

FY 22 Provider Education Meeting

South Carolina Department of Disabilities and Special Needs



July 20 – 21, 2021

Presenter:

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Background

Alliant ASO is the contracted Quality Improvement Organization for the South Carolina Department of Disabilities and Special Needs. This relationship has been in place for the past 9 years and we are pleased to return to traditional review formats after a difficult year in 2020 and through the conclusion of FY21.

The Contract Compliance Indicators, Observation/Participant Survey, and Licensing Indicators presented today should be familiar to the DDSN Network, as they are based on current Directives and Program Standards. The material has been re-organized, in some cases, to improve the flow of the review for all parties, or to more discreetly capture certain data points as evidence needed for DHHS or CMS.

Background

For FY22, the Contract Compliance Key Indicators include the following changes:

1. The prior Key Indicator sets have been re-organized into separate tools for individual service types and Administrative Indicators.
2. There is an addition of “review procedures” in some cases, to clarify expectations.
3. There are sub-headings within the indicator types to group sections of like-indicators. Since qualified staff are the foundation of service delivery, the staff qualifications and training components have been pulled out to the Administrative Indicators and included in the Service-related indicators. Some indicators that included previously bundled topics are now broken out to measure more discreet details.

Background

Some of the Licensing Indicators from FY21 have been moved back into the Contract Compliance Review process for FY22.

The Day and Residential Observation/Participant Survey remains unchanged for FY22.

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Service Providers are reminded that the Key Indicators represent a small portion of DDSN's Service Standards and Directives selected for measurement at this time.

# Contract Compliance Review Process

# Review Process Summary

Providers will continue to be reviewed on a 12-18 Month Review Cycle, based on the provider's past performance. If a provider scored at or above 85% Compliant in all Administrative and Service areas during their prior review, they will be on an 18-Month Review Cycle. If any area was below 84.9% Compliant, they will be on a 12-Month Review Cycle.

Upon notification of the Provider's review, Alliant will establish the review period (typically the 12 months prior to the review date), services to be reviewed, and the sample size.

# Review Process Summary

Alliant 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, Alliant will need the support plan from the prior year to ensure timely completion and appropriate transfer of needs/goals.)

Alliant has access to documents in CDSS and Therap. Providers do not need to print/submit documents that are stored there. Provider should provide an index to assist the Alliant reviewers with locating specific documents needed for the review.

Please provide a copy of your index for Therap usage.

# Review Process Summary

- ▶ An Entrance Conference will be conducted prior to the Administrative Record Review (via onsite meeting, WebEx, or conference call) with a designated staff from the provider agency.
- ▶ The provider may choose to include additional staff.
- ▶ Points of Contact will be established for both the provider and Alliant

# Review Process Summary

Alliant 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).

This information must be provided within **24 hours** of review notification.

- 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 of people supported by the agency within the prior 12 months. This would include Intensive Behavior Supports providers, QA consultants, and other non-licensed staff 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.

Upon receipt of the provider's list of employees and contractors, Alliant will then select the personnel files to be reviewed as a sample.

# Review Process Summary

As providers are scheduled for Contract Compliance Reviews, the Individual Record Reviews may 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. The provider will be expected to provide any required documentation that is **not** found in Therap.

*\*Early Intervention services will have a one-week prior notice for review.*

The Provider will have 24 hours after notification of review to submit their complete employee list. This information is uploaded to the MedGuard portal.

# Review Process Summary

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 individual service areas. Staff Qualifications and Training information must be provided to demonstrate compliance within Early Intervention, Case Management, Day Services, Employment Services, In-Home Supports, or Residential Habilitation service areas.

- It is expected that most provider files will be available within **2 hours** of the notice provided for onsite reviews. If additional time is needed, providers will work directly with the Review Lead to determine additional time needed.
- Since providers have prior knowledge of the information to be reviewed (via Key Indicators), files should be ready when pulled for the review.
- Individual Record Review and Administrative Indicator Review may occur simultaneously, or they may take place on different dates.

