

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>9-4-09</i>
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<p style="text-align: center;">DIRECTOR'S USE ONLY</p> <p>1. LOG NUMBER <i>101124</i></p> <p>2. DATE SIGNED BY DIRECTOR _____</p>	<p style="text-align: center;">ACTION REQUESTED</p> <p><input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____</p> <p><input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____</p> <p><input type="checkbox"/> FOIA DATE DUE _____</p> <p><input checked="" type="checkbox"/> Necessary Action</p>
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APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			

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Robert W. Barfield
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September 4, 2009

Felicity Costin-Myers, Bureau Chief
Division of Preventive and Ancillary Health Services
SC Department of Health and Human Services
PO Box 8201
Columbia, SC 29202

RE: Contract for the Provision of Rehabilitation Services

Dear Ms. Costin-Myers:

Pursuant to our Contract for the Provision of Rehabilitation Services, please find enclosed a summary of the Department's quality assurance efforts related to Early Intervention and Medical Management Support Services.

We have enclosed separate reports for each of the services provided under contract which detail the Department's overall efforts in the areas of quality assurance. You will also find a summary of the results of these quality assurance activities.

We believe that these reports will demonstrate our commitment in overseeing the quality of services provided. If you have any questions regarding Early Intervention Services, please contact Ms. Buster at (803) 898-9621 and likewise contact Ms. McLean regarding Medical Management Support Services at (803) 898-9614.

Sincerely,

Jennifer K. Buster, Director
Office of Children's Services
Mental Retardation Division

cc: Elaine Reed
Enclosures

Anne McLean, Director
Advocacy and Support Services
Mental Retardation Division

DISTRICT I

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DDSN Quality Assurance Report

For Early Intervention Services

September 4, 2009

INTRODUCTION:

DDSN has a clear commitment to continuous quality improvement, total quality management, and the dedication to provide customer driven, comprehensive, results oriented and educationally based services. This overall approach to quality assurance is governed by Policy Directive 100-28-DD, "Quality Assurance" (attached).

In order to reach these goals, DDSN utilizes six multi-faceted, interrelated domains of activity. Those activities include; risk management activities, licensing activities, contractual compliance reviews, selected personal outcome measures, selected consumer satisfaction surveys, and many other quality enhancement activities. These six domains are briefly explained in the attached material.

QA REQUIREMENTS IN THE DDSN/DHHS REHABILITATION SUPPORTS CONTRACT:

Quality Assurance provides a means by which programs and services can be evaluated to ensure contract compliance and the provision of quality services to the consumers. Through a continuous quality improvement system including health and safety inspections, utilization of services, outcome measurement, and consumer satisfaction, DDSN agrees to ensure the provision of quality Medicaid services as follows:

1. Conduct a minimum of twenty on-site reviews annually with each provider being reviewed a minimum of once every two years.
2. Provide sufficient staff to conduct these reviews, as well as technical assistance.
3. Each QA review will consist of: a) 3% random sample; b) assess compliance with Medicaid standards; c) evaluate credentials of involved staff; and d) hold an appropriate exit conference.
4. Review Medicaid billing operations.
5. Assist with corrective action plans where standards are not met.
6. Provide DHHS with an annual report.

DDSN's RESPONSE TO THE ABOVE DHHS REQUIREMENTS:

1. Under the Contractual Compliance Review (CCR) process, DDSN utilizes a computer program to create a random sample of 5% of consumers receiving Early Intervention Services. This sampling technique is utilized for all of our statewide DSN Boards and private providers each year. This percentage of files reviewed more than meets the requirements set forth by DHHS.

2. DDSN contracts with Delmarva to conduct annual CCR Reviews. These reviews are staggered throughout the year and are based on the region of the state and the size of the provider agency.
3. When Delmarva staff conducts a CCR review of a provider, they utilize “key indicators” (standards) in three different areas: Administrative, Early Intervention and General Agency (attached). Through staff interviews, consumer interviews, observations and record reviews, the Delmarva staff apply these key indicators to what is actually found to be occurring at the Provider agency. At the conclusion of the site visit, an exit interview is held, which is followed some weeks later by a written report of findings.
4. Part of each administrative review covers board and management, financial and human resources oversight. Actual billing is not done by the DSN Board providers. Rather, the provider agency submits Individual Service Reports to provide documentation of the services provided by the Early Interventionists.
5. When a provider is found to be out of compliance on any of the key indicators, they are required to develop a Plan of Correction (POC) with time lines for implementation. Delmarva staff and DDSN Central Office staff were available to assist providers in both preparing and implementing the POC. Additionally, technical assistance has been provided by DDSN Central Office to areas where CCR reviews indicate a concern. Follow up reviews are also conducted by Delmarva within 120 days of the Plan of Correction to determine if the POC has been implemented.
6. Annual Quality Assurance report to DHHS (as presented herein).

Overview of FY 08-09 Early Intervention Services
Contract C7 1531M
September 4, 2009

In 2008/09, SCDDSN worked hard to further improve its system of care for young children with disabilities in South Carolina. This system for children birth to three and three to six years of age is one that is monitored on a number of different levels by several different state agencies.

DDSN continued to pull a sample of children that are birth to three and receiving BabyNet services. Another sample of children reviewed were those that receive BabyNet and DDSN services. Finally, a sample of children who remain in Early Intervention beyond the age of three and are served by DDSN only is pulled for the purpose of the annual reviews. For this reason, the key indicators (attached) are broken out into these three respective categories to facilitate the review process and clearly make the distinction of what is expected for all three.

In addition to the sample reviewed by Delmarva, many of the state agencies involved in delivering Part C services through BabyNet, also participate on a separate monitoring team that looks only at the delivery of BabyNet services to children ages birth to three. The Office of Special Education Programs also conducts reviews of South Carolina through the submission of quarterly data.

The 2008/09 review year included 230 Early Intervention indicators. 113 of these indicators are related to the M/R/RD and HASCI Waivers and are not summarized in this report. Of the remaining 117 indicators, 21 received a perfect score of 100%. 57 indicators were 90-100%. This score indicates that 67% of all of the indicators surveyed received a score of 90-100%. Eight indicators received a score of less than 70%. The lowest score received on all Early Intervention indicators was 50% on one indicator.

The program areas scoring the highest include: timely assessments, documentation and the delivery of family training. Other positives include parent/professional collaboration and outcome assessment at intake. The 6 indicators with a less than 70% compliance rate include clearly documenting services received on service plans and updating data systems promptly. Because these indicators are the lowest for the year, the Children's Services staff will focus technical assistance to the field regarding the importance of accurate documentation of services utilized and the importance of maintaining data systems across all agencies. These topics are also addressed in quarterly EI Supervisor meetings.

The yearend data in the area of Early Intervention as noted in the scores above is something that will be shared in upcoming EI Supervisor Counterpart meetings which are held on a quarterly basis in 4 regions in the state. This feedback is good for Supervisors to have and share so that they may work in the upcoming year to improve services.

The Office of Children's Services has conducted orientation training for 34 newly hired employees. This training discusses many of the topics listed above and will provide Early Interventionists with the tools and knowledge they need to serve the children of our state. The Office of Children's Services will continue to monitor the scores for each Early Intervention provider as they become available. When scores meet certain criterion, program staff then conduct training and technical assistance with that provider via email, face to face visit or phone call. Scores are also compared against the previous years to note improvement or regression.

DDSN will continue to partner with DHEC BabyNet and First Steps (new Part C lead agency) in the upcoming year to ensure a comprehensive system for young children that focuses on seamless system of service delivery that allows children to reach their intended outcomes whenever possible. Some systems for oversight include monthly Program manager meetings between the agency partners. These meetings are used to analyze data and discuss policy issues and possible training needs around the state. It is unclear at this point if these meetings will continue under new Part C leadership.

It is our belief that the measures outlined above will help to ensure high quality Early Intervention services are provided to the consumers of South Carolina receiving services from the South Carolina Department of Disabilities and Special Needs.

EARLY INTERVENTION INDICATORS & GUIDANCE
Review Year July 2008 through June 2009

The Guidance is provided as a resource to assist agencies with understanding Key Indicators. The Guidance is not intended to be, nor should be, considered as the ultimate defining resource. It should be, as inferred by its title, a GUIDANCE designed to assist. State and Federal standards including policies and procedures are the ultimate resources for establishing the requirements for an Indicator.

Early Intervention Indicators and Guidance (BabyNet Only)

E1	BABYNET ONLY	GUIDANCE
E1-01	Written Prior Notice and the Child and Family Rights were given to the family prior to six-month update and annual IFSP.	Review Service Notes, Family Training Summary Sheet, and/or a copy of the Written Prior Notice to ensure that the family was given their 14 days Written Prior Notice and was given a copy of the Child and Family Rights. The family may choose to have the meeting sooner than 14 days. Source: IDEA, BabyNet Manual Supports CQL Basic Assurances - A6 and Organizing Principles- L2, S2, S3
E1-02	Written Prior Notice and the Child and Family Rights were given to the family prior to a change review of the IFSP.	Review Service Notes, Family Training Summary Sheet, and/or a copy of the Written Prior Notice to ensure that the family was given their 14 days Written Prior Notice and was given a copy of the Child and Family Rights. The family may choose to have the meeting sooner than 14 days and this choice will be documented in the service notes or on the summary of service sheets. Source: IDEA, BabyNet Manual Supports CQL Basic Assurances - A6 and Organizing Principles- L2, S2, S3
E1-03	The Parent/ Caregiver was provided a copy of the Plan.	Review service notes to verify that the parent/ caregiver was provided a copy of the Plan. Source: BabyNet Manual, DDSN EI Manual, EI Services Provider Manual Supports CQL Organizing Principles- L2, S2, S3
E1-04 R	Individualized Family Service Plan (IFSP) is completed annually.	If not met, document review period dates and date range out of compliance.* IFSP must be current within one year. The last page should be signed by the family and the EI. Source: IDEA, BabyNet Manual Supports CQL Organizing Principles- L2, S2, S3
E1-05	IFSP six-month review was completed within six months of the IFSP.	IFSP six-month review was completed within six months of the IFSP. Source: IDEA, BabyNet Manual Supports CQL Organizing Principles- L2, S2, S3
E1-06	Early Outcomes (ECO) were assessed and documented on the Child Outcome Summary Form (COSF), if applicable, at entry.	If the EI completed the initial IFSP, review the service notes and Child Outcome Summary Form to ensure that the process was completed and documented. Source: IDEA, BabyNet Manual Supports CQL Organizing Principles- L2, S2, S3
E1-07	Early Outcomes (ECO) were assessed and documented on the Child Outcome Summary Form (COSF), if applicable, at exit at age three.	During the process of a child closing to BabyNet, review the service notes and Child Outcome Summary Form to ensure that the process was completed and documented. Source: IDEA, BabyNet Manual Supports CQL Organizing Principles- L2, S2, S3

E1-08	IFSP reflects parent/professional collaborative efforts.	Review Service Notes, Family Training summary sheets, and/or IFSP to locate documentation of collaboration between the parent, EI and other professionals, as appropriate. NOTE: A caregiver is considered a professional in this case. Source: BabyNet Manual Supports CQL Organizing Principles- L2, L3, L8,S2, S3, S4
E1-09	IFSP includes current information relating to vision, hearing, and all areas of development to include health.	Review sections 6a, 6b, (& 6c if applicable) of the IFSP to ensure information is current and includes therapy and developmental information. Source: IDEA, BabyNet Manual Supports CQL Basic Assurances- A3.
E1-10	All BabyNet services are listed on the Summary of Services page of the IFSP, to include amount, frequency, duration, a begin date and an end date.	Review the Summary of Services page of the IFSP to ensure that all BabyNet services being received are listed. (Section 13) Source: BabyNet Manual
E1-11	If the child's IFSP indicates the need for 6 or more hours per month of family training, the service notes indicate that information has been sent to the Office of Children's Services for approval.	Review frequency of Family Training as identified on the IFSP. If the frequency noted on the plan is 6 hours or more hours per month of Family Training there should be documentation indicating that the file was sent to the Office of Children's Services for approval within 15 days of the plan or as identified as a need and this choice will be documented in the service notes or on the summary of service sheets. Source: DDSN EI Manual
E1-12	Transition to other services or settings is coordinated.	Review IFSP, Family Training summary sheets and/or Service Notes to ensure that the Early Interventionist completed, or is the process of, any task(s) they were assigned to follow-up on during transitions such as hospital to home, BabyNet to school, home to childcare, have been identified and received follow up. Source: DDSN EI Manual, EI Services Provider Manual, BabyNet Manual Supports CQL Organizing Principles- L3, L8,S2, S3, S4
E1-13	The Transition referral is sent to the LEA by the time the child turned 2.6 years old.	If the child is 2.6 years or older review Services Notes, transition page of the IFSP, and a copy of the transition referral to ensure the referral was sent by the time the child was 2.6 years old. Source: EI Services Provider Manual, BabyNet Manual
E1-14	Transition Conference was held no later than 90 days prior to the child's third birthday.	Review Service Notes, IFSP, and/or transition page of IFSP to ensure the transition conference was held 90 days prior to the child's third birthday. The Parent/Caregiver can choose to not have a Conference. Source: EI Services Provider Manual, BabyNet Manual
E1-15	Goals are based on identified needs and the team's concerns relating to the child's development.	Compare IFSP sections 6a & 6b to the outcome pages to determine if the Plan indicates who should do what and where it will take place. There should only be one goal per page. Source: EI Services Provider Manual, BabyNet Manual Supports CQL Organizing Principles- L3,S2, S3, S4

