

## Introduction

The South Carolina Department of Health and Human Services (SCDHHS) operates predominantly as the designated single state agency for the Title XIX Medicaid program and Title XXI Children’s Health Insurance program but administers several other state and federal human service programs. On July 1, 2017, SCDHHS assumed lead agency designation for South Carolina’s Individuals with Disabilities Education Act (IDEA) Part C program, which partially finances services for infants and toddlers with developmental delays up to their third birthday.

South Carolina’s IDEA Part C program, known as “BabyNet,” engaged in a cooperative corrective action plan, granted funds under special conditions, participated in intensive differentiated monitoring and oversight by the United States Department of Education (DOEd) Office of Special Education Programs (OSEP), and engaged with technical assistance providers. Since the lead agency change, most of SCDHHS’ efforts to bring its IDEA Part C program into federal compliance have been focused on systems and staff integration with other SCDHHS programs, reevaluating assumptions, policies, program designs, reducing reliance on low-performing vendors and providers, and assuming greater control over data and analysis to identify and correct system deficiencies. Further, the department has revised or entirely restarted efforts that are inconsistent with the program’s core goals of timely identification, assessment, and referral to services of children aged 0 – 3 with developmental delays.

This document outlines South Carolina’s efforts to structure its program oversight strategies into OSEP’s general supervision framework. Consistent with ongoing discussions with OSEP, South Carolina’s general supervision plan will focus on compliance indicators 1, 7, and 8 – timely receipt of services, adherence to the 45-day timeline, and timely and appropriate transitions. The State will begin implementation of its General Supervision plan focusing on compliance indicators and will incorporate additional measures and components beginning with federal fiscal year 2022 data.

## OSEP General Supervision Framework



South Carolina’s general supervision framework follows the OSEP’s cycle of incremental policy and practice development from identification to resolution through root cause analysis and assignment of responsibility. In general, the development of a program oversight plan can begin with either broad, but

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shallow, investigations of programs or highly detailed investigations of a narrower scope of programmatic factors or attributes. Given that the OSEP framework lends itself to “deep dives,” SCDHHS’ first year of general supervision was focused on robust examination of limited factors, focusing on indicators 1 and 7. Findings were issued to the State based on its performance in providing timely initial Individualized Family Service Plans (IFSPs) and the State’s ability to ensure timely provision of services by maintaining an adequate network of service providers. Accordingly, SCDHHS engaged in a disciplined review of each of the 11 indicators to prioritize which will be the focus of the first year of implementation.

Each lead agency for Part C under the Individuals with Disabilities Education Act (IDEA) is responsible for the public supervision and monitoring of programs that provide services to eligible children. In fulfillment of this requirement, IDEA/Part C BabyNet will participate in a variety of integrated monitoring activities including data verification and technical assistance. The goal of all accountability and monitoring activities is to improve the quality of services to children and families, as well as to ensure compliance with federal and state laws.

Every year after reviewing the APR, OSEP makes determinations about how each state is meeting the requirements of the IDEA. The four determinations are:

- Meets Requirements;
- Needs Assistance;
- Needs Intervention; or
- Needs Substantial Intervention.

Section 616 of the IDEA also requires that Part C lead agencies make the same determinations about local programs. OSEP requires that states use data, including the most recent APR to make local determinations. Factors that must be considered are:

- Performance on compliance indicators (1, 7, 8)
- Whether data submitted are valid, reliable, and timely
- Mediation, Complaints, and Hearings
- Any audit findings

OSEP also encourages states to look at other optional data such as:

- Performance on results indicators
- Other monitoring data

## General Supervision Plan

### *Introduction*

Upon full general supervision plan approval from OSEP, South Carolina will move away from the use of its interim general supervision plan beginning July 1, 2021. The State will transition from assigning findings to itself (system) to assigning findings by region to include provider and service coordinator performance. In order to scale up to statewide implementation of the full general supervision plan, the State will begin by focusing on compliance indicators. As state staff and the provider community become more familiar with the process, South Carolina will begin including additional factors, such as, performance on results indicators.

