South Carolina Department of Disabilities & Special Needs

Case Management- Administrative Compliance & Individual Services Review

Key Indicator Review Tool for FY2025

+The Key Indicators are based on DDSN Service Standards, Agency Directives, and Medicaid Policy/Requirements.

Providers must use designated modules in Therap to document service delivery.
Timelines for implementation of individual Therap Modules may be found at: https://help.therapservices.net/app/south-carolina/

Program Administration

Indicator #	Indicator	Guidance
CM-101	Case Management providers must have a system that allows access to assistance 24 hours daily, 7 days a week.	Source: SCDDSN Case Management Standards.
CM-102	The Provider demonstrates agency-wide usage of Therap for the maintenance of Case Management records according to the implementation schedule approved by DDSN.	Source: DDSN Therap Requirements. Review Therap documentation.

Provider Qualifications

Indicator #:	Indicator	Guidance
CM-201	Intake Staff meet the certification requirements for the position.	Training provided by DDSN.
CM-202	Intake Staff meet the criminal background check requirements for the position, prior to employment.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
CM-203	Intake Staff continue to meet the criminal background check requirements for the position, upon required recheck.	Source: DDSN Directive 406-04-DD. Re-check every 3 years.
CM-204	Intake Staff meet the CMS "List of Excluded Individuals/ Entities" check requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
CM-205	Intake Staff meet the DSS Central Registry check requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
CM-206	Intake Staff meet the Sex Offender Registry check requirements for the position.	Source: Intake Standards. Applies to new employees working less than 12 months.
CM-207	Case Management Staff meet the minimum education and experience requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management.	Refer to SCDDSN Case Management Standards for educational, vocational, and credentialing requirements. Applies to new employees working less than 12 months.
CM-208	Case Management Staff meet the criminal background check requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management, prior to employment.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
CM-209	Case Management Staff continue to meet the criminal background check requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management, upon required recheck.	Source: DDSN Directive 406-04-DD. Recheck every 3 years.
CM-210	Case Management Staff meet the CMS "List of Excluded Individuals/ Entities" check requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
CM-211	Case Management Staff meet the DSS Central Registry check requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
CM-212	Case Management Staff meet the Sex Offender Registry check requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
CM-213	Case Management Staff meet the TB Testing requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management, prior to direct service contact.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
CM-214	Case Management Staff meet the annual TB Screening/ Testing requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management.	Source: DDSN Directive 603-06-DD. Annual TB Screening/Testing must be completed by the last day of the month in which it was due.
CM-215	New Case Management Staff have acceptable reference check requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
CM-216	Waiver Case Management Staff meet the education and experience requirements for the position.	Refer to DDSN Directive 406-04-DD and WCM Standards for educational, vocational, and credentialing requirements. Applies to new employees working less than 12 months.

CM-217	Waiver Case Management Staff meet the criminal background check requirements for the position, prior to employment.	Refer to DDSN Directive 406-04-DD and WCM Standards for educational, vocational, and credentialing requirements. Applies to new employees working less than 12 months.
CM-218	Waiver Case Management Staff continue meet the criminal background check requirements, upon required recheck.	Refer to DDSN Directive 406-04-DD and WCM Standards for educational, vocational, and credentialing requirements. A recheck is required every 3 years. Applies to new employees working more than 12 months.
CM-219	Waiver Case Management Staff meet the CMS "List of Excluded Individuals/ Entities" check requirements for the position.	Refer to DDSN Directive 406-04-DD and WCM Standards for educational, vocational, and credentialing requirements. Applies to new employees working less than 12 months.
CM-220	Waiver Case Management Staff meet the DSS Registry check requirements for the position.	Refer to DDSN Directive 406-04-DD and WCM Standards for educational, vocational, and credentialing requirements. Applies to new employees working less than 12 months.
CM-221	Waiver Case Management Staff meet the Sex Offender Registry check requirements for the position.	Refer to WCM Standards for educational, vocational, and credentialing requirements. Applies to new employees working less than 12 months.
CM-222	Waiver Case Management Staff meet the TB Testing requirements for the position, prior to direct service contact.	Source: WCM Standards and DDSN Directive 603-06-DD Applies to new employees working less than 12 months.
CM-223	Waiver Case Management Staff meet the annual TB Screening/Testing requirements.	Annual TB Screening/Testing must be completed by the last day of the month in which it was due. Source: WCM Standards and DDSN Directive 603-06-DD.
CM-224	New Waiver Case Management Staff have acceptable reference check requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.

