CROSSWALK

15-16 Indicators Cross-walked to 16-17

Please Note: There are minor editorial changes throughout the document.			
Administrative Indicators			
15-16	**16-17**	***** A new A3 section has been added and indicators related to staff qualifications, training, and reporting requirements have been moved to this new section. All of the indicators included in A3 will be scored using the percentage of files met out of the total reviewed for the indicator.***	**Potential Recoup**
A1-01	A1-01		
A1-02	A1-02		
A1-03	A1-03		
A1-04	A1-04		
A1-05	~~A1-05~~	Moved to the A3 Section and is now A3-01	
A1-06	~~A1-06~~	Moved to the A3 Section and is now A3-08	
A1-07	**~~A1-07~~**	Moved to the A3 Section and is now A3-14	**R**
A1-08	**~~A1-08~~**	Moved to the A3 Section and is now A3-21	**R**
A1-09	**~~A1-09~~**	Moved to the A3 Section and is now A3-27	**R**
A1-10	**~~A1-10~~**	Moved to the A3 Section and is now A3-33	**R**
A1-11	~~A1-11~~	Moved to the A3 Section and is now A3-39	
A1-12	**~~A1-12~~**	Moved to the A3 Section and is now A3-41	**R**
A1-13	~~A1-13~~	Moved to the A3 Section and is now A3-43	
A1-14	~~A1-14~~	Moved to the A3 Section and is now A3-45	
A1-15	~~A1-15~~	Moved to the A3 Section and is now A3-47	
A1-16	~~A1-16~~	Moved to the A3 Section and is now A3-49	
A1-17	A1-05	**Revision to Guidance:** *(strikethrough information deleted and underlined information added and Key Indicator number change from A1-17 to A1-05)* Board / Provider demonstrates implementation of risk management/quality assurance principles <u>and signed, dated minutes from the Risk Management Committee meetings through the following measures</u> ~~by:~~ • <u>There is a</u> designated risk manager and a risk management committee; written policies/procedures • ~~For residential and day service providers: Review of any GERD/ Dysphagia Consultation reports to ensure there has been follow-up on recommendations.~~	
A1-18	A1-06	Key Indicator number change only	
A1-19	~~A1-19~~	Moved to the A3 Section and is now A3-77 &78	
A1-20	~~A1-20~~	Moved to the A3 Section and is now A3-79 & 80	
A1-21	~~A1-21~~	Moved to the A3 Section and is now A3-81 & 82	
A1-22	A1-07	Key Indicator number change only	
New	A1-08	**Key Indicator:** The Board/ Provider utilizes an approved curriculum or system for teaching and certifying staff to prevent and respond to disruptive behavior and crisis situations. **Guidance:** Only validated, competency-based curricula or systems may be used. The approved curricula as of 7/1/2016 are: • MANDT • Crisis Prevention Institute (CPI) • Professional Crisis Management (PCM) • Therapeutic Options Training Curriculum • PCS Life Experience Model	

		• Therapeutic Crisis Intervention System (TCI) • Safety-Care	
A1-23	A1-09	Key Indicator number change only	
A1-24	A1-10	Key Indicator number change only	
A1-25	A1-11	Key Indicator number change only	
A1-26	A1-12	Key Indicator number change only	
A1-27	~~A1-27~~	Moved to the A3 Section and is now A3-76	
A1-28	A1-13	Key Indicator number change only	
A1-29	A1-14	Key Indicator number change only	
A1-30	A1-15	Key Indicator number change only	
New	A1-16	**Key Indicator:** Provider demonstrates agency-wide usage of Therap for the maintenance of Case Management records according to the implementation schedule approved by DDSN	
New	A1-17	**Key Indicator:** Provider demonstrates agency-wide usage of Therap for the maintenance of Residential Services records according to the implementation schedule approved by DDSN	
New	A1-18	**Key Indicator:** Provider demonstrates agency-wide usage of Therap for the maintenance of Day Services records according to the implementation schedule approved by DDSN	

Fiscal Indicators

A2-01	A2-01		
A2-02	A2-02		
A2-03	A2-03		

Staff Qualifications, Training, and Reporting Requirements
Please review Section A3 for Specific Indicator and Guidance Information

	A3-01	Previously included in A1-05	
	A3-02	Previously included in A1-05	
	A3-03	Previously included in A1-05	
	A3-04	Previously included in A1-05	
	A3-05	Previously included in A1-05	
	A3-06	Previously included in A1-05	
	A3-07	Previously included in A1-05	
	A3-08	Previously included in A1-06	
	A3-09	Previously included in A1-06	
	A3-10	Previously included in A1-06	
	A3-11	Previously included in A1-06	
	A3-12	Previously included in A1-06	
	A3-13	Previously included in A1-06	
	A3-14	Previously included in A1-07	**R**
	A3-15	Previously included in A1-07	**R**
	A3-16	Previously included in A1-07	**R**
	A3-17	Previously included in A1-07	**R**
	A3-18	Previously included in A1-07	**R**
	A3-19	Previously included in A1-07	**R**
	A3-20	Previously included in A1-07	
	A3-21	Previously included in A1-08	**R**
	A3-22	Previously included in A1-08	**R**
	A3-23	Previously included in A1-08	**R**
	A3-24	Previously included in A1-08	**R**

