

# Contract Compliance Reviews

1. **What are the Key Indicators?** *Key Indicators are established as the tool for measuring compliance with DDSN's Directives, Standards, and Medicaid rules. DDSN contracts with a federally recognized Quality Improvement Organization to conduct Contract Compliance Reviews (CCRs) of all provider agencies. The CCR process includes tasks that seek to ensure that services are being implemented as planned and based on the consumer's need, the consumer/family still wants and needs them, and they comply with contract and/or funding requirements and best practices. In addition, the provider's administrative capabilities are reviewed to ensure compliance with DDSN standards, contracts, policies, and procedures. The frequency of these reviews is typically based on the provider's past performance.*

*Key Indicators do not include all of the requirements for providers, only those selected for measurement for that contract period. Providers are still responsible for other requirements even if they are not included in the key indicators. Guidance is provided within the Key Indicator format, but just as the indicators are the tool for measurement, the guidance is a resource and/or reference for review staff. The guidance should not be interpreted as the measure of compliance, as it is only a reference/resource for the Quality Improvement Organization coordinating the review.*

2. **Why is the CCR process necessary?** *DDSN employs a Contract Compliance Review system that includes the cycle of design, discovery, remediation and improvement. SC DDSN contracts with a Quality Improvement Organization (QIO) to conduct assessments of Targeted Case Management (known as Service Coordination) and service providers by making on-site visits as a part of its quality assurance process. During these visits, records are reviewed, consumers and staff are interviewed, and observations made to ensure that services are being implemented as planned and based on the consumer's need, that the consumer/family still wants and needs them, and that they comply with contract and/or funding requirements and best practices. In addition, the provider's administrative capabilities are reviewed to ensure compliance with DDSN standards, contracts, policies, and procedures. Any deficiencies found with the provider's compliance require a written Plan of Correction that addresses the deficiency both individually and systemically. A follow-up review is conducted approximately 6 months after the original review to ensure successful remediation and implementation of the plan of correction. Failure to comply with certain performance requirements and failure to correct noted deficiencies may result in the imposition of sanctions by DDSN.*
3. **How does CCR differ from Outcomes?** *The CCR process is primarily based on documented evidence of compliance with DDSN's policies and procedures. Outcome-based performance measures are typically based on the service recipient's satisfaction with services.*

4. **Why do we have to complete a Plan of Correction?** *A Plan of Correction is required for all citations in order to demonstrate corrective action. The Plan of Correction 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 60 days after receiving the written licensing report unless otherwise specified and subsequently approved by the Licensing Contractor or DDSN.*
5. **Why do we have to have a follow-up review?** *The purpose of the follow-up review is to ensure that the provider's Plan of Correction was successfully implemented. To the extent possible, the issue causing the citation should be corrected and efforts should be demonstrated that will prevent reoccurrence of the same citation.*
6. **What are the required training requirements that are measured in the CCR process?** *Providers should ensure that all training requirements outlined in DDSN Directive 167-01-DD are met.*
7. **What are the employee qualifications requirements that are measured in the CCR process?** *Providers should ensure that all pre-employment background check and reference requirements outlined in DDSN Directive 406-04-DD are met, in addition to other requirements listed in individual service standards*
8. **When is a SLED Background Check required versus a Federal Background Check?** *A direct care applicant who is unable to verify South Carolina residency for the past 12 months or who will be expected to work directly with children, newborn to 18 years old, shall submit to a Federal Criminal Record Check conducted by the Federal Bureau of Investigation (FBI) prior to employment. The results will include any applicable state law enforcement agency results and the FBI database information. The Federal Criminal Record Check shall be conducted via an electronic fingerprint scan. No other type of criminal background check can be substituted for an FBI database check when a Federal background check is required. Federal Background Checks must be requested as outlined in DDSN Directive 406-04-DD.*
9. **What is the process for obtaining the Federal Background Check?** *DDSN Provider agencies must follow the steps outlined in DDSN Directive 406-04-DD for obtaining a Federal Background Check.*
10. **What are the requirements for Human Rights Committees?** *The requirements for Human Rights Committees are outlined in DDSN Directive 535-02DD:Human Rights Committees.*

11. **Do small agencies have to have a Human Rights Committee?** *Yes. All DDSN Contracted providers must have a Human Rights Committee, or they must have a contractual relationship with another provider to utilize their HRC.*
  
12. **Do small agencies have to have a Risk Management Committee?** *Yes. All agencies must have a system in place to track, trend and analyze their agency's data and compare it to statewide data.*