South Carolina Department of Disabilities & Special Needs

Case Management- Administrative Compliance & Individual Services Review Key Indicator Review Tool for FY2024

+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/

Drog	gram Administration	
Indicator #		Cuidana
	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	Source: DDSN Therap Requirements. Review Therap documentation.
	of Case Management records according to the implementation schedule	Review Therap documentation.
	approved by DDSN.	
Prov	vider 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,	Source: DDSN Directive 406-04-DD.
	prior to employment.	Applies to new employees working less than 12 months.
CM-203	Intake Staff continue to meet the criminal background check requirements for	Source: DDSN Directive 406-04-DD. Re-check every 3 years.
	the position, upon required recheck.	
CM-204	Intake Staff meet the CMS "List of Excluded Individuals/ Entities" check	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
	requirements for the position.	
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	Refer to SCDDSN Case Management Standards for educational, vocational, and credentialing requirements.
	requirements to provide Medicaid Targeted Case Management and DDSN State	Applies to new employees working less than 12 months.
	Funded Case Management.	
CM-208	Case Management Staff meet the criminal background check requirements to	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
	provide Medicaid Targeted Case Management and DDSN State Funded Case	7 spines to new simployees working loss than 12 mentals.
014 000	Management, prior to employment.	Course DDCN Directive 40C 04 DD
CM-209	Case Management Staff continue to meet the criminal background check	Source: DDSN Directive 406-04-DD. Recheck every 3 years.
	requirements to provide Medicaid Targeted Case Management and DDSN State	
CM-210	Funded Case Management, upon required recheck.	Source: DDSN Directive 406-04-DD.
CIVI-2 TU	Case Management Staff meet the CMS "List of Excluded Individuals/ Entities"	Applies to new employees working less than 12 months.
	check requirements to provide Medicaid Targeted Case Management and	
CM-211	DDSN State Funded Case Management.	Source: DDSN Directive 406-04-DD.
CIVI-Z I I	Case Management Staff meet the DSS Central Registry check requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case	Applies to new employees working less than 12 months.
	Management.	
CM-212	Case Management Staff meet the Sex Offender Registry check requirements to	Source: DDSN Directive 406-04-DD.
OW Z 1Z	provide Medicaid Targeted Case Management and DDSN State Funded Case	Applies to new employees working less than 12 months.
	Management.	
CM-213	Case Management Staff meet the TB Testing requirements to provide Medicaid	Source: DDSN Directive 406-04-DD.
32.10	Targeted Case Management and DDSN State Funded Case Management, prior	Applies to new employees working less than 12 months.
	to direct service contact.	
CM-214	Case Management Staff meet the annual TB Screening/ Testing requirements to	Source: DDSN Directive 603-06-DD.
	provide Medicaid Targeted Case Management and DDSN State Funded Case	Annual TB Screening/Testing must be completed by the last day of
	Management.	the month in which it was due.
CM-215	New Case Management Staff have acceptable reference check requirements to	Source: DDSN Directive 406-04-DD.
	provide Medicaid Targeted Case Management and DDSN State Funded Case	Applies to new employees working less than 12 months.
	Management.	
CM-216	Waiver Case Management Staff meet the education and experience	Refer to DDSN Directive 406-04-DD and WCM Standards for
	requirements for the position.	educational, vocational, and credentialing requirements.
	1044	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.
Prov	vider 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	A self-self-self-self-self-self-self-self-
CM-311	training prior to delivery of WCM services. Waiver Case Management Staff, when employed for more than 12 months, must complete required DHHS training modules on an annual basis	Applies to new employees working less than 12 months. 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.
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Intak	se	
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.

