



Constellation
Quality Health

SOUTH CAROLINA SOLUTIONS

2023 EXTERNAL QUALITY REIIEW

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Prepared on behalf of the
South Carolina Department
of Health and Human Services

2023 External Quality Review

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EXECUTIVE SUMMARY

The Balanced Budget Act of 1997 (BBA) requires State Medicaid Agencies that contract with Managed Care Organizations (MCOs) to evaluate their compliance with state and federal regulations in accordance with *42 Code of Federal Regulations (CFR) 438.358*. This report contains a description of the process and the results of the 2023 External Quality Review (EQR) conducted by Constellation Quality Health on behalf of the South Carolina Department of Health and Human Services (SCDHHS). This review determines the level of performance demonstrated by SC Solutions (Solutions) since the 2022 Annual Review.

The goals and objectives of the review are to:

- Determine if Solutions is following service delivery as mandated in the organization's contract with SCDHHS and in the federal regulations
- Evaluate the status of deficiencies identified during the 2022 EQR and any ongoing quality improvements taken to remedy those deficiencies
- Provide feedback for potential areas of further improvement
- Validate contracted primary care case management services are being delivered and of good quality

The process Constellation Quality Health used for the EQR is based on the protocols the Centers for Medicare & Medicaid Services (CMS) developed for Medicaid MCO EQRs. The review includes a desk review of documents and files and a one-day virtual onsite visit.

Summary and Overall Findings

Federal regulations require managed care entities to undergo a review to determine compliance with federal standards set forth in *42 CFR Part 438 Subpart D* and the Quality Assessment and Performance Improvement (QAPI) program requirements described in *42 CFR § 438.330*.

Specifically, the requirements related to:

- Coordination and Continuity of Care (§ 438.208)
- Confidentiality (§ 438.224)
- Health Information Systems (§ 438.242)
- Quality Assessment and Performance Improvement Program (§ 438.330)

To assess Solutions' compliance with the quality, timeliness, and accessibility of services, Constellation Quality Health's review was divided into four areas. The following is a high-level summary of the review results for those areas.

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Administration

42 CFR § 438.224, 42 CFR § 438.242

Solutions has policies in place detailing processes for the company-wide management and review of procedures for compliance with contractual requirements, state and federal rules and regulations, and accreditation standards. Reviews or revisions occur when policies are created and when significant changes are made. Policies may be accessed by all employees with updates discussed by department leadership.

Solutions is a subsidiary organization of Community Health Solutions of America (CHS). The organizational chart indicates that Dr. Barbara Freeman serves as Solutions' Executive Director and Medical Director, with the authority and responsibility to carry out the organization's mission. Dr. Kent Jones serves as Medical Advisor for clinical consultation as needed. The oversight of care coordination is divided between the upstate, midlands, and low country regions. Explanations for overflow coverage, filled vacancies, and interim positions noted on the Organizational Chart were discussed during the onsite.

The New Care Coordinator Checklist outlines the training required of all Solutions care coordinators for the first three weeks of employment. A list of employee trainings for compliance and HIPAA was provided. Evidence of the required auto insurance, driver's license, drug screening, and background checks was found for the personnel file sample reviewed. Missing OIG screenings, one dated job description, and a Corrective Action Plan specific to information systems were provided post-onsite.

Solutions' Corporate Board of Directors meets quarterly and as noted in the 2023 Strategic Quality Plan. Hours of operation are provided on the website and in the member materials. Holidays and closings are shared with members via contacts, voicemail announcements, and emailed out-of-office messages.

Chart audits and ride-along audits may be conducted at any time at the request of SCDHHS within five business days per Policy CHS.CM.MCCW.05.02, Chart Review Process. In July 2023, Solutions resumed in-home visits and ride-alongs, which had been suspended due to restrictions related to the COVID-19 public health emergency.

The privacy and confidentiality of Solutions' member information is described in the Employee Handbook and the training agendas at the time of employment and annually, thereafter. Employees and members are informed of their right and responsibility to report instances or suspected violations of fraud, waste, and abuse. Definitions for fraud, waste, and abuse are included in the 2023 Compliance Program document. Reporting options are provided on the Solutions website and the Report Medicaid Fraud, Waste, and Abuse flyer.

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The 2023 Compliance Program document details the responsibilities of the Compliance Officer who oversees the Compliance Committee and is accountable to senior management. Corrective action is initiated for instances of misconduct or non-compliance to prevent future occurrences.

Solutions has policies and processes in place for addressing data, systems, information security, and access management. These policies comply with SCDHHS' requirements for managing Protected Health Information. The policies included a history of reviews and changes indicating regular evaluation occurs.

Solutions conducted a tabletop disaster recovery exercise in May 2023. This exercise identified, with one exception, that redundancies are in place to minimize a possible outage. The noted exception related to a router that was found to not be configured in a redundant manner. Documentation indicated that efforts were in place to correct this issue. Solutions provided the standard operating procedure and indicated a new infrastructure was purchased to automatically handle circuit failover. Failover testing procedures are in place with a test planned for October 2023.

Provider Services

Processes for initial and ongoing provider education are found in Policy CHS.PM.MCCW.01.01, Enhanced Provider Network Orientation/Training. Initial orientation is conducted through various forums, and virtual sessions may also be recorded for providers who are unable to attend. In addition, orientation and education sessions may be conducted after business hours or during lunch hours for the convenience of providers. During the onsite, Solutions staff confirmed that routine provider education is conducted every three years along with recredentialing and that updates about any changes to the program are provided at least annually. However, Policy CHS.PM.MCCW.01.01, Provider Orientation – Training, does not address the routine provider education conducted at recredentialing.

Resources for providers include the "Medically Complex Children Waiver Enhanced Provider Network Orientation" document, the Provider Manual, and Solutions' website. The website provides information about the Medically Complex Children Waiver (MCCW) program, billing, reimbursement, use of Medicaid guidelines, use of the SCDHHS Preferred Drug List, etc. It also provides links to SCDHHS, to the SCDHHS Provider Manuals, and for reporting fraud, waste, and abuse.

Solutions instructs providers that free language services, including qualified interpreters, alternate language materials, and alternate format materials, are available. Providers are instructed to contact the Americans with Disabilities Act/Civil Rights Official by mail, telephone, or email if these services are needed.

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Quality Improvement

42 CFR §438.330

Solutions' Quality Improvement Program (QI) is described in the 2023 Strategic Quality Plan. This plan contains the program's goals, objectives, structure, scope, and processes. Solutions Board of Directors oversees the QI Program and delegates the day-to-day management to the Compliance and Quality Management Committee (CQMC). Solutions' Chief Medical Officer maintains primary responsibility and oversight of the QI Program. Dr. William Kent Jones, a pediatrician specialized in treating medically complex children, serves as the Medical Advisor for the program.

Solutions has two quality improvement projects underway. Topics include the Annual Visit and Initial Monthly Summary Reports and the Enhanced Provider Network Programs Modifications. The Annual Visit and Initial Monthly Summary Reports project appeared to contain several measures or indicators. However, during the onsite discussion, Solutions noted that this project had one measure with multiple subset measures. Each subset measure did not have a specific goal.

Solutions conducts a formal evaluation of the QI Program annually. The evaluation identifies program outcomes and accomplishments. Solutions provided the 2022 Quality and Performance Annual Report. This evaluation was presented to the CQMC and the Board of Directors for approval.

Care Coordination/Case Management

42 CFR § 208

Clinical decision-making activities and oversight of day-to-day program operations are the responsibilities of the Chief Medical Officer, who also serves as the Executive Director and reports to the CHS Board of Directors. The Medical Advisor provides clinical consultation for staff related to medical management and/or quality of care concerns, psychosocial issues, and complex service plan development.

The structure, goals, and objectives of the Enhanced Primary Care Case Management are addressed in the South Carolina Solutions Medically Complex Children Waiver Program Description. Policies and procedures provide detailed information to guide staff in conducting care coordination/case management activities. These policies and procedures address processes for participant intake and assessment, care coordination, development and revision of Person-Centered Service Plans, backup service provision plans, etc.

The previous EQR revealed Solutions did not have a policy addressing discharge planning for participants who are admitted to a hospital. It also revealed a lack of information in policies about

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the process for reporting suspected abuse, neglect, or exploitation of a participant or actions taken after filing a report. These issues were found to be corrected during the current review.

Participants are provided with contractually required written materials along with information about local and state-wide resources, appeals and grievances, etc. Most participant materials are available in English and Spanish. However, for the few materials that are available only in English, translators can visit the participant's home to provide translation services.

During the COVID-19 Public Health Emergency, staff could not make in-home visits, and participants who were not eligible for continued enrollment could not be disenrolled. Since restrictions have been lifted, the Care Coordination staff have resumed in-home visits and are reassessing participants who were found to be ineligible for enrollment in the MCCW Program during the Public Health Emergency. Upon reassessment, those who do not meet eligibility requirements are disenrolled from the program. However, information about alternate resources and services is provided, along with referrals to alternate programs and services.

A sample of participant files was reviewed with no issues noted.

Quality Improvement Plans and Recommendations from Previous EQR

During the previous EQR, there were three standards scored as "Partially Met." The following is a high-level summary of those deficiencies:

- Personnel files lacked evidence of the monthly exclusion monitoring as required by Policy CHS.COMP.ALL.02.01, OIG and Other Exclusion List Checks.
- A policy addressing discharge planning for participants who are admitted to a hospital was not found.
- Policy and Procedure CHS.CM.MCCW.01.12, Child Protective Services, does not provide detailed information about the process for reporting suspected abuse, neglect, or exploitation of a participant or actions taken after filing a report.

