

# DDSN MAPS Process

## Measurement of Agency Performance Standards- Provider Guide- 2024

DDSN's Measurement of Agency Performance Standards (MAPS) Reviews include Administrative Compliance and Individual Service (ACIS) Reviews, Licensing Reviews, and Day/Residential Observation/Participant Experience Surveys. MAPS reviews are conducted to ensure that the agency providing services, the locations in which services are provided and the services being provide are delivered in accordance with contract and/or funding specification and best practices.

DDSN contracts with a federal certified Quality Improvement Organization (Alliant ASO) to complete MAPS reviews. Changes to the contract between DDSN and Alliant ASO will result in some changes to the MAPS reviews beginning in 2024.

### Administrative Compliance and Individual Services Review (ACIS):

Administrative Compliance Reviews will be completed off-site as a desk review using electronic records (Therap) or by using documents uploaded to MedGuard, Alliant's secure portal. Administrative Compliance Reviews will occur at the same time as or near the time of the Individual Services Reviews.

Individual Service Reviews will be completed for all DDSN contracted services including Early Intervention Services, Case Management, Waiver Case Management, Day Services, Employment Services, In-Home Supports, and Residential Habilitation Services. Individual Service Reviews will utilize Key Indicators to measure compliance. Key Indicators are a subset of all applicable Standards, Directives (policies and procedures) and other requirements (e.g., State Funded Community Supports Manual, HCBS Waiver Manuals, etc.). While providers are expected to comply with all applicable requirements, the Key Indicators are a subset of those requirements which are selected for measurement. Key Indicators are subject to change each state fiscal year and can be found on the DDSN website ( [Key Indicators](#) ).

For most providers, ACIS Reviews are completed on an 18-month review cycle and, when needed, include a six (6) month follow-up review. Newly qualified providers will be reviewed between three (3) to six (6) months of delivering the first service (e.g., during their 12-month probation period).

### ACIS Review Process

- Providers, except for Early Intervention providers, will receive a notification by 10:00 AM on the start date of their ACIS Review from Alliant. Early Intervention providers will receive a 7-day notice. At notification, the dates of the review period (typically the 12 months prior to the review date) and the names of the service recipients being sampled will be provided.
- The following will be requested from you and must be made available with 24 hours of the notification:
  - A list of agency employees and contractors, to include names, titles, dates of hire (and/or termination within review period). As applicable, the employee/contractor list must include:
    - Designation of employees/contractors who work in settings licensed for children (up to age 21)
    - Employees or contractors who are CTH I or Respite "caregivers."
    - Contractors whose work includes / has included direct contact with people supported and/or access to the information (files) about people supported by the agency within the prior 12 months. \*Excluded from this list of contractors are those with incidental contact with those supported (e.g., service technicians, food/beverage delivery, etc.).
  - A list of people supported who have Behavior Support Plans.
- Documents demonstrating compliance which are maintained in CDSS or Therap will be accessed by Alliant for the review (uploading to MedGuard is not required). However, for those documents, an index identifying the location of the documents in those systems must be provided.
- Documents demonstrating compliance which are not maintained in CDSS or Therap must be uploaded to Alliant's MedGuard Portal. Document uploads must be completed between 24-48 hours following notification. The specific time will be designated by Alliant and based on the size of the review sample. When the sample size of participants to be reviewed is less than 15 individuals, documentation must be uploaded within 24

hours. For sample sizes including 15 or more participant records to be reviewed, documentation must be uploaded within 48 hours.