Indicator	Waiver Case Management Activities		
within the month of walver enrollment. CH-692 For every enrolled walver portriporate, the first quarterly face-to-face visit is completed within three months of walver enrollment. CH-693 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 of commented appropriately and commented appropriately			Guidance
Source: WMA Senders	CM-601		
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 perfocipant or his/her representative and documented appropriately. CM-894 At least one face-to-face contact must take place in the person's residence every six months. CM-895 Causterly face-to-face visits are appropriately documented. CM-896 CM-897 Case for face visits are appropriately documented. CM-897 CM-898 CM-898 CM-898 CM-898 CM-899 CM-89	CM-602	For newly enrolled waiver participants, the first quarterly face-to-face visit is completed	
months. Outsterly face-to-face wists are appropriately documented. Outsterly face-to-face wists are appropriately documented within 7 calendar days. Outsterly face-to-face wists are appropriately documented within 7 calendar days. Outsterly Content to support Medicaid billing and entered within 7 calendar days. Outsterly Content to support Medicaid billing and entered within 7 calendar days. Outsterly Content to support Medicaid billing and entered within 7 calendar days. Outsterly Content to support Medicaid billing and entered within 7 calendar days. Outsterly Content to support Medicaid billing and entered within 7 calendar days. Outsterly Content to support Medicaid billing and entered within 7 calendar days. Outsterly Content to support Medicaid billing and entered within 7 calendar days. Outsterly Content to support Medicaid billing and entered within 7 calendar days. Outsterly Content to support Medicaid billing and entered within 7 calendar days. Outsterly Content to support Medicaid billing and entered within 7 calendar days. Outsterly Content to support Medicaid billing and entered within 7 calendar days. Outsterly Content to support Medicaid billing and entered within 7 calendar days. Outsterly Content to support Medicaid billing and entered within 7 calendar days. Outsterly Content to support Medicaid billing and entered within 7 calendar days. Outsterly Content to support within 8 calendary outsterly Content to 8 Support Su	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	
Review documentation in Theap. Cit.4-607 Case close intended to document Waiver Case Management activities are sufficient in content to support Medicaid billing and entered within 7 calendar days. Waiver Activities Total Microsoft Mi	CM-604		
Participants receive two (2) waiver services every month, with the exception of the intillal enrollment period (µo to 16 diays). Case notes intended to document Waiver Case Management activities are sufficient in content to support Medical billing and entered within 7 calendar days. Source: WCM Standards Review documentation in Therap.	CM-605	Quarterly face-to-face visits are appropriately documented.	
CM-702 Case notes intended to document Walver Case Management activities are sufficient in content to support Medical billing and entered within 7 calendar days. Waiver Activities Waiver Activities Mindator M-701 The Plan is developed as required. Service needs outside the scope of Walver services are identified in Plans and addressed. CM-702 Service needs outside the scope of Walver services are identified in Plans and addressed. CM-703 Needs in the Plan are justified by formal or informal assessment information in the record. CM-704 Assessment(s) justify the need for all Waiver services included on the plan. CM-705 Services (Interventions are appropriate to meet assessed needs. CM-706 The Plan is provided to the participant/ representative within 3 months of completion. CM-707 The Plan is revised when warranted by a change in the person's needs or as requested by the person. CM-708 The Plan is signed by the person or his/her representative within 3 months of completion. CM-709 The Plan is signed by the person or his/her representative within 3 months of completion. CM-700 The Plan is signed by the person or his/her representative within 3 months of completion. CM-701 The Plan is revised when warranted by a change in the person's needs or as requested by the person. CM-702 The Plan is revised when warranted by a change in the person's needs or as requested by the person or his/her representative within 3 months of completion. CM-707 The Plan is revised when warranted by a change in the person's needs or as requested by the person or his/her representative within 3 months of completion. CM-707 The Plan is revised when warranted by a change in the person's needs or as requested by the person or his/her representative within 3 months of completion. CM-708 The Plan is revised when warranted by a change in the person's needs or as requested by the person or his/her representative within 3 months of completion. CM-708 The Plan is revised when warranted by a change in the person's needs or as requ	CM-606		Source: WCM Standards
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the time of first authorization and as changes occur	CM-717	·	Source: Waiver Manual
	CM-718		

CM-719	Authorization forms are properly completed for services as required, prior to	Source: Waiver Manual. Review documentation in Therap for
	service provision.	authorizations completed in Therap. Request copies of others.
CM-720	Authorized waiver services are suspended when the waiver participant is	Source: Waiver Manual. Review documentation in Therap.
	hospitalized, or temporarily placed in an NF or ICF/IID.	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	Source: Waiver Manual
	any denial, termination, reduction, or suspension of Waiver services with	Review Case Notes documentation in Therap. Not required in the case of death.
	accompanying reconsideration/appeals information.	100.10441100 111 111 01100 111
CM-723	Information including the benefits and risks of participant/representative directed	Source: Waiver Manual
	care is provided to the participant/representative prior to the authorization of	
	Adult Attendant Care (ID/RD), Attendant Care (HASCI), or In-Home Supports	
	(CS).	
CM-724	Before authorization of Adult Attendant Care Services (ID/RD), Attendant Care	Source: Waiver Manual
	(HASCI), or In-Home Supports (CS), the absence of cognitive deficits in the	
	participant that would preclude the use of participant/representative directed	
011 -0-	care is assessed and documented.	
CM-725	Before authorization of Adult Attendant Care Services (ID/RD), Attendant Care	Source: Waiver Manual
	(HASCI), or In-Home Supports (CS), the participant/representative is provided	
	information about hiring management and termination of workers as well as the	
OM 700	role of the Financial Management System.	Source: Waiver Manual
CM-726	The non-availability of a Waiver service provider is documented and actively	Review documentation in Therap.
CM-727	addressed.	Source: HASCI Waiver Manual
CIVI-121	For HASCI Waiver – Copies of Daily Logs for Self-Directed Attendant Care are	Source. FIASCI Waiver Maridal
CM-728	received, and the service is monitored.	Source: Waiver Manual
CIVI-120	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	Review documentation in Therap.
		·
OM 700	Declination form or to follow the Waiver Non-Signature Declination process.	Source: Waiver Manual
CM-729	For individuals awarded a waiver slot within the review period, the waiver	Review documentation in Therap.
	enrollment timeline was followed to request the Level of Care or to follow the	,
CM 720	Waiver Non-Signature Declination process.	Source: Waiver Manual
CM-730	For individuals awarded a waiver slot within the review period, the waiver	Review documentation in Therap.
	enrollment timeline was completed to get the individual enrolled in the waiver.	·