Following the 2022 EQR, Solutions submitted a Quality Improvement Plan to address the deficiency identified. Constellation Quality Health reviewed and accepted the Quality Improvement Plan on November 18, 2022.

During the current EQR, Constellation Quality Health assessed the degree to which the health plan implemented actions to address these deficiencies and found they were corrected.

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Conclusions

Overall, Solutions met all of the set forth in 42 CFR Part 438 Subpart D and the Quality Assessment and Performance Improvement (QAPI) program requirements described in 42 CFR § 438.330.

Table 1: Compliance Review Results for Part 438 Subpart D and QAPI Standards provides an overall snapshot of Solutions' compliance scores specific to each of the three Subpart D and QAPI standards above.

Table 1: Compliance Review Results for Part 438 Subpart D and QAPI Standards

Standards	Category	Total Number of Standards	Number of Standards Scored as "Met"	2023 Overall Score
Care Coordination/Case Management, Section IV.	<ul style="list-style-type: none"> Coordination and Continuity of Care (§ 438.208, § 457.1230) 	14	14	100%
Administration, Section I. E. – Confidentiality	<ul style="list-style-type: none"> Confidentiality (§ 438.224) 	1	1	100%
Administration, Section I. F. Data Systems/Security	<ul style="list-style-type: none"> Health Information Systems (§ 438.242, § 457.1233) 	2	2	100%
Quality Improvement Section, Section III.	<ul style="list-style-type: none"> Quality Assessment and Performance Improvement Program (§ 438.330, § 457.1240) 	7	7	100%

*Percentage is calculated as: (Total Number of Met Standards / Total Number of Evaluated Standards) × 100

Table 2: Scoring Overview, provides an overview of the scoring of the current annual review as compared to the findings of the 2022 review. For 2023, 56 out of 56 standards received a score of "Met." There were no standards scored as "Partially Met" and no standards received a "Not Met" score.

Table 2: Scoring Overview

	Met	Partially Met	Not Met	Not Evaluated	Not Applicable	Total Standards	*Percentage Met Scores
Administration							
2022	33	1	0	0	0	34	97%
2023	30	0	0	0	0	30	100%
Provider Services							
2022	5	0	0	0	0	5	100%

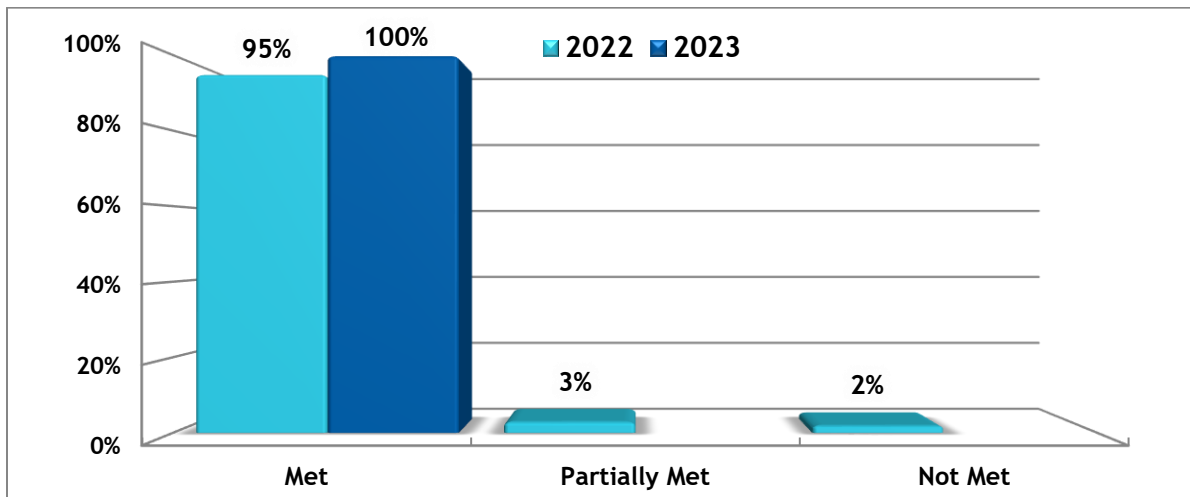
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	Met	Partially Met	Not Met	Not Evaluated	Not Applicable	Total Standards	*Percentage Met Scores
2023	5	0	0	0	0	5	100%
Quality Improvement							
2022	7	0	0	0	0	7	100%
2023	7	0	0	0	0	7	100%
Care Coordination/Case Management							
2022	13	1	1	0	0	15	87%
2023	14	0	0	0	0	14	100%
Totals							
2022	58	2	1	0	0	61	95%
2023	56	0	0	0	0	56	100%

*Percentage is calculated as: $(\text{Total Number of Met Standards} / \text{Total Number of Evaluated Standards}) \times 100$

The 2023 Annual EQR shows that Solutions met all the standards for this EQR as the following chart indicates. The chart also provides a comparison of the current review results to the 2022 review results.

Figure 1: Annual EQR Comparative Results



Scores were rounded to the nearest whole number

Recommendations and Opportunities for Improvements

The following is a summary of key findings and recommendations or opportunities for improvements. Specific details of strengths, weaknesses, and recommendations can be found in the sections that follow.

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Table 3: Evaluation of Quality, Timeliness, and Access to Care

Strengths	Quality	Timeliness	Access to Care
Administration			
Solutions' policies and procedures reflect an annual review cycle.		✓	
The 2023 Compliance Program document defines fraud, waste, and abuse and ensures that employees and members are informed of their right and responsibility to report instances or suspected violations of fraud, waste, and abuse.	✓		
Solutions provided information systems and policy documentation that complies with the State's requirements for managing Protected Health Information.	✓		
Provider Services			
Forums used to conduct initial provider orientation and ongoing education include virtual meetings, Lunch and Learns, and face-to-face sessions to meet the various needs of providers. Virtual sessions may be recorded for providers who are unable to attend, and accommodations can be made for sessions to be held after business hours or during lunch hours for the convenience of the providers.	✓		
The Solutions Provider Manual and website are additional sources of information for providers to operate in the Solutions network.	✓		
Quality Improvement			
Solutions has a Strategic Quality Plan that outlines their efforts to improve the quality of care and services they provide to members.	✓		
The Compliance and Quality Management Committee has been established to provide oversight of Solutions' programs including the QI activities.	✓		
Care Coordination/Case Management			
The South Carolina Solutions Medically Complex Children Waiver Program Description and related policies and procedures provide detailed information to guide staff in conducting care coordination/case management activities.			✓
Goals and objectives of the Primary Care Case Management Program are included in the South Carolina Solutions Medically Complex Children Waiver Program Description.	✓		
The new member materials submitted by Solutions include contractually required information and/or forms. Additional information provided in the enrollment packet includes local and state-wide resources, privacy practices, information about appeals and grievances, etc.			✓
Solutions developed a policy that describes the process for discharge planning for participants who are admitted to an inpatient hospital and provides detailed information about Care Coordinator roles and responsibilities in the discharge planning process.			✓
Policy CHS.CM.MCCW.01.12, Child and Adult Protective Services, has been revised to include procedures for reporting suspected abuse, neglect, or exploitation.	✓		
The sample of participant care coordination files reviewed reflected care coordination/case management functions are conducted as required, and confirmed that staff have resumed in-person visits. In addition, the files showed that staff work with external entities to ensure participants have needed equipment, supplies, medications, etc.			✓

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Weakness	Recommendation or Quality Improvement Plan	Quality	Timeliness	Access to Care
Provider Services				
Policy CHS.PM.MCCW.01.01, Provider Orientation – Training, states only that providers are educated at least annually. It does not address the routine provider education conducted at recredentialing.	Recommendation: Revise Policy CHS.PM.MCCW.01.01, Provider Orientation – Training, to include information about the routine provider education that is conducted every three years at recredentialing for providers in the Enhanced Provider Network.		✓	
Quality Improvement				
The measures included in the Annual Visit and Initial Monthly Summary Reports project document were not clearly labeled and the goals for each measure were not noted.	Recommendation: Update the Annual Visit and Initial Monthly Summary Reports project document to clearly label each measure or subset measure. Ensure a goal is documented for each measure or subset measure.	✓		
Care Coordination/Case Management				
Most member materials included both English and Spanish versions. Solutions staff reported that when documents are available only in English, translators are available and can visit the participant’s home to provide translation services.	Recommendation: Check frequently for updates to member materials, such as alternate languages or updated versions, to ensure members receive the most current information.			✓
Policy CHS.CM.MCCW.03.01, Discharge Planning/Disenrollment, describes processes followed when participants no longer qualify for the MCCW due to Level of Care assessments or MEA scores. The review revealed that the Disenrollment Notification Letter appeared to be outdated (September 11, 2019).	Recommendation: Check with SCDHHS for current Disenrollment Notification Letter.	✓		

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METHODOLOGY

The process Constellation Quality Health used for the EQR activities was based on protocols CMS developed for the EQR of a Medicaid MCO and focused on the three federally mandated EQR activities of compliance determination, validation of performance measures, and validation of performance improvement projects.

On June 12, 2023, Constellation Quality Health sent notification to Solutions that the Annual EQR was being initiated (see *Attachment 1*). This notification included a list of materials required for a desk review and an invitation for a teleconference to allow Solutions to ask questions regarding the EQR process and the requested desk materials. After receiving the notification and desk materials list, Solutions requested the onsite date be changed from July 26 to August. With SCDHHS' approval, the onsite date was rescheduled for August 23.

The review consisted of two segments. The first was a desk review of materials and documents received from Solutions on June 26, 2023, and reviewed at Constellation Quality Health's office (see *Attachment 1 and 2*). These items focused on administrative functions, committee minutes, provider educational materials, and the Quality Improvement and Case Management/Care Coordination Programs. A review of personnel and case management files were also included in the desk review.