Provider Training

Indicator #	Indicator	Guidance
CM-301	Intake staff must pass mandatory, competency based ANE training, as required, during pre-service orientation.	Source: DDSN Directive 534-02-DD. Applies to new employees working less than 12 months.
CM-302	Intake Staff, when employed after 1 year, must pass mandatory, competency based ANE training within 12-months of their prior training date(s).	Source: DDSN Directive 534-02-DD. Applies to employees working more than 12 months. Training must be completed by the last day of the month in which the training was due.
CM-303	Intake Staff must complete new employee competency- based training requirements.	Applies to new employees working less than 12 months. Review training documentation in Therap.
CM-304	Intake Staff are made aware of the False Claims Recovery Act annually, that the Federal government can impose a penalty for false claims, that abuse of the Medicaid Program can be reported, and that reporters are covered by Whistleblowers' laws.	Source: Contract for … Capitated Model and Source: Contract for … Non-Capitated Model. Evidence of staff being made aware of the false claims' recovery act must be provided. This activity must be completed by the last day of the month in which it was due.
CM-305	Case Management Staff must pass mandatory, competency based ANE training, as required, during pre-service orientation.	Source: DDSN Case Management Standards and DDSN Directive 534-02-DD. Applies to new employees working less than 12 months.
CM-306	Case Management Staff, when employed after 1 year, must pass mandatory, competency based ANE training within 12 months of their prior training date(s).	Source: DDSN Case Management Standards and DDSN Directive 534-02-DD. Applies to employees working more than 12 months. Training must be completed by the last day of the month in which the training was due.
CM-307	Case Management Staff are made aware of the False Claims Recovery Act annually, that the Federal government can impose a penalty for false claims, that abuse of the Medicaid Program can be reported, and that reporters are covered by Whistleblowers' laws.	Source: Contract for … Capitated Model and Source: Contract for … Non-Capitated Model. Evidence of staff being made aware of the false claims' recovery act must be provided. This activity must be completed by the last day of the month in which it was due.
CM-308	Waiver Case Managers must pass mandatory, competency based ANE training, as required, during pre-service orientation.	Source: DDSN Directive 534-02-DD. Applies to new employees working less than 12 months.
CM-309	Waiver Case Management Staff, when employed after 12 months, must pass mandatory, competency based ANE training within 12 months of their prior training date(s).	Source: DDSN Directive 534-02-DD. Applies to employees working more than 12 months. Training must be completed by the last day of the month in which the training was due.
CM-310	Waiver Case Management Staff have successfully completed SCDHHS WCM training prior to delivery of WCM services.	Applies to new employees working less than 12 months.
CM-311	Waiver Case Management Staff, when employed for more than 12 months, must complete required DHHS training modules on an annual basis	Training must include the following topic areas: • Confidentiality of Personal Information (DDSN Directive 167-06-DD). • Person-centered planning. • Level of Care. • Annual Assessment and Plans of Support.

		Applies to employees working more than 12 months. Training must be completed by the last day of the month in which the training was due. Source: DDSN Directive 567-01-DD /WCM Standards
CM-312	Waiver Case Management Staff are made aware of the False Claims Recovery Act annually, that the Federal government can impose a penalty for false claims, that abuse of the Medicaid Program can be reported and that reporters are covered by Whistleblowers' laws.	Source: Contract for … Capitated Model and Source: Contract for … Non-Capitated Model Evidence of staff being made aware of the false claims' recovery act must be provided. This activity must be completed by the last day of the month in which it was due.

Intake

Indicator #	Indicator	Guidance
CM-401	Contact with the Intake service user is made within five (5) business days of the receipt of an authorization for Intake or reflects more than one (1) attempt to contact within five (5) business days.	Source: Intake Standards Review documentation in Therap.
CM-402	Documentation includes sufficient information to prove that a thorough explanation of the following was provided to the service user or his/her representative: • The process for Intake including next steps, • DDSN as an agency and how services through DDSN are provided. • Services potentially available through DDSN, including the criteria to be met in order for services to be authorized.	Source: Intake Standards Review documentation in Therap.
CM-403	Intake activities are documented within five (5) business days of the occurrence of the activity.	Source: Intake Standards Review documentation in Therap.
CM-404	Contact with or on behalf of the service user occurred, at a minimum, every ten (10) business days.	Source: Intake Standards Review documentation in Therap.
CM-405	If terminated, Intake was only terminated when, during a thirty (30) calendar day period, at least three (3) consecutive attempts to contact the service user/ representative were unsuccessful, or by request from the individual who is going through the Intake Process.	Source: Intake Standards Review documentation in Therap.