	A3-25	Previously included in A1-08	**R**
	A3-26	Previously included in A1-08	
	A3-27	Previously included in A1-09	**R**
	A3-28	Previously included in A1-09	**R**
	A3-29	Previously included in A1-09	**R**
	A3-30	Previously included in A1-09	**R**
	A3-31	Previously included in A1-09	**R**
	A3-32	Previously included in A1-09	
	A3-33	Previously included in A1-10	**R**
	A3-34	Previously included in A1-10	**R**
	A3-35	Previously included in A1-10	**R**
	A3-36	Previously included in A1-10	**R**
	A3-37	Previously included in A1-10	**R**
	A3-38	Previously included in A1-10	
	A3-39	Previously included in A1-11	
	A3-40	Previously included in A1-11	
	A3-41	Previously included in A1-12	**R**
	A3-42	Previously included in A1-12	**R**
	A3-43	Previously included in A1-13	
	A3-44	Previously included in A1-13	
	A3-45	Previously included in A1-14	
	A3-46	Previously included in A1-14	
	A3-47	Previously included in A1-15	
	A3-48	Previously included in A1-15	
	A3-49	Previously included in A1-16	
	A3-50	Previously included in A1-16	
	A3-51	**Revision to Guidance:** *(strikethrough information deleted and underlined information added. The information was previously included in G12-01)* Last bullet revised: • At least ~~three~~ five years of experience as an independent practitioner.	**R**
	A3-52	Previously included in G12-08	**R**
	A3-53	*Information was previously reviewed under Key Indicator G12-08* **Key Indicator** (added): All individuals who serve as the EIBI Consultant must meet the CMS "List of Excluded Individuals/ Entities" check requirement **Guidance** (added): Determine from personnel records if the CMS "List of Excluded Individuals/ Entities" check requirements for employment were met. This includes background check requirements outlined in DDSN Directive 406-04-DD. Note: The indicator will be scored using the number of compliant files/ the total number of files reviewed for this indicator.	**R**
	A3-54	Previously included in G12-08	R
	A3-55	Previously included in G12-08	**R**
	A3-56	*Information was previously reviewed under Key Indicator G12-08* **Key Indicator** (added): All individuals who serve as the EIBI Consultant must have acceptable reference checks **Guidance** (added): Determine from personnel records if the reference check requirements for employment were met. This includes reference check requirements outlined in DDSN Directive 406-04-DD. Note: The indicator will be scored using the number of compliant files/ the total number of files reviewed for this indicator.	

	A3-57	Previously included in G12-08	**R**
	A3-58	Previously included in G12-08	**R**
	A3-59	Previously included in G12-02	**R**
	A3-60	Previously included in G12-08	**R**
	A3-61	*Information was previously reviewed under Key Indicator G12-08* **Key Indicator** (added): All individuals who serve as Lead Therapist must meet the CMS "List of Excluded Individuals/ Entities" check requirement. **Guidance** (added): Determine from personnel records if the CMS "List of Excluded Individuals/ Entities" check requirements for employment were met. This includes background check requirements outlined in DDSN Directive 406-04-DD. Note: The indicator will be scored using the number of compliant files/ the total number of files reviewed for this indicator.	**R**
	A3-62	Previously included in G12-08	**R**
	A3-63	Previously included in G12-08	**R**
	A3-64	*Information was previously reviewed under Key Indicator G12-08* **Key Indicator** (added): All individuals who serve as Lead Therapist must have acceptable reference checks **Guidance** (added): Determine from personnel records if the reference check requirements for employment were met. This includes reference check requirements outlined in DDSN Directive 406-04-DD. Note: The indicator will be scored using the number of compliant files/ the total number of files reviewed for this indicator.	
	A3-65	Previously included in G12-08	**R**
	A3-66	Previously included in G12-08	**R**
	A3-67	Previously included in G12-03	**R**
	A3-68	Previously included in G12-08	**R**
	A3-69	*Information was previously reviewed under Key Indicator G12-08* **Key Indicator** (added): All individuals who serve as Line Therapist must meet the CMS "List of Excluded Individuals/ Entities" check requirement **Guidance** (added): Determine from personnel records if the CMS "List of Excluded Individuals/ Entities" check requirements for employment were met. This includes background check requirements outlined in DDSN Directive 406-04-DD. Note: The indicator will be scored using the number of compliant files/ the total number of files reviewed for this indicator.	**R**
	A3-70	Previously included in G12-08	**R**
	A3-71	Previously included in G12-08	**R**
	A3-72	*Information was previously reviewed under Key Indicator G12-08* **Key Indicator** (added): All individuals who serve as Line Therapist must have acceptable reference checks **Guidance** (added): Determine from personnel records if the reference check requirements for employment were met. This includes reference check requirements outlined in DDSN Directive 406-04-DD. Note: The indicator will be scored using the number of compliant files/ the total number of files reviewed for this indicator.	
	A3-73	Previously included in G12-08	**R**
	A3-74	Previously included in G12-08	**R**