# Administrative Review Procedures

The following items are needed to conduct the Administrative and Provider Qualifications/Training Review.

The Review Team will need documentation verifying compliance with standards, manuals, and policies, as it pertains to your agency for Indicators **A-101-115, CM-101-102, CM-201-224, CM-301-312, DS-101-107, DS-201-209, EMP-201-208, EMP-301-309, RH-101-108, RH-201-211, HS-101-108, HS 201-206, and EI-101-104, EI 201-208, & EI 301-307.** Each Provider will be required to provide documentation for their personnel records sample to support compliance with DDSN Directives and Standards.

# Provider Reviews

- 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 detail 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.

# Provider Reviews

- 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 medication errors. The minutes describe actions taken when unusual reporting trends have been identified through Medication Error Reports/Rates.
  - 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.
- 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.)

# Personnel Records Review

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

# Personnel Records Review

- 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.*

# Residential Provider Reviews

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)
- Outlier contracts, including approved staffing grids, master schedule, and corresponding verification/confirmation of staff coverage (Logs, etc.)

# Residential Provider Reviews

- Evidence of unannounced quarterly visits to all homes by upper-level management (tabbed by home)
- Community Residential Admissions/Discharge/Transfer Reports with current STS/CDSS, a copy of the license for each applicable home, and the monthly census reports for the months of the admissions & transfers
- 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.

# Individual File Reviews

- 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.

# Individual File Reviews

- 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

# Individual File Reviews

## Intensive Behavior Intervention

- Provide a list of all individuals with Behavior Support Plans and Behavioral Guidelines during the review period, noting the Plan Author.
- A sample will be provided for persons receiving Intensive Behavior Intervention.

For records requested, the following will be required:

- Previous and Current BSP
- Initial/Direct Assessments
- Direct Support Staff Training Documentation
- Monthly Progress notes
- Fidelity Checks-Quarterly

# Review Process Summary

- Alliant will provide daily “Check-in” meetings to provide a status update on the review. This will be an opportunity for Alliant to request documentation/clarification to reconcile findings, provide trends, and answer questions.
- Once the full review has been completed, Alliant 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 receive a brief, written summary of findings prior to the reconciliation conference. The provider will then be permitted 24 hours as an additional reconciliation period.
- If documentation is accepted for reconsideration, the citation will be removed.
- The review is closed after documentation is received and processed

# Report of Findings

- 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. The Report will be made available on the Alliant portal to designated provider staff.
- The format for the Report of Findings will include changes to the scoring sections as described on the following pages.

# Report of Findings- Scoring

## Administrative Indicators

|                           | MET | NOT MET | TOTAL REVIEWED | % COMPLIANT |
|---------------------------|-----|---------|----------------|-------------|
| Administrative Indicators |     |         |                |             |

## Provider Staffing- Case Management

|                                                                                                   | MET | NOT MET | TOTAL REVIEWED | % COMPLIANT |
|---------------------------------------------------------------------------------------------------|-----|---------|----------------|-------------|
| Provider Qualifications                                                                           |     |         |                |             |
| Provider Training                                                                                 |     |         |                |             |
| Staff Qualifications Composite score - composite of qualifications and provider training sections |     |         |                |             |

# Report of Findings- Scoring

## Case Management- Service Delivery

|                                                                                                                                                                                                                                                                                      | MET | NOT MET | TOTAL REVIEWED | % COMPLIANT |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------|----------------|-------------|
| Program Administration                                                                                                                                                                                                                                                               |     |         |                |             |
| Intake                                                                                                                                                                                                                                                                               |     |         |                |             |
| Non-Waiver Case Management                                                                                                                                                                                                                                                           |     |         |                |             |
| Waiver Case Management                                                                                                                                                                                                                                                               |     |         |                |             |
| Waiver Activities                                                                                                                                                                                                                                                                    |     |         |                |             |
| <p><b>Case Management Composite score</b> is based on weighted average of Program Administration, Intake, Non-Waiver Case Management, Waiver Case Management, and Waiver Activities. The weight of each section is dependent upon the number of files reviewed for each section.</p> |     |         |                |             |