The second segment was a virtual onsite review conducted on August 23, 2023, which focused on areas not covered in the Desk Review or in need of clarification. The onsite activities included an entrance conference, interviews with Solutions administration and staff, and an exit conference. All interested parties were invited to the entrance and exit conferences.

FINDINGS

The EQR findings are summarized below and are based on the regulations set forth in *42 CFR Part 438 Subpart D*, the Quality Assessment and Performance Improvement program requirements described in *42 CFR § 438.330*, and the contract requirements between Solutions and SCDHHS. Strengths, Weaknesses, and Recommendations are identified where applicable. Areas of review were identified as meeting a standard "Met," acceptable but needing improvement "Partially Met," failing a standard "Not Met," "Not Applicable," or "Not Evaluated," and are recorded on the tabular spreadsheet.

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A. Administration

42 CFR § 438.224, 42 CFR § 438.242, 42 CFR § 438, and 42 CFR § 457

The Administration section covers standards on policies and procedures, the organizational structure and staffing, the governing board, contract requirements, confidentiality, and compliance and program integrity.

Policies are managed in accordance with Policy CHS.ADM.ALL.01.01, Policy and Procedure Management. A master list of all policies and procedures are maintained by the Compliance department, which facilitates the annual review process. During the onsite, Policy CHS.ADM.MCCW.01.03, Employment of Family Member of MCCW Participant, was provided as a new policy that will be submitted to the State for review. This policy provides guidelines for Solutions’ employees who have a family member eligible for the Medically Complex Children’s Waiver (MCCW).

Solutions’ Organizational Chart indicates that Dr. Barbara Freeman serves as Executive Director and Medical Director and is responsible for the day-to-day activities. Dr. Kent Jones is contracted as the Medical Advisor. He provides clinical consultation to Care Coordinators for medically complex cases and attends meetings as assigned by the Medical Director. Three full-time Directors of Care Coordination oversee the Care Coordinators located in the Midlands, Upstate, and Low-country regions. There was one vacant position noted in both the Midlands and the Upstate regions on the organizational chart. During the onsite, it was shared that vacant positions for each region had been filled, with staff currently in training. When Care Coordinators are on PTO or caseloads are high, explanations for coverage were provided. The position of Chief Technology Officer is filled on an interim basis at the time of the 2023 EQR.

The 2022 EQR found issues with the review of personnel files regarding the monthly monitoring of exclusionary checklists and is described in the below table.

Table 4: 2022 EQR Deficiency

Standard	2022 EQR Findings	2023 EQR Findings
I B. Organizational Chart / Staffing		
3. Employee personnel files demonstrate compliance with contract and policy requirements.	CCME reviewed a sample of personnel files and found the initial exclusion screenings had been conducted. However, the files lacked evidence of the monthly exclusion monitoring as required by Policy CHS.COMP.ALL.02.01, OIG and Other Exclusion List Checks. Solutions provided additional screenshots of monthly queries to demonstrate the exclusion screenings were conducted. For the review	The 2023 EQR found that monthly exclusion monitoring was evidenced for personnel file reviews to align with Policy CHS.COMP.ALL.02.01, OIG and Other Exclusion List Checks.

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Standard	2022 EQR Findings	2023 EQR Findings
	<p>period (June 2021 through May 2022) none of the files contained 12 months of screenings.</p> <p><i>Quality Improvement Plan: Review processes needed to ensure that steps are taken to complete monthly exclusion monitoring to align with Policy CHS.COMP.ALL.02.01, OIG and Other Exclusion List Checks Monitoring, Oversight, and Reporting.</i></p>	
<p>Solutions Response:</p> <p>11/2/22: Clarification of OIG/Exclusion checklists has been completed. Attached are screenshots of the report that is provided from Healthicity. This report is by exception and reviewed each month by the Compliance Department. The report is received on the 10th of each month. If no matches are noted, all employees are compliant. If there are any inconclusive result, the Compliance Dept. provides further identifying information on the employee in question for clarity and to verify the employee is compliant. If any positive matches are noted, the Compliance Department follows Policy CHS.COMP.ALL.02.01 and reports to HR and the appropriate department. Annual PPD testing has been discontinued per SCDHEC and CDC guidelines. https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm</p> <p>SCS has confirmed via email with SCDHHS that no annual TB testing is required, but pre-employment testing must still occur.</p> <p>11/14/22: A revision of policy CHS.COMP.ALL.02.01 to clarify the OIG exclusion monthly monitoring, oversight, and reporting has been completed. Policy is attached. The Policy will be reviewed and updated as needed for clarification of the process, which will be completed in March 2023.</p> <p>Attached is also the OIG exclusion report on one employee which shows each month of reports for the EQR review time of 6.21-5.22. This report can be run for each month on each employee that is chosen at random for the 2023 review period. Please advise if this report will be sufficient to meet the standard for the 2023 EQR.</p>		

The 2023 EQR personnel sample file review found that monthly exclusionary screenings were present for most files for the current review period. Additional screenings were requested for one file and received post-onsite. Evidence of the required auto insurance, driver’s license, drug screening, and background checks was found. One file contained a job description with a missing date. However, Solutions provided the dated job description post-onsite.

The New Care Coordinator Checklist outlines the training agenda completed by all Solutions’ Care Coordinators during the first three weeks of employment. Team Leads and/or the Care Coordinator Trainers lead the orientation training to prepare new employees for their responsibilities.

The Solutions website and Provider Manual notes the hours of operation as 8:00 a.m. to 5:00 p.m. The member’s Primary Care Provider serves as the first point of contact, and 911 is recommended for after-hours member emergencies.

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Confidentiality training for staff is conducted at the time of hire and annually thereafter. IT-related positions and management-level positions require an additional Confidentiality and Invention Assignment Agreement as a condition of employment.

The 2023 Compliance Program document clearly defines fraud, waste, and abuse (FWA). Employees and members are informed of their right and responsibility to report actual or suspected FWA. This is described in the Employee Handbook and in the member's Report Medicaid Fraud, Waste, and Abuse flyer. The Compliance Program document describes the process for Solutions' oversight of the compliance policy and the Corrective Actions taken to address and prevent future occurrences of misconduct or non-compliance. Policy CHS.CM.MCCW.01.11k, Reporting Fraud, Waste, and Abuse, provides phone, email, or mailing options for reporting FWA to SCDHHS.

Information Systems Capabilities

42 CFR § 438.242, 42 CFR § 457.1233 (d)

Solutions has policies and processes in place for addressing data, systems, information security and access management. These policies comply with SCDHHS' requirements for managing Protected Health Information. The policies included a history of reviews and changes indicating regular review occurs.

Solutions conducted a tabletop disaster recovery exercise in May 2023. This exercise identified that redundancies are in place to minimize a possible outage, with one exception. The noted exception related to a router that was found to not be configured in a redundant manner. Documentation indicated that efforts were in place to correct this issue. Solutions provided the standard operating procedure and indicated a new infrastructure was purchased to automatically handle circuit failover. Failover testing procedures are in place with a test planned for October 2023.

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Figure 2: Administration Findings

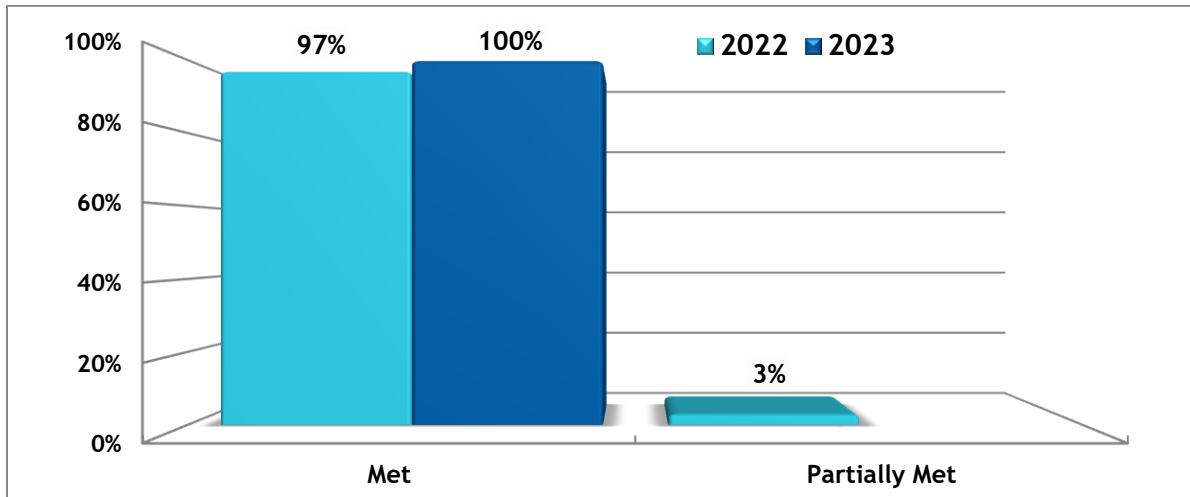


Table 5: Administration Comparative Data

SECTION	STANDARD	2022 REVIEW	2023 REVIEW
Organizational Chart / Staffing	Employee personnel files demonstrate compliance with contract and policy requirements	Partially Met	Met

The standards reflected in the table are only the standards that showed a change in score from 2022 to 2023.

