

## QIO – HCBS Certification Review

### Purpose:

To certify Medicaid providers to provide QIO home and community-based services (HCBS) waiver services as described in Iowa Administrative Code (IAC) Chapter 77.

### Identification of Roles:

HCBS support staff – support review activities by mailing letters and routing documents in OnBase.

HCBS specialist – complete onsite reviews to determine HCBS provider compliance with IAC, Code of Federal Regulations (CFR), provider’s policies, and the provider’s annual self-assessment response.

HCBS operations manager – provides work assignments, supervision and consultation to HCBS specialists and approve all reports provided to the HCBS unit manager.

HCBS team lead – conducts internal quality control and review of all certification letters and timelines.

### Performance Standards:

100% of discovery, remediation, and improvement activities shall be logged with an error rate not to exceed 5%.

90% of data will be logged within 2 days of activity.

### Path of Business Procedure:

**Recertification** (including initial 270 recertification review) of an HCBS provider: A recertification review will be initiated 270 days after a newly certified provider has been providing services and upon certification expiration based on the previous certification. A recertification will be issued based on program and service type, and in accordance to IAC 441-77.

**Step 1:** HCBS specialist will check loWANS to determine the services the provider is currently enrolled to provide and determine if the review can be combined with the other types of reviews conducted by the QIO, as listed below:

- a. Periodic review,
- b. Chapter 24 accreditation review,
- c. Targeted review.

**Step 2:** HCBS specialist will initiate the recertification review in QPS at least 30 – 45 days before the onsite review date.

- a. Complete the Provider tab in QPS to include the following:
  - i. All provider numbers and NPI numbers included on the provider's most recent Provider Quality Management Self-Assessment (SA);
  - ii. All services the provider is enrolled to provide as indicated in IoWANS;
  - iii. Date of onsite review;
  - iv. Address and contact information for the provider;
- b. Document the review date on the SharePoint calendar.
- c. Enter the DCN number for the provider's most current SA in the QPS DCN tracking field on the Summary tab.
- d. Complete Interview Comments to include the following:
  - i. Number of HCBS specialists required for review;
  - ii. Time of day the onsite review will begin;
  - iii. Provider's qualification to provide waiver services;
  - iv. Indication of provider's Chapter 24 and Habilitation service participation;
  - v. Documents, other than the periodic review checklist, required to be mailed with the review notification.
- e. Initiate the review notification by selecting the P10 Review Notification letter.
- f. The HCBS specialist will email the provider and excel spreadsheet to request all member information
- g. Upon selection of the P10 letter, ownership of the review in QPS will transfer to HCBS support staff to email the P10 Review Notification letter and Staff and Member Lists
- h. Letter mailing process will be documented by HCBS support staff in the QPS Activity tab.
- i. Upon completion of QPS Activity tab, ownership of the review is transferred back to the HCBS specialist.
- j. HCBS support staff will check OnBase and distribute the received provider documents to the assigned HCBS specialist.

**Step 3:** HCBS specialist will utilize the completed excel spreadsheet to establish a random member selection of the members being served by the provider.

- a. Randomly select members being served by the provider, taking into account the various services and/or waivers provided.
  - i. Enter each member into the QPS Member tab;
  - ii. Enter an equal number of provider personnel into the QPS Personnel tab;

- iii. If no members are actively being served by the provider, the HCBS specialist will provide technical assistance on requesting an Exception to Policy to extend the certification end date.
- iv. Request the P12 Review Notification member selection letter and staff training worksheet 7 to 10 calendar days prior to the scheduled review date, the certification review will transfer to HCBS support staff.

**Step 4:** HCBS support staff will document the P12 Review Notification member selection letter following the process described in Step 2h. The review will transfer to the assigned HCBS specialist.

**Step 5:** The HCBS specialist will begin to complete the HCBS Review Report checklist. Document DCN numbers in QPS for all documents considered for the review.

- a. Review each of the provider's responses on the current year's submission of the SA;
- b. Complete the "Self-Assessment Response" column with a "Y" for yes, "N" for no, or "N/A" for not applicable, according to the provider response on the Self-Assessment;
- c. Review the policies received in OnBase for compliance with CFR, IAC, and Iowa Code, and complete the "Included in Policy" column with a "Y" for yes, "N" for no, or "N/A". If a section is not applicable provide an explanation in the comment section for why that field is not applicable;
- d. Save the checklist until time for the onsite visit.

**Step 6:** HCBS specialist(s) will arrive at the facility at the designated date and time and conduct an introductory meeting with the provider staff.

- a. Explain the four methods of HCBS oversight and the corresponding review types.
- b. Outline the process and what to expect during the onsite visit, including providing an exit interview explaining the findings, compliance expectations and timelines for completion.
- c. Present HCBS Quality Oversight as a professional service to providers and inform them that they are available for technical assistance at any time during the visit or after the review is completed.

