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Reference Number: 104-03-DD

Title of Document: DDSN Quality Assurance Reviews for Non-ICF/ID Programs

Date of Issue: November 18, 2013

Effective Date: November 18, 2013

Applicability: DSN County Board and Contracted Providers (Excludes ICFs/ID Programs) **(NEW)**

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**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. These 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. A follow-up review will be conducted approximately six to eight 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.

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## **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 organization reviewed, will be conducted to discuss preliminary findings of the review.

All newly qualified providers will be reviewed between three to six 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 to eight 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 (POC) 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 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.

## **FOLLOW-UP REVIEWS**

The QIO will conduct a follow-up review to assure that all elements detailed in the provider's POC have been implemented. The QIO review will include the criteria and timeframes for evaluating the extent to which the provider's POC 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 POC. The POC should not only address the individual deficiency cited, but should also include a systemic response to ensure correction across the agency. 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, then a second follow-up will be required.

## **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, 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 POC (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 POC 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.

## **SANCTIONS:**

Unannounced follow-up visits are conducted in situations where the severity and/or prevalence of citations may adversely impact someone's health and safety and will determine if citations have been corrected. Failure to correct citations may result in the following sanctions:

- Sanction 1 – Pervasive citations and/ or failure to correct systemic citations may result in a freeze on new referrals or new admissions for the given provider agency.
- Sanction 2 – Depending on the level or quantity of citations, any of the following sanctions may be issued:
  - 1) ongoing site monitoring;
  - 2) technical assistance;
  - 3) reduction of the capacity of the program;
  - 4) withholding financial payments for that program in a reserve account;
  - 6) reducing financial payments, or
  - 7) referral to Material Management Office (MMO) to discontinue the provider contract.

**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.



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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

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS  
 CERTIFICATION AND LICENSING STANDARDS  
REQUEST FOR EXCEPTION**

Provider Requesting Exception:		Date:
Facility Type:	Signature of Provider Executive Director:	
Name of Facility:	Signature of Governing Board Chairperson:	
Policy or Standard from which Exception is requested (e.g., 000-00-DD, DDSN Respite Standards, etc.):	Nature and reason for Exception Request (specify if for one person (give name), one Facility (give name), for all residential programs, day, etc., or for the entire Agency along with the reason)	Explain how the safety of program participant(s), the staff or the public will not be endangered, if this Exception is Granted
Explain how this Exception, if granted, the Quality and Quantity of Services will be maintained		
Comments:		
Signature: _____ Director-Quality Management	Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Deny	Date: _____
Signature: _____ State Director	Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Deny	Date: _____