings, provide trends, and answer questions.
- Once the full review has been completed, the QIO will set up a WebEx conference and will email the Preliminary Findings by 3:00 pm prior to the date of call. The provider will then be permitted 24 hours as an additional reconciliation period.
- A final WebEx conference will be scheduled to review the uploaded reconciliation documentation and the Post Reconciled Summary Findings will be emailed by 3:00 pm before the day of call.
- The official Report of Findings will be available approximately 30 days after this final WebEx.

Review Details

Personnel Records Review

Upon receipt of the personnel records sample, the provider will need to submit evidence of compliance with standards, manuals, and policies, as it pertains to your agency for Qualified Provider, Early Intervention Provider, and/or Case Management Provider Indicators. At a minimum, this will include the following information for each employee:

- Evidence of educational requirements for position
- Reference Check (for new hires during the review period)
- Initial Criminal Background Check (Fingerprint-based Background Check or SLED CATCH, based on DDSN Directive 406-04-DD Requirements)
- Repeat Criminal Background Checks (for staff employed more than 3 years)
- DSS Central Registry Check
- OIG Registry for CMS List of Excluded Individuals
- TB Test and/or Signs/Symptoms checklist as approved in DDSN Directive 603-06-DD.
- Evidence of False Claims Recovery Act Training
- Evidence of DDSN approved ANE training and successful completion of the comprehension test
- Evidence of successful completion of the pre-service and/or continuing training requirements outlined in DDSN Directive 567-01-DD.

*If providers have personnel records in an electronic storage system, they may choose to provide temporary access to the selected documents and avoid paper copies or uploads. If documentation is available in the Therap Training Management System, Alliant will have access.

Provider Reviews will include the following information (as applicable to the service type):

- Documentation supporting the identification/member composition of Human Rights Committee members with their start dates and field of discipline.
- Evidence of initial training for new Human Rights Committee members (joining HRC during review period) and tabbed ongoing training for all other members. Agenda and signature sheets to be provided.
- Copies of Human Rights Committee Minutes, held every other month or more frequently, as needed. Minutes should include details of situations presented and decisions made regarding behavior support plans, psychotropic medications, restrictive interventions, and specific restraints employed. Members of the HRC must also be informed of Allegations of ANE during the

meeting. The minutes may de-identify individuals discussed in the meeting, so long as there is a key for identification by staff with a need to know.

- Evidence of quarterly Risk Management /Safety Committee Meeting Minutes to include the following components (as applicable):
 - Trends found in the agency's Therap General Event Reports, Critical Incidents, and allegations of ANE. The minutes of the meeting describe follow-up on quality assurance/risk management actions identified within the individual reports.
 - Monitoring of the monthly medication error rate for each licensed setting. The minutes describe actions taken when unusual reporting trends have been identified through Medication Error Reports/Rates in each service location.
 - Review of any restraints or restrictive procedures implemented. The minutes describe the review of documentation of less restrictive methods of behavior support that failed prior to the use of any restraint.
 - Review of referrals for GERD/ Dysphagia Consultation for choking events to ensure there has been follow-up on recommendations.
 - Providers are referred to the Administrative Agency Standards for specific topics to be monitored by the Risk Management Committee.
- Current Disaster Preparedness Plan (updated with the prior 12 months)
- Approved Curriculum to prevent and respond to disruptive behavior and crisis situations (Reference Directive 567-04-DD for approved curricula.)
- System for 24/7 access to assistance (Case Management providers only)

For residential service providers, the following information will also be required for the review.

- List of all Medication Technicians
- A list of individual residential service locations with names of their designated coordinators (the list should identify homes licensed for persons under the age of 21)
- Evidence of unannounced quarterly visits to all homes by upper-level management (tabbed by home)
- System for tracking Intensive Behavior Intervention Plans and the approval of any planned restraint techniques and staff training to implement the plans.

Individual File Reviews

The Review Team will provide a list of names/files to be reviewed and will confirm services.

For each person, please provide (as applicable):

- File(s) with all required documentation* *including the current and previous year's Plans (Residential Plans, Day Plans, Behavior Support Plans, etc.) as well as current and previous year's assessments and data.*
- Tab the requested files distinguishing which file is for which service: Case Management, Residential, Behavioral Support, Medical, Day, Supported Employment, Individual Rehabilitation Supports, etc.
- EI: File(s) with all required documentation that affects the entire period in review including the previous and current IFSP/FSP. Please also include, but not limited to: Medical Necessity forms, Service agreement, WPN's, Entry Outcomes (COSF), Exit Outcomes, all information entered in Bridges (such as service notes, change reviews and 6-month /180-day reviews etc.), Transition referrals, Transition Conference forms, Service Justification Form (if applicable), Family Training summary sheets, Choice of EI (annually), etc.
- EI: Flag each requested EI file designating whether Baby Net only or DDSN within the period in review.
- Case Management/Waiver
 - Medicaid Targeted Case Management forms (Authorization, Agreement, Freedom of Choice)
 - Authorizations
 - Acknowledgment of Rights & Responsibilities
 - Service Agreement
 - Freedom of Choice
 - HASCI-Acknowledgment of Choice Appeals
 - HASCI-Level of Care
 - Waiver forms
 - Case Management LOC- Supporting Documentation (Psycho/Educational Reports, Eligibility Determination or DDSN Reports)
 - Freedom of Choice
 - Service Agreement
 - Initial -Level of Care
- Intensive Behavior Intervention
 - Provide a list of all individuals with Behavior Support Plans during the review period.
 - A sample will be provided for persons receiving Intensive Behavior Intervention.
For records requested the following will be required:
 1. Previous and Current BSP
 2. Initial/Direct Assessments
 3. Direct Support Staff Training Documentation
 4. Monthly Progress notes
 5. Fidelity Checks-Quarterly