	A3-75	Previously included in G12-08	**R**
	A3-76	Previously included in A1-27	
	A3-77	Previously included in A1-19	
	A3-78	Previously included in A1-19	
	A3-79	Previously included in A1-20	
	A3-80	Previously included in A1-20	
	A3-81	Previously included in A1-21	
	A3-82	Previously included in A1-21	
	A3-83	Previously included in G6-12	
	A3-84	Previously included in G6-12	
	A3-85	New	
	A3-86	New	

General Agency
Case Management **~~Non-Waiver Indicators~~**

G1-101	G1-101	**Guidance add:** **Score for Waiver and Non-Waiver consumers	
G1-102	G1-102	**Guidance add:** **Score for Waiver and Non-Waiver consumers	
G1-103	G1-103	**Guidance add:** **Score for Waiver and Non-Waiver consumers	
G1-104	G1-104	**Guidance add:** **Score ONLY for Non-Waiver consumers	
G1-105	G1-105	**Guidance add:** **Score ONLY for Non-Waiver consumers	
G1-106	G1-106	**Guidance add:** **Score for Waiver and Non-Waiver consumers	
G1-107	G1-107	**Guidance add:** **Score ONLY for Non-Waiver consumers	
G1-108	G1-108	**Guidance add:** **Score ONLY for Non-Waiver consumers	
G1-109	G1-109	**Guidance add:** ** Score for Waiver and Non-Waiver consumers	
G1-110	G1-110	**Guidance add:** **Score for Waiver and Non-Waiver consumers	
G1-111	G1-111	**Guidance add:** **Score for Waiver and Non-Waiver consumers	
G1-112	G1-112	**Guidance add:** **Score ONLY for Non-Waiver consumers	
G1-113	G1-113	**Guidance add:** **Score ONLY for Non-Waiver consumers	
G1-114	G1-114	**Guidance add:** **Score ONLY for Non-Waiver consumers	
G1-115	G1-115	**Guidance add:** **Score for Waiver and Non-Waiver consumers	
G1-116	G1-116	**Guidance add:** **Score for Waiver and Non-Waiver consumers	
G1-117	G1-117	**Guidance add:** **Score for Waiver and Non-Waiver consumers	

Employment/Day Services			
G3-01	G3-01		
G3-02	G3-02		
G3-03	**G3-03**	Key Indicator is recoupable	**R**
G3-04	**G3-04**	**Revision to Guidance:** *(information reorganized and key indicator recoupable)* Employment (Mobile Work Crew/Enclave) was moved from the second set of bulleted information to the first set of bulleted information. There was no new information added or deleted.	**R**
G3-05	**G3-05**	**Revision to Key Indicator and Guidance:** *(information underlined added and strikethrough information deleted) Key Indicator is recoupable.* **Key Indicator:** Based on the results of the assessment, within thirty (30) calendar days of the first day of attendance and ~~annually~~ within 365 days thereafter, a plan is developed with input from the consumer and/or his/her legal guardian **Guidance:** • At a minimum, the plan must be completed ~~every 12 months~~ within every 365 days.	**R**
G3-06	**G3-06**	**Revision to Key Indicator:** *(information reorganized and key indicator recoupable)* Reorganized the listing of items in bullet "A": Employment Services, Career Preparation, Community Services, and/or Day Activity. There was no new information added or deleted.	**R**
G3-07	G3-07		
G3-08	G3-08		
G3-09	**G3-09**	**Revision to Guidance:** *(information underlined added to guidance and guidance reorganized) Key Indicator is recoupable* The interventions in the plan must support the provision of the DDSN Day Service(s) as defined in the standards and consistent with the DDSN Directive 700-70-DD entitled Employment First. **Employment Services** was moved from the second set of information to the first set of information. There was no new information added or deleted to that section.	**R**
G3-10	G3-10		
G3-11	**G3-11**	Key Indicator is recoupable	**R**
G3-12	G3-12		
G3-13	**G3-13**	Key Indicator is recoupable	**R**

Employment - Individual Placement			
G4-01	**G4-01**	**Revision to Key Indicator and Guidance:** *(underlined information added and key indicator recoupable)* **Key Indicator:** "which is to be provided at a 1:1 staffing ratio" was added to the end of the statement **Guidance:** • A comprehensive vocational service assessment will be appropriate for the authorized service.	**R**
G4-02	**G4-02**	**Revision to Guidance:** *(underlined information added and strikethrough information deleted) Key Indicator recoupable* **Guidance:** • The record must reflect that the consumer made decisions regarding his/her services as evidenced by required signatures in the individual plan of employment ~~as in Section 4~~, Partnership Agreement-Terms and Conditions of the IPSE. • Services are to be provided at a 1:1 staffing ratio.	**R**