Table 6: Administration Strengths

Strengths	Quality	Timeliness	Access to Care
Solutions' policies and procedures reflect an annual review cycle.		✓	
The 2023 Compliance Program document defines fraud, waste, and abuse and ensures that employees and members are informed of their right and responsibility to report instances or suspected violations of fraud, waste, and abuse.	✓		
Solutions provided information systems and policy documentation that complies with the State's requirements for managing Protected Health Information.	✓		

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I. ADMINISTRATION

STANDARDS	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
I. ADMINISTRATION/ORGANIZATION ACTIVITIES						
I A. General Approach to Policies and Procedures						
1. Policies and procedures are organized, reviewed, and available to staff.	X					Solutions has in place processes for company-wide review of policies and procedures for compliance with contractual requirements, state and federal rules and regulations, and accreditation standards. Reviews occur when policies are created or when significant changes are made to policies.
I B. Organizational Chart / Staffing						
1. The organization's infrastructure complies with contract requirements. At a minimum, this includes designated staff performing the following activities:						
1.1 Administrative oversight of day-to-day activities of the organization;	X					The organizational chart indicates Dr. Barbara Freeman serves as Solutions' Executive Director and Medical Director.
1.2 Care coordination and enhanced case management;	X					Care Coordinators and Care Coordination Directors are licensed Registered Nurses in South Carolina and conduct activities including pre-screening based on referral sources.
1.3 Provider services and education;	X					Elizabeth Morris is the Director of Network Programs.

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STANDARDS	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
1.4 Quality assurance;	X					Solutions' Director of Quality is Tamara Stone. The Senior Quality Assurance Analyst is Cindy Sterner.
1.5 Designated compliance officer;	X					Shane Crawford is Solutions' Director of Quality and Compliance. In the role of Compliance Officer, he is responsible for program integrity activities including fraud, waste, and abuse.
2. The organization formulates and acts within policies and procedures which meet contractual requirements for verification of qualifications and screening of employees. At a minimum, the following are included:						
2.1 Criminal background checks are conducted on all potential employees.	X					Criminal background checks are conducted for all employees as outlined in Policy CHS.CRED.MCCW.03.06, Clinical Staff Credentialing, and described in the Solutions Employee Handbook.
2.2 Screening all employees and subcontractors monthly to determine if they have been excluded from participation in state or federal programs.	X					Policy CHS.COMP.ALL.02.01, OIG and Other Exclusion List Checks, indicates the Human Resources Department performs the initial exclusions review and the Compliance Department conducts monthly exclusion monitoring.
2.3 Ensuring Care Coordinators meet all contract requirements.	X					

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STANDARDS	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
2.4 Ensuring staff are independent of the service delivery system and are not a provider of other services which could be incorporated into a participant's Person-Centered Service Plan.	X					
3. Employee personnel files demonstrate compliance with contract and policy requirements.	X					<p>The 2023 EQR personnel sample file review found that monthly exclusion screenings were present for most files for the current review period. Additional OIG checks were requested for one file and were received post-onsite.</p> <p>A list of employees who completed the required training for compliance and HIPAA was provided. Evidence of the required auto insurance, driver's license, drug screening, and background checks was found.</p> <p>One file contained a signed job description with a missing date, but a dated copy was provided post-onsite.</p>
I. C. Governing Board/Advisory Board						
1. The Organization has established a governing body or Advisory Board.	X					Solutions' Corporate Board of Directors is described in the 2023 Strategic Quality Plan. The Board of Directors meets each quarter.
2. The responsibility, authority, and relationships between the governing body, the organization, and network providers are defined.	X					

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STANDARDS	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
I. D. Contract Requirements						
1. The organization carries out all activities and responsibilities required by the contract, including but not limited to:						
1.1 Available by phone during normal business hours 8:30 am to 5:00 pm Monday through Friday.	X					The South Carolina Solutions website and Provider Manual provides the hours of operation as 8:00 a.m. to 5:00 p.m.
1.2 Adherence to contract requirements for holidays and closed days.	X					
1.3 Processes to conduct onsite supervisory visits within 5 days of receiving a request from SCDHHS.	X					Policy CHS.CM.MCCW.05.02, Chart Review Process, indicates that chart audits and ride-along audits can be conducted at any time at the request of SCDHHS and will be completed within five business days.
1.4 Organization and participant record retention and availability as required by the contract.	X					
1.5 Processes are in place to ensure care coordination services are available statewide.	X					
I. E. Confidentiality <i>42 CFR § 438.224</i>						
1. The organization formulates and acts within written confidentiality policies and procedures that	X					Solutions' Employee Handbook states that all employees agree upon hire and annually to maintain the confidentiality

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STANDARDS	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
are consistent with state and federal regulations regarding health and information privacy.						and protect health information of members.
I. F. Data Systems/Security <i>42 CFR § 438.242, 42 CFR § 457.1233 (d)</i>						
1 Policies, procedures and/or processes are in place for addressing data, system, and information security and access management.	X					Solutions provided information systems and policy documentation that complies with the State's requirements for managing Protected Health Information. Additionally, policy documents include a history of reviews and changes indicating that Solutions regularly reviews its policies.
2. The organization has a disaster recovery and/or business continuity plan that has been tested and the testing documented.	X					The Disaster Recovery tabletop exercise conducted on August 24, 2023 states Solutions has purchased and implemented new infrastructure to automatically handle circuit failover. Failover testing procedures are in place with a test planned for October 2023.
I G. Compliance and Program Integrity						
1. The organization has policies/procedures in place designed to guard against fraud, waste, and abuse, and including the following:						
1.1 Written policies, procedures, and standards of conduct comply with federal and state standards and regulations.	X					Solutions' employees and members are informed of their right and responsibility to report actual or suspected instances of fraud, waste, and abuse.

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STANDARDS	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
1.2 A compliance committee that is accountable to senior management.	X					The 2023 Compliance Program document details that the Compliance Officer oversees the Compliance Committee and is accountable to senior management.
1.3 Employee education and training that includes education on the False Claims Act, if applicable.	X					
1.4 Effective lines of communication between the compliance officer and the organization employees, subcontractors, and providers.	X					
1.5 Enforcement of standards through well-publicized disciplinary guidelines.	X					
1.6 Provisions for internal monitoring and auditing.	X					
1.7 Provisions for prompt response to detected offenses and development of corrective action initiatives.	X					The 2023 Compliance Program document describes Solutions' process for timely Corrective Action for misconduct or non-compliance.
1.8 A system for training and education for the Compliance Officer, senior management, and employees.	X					
1.9 Processes for immediate reporting of any suspicion or knowledge of fraud and abuse.	X					Policy CHS.CM.MCCW.01.11k, Reporting Fraud, Waste, and Abuse, provides phone, email, or mailed options for reporting fraud, waste, and abuse to the South Carolina Medicaid program Division of Program Integrity.

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B. Provider Services

The Provider Services review includes initial provider orientation and ongoing education policies and processes.

Processes for initial and ongoing provider education as well as topics covered are found in Policy CHS.PM.MCCW.01.01, Enhanced Provider Network Orientation/Training. These activities are conducted by the Director of Network Programs within 30 days of the provider contracting with Solutions. Initial provider orientation is conducted through various forums such as virtual meetings, Lunch and Learns, and face-to-face sessions. Virtual sessions may be recorded for providers who are unable to attend. For the convenience of the providers, Solutions can conduct orientation and education sessions after business hours or during lunch hours. During the onsite, Solutions staff confirmed that routine provider education is conducted every three years, along with recredentialing, and that updates about any changes to the program are provided at least annually. However, Policy CHS.PM.MCCW.01.01, Provider Orientation – Training, states only that providers are educated at least annually. It does not address the routine provider education conducted at recredentialing.

The Medically Complex Children Waiver Enhanced Provider Network Orientation document is used to educate providers about the Medically Complex Children Waiver (MCCW), program objectives, care coordination services, referrals, etc. The Provider Manual includes additional information about Solutions, including leadership, contact information, and program operations. Additionally, the Provider Manual addresses medical record documentation standards and requirements for medical record confidentiality, storage, and retention.

Solutions instructs providers that free language services, including qualified interpreters, alternate language materials, and alternate format materials, are available. Providers are instructed to contact the Americans with Disabilities Act (ADA)/Civil Rights Official by mail, telephone, or email if these services are needed.

Solutions' website is an alternate resource and provides brief information about the MCCW program, billing, reimbursement, use of Medicaid guidelines, and the SCDHHS Preferred Drug List, etc. The website also provides links to SCDHHS, the SCDHHS Provider Manuals, and forums to report fraud, waste, and abuse.

Solutions' staff reported that the provider network was reopened in late 2022 and that they anticipate adding an additional 31 providers to the 339 providers in the Enhanced Provider Network.

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Solutions received scores of “Met” for all standards in the Provider Services section, as noted in *Figure 3: Provider Services Findings*.