- NOTE: Documents must be provided to demonstrate compliance for the entire review period. This may include current and previous plans, assessments, etc.
- Within 24 hours of receipt of the Employee/Contractor list, Alliant will notify you of the names of employees/contractors whose records will be reviewed. Within 24 hours of receipt of the employee/contractor files to be reviewed, you must upload evidence of compliance with applicable Staff Qualifications and Training Key Indicators to MedGuard or provide an index for Alliant to be able to locate the documentation in Therap. As an alternative, providers using other electronic systems for this documentation may grant temporary access to the Alliant reviewers during the ACIS Review.
- Once the ACIS review has been completed, Alliant staff will arrange a virtual conference using WebEx and will, by 3:00pm on the day prior to the virtual conference, provide the Preliminary Findings by email. Following the virtual conference, you will have 24 hours to reconcile any findings which can be refuted. Depending on the number of findings, Alliant may allow up to 48 hours for reconsideration. (24 hours for 4 pages or less of citations and 48 hours for 5+ pages of citations.)
- The final (official) Report of Findings will be available no later than 45 days from the review start date and will be available in MedGuard. Notification via email of the posting of the final report in MedGuard will be provided.
- Findings in the final report with which you disagree can be disputed. To dispute findings, an appeal must be submitted through the MedGuard portal within 30 days of the date of the Report of Findings. Appeals are reviewed by Alliant and recommendations presented to DDSN for final decision. When an appeal is submitted, the specific findings being refuted do not require the inclusion of specific action steps for correction unless the finding is upheld on appeal.
- A Plan of Correction (POC) for all findings (except those being refuted) noted during an ACIS Review which focuses on correcting deficiencies at both the individual level and system level, must be submitted within 30 days of receipt of the Report of Findings. Finding which will be appealed should be noted on the POC as “appealing”. Alliant will accept or reject the POC based on the Action Steps to be taken and targeted dates for completion. The latest completion date for any correction or action will not exceed 90 calendar days from date the Report of Findings was issued. When a Plan of Correction is rejected, Alliant will provide SCDDSN and the provider with the reason for rejection and establish a cycle for resubmission. Findings upheld on appeal will require the submission of a POC within 10 days of notification of the outcome of the appeal.
- A Follow-up review will be completed to ensure the POC Action Steps have been completed and the actions were effective. Follow-up reviews will occur within 120 calendar days from acceptance of the provider’s Plan of Correction and will be scheduled in consideration of the target dates for completion noted in the POC. The service recipients whose records will be included in the sample for follow-up reviews will include both the records of the service recipients on which the original findings were based, and records of the service recipients not included in the original sample (approximately 50% of each).
- The process for Follow-up Reviews (notification, timeframes, POC, appeal) is the same as the process for the ACIS Reviews which is noted above. Finding not corrected at the time of Follow-up Review may subject you additional reviews or sanctions which may include contract termination.

## ACIS Documentation to Support Compliance

### Personnel Records Review

For each employee/contractor included in the review, provide the following information:

- |   |   |
|---|---|
| <input type="checkbox"/> Evidence of educational requirements for position  | <input type="checkbox"/> OIG Registry for CMS List of Excluded Individuals  |
| <input type="checkbox"/> Reference Check (for new hires during the review period)   | <input type="checkbox"/> TB Test and/or Signs/Symptoms checklist as approved in DDSN Directive 603-06-DD.   |
| <input type="checkbox"/> Initial Criminal Background Check (Fingerprint-based Background Check or SLED CATCH, based on DDSN Directive 406-04-DD Requirements) | <input type="checkbox"/> Evidence of False Claims Recovery Act Training   |
| <input type="checkbox"/> Repeat Criminal Background Checks (for staff employed more than 3 years)   | <input type="checkbox"/> Evidence of DDSN approved ANE training and successful completion of the comprehension test.  |
| <input type="checkbox"/> DSS Central Registry Check   | <input type="checkbox"/> Evidence of successful completion of the pre-service and/or continuing training requirements outlined in DDSN Directive 567-01-DD. |

## **Administrative Agency Reviews**

As applicable to the specific service type, provide the following information:

- 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 details 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.
- Current Disaster Preparedness Plan (updated within the prior 12 months)
- Approved Curriculum to prevent and respond to disruptive behavior and crisis situations (Reference Directive 567-04-DD for approved curricula.)
- System for 24/7 access to assistance (Case Management providers only)
- 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 the monthly medication error rate for each licensed setting. The minutes describe actions taken when unusual reporting trends have been identified through Medication Error Reports/Rates in each service location.
  - 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.
  - Providers are referred to the Administrative Agency Standards for specific topics to be monitored by the Risk Management Committee.

For Residential Services providers, the following information will also be required for the review.

- List of all Certified Medication Technicians
- A list of individual Residential Service locations (street address) and the name of the staff member responsible for the location (coordinator). Locations at which persons under age 21 are supported must be designated.
- Evidence of unannounced quarterly visits to all homes by upper-level management (tabbed by home)
- If Intensive Behavior Intervention Plans are implemented for any residents of the setting, documentation the plan approval (including the approval of any planned restraint), documentation of staff training and documentation of fidelity checks completed must be submitted.