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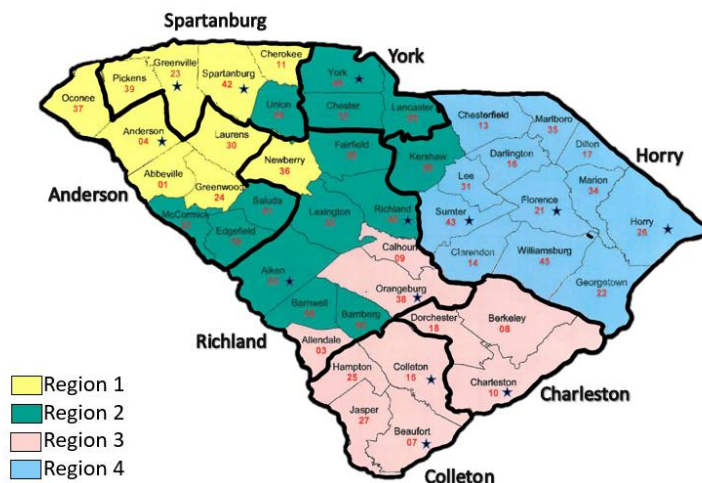
APR monitoring is completed annually with all programs. Data verification is completed twice a year with programs who are below 100% compliance on indicators 1, 7, and 8. Focused monitoring will occur for programs/providers who demonstrate high levels of non-compliance on indicators 1,7, and 8. All local programs and providers are expected to frequently monitor their performance on indicators using reports in the State's Early Intervention data system in order to ensure program integrity, compliance, and improvement.

Regional Coordinators monitor performance data monthly for their respective regions and follow up with individual providers when issues are found. Regional Coordinators also facilitate monthly Local Early Intervention System meetings to address issues, provide technical assistance and training as needed, and review any data concerns. These local meetings are typically held face-to-face and in a convenient location. Attendees consist of providers, intake and ongoing service coordinators (and supervisors), LEA representatives, Head Start/Early Head Start representatives, Parent group representatives, and other interested stakeholders.

### *Identify an Issue*

Annually, in the month of August, the State runs data consisting of a 10% sample for each compliance indicator by program for the first two quarters of the previous fiscal year. This activity will allow the State to determine instances of non-compliance for each local early intervention system (LEIS). These results will be shared with local programs who will be expected to verify the accuracy of the data, make all necessary corrections, and ensure that future data is in compliance. BabyNet Regional Coordinators will be available to provide technical assistance and training based on the needs of each region. If service coordinators and providers can verify that the activity did occur and was timely, the instance will be removed from the report. These errors are usually based on data entry mistakes or omissions.

LEISs are defined geographically and have been historically organized into seven BabyNet districts, but are now in the process of reorganizing to match the four Medicaid regions in South Carolina. See map below. The colored areas represent the four Medicaid regions and the heavy black lines mark the boundaries for the seven labeled historical BabyNet districts.



### *Measure and Quantify*

SCDHHS takes a two-pronged approach to measuring and quantifying timeliness of compliance indicators. Historically, BabyNet only had access to pre-formatted or “canned” reports in the State’s early intervention data system, known as the BabyNet Reporting and Intervention Data Gathering Electronic System (BRIDGES). As part of the BRIDGES to Medicaid Management Information System (MMIS) integration project, SCDHHS began receiving daily updates of the entire BRIDGES database, which allows the agency to analyze source data independently and ensure valid and reliable data. SCDHHS also pulls in adjunct Medicaid data from the MMIS to enrich the service and billing profile of each child.

Using raw data elements and analysis tools with enhanced capabilities, SCDHHS overcame the limitations of the BRIDGES system data. The agency was able to establish a baseline set of data, and reporting was enhanced by the significant improvement in quality of data.

#### *Indicator 1:*

SCDHHS determines IFSP timelines that align with the services identified in the Code of Federal Regulations. Additionally, adjunct datasets containing evidence of service delivery from SCDHHS’ MMIS system improves data quality and demonstrates service delivery beyond the capabilities of the BRIDGES data. BabyNet will analyze the timely delivery of services of a sample of 10% of children by district on an annual basis using data from the first two quarters of each fiscal year. This data will be used to issue findings for each geographic region. Subsequent data will be pulled to determine if findings will continue or if findings are cleared.

Factors for Analysis:

- Frequency distribution for number of untimely services and number of children
- Analysis of almost-timely children (only one service late) by selected indicators:
  - SPOE, Agency, Provider, Primary Service Coordinator, Service Types

#### *Indicator 7:*

SCDHHS has increased access to raw system data that allows more accurate reporting of the timelines of the initiation of the IFSP. SCDHHS analyzes the data and develops transparent, repeatable methods to report this indicator with increased confidence. BabyNet will analyze the referral-to-Initial IFSP lifecycle of a sample of 10% of children referred to the Part C program by district on an annual basis using data from the first two quarters of each fiscal year. This data will be used to issue findings for each geographic region. Subsequent data will be pulled to determine if findings will continue or if findings are cleared. BabyNet will analyze the following data related to indicator 7:

- Children referred to Part C, but ultimately not advanced to an initial IFSP
- Children evaluated and made eligible for the program
- Children with pending referrals
- Root cause analysis by late reasons by selected indicators:
  - SPOE, Primary Service Coordinator,
- Frequency of number of days late:
  - SPOE, Service Coordinator, late reason

*Indicator 8:*

SCDHHS has built transition planning into each IFSP. Service coordinators are not able to save and finalize an IFSP without addressing transition. If the service coordinator attempts to save an IFSP without addressing transition, they will get an error message directing them to return to the plan to update/add the transition plan. Therefore, the State typically reports 100% compliance on Indicator 8A. This process has contributed to successful completion of appropriate and timely Part C to Part B transitions.