Figure 3: Provider Services Findings

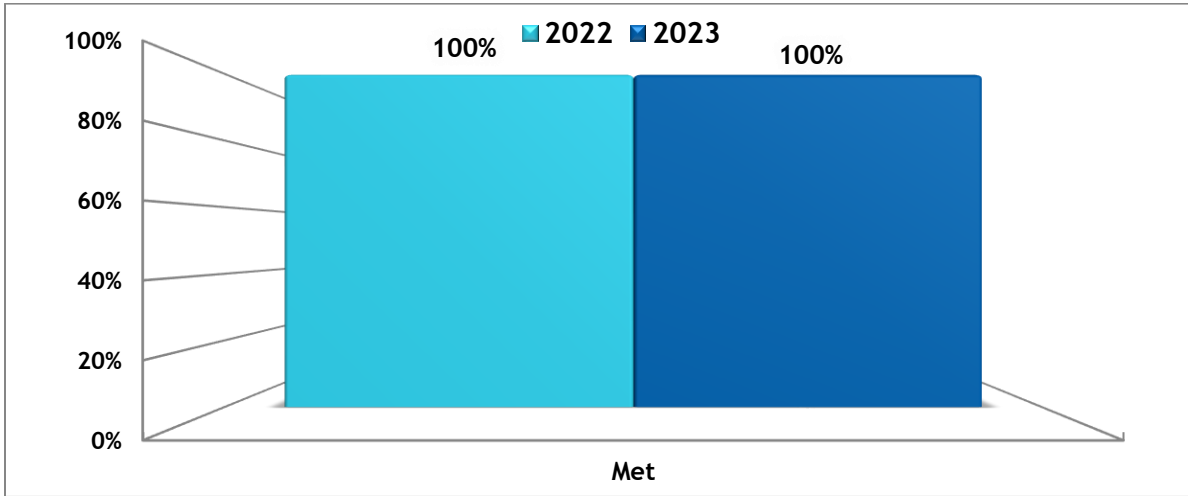


Table 7: Provider Services Strengths

Strengths	Quality	Timeliness	Access to Care
Various forums are used to conduct initial provider orientation and ongoing education. These may include virtual meetings, Lunch and Learns, and face-to-face sessions to meet the various needs of providers. Virtual sessions may also be recorded for providers who are unable to attend, and accommodations can be made for sessions to be held after business hours or during lunch hours for the convenience of the providers.	✓		
The Solutions Provider Manual and website are additional sources of information for providers to operate in the Solutions network.	✓		

Table 8: Provider Services Weaknesses and Recommendations

Weakness	Recommendation or Quality Improvement Plans	Quality	Timeliness	Access to Care
Policy CHS.PM.MCCW.01.01, Provider Orientation – Training, states only that providers are educated at least annually. It does not address the routine provider education conducted at recertification.	Recommendation: Revise Policy CHS.PM.MCCW.01.01, Provider Orientation – Training, to include information about the routine provider education that is conducted every three years at recertification for providers in the Enhanced Provider Network.		✓	

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II. PROVIDER SERVICES

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
II. PROVIDER SERVICES						
1. The organization formulates and acts within policies and procedures related to initial and ongoing education of providers.	X					<p>Solutions staff reported that the provider network was reopened in late 2022, and that they anticipate adding an additional 31 providers to the 339 providers in the Enhanced Provider Network.</p> <p>Policy CHS.PM.MCCW.01.01, Enhanced Provider Network Orientation/Training, describes processes for initial provider orientation and education, conducted by the Director of Network Programs. New provider orientation is conducted within 30 days of contracting. The policy lists topics covered in the orientation.</p> <p>Onsite discussion confirmed initial provider orientation is conducted via various forums, such as virtual meetings, Lunch and Learns, and face-to-face sessions, to meet the various needs of the providers. Virtual sessions may also be recorded for providers who are unable to attend, and accommodations can be made for orientation sessions to be conducted after normal business hours or during lunch hours for the convenience of the providers.</p>
2. Initial provider education includes:						

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STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
2.1 Organization structure, operations, and goals.	X					A PowerPoint presentation titled “Medically Complex Children Waiver Enhanced Provider Network Orientation” is used to educate providers about the Medically Complex Children Waiver (MCCW), program objectives, Care Coordination services, referrals, etc. The Provider Manual includes additional information about Solutions, including leadership and contact information, and program operations.
2.2 Medical record documentation requirements, handling, availability, retention, and confidentiality.	X					Solutions’ Provider Manual includes medical record documentation standards and instructs that records must be maintained of all services rendered, stored in a secure location, and retained for at least 13 years. The Provider Manual also addresses requirements for medical record confidentiality and authorized release and disclosure.
2.3 How to access language interpretation services.	X					The Provider Manual informs that SCDHHS provides free language services, including qualified interpreters, alternate language materials, and alternate format materials (large print, braille, audio, etc.) to people whose primary language is not English. Providers are instructed to contact the Americans with Disabilities Act (ADA)/Civil Rights Official by mail, telephone, or email if these services are needed.
3. The organization provides ongoing education to providers regarding changes and/or additions to its programs, practices, standards, policies and procedures.	X					Policy CHS.PM.MCCW.01.01, Provider Orientation – Training, indicates providers are educated at least annually about any changes to the program.

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STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						<p>However, during onsite discussion, Solutions' staff indicated that routine provider education for providers in the Enhanced Provider Network is conducted every three years at the time of recredentialing. Policy CHS.PM.MCCW.01.01 does not address the routine provider education conducted at recredentialing.</p> <p>Solutions' website provides brief information about the MCCW program, and addresses billing, reimbursement, use of Medicaid guidelines and the SCDHHS Preferred Drug List, etc. The website also provides links to SCDHHS, forums to report fraud, waste, and abuse, and the SCDHHS Provider Manuals.</p> <p><i>Recommendation: Revise Policy CHS.PM.MCCW.01.01, Provider Orientation – Training, to include information about the routine provider education that is conducted every three years at recredentialing for providers in the Enhanced Provider Network.</i></p>

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C. Quality Improvement

42 CFR §438.330 (a)(b) and 42 CFR §457.1240(b)

Solutions' Quality Improvement (QI) Program is described in the 2023 Strategic Quality Plan, which contains the program's goals, objectives, structure, scope, and processes. Solutions Board of Directors oversees the QI Program and delegates the day-to-day management to the Compliance and Quality Management Committee (CQMC). Solutions' Chief Medical Officer maintains primary responsibility and oversight of the QI Program. Dr. William Kent Jones, a pediatrician specializing in treating medically complex children, serves as the Medical Advisor for the program. At least annually, Solutions updates the Strategic Quality Plan and submits the plan to the CQMC and the Board of Directors for approval. The 2023 Strategic Quality Plan was approved by the CQMC and the Board of Directors.

The QI Program Description and Policy CHS.QM.ALL.01.07, Quality Improvement Project, describes the process Solutions uses to identify opportunities for improvement and implement QI projects. Solutions has two QI projects underway. Topics include the Annual Visit and Initial Monthly Summary Reports and the Enhanced Provider Network Programs Modifications. The Annual Visit and Initial Monthly Summary Reports project appeared to contain several measures or indicators. However, during the onsite discussion, Solutions noted that this project had one measure with multiple subset measures. Each subset measure did not have a specific goal.

The CQMC has been established to provide oversight of Solutions' programs including the QI activities. Membership includes directors and managers from all departments and functional areas. Meetings are held at least quarterly, and a quorum is defined as at least 50% of voting members. Non-voting members participate in the meetings. However, they are not allowed to vote. Minutes documenting the committee's discussions, recommendations, and any follow-up, are recorded for each meeting. The minutes for meetings held in quarters two, three, and four of 2022 and quarters one and two of 2023 were received. Minutes were complete and well documented. A quorum was noted for each meeting. The minutes noted the Medical Advisor did not attend any of the CQMC meetings. During the onsite, Solutions indicated that Dr. Jones would be added to this committee on an as needed basis.

Annually, Solutions conducts a formal evaluation of the QI Program to identify program outcomes and accomplishments. Solutions provided the 2022 Quality and Performance Annual Report. This evaluation was presented to the CQMC and the Board of Directors for approval.

For this EQR, Solutions met all the requirements in the QI section as demonstrated in the figure that follows.

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Figure 4: Quality Improvement Findings

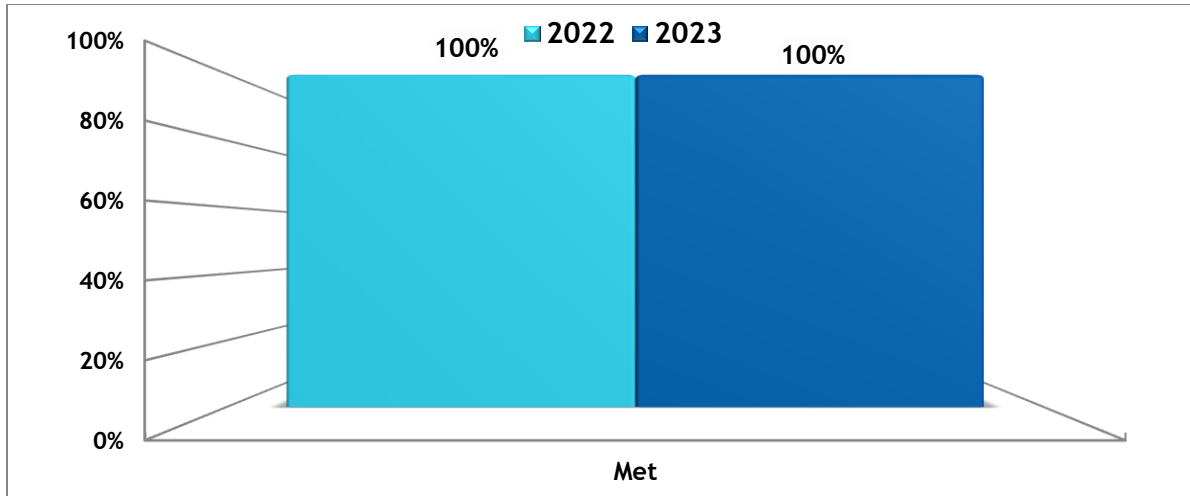


Table 9: Quality Improvement Strengths

Strengths	Quality	Timeliness	Access to Care
Solutions has a Strategic Quality Plan that outlines their efforts to improve the quality of care and services they provide to members.	✓		
The Compliance and Quality Management Committee has been established to provide oversight of Solutions’ programs including the QI activities.	✓		

