



2021 External Quality Review

**SOUTH CAROLINA
SOLUTIONS**

Submitted: August 19, 2021

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





Table of Contents

EXECUTIVE SUMMARY	3
METHODOLOGY	11
A. Administration.....	11
Strengths	15
Weakness	15
Recommendations.....	15
B. Provider Services.....	15
Strengths	16
Weaknesses	16
Recommendations.....	16
C. Quality Improvement.....	16
Strengths	18
Weaknesses	18
Recommendation.....	18
D. Care Coordination/Case Management	18
Strengths	20
Weaknesses	20
Quality Improvement Plans	21
Recommendations.....	21
ATTACHMENTS.....	22
A. Attachment 1: Initial Notice, Materials Requested for Desk Review.....	23
B. Attachment 2: Tabular Spreadsheet	27



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 for and the results of the 2021 External Quality Review (EQR) conducted by The Carolinas Center for Medical Excellence (CCME) 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 2020 Annual Review.

The goals 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 2020 EQR and any ongoing quality improvements taken to remedy those deficiencies
- Provide feedback for potential areas of further improvement

The process CCME 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, a file review, and a 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 are 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 structural and operational standards that impact the quality, timeliness, or accessibility of services, CCME's review was divided into four areas. The data was then analyzed to assess Solutions' strengths, weaknesses, and identify patterns used to determine overall conclusions. The following sections contain a high-level summary of the review results for each of those areas.



2021 External Quality Review

Administration

42 CFR § 438.224, 42 CFR § 438.242

South Carolina Solutions (Solutions) is a subsidiary of Community Health Solutions of America (CHS). The organizational structure and lines of communication are clearly outlined in the organizational chart. The South Carolina Solutions Medically Complex Children Waiver Program Description (MCCW Program Description) provides an overview of leadership and oversight roles. Based on the Organizational Chart, Solutions employs 46 Care Coordinators overseen by three Care Coordinator Leads and 10 Care Advocates overseen by one Care Advocate Team Lead. Onsite discussion confirmed current position vacancies include two Care Coordinators and one Care Advocate. Solutions is recruiting to fill these positions.

Solution's general approach to the maintenance of written policies and procedures is outlined in various policies and documents, such as the Policy and Procedure Flow Diagram. Staff are educated about company policies upon hire and as changes are made. Staff sign an attestation statement as acknowledgement of receipt of updates and changes. A shared drive is maintained to house policies for staff access.

Solutions is governed by the Corporate Board of Directors, which oversees the organization and has ultimate responsibility for performance improvement.

Activities and responsibilities as outlined in the *SCDHHS Contract* are carried out and documented clearly in various documents that include the Provider Manual, Employee Handbook, training materials for members and staff, and the company website. Information is provided about hours of operation, closing dates, contact information, and ways to request assistance if need when communicating with Solutions' staff.

SC Solutions has policies and procedures to address data, system, and information security and access management. The documentation reviewed indicates the organization's physical security procedures adhere to industry best practices. Solutions has an extensive Continuity of Operations plan and based on the version history, the plan is regularly reviewed and updated.

All staff receive training about the Health Insurance Portability and Accountability Act (HIPAA) and information security policies and procedures prior to being granted access to Protected Health Information, when responsibility is increased, when promoted or reassigned, and when systems or security policies and procedures change. The role and responsibility of the Compliance Officer, Compliance Committee, and reporting options for actual or suspected instances of fraud, waste, and abuse are indicated throughout employee training materials and the Compliance Plan.



2021 External Quality Review

Provider Services

Solutions conducts initial provider orientation and training within 30 days of contracting and provides at least annual updates of changes to the program. Policies are in place that describe the overall provider orientation and training process, including topics covered in provider orientation.

The Provider Manual serves as a detailed resource for providers and includes an overview of Solutions, information about the Medically Complex Children's Waiver and Enhanced Primary Care Case Management, medical record keeping and documentation requirements, medical record retention timeframes, available verbal and sign language interpretation services, and alternate formats for written information. Solutions' website does not have the current Provider Manual posted. The version on the website is dated 2019.

During the onsite, Solutions discussed plans to revise provider contracts to incorporate new requirements related to reporting of encounter data, etc. and stated provider representatives will be hired to conduct provider training. The Provider Manual is being revised to capture the new information.

Quality Improvement

42CFR §438.330

Solutions provided the 2021 Strategic Quality Plan, which serves as the QI program description and describes the program's structure, accountabilities, scope, goals, and available resources. The QI program description is reviewed and updated at least annually and approved by the Compliance and Quality Management Committee (CQMC).

Solutions has two projects underway, including the SCS Onsite Quality Program Coordination Implementation project. The focus of this project is to implement a new quality management program to support early risk identification of compliance deficiencies and solidify a comprehensive retraining program. The Enhanced Provider Network Programs Modifications project aimed at implementing a new medical informatics program to confirm provider contract compliance and identify opportunities to improve access to care.

Solutions' QI Work Plan identifies activities related to program priorities aimed at addressing and improving the quality and safety of clinical care and services. During the previous EQR, CCME recommended Solutions correct the estimated completion dates and include the quarterly updates. The review of the 2021 work plan found the quarterly updates were added. However, the estimated completion dates for the Revision of Program Materials and the Policy and Procedure Review activities were not updated. The



2021 External Quality Review

quarterly updates for these activities indicated these activities were either delayed or an ongoing activity.

Care Coordination/Case Management

42 CFR § 208

CCME's assessment of Care Coordination/Case Management includes a review of the Medically Complex Children Waiver Program Description, policies, the Provider Manual, case management files, and Solutions' website. The Medically Complex Children Waiver Program Description is very brief and gives an overview of Solution's Enhanced Primary Care Case Management (PCCM) program. Solutions has policies that describe and outline the methods used to provide care coordination and case management services, such as Policy CHS.CM.MCCW.01.02, Medically Complex Criteria-Medical Eligibility Assessment, and Policy CHS.CM.MCCW.01.08 Care Planning/Monthly Summary Report. However, documentation of processes used to develop, monitor, evaluate and coordinate the Person-Centered Service Plan (PCSP) was not identified.

Review of case management files reflect appropriate processes are followed and CM activities are conducted as required. Due to COVID-19 restrictions, the Plan is operating under the Appendix K Waiver, which allows for all outreach and assessments to be conducted telephonically as face-to-face visits have been suspended.

Quality Improvement Plans and Recommendations from Previous EQR

During the previous EQR, Solutions received a "Met" score for all standards and no quality improvement plans were required. There were several recommendations. The following is a high-level summary of those recommendations.

- Revise the "Scope" of Policy CHS.CRED.MCCW.03.06 to indicate the policy applies only to clinical staff.
- Include in a policy or other document the process for obtaining criminal background checks for non-clinical staff.
- Update Policy CHS.CRED.MCCW.03.06 to include that Care Coordinator background checks for states other than South Carolina in which an employee has resided within the last 10 years are conducted by HireRight.
- Revise Policy CHS.CM.MCCW.05.01, Medically Complex Criteria-Onsite Supervisory Visits to reflect the correct frequency of Care Coordinator supervision during a home visit.
- Update the definition of a grievance in the Provider Manual and in Policy CHS.QM.ALL.01.10. Remove the term "action" and replace with "adverse benefit determination."



2021 External Quality Review

- Update the 2020 QI Work Plan and correct the errors identified.
- Designate an alternate chairperson for the CQMC meetings when the chairperson cannot attend the meeting. Note the replacement in the meeting minutes.
- Correct the errors identified in the Annual Report: Quality and Performance Improvement Calendar Year 2019.
- Correct the error in Policies 01.02, Medically Complex Criteria-Assessment, and CHS.CM.MCCW.01.03, Growth and Development, to reflect the MCC waiver definition of medically complex children in the *SCDHHS Contract, Article II* by replacing the word “live” with the word “last.”
- Edit the MCCW Rights and Responsibilities document to include the correct telephone number for the MCC Waiver Administrator and consider posting the Waiver Administrator’s contact information on Solutions’ website.
- Work with SCDHHS to update materials related to team conferences, such as the Waiver Program Description, Provider Manual, and member materials to reflect that team conferences are optional and can be requested by the PCP or RP, and how they are determined.

These recommendations were reviewed during the 2021 EQR. The errors were corrected, and recommendations implemented.

