

Beverly A. H. Buscemi, Ph.D.

State Director

David A. Goodell

*Associate State Director
Operations*

Susan Kreh Beck

Associate State Director

Policy

Thomas P. Waring

Associate State Director

Administration



3440 Harden Street Ext (29203)
PO Box 4706, Columbia, South Carolina 29240
803/898-9600
Toll Free: 888/DSN-INFO
Website: www.ddsn.sc.gov

COMMISSION

Christine Sharp

Chairman

Fred Lynn

Vice Chairman

Eva R. Ravenel

Secretary

William O. Danielson

Katherine W. Davis

Katherine Llamas Finley

Harvey E. Shiver

Reference Number: 104-03-DD

Title of Document: DDSN Contract Compliance/Quality Assurance Reviews for Non-ICF/IID Programs

Date of Issue: November 18, 2013

Effective Date: November 18, 2013

Last Review Date: January 22, 2015

Date of Last Revision: January 22, 2015 **(REVISED)**

Applicability: DSN County Board and Contracted Providers (Excludes ICFs/IID Programs)

PURPOSE:

To establish guidance for the implementation of the contract between the Department of Disabilities and Special Needs (DDSN) and providers selected to conduct quality assurance reviews.

GENERAL:

In order to determine compliance with applicable DDSN standards and policies, reviews of DDSN qualified providers are completed approximately every 12 to 18 months, based on the provider's prior performance. Providers scoring at or above 75% on their overall review score will be placed on an approximate 18 month review cycle and providers scoring below 75% will be placed on an approximate 12 month review cycle. In addition, providers scoring below 70% in any one or more individual areas of the review (administrative indicators, or day, residential, case management, or early intervention service areas) will be placed on an approximate 12 month review cycle. The reviews include an assessment of the provider's administrative capabilities, review of consumer records and observation of staff. Any deficiencies found with the provider's compliance will require a written Plan of Correction that addresses the deficiency both individually and systemically. The providers will receive technical assistance from the

DISTRICT I

P.O. Box 239
Clinton, SC 29325-5328
Phone: (864) 938-3497

Midlands Center - Phone: 803/935-7500
Whitten Center - Phone: 864/833-2733

DISTRICT II

9995 Miles Jamison Road
Summerville, SC 29485
Phone: 843/832-5576

Coastal Center - Phone: 843/873-5750
Pee Dee Center - Phone: 843/664-2600
Saleeby Center - Phone: 843/332-4104

District Office to address when the overall score is under 75% or any individual service area(s) below 70%. A follow-up review will be conducted approximately six (6) to eight (8) months after the original review to determine if the corrections have been made. Failure to comply with certain performance requirements and failure to correct noted deficiencies may result in the imposition of sanctions by DDSN.

For providers scoring below 65% in any one service area during their Contract Compliance Review (regardless of the overall score), will be placed on an approximate 12 month review cycle and receive technical assistance from the District Office and assistance in developing their Plan of Correction.

For providers scoring below 60% in any one service area during their Contract Compliance Review (regardless of the overall score), will be placed on an approximate 12 month review cycle and receive technical assistance from the District Office and assistance in developing their Plan of Correction. In addition, the Executive Director/CEO/staff will be required to meet formally with DDSN personnel to address performance issues and develop a separate corrective provider action plan. The corrective plan of action may involve the suspension of any new referrals to the provider.

REVIEW PROCESS

DDSN will contract with a Quality Improvement Organization (QIO) selected from those certified by the Centers for Medicare and Medicaid Services (CSM). The QIO will utilize Key Indicators to evaluate the administrative capability of each provider reviewed and General Agency indicators for each service provided to consumers. A statistically valid and random sampling methodology will be used for all providers. For each case reviewed, the QIO will review the consumer's primary record/file as well as those records/files pertaining to ancillary supports/services as provided by DDSN. Each case review will include an evaluation of the most current assessment data used in developing the consumer's current plan(s). The review also will have an evaluation of the consumer's "Plan" or "Individual Family Services Plan (IFSP)" or "Family Service Plan (FSP)" as well as an evaluation of progress notes and file documentation pertinent to the quality of services delivered. The QIO also will observe and evaluate the implementation of Residential Habilitation and Day Services standards promulgated by DDSN. At the conclusion of the review, a conference between the QIO representatives and the provider reviewed will be conducted to discuss preliminary findings of the review.

All newly qualified providers will be reviewed between three (3) to six (6) months of accepting their first consumer. Qualified providers who are beyond their first year, will be reviewed on a schedule of approximately 12 to 18 months, depending on prior performance. Follow-up reviews are conducted approximately six (6) to eight (8) months following the regular 12 to 18 month review. Patterns of poor performance may result in sanctions against provider and could result in contract termination.