Table 10: Quality Improvement Weaknesses and Recommendations

Weakness	Recommendation or Quality Improvement Plans	Quality	Timeliness	Access to Care
The measures included in the Annual Visit and Initial Monthly Summary Reports project document were not clearly labeled and the goals for each measure were not noted.	Recommendation: Update the Annual Visit and Initial Monthly Summary Reports project document to clearly label each measure or subset measure. Ensure a goal is documented for each measure or subset measure.	✓		

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III. QUALITY IMPROVEMENT

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
III. QUALITY IMPROVEMENT						
III A. The Quality Improvement (QI) Program <i>42 CFR §438.330 (a)(b) and 42 CFR §457.1240(b)</i>						
1. The organization formulates and implements a formal quality improvement program with clearly defined goals, structure, scope and methodology directed at improving the quality of health care delivered to participants.	X					<p>Solutions' Quality Improvement (QI) Program is described in the 2023 Strategic Quality Plan, which contains the program's goals, objectives, structure, scope, and processes. Solutions Board of Directors oversees the QI Program and delegates the day-to-day management to the Compliance and Quality Management Committee (CQMC). Solutions' Chief Medical Officer maintains primary responsibility and oversight of the QI Program. Dr. William Kent Jones, a pediatrician specialized in treating medically complex children, serves as the Medical Advisor for the program. At least annually, Solutions updates the Strategic Quality Plan and submits the plan to the CQMC and the Board of Directors for approval. The 2023 Strategic Quality Plan was approved by the CQMC and the Board of Directors.</p> <p>The QI Program Description and Policy CHS.QM.ALL.01.07, Quality Improvement Project, describe the process Solutions uses to identify opportunities for improvement and implement QI projects. Solutions has two QI projects underway. Topics include the Annual Visit and Initial Monthly</p>

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STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						<p>Summary Reports and the Enhanced Provider Network Programs Modifications. The Annual Visit and Initial Monthly Summary Reports project appeared to contain several measures or indicators. However, during the onsite discussion, Solutions noted that this project had one measure with multiple subset measures. Each subset measure did not have a specific goal.</p> <p><i>Recommendation: Update the Annual Visit and Initial Monthly Summary Reports project document to clearly label each measure or subset measure. Ensure a goal is documented for each measure or subset measure.</i></p>
2. An annual QI work plan is in place which includes activities to be conducted, follow up of any previous activities where appropriate, timeframe for implementation and completion, and the person(s) responsible for the activity.	X					Solutions submitted the 2022 and 2023 Quality Work Plans. These work plans included the project, interventions, start date, estimated completion date, responsible party, and quarterly updates.
III B. Quality Improvement Committee						
1. The organization has established a committee charged with oversight of the QI program, with clearly delineated responsibilities.	X					The CQMC has been established to provide oversight of Solutions' programs including the QI activities. Membership includes directors and managers from all departments and functional areas. Meetings are held at least quarterly, and a quorum is defined as at least 50% of voting members. Non-voting members participate in the meetings. However, they are not allowed to vote. Minutes, documenting the committee's discussions,

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STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						recommendations, and any follow-up, are recorded for each meeting. It was noted that the Medical Advisor did not attend any of the CQMC meetings. During the onsite, Solutions indicated that Dr. Jones would be added to this committee on an as needed basis.
2. The QI Committee meets at regular intervals.	X					
3. Minutes are maintained that document proceedings of the QI Committee.	X					The minutes for meetings held in quarters two, three, and four of 2022 and quarters one and two of 2023 were received. The minutes were complete and well documented.
III C. Annual Evaluation of the Quality Improvement Program						
1. A written summary and assessment of the effectiveness of the QI program for the year is prepared annually.	X					Annually, Solutions conducts a formal evaluation of the QI Program. The evaluation identifies program outcomes and accomplishments. Solutions provided the 2022 Quality and Performance Annual Report. This evaluation was presented to the CQMC and the Board of Directors for approval.
2. The annual report of the QI program is submitted to the QI Committee.	X					

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D. Care Coordination/Case Management

42 CFR § 208

The structure, goals, and objectives of the Enhanced Primary Care Case Management (PCCM) Program are addressed in the South Carolina Solutions Medically Complex Children Waiver Program Description. The program description also provides an overview of the Medically Complex Children's Waiver (MCCW) and services provided to enrollees. In addition, policies and procedures provide detailed information to guide staff in conducting care coordination/case management activities.

Oversight of day-to-day program operations is provided by Solutions' Chief Medical Officer (CMO), who also serves as the Executive Director and reports to the Board of Directors. The CMO provides clinical decision-making and works with program directors to ensure SCDHHS, Community Health Solutions of America, and Solutions are aligned. The Medical Advisor provides clinical consultation for staff related to participant medical management and/or quality of care concerns, psychosocial issues, and complex service plan development.

Policies and procedures address processes for participant intake and assessment. Policy CHS.CM.MCCW.01.01, Intake/Admissions Policy, describes procedures for pre-admission screenings (PAS), which are conducted to identify children who are eligible for the MCCW. Policy CHS.CM.MCCW.01.02, MCCW-Medical Eligibility Assessment, and related attachments provide information about conducting initial and ongoing Medical Eligibility Assessments to determine initial and continued eligibility for the MCCW program.

Additional policies address topics such as:

- care coordination processes, participant contacts/visit schedules, and activities for the various contact types
- development and revision of Person Centered Service Plans (PCSPs) with participant and/or responsible party participation
- backup service provision plans
- processes followed when participants no longer qualify for the MCCW.

The review revealed that the Disenrollment Notification Letter referenced in Policy CHS.CM.MCCW.03.01, Discharge Planning/Disenrollment, was dated September 11, 2019, and may be outdated.

The previous EQR revealed Solutions did not have a policy addressing discharge planning for participants who are admitted to a hospital. It also revealed that no policy provided detailed

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information about the process for reporting suspected abuse, neglect, or exploitation of a participant or actions taken after filing a report. *Table 11: Previous Care Coordination/Case Management QIPs*, addresses Solutions’ responses to the findings and the status of each.

Table 11: Previous Care Coordination/Case Management QIPs

Standard	2022 EQR Findings	2023 EQR Findings
IV. Care Coordination/Case Management		
<p>2.10 Processes for following up with participants admitted to the hospital and actively participate in discharge planning.</p>	<p>Policy and Procedure CHS.CM.MCCW.03.01, Discharge Planning/Disenrollment, only addresses discharge from Solutions and from the MCCW program. A policy addressing discharge planning for participants who are admitted to a hospital was not found. Solutions staff confirmed a policy has not been created for this topic, but stated Care Coordination staff are encouraged to access the electronic health record systems to which they have access (Prisma and MUSC) for discharge summaries, etc. Staff also stated Care Coordination staff work hospital care management staff to ensure discharge needs are met.</p> <p><i>Quality Improvement Plan: Develop and implement a policy and procedure that details the roles and responsibilities of Care Coordination staff in discharge planning processes for currently enrolled participants who are admitted to a hospital.</i></p>	<p>This finding was appropriately addressed.</p> <p>Policy CHS.CM.MCCW.03.02, Discharge Planning for Hospitalized Enrolled Participants, describes the process for discharge planning for participants who are admitted to an inpatient hospital. The policy also provides detailed information about Care Coordinator roles and responsibilities in the discharge planning process.</p>
<p>Solutions’ Response:</p> <p>11/2/22: A new policy or a revision of the current policy will be addressed during our annual review in March/April to be submitted during EQR 2023. The Discharge Planning process will be addressed for participants who are in the hospital to address collaboration with the Hospital and Ambulatory Case Managers who oversee the participant during the hospital admission through discharge.</p> <p>11/14/22: A new Policy has been created to address discharge planning of enrolled participants who are admitted to the hospital: CHS.CM.MCCW.03.02 Discharge Planning for Hospitalized Enrolled Participants. Policy is attached.</p>		
<p>2.11 Processes for reporting suspected abuse, neglect, or exploitation of a participant.</p>	<p>Policy and Procedure CHS.CM.MCCW.01.12, Child Protective Services, states Care Coordinators review Child Protective Services information with the responsible party during the Pre-Admission Screening visit. Responsible parties are informed that Care Coordinators and other staff are required to report any signs of/suspected abuse or neglect to the Department of Social Services.</p> <p>This policy details how staff enter information into the Phoenix system but does not provide detailed information about the process for reporting suspected abuse, neglect, or</p>	<p>This finding was appropriately addressed.</p> <p>Policy CHS.CM.MCCW.01.12, Child and Adult Protective Services, includes details about reporting procedures and follow-up activities when it is necessary to report suspected abuse, neglect,</p>

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Standard	2022 EQR Findings	2023 EQR Findings
	exploitation of a participant or actions taken after filing a report. <i>Quality Improvement Plan: Revise Policy and Procedure CHS.CM.MCCW.01.12, Child Protective Services, to include detailed information about the process for reporting suspected abuse, neglect, or exploitation of a participant, and any actions taken/follow-up after a report is made.</i>	or exploitation of a participant.
Solutions' Response: 11/2/22: A revision to the current policy will be completed during the annual policy review in March/April 2023 to clearly document the CC Responsibility in reporting suspected abuse/neglect, to include phone numbers to the appropriate entities, as well as the process for Phoenix documentation required after reporting to DSS. 11/14/22: A revision of the Policy and Procedure CHS.CM.MCCW.01.12 has been completed to include the process for reporting suspected abuse, neglect or exploitation of a participant and follow up needed after report is made. Policy is attached.		

At the time of enrollment, participants are provided with written materials including information and forms required by the *Medicaid HCBS Waiver Services Care Coordination Contract, Appendix A, Section D (1) (e)*. In addition, the enrollment packet includes information about local and state-wide resources, information about appeals and grievances, etc. Most of the member materials provided for review included both English and Spanish versions. Solutions' staff reported that when documents are available in English only, translators are available to visit the participant's home to provide translation services.