Conclusions

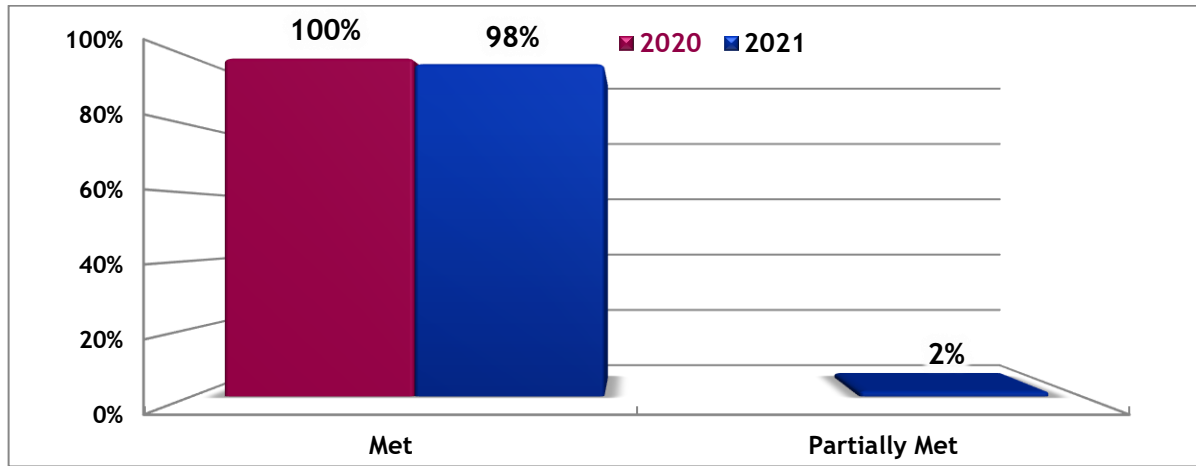
Overall, Solutions met the requirements set forth in *42 CFR Part 438 Subpart D* and the QAPI program requirements described in *42 CFR § 438.330*. Solutions has an adequate network of providers and an adequate number of Care Coordinators and Care Advocates, which allows members timely and adequate access to services. Plans have been developed to employ provider representatives to educate providers about upcoming changes. Solutions’ structure supports quality monitoring. When opportunities to correct or improve services or processes are identified, QI projects are implemented.

The 2021 Annual EQR shows that Solutions has achieved a “Met” score for 97% of the standards reviewed. As the following chart indicates, 3% of the standards were scored as “Partially Met,” and none of the standards received a “Not Met” score. The chart that follows provides a comparison of the current review results to the 2020 review results.



2021 External Quality Review

Figure 1: Annual EQR Comparative Results



Scores were rounded to the nearest whole number

Table 1: Evaluation of Quality, Timeliness, and Access provides a summary of key findings and recommendations or opportunities for improvement as they related to the quality, timeliness and access to care.

Table 1: Evaluation of Quality, Timeliness, and Access

	Strengths	Weaknesses
Quality	<p>Strengths:</p> <ul style="list-style-type: none"> • Training materials and processes for new members and staff are clear and consistent. • Information System backups are tested regularly to ensure and verify the integrity of the data backup. • During the onsite discussion, SCDHHS reported that the Solutions Compliance Department’s monitoring for FWA was invaluable in the investigation, resolution, and reduction of potential violations throughout the state. • Solutions plans to employ provider representatives to educate providers about upcoming changes in provider requirements as well as the MCCW program in general. • QI projects are initiated when opportunities to correct or improve services or processes are identified. Solutions had two projects underway. 	<p>Weakness:</p> <ul style="list-style-type: none"> • Policy CHS.CM.MCCW.05.01, Medically Complex Criteria-Onsite Supervisory Visits, does not reflect Solutions’ process of conducting at least two ride-alongs annually with each Care Coordinator, as noted in Policy CHS.CM.MCCW.05.02, Chart Review Process. <p>Recommendation:</p> <ul style="list-style-type: none"> • Revise Policy CHS.CM.MCCW.05.01 to reflect the process of conducting at least two annual ride-alongs with each Care Coordinator. <p>Weakness:</p> <ul style="list-style-type: none"> • Solutions’ website does not have the current Provider Manual posted. The version on the website is dated 2019. <p>Recommendation</p> <ul style="list-style-type: none"> • Update the website to include the current version of the Provider Manual.



2021 External Quality Review

	Strengths	Weaknesses
	<ul style="list-style-type: none"> During the onsite discussion, SCDHHS reported that the Solutions Compliance Department’s monitoring for FWA was invaluable in the investigation, resolution, and reduction of potential violations throughout the state. 	<p>Weakness:</p> <ul style="list-style-type: none"> The estimated completion dates for the Revision of Program Materials and the Policy and Procedure Review activities were not updated on the 2021 QI Work Plan. <p>Recommendation:</p> <ul style="list-style-type: none"> Update the estimated completion dates in the 2021 QI Work Plan for the Revision of Program Materials and the Policy and Procedure Review sections.
Timeliness/ Access	<ul style="list-style-type: none"> Participants are given required information and forms at the time of enrollment and receive information about local and state-wide resources. The contact information for the Care Coordinator and the Waiver Administrator is listed correctly the MCCW Participant’s Rights & Responsibilities Statement Form and on the website. 	<p>Weakness:</p> <ul style="list-style-type: none"> Documentation of the process for implementing, coordinating, and monitoring PSCP with the participant and the PCP is minimal and confusing. <p>Recommendation:</p> <ul style="list-style-type: none"> Clearly document, in a policy or other document, the process for developing, implementing, coordinating, and monitoring PCSPs according to requirements in the <i>Medicaid HCBS Waiver Services Care Coordination Contract Appendix A, Section D (1) (a, b, and c)</i>. Edit the Provider Manual to correctly reflect the PCPs participation in PCSPs. <p>Weakness:</p> <ul style="list-style-type: none"> There was no identified documentation of processes to regularly update and evaluate PCSPs. <p>Quality Improvement Plan:</p> <ul style="list-style-type: none"> Clearly document, in a policy or other document, the process used to regularly update and evaluate PCSPs, according to requirements in the <i>Medicaid HCBS Waiver Services Care Coordination Contract, Appendix A, Section D (1) (b)</i>. <p>Weakness:</p> <ul style="list-style-type: none"> Policy CHS.CM.MCCW.02.01, Care Coordination Process, does not clearly document the process for providing SCDHHS with a written, formal evaluation of PCSPs every six months. <p>Recommendation:</p> <ul style="list-style-type: none"> Edit Policy CHS.CM.MCCW.02.01, Care



2021 External Quality Review

	Strengths	Weaknesses
		Coordination Process, to clearly document the process for providing SCDHHS with a written, formal evaluation of PCSPs every six months according to requirements in the <i>Medicaid HCBS Waiver Services Care Coordination Contract, Appendix A, Section D (1) (f)</i> .

Table 2, *Scoring Overview*, provides an overview of the scoring of the current annual review as compared to the 2020 review. For 2021, 60 of 61 standards received a score of “Met.” There was one standard scored as “Partially Met” and zero 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							
2020	34	0	0	0	0	34	100%
2021	34	0	0	0	0	34	100%
Provider Services							
2020	5	0	0	0	0	5	100%
2021	5	0	0	0	0	5	100%
Quality Improvement							
2020	7	0	0	0	0	7	100%
2021	7	0	0	0	0	7	100%
Care Coordination/Case Management							
2020	15	0	0	0	0	15	100%
2021	14	1	0	0	0	15	93%
Totals							
2020	61	0	0	0	0	61	100%
2021	60	1	0	0	0	61	98%

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



METHODOLOGY

The process CCME used for the EQR activities was based on protocols CMS developed for the external quality review of Medicaid managed care organizations and focuses on the three federally mandated EQR activities of compliance determination, validation of performance measures, and validation of performance improvement projects.

On June 7, 2021, CCME sent notification to Solutions that the Annual EQR was being initiated (see *Attachment 1*). This notification included a list of materials required for desk review and an invitation for a teleconference to allow Solutions to ask questions regarding the EQR process and the requested desk materials.

The review consisted of two segments. The first was a desk review of materials and documents received from Solutions on June 21, 2021 and reviewed in CCME's offices (see *Attachment 1*). These items focused on administrative functions, committee minutes, provider educational materials, and the Quality Improvement and Case Management/Care Coordination Programs. The desk review also included a review of personnel and case management files.