**Step 7:** HCBS specialist(s) will complete the member record review checklist by reviewing member files and accompanying service documentation. A history of service documentation will be reviewed. Additional documentation may be requested if further history is required. A minimum of three member records will be reviewed.

**Step 8:** HCBS specialists will complete the personnel record review checklist. At least three personnel will be randomly selected from the list of personnel, giving preference to personnel working with those from the member selection.

**Step 9:** HCBS specialist will complete the certification review checklist based on the findings of the above two checklists, which will be completed as thoroughly as possible while at the facility.

- a. Notify the HCBS operations manager of any member health or safety issues prior to leaving the facility.

- b. Notify the provider per IAC and Iowa Code, the following must result in cessation of services:
  - i. Absence of employee background checks;
  - ii. Serious violations of service provision such as providing unapproved services;
  - iii. Serious billing issues such as billing unapproved services.

**Step 10:** HCBS specialist will conduct an exit interview with the provider staff.

- a. Provide a brief overview of the findings of each section of the review checklist.
- b. Notify the provider of any core standard deficiencies identified.
- c. Advise the provider that any member health or safety issues will be included in the certification review report.
- d. Advise the provider that a full certification review report will be received within 30 business days of the exit interview.
- e. Document the exit interview date in QPS on the summary tab.

**Step 11:** The HCBS specialist will complete all review checklists with two business days of the exit interview. When all checklists are completed the HCBS specialist will complete the 90 percent indicator on the QPS summary tab.

**Step 12:** HCBS specialist will submit the certification review report according to the following guidelines:

- a. The HCBS specialist will document review findings, complete the editing process to ensure accuracy of spelling, grammar and sentence structure and submit to operations manager for review within five days of the review end date.
- b. Include the following information in the Interview Comments on QPS Summary tab:
  - i. Name of assisting HCBS specialist(s),
  - ii. Chapter 24 and Habilitation services,
  - iii. Number of standards met and number of standards available for certification, using the HCBS Recertification Scoring Process
- c. Indicate level of certification in the QPS Provider tab.
- d. QPS ownership of the review will be transferred to the HCBS operations manager when the HCBS specialist completes the 100 percent indicator on the QPS summary tab. The HCBS specialist will complete the P13 cover letter and save to the share drive.
- e. The final review checklist will identify the following:
  - i. The findings of the review;
  - ii. The areas needing improvement;
  - iii. The areas recommended for improvement based on evidence-based best practices for the industry;

- iv. The corrective action requirements as defined by CFR, Iowa Code, and IAC;
- v. Commendations for the provider.

**Step 13:** HCBS operations manager will review the review checklist and transfer the certification review to the HCBS team lead within 15 business days of the onsite exit interview.

**Step 14:** HCBS team lead will review the certification review in QPS, recommend changes based on best practices and/or HHS Services Style Guide and return the certification review to the HCBS operations manager when the report has been approved.

**Step 15:** HCBS operation manager will make any recommended changes to the certification review report and finalize the report by completing the following:

- a. Generate required corrective actions by completing the Generate CAPS task in the QPS CAPS tab.
- b. Generate finalized review report by choosing P13 and “Generate Letter 2” button in the QPS CAPS.
- c. Ownership of the certification review is then transferred in QPS to the HCBS support staff.

**Step 16:** HCBS support staff will email the certification review report and cover letter to the provider and the certification review will be transferred to HCBS operations manager in QPS.

**Step 17:** HCBS operations manager will hold the certification review for 14 days after P13 has been mailed to complete corrective action negotiation:

- a. If corrective action negotiation is not requested within fourteen days, HCBS operations manager will complete CAP Required task by choosing the “Yes” response;
- b. If corrective action negotiation is requested within fourteen days, the HCBS specialist, HCBS operations manager, and HCBS unit manager will review the request. If it is mutually agreed that corrective action is not required, the HCBS operations manager will complete CAP Required task by choosing the “No” response.
- c. When all corrective actions contain a “Yes” or “No” response, the certification review is transferred back to the HCBS specialist in QPS.

**Step 18:** Corrective action plan and Provider Acknowledgement form will be due from the provider within 30 days of the P13 letter mail date. The HCBS specialist will initiate a QPS reminder to issue corrective action plan status letter within 45 days of the P13 mail date.