## **Individual Service Reviews**

For each service recipient identified by Alliant whose records will be reviewed as part of the following documentation must be provided:

- File(s) with all required documentation\* *including Plans (Residential Plans, Day Plans, Behavior Support Plans, etc.), Assessments, data, etc... covering the entire review period.*
- Tab the requested files according to service(s) delivered: Case Management, Residential, Day, Supported Employment, etc.
- Early Intervention (EI) files must include documentation covering the entire review period. Additional requirements include, but are 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 provider(annually), etc. Please flag each requested EI file designating whether Baby Net only or DDSN within the period in review.
- Case Management/Waiver Case Management
  - 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
  1. Case Management Level of Care Supporting Documentation (Psycho/Educational Reports, Eligibility Determination or DDSN Reports)
  2. Freedom of Choice
  3. Service Agreement
  4. Initial -Level of Care
- Intensive Behavior Intervention
  - Provide a list of all individuals with Behavior Support Plans during the review period.
  - A sample will be provided for persons receiving Intensive Behavior Intervention.  
For records requested the following will be required:
    1. Previous and Current BSP
    2. Initial/Direct Assessments
    3. Direct Support Staff Training Documentation
    4. Monthly Progress notes
    5. Fidelity Checks-Quarterly

## LICENSING INSPECTIONS

Licensing Inspections are conducted annually for DDSN Licensed settings, including day facilities, Community Training Homes I and II, and Supervised Living II settings. The licensing inspection is intended to assure compliance with DDSN Day Facilities Licensing Standards or DDSN Residential Licensing Standards and applicable Directives (policies and procedures). Licensing Inspections will utilize Key Indicators to measure compliance. Key Indicators are a subset of all applicable Standards and Directives (policies and procedures). While providers are expected to comply with all applicable requirements, the Key Indicators are a subset of those requirements which are selected for measurement. Key Indicators are subject to change each state fiscal year and can be found on the DDSN website ([Licensing Indicators](#))

### Licensing Inspection Process

To obtain a license for an unlicensed setting, you must complete an Application to Operate which can be found in Business Tools within the DDSN Applications Portal. Once completed, Alliant will provide notice of the upcoming on-site inspection 24-hours in advance of the inspection.

For annual renewal of currently licensed Day Facilities, CTHII settings and SLP II settings, you will receive notice of the inspection 2 hours in advance of the inspection. Access to the facility or setting is required no later than 2 hours following notification. If access is not obtained, compliance with indicators which cannot otherwise be measured will be considered non-compliant.

For annual renewal of currently licensed CTHI settings and Respite settings, you will receive notice of the inspection 24 hours in advance of the inspection. Access to the facility or setting is required no later than 24 hours following notification. If access is not obtained, compliance with indicators which cannot otherwise be measured will be considered non-compliant.

Documentation to support compliance with Licensing Standards is required to be on-site at the time of inspection or uploaded to the Alliant MedGuard portal within 24 hours of the notification.

Licensing Inspections must be completed no later than 10 days after notification of the Inspection. An Exit conference will be held during regular business hours. The conference may be held virtually. This conference will include a presentation of findings and include an opportunity to clarify information gleaned during the Inspection.

A Licensing Inspection Report of Findings will be posted in MedGuard no later than 15 calendar days from the date of the on-site licensing review. You will receive email notification of its posting.

You will have an opportunity to formally dispute findings during a Licensing Review. Appeals must be submitted through the MedGuard portal within 15 days of the date of the Report of Findings. Appeals are reviewed first by Alliant and then forwarded to DDSN for a secondary review to uphold or overturn the findings.

Within 15 days of the date of the Report of Findings, the provider will submit a Plan of Correction which must focus on correcting specific deficiencies cited and the strategies to prevent recurrence. The latest completion date for any correction or action will not exceed 90 calendar days from date the Report of Findings was issued. Alliant will review the Plan of Correction and provide a decision within 10 days of submission by the provider and determine whether the Plan of Correction Action Steps and targeted date for completion are appropriate based on the nature of the citation. When a Plan of Correction is rejected, Alliant will indicate the reason for rejection and establish a cycle for resubmission.

A Follow-up review will be completed to ensure the POC Action Steps have been completed and the actions were effective. Follow-up reviews will occur within 120 calendar days from acceptance of the provider's Plan of Correction and will be scheduled in consideration of the target dates for completion noted in the POC. The service recipients whose records will be included in the sample for follow-up reviews will include both the records of the service recipients on which the original findings were based, and records of the service recipients not included in the original sample (approximately 50% of each).

The process for Follow-up Reviews (notification, timeframes, POC, appeal) is the same as the process for the Licensing Reviews which is noted above. Finding not corrected at the time of Follow-up Review may subject you additional reviews or sanctions which may include contract termination.