The second segment was a virtual onsite review conducted on July 21, 2021. The onsite visit focused on areas not covered in the Desk Review or items needing clarification. See *Attachment 2* for a list of items requested for the onsite visit. 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 (*Attachment 2*).

A. Administration

South Carolina Solutions (Solutions) is a subsidiary of Community Health Solutions of America (CHS). The organizational structure and lines of communication are clearly outlined in the organizational chart. The South Carolina MCCW Program Description provides an overview of leadership and oversight roles. The Chief Medical Officer ensures



2021 External Quality Review

the goals and objectives of SCDHHS, CHS, and Solutions are aligned and reports to the CHS Board of Directors, which has oversight of Solutions. Dr. Barbara Freeman is the SC Solutions Executive Director and Chief Medical Officer. The Medical Director, Dr. James Stallworth, provides clinical oversight and decision-making and works closely with the Care Coordinator Team Leads. The Program Manager oversees the day-to-day operations of the program. The Organizational Chart does not display the position of Program Manager. Onsite discussion revealed the Care Coordinator Leads act as Program Managers.

Based on the Organizational Chart, Solutions employs 46 Care Coordinators overseen by three Care Coordinator Leads and 10 Care Advocates overseen by one Care Advocate Team Lead. Onsite discussion confirmed current position vacancies include two Care Coordinators and one Care Advocate. Solutions is recruiting to fill these positions.

Processes for new policy development and review are explained in Policy CHS.ADM.ALL.01.01, Policy and Procedure Management. The Compliance Department is responsible for maintaining the master list of all policies and for overseeing the policy review process. Policies are reviewed at initial development and at least annually for compliance with contractual, state, federal, and accreditation requirements.

The Policy and Procedure Flow Diagram includes steps taken by each Senior Business Unit's leadership responsible for disseminating policies to staff and overseeing implementation. Staff are educated about company policies upon hire and as changes are made. Staff sign an attestation statement as acknowledgement of receipt of changes. A shared drive is maintained to house policies for staff access.

Policy CHS.CRED.MCCW.03.06, Clinical Staff Credentialing and Re-Credentialing, states credentialing files are maintained for nursing staff to ensure valid, active credentials in accordance with applicable state regulations and URAC accreditation body guidelines. Solutions provided a copy of the Recruiting Process - Non-Clinical Positions flowchart that illustrates the process for verifying qualifications of non-clinical staff.

Policy CHS.CRED.MCCW.03.06, Clinical Staff Credentialing and Re-Credentialing details multi-level processes to verify nurse licensure at the time of employment and on an ongoing basis. The policy describes processes followed if nurse licensure is not renewed or if there are adverse licensure changes.

The OIG and Other Exclusion List Checks Monitoring, Oversight, and Reporting policy (CHS.COMP.ALL.02.01) states Human Resources conducts initial exclusions review and the Compliance department conducts monthly exclusion review to ensure that employees, vendors, contractors, and providers have not been sanctioned or excluded from participating in any federal or state health care program.



2021 External Quality Review

Findings of the review of 10 personnel files were consistent with the adherence to contracted policies and procedures.

Solutions is governed by the Corporate Board of Directors, which oversees the organization and has ultimate responsibility for performance improvement. The Corporate Board of Directors includes the Chief Executive Officer (CEO) and other stakeholders as outlined in the 2021 Strategic Quality Plan.

Activities and responsibilities outlined in the *SCDHHS Contract* are carried out and documented clearly in various documents including the Provider Manual, Employee Handbook, training materials for members and staff, and the company website. Information is provided about hours of operation, closing dates, contact information, and ways to request assistance, if needed. Policies and procedures are in place outlining supervisory oversight of Care Coordination activities, the maintenance of record keeping, and service coordination.

Solutions' HIPAA Security and Awareness Training program ensures all staff are aware of security policies and procedures and general principles of information security. All staff receive training about HIPAA and information security policies and procedures prior to being granted access to Protected Health Information, when responsibility is increased, when promoted or reassigned, and when systems or security policies and procedures change. The Employee Handbook includes information about confidentiality and privacy of information, especially client information. The handbook states all employees are required to sign a Confidentiality/Privacy Agreement as a condition of employment and informs that improper use or disclosure of information will subject the employee to disciplinary action, up to and including termination of employment and possible legal action.

The 2020 Compliance Program document applies to the Premier Family of Companies, Community Health Solutions of America, Inc., and affiliates, and outlines the enterprise-wide Compliance Program. The Compliance Program's purpose is to ensure all employees in all lines of business fully understand the organizational commitment to conducting business ethically and in compliance with state and federal laws, regulations, contracts, and other legal requirements. The Employee Handbook includes information about expected conduct and ethical business behavior. Topics include anti-harassment, conflicts of interest, outside employment, confidentiality and privacy, solicitation, use of equipment and vehicles, etc. Policy CHS.COMP.ALL.01.05, Reporting Mechanisms, outlines methods available to staff, members, clients, network providers, vendors, and others to report suspected fraud or abuse.

The Compliance Officer ensures open and effective communication with all employees and routinely attends staff and management meetings, corporate events, and other



2021 External Quality Review

functions that encourage open communication. The open-door policy is supported through regular communication between operational department staff, management, and the Compliance Officer. A policy of non-retaliation is enforced for employees who report suspected or actual fraud, waste, and abuse (FWA) or other non-compliance. A Compliance Hotline is available for anonymous reporting and staff may also report through the online web-based Compliance Manager, to his/her supervisor, the Compliance Department, or to the Human Resources Department.

Solutions provides training and education to all new and current employees, managers, senior management, contractors, agents, and Board of Director members upon hire and annually. Additionally, the Compliance Department provides continuing education through media such as internal website and compliance tips and reminders through email notices. Employees attest annually to the Code of Ethical Conduct, which defines business ethics, workplace conduct, and compliance for all employees.

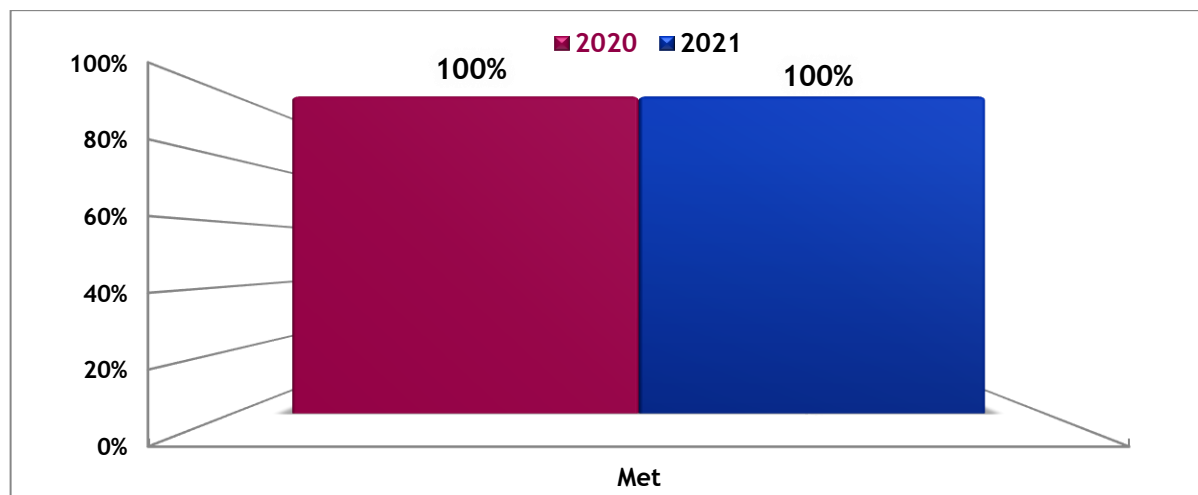
Information Systems Capabilities

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

Solutions' policies and procedures address data, system and information security, and access management. Additionally, the documentation provided by Solutions indicates the organization's physical security procedures adhere to industry best practices. Solutions has an extensive Continuity of Operations plan and based on the version history, the plan is regularly reviewed and updated. The organization successfully tested the recoverability of its operations while conducting a migration to Google cloud services. The principal of least privilege is a core aspect of the organization's access control.

Solutions continues to meet all requirements in the Administration section of this review.

Figure 2: Administration Findings





2021 External Quality Review

Strengths

- Training materials and processes for staff are clear and consistent.
- Information System backups are tested regularly to ensure and verify the integrity of the data backup.
- During the onsite discussion, SCDHHS reported that the Solutions Compliance Department's monitoring for FWA was invaluable in the investigation, resolution, and reduction of potential violations throughout the state.