During the Public Health Emergency related to COVID-19, staff followed restrictions preventing face-to-face visits with participants. The restrictions also prevented participant disenrollment for loss of eligibility. During this time, all activities were conducted via telephone, and Solutions kept a listing of participants who no longer qualified for enrollment in the MCCW Program. Onsite discussion confirmed these restrictions have been lifted, and in-person visits are now being conducted for quarterly, semi-annual, and annual reevaluation visits. Participants who were found to no longer qualify for enrollment during the Public Health Emergency are being reassessed to determine current eligibility. Those who do not meet eligibility requirements are disenrolled from the program. However, these participants and their responsible parties are provided with information about alternate resources and services. Care Coordinators make referrals to alternate programs and assist with application for appropriate services and programs for continued care.

A sample of participant files was reviewed, and no issues were noted in the files. Monthly, quarterly, semi-annual, and annual contacts were documented, and resumption of in-home visits

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was noted. The files reflected documentation of reassessments and updates to the PCSP and MSR as needed to meet the changing needs of participants.

Of note, the QI Program Evaluation indicates Solutions staff enter any complaints received into Phoenix, and SCDHHS notifies Solutions of any complaints received about staff. In 2022, Solutions received no notifications of complaints from SCDHHS.

As noted in *Figure 5: Care Coordination/Case Management Findings*, all standards in the Care Coordination/Case Management section of the review were scored as “Met.”

Figure 5: Care Coordination/Case Management Findings

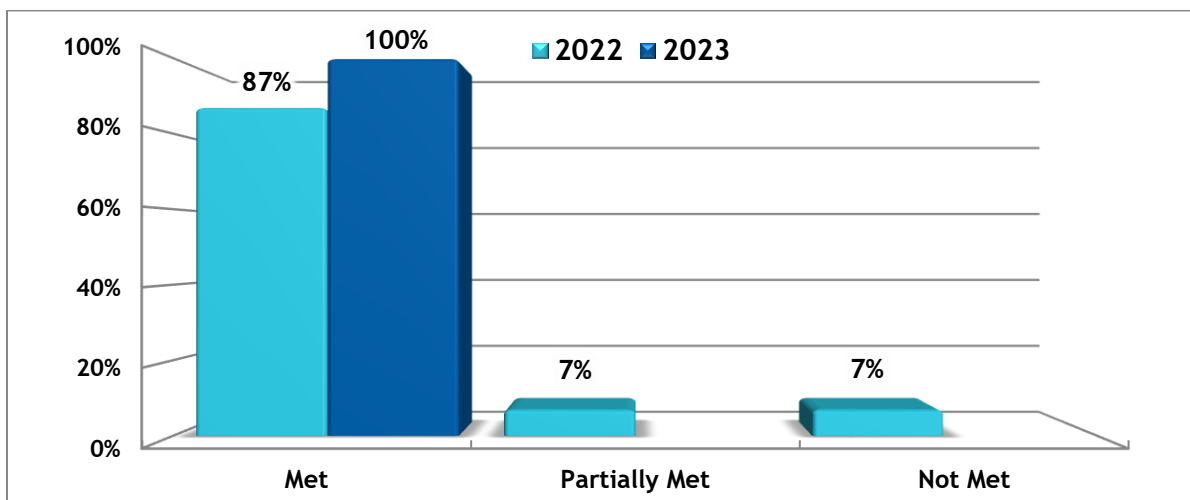


Table 12: Care Coordination/Case Management Comparative Data

SECTION	STANDARD	2022 REVIEW	2023 REVIEW
Care Coordination/Case Management	Processes for following up with participants admitted to the hospital and actively participate in discharge planning.	Not Met	Met
Care Coordination/Case Management	Processes for reporting suspected abuse, neglect, or exploitation of a participant.	Partially Met	Met

The standards reflected in the table are only the standards that showed a change in score from 2022 to 2023.

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Table 13: Care Coordination/Case Management Strengths

Strengths	Quality	Timeliness	Access to Care
The South Carolina Solutions Medically Complex Children Waiver Program Description and related policies and procedures provide detailed information to guide staff in conducting care coordination/case management activities.			✓
Goals and objectives of the PCCM Program are included in the South Carolina Solutions Medically Complex Children Waiver Program Description.	✓		
The new member materials submitted by Solutions include contractually required information and/or forms. Additional information provided in the enrollment packet includes local and state-wide resources, privacy practices, information about appeals and grievances, etc.			✓
Solutions developed a policy that describes the process for discharge planning for participants who are admitted to an inpatient hospital and provides detailed information about Care Coordinator roles and responsibilities in the discharge planning process.			✓
Policy CHS.CM.MCCW.01.12, Child and Adult Protective Services, has been revised to include procedures for reporting suspected abuse, neglect, or exploitation.	✓		
The sample of participant care coordination files reviewed reflected care coordination/case management functions are conducted as required and confirmed that staff have resumed in-person visits. In addition, the files showed that staff work with external entities to ensure participants have necessary equipment, supplies, medications, etc.			✓

Table 14: Care Coordination/Case Management Weaknesses and Recommendations

Weakness	Recommendation or Quality Improvement Plans	Quality	Timeliness	Access to Care
Most of the member materials provided for review included both English and Spanish versions. Solutions staff reported that when documents are available only in English, translators are available and can visit the participant's home to provide translation services.	Recommendation: Check frequently for updates to member materials, such as alternate languages or updated versions, to ensure members receive the most current information.			✓
Policy CHS.CM.MCCW.03.01, Discharge Planning/Disenrollment, describes processes followed when participants no longer qualify for the MCCW due to Level of Care assessments or MEA scores. The review revealed that the Disenrollment Notification Letter appeared to be outdated (September 11, 2019).	Recommendation: Check with SCDHHS for current Disenrollment Notification Letter.	✓		

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IV. CARE COORDINATION/CASE MANAGEMENT

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
IV. Care Coordination/Case Management <i>42 CFR § 208</i>						
1. The organization formulates written policies and procedures and/or a program description that describe its care coordination and case management programs.	X					The South Carolina Solutions Medically Complex Children Waiver Program Description provides an overview of the Medically Complex Children's Waiver (MCCW), the Enhanced Primary Care Case Management (PCCM) Program, and services provided to enrollees. In addition, policies and procedures provide detailed information are in place to guide staff in conducting care coordination/case management activities.
2. Policies and procedures and/or the program description address the following:						
2.1 Structure of the program.	X					The South Carolina Solutions Medically Complex Children Waiver Program Description addresses the structure of the PCCM Program.
2.2 Lines of responsibility and accountability.	X					As noted in the Strategic Quality Plan 2023, South Carolina Solutions is a subsidiary of Community Health Solutions of America (CHS). The CHS Board of Directors has overall oversight of Solutions, and oversight of day-to-day program operations is provided by Solutions' Chief Medical Officer (CMO), who also serves as the Executive Director and reports to the Board of Directors. The CMO provides clinical decision-making and works with program directors to ensure SCDHHS, CHS, and Solutions are aligned.

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STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						The Organizational Chart indicates the lines of responsibility within Solutions. Care Coordinators report to the Directors of Care Coordination, and Care Advocate staff report to the Director of Care Advocate Programs. All Directors report to the CMO.
2.3 Goals and objectives of Care Coordination/Case Management.	X					Goals and objectives of the PCCM Program are included in the South Carolina Solutions Medically Complex Children Waiver Program Description.
2.4 Intake and assessment processes for Care Coordination/Case Management.	X					<p>Policy and Procedure CHS.CM.MCCW.01.01, Intake/Admissions Policy, describes intake processes, including procedures for pre-admission screenings (PAS), which are conducted to identify children who are eligible for the MCCW. The PAS is conducted after SCDHHS creates the application and after initial verification activities are conducted. Once SCDHHS authorizes the PAS, the responsible party is contacted within five business days to schedule the PAS, and the PAS must be completed within 30 business days.</p> <p>Policy and Procedure CHS.CM.MCCW.01.02, MCCW-Medical Eligibility Assessment, and related attachments provide information about conducting initial and ongoing Medical Eligibility Assessments (MEA) to determine initial and continued eligibility for the MCCW program.</p> <p>Solutions staff confirmed during the onsite that there is currently no waiting list to enroll.</p>

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STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
2.5 Providing required information to participants at the time of enrollment.	X					<p>The new member materials submitted by Solutions include required information and/or forms specified in the <i>Medicaid HCBS Waiver Services Care Coordination Contract, Appendix A, Section D (1) (e)</i>.</p> <p>Additional information provided in the enrollment packet includes local and state-wide resources, privacy practices, information about appeals and grievances, etc.</p> <p>Of note, the QI Program Evaluation indicates Solutions staff enter any complaints received into Phoenix, and SCDHHS notifies Solutions of any complaints received about staff. In 2022, Solutions received no notifications of complaints from SCDHHS.</p> <p>Most of the member materials provided for review included both English and Spanish versions. Solutions staff reported that when documents are available only in English, translators are available and can visit the participant’s home to provide translation services.</p> <p><i>Recommendation: Check frequently for updates to member materials, such as alternate languages or updated versions, to ensure members receive the most current information.</i></p>

