South Carolina Department of Disabilities & Special Needs

Administrative Indicators - Contract Compliance Review

Key Indicator Review Tool for FY2022

The Key Indicators are the QIO Review Tool, based on DDSN Service Standards, Agency Directives, and Medicaid Policy/Requirements. Each of these documents will state the applicability for different types of providers. In general, Administrative Indicators apply to all agencies, although there may be some indicators that only apply to particular service types.

The Guidance in this document is provided as a resource to assist agencies with understanding Key Indicators. The Guidance is not intended to be, nor should be, considered as the ultimate defining resource. It should be, as inferred by its title, GUIDANCE designed to assist. State and Federal standards including policies and procedures are the ultimate resources for establishing the requirements for an Indicator.

Program Administration

Indicator #	Indicator	Guidance
A-101	The Provider keeps service recipients' records secure and information confidential.	Source: DDSN Directive167-06-DD
A-102	The Provider has a Human Rights Committee that is composed of a minimum of 5 members and includes representation from a family member of a person receiving services, a person representing those receiving services or a self-advocate nominated by the local self-advocacy group, and a representative of the community with expertise or a demonstrated interest in the care and treatment of persons (employees or former employees must not be appointed). The Board/ Provider has a Human Rights Committee member list (which identifies the above), along with an attendance log for each Human Rights Committee meeting.	Source: South Carolina Code Ann. 44-26-70 and DDSN Directive 535-02-DD South Carolina Code Ann. 44-26-70 requires that each DDSN Regional Center and DSN Board establish a Human Rights Committee. Contract service providers may either use the Human Rights Committee of the local DSN Board or establish their own Committee. Contract providers must have formal documentation of this relationship.
A-103	The Human Rights Committee will provide a bi-monthly review of Provider practices to assure that due process rights are protected for all participants.	Source: South Carolina Code Ann. 44-26-70 and DDSN Directive 535-02-DD Bi-Monthly = every other month. Minutes shall be taken of each meeting and shall reflect the date and time of the meeting, those Committee members present and absent, and a record of decisions and recommendations in a manner that readily identifies the issues reviewed, the decisions reached, and the follow-up that is necessary. In addition to reviewing Behavior Support Plans and Psychotropic Medications, the provider must document the HRC's review of any use of emergency restraints. The HRC must also receive notification of alleged abuse, neglect, or exploitation. Each Human Rights Committee, in coordination with the Agency, may establish its own mechanism to receive such reports. The HRC should also advise the DSN Board or contract provider agency on other matters pertaining to the rights of people receiving services and other issues identified by the Human Rights Committee or Agency. The sharing of this information and related discussion must be documented in the HRC meeting minutes.
A-104	The Provider utilizes an approved curriculum or system for teaching and certifying staff to prevent and respond to disruptive behavior and crisis situations.	Source: DDSN Directive 567-04-DD In order to promote and protect rights and support people with challenging behavior all providers must demonstrate that staff have been appropriately trained in a crisis prevention curriculum. Appropriate training of a curriculum includes competency-based assessment of staff skills. Providers may only utilize a DDSN approved curricula for teaching and certifying staff to prevent and respond to disruptive behavior and crisis situations. A crisis prevention management curriculum is only approved once it has been determined that it aligns with DDSN philosophies and it has a strong focus of training in the area of interpersonal skills (e.g., active listening, problem solving, negotiation, and conflict management). In addition, DDSN does not approve training curricula that include techniques involving the use of force (such as chokeholds of any kind or other techniques that inhibit breathing etc.) for self-defense or control that entities such as law enforcement would utilize. Providers may not train staff on any aspect of an approved crisis prevention management curriculum that includes a DDSN prohibited practice. Review Procedure: The providers chosen curriculum will be compared against the approved list in DDSN directive 567-04-DD.
A-105	On an annual basis, the Provider follows SCDDSN procedures regarding developing contingency plan/disaster plan to continue services in the event of an emergency or the inability of a service provider to deliver services.	Source: DDSN Directives 100-25-DD.
A-106	Within the quarterly Risk Management Committee Meeting, the Provider follows SCDDSN procedures regarding Incident Management Reporting and the implementation of needed supports to people receiving services. The minutes of the meeting describe follow-up	Source: DDSN Directives 100-26-DD and 100-28-DD.