E1-16	Goals are/have been addressed by the Early Interventionist.	Review Service Notes and Family Training summary sheets to determine if all outcomes have been or are being addressed by the EI. All developmental goals should be addressed within 3 months of family training start date. If the goal(s) are not being addressed, review documentation for supporting information noting why they haven't been addressed.
E1-17	Goals are adjusted, terminated or added based on ongoing assessment, lack of progress, or parent / professional request.	Review Goal pages, IFSP to ensure that all goals are adjusted, terminated or added based on ongoing assessment, lack of progress, or parent/professional request. Source: EI Services Provider Manual, BabyNet Manual Supports CQL Organizing Principles- L3, S2, S3, S4
E1-18	Assessments are completed annually or as often as changes warrant.	Review assessment dates on chosen assessment tool(s) and IFSP to ensure they are completed annually or as changes warrant (i.e., significant improvement or regression). Source: EI Services Provider Manual, BabyNet Manual Supports CQL Organizing Principles- L3, S2, S3
E1-19	Family Training is provided as documented on the IFSP Summary of Services page.	The IFSP should outline the frequency of Family Training. Review the ISRs, Family Training summary sheets, IFSP Summary of Services section, to ensure that FT is provided at the frequency outlined. If the frequency outlined is not being provided consistently, review Service Notes and other documentation to see if the EI is attempting to follow the schedule. Source: EI Services Provider Manual, BabyNet Manual
E1-20	Family Training is scheduled at times and places acceptable to the family and within natural learning environment.	Natural Environment is defined as the "settings that are natural or normal for the child's age peers who have no disabilities." The home or day care should be the primary meeting/training place unless otherwise requested by the parent or legal guardian. Review the IFSP goal pages, Service Notes, and family training summary sheets to ensure that family Training is being provided in the home or location requested by the parent or legal guardian. Family Training cannot be provided in a DDSN operated facility unless at least 50% of the children enrolled are typically developing. Source: IDEA, BabyNet Manual, DDSN EI Manual Supports CQL Organizing Principles- L2, L3S2, S3
E1-21	Family Training summary sheets include goals and objectives for each visit as well as follow-up objectives for the next visit.	Family Training summary sheets should indicate the scheduled time and date of the next visit and what the caregiver will work on with the child until the next training visit. Review Family training summary sheets to ensure that they include goals and objectives for each visit and what the caregiver will work on until the next training visit with an error rate of no more than 2 mistakes during the review period. Source: DDSN EI Manual
E1-22	Family training activities are appropriate for the child's developmental needs.	Review EI assessment tool(s), therapy reports, provider reports, IFSP and IFSP goals and compare information on these documents to the Family Training summary sheets. Source: DDSN EI Manual Supports CQL Organizing Principles- L3, S2, S3, S4

E1 BabyNet Only

GUIDANCE

E1-23	Entries for Family training visits include	Review Family Training summary sheets and Service Notes to ensure that family/caregiver participated in training sessions. To state that the parent/caregiver
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	how family member(s)/caregiver(s) participated in visit.	was present is NOT sufficient. The summary of visit should include how the parent/caregiver actively participated in the visit. Review Family training summary sheets to ensure that they include this information with an error rate of no more than 2 mistakes during the review period. Source: DDSN EI Manual, EI Services Provider Manual
E1-24	Family Training activities should vary. Activities planned must be based on identified goals on the IFSP.	Review the Family Training summary sheets to ensure that the activities vary in order to meet the goals for the child. Source: DDSN EI Manual Supports CQL Organizing Principles- L3, S2, S3
E1-25	Family Training activities correspond to goals on the IFSP goal pages.	If not met, document review period dates and date range out of compliance.* Review goals on the IFSP goal pages (Section 10a) and Family Training Summary sheets. Compare goals with Family Training activities. Source: DDSN EI Manual, EI Services Provider Manual
E1-26	Time spent/reported preparing for a Family Training visit corresponds with the activity planned.	Review Service Notes and Family Training Summary Sheets to determine if the time reported for preparing for a Family Training visit corresponds to the activities completed during the visit. For example, an EI should not report 15 minutes of "prep time" for a visit if when the EI got to the home they worked on singing songs or putting puzzles together. Source: DDSN EI Manual
E1-27	If the Early Interventionist is unable to provide Family Training for an extended period of time (more than a month) was the family offered a choice of an alternate Family Training provider.	Review the Service Justification Form, service notes, and/or Family Training Summary Sheets to ensure the family was offered an alternate Early Interventionist to provide Family Training. Source: IDEA, BabyNet Manual, DDSN EI Manual
E1-28	Entries are clear and are documented within 7 days of services being rendered.	Review Service Notes to ensure clarity and inclusion of name/initials of Early Interventionist. All services must be documented in the file within seven days of delivery. Source: BabyNet Manual, DDSN EI Manual, EI Services Provider Manual
E1-29	All items in the record are maintained in chronological order in respective sections.	Review records from all program areas that the person is involved with to determine if documents located in the respective sections of the record are maintained in chronological order. Source: DDSN EI Manual, EI Services Provider Manual, BabyNet Manual
E1-30	Service Note entries reference the appropriate Family Training summary sheet.	Review Service Notes to ensure dates match dates on Family Training summary sheets. Source: DDSN EI Manual, EI Services Provider Manual
E1-31	Service Notes document why and how the Early Interventionist participated in meetings / appointments on the child's behalf.	Review Service Notes to ensure why and how the Early Interventionist participated in the meeting/appointment. The Early Interventionist must justify why they are reporting the time that they are at the meeting/appointment. For example, it would not be appropriate for an EI to attend a Developmental Pediatrician's appointment and then report time for attending the entire appointment. It is appropriate to report time for when the EI was actively participating in the visit. Source: DDSN EI Manual
E1 BabyNet Only GUIDANCE		
E1-32	ISRs are present and reflect services rendered	Review ISRs, Service Notes and Family Training Summary Sheets to compare documentation with reporting on ISRs.

	correctly.	Source: DDSN EI Manual
E1-33	The CDDS/STS is up to date and reflects the current services being received.	<p>Review the STS Master Report also known as the feedback document. Compare this document to the IFSP, service notes, and Family Training Summary Sheets in the child's primary case record. The feedback document must be reviewed for consistency with documentation in the record. Only the following Segments or portions of Segments are to be reviewed for this key indicator.</p> <p>Segment 1, Intake</p> <p>Segment 2, Eligibility</p> <p>Review on the plan date in this section. If the plan date precedes the DDSN case open on date on CDDS (This sometimes happens if BabyNet does the initial plan before referral to DDSN), the plan date cannot be entered by the user) local provider staff) on CDDS. Otherwise, if the current plan date is not correct and current, score "Not Met".</p> <p>Segment 4, Receiving Services</p> <p>Review "Receiving Information for Support Services" only.</p> <p>Score "Met" if all information on the feedback document is accurate and current.</p> <p>Score "Not Met" if all information on the feedback document is not accurate and current.</p> <p>NOTE: A current feedback document is not required in the record. The reviewer will have to request it from Board / Provider staff assuming that review staff have not been given the capability to print the documents themselves. In addition to a review of the feedback document, a copy of Consumer @ Glance should be reviewed as well. This document provides a quick view of much, but not all, of the data in the feedback document.</p> <p>Source: DDSN EI Manual</p>
E1-34	The estimated cost of services form was completed and discussed with the parent/ legal guardian on an annual basis.	<p>Review cost of services form and service notes to ensure that the form was completed and discussed with the parent/ caregiver annually.</p>

E2 BABYNET/DDSN (0-3) REFERRAL/INTAKE

GUIDANCE

E2-01	Service Agreement signed and present in file once a need for a DDSN service has been identified.	Review DDSN Service Agreement in file. NOTE: If a DDSN service has been identified and there is no service agreement on file, score "Not Met" on all other indicators. Source: DDSN EI Manual
E2-02	Intake process is completed within required time frames. (For New Consumers Only)	If not met, document review period dates and date range out of compliance. Review the date family was offered a choice of provider during the screening process (see Screening Disposition Form) and date eligibility was determined to see if intake has been completed within 3 months. If eligibility is not completed in 3 months, case must be staffed with the Early Intervention Supervisor as to a reason for delay and action taken to address the delay, if applicable. If not documented in 6 months, case must be staffed with the Executive Director, and the decision of closing the case must be documented in the service notes. Extensions in both circumstances require documentation in service notes. Source: DDSN EI Manual
E2-03	Transition to other services or settings is coordinated.	Review IFSP, Family Training Summary Sheets and/or Service Notes to ensure that the Early Interventionist completed, or is the process of completing, any task(s) they were assigned to follow-up on during transitions. Examples of these transitions could include hospital to home, BabyNet to school, home to childcare, etc. Source: IDEA, DDSN EI Manual, EI Services Provider Manual, BabyNet Manual
E2-04	Records are in compliance with SCDDSN standards, policies and procedures related to referral and intake.	Review the record to determine if standards, policies and procedures are followed during the referral and intake process. Source: DDSN EI Manual
E2-05	Early Childhood Outcomes (ECO) were assessed and documented on the Child Outcome Summary Form (COSF), if applicable, at entry.	If the EI completed the initial IFSP, review the service notes and Child Outcome Summary Form to ensure that the process was completed and documented. Source: IDEA, BabyNet Manual
E2-06	Early Childhood Outcomes (ECO) were assessed and documented on the Child Outcome Summary Form (COSF), if applicable, at exit at age three.	During the process of a child closing to BabyNet, review the service notes and Child Outcome Summary Form to ensure that the process was completed and documented. Source: IDEA, BabyNet Manual

IFSP

E2-07 R	Individualized Service Plan/Family Service Plan (IFSP/IFSP) is completed annually.	IFSP must be current within one year. The last page should be signed by the family and the EI. Source: IDEA, EI Services Provider Manual, BabyNet Manual Supports COL Organizing Principles- L3,S2, S3
E2-08	The Parent/ Caregiver was provided a copy of the Plan.	Review service notes to verify that the parent/ caregiver was provided a copy of the Plan. Source: BabyNet Manual, DDSN EI Manual, EI Services Provider Manual

IFSP

E2-09	IFSP six month review was completed within six months of the IFSP.	IFSP six month review was completed within six months of the IFSP.
E2-10	Written Prior Notice and Child and Family Rights were given to the family prior to the six-month review of the IFSP and the annual IFSP.	Review service notes, Family Training Summary Sheets, and/or a copy of the Written Prior Notice to ensure that the family was given at least 14 days written prior notice and was given a copy of the Child and Family Rights. The family may choose to have the meeting sooner than 14 days and this choice will be documented in the service notes or on the summary of service sheets. Source: IDEA, BabyNet Manual Supports CQL Organizing Principles- L3, S2, S3, S4
E2-11	Written Prior Notice and the Child and Family Rights were given to the family prior to a change review of the IFSP.	Review Service Notes, Family Training Summary Sheet, and/or a copy of the Written Prior Notice to ensure that the family was given their 14 days Written Prior Notice and was given a copy of the Child and Family Rights. The family may choose to have the meeting sooner than 14 days and this choice will be documented in the service notes or on the summary of service sheets. Source: IDEA, BabyNet Manual Supports CQL Basic Assurances - A6 and Organizing Principles- L2, S2, S3
E2-12	The Choice of Early Intervention Provider is offered annually.	Review services notes, Family Training Summary Sheets, and the Acknowledgment of SC/EI choice form to ensure the family has been given a choice of providers and the choice is documented. Source: DDSN EI Manual Supports CQL Basic Assurances - A6 and Organizing Principles- L2, S2, S3
E2-13	IFSP reflects parent / professional collaborative efforts.	Review Service Notes, Family Training summary sheets, and/or IFSP to locate documentation of collaboration between the parent, EI and other professionals. NOTE: A caregiver is considered a professional in this case. Source: BabyNet Manual Supports CQL Organizing Principles- L2, L3, L8, S2, S3, S4
E2-14	IFSP includes current information relating to vision, hearing, medical, therapy, and all areas of development to include health.	Review sections 6a, 6b, (& 6c if applicable) of the IFSP to ensure information is current and includes therapy and developmental information. Source: IDEA, BabyNet Manual Supports CQL Basic Assurances - A3 and Organizing Principles- L3, S2, S3
E2-15	Goals are based on identified needs and the team's concerns relating to the child's development.	Compare IFSP sections 6a, 6b, (& 6c if applicable) to the goal pages to determine if the IFSP indicates who should do what and where it will take place. There should only be one goal per page. Source: BabyNet Manual, EI Services Provider Manual Supports CQL Organizing Principles- L3, S2, S3
E2-16	Goals are/have been addressed by the Early Interventionist.	Review Service Notes and Family Training summary sheets to determine if all goals have been or are being addressed by the EI. All developmental goals should be addressed within 3 months of Family Training start date. If the goal(s) are not being addressed, review documentation for supporting information noting why they haven't been addressed. Source: BabyNet Manual, EI Services Provider Manual Supports CQL Organizing Principles- L3, S2, S3