G4-03	**G4-03**	**Revision to Guidance:** *(underlined information added and key indicator recoupable)* • Documentation includes the date of the activity, the number of hours for each activity, the location the activity took place and with whom, and including a detailed description of the activity.	**R**
G4-04	G4-04	**Revision to Key Indicator:** *(underlined information added)* **Key Indicator:** "at a 1:1 staffing ratio" was added to the end of the statement	
G4-05	G4-05	**Revision to Key Indicator and Guidance:** *(strikethrough information deleted and underlined information added)* **Key Indicator:** • Long-term support plans are identified in the individual plan of employment and contact with the consumer is maintained monthly ~~"for a minimum of 6 months"~~ at a 1:1 staffing ratio **Guidance:** • First bullet in guidance: The employment specialist must maintain contact monthly ~~for at least 6 months to determine the long term plan is sufficient and~~ to ensure job retention and stability.	
G4-06	G4-06	**Revision to Key Indicator and Guidance:** *(underline information added to guidance and key indicator and strikethrough information deleted from guidance and key indicator)* **Key Indicator:** An exit interview is conducted when a consumer no longer ~~needs the service of the Employment Specialist~~ wants the supports, relocates, chooses another provider for supports, ~~death~~, enrolls in a nursing home, moves into a correctional facility, or refuses to cooperate with the terms listed in the Statement of Understanding Rights and Responsibilities. **Guidance:** • ~~At a determined point when the consumer becomes stabilized in his/her employment position and long term support needs have been identified or the consumer is terminated voluntarily or involuntarily from services,~~ An exit interview must be conducted prior to termination of Employment Services/Individual Placement. • A signature must be secured by the individual, if at all possible. If a signature is not secured, a notation as to why the signature was not secured should be made.	

HASCI Division Rehabilitation Supports

G5-01	G5-01		
G5-02	G5-02		
G5-03	G5-03		
G5-04	G5-04		
G5-05	G5-05		
G5-06	G5-06		
G5-07	G5-07		

Residential Services

G6-01	**G6-01**	Key Indicator is recoupable	**R**
G6-02	**G6-02**	Key Indicator is recoupable	**R**

G6-03	**G6-03**	**Revision to Key Indicator and Guidance:** *(underlined information added to key indicator and guidance) Key Indicator is recoupable.* **Key Indicator:** Within 30 days of admission and <u>within</u> every 365 days thereafter, a residential plan is developed: **Guidance:** Initial plan must be developed within 30 days of admission and <u>within</u> every 365 days thereafter.	**R**
G6-04	**G6-04**	Key Indicator is recoupable	**R**
G6-05	G6-05		
G6-06	G6-06	**Revision to Guidance:** *(underlined information added)* <u>All people residing in CTH I, CTH II, SLP I and SLP II must receive rights training **unless** there is documentation in the file that the person is fully capable of understanding their rights and there is an assessment that confirms this.</u>	
G6-07	G6-07		
G6-08	G6-08	**Revision to Guidance:** *(underlined information added)* <u>This requirement includes people who live in CTH I, CTH II, SLP I and SLPII **unless** there is documentation in the plan that the person can manage their funds independently and there is an assessment present that confirms this.</u>	
G6-09	G6-09	**Revision to Guidance:** *(underlined information added)* <u>All people who reside in CTH I, CTH II, SLP II and SLP I require training in what constitutes abuse and how and whom to report it **unless** there is documentation in the file that they are capable of reporting and there is an assessment to confirm this.</u>	
G6-10	G6-10		
G6-11	G6-11		
G6-12	~~G6-12~~	Key Indicator moved to A3-83 & 84	

Health & Behavior Support Services

G7-01	G7-01		
G7-02	G7-02		
G7-03	G7-03		
G7-04	G7-04		
G7-05	G7-05		
G7-06	G7-06		
G7-07	G7-07		
G7-08	G7-08	**Revision to Key Indicator and Guidance:** *(underline information added to key indicator and strikethrough information deleted from guidance and key indicator)* **Key Indicator:** Restraints ~~may be~~ <u>are</u> employed only for the purpose of protecting the person or others from harm and only when it is determined to be the least restrictive alternative possible **Guidance:** ~~Emergency situations involving the use of psychotropic medication or mechanical restraint shall be authorized in writing by the Executive Director/Facility Director or their designee (or approved by the physician if involving transport to the emergency room) and a report of that emergency provided to the physician or psychiatrist, Executive Director/Facility Director (if approved by a designee) and an approved provider of behavioral supports within 24 hours.~~	

HASCI Waiver			
15-16	**16-17**		**Potential Recoup**
G8-01	**G8-01**		**R**
G8-02	G8-02		
G8-03	**G8-03**		**R**
G8-04	G8-04		
G8-05	G8-05		
G8-06	G8-06		
G8-07	**G8-07**		**R**
G8-08 W	G8-08 W	**Revision to Guidance:** *(underlined information added and strikethrough information deleted)* a. at least one contact was made ~~bi-monthly (every other month)~~ every 60 days. b. at least one face-to-face visit occurred every ~~six (6) months~~ 180 days	
G8-09	G8-09	**Revision to the Key Indicator and Guidance:** *underlined information added and strikethrough information deleted)* **Key Indicator:** The Support Plan is reviewed at least every ~~6 months~~ 180 days **Guidance:** a. needs and interventions were reviewed as often as needed, but at least ~~every six (6) months~~ 180 days ~~Six Month~~ 180 day reviews are completed on the CAP module of CDSS. Monitoring/review forms on CAP include all of the necessary components of monitoring	
G8-10	G8-10		
G8-11	G8-11		
G8-12	G8-12		
G8-13	G8-13		
G8-14	G8-14		
G8-15	G8-15		
G8-16	**G8-16**		**R**
G8-17	**G8-17**		**R**
G8-18	G8-18		
G8-19 W	G8-19 W		
G8-20	G8-20		
G8-21	**G8-21**		**R**
G8-22 W	G8-22 W		
G8-23	**G8-23**		**R**
G8-24	G8-24		
G8-25 W	G8-25 W		
G8-26	G8-26		
G8-27	**G8-27**		**R**
G8-28	**G8-28**		**R**
G8-29	G8-29		
G8-30	G8-30		