	on all quality assurance/risk management activities identified in the individual reports.	
A-107	Within the quarterly Risk Management Committee Meeting, the Provider reviews trends found in the agencies Therap General Event Reports. The minutes of the meeting describe follow-up on quality assurance/risk management activities identified in the individual reports.	Source: DDSN Directives 100-09-DD, 100-26-DD, and 100-28-DD. *This indicator applies only to Day, Employment, and Residential Service Providers.*
A-108	Within the quarterly Risk Management Committee Meeting, the Provider follows SCDDSN procedures regarding the 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 restraints.	Source: DDSN Directives 600-05-DD,100-26-DD, and 100-28-DD. *This indicator applies only to Day and Residential Service Providers.* Review of any restraints or restrictive procedures used to ensure compliance with applicable directives.
A-109	Within the quarterly Risk Management Committee Meeting, the Provider reviews actions taken as a result of referrals for GERD/dysphagia consultation for choking events to ensure there has been follow-up on recommendations.	Source: DDSN Directives 100-26-DD, 100-28-DD, and 535-13-DD. *This indicator applies only to Day and Residential Service Providers.* Review of any GERD/ Dysphagia Consultation reports to ensure there has been follow-up on recommendations.
A-110	Within the quarterly Risk Management Committee Meeting, the Provider follows SCDDSN procedures regarding Medication Error/ Event Reporting, as outlined in 100-29-DD.	Source: DDSN Directives 100-26-DD,100-28-DD, and 100-29-DD. *This indicator applies only to Day and Residential Service Providers.* Determine if the Board / Provider has developed an internal database to record, track, analyze, and trend medication errors or events associated with the administration of medication errors. The method for calculating medication error rate has been defined in DDSN Directive 100-29-DD.
A-111	The provider has an approved medication technician certification program, as outlined in 603-13-DD.	Source: DDSN Directive 603-13-DD *This indicator applies only to Day and Residential Service Providers.* If the provider has staff that participate in medication administration, there must be evidence that the medication technician certification program that staff are trained has been approved by DDSN. Programs are required to be submitted to DDSN every three years for approval. Review Procedure: The provider must show evidence that the medication technician certification program has been approved by DDSN. Acceptable evidence includes email or other written communication that includes an indication of approval and a date of approval. Individual staff training
A-112	The provider conducts quarterly oversight as required by the medication technician certification program.	Source: DDSN Directive 603-13-DD *This indicator applies only to Day and Residential Service Providers.* Review Procedure: The provider must show evidence of the following: • Oversight occurred on at least a quarterly basis (4 times per year) • Documentation of the findings of the oversight including supporting evidence • Location, date, time of oversight • Content covered during oversight • Name of the RN, LPN or other medical professional performing the oversight
A-113	Upper level management staff of the Provider conduct quarterly unannounced visits on all shifts to all residential settings to assure sufficient staffing and supervision are provided.	Source: Administrative Agency Standards *This indicator applies to Residential Habilitation Providers only.* When a residential setting does not utilize a shift model for staffing (e.g. CTH I, SLPI, and live-in CTH II settings) visits need only to be conducted quarterly. The Provider shall conduct quarterly unannounced visits to all residential locations across all shifts excluding third shift in Community Training Home I and Supervised Living I Programs, including weekends, to assure sufficient staffing and supervision per the participant's plans. Managers should not visit homes they supervise but should visit homes managed by their peers. Senior management may visit any/all of the homes. Documentation of the visit must include the date and time of the visit, the names of the staff/caregivers and participants present, notation of any concerns and actions taken in response to noted concerns. SLP II should include visits to all apartments. **Please note**: It is not necessary to visit individual SLP II apartments, during 3rd shift, although 3rd shift checks to the complex/staff review are still required. CIRS and CTH I locations do not require unannounced 3rd shift checks. *Quarterly = 4 times per year with no more than 4 months between visits. Review Procedure: The QIO will select a 10% sample of all residential locations to ensure quarterly unannounced visits have been completed as described above.
A-114	The Provider conducts all residential admissions /discharges in accordance with Directive 502-01-DD.	Source: DDSN Directive 502-01-DD *This indicator applies to Residential Habilitation Providers only.*
A-115	For those for whom outlier/enhanced funding status (High Management, Outlier, Specialized Setting) has been approved due to the need for enhanced staff support, the Board / Provider provides the additional support as outlined in the approved request.	Source: DDSN Directive 250-11-DD *This indicator applies to Residential Habilitation Providers only.* 250-11-DD requires that residential service providers must retain staff schedules that document the increased level of supervision is being provided. The QIO will verify the presence of additional staffing support as well as other supports (i.e., Behavior Support Plan and training [Habilitation] strategies) that are needed in order to decrease the need for outlier funding. Using the staffing schedule submitted by the provider and approved by SCDDSN, review the documentation that certifies that the enhanced staff support was provided (100% sample for the last quarter of the year in review) and compare with actual time sheets (showing hours actually worked) to determine if the enhanced staff support was provided.