Non-Waiver Case Management

Indicator #	Indicator	Guidance
CM-501	The person's file contains approval for Case Management.	Source: SCDDSN Non-Waiver Case Management Standards. Review pre-certification date in CDSS.
CM-502	The person's file contains documentation that establishes the person in a target group, if receiving MTCM.	Source: SCDDSN Case Management Standards. Review documentation in Therap.
CM-503	An assessment of the person's needs is completed.	Source: SCDDSN Case Management Standards. Review documentation in Therap.
CM-504	A face-to-face contact with the person in his/her residence is made at the time of initial/ annual assessment.	Source: SCDDSN Case Management Standards. Review documentation in Therap.
CM-505	A plan addressing the person's assessed needs is completed.	Source: SCDDSN Case Management Standards. Review documentation in Therap.
CM-506	The plan contains all required components.	Source: SCDDSN Case Management Standards. Review documentation in Therap.
CM-507	The plan is signed, titled, and dated by the Case Manager.	Source: SCDDSN Case Management Standards. Review documentation in Therap.
CM-508	The plan is signed by the person or his/her representative.	Source: SCDDSN Case Management Standards. Review documentation in Therap.
CM-509	The person must be provided a copy of the plan.	Source: SCDDSN Case Management Standards. Review documentation in Therap.
CM-510	Annually, people are provided information about abuse, neglect and exploitation and information about critical incidents.	Source: SCDDSN Case Management Standards. Review documentation in Therap. "Annually" is defined as within every 12 months and/or during the annual planning process.
CM-511	Contact (face-to-face, email or telephone) is made with the person, his/her family or representative or a provider who provides a service to the person at least every 60 days.	Source: SCDDSN Case Management Standards. Review documentation in Therap.
CM-512	The Case Management Assessment and Plan must be reviewed at least 180 days from the Date of the Plan.	Source: SCDDSN Case Management Standards. Review documentation in Therap.

CM-513	The 180 Day Plan Review must be completed in consultation with the person/his/her representative. Consultation must include a face-to-face visit in the person's natural environment.	Source: SCDDSN Case Management Standards. Review documentation in Therap.
CM-514	Case notes are appropriately documented and include all Case Management activity on behalf of the person and justify the need for Case Management.	Source: SCDDSN Case Management Standards. Review documentation in Therap.

Waiver Case Management Activities

Indicator #	Indicator	Guidance
CM-601	For newly enrolled waiver participants, the first non-face-to-face contact is completed within the month of waiver enrollment.	Source: WCM Standards Review documentation in Therap.
CM-602	For newly enrolled waiver participants, the first quarterly face-to-face visit is completed within three months of waiver enrollment.	Source: WCM Standards Review documentation in Therap.
CM-603	Each month, except during the months when required quarterly face-to face visits are completed, a non-face-to-face contact is made with the participant or his/her representative and documented appropriately.	Source: WCM Standards Review documentation in Therap.
CM-604	At least one face-to-face contact must take place in the person's residence every six months.	Source: WCM Standards Review documentation in Therap.
CM-605	Quarterly face-to-face visits are appropriately documented.	Source: WCM Standards Review documentation in Therap.
CM-606	Participants receive two (2) waiver services every month, with the exception of the initial enrollment period (up to 60 days).	Source: WCM Standards Review documentation in Therap.
CM-607	Case notes intended to document Waiver Case Management activities are sufficient in content to support Medicaid billing and entered within 7 calendar days.	Source: WCM Standards Review documentation in Therap.

Waiver Activities

Indicator #	Indicator	Guidance
CM-701	The Plan is developed as required.	Source: Guidelines for the DDSN Planning Process, WCM Standards. Review documentation in Therap.
CM-702	Service needs outside the scope of Waiver services are identified in Plans and addressed.	Source: Waiver Manual, HCBS Regulatory requirement. Review documentation in Therap.
CM-703	Needs in the Plan are justified by formal or informal assessment information in the record.	Source: Guidelines for the DDSN Planning Process, Waiver Manual. Review documentation in Therap.
CM-704	Assessment(s) justify the need for all Waiver services included on the plan.	Source: Waiver Manual Review documentation in Therap.
CM-705	Services/ Interventions are appropriate to meet assessed needs.	Source: Waiver Manual
CM-706	The Plan is provided to the participant/ representative within 3 months of completion.	Source: WCM Standards, HCBS Regulatory requirement. Review Case Note documentation.
CM-707	The Plan is revised when warranted by a change in the person's needs or as requested by the person.	Source: Guidelines for the DDSN Planning Process and WCM Standards, HCBS Regulatory requirement. Review documentation in Therap.
CM-708	The Plan is signed by the person or his/her representative within 3 months of completion.	Source: Waiver Case Management Standards, HCBS Regulatory requirement. Review documentation in Therap.
CM-709	The person/legal guardian (if applicable) will receive information on abuse and neglect annually.	Source: WCM Standards. Review documentation in Therap.
CM-710	For ID/RD and CS Waiver: At the time of annual planning, all children enrolled in the ID/RD and CS Waiver receiving CPCA services must have a newly completed physician's order (Physician's Information Form – MSP Form 1), and assessment (SCDDSN Personal Care/Attendant Care Assessment). Physician's order and assessment are required annually.	Source: Waiver Manual Review documentation in Therap on Plan or Assessment. See MSP forms/attachments in the CPA section of the ID/RD and CS Waiver Manuals.
CM-711	Documentation is present verifying choice of provider was offered to the participant/family for each new Waiver service.	Source: Waiver Manual. Review documentation in Therap. Required any time a new Waiver service is authorized.
CM-712	The Freedom of Choice Form is present.	Source: Waiver Manual
CM-713	The Initial Level of Care is present.	Source: Waiver Manual Review documentation in Therap. Review the initial LOC determination to verify it was completed within 30 days prior to or on the date of Waiver enrollment.
CM-714	The most current Level of Care Determination is completed appropriately and dated within 365 days of the last Level of Care determination and is completed by the appropriate entity.	Source: Waiver Manual Review documentation in Therap.

