



Updated 11/24/2025

Quality Assurance Process

The SDSI process will consist of QA 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 QA 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 June 1 and will be conducted between July 1 and September 30.

Quarter 2: April, May and June birth months will be drawn on September 1 and will be conducted between October 1 and December 31.

Quarter 3: July, August and September birth months will be drawn on December 1 and will be conducted between January 1 and March 31.

Quarter 4: October, November and December birth months will be drawn on March 1 and will be conducted between April 1 and June 30.

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. Of this 28%, approximately half will be file reviews and half will be site visits.
3. The reviews will be completed on site or virtually.
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.
 - i. File Review: If the meeting will take place virtually, the SDSI QA Review Document Checklist and supporting documentation is required to be submitted a minimum of 2 business days prior to the scheduled meeting.
 - ii. File Review: If the meeting is conducted in person, only the Person Centered Support Plan (PCSP) needs to be emailed 2 business days prior to the meeting. All documentation needs to be prepared and presented at the time of the meeting. This includes the staff background checks & staff training.
 - iii. File Review: A list of all staff working with the individual will be provided to SDSI QA Manager at least 2 business days prior to the meeting (virtually or in person). At this time the QA Manager will select the number of staff and which files they would like to review at the meeting. If the meeting is scheduled to take place virtually then the staff files will be scanned over to the QA Manager prior to the scheduled QA meeting.
 - iv. Site Visit: Only need PCSP and Behavior Support Plan (BSP), 2 business days, prior to the scheduled meeting.
 - v. Site Visit: The support team should ensure that direct care staff are available to answer questions.
 - vi. 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. TCM/Provider(s) are required to ensure the individual in service is present for the QA Review.
 6. SDSI shall e-mail the providers a written Notice of Action describing any deficiencies found by SDSI. Providers shall be required to submit, by replying all, to original e-mail, a complete and approved plan of correction by the date set forth in the Notice of Action. Once deficiencies have been corrected to the satisfaction of SDSI, SDSI will then notify the provider that the Notice of Action has been satisfied and closed.
 7. Failure to come into compliance may result in fines up to \$125 per day and/or termination of your affiliate agreement.
 8. 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 is 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 to the QAM and CPO.
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.