



**Southwest Developmental Services, Inc.  
Quality Assurance Process**

Effective July 1, 2006 (Rev. 12-01-06, 09-15-11, 11-29-18, 9-10-20)

The SDSI process will now consist of Q/A visits on a minimum of 25% of individuals receiving an HCBS waiver service (not case management) with additional visits made if a provider with a consumer in the quarterly pool does not have a consumer chosen at random. Every provider who provides services (residential and/or day services) to a consumer who is included in the quarterly draw will have, at a minimum, one Quality Assurance Review performed each quarter.

Additional Q/A reviews will be conducted if needed due to issues that may arise concerning a specific provider or due to complaints received. Additional reviews may also be conducted if requested by KDADS.

**Procedure:**

1. Reviews will be completed in the quarter 6 months opposite the birth month quarter.

Quarter 1: January, February and March birth months will be drawn on July 1<sup>st</sup>

- a. January birth months will be conducted in July.
- b. February birth months will be conducted in August.
- c. March birth months will be conducted in September.

Quarter 2: April, May and June birth months will be drawn on October 1<sup>st</sup>

- d. April birth months will be conducted in October.
- e. May birth months will be conducted in November.
- f. June birth months will be conducted in December

Quarter 3: July, August and September birth months will be drawn on January 1<sup>st</sup>

- g. July birth months will be conducted in January.
- h. August birth months will be conducted in February.
- i. September birth month will be conducted in March.

Quarter 4: October, November and December birth months will be drawn on April 1<sup>st</sup>

- j. October birth months will be conducted in April.
- k. November birth months will be conducted in May.
- l. December birth months will be conducted in June.

2. SDSI's electronic data system will compile a random draw each month. 28% will be drawn to guarantee a pool of 25%. This allows for individuals who may not be available for review.
3. The assessments will be completed on site or by video conferencing.
4. SDSI will initiate contact with the TCM to facilitate scheduling of the QA Review. The expectation is that the TCM will coordinate the logistics of the meeting in a timely manner (unless otherwise coordinated by the CDDO). The scheduling process is as follows:
  - a. The TCM/provider is responsible to ensure the necessary documentation is made available to SDSI to complete the review. The SDSI QA Review Document Checklist and supporting documentation is required to be submitted at a minimum of 2 business days prior to the scheduled meeting (this is subject to change if QA Reviews are conducted in person). This is a real time review, and documentation provided after completion of the review will not be accepted.
  - b. Documentation submitted must be accurate and current.
  - c. It is required for the TCM/provider to prep and organize their documentation to efficiently complete the review.
5. The TCM/provider is responsible for ensuring the individual in service is available for the meeting.
6. TCM/Provider(s) are required to ensure the individual in service is present for the QA Review.
7. Providers will be notified, in writing, of any deficiencies per assessment. Providers will have 14 days to correct the deficiencies and notify SDSI in writing that corrections have been made. Once deficiencies have been corrected SDSI will notify the provider(s) the Plan of Correction has been satisfied and closed.
8. Failure to come into compliance may result in fines up to \$125 per day and/or termination of your affiliate agreement.
9. Data will be summarized at a minimum annually and approved by the SDSI Quality Assurance Committee for presentation to the SDSI board of directors and affiliates.

**Formal Corrective Actions Process:**

1. If a pattern of deficiencies are identified that rise to the level requiring agency based corrective actions, a formal letter requesting corrective action will be sent to the provider. This formal corrective action request will require written response from the provider(s) within the time frame identified in the notice.

2. SDSI will respond, in writing, to the provider identifying compliance or further need for correction.
3. All written correspondence will be uploaded in the SDSI electronic data management system to document current corrective action data.
4. Failure to come into compliance may result in fines up to \$125 per day and/or termination of your affiliate agreement.