CM-715	For HASCI: The Acknowledgement of Choice and Appeal Rights Form completed prior to Waiver enrollment and annually.	Source: Waiver Manual. If participant was a competent adult at time of Waiver initial enrollment or re-enrollment, but physically unable to sign, both the form and a Case Note should indicate why participant's signature was not obtained.
CM-716	Acknowledgement of Rights and Responsibilities is completed annually.	Source: Waiver Manual
CM-717	Waiver services are provided in accordance with the service definitions found in the Waiver document.	Source: Waiver Manual
CM-718	For ID/RD and HASCI Waiver: If Nursing Services are provided, an order from the physician is present and is consistent with the authorization form.	Source: Waiver Manual. Not required annually. Only required at the time of first authorization and as changes occur.
CM-719	Authorization forms are properly completed for services as required, prior to service provision.	Source: Waiver Manual. Review documentation in Therap for authorizations completed in Therap. Request copies of others.
CM-720	Authorized waiver services are suspended when the waiver participant is hospitalized, or temporarily placed in an NF or ICF/IID.	Source: Waiver Manual. Review documentation in Therap. NOTE: Not intended for Institutional Respite cases.
CM-721	Waiver termination is properly completed.	Source: Waiver Manual
CM-722	The Participant/Legal Guardian (if applicable) was notified in writing regarding any denial, termination, reduction, or suspension of Waiver services with accompanying reconsideration/appeals information.	Source: Waiver Manual Review Case Notes documentation in Therap. Not required in the case of death.
CM-723	Information including the benefits and risks of participant/representative directed care is provided to the participant/representative prior to the authorization of Adult Attendant Care (ID/RD), Attendant Care (HASCI), Respite (ID/RD, CS, HASCI) or In-Home Supports (CS).	Source: Waiver Manual
CM-724	Before authorization of participant/representative directed Adult Attendant Care Services (ID/RD), Attendant Care (HASCI), Respite (ID/RD, CS, HASCI) or In-Home Supports (CS), the absence of cognitive deficits in the participant that would preclude the use of participant/representative directed care is assessed and documented.	Source: Waiver Manual
CM-725	Before authorization of participant/representative directed Adult Attendant Care Services (ID/RD), Attendant Care (HASCI), Respite (ID/RD, CS, HASCI) or In-Home Supports (CS), the participant/representative is provided information about hiring management and termination of workers as well as the role of the Financial Management System.	Source: Waiver Manual
CM-726	The non-availability of a Waiver service provider is documented and actively addressed.	Source: Waiver Manual Review documentation in Therap.
CM-727	For HASCI Waiver – Copies of Daily Logs for Self-Directed Attendant Care are received, and the service is monitored.	Source: HASCI Waiver Manual
CM-728	For individuals awarded a waiver slot within the review period, the waiver enrollment timeline was followed to receive the Freedom of Choice or the Waiver Declination form or to follow the Waiver Non-Signature Declination process.	Source: Waiver Manual Review documentation in Therap.
CM-729	For individuals awarded a waiver slot within the review period, the waiver enrollment timeline was followed to request the Level of Care or to follow the Waiver Non-Signature Declination process.	Source: Waiver Manual Review documentation in Therap.
CM-730	For individuals awarded a waiver slot within the review period, the waiver enrollment timeline was completed to get the individual enrolled in the waiver.	Source: Waiver Manual Review documentation in Therap.
CM-731	Waiver Case Management is provided separate from the delivery of services. Cases that enter conflict must be de-conflicted within 60 days.	Source: 535-17-DD Conflict Free Case Management Directive