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Reference Number:	104-03-DD
Title of Document:	DDSN Contract Compliance Reviews for Non-Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Services
Date of Issue:	November 18, 2013
Date of Last Revision:	June 16, 2022 (**REVISED**)
Effective Date:	June 16 2022
Applicability:	DDSN Contracted Providers (Excludes ICFs/IID Programs)

PURPOSE:

To establish guidance for the implementation of the contract between the Department of Disabilities and Special Needs (DDSN) and providers selected to conduct Contract Compliance Reviews (CCR).

GENERAL:

In order to determine compliance with applicable DDSN standards and policies, reviews of DDSN qualified providers are completed approximately every 12 to 18 months, ("Annual Reviews") based on the provider's prior performance. Providers scoring at or above 86% in each service area will be reviewed approximately every 18-months and providers scoring below 86% (i.e., 85.9% or less) will be reviewed approximately every 12-months. The Contract Compliance Reviews are comprised of an evaluation of the provider's compliance with administrative agency requirements as well as compliance with service specific requirements for each service delivered and a review of participant records. Any deficiencies will require a written Plan of Correction (POC) that addresses the deficiency both individually and systemically, and a follow up review will be completed approximately six (6) months after the original review to determine if the corrections have been made.

REVIEW PROCESS:

DDSN will contract with a Quality Improvement Organization (QIO) selected from those certified by the Centers for Medicare and Medicaid Services (CMS). The QIO will utilize Key Indicators to evaluate the administrative capability of each provider reviewed along with a sample of participant records to verify service delivery in accordance with applicable standards. A statistically valid and random sampling methodology will be used for all providers. For each case reviewed, the QIO will review the Case Management file as well as those records/files pertaining to services as provided by DDSN (i.e., Residential Habilitation, Career Preparation, Day Activity, Employment, Respite, etc.). Each file review will include an evaluation of the most current assessment data used in developing the consumer's current plan(s). The review also will have an evaluation of the progress notes and file documentation pertinent to the quality of services delivered. To the extent possible, participant records will be reviewed using documentation available in the agency's electronic record. At the conclusion of the review, a conference between the QIO representatives and the provider will be held to discuss preliminary findings of the review.

All newly qualified providers will be reviewed between three (3) to six (6) months of accepting their first participant. Qualified providers who are beyond their first year, will be reviewed on a schedule of approximately 12 to 18 months, depending on prior performance. Follow-up reviews are conducted approximately six (6) months following the regular 12 to 18 month review.

PLANS OF CORRECTION:

All providers will be required to submit a Plan of Correction to the QIO for all citations within 30 days of receipt of the report of findings from the QIO. The POC will address the findings in each individual record as well as systemic findings related to the citations and as identified by the QIO. The latest completion date for any correction or action cannot exceed 90 calendar days following the report of findings. A response will be provided by the QIO within 30 calendar days. The Plan of Correction must be submitted to the QIO for approval, via their online portal.

FOLLOW-UP REVIEWS:

The QIO will conduct a follow-up review to assure that all elements detailed in the provider's Plan of Correction have been implemented. The QIO review will include the criteria and timeframes for evaluating the extent to which the provider's Plan of Correction has been implemented. Follow-up reviews will include records/consumers from the original sample as well as new records. Upon receipt of the report, the Provider will have 30 days to submit a written Plan of Correction. The Plan of Correction should not only address the individual deficiency cited, but should also include a systemic response to ensure correction across the provider's system of services. Corrections are required to be completed no later than 90 days after receiving the written quality assurance report unless otherwise specified and subsequently approved by the QIO or DDSN. The Plan of Correction must be submitted to the QIO for approval, via their online portal, and a second follow-up review will be scheduled through the QIO.

If a provider scores at less than 86% (i.e., 85.9% or less) compliance on the follow-up visit, DDSN staff will review documentation related to the original review results and the follow-up review results. DDSN will contact the provider to discuss the findings, ascertain the provider's intended actions toward correction, and, if needed, offer technical assistance or guidance regarding the actions necessary to achieve and sustain compliance.