# Report of Findings- Scoring

## Provider Staffing- Day Services

|                                                                                                  | MET | NOT MET | TOTAL REVIEWED | % COMPLIANT |
|--------------------------------------------------------------------------------------------------|-----|---------|----------------|-------------|
| Provider Qualifications                                                                          |     |         |                |             |
| Provider Training                                                                                |     |         |                |             |
| Staff Qualifications Composite score -composite of qualifications and provider training sections |     |         |                |             |

## Day Service Delivery

|                      | MET | NOT MET | TOTAL REVIEWED | % COMPLIANT |
|----------------------|-----|---------|----------------|-------------|
| Day Service Delivery |     |         |                |             |

# Report of Findings- Scoring

## Provider Staffing- Employment Services

|                                                                                                                                                  | MET | NOT MET | TOTAL REVIEWED | % COMPLIANT |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------|----------------|-------------|
| Provider Qualifications                                                                                                                          |     |         |                |             |
| Provider Training                                                                                                                                |     |         |                |             |
| <b>Staff Qualifications Composite score - Staff Qualifications Composite score - composite of qualifications and provider training sections.</b> |     |         |                |             |

## Employment Service Delivery

|                             | MET | NOT MET | TOTAL REVIEWED | % COMPLIANT |
|-----------------------------|-----|---------|----------------|-------------|
| Employment Service Delivery |     |         |                |             |

# Report of Findings- Scoring

## Provider Staffing- Residential Habilitation

|                                                                                                   | MET | NOT MET | TOTAL REVIEWED | % COMPLIANT |
|---------------------------------------------------------------------------------------------------|-----|---------|----------------|-------------|
| Provider Qualifications                                                                           |     |         |                |             |
| Provider Training                                                                                 |     |         |                |             |
| Staff Qualifications Composite score - composite of qualifications and provider training sections |     |         |                |             |

## Residential Habilitation Service Delivery

|                                     | MET | NOT MET | TOTAL REVIEWED | % COMPLIANT |
|-------------------------------------|-----|---------|----------------|-------------|
| New Admissions                      |     |         |                |             |
| Comprehensive Functional Assessment |     |         |                |             |

# Report of Findings- Scoring

## Residential Habilitation Service Delivery (Continued)

|                                                                                                                                                                                                                                                                                                                                                                         | MET | NOT MET | TOTAL REVIEWED | % COMPLIANT |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------|----------------|-------------|
| Residential Support Plan                                                                                                                                                                                                                                                                                                                                                |     |         |                |             |
| Quarterly Review                                                                                                                                                                                                                                                                                                                                                        |     |         |                |             |
| Behavior Supports and Interventions                                                                                                                                                                                                                                                                                                                                     |     |         |                |             |
| Healthcare                                                                                                                                                                                                                                                                                                                                                              |     |         |                |             |
| Health/Safety/Personal Growth                                                                                                                                                                                                                                                                                                                                           |     |         |                |             |
| <p><b>Residential Habilitation Composite score</b> is based on weighted average of New Admissions, Comprehensive Functional Assessment, Residential Support Plan, Quarterly Review, Behavior Supports and Intervention, Healthcare, and Health/Safety/Personal Growth . The weight of each section is dependent upon the number of files reviewed for each section.</p> |     |         |                |             |

# Report of Findings- Scoring

## Provider Staffing- Early Intervention

|                                                                                                   | MET | NOT MET | TOTAL REVIEWED | % COMPLIANT |
|---------------------------------------------------------------------------------------------------|-----|---------|----------------|-------------|
| Provider Qualifications                                                                           |     |         |                |             |
| Provider Training                                                                                 |     |         |                |             |
| Staff Qualifications Composite score - composite of qualifications and provider training sections |     |         |                |             |

