

QIO – Facility 456 Review

Purpose:

Conduct utilization review activity in accordance with 42 CFR Part 456 for Intermediate Care Facility for Individuals with Intellectual disability (ICFID), Nursing Facility for Mentally Ill (NFMI), Psychiatric Medical Institution for Children (PMIC), and Mental Health Institute. (MHI) to evaluate the appropriateness of placement and evaluate whether services are meeting the treatment needs of the member.

Identification of Roles:

Project assistant (PA) – supports review activities, manages Access database, assists in coordinating team communications and schedules.

Review coordinator (RC) – reviews medical record documentation and observes members onsite to evaluate quality, appropriateness of placement, and appropriateness of service. Makes recommendation for corrective action plan (CAP), if necessary. Refers quality concerns to Medicaid Medical Director (MMD).

Manager - provides oversight and consultation to staff related to review activities, quality concerns and appropriateness of request to complete corrective action plan (CAP) with facility.

Medicaid medical director (MMD) – consults with staff for CAP requests including quality concerns.

Performance Standards:

Conduct annual onsite Utilization Review visits between months 10 and 12 following the prior year visit to ICFID, NFMI, PMIC, and MHI facilities.

Path of Business Procedure:

See Attachment 1.

Step 1: RC will contact the facility telephonically no more than 48 hours prior to the onsite visit or electronic health record (EHR) review. RC will explain the purpose and requirements of the review to the facility director. RC will request the name of the facility staff person who will assist with the review process. RC will provide an estimate of length of visit and inform that a copy of the Inspection of Care tool is located on the DHS website. RC will set up logistics of the onsite visit or EHR and onsite member observation; request appropriate workspace for medical record audits or access to the facilities EHR, and discuss plans/needs for observation of the members. RC will explain

that within 30 business days after the onsite review, the facility will receive a report detailing the results.

Step 2: Once onsite or decision is made to complete EHR review, RC will coordinate with the designated staff to answer questions about the review and initiate the medical record review and member observation.

Step 3: RC will review the current medical records for all members in the facility at the time of the review. The Inspection of Care tool within the Access database will be used to record all review activity.

Step 4: RC will complete observation of the member during one of the following:

- Work or day treatment environment,
- Mealtime,
- Planned leisure activity,
- Structured training time.

Step 5: Any observation, assessment, or medical record documentation that does not meet criteria or where concerns are identified will show a check mark in the upper left heading of review form: “Corrective Action Plan needed” indicating a facility CAP is needed. CAP details will be documented below the Comments section of review form.

a. Issues that may constitute a quality-of-care concerns include, but are not limited to:

- 1) Health and/or safety of member at risk.
- 2) Plan of care is incomplete, fails to address needs, and/or not updated monthly.
- 3) Medications not reviewed at least every 90 days.
- 4) Progress notes not present.
- 5) Member is not benefiting from active treatment.
- 6) Member has service need identified; however, the facility is not providing the service to address the need or securing the service from arrangements with others.
- 7) Member is unable to tolerate active treatment due to medical reasons.
- 8) Facility is not providing active treatment.
- 9) Facility is not meeting the health needs of the member.
- 10) Facility is not meeting the social needs of the member.

b. If an urgent quality of care concern is noted, the RC will contact manager and/or MMD immediately and describe the concern.

Step 6: RC will update the Onsite Tracking spreadsheet. If, a CAP is required as identified in column N, the RC will indicate in column P where or not it is satisfactory, if not, column Q will be completed.

Step 7: Following the review, an aggregate letter will be developed by the PA from the review results within the Access database. PA will complete a QA review of the letter for accuracy. The aggregate letter and a copy of each member's findings are emailed to the facility within 30 days of completion of the review.

Step 8: If a CAP is warranted, the facility is informed on the individual member Inspection of Care tool. If an immediate threat to the member's health and/or safety is present, the manager will take action as directed by DHS.

Step 9 Facilities will have no more than 30 days from the date of the aggregate letter to address/correct the concerns by responding in writing detailing steps they are taking to address them. The CAP response will include the following information:

- a. Date of the onsite visit,
- b. Name of member,
- c. Member SID,
- d. Item(s) cited in the report to be corrected by Inspection of Care tool number,
- e. Explicit steps the facility has taken to correct the identified issues,
- f. The planned steps that will be taken to sustain change,
- g. Date by which correction will be completed,
- h. Staff responsible for the action plan.

Step 10: Once the CAP is received from the facility, the RC will review and approve, unless there are concerns. If concerns noted, the manager will review each CAP with DHS and/or MMD. If a returned CAP is unacceptable the facility will be notified in writing of necessary steps to correct. If further action is required to satisfy the CAP, QIO Services will request direction from Policy staff.

Step 11: The results of the onsite evaluation are aggregated and reported in the QIO Services quarterly report to Iowa Medicaid leadership.

Forms/Reports:

NA

RFP References:

1.3.1.3.B.6.a

Interfaces:

Access database

Attachments:

Attachment 1: Facility 456 Review workflow