E2-17	Goals are adjusted, terminated or added based on ongoing assessment, lack of progress, or parent/ professional request.	Review goal pages of the IFSP to ensure that all goals are terminated, adjusted or added based on ongoing assessment, lack of progress, or parent/professional request. Source: BabyNet Manual Supports CQL Organizing Principles- L3,S2, S3
E2-18	The transition referral is sent to the LEA by the time the child turns 2.6 years old.	If the child is 2.6 years old or older review service notes, transition page of the IFSP and a copy of the transition referral to ensure the referral was sent by the time the child was 2.6 years old. Source: IDEA, BabyNet Manual
E2-19	Transition conference was held no later than 90 days prior to the child's third birthday.	Review services notes, Family Training Summary Sheets, transition page of the IFSP or transition conference form to ensure the transition conference was held 90 days prior to the child's third birthday. The parent/caregiver can chose to not have a conference. Source: IDEA, BabyNet Manual, EI Services Provider Manual
E2-20	IFSP "Other Services" section reflects amount, frequency & duration of services being received. This section should reflect non BabyNet services (Waiver, Family Support Funds, Respite, ABC, etc).	Review IFSP "Other Services" section to ensure the amount, frequency, & duration of current services. Source: IDEA, BabyNet Manual
E2-21	All BabyNet services are listed on the Summary of Services page of the IFSP, to include frequency, duration, a begin date and an end date.	Review the Summary of Service page of the IFSP to ensure that all BabyNet services being received are listed. Source: BabyNet Manual
E2-22	If the child's IFSP indicates the need for 6 or more hours per month of Family Training, the service notes indicate that information has been sent to the Office of Children's Services for approval.	Review frequency of Family Training as identified on the IFSP. If the frequency noted on the IFSP is 6 hours or more hours per month of Family Training there should be documentation indicating that the file was sent to the Office of Children's Services for approval. Source: DDSN EI Manual
E2-23	Assessments are completed annually or as often as changes warrant.	Review assessment dates on chosen assessment tool(s) and IFSP to ensure they are completed annually or as changes warrant (i.e., significant improvement or regression). Source: BabyNet Manual, EI Services Provider Manual Supports CQL Organizing Principles- L3,S2, S3
E2-24	Family Training activities correspond to outcomes on the IFSP goal pages.	Review the record to determine if standards, policies and procedures are followed during the IFSP process. Source: DDSN EI Manual

E2-25	Family Training is provided according to the frequency determined by the team and as documented in the Summary of Services section of the IFSP.	The IFSP should outline the frequency of Family Training. Review the ISRs, Family Training summary sheets, IFSP Summary of Services section to ensure that Family Training is provided at the frequency outlined. If the frequency outlined is not being provided consistently, review Service Notes and other documentation to see if the EI is attempting to follow the schedule. Review Family Training summary sheets and service notes to ensure that they include this information with an error rate of no more than 2 mistakes during the review period. Source: BabyNet Manual, EI Services Provider Manual Supports CQL Organizing Principles- L3, S2, S3
E2-26	Family Training is scheduled at times and places acceptable to the family and within natural learning environment.	The home should be the primary meeting/training place unless otherwise requested by the parent or legal guardian. Review the IFSP goal pages, Service Notes, and Family Training summary sheets to ensure that Family Training is being provided in the home or location requested by the parent or legal guardian. Family Training cannot be provided in a DDSN operated facility unless at least 50% of the children enrolled are typically developing. Source: IDEA, BabyNet Manual, DDSN EI Manual Supports CQL Organizing Principles- L3, S2, S3
E2-27	Family Training summary sheets include goals and objectives for each visit as well as follow-up objectives for the next visit.	Family Training summary sheets should indicate the scheduled time and date of the next visit and what the caregiver will work on with the child until the next training visit. Review Family Training summary sheets to ensure that they include goals and objectives for each visit as well as objectives for the next visit with an error rate of no more than 2 mistakes during the review period. Source: DDSN EI Manual
E2-28	Family Training activities are appropriate for the child's developmental needs.	Review EI assessment tool(s), therapy, provider reports and IFSP and compare to Family Training summary sheets. Source: DDSN EI Manual Supports CQL Organizing Principles- L3, S2, S3
E2-29	Entries for Family Training visits include how family member(s)/ caregiver(s) participated in visit.	Review Family Training summary sheets and Service Notes to ensure that family/caregiver participated in training sessions. To state that the parent/caregiver was present is NOT sufficient. The summary of visit should include how the parent/caregiver actively participated in the visit. Review Family Training summary sheets to ensure that they include this information with an error rate of no more than 2 mistakes during the review period. Source: DDSN EI Manual
E2-30	Family Training activities should vary.	Review the Family Training summary sheets to ensure that the activities vary in order to meet the outcomes for the child. Source: DDSN EI Manual
E2-31	Family Training activities correspond to goals on the IFSP goal pages.	Review goals on the IFSP goal pages (section 10a) and Family Training summary sheets. Compare goals with Family Training activities. Source: DDSN EI Manual
E2-32	Time spent/reported preparing for a Family Training visit corresponds with the activity in the IFSP/IFSP.	Review Service Notes and data sheets to determine if the time reported for preparing for a Family Training visit corresponds to the activities completed during the visit. For example, an EI should not report 15 minutes of "prep time" for a visit if when the EI got to the home they worked on singing songs or putting puzzles together. Source: DDSN EI Manual
Family Training		
E2-33	If the Early Interventionist	Review the Service Justification Form, service notes, and/or Family Training

	is unable to provide Family Training for an extended period of time (more than a month) was the family offered a choice of an alternate Family Training provider.	Summary Sheets to ensure the family was offered an alternate Early Interventionist to provide Family Training. Source: IDEA, BabyNet Manual, DDSN EI Manual
E2-34	Records are in compliance with SCDDSN standards and procedures related to the delivery of Family Training.	Review the record to determine if standards and procedures were followed related to the provision of Family Training. Source: DDSN EI Manual

SERVICE NOTES

	The estimated cost of services form was completed and discussed with the parent / legal guardian on an annual basis.	Review cost of services form and service notes to ensure that the form was completed and discussed with the parent/ caregiver annually.
E2-35	Entries are clear and are documented within 7 business days of services being rendered.	Review Service Notes to ensure clarity and inclusion of name/initials of the Early Interventionist. All services must be documented in the file within seven days of delivery. Source: BabyNet Manual, DDSN EI Manual, EI Services Provider Manual
E2-36	All items in the record are maintained in chronological order in the respective sections.	Review records from all program areas that the person is involved with to determine if documents located in the respective sections of the record and are maintained in chronological order. Source: IDEA, BabyNet Manual, DDSN EI Manual
E2-37	Service note entries reference the appropriate Family Training summary sheet.	Review Service Notes to ensure dates match dates on Family Training summary sheets. Source: DDSN EI Manual, EI Services Provider Manual
E2-38	Service notes document why and how the Early Interventionist participated in meetings/appointments on the child's behalf.	Review Service Notes to ensure why and how the Early Interventionist participated in the meeting/appointment. The Early Interventionist must justify why they are reporting the time that they are at the meeting/appointment. For example, it would not be appropriate for an EI to attend a Developmental Pediatrician's appointment and then report time for attending the entire appointment. Source: DDSN EI Manual
E2-39	Records are in compliance with SCDDSN standards, policies and procedures related to the documentation of services.	Review the record to determine if standards, policies and procedures were followed related to the documentation of services. Source: DDSN EI Manual, EI Services Provider Manual

OTHER DOCUMENTATION

E2-40	ISRs are present and reflect services rendered	Review ISRs, Service Notes and Family Training Summary Sheets to compare documentation with reporting on ISRs.
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	correctly.	Source: DDSN EI Manual, EI Services Provider Manual
E2-41	The CDSS/STS is up to date and reflects the current services being received.	Review the STS Master Report also known as the feedback document. Compare this document to the IFSP/FSP, service notes and Family training summary sheets in the child's primary case record. The feedback document must be reviewed for consistency with documentation in the record. Only the following Segments or portions of Segments are to be reviewed for this key indicator. Segment 1, Intake Segment 2, Eligibility Review only the plan date in this section. If the plan date precedes the DDSN case open on date on CDSS (This sometimes happens if BabyNet does the initial plan before referral to DDSN.), the plan date cannot be entered by the user (local provider staff) on CDSS. Otherwise, if the current plan date is not correct and current, score "Not Met". Segment 4, Receiving Services Review "Receiving Information for Support Services" only. NOTE: A current feedback document is not required in the record. The reviewer will have to request it from Board / Provider staff assuming that review staff have not been given the capability to print the documents themselves. In addition to a review of the feedback document, a copy of Consumer @ Glance should be reviewed as well. This document provides a quick view of much, but not all, of the data in the feedback document. Source: DDSN EI Manual

MR/RD WAIVER

E2-42	The content of the IFSP clearly justifies the need for MR/RD Waiver services.	Review the IFSP to ensure that the MR/RD Waiver services being authorized are justified in the content of the IFSP/FSP. Source: MR/RD Waiver Manual
E2-43 R	IFSP documents MR/RD Waiver supports including service name, frequency of service, the amount, and provider type.	If not met, document review period dates and date range out of compliance* For each Waiver service received by the person, the IFSP/FSP must document the need for the service, the correct waiver service name, the amount, frequency and duration of the service, and the provider name or type. Behavior Support Services Behavior Support Environmental Modifications Environmental Modifications Enviro. Mods Nursing Services Nursing Services Nursing Private Vehicle Modifications Private Vehicle Modifications Vehicle Modifications Vehicle Mods Psychological Services Psychological Services Psychological Psych. Services Residential Habilitation Residential Habilitation Residential Hab. Residential Respite Care

		<p>Respite Care Respite Respite Care Services Specialized Medical Equipment, Supplies, and Assistive Technology Specialized Medical Equipment, Supplies & Assistive Technology Assistive Technology Source: MR/RD Waiver Manual</p>
E2-44	The Freedom of Choice Form is present.	<p>Review the record to ensure that the Freedom of Choice form is present in the record. The form must be "checked" to indicate choice of Waiver services in the community over institutionalization and signed by the parent or legal guardian. Source: MR/RD Waiver Manual</p>
E2-45	The Freedom of Choice is signed prior to Waiver enrollment.	<p>Review Freedom of Choice form and Waiver enrollment date. Source: MR/RD Waiver Manual</p>
E2-46 R	The most current Level of Care Determination is dated within 365 days of the last Level of Care Determination.	<p>Review the most recent and previous Level of Care evaluations to ensure that recertification occurred within 365 days. The date the Level of Care Re-evaluation is completed is the effective date. Therefore, if the Level of Care Re-evaluation was completed on July 3, 2003 the effective date would be 7/3/03 with an expiration date of 7/2/04. Source: MR/RD Waiver Manual</p>
E2-47	For all MR/RD Waiver funded services provided by the board (also called board-based services), documentation is available to show the service was provided on date service was reported.	<p>For environmental modifications and private vehicle modifications, a copy of an invoice for the work noting the person's name, SSN, and notation that the work is complete, must be present. NOTE: Not needed, if direct billed. The IFSP/IFSP must reflect the need for the modification and general description of the work to be completed. Source: MR/RD Waiver Manual</p>
E2-48	The current Level of Care is supported by the assessments and documents indicated on the Level of Care determination.	<p>Review the most current LOC determination and compare it to information in assessments/documents referenced as sources for the Level of Care evaluation to determine if documentation supports the current Level of Care assessment. Source: MR/RD Waiver Manual</p>
E2-49	When the person refused a MR/RD Waiver service(s), the risks associated with refusing the service(s) were discussed.	<p>Review Contact Notes and other record documentation along with all IFSP/IFSPs completed during the review period to determine if a person participating in the MR/RD Waiver refused a MR/RD Waiver service. If a service was refused, review record to locate documentation that the risks associated with refusing the service were discussed. Source: MR/RD Waiver Manual</p>

MR/RD WAIVER

E2-50	Records verify that Level of Care evaluations / re-evaluations were completed in accordance with procedures specified in the approved MR/RD Waiver.	For ICF/MR Level of Care, initial evaluations are requested from SCDDSN's Consumer Assessment Team. The Early Interventionist must submit a packet of information to the team to determine LOC. Re-evaluations are completed by Early Interventionists for all individuals except for those individuals whose eligibility determination is "time-limited", "At Risk" or "High Risk". The Consumer Assessment Team must complete these re-evaluations. If the re-evaluation was not completed by the Consumer Assessment Team, then the Level of Care is not valid. The date the Level of Care Re-evaluation is completed is the effective date. Therefore, if the Level of Care Re-evaluation was completed on July 3, 2003 the effective date would be 7/3/03 with an expiration date of 7/2/04. Source: MR/RD Waiver Manual
E2-51	If the person was disenrolled from the MR/RD Waiver, the Notice of Disenrollment (MR/RD form 17) was completed within 2 days of the disenrollment date.	Review the Service Notes, IFSP, and Notice of Disenrollment form to ensure that the EI completed the form within 2 days of notification that the Waiver participant needed to be disenrolled. Source: MR/RD Waiver Manual
E2-52	Documentation is present verifying that a choice of providers was offered to the person/family for each new MR/RD Waiver Service.	Review the Service Notes, IFSP, and Family Training Summary Sheets to determine if the parent/legal guardian was given a choice of provider of service each time a new service need was identified/authorized. Source: MR/RD Waiver Manual
E2-53	The Acknowledgement of Choice Confirmation (MR/RD Form 29) or Acknowledgment of Rights and Responsibilities (MR/RD Form 60) is completed annually.	Review the record to ensure that the Acknowledgement of Choice Confirmation is present or after March 1, 2005 ensure that the Acknowledgement of Rights and Responsibilities is present. Review signature dates on the last 2 forms to ensure they have been completely annually. Source: MR/RD Waiver Manual
E2-54	MR/RD Waiver services are provided in accordance with the service definitions.	Review Service definitions in the MR/RD Waiver documents for each service that the person is receiving. Review IFSP, Service Notes, and Family Training Summary Sheets to ensure that services are being provided according to the definitions. Source: MR/RD Waiver Manual
E2-55 R	If Nursing Services are provided, an order from the physician is present and coordinates with the Authorization of Services form (MR/RD form A-12).	Review record to ensure that a doctor's order is available and is consistent with the amount and type of Nursing Services authorized for the person. Source: MR/RD Waiver Manual
E2-56	If Personal Care Aide Services (I1) are provided, an order is present from the physician for Personal Care Aide Services.	Review record to ensure that a physician's order is available. NOTE: Children's PCA is a State IFSP/FSP Medicaid service for children up to age 21. DDSN authorizes this State IFSP/FSP service for MR/RD Waiver participants. Source: MR/RD Waiver Manual