PLANS OF CORRECTION

All providers will be required to submit a Plan of Correction to the QIO for all citations within 30 days of receipt of the report of findings from the QIO. The POC will address the findings in

each individual record as well as systemic findings related to the citations and as identified by the QIO. The latest completion date for any correction or action cannot exceed 90 calendar days following the report of findings. A response will be provided by the QIO within 30 calendar days. The Plan of Correction must be submitted to the QIO for approval, via their online portal.

For providers scoring below 65% in any one service area during their Contract Compliance Review (regardless of the overall score), will be placed on an approximate 12 month review cycle and receive technical assistance from the District Office and assistance in developing their Plan of Correction within 30 calendar days of receipt of the Report of Findings. Due to the number of citations resulting in a score of less than 65% compliance, the provider will also be required to develop an action plan that goes beyond the typical requirements of the Plan of Correction submitted to the QIO. The action plan must address systemic issues within the organization that have resulted in the low scores. The District Director and/or designee will provide guidance to the provider, as necessary, regarding the provider's Action Plan. This Plan will be submitted to the District Director for review.

FOLLOW-UP REVIEWS

The QIO will conduct a follow-up review to assure that all elements detailed in the provider's Plan of Correction have been implemented. The QIO review will include the criteria and timeframes for evaluating the extent to which the provider's Plan of Correction has been implemented. Follow-up reviews will include records/consumers from the original sample as well as new records. Upon receipt of the report, the Provider will have 30 days to submit a written Plan of Correction. The Plan of Correction should not only address the individual deficiency cited, but should also include a systemic response to ensure correction across the provider's system of services. Corrections are required to be completed no later than 90 days after receiving the written quality assurance report unless otherwise specified and subsequently approved by the QIO or DDSN. If a provider scores at less than 75% compliance on the follow-up visit, the provider will be required to participate in enhanced monitoring and technical assistance from the District Office. In addition, the provider will be required to work collaboratively with the District Office to develop a Plan of Correction to address continuing citations. The District Director and/or designee will provide guidance to the provider, as necessary, regarding the Plan of Correction. The Plan of Correction must be submitted to the QIO for approval, via their online portal, and a second follow-up review will be scheduled through the QIO.

SPECIAL CIRCUMSTANCE REVIEWS

The QIO may complete special circumstance reviews at the direction of DDSN. The Special Circumstance Review follows the same format and scope as a Follow-up Review.

APPEALS

If the provider does not agree with the content of the report of findings, reconsideration may be requested through a formal appeal. The provider may request reconsideration of the deficiencies by submitting, in writing, the Key Indicator cited, the finding, the nature of the disagreement with the finding, and any documentation to support their position. The provider is allowed one

appeal request per identified deficient practice per survey cycle. The provider may submit their appeal with their Plan of Correction (i.e., within 30 days of receiving the QIO report). Requests for appeal should be submitted via the QIO Reporting Portal with notification to DDSN Quality Management. DDSN program staff will review the appeal request and the supporting documentation to make a determination to uphold or remove the citation and notify the provider of the outcome. The QIO will be advised of the outcome of the appeal so that future reviews will be conducted in accordance with DDSN's decision.

If an appeal is submitted, a Plan of Correction is not required to be submitted until a decision regarding the reconsideration is reached. However, any citation not being appealed must be corrected according to the timelines as outlined in this document.

The appeal review will be completed within 30 days of receiving the request. Based on the results of the appeal, if needed, a revised report will be issued. A Plan of Correction for all citations must be submitted to the QIO within 30 days of the appeal decision. Corrections are required to be completed no later than 90 days after receiving the QIO report unless otherwise specified and subsequently approved by DDSN.

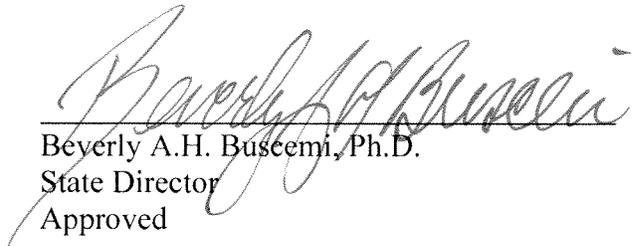
EXCEPTIONS:

DDSN reserves the right to make exceptions to standards or policies if the exception does not jeopardize the health and safety of the service recipient, staff or the public, and when the exception does not significantly reduce the quality or quantity of services provided. No exception may be implemented until first approved by the Director of Quality Management/designee and the State Director/designee. The QIO will be advised of the approval of any exceptions so that future reviews will be conducted in accordance with DDSN's decision.

The request for exception should be submitted to the DDSN Quality Management Director using the DDSN Request for Exception form. All sections of the form must be complete and accurate. The form must be signed by the Executive Director and Board Chairperson, when applicable. Unless otherwise noted, exceptions remain valid for as long as the information contained on the initial request remains the same.



Susan Kreh Beck, Ed.S, NCSP
Associate State Director-Policy
(Originator)



Beverly A.H. Buscemi, Ph.D.
State Director
Approved

To access the following attachments, please see the agency website page "Attachments to Directives" under this directive number.

ATTACHMENTS:

Request for Exception Form