The State has also developed a process for which transition notifications are automatically sent to the SEA and all LEAs each month. This process leads to 100% compliance on Indicator 8B due to the State ensuring that each report is accurate and is sent in a timely manner. The following reports are sent each month to the SC State Department of Education (SCDOE) and each LEA for active children with an IFSP in each of the following age groups during the previous month.

- 24 Months
- Over 24 Months
- 30 Months
- Over 30 Months
- Over 33 Months (late referrals to Part C)
- Over 34.5 Months (late referrals to Part C)

SCDHHS analyzes Indicator 8C using data from BRIDGES. Service Coordinators document the family's consent to participate in the transition process. If the family consents, a conference should be held between 2 years 3 months and 2 years 9 months. BabyNet tracks whether the conference was timely or untimely, the late reason (if necessary), and the average number of days before the third birthday for conferences by district.

*Analyze Root Cause*

Part C has mapped the 45-day process and handoff to service coordinators, and SCDHHS' analysis of timeliness indicators focuses on two primary issues – (1) the proper provision of services by providers and staff, and (2) effective hand-off between stages of the referral, eligibility, plan development, and service provision. Based upon SCDHHS' initial data analysis and interviews with the provider community, several common causes of delayed eligibility, services, and transition conferences surfaced, including:

- Inconsistent closure and documentation of referrals, hand-offs, and IFSP case lifecycles, resulting in an incomplete BRIDGES record and invalid data.
- Improper assignment of family-driven delays to the eligibility and IFSP process, including no-shows and rescheduling.
- Data entry errors, such as dates, times, and child identifiers.
- Incomplete or absent provider service records in BRIDGES, particularly when a Medicaid Managed Care Organization (MMCO) is the primary payor.
- Insufficient local therapy provider network.
- Inaccurate assignment of delay reasons, skewing data analysis.

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- Poor communication between local EI programs and LEAs
- Poor communication between SEAs and LEAs regarding requirements
- Poor communication between service coordinators and families regarding the importance of transition activities.

Once root causes are established and categorized, findings will be issued to responsible entities, as detailed in the next section.

### *Assign Responsibility*

The assignment of responsibility for a finding issued pursuant to the agency's general supervision framework is based on two features – geography and entity scope of control based on root cause analysis of an issue.

#### Regions

SCDHHS is organized into four regions, and SPOE offices are assigned to a region based upon the location of the SPOE office. When a finding is issued, it is issued by region, to the attention of an individual designated by the IDEA Part C coordinator, typically a regional manager or regional IDEA Part C coordinator. In the event a regional IDEA Part C coordinator position is vacant, the statewide IDEA Part C Coordinator will identify an alternate designee to receive findings, coordinate resolution, and issue sanctions as necessary. Upon the issuance of findings, this representative is responsible for communicating with affected individuals and entities in the region to review findings and schedule follow-up activities as necessary. If the noncompliance is related to inadequate provider networks, the State will be held responsible for correction, including technical assistance with local teams and additional provider recruitment activities.

#### Entity Scope of Control

Findings will also identify the entity or SCDHHS SPOE office or staff responsible for the action or decision that resulted in a poor outcome or deviation from policy. Responsible entities and individuals will most often include the following:

- Central Referral Team
- SPOE intake coordinators and supervisors
- Service coordination entities and Service Coordinators
- Private therapy and service providers
- Translators and interpreters

#### Determinations

In reviewing programs to make determinations each year, South Carolina collects available information and uses the three required compliance indicators and determines if data submitted is valid, reliable, and timely. South Carolina will add additional factors, such as, audit findings, performance on results indicators, parent complaints, data concerns, and other monitoring data beginning with FFY 2022 APR/SPP data.

*All programs are reviewed using the following process:*

1. The three required SPP/APR compliance indicators are reviewed using the previous year's APR data. More recent data is also reviewed in case the data indicates that the indicator has been substantially corrected.

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2. Any non-compliance that was identified more than 12 months before the determinations are made is checked for verification of correction within 12 months.

