

# South Carolina's Approach to Assessing Quality

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# MR/RD Waiver Reviewed

- February 2004
- Old Guidance



South Carolina prepared no  
opportunity from CMS  
Report 18 month old data.



# CMS Important Methodological Challenges

- Measuring key indicators validly and reliably;
- Using a sample size and type that achieves representativeness;
- Providing states and CMS with timely operational data for proper oversight; and,
- Creating a QA/QI oversight capacity without extensive re-training of CMS Regional Office staff.



# CMS Important Methodological Challenges

- Achieving a level of comprehensiveness that addresses the QA/QI elements outlined in the Quality Framework.
- Collecting and analyzing data on a more operationally useful annual cycle as opposed to every 3 to 5 years.



# Quality Improvement

- Timely
- Accurate
- Reliable
- Valid



# Quality Improvement

- Discovery
- Remediation
- Improvement



# Systems in Place

## Multifaceted QA/QI

- Coordinated risk management/quality assurance/quality improvement program in place that represents state-of-the-art thinking in the field.
- Assurances of health, safety, and financial integrity and assurances of personal outcomes and satisfaction.



# Quality Improvement Peer Review Organization (PRO)

- Reviews approximately 270 key indicators across 3 domains tied to state and federal standards as they apply to a 5% stratified random sample of consumers served.
- Conducts a personal interview with these same consumers using NCI instrument.



# Quality Improvement Peer Review Organization (PRO)

- Samples Medicaid paid claims and supporting documentation
- Surveys 10% of the families/consumers served using one of the three NCI Family/Guardian Surveys.
- Surveys areas of the DSN Board functioning using the NCI Board Surveys (i.e. board membership, staff turnover, abuse and restraints).



# Quality Improvement Peer Review Organization (PRO)

- Shares findings with the provider on a daily basis during the review allowing for immediate attention.
- Requires a Plan of Correction that is submitted, reviewed, and approved.
- Provides for a post POC implementation re-inspection to assess improvements.
- Provides for sanctions, both financial and other.



# Quality Improvement

## Statewide Mandatory Report System

- Abuse
- Neglect
- Critical Incidents



# Quality Improvement Personal Outcome Measures

- The Council on Quality and Leadership in Support for People with Disabilities
- SCOPES (South Carolina Organizational Performance Enhancement System)
- Determine how well services and supports are helping an individual achieve their personal goals.



# Real Choice Grant

- Evaluate the state's use of a federally approval Peer Review Organization (PRO) as an approach to measuring and ensuring quality in Home and Community Based Waivers.
- Assess the validity and reliability of the multifaceted, coordinated QA/QI Program.



# Real Choice Grant (Con't)

- Ultimate goal – to develop a usable model allowing states with CMS approval, to utilize a PRO in lieu of CMS Regional Office reviews to fulfill their commitment to assuring the health, welfare, and quality of service of the individuals who participate in their Home and Community Based Waivers.



# First Health and The Council - Crosswalk

Participant Access Total of 11	Participant Ctr Srcv Planning Total of 23	Provider Capacity Total of 39	Participant Safeguards Total of 26	Participant Rights & Responsibilities Total of 13	Participant Outcomes & Satisfaction Total of 9	System Performance Total of 7
A1-10; G1-02	G1-04; G1-05	All Indicators	A1-26;A1-27 A1-28;A1-18;	A1-12	A1-31; A1-32	A1-10
G2-02;G2-21	G1-06; G1-09		A1-20;A1-21; A1-23	G2-43; G2-50	G1-20; G2-19	A2-04
G2-22;G3-02	G1-15; G1-16		A1-24;G2-25 G2-28; G2-32	G3-08; G2-42	G3-23	G2-36
G3-03;G3-07	G2-24; G2-26		G2-49; G3-16; G2-44; G2-46	O1; O2; O3; O7	G3-24	G2-37
G3-20;G3-21	G2-47; G2-27		G3-17; O20	O17; O21; O22;O16	G3-25	G3-28
O17	G3-01;G3-13		O21; O23; O24;		G3-39	G3-37
	G3-19; G3-26;O1 O23; O2; O3		O25; O2; O10		O5	O16
	O17; O25;O5; O24; O7		O17; O22; O16			

# Participant Safeguards

- A1-18(s) Abuse and Neglect  
FH Compliance
- 024 People free from neglect  
and abuse
- Agency Trend over time



# Participant Centered

- G1-16(s) Plan of Care  
Progress is made toward meeting identified needs and implementing supports, or revisions are made when satisfactory program is not indicated.
- 01 People Choose Personal Goals



# Participant Centered (Con't)

- 023 People have best possible health
- 017 People choose services



# Participant Outcome

- G1-20 Services monitored and address service needs, personal goals and statement of consumer satisfaction.
- G3-23 Contact notes document consumer's satisfaction with service (1 month start).



# Participant Outcome (Con't)

- G3-25 Contact notes every 90 days  
Usefulness and effectiveness  
services
- 01 People choose goals
- 018 People realize goals



# Discovery – Abuse/Neglect

- A1-18 36% compliance Year 1  
100% compliance 3<sup>rd</sup> Quarter  
Year 2
- Agency -average cases reported  
375 SFY 02  
575 SFY 03

# Remediation

- Trend Data – systemic issues



# Improvement

- Prevention – ameliorate or reduce severity of problem



# Validate System

- Committed to making improvements system
- Provide timely reliable data
- CMS
- Customers
- Providers
- Legislators