## Early Intervention Service Delivery

|                                     | MET | NOT MET | TOTAL REVIEWED | % COMPLIANT |
|-------------------------------------|-----|---------|----------------|-------------|
| Program Administration              |     |         |                |             |
| Early Intervention Service Delivery |     |         |                |             |

# Plans of Correction

- The Provider must submit a completed Plan of Correction, in its entirety, via the portal within 30 days of report release date, unless items are formally appealed.
- If appealing a citation, the Provider must **check the appeal box** within the Plan of Correction electronic format to initiate further review.
- The Plan of Correction should address the individual citation and **systemic corrections**. If you have a repeat citation, please do not submit the same information again.  
Change your strategy!
- Plans of Correction will be reviewed within 30 days of receipt.
- If specific lines on the Plan of Correction are not approved, provider must resubmit the line within 5 days of notification.

# Appeals

- ▶ **CHECK the BOX!** If you do not check the appeals box on the Plan of Correction template, your appeal may not be processed.
- ▶ The Provider may appeal citations received during the QA Review within 30 days of receipt of the Report of Findings.
- ▶ The Provider may submit only one appeal request per cited indicator during the review cycle (i.e. an appeal can not be re-considered for appeal once a decision has been made by DDSN).

# Appeals (Cont'd)

- ▶ Provider must complete the **DDSN Appeal Request Form** that is located on the Alliant provider portal.
  - Provider must attach supporting documentation with the Appeal Request Form to be considered.
  - Both the Appeal Request Form and supporting documentation must be uploaded into the provider portal.
  
- ▶ DDSN will provide a final ruling on the request for Appeal after a review by the appropriate program staff.

# Appeals (Cont'd)

- ▶ The Alliant management team will initially review the request and documentation and submit a recommendation to DDSN program staff for final review.
- ▶ DDSN program staff will review the appeal request and the supporting documentation to make a determination to uphold or remove the citation and notify the provider of the outcome. The QIO will be advised of the outcome of the appeal so that future reviews will be conducted in accord with DDSN's decision. Appeals decisions are returned within 30 days.

# Appeals (Cont'd)

- ▶ Based on the results of the appeal, if needed, a revised report will be issued.
- ▶ If the citations are upheld during the appeal, a Plan of Correction must be submitted to the QIO within 30 days of the appeal decision. Corrective Actions are required to be completed no later than 90 days after receiving the QIO report unless otherwise specified, and subsequently approved, by DDSN.

# Follow Up Reviews

- ▶ Follow-up reviews will be conducted approximately 180 days after the exit conference.
- ▶ The follow-up review will focus only on those indicators that were found noncompliant during the regular review.
- ▶ The follow-up sample will consist of a minimum of the records cited during the Contract Compliance Review along with an equal number of new files.
- ▶ In the event the indicators reviewed remain non-compliant, an additional Plan of Correction will be required, and subsequent follow-up reviews will be scheduled.

Questions?

# Licensing Review Process

- ▶ Licensing Reviews for FY22 will return to on-site inspections for SLP II, CTH I, CTH II, CIRS, and Respite homes, as well as Day Service programs.
- ▶ Providers will receive a 24-hour notification via phone of their upcoming review. Providers are expected to have a staff available at the home on that day. The staff at the home does not have to be in a supervisory or management role.

# Licensing Review Process

Licensing Review Indicators are based upon DDSN Residential, Day Service, and Respite Licensing Standards.

Providers must have required documentation available as a packet available to the licensing reviewer at the time of the visit to the home, available in Therap, or uploaded to the Alliant portal within the required timeframes. Alliant staff will have access to Therap, so providers will not need to transfer any information stored there. If your agency has an “index” to assist reviewers with the location of specific information in Therap, that index should be provided.