MR/RD WAIVER

E2-57	MR/RD Waiver services are received at least every 30 days.	Review Services Notes, IFSP, and Family Training Summary Sheets to ensure that the person has received or is receiving at least one Waiver service every 30 days during the review period. A service must be received at least every 30 days. If at least one service was not received every 30 days, the person should have been disenrolled from the MR/RD Waiver. Source: MR/RD Waiver Manual
E2-58	Service needs outside the scope of Waiver services are identified in IFSP/FSPPs and addressed.	Review IFSP, Service Notes, and Family Training Summary Sheets to ensure that EI has identified and addressed all service needs regardless of the funding source. Source: MR/RD Waiver Manual
E2-59	Authorization forms are completed for services, as required, prior to service provision.	Authorization for Services forms note a "start date" for services that is the same or after the date of the Early Interventionist's signature. Source: MR/RD Waiver Manual
E2-60	Service Notes reflect contact within 1 month of the start of an ongoing MR/RD Waiver service or provider change and reflect the recipient's satisfaction with the service.	Review Service Notes, IFSP and service authorizations to determine if the individual began receiving a new ongoing service and/or the individual changed providers of a previously received ongoing service. If so, review Service Notes, Family Training Summary Sheets and IFSP to determine if service or provider change was monitored within 1 month and documentation regarding the individual's/family's satisfaction is present. Source: MR/RD Waiver Manual
E2-61	Service notes reflect contact within the 2 nd month from the start of an ongoing MR/RD Waiver service or provider change and reflect the recipient's satisfaction with the service.	Review Service Notes, IFSP/FSPP and Service Authorizations to determine if the individual began receiving a new ongoing service and/or the individual changed providers of a previously received ongoing service during the review period. If so, review Service Notes, Family Training Summary Sheets and IFSP/FSPP to determine if service or provider change was monitored within the 2nd month and documentation regarding the individual's/family's satisfaction is present. Source: MR/RD Waiver Manual
E2-62	Service Notes reflect contact as often as needed but at least every 90 days with the recipient and includes a statement of the usefulness and effectiveness of all ongoing MR/RD Waiver services and justification for continued need.	Review Service Notes, the IFSP and other documentation in the record to determine if all Waiver services are monitored at least every 90 days including assessment of service provision, justification of continued need, effectiveness, usefulness, and the person/legal guardian's satisfaction with the service. NOTE: Indicator reads that contact is required at least every three months with the participant. The actual requirement is for monitoring of each service as needed but at least quarterly. Source: MR/RD Waiver Manual
E2-63	Service Notes reflect on-site monitoring of Personal Care and/or Nursing while service is being provided. This monitoring must occur within 1 month of the start of service or provider change and once yearly unless otherwise noted by supervisor exception and documented approval.	Review Service Notes, IFSP and Family Training Summary Sheets to determine if documentation is available to support that an on-site monitoring was completed as required for each applicable Waiver service the person is receiving. If an exception is noted, documentation must be available noting why and must be only for extreme circumstances (i.e. the service is only provided in extremely early or late hours). Source: MR/RD Waiver Manual

MR/RD WAIVER

E2-64	Service Notes reflect contact with the recipient within 2 weeks of a one-time service and reflect that the service was received.	Review Service Notes, IFSP and Family Training Summary Sheets and service authorizations to determine if the individual received any one-time services during the review period. If so, review the service notes to determine if the service was monitored to determine if the individual received the service review documentation to support that usefulness of the service and individual's satisfaction with the service was addressed. Source: MR/RD Waiver Manual
E2-65	Services Notes reflect an on-site mentorship during the construction phase for Environmental Modifications and within 2 weeks of completion.	Review Service Notes, IFSP and Family Training Summary Sheets and service authorizations to determine an environmental modification was completed during the review period. If so, review the Service Notes to determine if the modification was seen by the EI during both the construction phase and within 2 weeks of the completion date. Also review documentation to ensure support of the usefulness and effectiveness of the service along with the individual's/family's satisfaction with the service. Source: MR/RD Waiver Manual
E2-66	Service notes reflect an on-site mentorship for Private Vehicle Modifications within 2 weeks of completion.	Review Service Notes, IFSP and Family Training Summary Sheets and Service Authorizations to determine if a Private Vehicle Modification was completed during the review period. If so, review the service notes to determine if the modification was seen by the EI within 2 weeks of the completion date and documentation is available to support the usefulness and effectiveness of the service along with the individual's/family's satisfaction with the service. Source: MR/RD Waiver Manual
E2-67	For any one-time Assistive Technology item costing \$1500.00 or more, the Early Interventionist has made an on-site visit to observe the item and to document the item's usefulness and effectiveness.	Review Service Notes, IFSP and Family Training Summary Sheets and Service Authorizations to determine if any assistive technology item costing over \$1500.00 was provided during the review period. If so, review the Service Notes to determine if the item was seen in the recipient's possession by the EI and documentation is available to support the usefulness and effectiveness of the service along with the individual's/family's satisfaction with the service. Source: MR/RD Waiver Manual
E2-68	The Person/Legal Guardian was notified in writing regarding any denial, termination, reduction, or suspension of MR/RD Waiver services with accompanying appeals information.	Review Services Notes to determine if during the review period any Waiver services were reduced, suspended, terminated, or denied. If this is noted, then review the service notes to determine if the person/legal guardian was notified in writing regarding the denial, suspension, termination or reduction of the service and provided with the appropriate appeals process. This is done by use of the Notice of Denial (MR/RD Form 16-A) Notice of Termination of Service (MR/RD Form 16-B) and Notice of Suspension of Services (MR/RD Form 16-C) and/or Notice of Reduction of Services (MR/RD Form 16-D). NOTE: Service names on the Waiver Tracking System are different from "accurate" Waiver service names. Source: MR/RD Waiver Manual
HASCI WAIVER		
E2-69	The content of the IFSP/FSP clearly justifies the need for Waiver services.	Review the IFSP/FSP to ensure that the Waiver services being authorized are justified in the content of the IFSP/FSP. Source: HASCI Waiver Manual

HASCI WAIVER

E2-70 R	The IFSP/FSP documents Waiver supports including service name, the amount, frequency and duration of each service, and provider name.	For each Waiver Service received by the person, the IFSP/FSP must document the need for the service, the correct Waiver Service name, the amount, frequency and duration of the service, and the provider name or type. For Waiver participants, the IFSP/FSP must reflect the exact Waiver service name or an acceptable substitute as listed on the table below. If the Waiver participant receives Attendant Care/Personal Assistance Services, the frequency and intensity of Nurse Supervision of Attendant Care must be noted on the Waiver Services Summary in the IFSP/FSP. Effective 7/1/05, the following are new HASCI Waiver services and the IFSP/FSP must reflect the exact HASCI Waiver service name or an acceptable substitute as listed on the table below: Respite Care Respite Respite Care Services Medical Supplies, Equipment and Assistive Technology Medical Supplies Medical Equipment Assistive Technology Medicaid HASCI Waiver Nursing Nursing Services Psychological Services Psychological Attendant Care/Personal Assistance Services Attc/PAS Attendant Care Services Attendant Care Attc
E2-71	The Freedom of Choice Form is present.	<ul style="list-style-type: none"> Personal Assistance Personal Assistance Services Residential Habilitation Residential Hab. Residential Behavioral Support Services Behavioral Support Private Vehicle Modifications Vehicle Modifications Vehicle Mods. Environmental Modifications Environmental Mods. Enviro. Mods <p>Source: HASCI Waiver Manual</p>
E2-72	The Freedom of Choice form is signed prior to Waiver enrollment.	<p>Review the record to ensure that the Freedom of Choice form is present in the record. The form must be "checked" to indicate choice of Waiver services in the community over institutionalization and signed by the parent or legal guardian.</p> <p>Source: HASCI Waiver Manual</p>

HASCI WAIVER

E2-73	The Initial Level of Care is	Review the Initial LOC determination to determine if it was completed prior to or
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	present.	on the date of Waiver enrollment: For ICF/MR Level of care, the initial Level of Care date is the "effective date" on the Certification Letter (ICF/MR Level of Care). For NF Level of Care, the initial Level of Care date is the date on the CLTC transmittal form (NF Level of Care, HASCI Form 7). NOTE: A person must be enrolled in the Waiver within 30 days of the initial Level of Care (LOC) determination. NOTE: If the person is enrolled in the Waiver within 30 days of the initial LOC determination the LOC effective date is valid for 365 days from the initial LOC date. Source: HASCI Waiver Manual
E2-74 R	The most current Recertification is dated within 365 days of the last Recertification.	If not met, document review period dates and date range out of compliance* Review the most recent and previous Level of Care evaluations to ensure that recertification occurred within 365 days. The date the Level of Care Re-evaluation is completed, is the effective date. Therefore, if the Level of Care Re-evaluation was completed on July 3, 2004 the effective date would be 7/3/04 and expiration date of 7/2/05. For NF Level of Care, the recertification date is the date located on the HASCI Form 6. For Nursing Facility Level of Care, Contact Notes must reflect that the reevaluation occurred on a home visit with the Waiver participant and the reevaluation was staffed with the Service Coordination Supervisor or other responsible party within 2 working days of the home visit as verified by initial and date of the supervisor on DHHS Form 1718. The staffing date is the NF LOC date. Source: HASCI Waiver Manual
E2-75	The current Level of Care is supported by the current IFSP/FSP and supporting assessments indicated on the LOC determination.	Review the most current LOC determination (either a Nursing Facility Level of Care or an ICF/MR Level of Care is completed) and compare it to information in the current IFSP/FSP and other assessments referenced as sources for the LOC evaluation to determine if documentation supports the current Level of Care assessment. If the ICF/MR Level of Care is completed, the supporting assessments used to make the determination will be listed on the ICF/MR LOC determination and summarized in the IFSP/FSP. If the Nursing Facility Level of Care is completed, the results of the determination will be summarized in the IFSP/FSP. Source: HASCI Waiver Manual
E2-76	On IFSP/FSP documents where the person refused a Waiver service(s), the risks associated with refusing the service(s) were addressed.	Review Service Notes and other record documentation along with all IFSP/FSPs completed during the review period to determine if a person participating in the Waiver refused a HASCI Waiver service. If a service was refused, review record to locate documentation that the risks associated with refusing the service were addressed. Source: HASCI Waiver Manual

HASCI WAIVER

E2-77	Records verify that evaluations / reevaluations were completed in accordance	For ICF/MR Level of Care, initial evaluations are requested from SCDDSN's Consumer Assessment Team. The EI must submit a packet of information to the team to determine LOC. Re-evaluations are completed by Early Interventionists for all consumers except for those consumers whose eligibility determination is
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	procedures specified in the approved Waiver.	"time-limited", "At Risk" or "High Risk". The Consumer Assessment Team must complete these re-evaluations. If the re-evaluation was not completed by the Consumer Assessment Team, then the Level of Care is not valid. For ICF/MR Level of Care Re-evaluations, the date the Level of Care Re-evaluation is completed, is the effective date. Therefore, if the Level of Care Re-evaluation was completed on July 3, 2004 the effective date would be 7/3/04 and expiration date of 7/2/05. For NF Level of Care, Community Long Term Care (CLTC) conducts initial evaluations. The EI is responsible for obtaining consent from the potential Waiver participant and forwarding the consent and transmittal to CLTC. DDSN Early Intervention staff completes re-evaluations. For NF Level of Care re-evaluations, Contact Notes must reflect that the reevaluation occurred on a home visit with the Waiver participant and the reevaluation was staffed with the Early Intervention Supervisor or other responsible party within 2 working days of the home visit as verified by initial and date of the supervisor on DHHS Form 1718. The staffing date is the NF LOC date.
E2-78	If the person was disenrolled/terminated from the Waiver, the Termination (HASCI Form 8) was completed within 2 working days of the disenrollment date.	Review the Contact Notes, the IFSP/FSP and Termination form to ensure that the EI completed the form within 2 working days of notification that the Waiver participant needed to be disenrolled. Source: HASCI Waiver Manual
E2-79	Documentation is present verifying that a choice of providers was offered to the person/family for each new HASCI Waiver Service.	Review the Service Notes and the person's IFSP/FSP to determine if the person was given a choice of provider of service each time a service need was identified/authorized. Source: HASCI Waiver Manual
E2-80	The Acknowledgement of Choice and Appeal Rights is completed prior to Waiver enrollment and with the annual IFSP/FSP.	Review the record to ensure that the Acknowledgement of Choice and Appeal Rights (HASCI Form 19) is present. Review signature dates on the forms to ensure that one was completed prior to Waiver enrollment and the other was with the annual IFSP/FSP. NOTE: This was not a requirement for Waiver participants until December 2004. Persons will not have these forms on record prior to that date. Score "Met" in this case. Source: HASCI Waiver Manual
E2-81	The Acknowledgement of Rights and Responsibilities is present.	Review the record to ensure that the Acknowledgement of Rights and Responsibilities (HASCI Form 20) is present. NOTE: This was not a requirement until December 2004. This must be completed "one-time" at the IFSP/FSP meeting. For new Waiver participants it must be completed prior to Waiver enrollment. It is not required annually. Persons will not have this form on record prior to that date. Score "Met" in this case. Source: HASCI Waiver Manual