Weakness

- Policy CHS.CM.MCCW.05.01, Medically Complex Criteria-Onsite Supervisory Visits, does not reflect Solutions' process of conducting at least two ride-alongs annually with each Care Coordinator, as noted in Policy CHS.CM.MCCW.05.02, Chart Review Process.

Recommendations

- Revise Policy CHS.CM.MCCW.05.01 to reflect the process of conducting at least two annual ride-alongs with each Care Coordinator.

B. Provider Services

Solutions' conducts initial provider orientation and training within 30 days of contracting. At least annually, providers are given updates with any changes to the program. Policy CHS.PM.MCCW.01.01, Provider Orientation/Training, lists topics covered in provider orientation, including the Medically Complex Children Waiver, the relationship between Solutions and SCDHHS, and Solutions staff and their duties.

The Provider Manual includes an overview of Solutions, including contact information and information about the Medically Complex Children's Waiver and Enhanced Primary Care Case Management. It includes information about medical record keeping requirements and retention timeframes, as well as required medical record documentation elements, information about the availability of verbal and sign language interpretation services, and alternate formats for written information. The toll-free telephone numbers to access Text Telephone services and language services are provided. Solutions' website does not have the current Provider Manual posted. The version on the website is dated 2019.

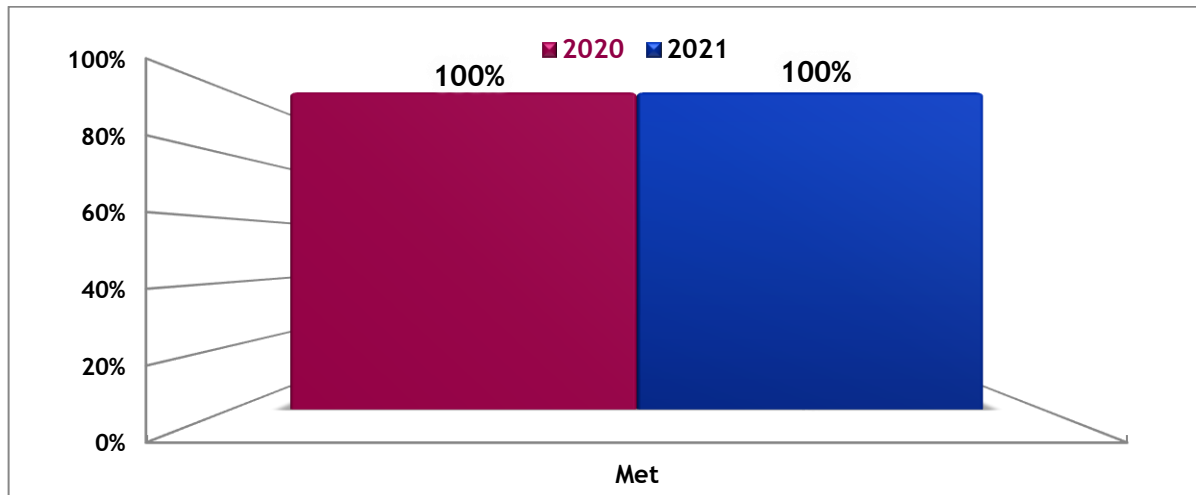
During the onsite, Solutions discussed plans to revise provider contracts to incorporate new requirements related to reporting of encounter data, etc. and stated provider representatives will be hired to conduct provider training. The Provider Manual is also being revised to capture new information that providers will need to understand new requirements and to provide services to the Medically Complex Children's Waiver client population.



2021 External Quality Review

As illustrated in *Figure 3: Provider Services Findings*, 100% of the standards in the Provider Services section were scored as “Met.”

Figure 3: Provider Services Findings



Strengths

- Solutions plans to employ provider representatives to educate providers about upcoming changes in provider requirements as well as the MCCW program in general.

Weaknesses

- Solutions’ website does not have the current Provider Manual posted. The version on the website is dated 2019.

Recommendations

- Update the website to include the current version of the Provider Manual.

C. Quality Improvement

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

For the Quality Improvement (QI) section, CCME reviewed the QI program description, committee structure and minutes, QI work plans, and the 2020 QI Program Evaluation. Solutions provided the 2021 Strategic Quality Plan, which serves as the QI program description and describes the program’s structure, accountabilities, scope, goals, and available resources. The QI program description is reviewed and updated at least annually and approved by the CQMC.

Solutions has two projects underway, including the SCS Onsite Quality Program Coordination Implementation project. The focus of this project is implement a new quality management program to support early risk identification of compliance



2021 External Quality Review

deficiencies and solidify a comprehensive retraining program. The Enhanced Provider Network Programs Modifications project is aimed at implementing a new medical informatics program to confirm provider contract compliance and identify opportunities to improve access to care.

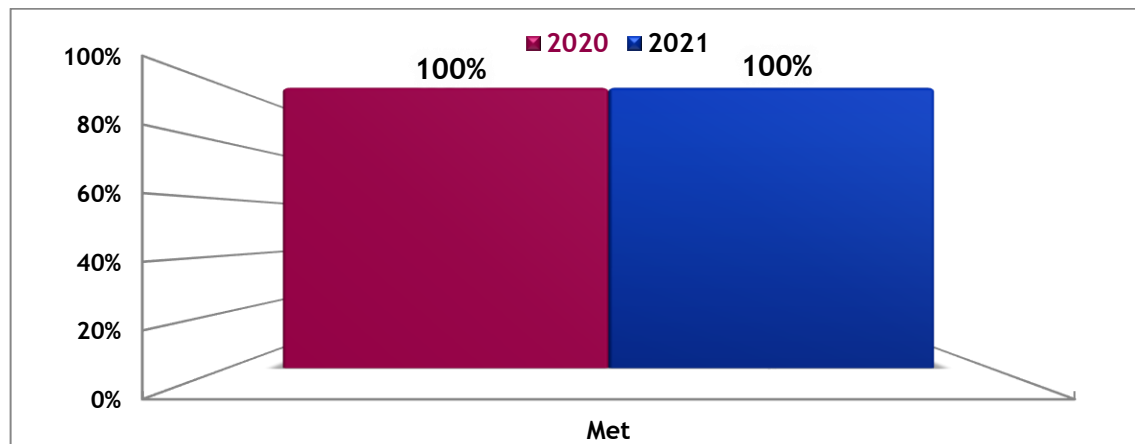
Solutions' QI work plan identifies activities related to program priorities for addressing and improving the quality and safety of clinical care and services. The 2020 and 2021 Work Plans included the planned activity/project, interventions, start date, estimated completion dates, responsible parties, and quarterly updates. During the previous EQR, CCME recommended Solutions correct the estimated completion dates and include the quarterly updates. The review of the 2021 Work Plan found the quarterly updates were added. However, the estimated completion dates for the Revision of Program Materials and the Policy and Procedure review activities were not updated. The quarterly updates for these activities indicated these activities were either delayed or an ongoing activity.

The Compliance & Quality Management Committee is the local committee responsible for the oversight of the QI Program. The committee charter listed in the 2021 Strategic Quality Plan outlines the committee's responsibilities, meeting frequency and quorum requirements. This committee is chaired by the Chief Medical Officer. Minutes were recorded for each meeting and documented committee discussions and decisions.

Annually, Solutions evaluates the overall effectiveness of the QI Program and reports this evaluation to the CQMC for recommendations and approval. Solutions' Quality and Performance Improvement Annual Report for Calendar Year 2020 was reviewed and approved by the CQMC in March 2021.

For this EQR period, Solutions continues to meet all the requirements in the Quality Improvement section.

Figure 4: Quality Improvement Findings





2021 External Quality Review

Strengths

- Quality improvement projects are initiated when opportunities to correct or improve services or processes are identified. Solutions had two projects underway.

Weaknesses

- The estimated completion dates for the Revision of Program Materials and the Policy and Procedure Review activities were not updated in the 2021 QI Work Plan.

Recommendation

- Update the estimated completion dates in the 2021 QI Work Plan for the Revision of Program Materials and the Policy and Procedure Review sections in the 2021 QI Work Plan.

D. Care Coordination/Case Management

42 CFR § 208

The Medically Complex Children Waiver Program Description gives a brief overview of the Medically Complex Children's Waiver and Enhanced Primary Care Case Management Program for pediatric members with chronic physical and health conditions. Lines of responsibility and accountability within the MCCW Program are noted in the Program Description, on the Organizational Chart, and in the Provider Manual.