G8-31	G8-31	**Revision to Guidance:** *(underlined information deleted)* For participant receiving HASCI Waiver Self-Directed Attendant Care (UAP Option), review Service Notes and other documentation to verify Waiver Case Manager obtained copies of Attendant Care Daily Logs for each Attendant ~~at least monthly~~ in review period, reviewed them, and addressed any service provision issue.	
G8-32	**G8-32**		**R**

HASCI Waiver Case Management			
15-16	**16-17**		**Potential Recoup**
G8-101	**G8-101**		**R**
G8-102	**G8-102**		**R**
G8-103	**G8-103**		**R**
G8-104	**G8-104**		**R**
G8-105	**G8-105**		**R**
G8-106	**G8-106**		**R**
G8-107	**G8-107**		**R**
G8-108	G8-108		
G8-109	**G8-109**		**R**
G8-110	G8-110		
G8-111	**G8-111**		**R**

ID/RD Waiver			
15-16	**16-17**		**Potential Recoup**
G9-01	**G9-01**		**R**
G9-02	**G9-02**		**R**
G9-03 W	G9-03 W		
G9-04	G9-04		
G9-05	G9-05		
G9-06	G9-06		
G9-07	G9-07		
G9-08	G9-08		
G9-09	**G9-09**		**R**
G9-10 W	G9-10 W	**Revision to the Key Indicator and Guidance: (***underlined information added and strikethrough information deleted)* **Key Indicator:** a) Face-to-face contacts occur every ~~6 months~~ 180 days b) Every ~~other month (bi-monthly)~~ 60 days, at least one contact (as defined by SC Standards) is made **Guidance:** a) Face-to-face visits occur every ~~6 months~~ 180 days and are with the person receiving services. **b)** at least one contact is made every ~~other month (bi-monthly)~~ 60 days.	

G9-11	G9-11	**Revision to the Key Indicator and Guidance: (***underlined information added and strikethrough information deleted)* **Key Indicator:** The Plan is reviewed at least every ~~6 months~~ 180 days **Guidance:** 1. Review the Plan to determine if all needs and interventions were reviewed as often as needed, but at least every ~~6 months~~ 180 days. ~~Six Month~~ 180 day reviews are completed on the CAP module of CDSS.	
G9-12	G9-12		
G9-13	G9-13		
G9-14	**G9-14**		**R**
G9-15	G9-15		
G9-16	G9-16		
G9-17 W	G9-17 W		
G9-18	G9-18		
G9-19	G9-19		
G9-20	**G9-20**		**R**
G9-21	**G9-21**		**R**
G9-22	**G9-22**		**R**
G9-23	G9-23		
G9-24	G9-24		
G9-25	**G9-25**	**Revision to Guidance:** (*underlined information added and strikethrough information deleted):* Review participant's record and Service Notes to verify that current Authorization of Medicaid Waiver Nursing Services is supported by a Physician's Order for Nursing Services and correctly reflects amount and type of nursing approved by the most recent SCDDSN Centralized Review of Nursing Services. ~~Review record to ensure that a physician's order is available and is consistent with the type of Nursing Services authorized for the participant (RN or LPN)/~~	**R**
G9-26	G9-26		
G9-27	**G9-27**		**R**
G9-28	**G9-28**		**R**
G9-29	**G9-29**		**R**
G9-30	**G9-30**		**R**
G9-31	G9-31		
G9-32	G9-32		
G9-33	G9-33		

ID/RD Waiver Case Management			
			Potential Recoup
G9-101	**G9-101**		**R**
G9-102	**G9-102**		**R**
G9-103	**G9-103**		**R**
G9-104	**G9-104**		**R**
G9-105	**G9-105**		**R**
G9-106	**G9-106**		**R**
G9-107	**G9-107**		**R**
G9-108	G9-108		

G9-109	**G9-109**		**R**
G9-110	G9-110		
G9-111	**G9-111**		**R**

PDD Program			
15-16	**16-17**		**Potential Recoup**
G10-01	**G10-01**		**R**
G10-02	G10-02		
G10-03	G10-03		
G10-04	**G10-04**		**R**
G10-05 W	G10-05 W		
G10-06	G10-06		
G10-07	G10-07		
G10-08	G10-08		
G10-09	**G10-09**	**Revision to the Key Indicator and Guidance**: (*underlined information added and strikethrough information deleted)* **Key Indicator:** Authorization forms are completed ~~for services, as required,~~ prior to service provision and match the identified needs in the support plan **Guidance:** Review the child's Budget and Support Plan to ensure the Authorization for services is complete and consistent with the needs identified in the Plan. Compare the date the Authorization was issued to the Enrollment Date and the Authorization Effective Date.	**R**
G10-10	**G10-10**		**R**
G10-11	**G10-11**	**Revision to Guidance:** *(underline information added and key indicator is recoupable)* **Guidance:** Review the Plan and Service Authorizations to ensure they are consistent, that the PDD Waiver services are included in the Plan correctly, and are supported by assessed need.	**R**
G10-12	**G10-12**		**R**
G10-13	G10-13		
G10-14	G10-14		
G10-15	**G10-15**		**R**
G10-16	**G10-16**		**R**
G10-17	G10-17		
G10-18	G10-18		
G10-19 W	G10-19 W		
G10-20	**G10-20**		**R**
G10-21	G10-21		
G10-22	G10-22		
G10-23	G10-23		
G10-24	G10-24		
G10-25	G10-25		
G10-26	G10-26		
G10-27 W	G10-27 W		