**AIRs Reporting:**

1. SDSI requires providers to report critical incidents within 24 hours through the Adverse Incident Reporting System. A copy will be provided to SDSI through email.
2. The written report must adequately describe the severity of the incident and if follow up is needed.
3. Additional information may be required by SDSI to determine the scope of the follow up.
4. If corrective action is necessary, the provider will be notified, in writing, and expected to correct the deficiencies in the time frame identified in the notice. Noncompliance may result in fines up to \$125 per day and/or termination of your affiliate agreement.
5. The notices from the provider will be uploaded into the SDSI electronic data system to maintain current documentation of corrective action.

**Complaint Tracking:**

1. SDSI has a system in place to track complaints to the CDDO.
2. SDSI may ask for additional information and if necessary request corrective action.
3. If corrective action is necessary the provider will be notified, in writing, and expected to correct the deficiencies in the time frame identified in the notice. Noncompliance may result in fines up to \$125 per day and/or termination of your affiliate agreement.
4. The notices from the provider will be uploaded into the SDSI electronic data system to maintain current documentation of corrective action.
5. Reports of complaints and resolution of those complaints will be uploaded to KDADS quarterly by SDSI.

**Abuse, Neglect, Exploitation (ANE):**

1. SDSI affiliates are required to report ANE incidents.
2. SDSI affiliates are required to submit to SDSI all documentation received pertaining to the report. Specifically, we need the report stating if it was screened in or out for

investigation. We also need the determination report stating if the allegation was substantiated or unsubstantiated.

3. Additional information may be required by SDSI to determine the scope of the follow up.
4. If corrective action is necessary the provider will be notified, in writing, and expected to correct the deficiencies in the time frame identified in the notice. Noncompliance may result in fines up to \$125 per day and/or termination of your affiliate agreement.
5. Any notices or correspondence from the provider will be uploaded into the SDSI electronic data system to maintain current documentation of corrective action.



## Quality Assurance Review Document Checklist

(Please checkoff what you will be providing and return with supporting documentation)

PCSP Approval Forms	We need the current approval as well as the previous year’s approval to demonstrate that it is reviewed and updated at least yearly.
Current PCSP	The entire plan needs to be sent to us.
Action Plans	We need the last 12 months of staff’s documentation on Action Plans. Also send any documentation demonstrating how you have been monitoring progress on the Action Plans.
Financial Agreement	Needs to show what the individual is being charged by the agency.
Psychotropic Medication Consent	Consent dated within the last 12 months outlining each psychotropic medication and dosage.
Behavior Management Committee reviews	Proof that Psychotropic Medications, Behavior Support Plan and all Rights Restrictions have been approved by the agency’s BMC.
PRN Psychotropic Medications	Provide documentation of approval to pass PRN psychotropic medications in the last year.
Side Effects of Psychotropic Meds	Provide documentation demonstrating that side effects of psychotropic medications is being documented by staff. Also provide documentation demonstrating that this side effect tracking is being shared with the prescribing physician.
BSP Behavior Tracking	Documentation of targeted behaviors from the Behavior Support Plan. Provide the last 12 months of documentation. Also need to provide proof that this documentation is being provided to the pre scriber of the psychotropic medication so they can monitor the effectiveness of the medication.
Behavior Support Plan	Submit the plan and the consent for the plan.
Emergency Preparedness Training	This is training that you have provided to the individual in the last year. It can be documentation of fire and tornado drills or it could be a class that is taught about these things.
ANE Training	Provide documentation demonstrating that the individual has been trained in what Abuse, Neglect and Exploitation is and how to report it.
Physical	Documentation from the doctor’s office or a generic that was signed by the physician stating they performed a physical in the last 2 years.
MCO Integrated Service Plan	The document that the MCO generates stating what services are authorized.
Releases of Information	Releases to other entities that the person/guardian has authorized. Releases should be specific to whom information will be released and they should be time limited (saying when the release expires).
Staff Training	Passing Medications, Emergency Preparedness, CPR/First Aid, ANE, Rights Training
Staff Background Checks	KBI/HOC, APS, CPPS, OIG, MVR, KNAR – all within the last 2 years. Please submit a list of all staff that work with the individual. SDSI QA Manager will randomly select 5 staff to review background checks.