

# South Carolina Department of Disabilities & Special Needs

## Administrative Compliance Review for DDSN Contracted Providers

### Key Indicator Review Tool for FY2025

*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.*

## Program Administration

Indicator #	Indicator	Guidance
A-101	The Provider keeps service recipients' records secure and information confidential.	Source: DDSN Directive 167-06-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. 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
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
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 RM Committee Discussion includes the following components: 1. The total number of allegations/incidents reported; 2. The types of allegations and/or incidents, including a trend of when and where they were reported; 3. The number of substantiated ANE allegations, as determined by local law enforcement, SLED, DSS, or the Attorney General's Office; 4. The number of Administrative ANE Findings, as determined by verified Standard of Care allegations, through DSS or the State Long Term Care Ombudsman's Office or a Regional Ombudsman. A distinction should be made between allegations with known and unknown perpetrators and the types of violations cited (i.e., Administrative Oversight, Dignity & Respect, Supervision, etc.); 5. The number of initial reports submitted in compliance with policy (including timely reporting requirements); and 6. The number of final reports submitted in compliance with policy (including timely completion of administrative reviews).	Source: Administrative Agency Standards. Quarterly Meetings must be documented throughout the review period.  Effective January 1, 2023, individual components of RM Discussion required. Tracking, trending, and analysis required for ANE, Critical Incidents, and General Event Reports.
A-107	Within the quarterly Risk Management Committee Meeting minutes, the Provider ensures follow-up on quality assurance/risk management activities identified in the individual incident reports to ensure corrective actions. The minutes of the meeting describe training, policy or procedural changes, checklists or other work-aids, or changes to supervision/monitoring of service delivery.	Source: Administrative Agency Standards <i>This indicator applies only to Day, Employment, and Residential Service Providers.</i>
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: Administrative Agency Standards <i>This indicator applies only to Day and Residential Service Providers.</i>
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 Directive 535-13-DD and Administrative Agency Standards <i>This indicator applies only to Day and Residential Service Providers.</i>
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: Administrative Agency Standards <i>This indicator applies only to Day and Residential Service Providers.</i>
A-111	The provider has an approved medication technician certification program, as outlined in 603-13-DD.	Source: DDSN Directive 603-13-DD. <i>This indicator applies only to Day and Residential Service Providers.</i>
A-112	The provider conducts quarterly oversight as required by the medication technician certification program.	Source: DDSN Directive 603-13-DD. <i>This indicator applies only to Day and Residential Service Providers.</i>
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 <i>This indicator applies to Residential Habilitation Providers only.</i>