G10-28	**G10-28**		**R**
G10-29	**G10-29**		**R**

PDD Waiver Case Management			
			Potential Recoup
G10-101	**G10-101**		**R**
G10-102	**G10-102**		**R**
G10-103	**G10-103**		**R**
G10-104	**G10-104**		**R**
G10-105	**G10-105**		**R**
G10-106	**G10-106**		**R**
G10-107	**G10-107**		**R**
G10-108	G10-108		
G10-109	**G10-109**		**R**
G10-110	G10-110		
G10-111	**G10-111**		**R**

Community Supports Waiver			
15-16	**16-17**		**Potential Recoup**
G11-01	**G11-01**		**R**
G11-02	**G11-02**		**R**
G11-03	G11-03		
G11-04	G11-04		
G11-05	G11-05		
G11-06	G11-06		
G11-07	G11-07		
G11-08	G11-08		
G11-09	**G11-09**		**R**
G11-10 W	G11-10 W	**Revision to the Key Indicator and Guidance: (***underlined information added and strikethrough information deleted)* **Key Indicator:** a) Face-to-face contacts occur every ~~6 months~~ 180 days b) Every ~~other month (bi-monthly)~~ 60 days, at least one contact (as defined by SC Standards) is made **Guidance:** a) Face-to-face visits occur every ~~6 months~~ 180 days and are with the person receiving services.) b) At least one contact is made every ~~other month (bi-monthly)~~ 60 days.	

G11-11	G11-11	**Revision to the Key Indicator and Guidance:** (*underlined information added and strikethrough information deleted)* **Key Indicator:** The Plan is reviewed at least every ~~6 months~~ 180 days **Guidance:** 1. Review the Plan to determine if all needs and interventions were reviewed as often as needed, but at least every ~~6 months~~ 180 days. ~~Six Month~~ 180 day reviews are completed on the CAP module of CDSS. Monitoring/review forms on CAP include all of the necessary components of monitoring	
G11-12	G11-12		
G11-13	G11-13		
G11-14	**G11-14**		**R**
G11-15	G11-15		
G11-16	G11-16		
G11-17	G11-17		
G11-18	G11-18		
G11-19	G11-19		
G11-20	**G11-20**		**R**
G11-21	**G11-21**		**R**
G11-22	**G11-22**		**R**
G11-23	G11-23		
G11 -24	G11 -24		
G11-25	G11-25		
G11-26	**G11-26**		**R**
G11-27	**G11-27**		**R**
G11-28	**G11-28**		**R**
G11-29	**G11-29**		**R**
G11-30	G11-30		
G11-31	G11-31		
G11-32	G11-32		

Community Supports Waiver Case Management			
			Potential Recoup
G11-101	**G11-101**		**R**
G11-102	**G11-102**		**R**
G11-103	**G11-103**		**R**
G11-104	**G11-104**		**R**
G11-105	**G11-105**		**R**
G11-106	**G11-106**		**R**
G11-107	**G11-107**		**R**
G11-108	G11-108		
G11-109	**G11-109**		**R**
G11-110	G11-110		
G11-111	**G11-111**		**R**

EIBI Providers Only			
15-16	**16-17**		**Potential Recoup**
G12-01	**~~G12-01~~**	Moved to A3 Section (A3-51)	**R**
G12-02	**~~G12-02~~**	Moved to A3 Section (A3-59)	**R**
G12-03	**~~G12-03~~**	Moved to A3 Section (A3-67)	**R**
G12-04	G12-01	Key Indicator number change only	
G12-05	G12-02	Key Indicator number change only	
G12-06	G12-03	Key Indicator number change only	
G12-07	G12-04	Key Indicator number change only	
G12-08	**~~G12-08~~**	Moved to A3 Section (A3-51 through 75)	**R**
G12-09	G12-05	Key Indicator number change only	
G12-10	G12-06	Key Indicator number change only	

