

Quality Assurance Review Process for Medicaid Waiver-funded Behavior Support Providers

Selection

Providers are reviewed for quality/compliance with Behavior Support Services (BSS) standards in alphabetical order and when complaints are received related to the quality of services being provided. When a new provider is approved and enrolled by DHHS, that provider is added to the approved provider list and reviewed when his/her name comes up in the order, unless that is within six (6) months of enrollment. In that scenario, the new provider is not reviewed until the next time through the order. Depending on how many providers are active and how many reviews can be completed per year, each provider can reasonably expect to be reviewed once every two (2) to four (4) years, unless complaints are submitted concerning his/her work.

Process

When selected for review, the Behavior Support provider is notified in writing by the Center for Disability Resources at the University of South Carolina (CDR) of the intent to review. CDR, following procedures developed with DDSN, selects one local provider at which to conduct the review and requests that provider to provide a list of all individuals who receive BSS from the approved BSS provider. A random selection is conducted to select four (4) files for review. The BSS provider is then requested to provide the required documents from the file for the four (4) randomly selected individuals on his/her caseload. Documents may be submitted either on a digital medium or paper copy, but must be the signed version when a signature is required. The first three (3) individual's files are reviewed, unless one of them is a primarily psychiatric case. In that scenario, the fourth (4th) individual's file is reviewed as an alternate to the psychiatric case.

The review process includes review of the written materials listed below and an on-site review by an ABA/PBS expert contractor (including interviews with staff and observation) for the purpose of verifying information contained in the written materials and, where possible, crediting work that could not be found in the file but which is evident from the interviews and/or observation.

Following the review, when the findings are completed and available, the provider receives a written report from the Program Manager at DDSN detailing the findings, scoring, and/or change in provider status. The provider may appeal any findings or change in status by notifying the DDSN Program Manager in writing within two (2) weeks from the date of the written report.

Relevant Documents

- Current Behavior Support Plan (BSP)
- Previous BSP
- 12 months notes of contacts with Case Manager, Day Program, Residential Program or other DSN Board or DDSN-contracted provider personnel
- Record(s) of all training related to the current and previous BSP over the prior 12 months

- Current Waiver Authorization for Behavior Support services
- Current DDSN Support Plan
- Previous DDSN Support Plan
- Progress notes for past 12 months
- Incident Reports that are due to behavior for past 12 months
- Any related documents or reports produced by the Behavior Support provider, such as “functional assessment”, “functional analysis”, “behavior assessment”, etc.

Scoring & Status

The provider’s work samples are scored using the Behavior Support QA Review Tool, which is directly correlated to the current service standards. The provider must meet each standard by scoring at least 80% on the components of that standard, except if 79% is scored on one component for one case. Scores from the Behavior Support Quality Assurance Review Tool are not rounded or averaged when reporting findings.

When a provider achieves a compliance score of 80% or greater; no follow up is conducted. When achieving a compliance score of 79% or less, a follow up review is conducted. **Exception:** If 79% compliance is achieved on one component for one case reviewed, and all other components are 80% or greater, then no follow up review is conducted.

The follow up review is conducted a minimum of 90 days following the date of the written report of findings using one (1) file from the initial sample and two (2) files not previously reviewed. Upon receipt of findings that indicate scores of 79% or less, the provider is suspended from receiving additional referrals. Should the provider fail to meet all standards upon follow up review, DDSN will request that the provider be removed from the approved provider list through DHHS, and all active waiver BSS authorizations to that provider are terminated.