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STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
2.6 Minimum standards for phone contacts, in-home visits, and physician/nurse plan oversight as applicable.	X					Policy CHS.CM.MCCW.02.01, Care Coordination Process, states Care Coordinators contact participants/ responsible parties (RP) monthly after enrollment. Each year, four of the contacts are conducted in person with the participant and the RP. Contacts in other months are conducted by telephone. The policy provides detailed information about the various contact types, including monthly contacts, quarterly visits, semi-annual visits, and annual re-evaluation visits.
2.7 Processes to develop, implement, coordinate, monitor, and update individual Person-Centered Service Plans.	X					<p>Person Centered Service Plans (PCSPs) are created at waiver enrollment and are updated twice a year, during the semiannual and annual visits, and as needed. PCSPs include long- and short-term goals and interventions. The PCSP is reflected in the Monthly Summary Report, which is reviewed with the RP during monthly contacts.</p> <p>Policy CHS.CM.MCCW.01.18, Person Centered Service Plan, provides detailed information about procedures for creating and revising PCSPs and uploading them to Phoenix.</p>
2.8 Processes to ensure caregiver/parent participation in and understanding of the Person-Centered Service Plan.	X					Initial and revised PCSPs are reviewed with the RP to ensure understanding, and the RP's signature is obtained on the Service Plan Agreement Signature Sheet acknowledging that he/she participated in developing the PCSP, agrees with the goals, and received a copy of the PCSP.
2.9 Processes for following up with participants admitted to the hospital and actively participate in discharge planning.	X					Policy CHS.CM.MCCW.03.02, Discharge Planning for Hospitalized Enrolled Participants, describes the process for discharge planning for participants who are admitted to an inpatient hospital, which

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STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						<p>begins at the time of admission. Care Coordinators collaborate with and assist facility staff, and educate facility staff about the participant's MCCW status and requirements for disenrollment after 30 consecutive inpatient days.</p> <p>The policy provides detailed information about Care Coordinator roles and responsibilities in the discharge planning process.</p>
2.10 Processes for reporting suspected abuse, neglect, or exploitation of a participant.	X					<p>Policy CHS.CM.MCCW.01.12, Child and Adult Protective Services, confirms that Care Coordinators review information about child protective services and contact information with participants' responsible parties during the PAS visit, annual re-evaluation visit, and as needed. Care Coordinators and Care Advocates are responsible for reporting suspected abuse, neglect, or exploitation to the appropriate entity. Staff are also required to report instances when they have knowledge of or observe a child or adult in conditions that would reasonably result in harm. The policy has been revised since the previous EQR to include details about procedures followed by Care Coordinators/Care Advocates for reporting suspected abuse, neglect, or exploitation.</p>
2.11 A back-up service provision plan to ensure that the Participant receives the authorized care coordination services and a process to notify SCDHHS if services cannot be provided.	X					<p>As noted in Policy CHS.CM.MCCW.04.02, Back Up Service Provision, Care Coordinators are assigned to regions and participants are assigned to Care Coordinators based on their geographic location. If a Care Coordinator is unavailable to provide care for an assigned client, backup personnel are</p>

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STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						assigned to ensure continuation of care coordination activities. The responsible party is notified of the change. If services cannot be provided to a client, Solutions notifies SCDHHS within five business days of the determination.
3. The organization provides a written, formal evaluation of the Person Centered Plan to SCDHHS every 6 months or upon request.	X					<p>The initial PCSP is submitted to Phoenix and is updated twice yearly and as needed by the Care Coordinator. The MSR is a detailed reflection of the PCSP and indicates the PCSP in Phoenix is reviewed and updated with the semiannual and annual visits, and as needed.</p> <p>During the Public Health Emergency related to COVID-19, restrictions were implemented that prevented Solutions' staff from conducting face-to-face visits with participants and prevented participants from being disenrolled for loss of eligibility. During this time, all activities were conducted via telephone, and Solutions kept a listing of participants who no longer qualified for enrollment in the MCCW Program due to assessed level of care and/or MEA scores.</p> <p>These Public Health Emergency restrictions have now been lifted, and Care Coordinators are now making in-home visits for quarterly, semi-annual, and annual reevaluation contacts. Care Coordinators are conducting reassessments to determine current eligibility for 404 participants and those who do not meet eligibility requirements are disenrolled from the program. At the time of disenrollment, participants and their</p>

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STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						<p>responsible parties are provided with information about alternate resources and services. Care Coordinators make referrals to alternate programs and assist with application for appropriate services and programs for continued care.</p> <p>Policy CHS.CM.MCCW.03.01, Discharge Planning/Disenrollment, describes processes followed when participants no longer qualify for the MCCW due to Level of Care assessments or MEA scores. The review revealed that the Disenrollment Notification Letter appeared to be outdated (September 11, 2019).</p> <p><i>Recommendation: Check with SCDHHS for current Disenrollment Notification Letter.</i></p>
4. The organization conducts Care Coordination and Case Management functions as required by the contract.	X					<p>A sample of participant files was reviewed. The files reflected documentation of:</p> <ul style="list-style-type: none"> •Monthly, quarterly, semi-annual, and annual contacts. •Re-assessments and updates to the PCSP and MSR as needed to meet the changing needs of participants. •Provision of monthly summaries to PCPs for review and signature. •Reassignment of Care Coordinators as needed to ensure care was provided appropriately. •Resumption of in-home visits. <p>In addition, the files showed that staff work with external entities to ensure participants have needed equipment, supplies, medications, etc.</p>

2023 External Quality Review

Attachments

- Attachment 1: Initial Notice
- Attachment 2: Materials Requested for Desk Review

2023 External Quality Review

Attachment 1: Initial Notice



May 26, 2022

Dr. Bobbie Freeman
SC Solutions
PO Box 1763
Columbia, SC 29202

Dear Dr. Freeman:

At the request of the South Carolina Department of Health and Human Services (SCDHHS) this letter serves as notification that the 2022 External Quality Review (EQR) of South Carolina Solutions is being initiated. An external quality review (EQR) conducted by The Carolinas Center for Medical Excellence (CCME) is required by your contract with SCDHHS in relation to your organization's administration of the Medically Complex Children's Waiver program for Medicaid recipients.

The methodology used by CCME to conduct this review will follow the protocols developed by the Centers for Medicare and Medicaid Services (CMS) for external quality review of Medicaid Managed Care Organizations. As required by these protocols, the review will include both a desk review (at CCME), onsite visit and will address all contractually required services. The CCME EQR team plans to conduct the onsite visit via teleconference on **July 12th**.

In preparation for the desk review, the items on the enclosed desk materials list should be provided to CCME no later than **June 13, 2022**.

To help with submission of the desk materials, we have set-up a secure file transfer site to allow organizations under review to submit desk materials directly to CCME thru the site. The file transfer site can be found at:

<https://eqro.thecarolinascenter.org>

I have included written instructions on how to use the file transfer site and would be happy to schedule an education session (via webinar) on how to utilize the file transfer. An opportunity for a conference call with your staff, to describe the review process and answer any questions, is being offered as well. Please contact me directly at 803-212-7582 if you would like to schedule time for either of these conversational opportunities.

Thank you and we look forward to working with you.

Sincerely,

Sandi Owens, LPN
Manager, External Quality Review

Enclosures
cc: SCDHHS

2023 External Quality Review

Attachment 2: Materials Requested for Desk Review

South Carolina Solutions

External Quality Review

MATERIALS REQUESTED FOR DESK REVIEW

1. Copies of all current policies and procedures, as well as a complete index which includes policy name, number and department owner. The date of the addition/review/revision should be identifiable on each policy.
2. Organizational chart of all staff members including names of individuals in each position, and any current vacancies. If this is a corporate organizational chart, please identify those persons who are responsible for overseeing South Carolina Solutions activities. *From the organizational chart, we will randomly select personnel files to be submitted for review and provide a list of the file components needed.*
3. A description of any updates or changes in requirements disseminated by SCDHHS.
4. Current membership demographics including total enrollment and distribution by age ranges, sex, and county of residence.
5. A current provider list/directory as supplied to members.
6. A copy of the current Compliance Plan or policies and procedures addressing compliance, fraud, waste, and abuse.
7. A description of the Quality Improvement, Care Coordination/Case Management Programs.
8. The Quality Improvement work plans for 2021 and 2022.
9. The most recent reports summarizing the effectiveness of the Quality Improvement, Care Coordination/ Case Management Programs.
10. A committee matrix for all committees. For each committee, please include the following:
 - a. A copy of the committee charter. Include the committee's responsibilities, meeting frequency, and the required voting quorum.
 - b. Membership list and indicate which members are voting members. Include the professional specialty of any non-staff members.
11. Minutes of all meetings for all committees reviewing or taking action on SC Solutions-related activities from June 2021 to May 2022. All relevant attachments (e.g., reports presented, materials reviewed) should be included. If attachments are provided as part of another portion of this request, a cross-reference is satisfactory, rather than sending duplicate materials.
12. A complete list of all members enrolled in the care coordination/case management programs from June 2021 to May 2022. Please include open and closed case files, the member's name, Medicaid ID number, and condition or diagnosis which triggered the need for care coordination or case management services. From these files we will randomly select specific files for review.

13. A copy of staff handbooks/training manuals, orientation and educational materials.
14. A copy of written information provided to new participants.
15. A copy of materials used for initial provider training/orientation.
16. A copy of any member and provider newsletters, educational materials, and/or other mailings.
17. A copy of the provider handbook or manual, if applicable.
18. A sample provider contract.
19. Please provide a completed Information Systems Capabilities Assessment (ISCA) form. Areas on the ISCA form not applicable to your organization maybe marked as N/A.
20. A copy of the Business Continuity/Disaster Recovery Plan.
21. A copy of the most recent disaster recovery or business continuity plan test results.
22. An organizational chart for the IT/IS department and a corporate organizational chart that shows the location of the IT organization within the corporation.
23. A description of the data security policy with respect to email and PHI.

These materials:

- **should be organized and uploaded to the secure CCME EQR File Transfer site at <https://eqro.thecarolinascenter.org>**
- **submitted in the categories listed**