### *Compliance Indicators:*

#### Scoring of the matrix for Compliance Indicators 1, 7, 8A, 8B, and 8C

Local programs receive points as follows for compliance indicators 1, 7, 8A, 8B, 8C:

- Three points, if either:
  - The local program's data for the indicator were valid and reliable, and reflect at least 95% compliance;
- Two points, if the local program's data for the indicator were valid and reliable, and reflect at least 76% compliance, and the local program did not meet the criteria above for three points.
- One point, under any of the following circumstances:
  - The local programs' data for the indicator reflect 75% compliance or less; or
  - The local programs' data for the indicator were not valid and reliable; or
  - The State did not report data for the indicator.

### *Results Indicators:*

Beginning with FFY 2022 data, the State will include Results Indicators in its determinations rubric. The State will follow the same percentage requirements as OSEP. See below. This data will be factored into local determination beginning with the FFY 2022 APR/SPP data. The State will incorporate the rubric used by OSEP to measure progress on results indicators.

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## Local Determination Rubric

		3 Points	2 Points	1 Point
Compliance Indicators	Indicator 1	95-100% Compliance	76-94% Compliance	Below 75% Compliance
	Indicator 7			
	Indicator 8A			
	Indicator 8B			
	Indicator 8C			
Correction of Noncompliance	Indicator 1	95-100% Compliance	76-94% Compliance	Below 75% Compliance
	Indicator 7			
	Indicator 8A			
	Indicator 8B			
	Indicator 8C			
Accurate Data	The data management system contains rigorous business rules that enforce meeting APR compliance requirements. Due to rigorous business rules, the user is prevented from entering erroneous data into the system by being informed when it is detected. Data validity checks occur throughout the child's participation in program.			
Complaints, Hearings, Mediation		No Complaints, hearings, or Mediation requests, and unfounded complaints.		Formal complaint filed and/or due process hearing occurred with a finding against the local lead agency.
Timely Data	Compliance data will be reviewed for timely data entry. Reports will show the number of days from the date of service, IFSP date, and/or transition conference to the date the data was entered into the data system.			
Add additional factors in FFY 2022 to address performance on results indicators.				
<b>Total</b>		<b>39 Total Possible Points (all 3s)</b>		



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Determination Scoring Criteria			
Meets Requirements 100-95%	Needs Assistance 76-94%	Needs Intervention 75-51%	Needs Substantial Intervention (At or below 50%)
39-37 Points	36-30 Points	29-20 Points	19 and below

### *Verify Resolution and Follow-up Activities*

For indicators 1,7, and 8C, resolutions will often include completing documentation and hand-offs in a timely manner, but may also include analysis of staffing levels, available provider and referral networks, better coordination with provider and other team members, including LEAs, and other apparent actions necessary to resolve an individual or systemic deficiency. Prior to issuance of a final report of finding, regions and responsible entities will have the opportunity to review and provide input on findings and proposed resolutions, although SCDHHS retains the authority and responsibility of determining the appropriateness of any finding and resolution and issuing such findings accordingly.

Once a finding is issued, SCDHHS will engage in enhanced scrutiny of the region and responsible entities through follow-up reporting and subsequent data pulls. If subsequent data do not demonstrate correction of non-compliance, responsible entities may be required to provide the IDEA Part C Coordinator with a corrective action plan to address the individual and systemic issues identified in the finding. The State will determine the level and intensity of the required actions or sanctions.

Upon issuance of a final finding, and depending on the quality and effectiveness of a region's steps towards compliance, SCDHHS may also issue sanctions against providers and employees in a manner consistent with state policies and procedures, including:

- Verbal counseling or reprimand
- Financial fines or sanctions, not to exceed one month's services for an average member per unresolved finding
- Suspension of staff or referrals to a private entity
- Termination from employment or new referrals
- Immediate transfer of entire caseload to a new provider

Once a finding is cleared, a notice of clearance will be issued, and the provider will be cleared of additional sanctions until such time as additional findings are issued.

In addition to the regular operation of the findings, sanctions, and resolution lifecycle, the regional designee and public and private entities participating in general supervision will make recommendations about issues and patterns identified in the general supervision process, as well as opportunities for additional data, process, and provider network analysis, and policy or procedure amendments that would inform program oversight and improve services to children.

### *Focused Monitoring and Plans for Improvement and Correction*

Regions that are unable to clear findings within 12 months are required to develop a Corrective Action Plan with the State. This plan will include steps and strategies identified by the LEIS that will help to improve performance on indicators. All plans must be approved by the State. If necessary, the Regional Coordinators will pull subsequent data, request and review hard copy records, or make visits to a provider to provide training and technical assistance. Once the LEIS is able to meet all the goals in the CAP, it will be completed and closed.