# Residential Licensing Review Process

As a general guide, residential service providers will need to ensure the following documentation is available to the Alliant Review staff at the time of the Licensing Review:

- Fire Marshal Inspection (include evidence of correction if violations were noted)
- Electrical Inspection (if renovations have taken place)
- HVAC Inspection (if renovations have taken place)
- DHEC water quality inspection (if the home has well water)
- Fire Marshal Health and Sanitation Inspection (if home is licensed for persons under age 21)

# Residential Licensing Review Process

- ❑ Signed statement of Financial Rights (to include a fee schedule and quarterly monitoring)
- ❑ Signed statement of Residential Rights (for new admissions to the home within the prior twelve months)
- ❑ Evidence to support residents have received training on abuse and how and to whom to report
- ❑ Lease agreement for each individual resident
- ❑ If each person does not have a key, a Key assessment for each individual resident will be required (for bedroom and front door - with only appropriate staff having keys to doors)

# Residential Licensing Review Process

- ❑ Documentation of any restraints that occurred in the past 12 months (if no restraints occurred, please provide a signed statement that none occurred)
- ❑ Evidence to indicate the Intensive Behavior Intervention provider and Human Rights Committee were informed of the use of any restraints
- ❑ Assessment for access to cleaning supplies, if access is restricted.
- ❑ Approved DDSN Request for Exception if any firearms are present in the home.
- ❑ Current vaccination certificates for any pets onsite

# Residential Licensing Review Process

- ❑ Evidence to support choice of healthcare provider, the person is informed of medical appointments and purpose, and side effects of medications have been explained to the person.
- ❑ A physical health exam with follow-up, as recommended by the physician.
- ❑ For acute health care needs – include evidence that follow up appointments and treatments were provided within 24 hours.
- ❑ Evidence of Dental exam.
- ❑ Documentation of the person's participation in meal planning, grocery shopping, and meal preparation.
- ❑ Agency policy regarding use of T-Logs.

# Residential Licensing Review Process

- ❑ Medication Administration Record (MARs – current and previous 3 calendar months).
- ❑ Medication Self-Administration assessment (if individual self-administers medications).
- ❑ Medication Control sheets (current and past 3 calendar months – for all controlled medications)
- ❑ Controlled Medication End of Shift Review Logs (current and past 3 calendar months – for all controlled medications)
- ❑ Policy regarding the disposition of medications
- ❑ For SLP II, if each person's medication is not stored in their apartment, there should be documentation as to why this would present a health and safety issue.

# Day Licensing Reviews

- ▶ The Provider must make arrangements for a staff person to open the location and be present during the review. This does not have to be a program or supervisory staff and the staff assigned may vary by location.
- ▶ Applicable records for each of the licensing indicators must be provided in a packet on site or uploaded to the Alliant Portal within 24 hours.
- ▶ An Observation of the Day or Residential Services provided may occur at the same time.

# Day Licensing Review Process

As a general guide, day service providers will need to ensure the following documentation is available to the Alliant Review staff at the time of the Licensing Review:

- Census for the date of review
- Staff list for each day services location, noting staff who are responsible for transportation
- Annual Fire Marshal Inspection (include evidence of correction if violations were noted)
- Electrical Inspection
- Sprinkler System Inspection
- HVAC Inspection

# Day Licensing Review Process

- ❑ Evidence of quarterly fire/disaster drills.
- ❑ Evidence of staff fire/safety training, including the use of fire extinguishers.
- ❑ Evidence of daily checklists completed for each vehicle in active use.
- ❑ Evidence of vehicle maintenance.
- ❑ Evidence of the successful completion of a Defensive Driving course for all staff transporting participants.