Early Intervention			
BabyNet Only BabyNet/ DDSN DDSN Only			
BabyNet Only			
15-16	**16-17**		**Potential Recoup**
E1-01	E1-01		
E1-02	E1-02		
E1-03	E1-03		
E1-04	**E1-04**	**Revision to Guidance***: (underlined information added and strikethrough information deleted)* IFSP must be current within one year, not to exceed ~~180 days~~ 6 months from the last 6 month review, if applicable.	**R**
E1-05	E1-05	**Revision to the Key Indicator and Guidance***: (underlined information added and strikethrough information deleted)* **Key Indicator:** IFSP six-month review was completed within 6 months from the initial/annual review ~~180 days~~ of the IFSP. **Guidance:** Ensure the IFSP six-month review was completed within 6 months from the initial or annual IFSP. ~~review 180 days of the IFSP.~~ ~~Review section 6B to ensure developmental information is current.~~	
New	E1-06	**Key Indicator:** Early Childhood Outcomes were assessed and documented on the Child Outcome Summary For (COSF) at entry **New Guidance:** During the process of a child being transferred to a DDSN provider, review the service notes and Child Outcome Summary Form to ensure that the ECO process was completed and documented. Source: IDEA, BabyNet Manual	
E1-06	E1-07	Key Indicator number change only. This indication was previously E1-06.	
E1-07	E1-08	**Revision to the Key Indicator and Guidance:** *(underlined information added and strikethrough information deleted) Key Indicator number change* **Key Indicator:** IFSP includes current developmental information in #10 of the IFSP ~~relating to vision, hearing, and all areas of development to include health~~.	

		Guidance: Review ~~relevant~~ section~~s~~ #10 of the IFSP to ensure developmental information is current ~~and includes health and developmental information~~. ~~Review section 6B to ensure developmental information is current.~~	
E1-08	E1-09	**Revision to the Key Indicator and Guidance:** (*underlined information added and strikethrough information deleted) Key Indicator number change* **Key Indicator:** All BabyNet services are listed on the ~~Summary of Services~~/Planned Services section of the IFSP, to include amount, frequency, duration, and a start date **Guidance:** Review the ~~Summary of Services~~/Planned Services page of the IFSP to ensure that all BabyNet services being received are listed and are current ~~(Section 13).~~	
E1-09	E1-10	**Revision to Guidance:** *(underlined information added and strikethrough information deleted) Key Indicator number change* If the frequency noted on the plan is more than 4 hours per month of Family Training there should be documentation indicating that the ~~file~~ information was sent to the Office of Children's Services for review within 15 days of the plan or as identified as a need and this choice will be documented in the service notes or on the summary of service sheets. A Service Justification signed by someone from the Office of Children's Services must be present in the file.	
E1-10	E1-11	Key Indicator number change only	
E1-11	E1-12	Key Indicator number change only	
E1-12	E1-13	Key Indicator number change only	
E1-13	E1-14	Key Indicator number change only	
E1-14	E1-15	Key Indicator number change only	
E1-15	E1-16	Key Indicator number change only	
E1-16	E1-17	**Revision to the Key Indicator and Guidance:** (*underlined information added and strikethrough information deleted) Key Indicator number change* **Key Indicator:** Assessments are completed every 6 months ~~180 days~~ or as often as changes warrant **Guidance:** Review assessment dates on chosen assessment tool(s) and IFSP to ensure they are completed every 6 months ~~180 days~~ or as often as changes warrant (i.e., significant improvement or regression).	
E1-17	E1-18	**Revision to the Key Indicator and Guidance:** (*underlined information added and strikethrough information deleted) Key Indicator number change* **Key Indicator:** Family Training is provided according to the frequency determined by the team and as documented on the IFSP ~~Summary of Services~~/Planned Services section of the IFSP. **Guidance:** The IFSP should outline the frequency of Family Training. Review the Family Training summary sheets, IFSP ~~Summary of Services~~/Planned services section, to ensure that FT is provided at the frequency and duration outlined.	
E1-18	E1-19	Key Indicator number change only	
E1-19	E1-20	Key Indicator number change only	
E1-20	E1-21	Key Indicator number change only	
E1-21	E1-22	Key Indicator number change only	
E1-22	E1-23	Key Indicator number change only	
E1-23	E1-24	Key Indicator number change only	
E1-24	E1-25	Key Indicator number change only	
E1-25	E1-26	Key Indicator number change only	
E1-26	E1-27	**Revision to the Key Indicator and Guidance:** (*underlined information added and strikethrough information deleted) Key Indicator number change* **Key Indicator:** ~~Is the Medical Necessity form present in the child's file~~ Medical Necessity form was	

		completed prior to any services being delivered and/or reported **Guidance:** Review file to ensure that the Medical Necessity form is present and signed and was obtained prior to the initiation of services.	
E1-27	E1-28	Key Indicator number change only	