Policies such as CHS.CM.MCCW.01.01, Intake/Admissions Policy, CHS.CM.MCCW.02.01, Care Coordination Process, and CHS.CM.MCCW.01.08, Care Planning/Monthly Summary Report outline processes and requirements for staff to provide Care Coordination/Case Management services. However, CCME could not clearly identify documentation of Solutions' process for implementing, coordinating, and monitoring Person-Centered Service Plans with the participants and primary care providers (PCPs) as well as the process for updating and evaluating PCSPs semiannually.

The PCSP consists of the participant's authorized Waiver services and the goals and interventions for their physical, mental, and social needs. Solutions' staff explained the PCSP is initiated upon admission, is updated annually and as needed, and is reviewed and signed by the SCDHHS representative. Staff referenced Policies CHS.CM.MCCW.01.01 Intake /Admissions Policy, and CHS.CM.MCCW.01.08, Care Planning/Monthly Summary, as having process information for PCSPs. However, CCME identified the documentation as minimal and confusing. Additionally, page nine of the Provider Manual indicates that during Team Conferences, the PCP determines if the Care Plan/Service Plan goals are met or if it requires revision. Staff further explained that the terms Care Plan and Service Plan are used interchangeably and the PCP reviews and signs the Monthly Summary, not the PCSP.



2021 External Quality Review

At the time of enrollment, participants receive required information and forms such as the Non-Compliance Form, Admissions Agreement, and the Participant’s Rights and Responsibilities Statement, as well as information about child abuse and local and state-wide resources such as BabyNet and transportation services. As a follow up from the previous EQR, the MCCW Participant’s Rights & Responsibilities Statement Form was updated to include the correct phone numbers for the Care Coordinator and the Waiver Administrator. The form was posted on the website under the heading “How to Report a Problem.”

Solutions has policies describing intervals and requirements for participant outreach and home visits. Due to COVID-19 restrictions, the Plan is operating under the Appendix K Waiver, which allows for all outreach to be conducted telephonically as face-to-face visits has been suspended, including Team Conferences.

Onsite discussions confirmed that Team Conferences remain an optional service that can be requested by the PCP or the responsible party. Solutions reported that recommendations from the 2020 EQR regarding Team Conferences were not addressed due to COVID-19 restrictions and was reminded to revisit the recommendations at the next available opportunity.

The review of Case Management files reflect appropriate processes are followed and Case Management activities are conducted as required. Care Coordinators and Care Advocates follow policies as outlined. Care Coordinators conducted outreach at required intervals by phone and appropriately documented when a telephonic assessment was completed in lieu of a face-to-face visit.

Figure 5: Care Coordination/Case Management Findings, show 93% of the standards in the section received a “Met” score and one standard was scored as “Partially Met” score.



2021 External Quality Review

Figure 5: Care Coordination/Case Management Findings

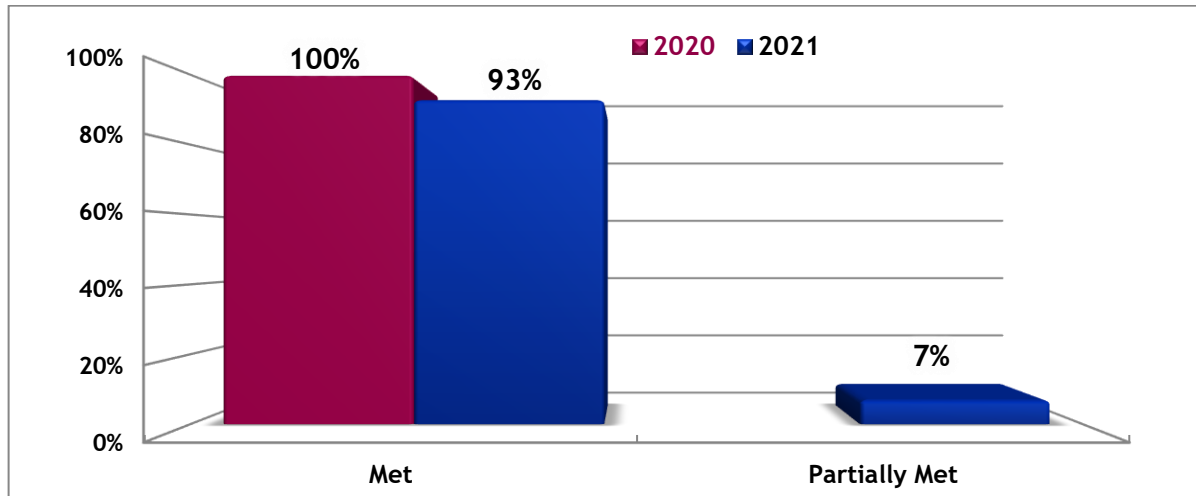


Table 3: Care Coordination/Case Management Comparative Data

SECTION	STANDARD	2020 REVIEW	2021 REVIEW
Policies and procedures and/or the program description address the following:	Process to regularly update and evaluate the Person-Centered Service Plan on an ongoing basis.	Met	Partially Met

Strengths

- Participants are given required information and forms at the time of enrollment and receive information about local and state-wide resources.
- The contact information for the Care Coordinator and the Waiver Administrator is listed correctly the MCCW Participant’s Rights & Responsibilities Statement Form and on the website.

Weaknesses

- Documentation of the process for implementing, coordinating, and monitoring the PCSP with the participant and the PCP is very minimal and confusing.
- PCPs involvement in the PCSP process is not clearly described or documented.
- Documentation of Solutions’ process for monitoring, updating, or evaluating PCSPs on a regular basis was not identified.



2021 External Quality Review

- Policy CHS.CM.MCCW.02.01, Care Coordination Process, does not clearly document the process for providing SCDHHS with a written, formal evaluation of PCSPs every six months.

Quality Improvement Plans

- Clearly document, in a policy or other document, the process used to regularly update and evaluate PCSPs, according to requirements in the *Medicaid HCBS Waiver Services Care Coordination Contract, Appendix A, Section D (1) (b)*.

Recommendations

- Clearly document, in a policy or other document, the process for developing, implementing, coordinating, and monitoring PCSPs according to requirements in the *Medicaid HCBS Waiver Services Care Coordination Contract, Appendix A, Section D (1) (a, b, and c)*.
- Edit the Provider Manual to correctly reflect the PCP's participation in PCSPs.
- Edit Policy CHS.CM.MCCW.02.01, Care Coordination Process, to clearly document the process for providing SCDHHS with a written, formal evaluation of PCSPs every six months as required by the *Medicaid HCBS Waiver Services Care Coordination Contract, Appendix A, Section D (1) (f)*.



ATTACHMENTS

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



A. Attachment 1: Initial Notice, Materials Requested for Desk Review



June 07, 2021

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 2021 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 21st**.

In preparation for the desk review, the items on the enclosed desk materials list should be provided to CCME no later than **June 21, 2021**.

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

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 2020 and 2021.
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 2020 to May 2021. 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 2020 to May 2021. 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://egro.thecarolinascenter.org>**
- **submitted in the categories listed**



B. Attachment 2: Tabular Spreadsheet

CCME Data Collection Tool

Plan Name:	SC Solutions
Collection Date:	2021

I. ADMINISTRATION

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
I. ADMINISTRATION						
I A. General Approach to Policies and Procedures						
1. Policies and procedures are organized, reviewed, and available to staff.	X					<p>Processes for new policy development and review and revision of established policies are explained in Policy CHS.ADM.ALL.01.01, Policy and Procedure Management. The Compliance Department is responsible for maintaining the master list of all policies and for overseeing the policy review process. Policies are reviewed at initial development and at least annually for compliance with contractual, state, federal, and accreditation requirements.</p> <p>Each Senior Business Unit's leadership is responsible for disseminating policies to staff and overseeing implementation of the policies.</p>