HASCI WAIVER

E2-82	Waiver services are provided according to definitions in the Waiver	Review Service definitions in the Waiver documents for each service that the person is receiving. Review the person's IFSP/FSP and Service Notes to ensure that services are being provided according to the definitions.
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	document.	Source: HASCI Waiver Manual
E2-83	If Nursing Services are provided, an order from the physician is present and coordinates with the Authorization of Services Form (HASCI Form 12-D).	Review record to ensure that a doctor's order is available and is consistent with the amount and type of Nursing Services authorized for the person. Source: HASCI Waiver Manual
E2-84	HASCI Waiver services are received at least every 30 days.	Review Services Notes, the person's IFSP/FSP, and Medicaid Paid Claims to ensure that the person has received or is receiving at least one Waiver service each month during the review period. A service must be received during each calendar month. If at least one service was not received each month, the person should have been disenrolled from the Waiver. For example, if a Waiver participant receives a Waiver service on March 17th and receives no other Waiver services before April 30th, then the Waiver participant would be disenrolled from the Waiver. Source: HASCI Waiver Manual
E2-85	Service needs and personal goals outside the scope of Waiver services are identified in IFSP/FSP documents and addressed.	Review the IFSP/FSP documents, Service Notes, and other documentation in the record to ensure that the EI has identified and addressed all service needs and personal goals for the person, regardless of the funding source. Source: HASCI Waiver Manual
E2-86	Authorization forms are completed for services, as required, prior to service provision.	Authorization for Services forms are present and note a "start date" for services that should be the same or after the date of the EI's signature. Authorization forms are required for all services except Prescribed Drugs. Source: HASCI Waiver Manual
E2-87	The established Waiver documentation index is followed.	Review the Waiver information in the record and compare it to the established Waiver documentation index. Source: HASCI Waiver Manual
E2-88	Contact Notes reflect contact within 2 weeks of the start of an ongoing service or provider change and include the usefulness, effectiveness, frequency, duration and the person/family's satisfaction with the service.	Review Service Notes, the IFSP/FSP and service authorizations to determine if the person began receiving a new ongoing service and/or the person changed providers of a previously received ongoing service. If so, review Service Notes, the IFSP/FSP and other documentation in the record to determine if service or provider change was monitored within 2 weeks and documentation regarding include the usefulness, effectiveness, frequency, duration and the person/family's satisfaction with the service is present. Source: HASCI Waiver Manual
E2-89	Contact Notes reflect contact as often as needed but at least every 3 months (90 calendar days) with the person and includes a statement of the usefulness and effectiveness of all ongoing Waiver services and justification for continued need.	Review Contact Notes, the IFSP/FSP and other documentation in the record to determine if the person/family is contacted at least every 90 days to monitor all Waiver services, including assessment of service provision and justification of continued need. Source: HASCI Waiver Manual

HASCI WAIVER

E2-90	One-Time Services: Contact Notes reflect contact with the person within 2 weeks of the	Review Contact Notes, the IFSP/FSP and service authorizations to determine if the person received any one-time services during the review period. If so, review the Contact Notes to determine if the service was monitored within 2 weeks to determine if the person received the service and provides a statement of
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	service and reflect that the service was received.	usefulness, effectiveness, and benefit of the service and person's/family's satisfaction with the service. Source: HASCI Waiver Manual
E2-91	Contact Notes reflect an on-site visit during the construction phase for Environmental Modifications and within 2 weeks of completion.	Review Contact Notes, the IFSP/FSP and service authorizations to determine if an Environmental Modification was completed during the review period. If so, review the Contact Notes to determine if the modification was seen by the EI during both the construction phase and within 2 weeks of the completion date. Also review documentation to ensure support of the usefulness, effectiveness, and benefit of the service along with the person's/family's satisfaction with the service. Source: HASCI Waiver Manual
E2-92	Contact notes reflect an on-site visit for Private Vehicle Modifications within 2 weeks of completion.	Review Contact Notes, the IFSP/FSP and Service Authorizations to determine if a Private Vehicle Modification was completed during the review period. If so, review the Contact Notes to determine if the modification was seen by the Early Interventionist within 2 weeks of the completion date and documentation is available to support the usefulness, effectiveness, and benefit of the service along with the person's/family's satisfaction with the service. *Effective 7/1/05. Source: HASCI Waiver Manual
E2-93	For any one-time service that costs \$1500.00 or more, the Early Interventionist has made an on-site visit to observe the item and to document the item's usefulness and effectiveness.	Review Contact Notes, the IFSP/FSP and Service Authorizations to determine if any one-time service costing over \$1500.00 was provided during the review period. If so, review the Contact Notes to determine if the item was monitored on-site by the EI and documentation is available to support the usefulness, effectiveness, and benefit of the service along with the person's/family's satisfaction with the service. Source: HASCI Waiver Manual
E2-94	For all services provided by the board (also called Board-Based services), documentation is available to show the service was provided on date service was reported.	Respite Care: Documentation is present to reflect that service was provided by a qualified provider. Refer to Appendix B-2 and Attachment 1 of the Waiver document. The IFSP/FSP reflects need for the service. The "Individual Summary of Board Based Services Provided" reflects the amount of Respite Care provided. NOTE: Not needed, if direct billed. Data/documentation is available to show services were provided on the date services were reported. Attendant Care/Personal Assistance Services: Documentation is present to reflect that services were provided by a qualified provider. Refer to Waiver Funded Home Support Caregiver certification and Appendix B-2 and Attachment 37 of the Waiver document. Individual summary of Board-based services provided is present and reflects the amount of service provided. NOTE: not needed if direct-billed. The IFSP/FSP reflects need for the service and amount of supervision required. Data/documentation is present to reflect services provided (daily time sheets noting tasks completed) on the date service was reported. Data/documentation is present to reflect supervision of the attendant by a nurse. For nursing services, look for data/documentation to reflect that the service was provided by a RN or LPN on the date the service was reported. Individual Summary of Board Based Services provided is present and reflect the amount of services provided. The IFSP/FSP reflects the need for the service as ordered by the physician. NOTE: Not needed, if direct billed. Psychological Services: Documentation is present to reflect that service was provided by a qualified provider. Refer to Appendix B-2 and Attachment 8 of the Waiver document. Individual Summary of Board Based Services provided is present and reflects the amount of services provided. NOTE: Not needed, if direct billed. The IFSP/FSP reflects need for the service. Data/documentation is present reflecting service provided (invoices, progress

	<p>notes, etc.) on the date service was reported. Behavioral Support Services: New HASCI Waiver service effective 7/1/05. Documentation is present to reflect that service was provided by a qualified provider. Refer to Appendix B-2 and Attachment 9 of the Waiver document. Individual Summary of Board Based Services provided is present and reflects the amount of services provided. NOTE: Not needed, if direct billed. For Private Vehicle Modifications, look for a copy of the certificate or service note that shows the installer reports that he/she has been certified in the installation and repair of the manufacturer's equipment. For private vehicle assessments, installation, follow-up inspection and training in the use of the private vehicle modifications refer to Appendix B-2, Attachment 10 of the HASCI Waiver document for qualified providers. For Environmental Modifications, a licensed contractor must be used. Look for the license number issued by the SC Labor Licensing and Regulation (SCLLR). The IFSP/FSP must reflect the need for the service and general description of the work to be completed. Look for a copy of the invoice for the work with person's name and notation that the work is complete. NOTE: An automatic door system or grab bars may be installed by a licensed contractor or a vendor with a retail or wholesale business license contracted to provide the service(s); for ex., a Durable Medical Equipment vendor. NOTE: All adaptations/modifications to the home that require building any type for example, using hammer and nails must be done by contractors that are licensed by the State of South Carolina through the SC Department of Labor, Licensing and Regulation, Contractor's Licensing Board. Source: HASCI Waiver Manual</p>
<p>E2-95</p>	<p>Documentation is present verifying that a provider is being actively sought when a provider is unavailable for any Waiver Service. Review the Contact Notes and the person's IFSP/FSP to determine if the Early Interventionist is actively seeking a provider of a Waiver service when a provider has not been found to provide the service. NOTE: The Early Interventionist must contact the Waiver participant at least every three months (90 days) if the Waiver participant does not have a provider available for any Waiver service and assist in locating a chosen provider of services. Source: HASCI Waiver Manual</p>
<p>E2-96</p>	<p>Nurse supervisory reports are present for attendant care services and the IFSP/FSP includes the need, frequency and intensity of the supervision. Review the IFSP/FSP to assure it includes the need for supervision or a statement that the person or responsible party is able to direct his/her care (this information may be included in the Background Document of the IFSP/FSP). Review the Waiver Services Summary Page of the IFSP/FSP to assure that it includes the frequency and intensity of the nurse supervision of attendant care services. Review nurse (LPN or RN licensed to practice in the state) supervisory progress reports. Nurse supervisory reports must be received and reviewed by the Service Coordinator. Nurse supervisory reports are required from the nursing provider at least every 120 days unless there is a statement that the person or responsible party is able to direct his/her own care. Look for a copy of the nurse's license in the file or review contact notes documenting the license # of the nurse. NOTE: Nursing providers may complete supervisory reports every 90 days (depends on the provider), however, at least every 120 days is required. Source: HASCI Waiver Manual</p>

HASCI WAIVER

<p>E2-97</p>	<p>Waiver Tracking System is consistent with records regarding services and the IFSP/FSP includes and justifies the need for all Review the Waiver services listed in the IFSP/FSP and IFSP/FSP amendments and compare them with the services listed on the Waiver tracking system. Also review the service authorizations and Medicaid Paid Claims to ensure that all Waiver Services are included and supported in the person's IFSP/FSP. NOTE: Service names on the Waiver tracking system are different from accurate</p>
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	HASCI Waiver services.	Waiver service names. Source: HASCI Waiver Manual
E2-98	The Legal Guardian was notified in writing regarding any denial, termination, reduction, or suspension of Waiver services with accompanying information.	Score "Met" if the documentation is available to document that a provider is being actively sought when a provider is unavailable for a Waiver service. Source: HASCI Waiver Manual

DDSN Only (3 to 5 years)

E3 DDSN ONLY REFERRAL/INTAKE		GUIDANCE
E3-01	Service Agreement signed and present in file.	Review DDSN Service Agreement in file. Source: DDSN EI Manual
E3-02	There is a Service Justification form in the file for any child 5 years of age or older being served in Early Intervention. After July 1, 2007 only.	Review the service notes and the service justification form to ensure that approval has been granted by the Office of Children's Services for the child to remain in Early Intervention. Source: DDSN EI Manual
E3-03	Intake process is completed within required time frames. (for new consumers only)	Review the date family was offered a choice of provider during the screening process (case open date) and date eligibility was determined to see if intake has been completed within 3 months. If eligibility is not completed in 3 months, case must be staffed with the Early Intervention Supervisor as to a reason for delay and action taken to address the delay, if applicable. If not documented in 6 months, case must be staffed with the Executive Director, and the decision of closing the case must be documented in the service notes. Extensions in both circumstances require documentation in service notes. Source: DDSN EI Manual
E3-04	Transition to other services or settings is coordinated.	Review FSP, Family Training Summary Sheets and/or Service Notes to ensure that the Early Interventionist completed, or is the process of completing, any task(s) they were assigned to follow-up on during transitions. Examples of these transitions could include hospital to home, BabyNet to school, home to childcare, etc. Source: DDSN EI Manual, EI Services Provider Manual Supports CQL Organizing Principles- L3, L8, S2, S3, S4
E3-05	Records are in compliance with SCDDSN standards, policies and procedures related to referral and intake.	Review the record to determine if standards, policies and procedures are followed during the referral and intake process. Source: DDSN EI Manual
E3-06	For children who are seeking DDSN eligibility and family training an FSP is completed within 30 days of being offered provider choice during screening.	Review Service Notes and FSP for documentation of the completed Plan. Source: DDSN EI Manual
E3-07 R	Family Service Plan (FSP) is completed annually.	FSP must be current within one year. The last page should be signed by the family and the EI. Source: DDSN EI Manual, EI Services Provider Manual Supports CQL Organizing Principles- L3,S2, S3
E3-08	The Parent/ Caregiver was provided a copy of the Plan.	Review service notes to verify that the parent/ caregiver was provided a copy of the Plan. Source: BabyNet Manual, DDSN EI Manual, EI Services Provider Manual
E3-09	FSP six month review was completed within six months of the FSP.	FSP six month review was completed within six months of the FSP. Source: DDSN EI Manual

E3 DDSN ONLY REFERRAL/INTAKE

GUIDANCE

<p>E3-10</p> <p>The Choice of Early Intervention Provider is offered annually.</p>	<p>Review service notes, Family Training Summary Sheets, and the Acknowledgment of SC/EI Choice Form to ensure the family has been given a choice of providers and the choice is documented.</p> <p>Source: DDSN EI Manual Supports CQL Organizing Principles- L2, L3,S2, S3</p>
<p>E3-11</p> <p>For a child who is exiting the BabyNet system, the initial FSP was completed no more than 2 weeks prior to the child's third birthday (not to exceed the child's third birthday).</p>	<p>APPLIES ONLY TO CHILDREN WHO EXITED THE BABYNET SYSTEM DURING THE REVIEW PERIOD.</p> <p>Review FSP and Service Notes to determine if the FSP was completed no more than 2 weeks prior to the child's third birthday. If the FSP needed to be completed more than 2 weeks prior to the child's third birthday there is documentation that the Early Interventionist discussed the situation with the Early Intervention Supervisor and documented the circumstances in their service notes.</p> <p>Source: DDSN EI Manual</p>
<p>E3-12</p> <p>The record/plan shows that facilitation was explained and choice was offered.</p>	<p>The Early Intervention record must reflect that information about Facilitation was provided to the person/guardian and a choice was offered. If a child is made eligible after the initial FSP has been completed the family will be given information about facilitation and offered a choice of a facilitated Plan prior to the next Plan date.</p> <p>Source: DDSN EI Manual</p>
<p>E3-13</p> <p>FSP reflects parents / professional collaborative efforts.</p>	<p>Review Service Notes, Family Training summary sheets, and/or FSP to locate documentation of collaboration between the parent, EI and other professionals.</p> <p>NOTE: A caregiver is considered a professional in this case.</p> <p>Source: DDSN EI Manual</p>
<p>E3-14</p> <p>When file is transferred from another SC/Family Training provider a new FSP is completed or the current plan is updated within 14 days.</p>	<p>Applies only to files transferred to new providers.</p> <p>Source: DDSN EI Manual</p>
<p>E3-15</p> <p>FSP includes current information relating to vision, hearing, medical, therapy, and all areas of development to include health.</p>	<p>Review sections 6a, 6b (6c if applicable) of the FSP to ensure information is current and includes therapy and developmental information.</p> <p>Source: DDSN EI Manual</p>
<p>E3-16</p> <p>Goals are based on identified needs and the team's concerns relating to the child's development.</p>	<p>Compare FSP sections 6a, 6b (6c if applicable) to the pages to determine if the Plan indicates who should do what and where it will take place. There should only be one goal per page.</p> <p>Source: DDSN EI Manual, EI Services Provider Manual Supports CQL Organizing Principles- L3, S2, S3</p>
<p>E3-17</p> <p>Goals are/have been addressed by the Early Interventionist.</p>	<p>Review Service Notes and Family Training summary sheets to determine if all goals have been or are being addressed by the EI. All developmental goals should be addressed within 3 months of Family Training start date. If the goal(s) are not being addressed, review documentation for supporting information noting why they haven't been addressed.</p> <p>Source: DDSN EI Manual, EI Services Provider Manual</p>