## 2024 Licensing Prep List

Providers must have required documentation available to the licensing reviewer on-site at the time of access to the setting, available in Therap, or uploaded to the Alliant MedGuard portal within the 24 hours.

### Residential Licensing Documentation

The following documentation is required, at a minimum, to demonstrate compliance with DDSN Residential Licensing Standards:

- Current Fire Marshal Inspection (include documentation of corrective action if violations were noted)
- Current Fire Marshal Health and Sanitation Inspection (if setting is licensed for children)
- Electrical Inspection (If renovations have taken place in prior 12 months)
- Current HVAC Inspection (If renovations have taken place in prior 12 months)
- Current DHEC water quality inspection (If the home has well water)
- Assessment for access to cleaning supplies if access is restricted.
- Approved Exception for Firearms (if present in the home)
- Current vaccinations are present for any pets onsite.
- Current lease agreement
- Signed statement of Financial Rights (to include current Financial Plan, a fee schedule and quarterly monitoring for the past year)
- Signed statement of Residential Rights (if participant is new to the Provider in prior 12 months)
- Documentation that the participant has a key or has been offered a key to their bedroom.
- Documentation that the participant has a key or has been offered a key to their home.
- Documentation of the participant's participation in meal planning, grocery shopping, and preparation
- Control sheets (for any participant on a controlled medication - review for 1 month)
- Control sheet shift change review (1 Month)
- Self-Administration assessment (if participant self-administers medications)
- Medication Administration Record (MARs - current and previous 3 calendar months)
- Medication error rates for previous 3 calendar months
- Agency Policy for disposition of medications
- For SLP II, when a participant's medication is not stored in their own apartment, documentation of the health/safety concern must be available.
- Agency policy regarding the use of T-Logs in Therap.

## Day Facilities Licensing Documentation

The following documentation is required, at a minimum, to demonstrate compliance with DDSN Day Facilities Licensing Standards:

- Census (for the date of review).
- Staff list for each day services location, noting staff responsible for transportation.
- Annual Fire Marshal Inspection (include evidence of correction if violations were noted)
- Sprinkler System Inspection
- Electrical Inspection
- HVAC Inspection
- 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.
- 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.
- Medication Administration Record (MARs - current and previous 3 calendar months)
- Medications Control sheets (current and past 3 calendar months - for all controlled medications)
- Agency Policy regarding the disposition of medications
- Agency policy regarding the use of T-Logs in Therap.

*\*Any documentation submitted in the form of a spreadsheet is subject to verification. A sample of records may be selected to validate data entered into staff training or vehicle maintenance spreadsheets.*

*Additional information may be requested at the time of review.*

*Please refer to the DDSN Licensing Review Tools for specific indicators and references to source documents.*

[www.ddsn.sc.gov](http://www.ddsn.sc.gov) > DDSN Divisions > Quality Management > Licensing

## Observation and Participant Experience Survey

The Day and Residential Observation Survey will stand alone as a distinct measure of service delivery, focused on participant satisfaction and outcomes. Alliant will observe each of the provider's Day Services settings and a 25% sample of the Residential Habilitation settings, with a minimum of two (2) settings per provider agency. This will include representation from each of the provider's service location types (i.e., Community Training Homes [CTH] I & II, Supervised Living [SLP II]/Supported Living [SLP I], or Community Residential Care Facilities (CRCF)).

Alliant will observe service delivery, including safety, least restrictive settings/ interventions, dignity and respect, participant satisfaction, and the provider staff's understanding of their role in service delivery. This observation will provide evidence of the concepts discussed during the employee orientation and on-going training. The Observations may be completed in conjunction with other review types, including Licensing Reviews and/or ACIS Reviews, or they may take place as a separate visit when participants are present. The tools used for Observation/Participant Experience Surveys are posted on the DDSN Website at this address: <https://ddsn.sc.gov/ddsn-divisions/quality-management/dayresidential-observation>.

Alliant will issue a Report of Findings specific to the Residential and/or Day Service Observation within 15 days of the date of the setting observation. Since the report will be based on the reviewer's observation and verbal discussion with the service participants and their staff, there is not an opportunity for the provider to refute (appeal) findings. The provider will be informed via email when the Report of Findings is available in MedGuard.

A Plan of Correction is not routinely required for Residential and/or Day Service Observation, but if Alliant determines there are concerns related to the participants' health, safety, and welfare, the reviewer will refer the findings to DDSN Quality Management staff for follow-up.