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						A shared drive is maintained to house policies for staff access.
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					<p>South Carolina Solutions (Solutions) is a subsidiary of Community Health Solutions of America (CHS).</p> <p>The South Carolina Solutions Medically Complex Children Waiver Program Description (MCCW Program Description) provides an overview of leadership and oversight roles:</p> <ul style="list-style-type: none"> •The Chief Medical Officer ensures the goals and objectives of SCDHHS, CHS, and Solutions are aligned and reports to the CHS Board of Directors who has oversight of Solutions. Dr. Barbara Freeman is the SC Solutions Executive Director and Chief Medical Officer. •The Medical Director, Dr. James Stallworth, provides clinical oversight and decision-making and works closely with the Care Coordinator Team Leads. •The Program Manager oversees the day-to-day operations of the program. The Organizational Chart does not display the position of Program Manager. Onsite discussion revealed the Care

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						Coordinator Leads act as Program Managers.
1.2 Pre-assessment;	X					Pre-assessment activities are conducted by Care Coordinators and Care Coordinator Leads, depending on the referral source.
1.3 Care coordination and enhanced case management;	X					Based on the Organizational Chart, Solutions employs 46 Care Coordinators overseen by three Care Coordinator Leads and 10 Care Advocates overseen by one Care Advocate Team Lead. Onsite discussion confirmed current position vacancies include two Care Coordinator positions and one Care Advocate. Solutions is recruiting to fill these positions.
1.4 Provider services and education	X					Due to the Covid-19 pandemic, Solutions has not added providers to its network over the past 18 months. Currently, Dr. Freeman conducts most provider education activities, but onsite discussion revealed that Solutions plans to hire provider representatives to assume this function when provider contracts are revised to incorporate additional requirements.
1.5 Quality assurance;	X					The Senior Quality Assurance Analyst is Cindy Sterner.

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
1.6 Designated compliance officer.	X					Shane Crawford is the Compliance Officer.
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:						Policy CHS.CRED.MCCW.03.06, Clinical Staff Credentialing and Re-Credentialing, states credentialing files are maintained for nursing staff to ensure valid, active credentials in accordance with applicable state regulations and URAC accreditation body guidelines. Solutions provided a copy of the Recruiting Process - Non Clinical Positions flowchart that illustrates the process for verifying qualifications of non-clinical staff.
2.1 Criminal background checks are conducted on all potential employees.	X					Policy CHS.CRED.MCCW.03.06, Clinical Staff Credentialing and Re-Credentialing, indicates that verifications of CPR Certification, TB test results, and applicable law enforcement background checks for clinical staff are maintained from the date of hire.
2.2 Verification of nursing licensure and license status.	X					Policy CHS.CRED.MCCW.03.06, Clinical Staff Credentialing and Re-Credentialing, details multi-level processes to verify nurse licensure at the time of employment and on an ongoing basis. The policy describes processes followed if nurse licensure is not renewed or if there are adverse licensure changes.

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
2.3 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 Monitoring, Oversight, and Reporting, states Human Resources conducts the initial exclusions review and the Compliance department conducts the monthly exclusion review to ensure that employees, vendors, contractors, and providers have not been sanctioned or excluded from participating in any federal or state health care program.
2.4 Ensuring Care Coordinators meet all contract requirements.	X					
2.5 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					The Employee Handbook, pages 10 and 11, addresses conflicts of interest and outside employment. The handbook states, "Outside employment that constitutes a conflict of interest is prohibited."
3. Employee personnel files demonstrate compliance with contract and policy requirements.	X					10 personnel files were randomly selected and reviewed. Findings were consistent with the adherence to contracted policies and procedures.
I. C. Governing Board/Advisory Board						

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
1. The Organization has established a governing body or Advisory Board.	X					The Strategic Quality Plan 2021 states the Corporate Board of Directors' (BOD) has the ultimate responsibility for performance improvement. The BOD is composed of the CEO, owners of CHS, and other appointed stakeholders and meets quarterly. The BOD governs the organization by: <ul style="list-style-type: none"> •Defining the mission, goals, and objectives to provide strategic direction to the organization and the Strategic Quality Plan •Adopting company rules, policies and procedures, and other directives for the orderly operation of CHS •Initiating the Quality Management Program and directing its implementation throughout the organization •Directing company activities to maintain compliance with state, federal, and other regulatory requirements.
2. The responsibility, authority, and relationships between the governing body, the organization, and network providers are defined.	X					The Strategic Quality Plan 2021 describes corporate and local leadership roles and responsibilities, committee structure, and lines of reporting.
I. D. Contract Requirements						
1. The organization carries out all activities and responsibilities required by the contract, including but not limited to:						

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
1.1 Available by phone during normal business hours 8:30 am to 5:00 pm Monday through Friday.	X					The Solutions 2020 Provider Manual indicates normal business hours of 8:00 am to 5:00 pm Monday through Friday. Hours of operation are also reflected on the website.
1.2 Adherence to contract requirements for holidays and closed days.	X					Scheduled holidays are indicated in the Employee Handbook and posted on the website.
1.3 Processes to conduct onsite supervisory visits within 5 days of receiving a request from SCDHHS.	X					<p>Policy CHS.CM.MCCW.05.01, Medically Complex Criteria-Onsite Supervisory Visits, states each care coordinator is supervised by the Care Coordinator Lead or a clinical designee during a home visit at least annually. If requested by SCDHHS, the supervisory visit will occur within 5 business days of the request.</p> <p>However, Policy CHS.CM.MCCW.05.02, Chart Review Process, states at least two ride-along audits will occur within a 12-month period for each care coordinator.</p> <p>This was discussed during the onsite and Solutions reported that when not under restrictions from the COVID-19 pandemic, two ride-alongs are conducted annually for each Care Coordinator.</p> <p><i>Recommendations: Revise Policy CHS.CM.MCCW.05.01 to reflect the process of conducting at least two annual ride alongs with each Care Coordinator.</i></p>

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
1.4 Organization and participant record retention and availability as required by the contract.	X					Policy CHS.ISP.ALL.11.45, Record Retention Destruction, states Solutions and its subcontractors will maintain protected health information for a minimum of 10 years. The policy also describes processes and requirements for record destruction or disposal of original medical/client records or other original documents containing PHI.
1.5 Participant materials written in a clear and understandable manner, and are available in alternate formats and translations for prevalent non-English languages.	X					Member materials are developed by SCDHHS and are written clearly, with some available in Spanish translation. Several of the new member documents provide information about available translation services.
1.6 Processes are in place to ensure care coordination services are available statewide.	X					
I. E. Confidentiality 42 CFR § 438.224						
1. The organization formulates and acts within written confidentiality policies and procedures that are consistent with state and federal regulations regarding health and information privacy.	X					Policy CHS.ISP.ALL.11.21, Security & Privacy Training Awareness Requirements and Reminders, states the HIPAA Security and Awareness Training program ensures all staff are aware of security policies and procedures and general principles of information security. All staff receive training about HIPAA and information security policies and procedures prior to being granted access to PHI, when responsibility is increased, when promoted or reassigned, and when systems or security policies and procedures change. Training occurs

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						upon hire and annually. The Employee Handbook includes information about confidentiality and privacy of information, especially client information. The handbook states all employees are required to sign a Confidentiality/Privacy Agreement as a condition of employment and informs that improper use or disclosure of information will subject the employee to disciplinary action, up to and including termination of employment and possible legal action.
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 has policies and procedures that address data, system, and information security, and access management. Additionally, the documentation provided by Solutions indicates the organization's physical security procedures adhere to industry best practices.
2. The organization has a disaster recovery and/or business continuity plan that has been tested and the testing documented.	X					Solutions has an extensive Continuity of Operations plan and based on the version history, the plan is regularly reviewed and updated. The organization recently successfully tested the recoverability of its operations while conducting a migration to Google cloud services.
I G. Compliance and Program Integrity						

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
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					<p>The 2020 Compliance Program document applies to the Premier Family of Companies, Community Health Solutions of America, Inc., and affiliates, and outlines the enterprise-wide Compliance Program. The Compliance Program's purpose is to ensure all employees in all lines of business fully understand the organizational commitment to conducting business ethically and in compliance with state and federal laws, regulations, contracts, and other legal requirements.</p> <p>The Compliance Program provides compliance as well as fraud, waste, and abuse (FWA) oversight to contracted, first tier, downstream, and related entities, including:</p> <ul style="list-style-type: none"> •Staff, employees, or agents of the companies •Contracted providers and/or provider networks •Contracted vendors and delegated entities •Health plan members/enrollees •Any other individual or entity with whom the Company does business. <p>The Employee Handbook includes information about expected conduct and ethical business behavior. Topics include anti-harassment, conflicts of interest, outside employment, confidentiality and privacy, solicitation, use of equipment and vehicles, etc.</p>