# Day Licensing Review Process

- ❑ Documentations of provisions for alternate coverage for staff members who are ill. Such policies shall require staff members with acute communicable disease, including respiratory infection, gastro-intestinal infection, and skin rash, to absent themselves during the acute phase of illness.
- ❑ Evidence of the written authorization to administer medication for any participants with medications at the day services location.
- ❑ Medications Control sheets (current and past 3 calendar months – for all controlled medications)
- ❑ Policy regarding the disposition of medications.

# Day Licensing Review Process

- ❑ Medication Administration Record (MARs – current and previous 3 calendar months)
- ❑ Evidence of Therap documentation of any restraints that occurred in the past 12 months (if no restraints occurred, please provide a signed statement that none occurred)
- ❑ Documentation to indicate the Intensive Behavior Intervention provider and Human Rights Committee were informed of the use of any restraints.
- ❑ Agency policy regarding the use of T-Logs.

# Licensing Report of Findings

- ▶ The Provider will receive a brief, written summary of findings within 24-48 hours of the review.
- ▶ The Provider may upload additional information for consideration within 24 hours.
- ▶ Report of Findings will be posted to the Alliant portal within 30 days from the exit summary.
- ▶ Report will be made available on the Alliant portal to designated provider staff.

# Licensing Plan of Correction

- ▶ The Provider must submit a completed Plan of Correction via the portal within 15 days of report release date, unless individual findings are appealed.
- ▶ If appealing a citation, the Provider must **“check” the appeal box** within the Plan of Correction electronic format to initiate further review.
- ▶ A Plan of Correction is required for individual citations but must address systemic correction.
- ▶ The Plans of Correction will be reviewed within 30 days of receipt.
- ▶ If specific lines on the Plan of Correction are not approved, provider must resubmit the line within 5 days of notification.

# Licensing Appeals

- ▶ The Provider may appeal any citation received during the Licensing Review within **15 days** of receipt of the ROF.
- ▶ The Provider must **check the box** on the Plan of Correction template AND complete the DDSN Appeal Request Form which is located on the Alliant provider portal.
- ▶ The Provider must attach supporting documentation to be reviewed with the Appeal Request Form.
- ▶ Both the Appeal Request Form and supporting documentation must be uploaded into the Alliant provider portal.

# Licensing Appeals (Con't)

- ▶ The Alliant management team will initially review the appeal request and documentation.
- ▶ The Alliant management team will submit a recommendation to DDSN program staff for final review.
- ▶ DDSN program staff will provide a final ruling on the request within 30 days.
- ▶ The Provider will be notified once an appeals decision has been reached and the outcome has been posted to the portal for their review.

# Follow-up Reviews- Licensing

- ▶ A follow-up review will be conducted approximately 180 days after the exit conference to ensure remediation.
- ▶ The follow-up review will consist of citations noted during the Licensing Review to ensure the successful implementation of the Plan of Correction. Most follow-up reviews are completed via desk review. For desk reviews, providers will be requested to submit supporting documentation within 24 hours.

# Follow-up Reviews- Licensing (Con't)

- ▶ For multiple citations for the same indicator, there may be a combination of a desk and onsite review.
- ▶ In the event the indicators reviewed remain non-compliant, an additional Plan of Correction will be required, and subsequent follow-up reviews will be scheduled.

# Residential and Day Observation

- Approximately 25% of a Provider's Residential Locations and 100% of Day Service locations will have an Observation/Participant Survey completed by the Alliant review team.
- The Observation/Participant Survey is a separate review component for FY22. It is not a part of the Contract Compliance Review. The Observation may take place at the same time of the Contract Compliance Review or a Licensing Review, or they may take place intermittently throughout the year.

# Residential and Day Observation

- Notification of observation visits will occur within 24 hours of the review until COVID restrictions are lifted. If community activities are planned, the observation will not interrupt those plans. Observations may occur during the activity.
- The Tools to be used for the Observation are available on the DDSN Web-site and on the Alliant Portal.

Questions?

MAKING HEALTH CARE BETTER