BabyNet/DDSN			
15-16	**16-17**		**Potential Recoup**
E2-01	E2-01		
E2-02	E2-02		
New	E2-03	**Key Indicator:** Early Childhood Outcomes were assessed and documented on the Child Outcome Summary For (COSF) at entry **Guidance:** During the process of a child being transferred to a DDSN provider, review the service notes and Child Outcome Summary Form to ensure that the ECO process was completed and documented. Source: IDEA, BabyNet Manual	
E2-03	E2-04	Key Indicator number change only	
E2-04	**E2-05**	**Revision to Guidance:** (*underlined information added and strikethrough information deleted) Key Indicator number change* IFSP/FSP must be current within one year not to exceed 6 months ~~180 days~~ from the last 6 month review; if applicable the last page must be signed by the family and the EI.	**R**
E2-05	E2-06	Key Indicator number change only	
E2-06	E2-07	**Revision to the Key Indicator and Guidance:** (*underlined information added and strikethrough information deleted) Key Indicator number change* **Key Indicator:** IFSP/FSP six-month review was completed within 6 months from the initial/annual review ~~180 days~~ of the IFSP/FSP **Guidance:** Ensure the IFSP/FSP six-month review was completed within 6 months from the initial or annual IFSP/FSP. ~~180 days of the IFSP/FSP~~	
E2-07	E2-08	Key Indicator number change only	
E2-08	E2-09	Key Indicator number change only	
E2-09	E2-10	Key Indicator number change only	
E2-10	E2-11	**Revision to the Key Indicator and Guidance:** (*underlined information added and strikethrough information deleted) Key Indicator number change* **Key Indicator:** IFSP includes current developmental information ~~relating to vision, hearing, medical and all areas of development to include health~~. **Guidance:** Review ~~relevant~~ section~~s~~ #10 of the IFSP/~~FSP~~ to ensure developmental information is current ~~and includes health and developmental information~~. ~~Review section 6B to ensure developmental information is current.~~	
E2-11	E2-12	Key Indicator number change only	
E2-12	E2-13	Key Indicator number change only	
E2-13	E2-14	Key Indicator number change only	
E2-14	E2-15	Key Indicator number change only	
E2-15	E2-16	**Revision to Guidance** *(underlined information added and Key Indicator number change):* Review FSP in effect during period in review to ensure the amount, frequency & duration	

		of current services is included, if applicable.	
E2-16	E2-17	**Revision to Guidance** *(underlined information added): Key Indicator number change* Review the Planned Services page of the IFSP to ensure that all BabyNet services being received are listed and are current.	
E2-17	E2-18	**Revision to Guidance** *(underlined information added): Key Indicator number change* A Service Justification signed by someone from the Office of Children's Services must be present in the file.	
E2-18	E2-19		
E2-19	E2-20	**Revision to the Key Indicator and Guidance:** (*underlined information added and strikethrough information deleted) Key Indicator number change* **Key Indicator:** Assessments are completed every 6 months ~~180 days~~ or as often as changes warrant **Guidance:** Review assessment dates on chosen assessment tool(s) and IFSP to ensure they are completed every 6 months ~~180 days~~ or as often as changes warrant (i.e., significant improvement or regression).	
E2-20	E2-21	Key Indicator number change only	
E2-21	E2-22	Key Indicator number change only	
E2-22	E2-23	Key Indicator number change only	
E2-23	E2-24	Key Indicator number change only	
E2-24	E2-25	Key Indicator number change only	
E2-25	E2-26	Key Indicator number change only	
E2-26	E2-27	Key Indicator number change only	
E2-27	E2-28	Key Indicator number change only	
E2-28	E2-29	Key Indicator number change only	
E2-29	E2-30	**Revision to the Key Indicator and Guidance:** (*underlined information added and strikethrough information deleted) Key Indicator number change* **Key Indicator:** Medical Necessity form was completed prior to any services being delivered and/or reported **Guidance:** ~~Review file to ensure that the Medical Necessity form is present in the file and was obtained prior to services being reported.~~ Review file to ensure that the Medical Necessity form is present and signed and was obtained prior to the initiation of services	
E2-30	E2-31		

DSN Only			
15-16	**16-17**		**Potential Recoup**
E3-01	E3-01		
E3-02	E3-02	**Revision to Guidance** *(underlined information added):* A Service Justification signed by someone from the Office of Children's Services must be present in the file.	
E3-03	E3-03		
E3-04	E3-04		
E3-05	**E3-05**		**R**
E3-06	E3-06		
E3-07	E3-07	**Revision to the Key Indicator and Guidance:** (*underlined information added and strikethrough information deleted)* **Key Indicator:** FSP six-month review was completed within 6 months from the date of the initial/	

		annual review ~~180 days~~ of the FSP **Guidance:** Ensure the FSP six-month review was completed within 6 months from the initial or annual FSP. ~~180 days of the FSP~~	
E3-08	E3-08		
E3-09	E3-09		
E3-10	E3-10		
E3-11	E3-11		
E3-12	E3-12		
E3-13	E3-13		
E3-14	E3-14	**Revision to Guidance** *(underlined information added):* A Service Justification signed by someone from the Office of Children's Services must be present in the file.	
E3-15	E3-15	**Revision to the Key Indicator and Guidance:** (*underlined information added and strikethrough information deleted)* **Key Indicator:** Assessments are completed every 6 months ~~180 days~~ or as often as changes warrant **Guidance:** Review assessment dates on chosen assessment tool(s) and FSP to ensure they are completed every 6 months ~~180 days~~ or as often as changes warrant (i.e., significant improvement or regression).	
E3-16	E3-16		
E3-17	E3-17		
E3-18	E3-18		
E3-19	E3-19		
E3-20	E3-20		
E3-21	E3-21		
E3-22	E3-22		
E3-23	E3-23		
E3-24	E3-24		
E3-25	E3-25		
E3-26	E3-26	**Revision to the Key Indicator and Guidance:** (*underlined information added and strikethrough information deleted)* **Key Indicator:** Medical Necessity form was completed prior to any services being delivered and/or reported **Guidance:** Review file to ensure that the Medical Necessity form is present and signed ~~in the file~~ and was obtained prior to the initiation of services ~~being reported.~~	
E3-27	E3-27		

Residential Observation ***Please note there are no changes to the Residential Observation Tool***