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
1.2 A compliance committee that is accountable to senior management.	X					The Quality & Compliance Management Committee (QCMC) meets at least quarterly and reports to the BOD. QCMC membership includes the Compliance Officer and senior staff responsible for functional areas and shared services departments.
1.3 Employee education and training that includes education on the False Claims Act, if applicable.	X					Policy CHS.COMP.ALL.01.01, False Claims Act, outlines Solutions' efforts to inform employees of: <ul style="list-style-type: none"> •the Federal False Claims Act and related state specific statutes •whistleblower protections in the Federal False Claims Act •the role of such laws in preventing and deterring fraud, waste, abuse •the Company's internal procedures for the prevention and detection of fraud and abuse

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
1.4 Effective lines of communication between the compliance officer and the organization employees, subcontractors, and providers.	X					<p>Policy CHS.COMP.ALL.01.05, Reporting Mechanisms, outlines methods available to staff, members, clients, network providers, vendors and others to report suspected fraud or abuse.</p> <p>The Compliance Officer ensures open and effective communication with all employees, and routinely attends staff and management meetings, corporate events, and other functions that encourage open communication. The open-door policy is supported through regular communication between the operational department staff, management, and the Compliance Officer.</p> <p>A policy of non-retaliation is enforced for employees who report suspected or actual FWA or other non-compliance. A Compliance Hotline is available for anonymous reporting and staff may also report through the online web-based Compliance Manager, to his/her supervisor, the Compliance Department, or to the Human Resources Department.</p>
1.5 Enforcement of standards through well-publicized disciplinary guidelines.	X					Disciplinary actions that may be taken are addressed in various policies, the Employee Handbook, and in the 2020 Compliance Program.
1.6 Provisions for internal monitoring and auditing.	X					Policy CHS.COMP.ALL.01.04, Fraud and Abuse Investigations, and the Compliance Program document outline the various possible auditing approaches. Audits include review findings,

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						trends, process improvement/best practices recommendations, and corrective action planning. The Compliance Officer creates and executes an audit calendar on a quarterly basis and identifies areas to be audited based on risk, past findings, and new guidelines.
1.7 Provisions for prompt response to detected offenses and development of corrective action initiatives.	X					
1.8 A system for training and education for the Compliance Officer, senior management, and employees.	X					Processes and requirements for staff training are addressed in Policy CHS.ISP.ALL.11.21, Security & Privacy Training Awareness Requirements and Reminders, and Policy CHS.COMP.ALL.01.03, Fraud & Abuse Prevention Training. The 2020 Compliance Program document covers training processes and topics for new employee training and annual compliance training. Solutions provides training and education to all new and current employees, managers, senior management, contractors, agents, and Board of Director members upon hire and annually. Additionally, the Compliance Department provides continuing education through media such as the internal website, compliance tips, and reminders through email notices.
1.9 Processes for immediate reporting of any suspicion or knowledge of fraud and abuse.	X					Policy CHS.COMP.ALL.01.05, Reporting Mechanisms, and the 2020 Compliance Program document provide information on confidential

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						reporting options available to staff, members, clients, network providers, vendors, and other concerned parties.
2. The organization reports immediately any suspicion or knowledge of fraud or abuse.	X					Policy CHS.COMP.ALL.01.04, Fraud & Abuse, indicates that the Compliance Officer or their designee, or a member of the Executive Committee will report the findings of investigations of fraud, waste, and abuse within 10 business days to appropriate clients, agencies/integrity programs to comply with state, federal, and contract requirements.

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					Policy CHS.PM.MCCW.01.01, Provider Orientation/Training, lists topics covered in provider orientation and states provider orientation and training are conducted within 30 days of contracting. At least annually, providers are given updates with any changes to the program.

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
2. Initial provider education includes:						<p>Solutions' website does not have the current Provider Manual posted. The version on the website is dated 2019.</p> <p><i>Recommendation: Update the website to include the current version of the Provider Manual.</i></p>
2.1 Organization structure, operations, and goals.	X					<p>Policy CHS.PM.MCCW.01.01 indicates that provider orientation includes an overview of the company, with information about:</p> <ul style="list-style-type: none"> •Staff & Duties—Program Managers, Care Coordinators, and Care Advocates •The Contractual Relationship with SCDHHS •The history with the Medically Complex Children Waiver (MCCW) <p>The Provider Manual includes an overview of Solutions including contact information and information about the Medically Complex Children's Waiver and Enhanced Primary Care Case Management.</p>
2.2 Medical record documentation requirements, handling, availability, retention, and confidentiality.	X					<p>The Provider Manual informs that Solutions' providers must keep accurate and complete medical records, and that those records are reviewed by Care Coordinators during team conferences. It notes records should be kept in a secure location and maintained for a minimum of 13 years. Required medical record documentation elements are included in the Provider Manual.</p>

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
2.3 How to access language interpretation services.	X					The Provider Manual informs that free services, such as language interpreters, sign language interpreters, alternate formats for written information, etc., are available. The toll-free telephone numbers to access Text Telephone services and language services are provided.
3. The organization provides ongoing education to providers regarding changes and/or additions to its programs, practices, standards, policies and procedures.	X					As stated in Policy CHS.PM.MCCW.01.01, Provider Orientation/Training, and confirmed verbally during the onsite, Solutions conducts new provider orientation and training within 30 days of contracting, and at least annually for any changes to the program.

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 provided the 2021 Strategic Quality Plan, which serves as the QI program description and describes the program’s structure, accountabilities, scope, goals, and available resources. The QI program description is reviewed and updated at least annually and approved by the CQMC.</p> <p>Solutions has two projects underway, including the SCS Onsite Quality Program Coordination Implementation project. The focus of this project is to implement a new quality management program to support early risk identification of compliance deficiencies and solidify a comprehensive retraining program. The Enhanced Provider Network Programs Modifications project is aimed at implementing a new medical informatics program to confirm provider contract compliance and identify opportunities to improve access to care.</p>

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
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					<p>Solutions' QI Work Plan identifies activities related to program priorities of addressing and improving the quality and safety of clinical care and services. The 2020 and 2021 Work Plans included the planned activity/project, interventions, start dates, estimated completion dates, responsible parties, and quarterly updates. During the previous EQR, CCME recommended Solutions correct the estimated completion dates and include the quarterly updates. The review of the 2021 Work Plan found the quarterly updates were added. However, the estimated completion dates for the Revision of Program Materials and the Policy and Procedure Review activities were not updated. The quarterly updates for these activities indicated these activities were either delayed or an ongoing activity.</p> <p><i>Recommendation: Update the estimated completion dates in the 2021 QI Work Plan for the Revision of Program Materials and the Policy and Procedure Review sections.</i></p>
III B. Quality Improvement Committee						
1. The organization has established a committee charged with oversight of the QI program, with clearly delineated responsibilities.	X					<p>The CQMC is the local committee responsible for the oversight of the QI Program. The committee charter listed in the 2021 Strategic Quality Plan outlines the committee's responsibilities, meeting frequency and quorum requirements. This committee is chaired by the Chief Medical Officer.</p>

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
2. The QI Committee meets at regular intervals.	X					The CQMC meets at least quarterly. The minutes received with the desk materials reflected the committee did not meet in October 2020, and the meeting was held in February 2021.
3. Minutes are maintained that document proceedings of the QI Committee.	X					Minutes were recorded for each meeting and documented committee discussions and decisions.
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 evaluates the overall effectiveness of the QI Program and reports this evaluation to the CQMC for recommendations and approval. The Quality and Performance Improvement Annual Report for Calendar Year 2020 was provided for review.
2. The annual report of the Q I program is submitted to the QI Committee.	X					Solutions' Quality and Performance Improvement Annual Report for Calendar Year 2020 was reviewed and approved by the CQMC in March 2021.

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 and acts within written policies and procedures and/or a program description that describe its care coordination and case management programs.	X					The Medically Complex Children Waiver (MCCW) Program Description and policies such as Policy CHS.CM.MCCW.01.02, Medically Complex Criteria-Medical Eligibility Assessment, and Policy CHS.CM.MCCW.01.08, Care Planning/Monthly Summary Report, describes Solution’s Enhanced Primary Care Case Management (PCCM) program.
2. Policies and procedures and/or the program description address the following:						
2.1 Structure of the program.	X					Solutions is contracted with SCDHHS to provide care coordination for the MCCW program. Care Coordinators collaborate with PCPs, specialists, and community service providers to coordinate waiver services utilizing a person-centered service plan under the Enhanced PCCM Program.
2.2 Lines of responsibility and accountability.	X					The MCCW Program Description indicates that the Medical Director has clinical oversight of the Enhanced PCCM Program, the Care Coordinator Team Lead has oversight for daily operations, and Care Coordinators, who are experienced pediatric registered nurses, provide case management activities. Board-Certified pediatricians lead the plan of care.