E3 DDSN ONLY

GUIDANCE

E3 DDSDN ONLY REFERRAL/INTAKE		GUIDANCE
E3-18	Goals are adjusted, terminated or added based on ongoing assessment, lack of progress, or parent/professional request.	Review goal pages of the FSP to ensure that all goals are terminated, adjusted or added based on ongoing assessment, lack of progress, or parent/professional request. Source: DDSN EI Manual, EI Services Provider Manual Supports CQL Organizing Principles- L3, S2, S3
E3-19	FSP "Other Services" reflects current services.	The FSP "Other Services" worksheet must be in all EI files and must reflect current services (Waiver, Center based child care, OT, ST, PT, FT amount, frequency, and duration, Family Support Funds, Respite, ABC, etc). Changes in service delivery must be documented on an the FSP. Source: DDSN EI Manual
E3-20	If the child's FSP indicates the need for 6 or more hours per month of Family Training, the service notes indicate that information has been sent to the Office of Children's Services for approval.	Review frequency of Family Training as identified on the FSP. If the frequency noted on the plan is 6 or more hours per month of Family Training there should be documentation indicating that the file was sent to the Office of Children's Services for approval. Source: DDSN EI Manual
E3-21	Assessments are completed annually or as often as changes warrant.	Review assessment dates on chosen assessment tool(s) and FSP to ensure they are completed annually or as changes warrant (i.e., significant improvement or regression). Source: DDSN EI Manual, EI Services Provider Manual Supports CQL Organizing Principles- L3, S2, S3
E3-22	Records are in compliance with SCDDSDN standards, policies and procedures related to the FSP.	Review the record to determine if standards, policies and procedures are followed during the FSP process. Source: DDSN EI Manual
E3 Family Training		
GUIDANCE		
For children 3-5 who receive less than 2 hours a month of family training the file must contain the appropriate justification form. Indicators E3-22 through E3-31 should only be used if the child is receiving family training.		
E3-23	Family Training is provided according to the frequency determined by the team and as documented in the Other Services section of the FSP.	The FSP should outline the frequency of Family Training. Review the ISRs, Family Training summary sheets and/or FSP "Other Services" section to ensure that Family Training is provided at the frequency outlined. If the frequency outlined is not being provided consistently, review Service Notes and other documentation to see if the EI is attempting to follow the schedule. Source: DDSN EI Manual, EI Services Provider Manual Supports CQL Organizing Principles- L3, S2, S3
E3-24	Family Training is scheduled at times and places acceptable to the family and within natural learning environment.	The home should be the primary meeting/training place unless otherwise requested by the parent or legal guardian. Review the FSP goal pages, Service Notes, and Family Training summary sheets to ensure that Family Training is being provided in the home or location requested by the parent or legal guardian. Family Training cannot be provided in a DDSN operated facility unless at least 50% of the children enrolled are typically developing. Source: DDSN EI Manual Supports CQL Organizing Principles- L3, S2, S3

E3-25	Family Training summary sheets include goals and objectives for each visit as well as follow-up objectives for the next visit.	Family Training summary sheets should indicate the scheduled time and date of the next visit and what the caregiver will work on with the child until the next training visit. Review Family Training summary sheets to ensure that they include goals and objectives for each visit as well as objectives for the next visit with an error rate of no more than 2 mistakes during the review period. Source: DDSN EI Manual
E3-26	Family Training activities are appropriate for the child's developmental needs.	Review EI assessment tool(s), therapy, provider reports and FSP and compare to Family Training summary sheets. Source: DDSN EI Manual Supports CQL Organizing Principles- L3, S2, S3
E3-27	Entries for Family Training visits include how family member(s)/ caregiver(s) participated in visit.	Review Family Training summary sheets and Service Notes to ensure that family/caregiver participated in training sessions. To state that the parent/caregiver was present is NOT sufficient. The summary of visit should include how the parent/caregiver actively participated in the visit. Review Family Training summary sheets to ensure that they include this information with an error rate of no more than 2 mistakes during the review period. Source: DDSN EI Manual
E3-28	Family Training activities should vary.	Review the Family Training summary sheets to ensure that the activities vary in order to meet the outcomes for the child. Source: DDSN EI Manual
E3-29	Family Training activities correspond to outcomes on the FSP goal pages.	Review goals (section 10) and Family Training summary sheets. Compare goals with Family Training activities. Source: DDSN EI Manual. EI Services Provider Manual
E3-30	Time spent/prepared preparing for a Family Training visit responds with the activity planned.	Review Service Notes and Family Training Summary Sheets to determine if the time reported for preparing for a Family Training visit corresponds to the activities completed during the visit. For example, an EI should not report 15 minutes of "prep time" for a visit if when the EI got to the home they worked on singing songs or putting puzzles together. Source: DDSN EI Manual
E3-31	If less than 2 hours per month of Family Training is identified on the FSP there is an approved Service Justification Form in the file.	Review the FSP Other services section to determine the frequency of Family Training. If the need for Family Training is identified as less than 2 hours per month there must be a service justification form present. Source: DDSN EI Manual
E3-32	If the Early Interventionist is unable to provide Family Training for an extended period of time (more than a month) was the family offered a choice of an alternate Family Training provider.	Review the Service Justification Form, service notes, and/or Family Training Summary Sheets to ensure the family was offered an alternate Early Interventionist to provide Family Training. Source: DDSN EI Manual
E3-33	Records are in compliance with SCDDSN standards and procedures related to the delivery of Family Training.	Review the record to determine if standards and procedures were followed related to the provision of Family Training. Source: DDSN EI Manual

E3 Family Training		GUIDANCE
E3-34	Entries are clear and are documented within 7 business days of services being rendered.	Review Service Notes to ensure clarity and inclusion of name/initials of the Early Interventionist. All services must be documented in the file within seven business days of delivery. Source: DDSN EI Manual. EI Services Provider Manual
E3-35	All items in the record are maintained in chronological order in the respective sections.	Review records from all program areas that the person is involved with to determine if documents located in the respective sections of the record are maintained in chronological order. Source: DDSN EI Manual. EI Services Provider Manual
E3-36	Service note entries reference the appropriate Family Training summary sheet.	Review Service Notes to ensure dates match dates on Family Training summary sheets. Source: DDSN EI Manual. EI Services Provider Manual
E3-37	Service notes document why and how the Early Interventionist participated in meetings/appointments on the child's behalf.	Review Service Notes to ensure why and how the Early Interventionist participated in the meeting/appointment. The Early Interventionist must justify why they are reporting the time that they are at the meeting/appointment. For example, it would not be appropriate for an EI to attend a Developmental Pediatrician's appointment and then report time for attending the entire appointment. Source: DDSN EI Manual
E3-38	Records are in compliance with SCDDSN standards, policies and procedures related to the documentation of services.	Review the record to determine if standards, policies and procedures were followed related to the documentation of services to include proper error correction. Source: DDSN EI Manual. EI Services Provider Manual
E3 OTHER DOCUMENTATION		GUIDANCE
E3-39	ISRs are present and reflect services rendered correctly.	Review ISRs, Service Notes and Family Training Summary Sheets to compare documentation with reporting on ISRs. Source: DDSN EI Manual. EI Services Provider Manual
E3-40	The CDSS/STS is up to date and reflects the current services being received.	Review the STS Master Report also known as the feedback document. Compare this document to the IFSP/FSP, service notes and Family Training Summary Sheets in the child's primary case record. The feedback document must be reviewed for consistency with documentation in the record. Only the following Segments or portions of Segments are to be reviewed for this key indicator. Segment 1, Intake Segment 2, Eligibility Review only the plan date in this section. If the plan date precedes the DDSN case open on date on CDSS (This sometimes happens if BabyNet does the initial plan before referral to DDSN.), the plan date cannot be entered by the user (local provider staff) on CDSS. Otherwise, if the current plan date is not correct and current, score "No". Segment 4, Receiving Services Review "Receiving Information for Support Services" only. Source: DDSN EI Manual
E3-41	The estimated cost of services form was completed and discussed with the parent/ legal guardian on an annual basis.	Review cost of services form and service notes to ensure that the form was completed and discussed with the parent/ caregiver annually.
E3 OTHER		GUIDANCE

DOCUMENTATION

E3-42	The content of the FSP clearly justifies the need for MR/RD Waiver services.	Review the FSP to ensure that the MR/RD Waiver services being authorized are justified in the content of the Plan according to the MR/RD waiver service definitions. Source: MR/RD Waiver Manual
E3-43 R	FSP documents MR/RD Waiver supports including service name, frequency of service, the amount, and provider name.	For each Waiver service received by the person, the Plan must document the need for the service, the correct Waiver service name, the amount, frequency and duration of the service, and the provider name or type. Behavior Support Services Behavior Support Services Behavior Support Environmental Modifications Environmental Modifications Environmental Mods. Enviro. Mods Nursing Services Nursing Services Nursing Private Vehicle Modifications Private Vehicle Modifications Vehicle Modifications Vehicle Mods. Psychological Services Psychological Psych. Services Residential Habilitation Residential Habilitation Residential Hab. Residential Respite Care Respite Care Respite Respite Care Services Specialized Medical Equipment, Supplies, and Assistive Technology Specialized Medical Equipment, Supplies & Assistive Technology Assistive Technology Source: MR/RD Waiver Manual
E3-44	The Freedom of Choice Form is present.	Review the record to ensure that the Freedom of Choice form is present in the record. The form must be "checked" to indicate choice of Waiver services in the community over institutionalization and signed by the parent or legal guardian. Source: MR/RD Waiver Manual
E3-45	The Freedom of Choice is signed prior to Waiver enrollment.	Review Freedom of Choice form and Waiver enrollment date. Source: MR/RD Waiver Manual

E3-46 R	The most current Level of Care Determination is dated within 365 days of the last Level of Care Determination and is completed by the appropriate entity.	Review the most recent and previous Level of Care evaluations to ensure that recertification occurred within 365 days. Initial ICF/MR evaluations are requested from SCDDSN's Consumer Assessment Team. The Early Interventionist must submit a packet of information to the team to determine LOC. Re-evaluations are completed by Early Interventionists for all consumers except for those consumers whose eligibility determination is "time-limited", "At Risk" or "High Risk". The Consumer Assessment Team must complete these re-evaluations. If the re-evaluation was not completed by the Consumer Assessment Team, then the Level of Care is not valid. The date the Level of Care Re-evaluation is completed is the effective date. Therefore, if the Level of Care Re-evaluation was completed on July 3, 2003 the effective date would be 7/3/03 with an expiration date of 7/2/04. Source: MR/RD Waiver Manual
E3-47	The current Level of Care is supported by the assessments and documents indicated on the Level of Care determination.	Review the most current LOC determination and compare it to information in assessments/documents referenced as sources for the Level of Care evaluation to determine if documentation supports the current Level of Care assessment. Source: MR/RD Waiver Manual
E3-48	If the person/guardian refused a MR/RD Waiver service(s), the risks associated with refusing the service(s) are discussed.	Review Contact Notes and other record documentation along with all Plans completed during the review period to determine if a person participating in the MR/RD Waiver refused a MR/RD Waiver service. If a service was refused, review record to locate documentation that the risks associated with refusing the service were discussed. Source: MR/RD Waiver Manual
E3-49	Documentation is present verifying that a choice of providers was offered to the person/family for each MR/RD Waiver service.	Review the Service Notes, FSP, and Family Training Summary Sheets to determine if the parent/legal guardian was given a choice of provider of service each time a service need was identified/authorized. Source: MR/RD Waiver Manual
E3-50	The Acknowledgement of Choice Confirmation (MR/RD Form 29) or Acknowledgment of Rights and Responsibilities (MR/RD Form 2) is completed with the annual plan.	Review the record to ensure that the Acknowledgement of Choice Confirmation is present or after March 1, 2005 ensure that the Acknowledgement of Rights and Responsibilities is present. Review signature dates on the current and previous forms to ensure they have been completed with the annual plan. Source: MR/RD Waiver Manual
E3-51	MR/RD Waiver services are provided in accordance with the service definitions.	Review Service definitions in the MR/RD Waiver documents for each service that the person is receiving. Review FSP, Service Notes, Family Training Summary Sheets, and relevant service assessments to ensure that services are being provided according to the definitions. Source: MR/RD Waiver Manual
E3-52 R	If Nursing Services are provided, an order from the primary physician is present and coordinates with the Authorization of Services form (MR/RD form A-12).	Review record to ensure that a doctor's order is available and is consistent with the amount and type of Nursing Services authorized for the person. Source: MR/RD Waiver Manual

E3 DDSN Only

Guidance

E3-53 If Personal Care Aide

Review record to ensure that a physician's order is available.