SPECIAL CIRCUMSTANCE REVIEWS:

The QIO may complete special circumstance reviews at the direction of DDSN. The Special Circumstance Review follows the same format and scope as a Follow-up Review and will focus on the area(s) specified by DDSN.

APPEALS:

If the provider does not agree with the content of the report of findings, reconsideration may be requested through a formal appeal. The provider may request reconsideration of the deficiencies by submitting, in writing, the Key Indicator cited, the finding, the nature of the disagreement with the finding, and any documentation to support their position. The provider is allowed one appeal request per identified deficient practice per survey cycle. The provider may submit their appeal with their Plan of Correction (i.e., within 30 days of receiving the QIO report). Requests for appeal should be submitted via the QIO Reporting Portal. DDSN program staff will review the appeal request and the supporting documentation to make a determination to uphold or remove the citation. The provider will be informed of the decision and the Report of Findings will be updated by the QIO.

If an appeal is submitted, a Plan of Correction is not required to be submitted until a decision regarding the reconsideration is reached. However, any citation not being appealed must be corrected within 90 days, according to the timelines as outlined in this document.

DDSN will complete the appeal review within 30 days of receiving the request. Based on the results of the appeal, if needed, a revised report will be issued by the QIO. A Plan of Correction for all citations must be submitted to the QIO Portal within 30 days of the appeal decision. Corrections are required to be completed no later than 90 days after receiving the QIO report unless otherwise specified and subsequently approved by DDSN.

POST-PAYMENT CLAIMS REVIEW:

In order to meet Home and Community-Based Waiver performance measures required by the Center for Medicaid/Medicare Services (CMS) for financial integrity/accountability, DDSN will complete a Provider Post Payment Claim Review process. The intended outcome of this process is to compliment the Contract Compliance Review process and assure the following for paid claims for waiver participants:

1. The person was eligible for services at the time of the claim.
2. The service was authorized in the person's service plan.
3. There is sufficient documentation to support the service was delivered per the Medicaid Home and Community-Based Waiver service definition. Supporting documentation will vary depending on the nature of the service delivered. Documentation includes but is not limited to: Provider service notes, community integration notes, behavior support data, meeting notes, medication administration records, medical appointment records, etc.
4. The units of service align with the authorized units in the service plan.

Through this process, providers will submit documentation of all services for which a claim has been submitted. DDSN (or its contractor) will review the claims and supporting documentation to determine

compliance as outlined above. Providers with claims identified as non-compliant on any of the evaluation criteria will receive a request for remediation via a Plan of Correction (POC). The provider will respond to the POC within 15 calendar days, providing evidence of remediation. Remediation may include locating documentation to support that services rendered are consistent with claim submission; staff training; and voiding and/or recovering payments. Upon verification that the POC response is acceptable, the Provider will receive notification from DDSN. Additional records may be selected by DDSN as an expanded review or audit.

EXCEPTIONS:

DDSN reserves the right to make exceptions to standards or policies if the exception does not jeopardize the health and safety of the service recipient, staff or the public, and when the exception does not significantly reduce the quality or quantity of services provided. No exception may be implemented until first approved by the Director of Quality Management/designee and the State Director/designee. The QIO will be advised of the approval of any exceptions so that future reviews will be conducted in accordance with DDSN's decision.

The request for exception should be submitted to the DDSN Quality Management Director using the DDSN Request for Exception form. All sections of the form must be complete and accurate. The form must be signed by the Executive Director and Board Chairperson, when applicable. Unless otherwise noted, exceptions remain valid for as long as the information contained on the initial request remains the same.

Barry D. Malphrus
Vice Chairman

Stephanie M. Rawlinson
Chairman

To access the following attachment, please see the agency website page "Current Directives" at: https://ddsn.sc.gov/providers/ddsn-directives-standards-and-manuals/current-directives

ATTACHMENT:

Request for Exception Form