**Step 19:** HCBS specialist will document the OnBase DCN number in QPS for all CAP documents submitted by the provider

**Step 20:** HCBS specialist will complete corrective action review.

- a. Review all corrective action plan documents submitted by the provider within 15 days of receipt
  - i. An acceptable corrective action plan from the provider generally addresses the following elements:

- a) Dates of implementation;
  - b) Any necessary updates to policies or procedures;
  - c) Staff training as needed;
  - d) Ongoing quality oversight activities to ensure compliance.
- b. Document review findings in the “CAP Findings” box on the QPS CAP tab.
  - c. Once all lines of a corrective action section have been successfully addressed in the provider’s CAP, enter the CAP accepted date in the QPS CAP tab. Request one of the following letters to be mailed to the provider within 45 days of the P13 mail date:
    - i. P15 CAP not accepted letter and complete P15 cover letter if all lines requiring corrective action have not been successfully addressed by the provider;
      - a) In the absence of an acceptable CAP, an additional 30 days are given to submit a second corrective action plan.
    - ii. P16 CAP not received letter if the provider has not submitted any corrective action materials for review:
      - a) Document in the “CAP Findings” box on the QPS CAP tab that no corrective action documents were received.
      - b) Request the P16 CAP not received letter be sent.
    - iii. P17 CAP Accepted letter and complete P17 cover letter if all lines requiring corrective action have been successfully addressed by the provider.

**Step 21:** HCBS operations manager will receive the certification review in QPS upon request of the P15, 16, or 17 CAP status letter, and will review and approve the CAP status letter.

**Step 22:** HCBS operations manager will generate the CAP status letter and the certification review will be transferred to the HCBS support staff in QPS.

**Step 23:** HCBS support staff completes the QPS activity tab for the CAP status letter and the certification review will be transferred to the HCBS specialist in QPS.

**Step 24:** HCBS specialist will complete the following once the provider has successfully addressed all lines requiring corrective action:

- a. HCBS specialist will document certification dates in Interview Comments on QPS Summary tab.
- b. HCBS specialist will update certification dates in loWANS.

**Step 25:** If P15 CAP not accepted letter or P16 CAP not received letter are emailed, repeat Steps 20-23 until P17 CAP accepted letter has been requested.

**Step 26:** HCBS specialist will initiate a QPS reminder to initiate the compliance review within 60 days of the P17 mail date.

**Step 27:** HCBS specialist will initiate the compliance review within 60 days of the P17 mail date:

- a. Complete the Compliance Info Request box in the QPS CAP tab.
- b. Request the P19 Compliance Review Initiation letter and complete P19 cover letter.
- c. Ownership of the the certification review in QPS will transfer to the HCBS operations manager.

**Step 28:** HCBS operations manager will review, approve and generate the compliance initiation letter and the certification review in QPS will be transferred to the HCBS support staff.

**Step 29:** HCBS support staff will email and document the letter and the certification review in QPS will be transferred to the HCBS specialist.

**Step 30:** HCBS specialist will document the OnBase DCN number in QPS for all compliance review documents submitted by the provider.

**Step 31:** HCBS specialist will complete the following if the compliance review documentation is not received from the provider within 20 days of the compliance initiation letter:

- a. Document in the Compliance Findings box on the QPS CAP tab that no compliance review documents were received.
- b. Request the P22 Compliance Not Received letter and complete P22 cover letter. The certification review in QPS will be transferred to the HCBS operations manager.

**Step 32:** HCBS operations manager will review, approve and generate the compliance not received letter and the certification review in QPS will be transferred to the HCBS support staff.

**Step 33:** HCBS support staff will email and document the compliance not received letter and the certification review in QPS will be transferred to the HCBS specialist

**Step 34:** HCBS specialist will complete compliance review within 5 days of receipt of compliance materials:

- a. Review all compliance review documents submitted by the provider.
- b. Review findings will be documented in the Compliance Findings box on the QPS CAP tab.
- c. Enter the compliance accepted date in the QPS CAP tab when it is determined the provider has demonstrated compliance.
- d. Request one of the following letters to be emailed to the provider and the certification review in QPS will be transferred to the HCBS operations manager:
  - i. P21 Compliance Incomplete letter and P21 cover letter. if the provider has not successfully addressed all lines requiring corrective action. Continue Compliance review by repeating Steps 30 through 34;
  - ii. P20 Compliance Complete letter and P20 cover letter. if all lines requiring corrective action have been successfully addressed by the provider.

**Step 35:** HCBS operations manager will review, approve and generate the compliance review letter. The certification review in QPS will be transferred to the HCBS support staff.

**Step 36:** HCBS support staff will complete the QPS activity tab for compliance complete and the certification review in QPS is transferred to the HCBS operations manager.

**Step 37:** HCBS operations manager will finalize and close the review.

**Forms/Reports:**

NA

**RFP References:**

I.3.1.4. B.

**Interfaces:**

loWANS, OnBase, QPS, HCBS/Chapter 24 SharePoint Calendar

**Attachments:**

NA