	Services (II) are provided, an order is present from the physician for Personal Care Aide Services.	NOTE: Children's PCA is a State Plan Medicaid service for children up to age 21. DDSN authorizes this State Plan service for MR/RD Waiver participants. Source: MR/RD Waiver Manual
E3-54	MR/RD Waiver services are received at least every 30 days.	Review Services Notes, FSP, Family Training Summary Sheets, and Medicaid Paid Claims to ensure that the person has received or is receiving at least one Waiver service every 30 days during the review period. A service must be received at least every 30 days. If at least one service was not received every 30 days, the person should have been disenrolled from the MR/RD Waiver. Source: MR/RD Waiver Manual
E3-55	Service needs outside the scope of Waiver services are identified in Plans and addressed.	Review FSP, Service Notes, and Family Training Summary Sheets to ensure that EI has identified and addressed all service needs regardless of the funding source. Source: MR/RD Waiver Manual
E3-56	Authorization forms are completed for services, as required, prior to service provision.	Review the person's budget, paid claims and plan to ensure that Authorization for Services forms are present and note a "start date" for services that should be the same or after the date of the Service Coordinator's signature. Authorization forms are required for all services except Prescribed Drugs, Adult Vision Services, Adult Dental Services, and an Audiological Evaluation. Source: MR/RD Waiver Manual
E3-57	Contact Notes reflect mentorship within the first month of the start of an ongoing MR/RD Waiver service or provider change to include the effectiveness, frequency, duration, benefit, usefulness, and person / family's satisfaction with the service.	Review the IFSP/FSP, Contact Notes, and service authorizations to determine if the person began receiving a new ongoing service and/or the person changed providers of a previously received ongoing service. If so, review Contact Notes, the Plan and other documentation in the record to determine if service or provider change was monitored within 1 month and documentation regarding effectiveness, frequency, duration, benefit, usefulness, and person/family's satisfaction with the service. Source: MR/RD Waiver Manual
E3-58	Contact Notes reflect mentorship within the second month from the start of an ongoing MR/RD Waiver service or provider change to include the effectiveness, frequency, duration, benefit, usefulness, and person / family's satisfaction with the service.	Review the IFSP/FSP, Contact Notes, and service authorization forms to determine if the person began receiving a new ongoing service and/or the person changed providers of a previously received ongoing service during the review period. If so, review Contact Notes to determine if service or provider change was monitored within the second month and documentation regarding the effectiveness, frequency, duration, benefit, usefulness, and person/family's satisfaction with the service. Source: MR/RD Waiver Manual
E3-59	Contact Notes reflect Mentorship as often as needed but at least quarterly regarding all ongoing MR/RD Waiver services to include the effectiveness, frequency, duration, benefit, usefulness, and person / family's satisfaction with the service.	Review Contact Notes, the IFSP/FSP, and other documentation in the records to determine if all Waiver services are monitored at least quarterly to include the effectiveness, frequency, duration, benefit, usefulness, and person/family's satisfaction with the service. Source: MR/RD Waiver Manual
E3	DDSN Only	Guidance
E3-60	Contact Notes reflect on-	Review Service Notes, FSP, and Family Training Summary Sheets to determine if

	<p>site Monitorship of Personal Care and/or Nursing while service is being provided. This monitorship must occur within 1 month of the start of service or provider change and once yearly unless otherwise noted by supervisor exception and documented approval.</p>	<p>documentation is available to support that an on-site monitorship was completed as required for each applicable Waiver service the person is receiving. If an exception is noted, documentation must be available noting why and must be only for extreme circumstances (i.e. the service is only provided in extremely early or late hours). This Monitorship should include the usefulness, effectiveness, and the person's/family satisfaction with the service.</p> <p>Source: MR/RD Waiver Manual</p>
E3-61	<p>Contact Notes reflect Monitorship with the recipient within 2 weeks of a one-time service and reflect that the service was received.</p>	<p>Review Service Notes, FSP, Family Training Summary Sheets and service authorizations to determine if the individual received any one-time services during the review period. If so, review the service notes to determine if the service was monitored to determine if the individual received the service and documentation is present to support the usefulness, benefit, effectiveness, and individual's satisfaction with the service was addressed.</p> <p>Source: MR/RD Waiver Manual</p>
E3-62	<p>Contact notes reflect monthly monitoring for those recipients receiving 2 or less MR/RD Waiver services to include the effectiveness, frequency, duration, benefit, and usefulness of the service.</p>	<p>Review the IFSP/FSP, contact notes, MR/RD Waiver budget and service authorizations to determine how many waiver services the person is receiving. If the person is receiving 2 or less MR/RD Waiver services, review the contact notes to ensure that all MR/RD Waiver services are monitored monthly and that the monitorship includes effectiveness, frequency, duration, benefit, and usefulness of the service.</p> <p>Source: MR/RD Waiver Manual</p>
E3-63	<p>Contact Notes reflect an on-site monitorship during the construction phase for Environmental Modifications and within 2 weeks of completion.</p>	<p>Review Service Notes, FSP, Family Training Summary Sheets and service authorizations to determine an environmental modification was completed during the review period. If so, review the Service Notes to determine if the modification was seen by the EI during both the construction phase and within 2 weeks of the completion date. Also review the documentation to ensure support of the effectiveness, usefulness and benefit of the service along with the individual's/family's satisfaction.</p> <p>Source: MR/RD Waiver Manual</p>
E3-64	<p>Contact Notes reflect an on-site monitorship for Private Vehicle Modifications within 2 weeks of completion.</p>	<p>Review Service Notes, FSP, Family Training Summary Sheets and Service Authorizations to determine if a Private Vehicle Modification was completed during the review period. If so, review the service notes to determine if the modification was seen by the EI within 2 weeks of the completion date and documentation is available to support the effectiveness, usefulness and benefit of the service along with the individual's/family's satisfaction.</p> <p>Source: MR/RD Waiver Manual</p>
E3-65	<p>For any one-time Assistive Technology item costing \$1500.00 or more, the Early Interventionist has made an on-site visit to observe the item and to document the item's usefulness and effectiveness.</p>	<p>Review Service Notes, FSP, Family Training Summary Sheets and Service Authorizations to determine if any assistive technology item costing over \$1500.00 was provided during the review period. If so, review the Service Notes to determine if the item was seen in the recipient's possession by the EI and documentation is available to support the usefulness and effectiveness of the item along with the individual's/family's satisfaction with the item.</p> <p>Source: MR/RD Waiver Manual</p>

E3 DDSN Only

Guidance

E3-66	<p>The Person/Legal Guardian was notified in</p>	<p>Review Service Notes to determine if during the review period any Waiver services were reduced, suspended, terminated, or denied. If this is noted, then</p>
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	<p>writing regarding any denial, termination, reduction, or suspension of MR/RD Waiver services with accompanying appeals information.</p>	<p>review the service notes to determine if the person/legal guardian was notified in writing regarding the denial, suspension, termination or reduction of the service and provided with the appropriate appeals process. This is done by use of the Notice of Denial (MR/RD Form 16-A) Notice of Termination of Service (MR/RD Form 16-B) and Notice of Suspension of Services (MR/RD Form 16-C) and/or Notice of Reduction of Services (MR/RD Form 16-D).</p> <p>NOTE: Service names on the Waiver Tracking System may be different from "accurate" Waiver service names.</p> <p>Source: MR/RD Waiver Manual</p>
<p>E3 HASCI WAIVER</p> <p>GUIDANCE</p>		
E3-67	<p>The content of the FSP clearly justifies the need for Waiver services.</p>	<p>Review the FSP to ensure that the Waiver services being authorized are justified in the content of the FSP.</p> <p>Source: HASCI Waiver Manual</p>
E3-68 R	<p>The FSP documents Waiver supports including service name, the amount, frequency and duration of each service, and provider name.</p>	<p>If not met, document review period dates and date range out of compliance* For each Waiver Service received by the person, the FSP must document the need for the service, the correct Waiver Service name, the amount, frequency and duration of the service, and the provider name or type. For Waiver participants, the FSP must reflect the exact Waiver service name or an acceptable substitute as listed on the table below. If the Waiver participant receives Attendant Care/Personal Assistance Services, the frequency and intensity of Nurse Supervision of Attendant Care must be noted on the Waiver Services Summary in the FSP. Effective 7/1/05, the following are new HASCI Waiver services and the FSP must reflect the exact HASCI Waiver service name or an acceptable substitute as listed on the table below:</p> <ul style="list-style-type: none"> Respite Care Respite Respite Care Services Medical Supplies, Equipment and Assistive Technology Medical Supplies Medical Equipment Assistive Technology Medicaid HASCI Waiver Nursing Nursing Services Nursing Psychological Services Psychological Attendant Care/Personal Assistance Services Attc/PAS Attendant Care Services Attendant Care Attc Personal Assistance Personal Assistance Services Residential Habilitation Residential Hab. Residential Behavioral Support Services Behavioral Support Private Vehicle Modifications Vehicle Modifications Vehicle Mods. Environmental Modifications Environmental Mods. Enviro. Mods <p>Source: HASCI Waiver Manual</p>
<p>E3 HASCI WAIVER</p> <p>GUIDANCE</p>		
E3-69	<p>The Freedom of Choice Form is present.</p>	<p>Review the record to ensure that the Freedom of Choice form is present in the record. The form must be "checked" to indicate choice of Waiver services in the</p>

		community over institutionalization and signed by the parent or legal guardian. Source: HASCI Waiver Manual
E3-70	The Freedom of Choice form is signed prior to Waiver enrollment.	Review Freedom of Choice form and Waiver enrollment date. Source: HASCI Waiver Manual
E3-71	The Initial Level of Care is present.	Review the initial LOC determination to determine if it was completed prior to or on the date of Waiver enrollment. For ICF/MR Level of care, the initial Level of Care date is the "effective date" on the Certification Letter (ICF/MR Level of Care). For NF Level of Care, the initial Level of Care date is the date on the CLTC transmittal form (NF Level of Care, HASCI Form 7). NOTE: A person must be enrolled in the Waiver within 30 days of the initial Level of Care (LOC) determination. NOTE: If the person is enrolled in the Waiver within 30 days of the initial LOC determination the LOC effective date is valid for 365 days from the initial LOC date. Source: HASCI Waiver Manual
E3-72 R	The most current Recertification is dated within 365 days of the last Recertification.	If not met, document review period dates and date range out of compliance* Review the most recent and previous Level of Care evaluations to ensure that recertification occurred within 365 days. The date the Level of Care Re-evaluation is completed, is the effective date. Therefore, if the Level of Care Re-evaluation was completed on July 3, 2004 the effective date would be 7/3/04 and expiration date of 7/2/05. For NF Level of Care, the recertification date is the date located on the HASCI Form 6. For Nursing Facility Level of Care, Contact Notes must reflect that the reevaluation occurred on a home visit with the Waiver participant and the reevaluation was staffed with the Service Coordination Supervisor or other responsible party within 2 working days of the home visit as verified by initial and date of the supervisor on DHHS Form 1718. The staffing date is the NF LOC date. Source: HASCI Waiver Manual
E3-73	The current Level of Care is supported by the current FSP and supporting assessments indicated on the LOC determination.	Review the most current LOC determination (either a Nursing Facility Level of Care or an ICF/MR Level of Care is completed) and compare it to information in the current FSP and other assessments referenced as sources for the LOC evaluation to determine if documentation supports the current Level of Care assessment. If the ICF/MR Level of Care is completed, the supporting assessments used to make the determination will be listed on the ICF/MR LOC determination and summarized in the FSP. If the Nursing Facility Level of Care is completed, the results of the determination will be summarized in the FSP. Source: HASCI Waiver Manual
E3-74	On FSP documents where the person refused a Waiver service(s), the risks associated with refusing the service(s) were addressed.	Review Service Notes and other record documentation along with all FSPs completed during the review period to determine if a person participating in the Waiver refused a HASCI Waiver service. If a service was refused, review record to locate documentation that the risks associated with refusing the service were addressed. Source: HASCI Waiver Manual