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						Policy CHS.CM.CA.MCCW.01.01, Care Advocate Staff Process, states Care Advocates support Care Coordinators by providing non-clinical tasks and administrative assistance to Care Coordinators.
2.3 Goals and objectives of Care Coordination/Case Management.	X					
2.4 Intake and assessment processes for Care Coordination/Case Management.	X					<p>The intake process for the MCCW Program and the Children’s Private Duty Nursing (PDN) Program for children meeting intake criteria is described in Policy CHS.CM.MCCW.01.01, Intake /Admissions Policy. Applicants under 18 years of age will be processed under the MCCW Program and applicants between 18 and 21 years of age will be processed under the PDN Program.</p> <p>As a follow up from the 2020 EQR, Policy 01.02, Medically Complex Criteria-Assessment, and Policy CHS.CM.MCCW.01.03, Growth and Development, were updated to correctly reflect that the program is for children with a serious illness or condition that is expected to last at least 12 months.</p>
2.5 Providing required information to participants at the time of enrollment.	X					Solutions provides participants with an admissions packet that includes information and forms such as the Non-Compliance Form, Admissions Agreement, and Person-Centered Service Plan. It also includes information for local and state-wide resources such as, such as

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						<p>BabyNet and transportation services, and child abuse information.</p> <p>The MCCW Rights and Responsibilities document informs members they have the right to complain to the Care Coordinator or the MCCW Administrator about services received. As a follow-up from the previous EQR, CCME noted the telephone numbers for the Care Coordinator and the MCCW Administrator are correctly listed on the form and on the website.</p>
<p>2.6 Minimum standards for phone contacts, in-home visits, and physician/nurse plan oversight as applicable.</p>	X					<p>Requirements for telephonic outreach and home visits are described in Policy CHS.CM.MCCW.02.01, Care Coordination Process, and Policy CHS.CM.MCCW.01.08, Care Planning, and the Waiver Program Description. The Care Coordinator updates the Monthly Summary Report during the monthly call and during quarterly, semiannual, and annual home visits.</p> <p>Additional assessments and updates, such as the Person-Centered Service Plan, Medical Eligibility Assessment, and forms for private duty nursing services, if applicable, are completed at specified home visits. However, due to COVID-19 restrictions, Solutions is operating under the Appendix K Waiver which allows for all outreach to be conducted telephonically, as face-to-face visits has been suspended.</p>

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						Solutions informed CCME that recommendations from the 2020 EQR regarding Team Conferences were not addressed due to the suspension of face-to-face visits. CCME offered a reminder for Solutions to revisit those recommendations for working with SCDHHS to update materials to reflect that team conferences are optional and conducted upon request.
2.7 Processes to develop, implement, coordinate, and monitor individual Person-Centered Service Plans with the participant/caregivers and the PCP.	X					<p>During the onsite, Solutions staff referenced Policy CHS.CM.MCCW.01.01, Intake /Admissions Policy, and explained the PCSP is initiated on admission, updated annually and as needed, and is reviewed and signed by the SCDHHS representative.</p> <p>However, the following documentation regarding the process for PCSPs is very minimal and confusing:</p> <ul style="list-style-type: none"> •Policy CHS.CM.MCCW.01.08, Care Planning/Monthly Summary Report briefly states, “The service plan will be reviewed and updated twice a year with the semiannual and annual visits, and as needed.” Solutions staff explained this policy pertains to the Monthly Summary Report and not PCSPs. •The Provider Manual, page nine, indicates that during Team Conferences, the PCP determines if the Care Plan/Service Plan goals are met or require revision. However, staff explained that the terms Care Plan and Service Plan are used interchangeably, and the PCP reviews and signs

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						<p>the Monthly Summary, not the PCSP.</p> <p>CCME could not identify documentation of Solutions' process for coordinating and monitoring PCSPs with the participants and PCPs. Individuals involved in the PCSP process are not clearly described or documented.</p> <p><i>Recommendation: Clearly document, in a policy or other document, Solutions' process for developing, implementing, coordinating, and monitoring PCSPs according to requirements in the Medicaid HCBS Waiver Services Care Coordination Contract, Appendix A, Section D (1) (a, b, and c). Edit the Provider Manual to correctly describe the PCPs role and participation with PCSPs.</i></p>
2.8 Processes to ensure caregiver/parent participation in and understanding of the Person-Centered Service Plan.	X					<p>Policy CHS.CM.MCCW.01.16a, Person Centered Service Plan (PCSP), and Policy CHS.CM.MCCW.01.06a, MCCW Rights and Responsibilities, describe and outline how Solutions ensures caregiver participation in, and understanding of, the PCSP. During the Pre-Admission Screening, the annual visit, or a custody change, the responsible party signs the PCSP Signature Page document and the Rights and Responsibilities Form after reviewing it with the Care Coordinator.</p>
2.9 Process to regularly update and evaluate the Person Centered Service Plans on an ongoing basis.		X				<p>As per the previous comment in standard 2.7, documentation in Policy CHS.CM.MCCW.01.08, Care Planning/Monthly Summary Report, and in the Provider Manual regarding PSCPs is very</p>

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						<p>minimal and confusing.</p> <p>During the onsite, Solutions staff reported that the Care Coordinators review the PCSPs during every monthly call and create new PCSPs during the annual re-evaluation. The new PCSP is signed by a SCDHHS representative. However, CCME could not identify documentation of Solutions' process for monitoring, updating, or evaluating PCSPs on a regular basis.</p> <p><i>Quality Improvement Plan: Clearly document, in a policy or other document, the process used to regularly update and evaluate PCSPs, according to requirements in the Medicaid HCBS Waiver Services Care Coordination Contract, Appendix A, Section D (1) (b).</i></p>
2.10 Processes for following up with participants admitted to the hospital and actively participate in discharge planning.	X					Policy 03.01, Discharge Planning / Disenrollment, describes Solution's process for handling discharge planning activities for participants in the hospital setting to ensure continuity of care.
2.11 Processes for reporting suspected abuse, neglect, or exploitation of a participant.	X					Policy CHS.CM.MCCW.01.12, Child Protective Services, states "The Care Coordinator (CC) or Care Advocate (CA) will report any suspected neglect and/or abuse to the local Department of Social Services. The CC will review the Child Protective Services Information and CPS Contact forms with the Responsible Party (RP) during the Pre-Admission Screening (PAS) visit, and as needed."

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
2.12 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					
3. The organization provides a written, formal evaluation of the Person Centered Plan to SCDHHS every 6 months or upon request.	X					<p>Policy CHS.CM.MCCW.02.01, Care Coordination Process, indicates that the care coordinators complete the PCSP during annual re-evaluation visits and uploads it into Phoenix for review and signature by SCDHHS. However, documentation of the semiannual process is minimal and not clearly described. Care coordinators complete case management documentation and scan the documentation into the Phoenix system, which is accessible by SCDHHS and Solutions' staff at any time.</p> <p><i>Recommendation: Edit Policy CHS.CM.MCCW.02.01, Care Coordination Process, to clearly document the process for providing SCDHHS with a written, formal evaluation of PCSPs every 6 months according to requirements in the Medicaid HCBS Waiver Services Care Coordination Contract, Appendix A, Section D (1) (f).</i></p>
4. The organization conducts Care Coordination and Case Management functions as required by the contract.	X					<p>Case management files reflect telephonic monthly participant contact. Quarterly, semi-annual, and annual outreach and assessments were also conducted telephonically instead of face-to-face due to COVID-19 restrictions. Additionally, documentation reflected that Care Coordinators continued attempts at monthly calls even though the Responsible</p>

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						<p>Person was unable to be reached. Disenrollment of participants was not allowed. The Family First Coronavirus Response Act prohibits discharging participants unless the parents decline participation, they move away, or the participant passes away.</p> <p>Forms and information were consistently completed and provided during required timeframes. Monthly Summary reports faxed by the Care Advocate, reviewed, signed, and returned by the PCP indicated consistent care plan collaboration.</p>