E3 HASCI WAIVER

GUIDANCE

E3-75	Records verify that evaluations/re-evaluations were completed in accordance	For ICF/MR Level of Care, initial evaluations are requested from SCDDSN's Consumer Assessment Team. The EI must submit a packet of information to the team to determine LOC. Re-evaluations are completed by Early Interventionists for all consumers except for those persons whose eligibility determination is "time-
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	procedures specified in the approved Waiver.	limited", "At Risk" or "High Risk". The Consumer Assessment Team must complete these re-evaluations. If the re-evaluation was not completed by the Consumer Assessment Team, then the Level of Care is not valid. For ICF/MR Level of Care Re-evaluations, the date the Level of Care Re-evaluation is completed, is the effective date. Therefore, if the Level of Care Re-evaluation was completed on July 3, 2004 the effective date would be 7/3/04 and expiration date of 7/2/05. For NF Level of Care, Community Long Term Care (CLTC) conducts initial evaluations. The EI is responsible for obtaining consent from the potential Waiver participant and forwarding the consent and transmittal to CLTC. DDSN Early Intervention staff completes re-evaluations. For NF Level of Care re-evaluations, Contact Notes must reflect that the reevaluation occurred on a home visit with the Waiver participant and the responsible party within 2 working days of the home visit as verified by initial and date of the supervisor on DHHS Form 1718. The staffing date is the NF LOC date.
E3-76	If the person was disenrolled/terminated from the Waiver, the Termination (HASCI Form 8) was completed within 2 working days of the disenrollment date.	Source: HASCI Waiver Manual Review the Contact Notes, the FSP and Termination form to ensure that the EI completed the form within 2 working days of notification that the Waiver participant needed to be disenrolled. Source: HASCI Waiver Manual
E3-77	Documentation is present verifying that a choice of providers was offered to the person/family for each Waiver service.	Review the Service Notes and the person's FSP to determine if the person was given a choice of provider of service each time a service need was identified/authorized. Source: HASCI Waiver Manual
E3-78	The Acknowledgement of Choice and Appeal Rights is completed prior to Waiver enrollment and with the annual FSP.	Review the record to ensure that the Acknowledgement of Choice and Appeal Rights (HASCI Form 19) is present. Review signature dates on the forms to ensure that one was completed prior to Waiver enrollment and the other was with the annual FSP. NOTE: This was not a requirement for Waiver participants until December 2004. Persons will not have these forms on record prior to that date. Score "Met" in this case. Source: HASCI Waiver Manual
E3-79	The Acknowledgement of Rights and Responsibilities is present.	Review the record to ensure that the Acknowledgement of Rights and Responsibilities (HASCI Form 20) is present. NOTE: This was not a requirement until December 2004. This must be completed "one-time" at the FSP meeting. For new Waiver participants it must be completed prior to Waiver enrollment. It is not required annually. Persons will not have this form on record prior to that date. Score "Met" in this case. Source: HASCI Waiver Manual
E3-80	Waiver services are provided according to provisions in the Waiver document.	Review Service definitions in the Waiver documents for each service that the person is receiving. Review the person's FSP and Service Notes to ensure that services are being provided according to the definitions. Source: HASCI Waiver Manual
E3 HASCI WAIVER GUIDANCE		
E3-81	If Nursing Services are provided, an order from the physician is present and coordinates with the Authorization of Services	Review record to ensure that a doctor's order is available and is consistent with the amount and type of Nursing Services authorized for the person. Source: HASCI Waiver Manual

	Form (HASCI Form 12-D).	
E3-82	HASCI Waiver services are received at least every 30 days.	Review Services Notes, the person's FSP, and Medicaid Paid Claims to ensure that the person has received or is receiving at least one Waiver service each month during the review period. A service must be received during each calendar month. If at least one service was not received each month, the person should have been disenrolled from the Waiver. For example, if a Waiver participant receives a Waiver service on March 17th and receives no other Waiver services before April 30th, then the Waiver participant would be disenrolled from the Waiver. Source: HASCI Waiver Manual
E3-83	Service needs and personal goals outside the scope of Waiver services are identified in FSP documents and addressed.	Review the FSP documents, Service Notes, and other documentation in the record to ensure that the EI has identified and addressed all service needs and personal goals for the person, regardless of the funding source. Source: HASCI Waiver Manual
E3-84	Authorization forms are completed for services, as required, prior to service provision.	Authorization for Services forms are present and note a "start date" for services that should be the same or after the date of the EI's signature. Authorization forms are required for all services except Prescribed Drugs. Source: HASCI Waiver Manual
E3-85	The established Waiver documentation index is followed.	Review the Waiver information in the record and compare it to the established Waiver documentation Index. Source: HASCI Waiver Manual
E3-86	Contact Notes reflect Mentorship within 2 weeks of the start of an ongoing service or provider change and include the usefulness, effectiveness, frequency, duration and the person / family's satisfaction with the service.	Review Service Notes, the FSP and service authorizations to determine if the person began receiving a new ongoing service and/or the person changed providers of a previously received ongoing service. If so, review Service Notes, the FSP and other documentation in the record to determine if service or provider change was monitored within 2 weeks and documentation regarding include the usefulness, effectiveness, frequency, duration and the person/family's satisfaction with the service is present. Source: HASCI Waiver Manual
E3-87	Contact Notes reflect Mentorship as often as needed but at least every 3 months (90 calendar days) with the person and includes a statement of the usefulness and effectiveness of all ongoing Waiver services and justification for continued need.	Review Contact Notes, the FSP and other documentation in the record to determine if the person/family is contacted at least every 90 days to monitor all Waiver services, including assessment of service provision and justification of continued need. Source: HASCI Waiver Manual

E3 HASCI WAIVER

GUIDANCE

E3-88	One-Time Services: Contact Notes reflect contact with the person within 2 weeks of the service and reflect that the service was received.	Review Contact Notes, the FSP and service authorizations to determine if the person received any one-time services during the review period. If so, review the Contact Notes to determine if the service was monitored within 2 weeks to determine if the person received the service and provides a statement of usefulness and effectiveness of the service and the person's/family's satisfaction with the service.
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		<p>Source: HASCI Waiver Manual</p>
E3-89	<p>Contact Notes reflect an on-site visit during the construction phase for Environmental Modifications and within 2 weeks of completion.</p>	<p>Review Contact Notes, the FSP and service authorizations to determine if an Environmental Modification was completed during the review period. If so, review the Contact Notes to determine if the modification was seen by the EI during both the construction phase and within 2 weeks of the completion date. Also review documentation to ensure support of the usefulness and effectiveness of the service along with the person's/family's satisfaction with the service.</p> <p>Source: HASCI Waiver Manual</p>
E3-90	<p>Contact notes reflect an on-site visit for Private Vehicle Modifications within 2 weeks of completion.</p>	<p>Review Contact Notes, the FSP and Service Authorizations to determine if a Private Vehicle Modification was completed during the review period. If so, review the Contact Notes to determine if the modification was seen by the Early Interventionist within 2 weeks of the completion date and documentation is available to support the usefulness and effectiveness of the service along with the person's/family's satisfaction with the service.</p> <p>Source: HASCI Waiver Manual</p>
E3-91	<p>For any one-time service that costs \$1500.00 or more, the Early Interventionist has made an on-site visit to observe the item and to document the item's usefulness and effectiveness.</p>	<p>Review Contact Notes, the FSP and Service Authorizations to determine if any one-time service costing over \$1500.00 was provided during the review period. If so, review the Contact Notes to determine if the item was monitored on-site by the EI and documentation is available to support the usefulness, effectiveness, and benefit of the service along with the person's/family's satisfaction with the service.</p> <p>Source: HASCI Waiver Manual</p>
E3-92	<p>Documentation is present verifying that a provider is being actively sought when a provider is unavailable for any Waiver Service.</p>	<p>Review the Contact Notes and the person's FSP to determine if the Early Interventionist is actively seeking a provider of a Waiver service when a provider has not been found to provide the service. NOTE: The Early Interventionist must contact the Waiver participant at least every three months (90 days) if the Waiver participant does not have a provider available for any Waiver service and assist in locating a chosen provider of services</p> <p>Source: HASCI Waiver Manual</p>
E3-93	<p>Nurse supervisory reports are present for attendant care services and the FSP includes the need, frequency and intensity of the supervision.</p>	<p>Review the FSP to assure it includes the need for supervision or a statement that the person or responsible party is able to direct his/her care (this information may be included in the Background Document of the FSP). Review the Waiver Services Summary Page of the FSP to assure that it includes the frequency and intensity of the nurse supervision of attendant care services. Review nurse (LPN or RN licensed to practice in the state) supervisory progress reports. Nurse supervisory reports must be received and reviewed by the Service Coordinator. Nurse supervisory reports are required from the nursing provider at least every 120 days unless there is a statement that the person or responsible party is able to direct his/her own care. Look for a copy of the nurse's license in the file or review contact notes documenting the license # of the nurse.</p> <p>NOTE: Nursing providers may complete supervisory reports every 90 days (depends on the provider), however, at least every 120 days is required.</p> <p>Source: HASCI Waiver Manual</p>
E3 HASCI WAIVER		
GUIDANCE		
E3-94	<p>Waiver Tracking System is consistent with records regarding services and the FSP includes and justifies the need for all HASCI Waiver services.</p>	<p>Review the Waiver services listed in the FSP and FSP amendments and compare them with the services listed on the Waiver tracking system. Also review the service authorizations and Medicaid Paid Claims to ensure that all Waiver Services are included and supported in the person's FSP.</p> <p>Score "Met" if the services listed on the Waiver tracking system are consistent with the services in the FSP/FSP Amendments. Note that there may be services on the Waiver Tracking System that were provided and completed prior to completion of the current FSP; therefore, they will not be present.</p>

		Source: HASCI Waiver Manual
E3-95	The Legal Guardian was notified in writing regarding any denial, termination, reduction, or suspension of Waiver services with accompanying appeals information.	Score "Met" if the documentation is available to document that a provider is being actively sought when a provider is unavailable for a Waiver service. Source: HASCI Waiver Manual

DDSN QUALITY ASSURANCE REPORT
For
Medical Management Support Service
(Rehabilitation Supports)

August 31, 2009

DDSN's policy regarding Quality Assurance and Management is grounded in our Mission, Vision and Values and makes clear our commitment to the following guiding principles: continuous quality improvement; total quality management; customer driven; comprehensive; results-oriented; and education-based.

This is accomplished by an in depth analysis of DDSN as an Organized Health Care Delivery System on the three levels of: structure, process and results or outcomes. Assessment of structure includes: DDSN license for day services, DDSN certificate for CTH and SLP, DSS license for CTH with children, Fire Marshall inspections of all the above, Delmarva Foundation reviews of all the above, and DDSN policies such as abuse reporting, critical incidents, training requirements, etc. Process is the analysis of the actual delivery of care during which technical aspects (such as timeliness of eligibility decisions, choice of provider offered, accurate assessment, etc) and interpersonal aspects (effective listening, respect toward consumer, application of consumer rights, etc.) are analyzed. Results or outcomes are what happen as a result of services and care provided to consumers. Results are quantitative (reliable valid measures grounded in statistics generalizable to the entire DDSN population) and qualitative (enhance our understanding of the data).

SCDDSN contracts with the Delmarva Foundation, to conduct the Contractual Compliance Reviews and Consumer Satisfaction Surveys that are parts of our overall Quality Assurance activities. For the Contractual Compliance Review (CCR) process, DDSN utilizes a stratified random sample of 5% of consumers receiving DDSN services. This sampling technique is applied to all of our providers including those providing Medical Management Support Services (known by DDSN as Rehabilitation Supports) each Year.

When a Contractual Compliance Review of a provider is conducted, "key indicators" (standards) in the areas or domains of administrative and general agency are utilized. Through staff interviews, consumer interviews, observations and records reviews, CCR staff apply these key indicators to what is actually found to be occurring at the provider agency.

At the conclusion of each site visit, an exit conference is held, followed by a written report of findings.

When a provider is found to be out of compliance on any of the key indicators, they are required to develop a Plan of Correction (POC) that details performance improvement steps and time lines for implementation and completion of the steps. If warranted, Follow-up Reviews are held within 120 days of the Plan of Correction to determine if the POC has been implemented.

OVERVIEW OF FY 08-09 FINDINGS

As reported, Delmarva Foundation utilizes a key indicator system for reviews. Some indicators are common across many programs areas while others are only applicable to a specific program. The following indicators were applicable to Medical Management Support Services (Rehabilitation Supports).

A1-23 Lead Clinical Staff attends and chairs a staff meeting at least monthly during which administrative and consumer treatment issues are considered. 91.9% compliance was noted.

G3/01 Record will contain a completed and current day services plan. 98.1% compliance noted.

G3/02 Plan will contain completed and current care and supervision documentation. 95.8% compliance noted.

G3/03 Treatment plan developed and implemented within required timeframes. 96.3% compliance noted.

G3/04 Plan reflects authorized service. 93.6% compliance noted.

G3/05 Supports within the plan correspond to the service definition. 94.4 % compliance noted.

G3/06 Assessment is current and completed annually. 94.4% compliance noted.

G3/07 Interventions and activities are in accordance with assessment. 92.3% compliance noted.

G3/08 Person's approval of plan must be clearly reflected. 89.7% compliance noted.

G3/09 Training data is collected as specified. 90.9% compliance noted.

G3/10 A six month review of progress is completed. 85.4 % compliance noted.

G3/11 Record contains a medical necessity statement. 94.6% compliance noted.

G3/12 Plan is monitored by the Lead Clinical Coordinator to insure timely amendments. 73.9% compliance noted.

G3/13 Plan contains completed health information. 64.5% compliance noted.

G4/01 Rehabilitation support records contain a Medical Necessity Statement that is signed and dated. 100% of the records reviewed were found to be in compliance.

G4/02 Goals and objectives are based on an assessed need and are developed to enhance the consumer's capacity for successful community living. 85.7% of the files reviewed were found in compliance.

G4/03 Requires rehabilitation supports to develop supports within the Plan that correspond to the service definition. 88.1% of all files reviewed were found to be in compliance.

G4/04 Rehabilitation support records contain a Treatment Plan that is reviewed every 6 months and reformulated annually by the Lead Clinical Staff (LCS) or Life Skills Specialist (LSS). 97.6% of the files reviewed were found to be in compliance.

G4/05 Rehabilitation support records contain Progress Summary Notes. 94.7% of the files reviewed were found to be in compliance.

G4/06 Rehabilitation support records contain Progress Summary Notes that document the delivery of service(s). 95.2% of the files reviewed were found to be in compliance.

All key indicators receiving a score less than 100% required a plan of correction from the provider.

Any issues identified will be addressed in the upcoming year through policy changes or clarifications and if needed, staff training. Technical assistance will continue to be provided as needed to address identified areas of concern in an effort to increase contractual compliance.

SUMMARY

In summary we are confident that the DDSN quality assurance program and the CCR process continue to provide a high level of quality assurance oversight for the on-going provision of Rehabilitation Supports as required under the DHHS/DDSN contract for Developmental Rehabilitation and Related Services.