QIO-HCBS - Community-Based Neurobehavioral Rehabilitation Services

Purpose:

To ensure compliance of the rules and standards established for community-based neurobehavioral rehabilitation services (CNRS) providers as set forth in Iowa Administrative Code (IAC) and Federal requirements.

Identification of Roles:

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

HCBS specialist – schedule reviews as determined by that year's review schedule. Completes onsite reviews to determine QIO CNRS provider compliance with Code of Federal Regulations (CFR), IAC, Iowa Code, provider policies, and the provider's annual self-assessment (SA) response.

HCBS operations manager – provides work assignments, supervision, and consultation to HCBS specialist and approves all reports.

HCBS team lead – conducts review and internal quality control (IQC) of all reports and letters sent to CNRS providers.

Performance Standards:

100% of enrolled providers are reviewed onsite over a randomized 3-year cycle.

Path of Business Procedure:

Step 1: The HCBS operations manager reviews the master list of providers divided into a 3-year cycle for reviews.

Step 2: The HCBS operations manager will establish provider assignments each year according to the designated year of the cycle.

Step 3: HCBS specialist will utilize IoWANS to determine if the provider is enrolled as identified by IAC.

Step 5: HCBS specialist will initiate the review 30-45 days prior to the onsite review date.

    a. HCBS specialist will initiate a new review using the CNRS review tool, to include:

        i. Date of onsite review;

        ii. Address and contact information for the provider;

        iii. Responses from most recent SA.

    b. HCBS specialist will find and edit the review notification letter from the letter templates folder.

    c. HCBS specialist will email the provider the review notification letter and an excel spreadsheet requesting all member and staff information.

    d. HCBS support staff uploads the Review Notification into OnBase.

    e. The provider has 15 calendar days from the date on the Review Notification letter to send the requested information via IMPA.

    f. HCBS support staff will check OnBase and attach the received provider documents to the review notification DCN and assign to HCBS specialist.

Step 6: The HCBS specialist will utilize the returned excel spreadsheet to establish a random member and staff selection.

    a. If no members are actively being served by the provider, the HCBS specialist, with the assistance of the HCBS operations manager will determine if it is appropriate to postpone the review until the following year.

    b. HCBS specialist will find and edit the member selection letter 7-10 calendar days prior to the scheduled review.

    c. HCBS specialist will email the member selection letter to the provider.

    d. HCBS support staff will upload the Member Selection letter into OnBase and attach it to the review notification letter DCN.

Step 7: HCBS specialist will begin to complete the review checklist.

    a. HCBS specialist will review each of the provider's responses on the current year's submission of the SA.

    b. HCBS specialist will complete the "Self-Assessment Response" column with a "Y" for yes or "N" for no, according to the provider response on the SA.

    c. HCBS specialist will review the policies for compliance with CFR, IAC, and Iowa Code, and complete the "Included in Policy" column with a "Y" for yes or "N" for no.

    d. HCBS specialist will save the checklist until time for the onsite visit

Step 8: HCBS specialist will arrive at the facility at the designated date and time and conduct an introductory meeting with provider staff.

    a. HCBS specialist will 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.

    b. HCBS specialist will represent the QIO 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 9: HCBS specialist will complete the member record review checklist by reviewing the member files and accompanying service documentation. A minimum of three member records will be reviewed.

Step 10: HCBS specialist 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 11: The CNRS Review Report will be completed based on the findings of the member and personnel checklists and review of policies and procedures. The checklist will be completed as thoroughly as possible while the HCBS specialist remains at the facility.

a. The lead HCBS specialist will notify the HCBS operations manager of any member health or safety issues prior to leaving the facility.

b. Per IAC and Iowa Code, the following may 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 12: HCBS specialist will conduct an exit interview with the provider staff.

a. HCBS specialist will provide a brief overview of the findings of each section of the review checklist.

b. HCBS specialist will notify the provider of any core standard deficiencies identified. The provider will be advised that any member health or safety issues will be included in the review report.

c. The provider will be advised that a full review report will be received within 30 business days of the exit interview.

Step 13: HCBS specialist will complete all review checklists within 2 business days of the exit interview.

Step 14: HCBS specialist will submit the review report according to the following guidelines:

a. 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 5 business days of the review end date.

b. HCBS specialist will complete the P13 Review Results Letter and save to the provider's file.

c. The final review checklist will identify the following:

    i. The findings of the review,

    ii. The areas identified for corrective action,

    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. Applicable commendations for the provider.

Step 15: HCBS team lead will review the review report within 15 days of the onsite exit interview.

Step 16: HCBS operation manager will make any changes to the review report based on best practices and/or the HHS Style Guide and finalizes the report.

Step 17: HCBS specialist will email the agency the final review report.

Step 18: The provider acknowledgement form and corrective action plan (CAP) will be due to the assigned HCBS specialist within 30 days of the review mail date.

Step 19: HCBS specialist will upload document to OnBase and attach to main DCN number.

Step 20: HCBS specialist will complete corrective action review (if applicable):

a. Review all CAP documents submitted by the provider. An acceptable CAP should include the following as necessary:

i. Timeline and dates for completion,

ii. Policy or procedure updates,

iii. Address training or retraining of staff,

iv. Evidence of how the provider will maintain ongoing compliance through the provider's internal quality assurance activities.

b. Within 45 days of the P13 mail date, HCBS specialist will complete one of the following CAP results letters:

i. P15 CAP Not Accepted letter if all areas requiring corrective action have not been successfully addressed by the provider,

ii. P16 CAP Not Received letter if the provider has not submitted any corrective action materials for review, or

iii. P17 CAP Accepted letter if all areas requiring corrective action were successfully addressed.

c. HCBS team lead will review the CAP letter.

d. When CAP letter has been approved, HCBS specialist will upload the letter to OnBase and email to provider.

e. If P15 CAP Not Accepted letter or P16 CAP Not Received letter were emailed, repeat Step 20 until P17 CAP Accepted letter has been requested.

Step 21: HCBS specialist will initiate the compliance review within 60 days of the P17 mail date.

a. HCBS specialist will complete the P19 Compliance Initiation letter.

b. HCBS team lead will review the compliance initiation letter.

    c. Upon approval of compliance initiation letter, the HCBS specialist will email the letter to the provider and attach document to the main document in OnBase.

Step 22: Compliance review documentation is to be received from the provider within 20 days of the Compliance initiation letter.

Step 23: HCBS specialist will complete compliance review.

    a. Review all compliance review documents submitted by the provider

    b. Upon completion of the compliance review, HCBS specialist will complete and request one of the following letters to be emailed to the provider

        i. P20 Compliance Complete letter if all lines requiring corrective action have been successfully addressed by the provider.

        ii. P21 Compliance Incomplete letter if all lines requiring corrective action have not been successfully addressed by the provider.

        iii. P22 Compliance Not Received letter if no information was submitted by the provider.

        iv. If P21 or P22 were selected, the HCBS specialist will initiate a second compliance review by repeating the compliance process starting at Step 22.

    c. HCBS team lead will review the compliance review letter.

    d. HCBS specialist will generate the compliance review letter.

    e. Upon approval of compliance letter, the HCBS specialist will email provider and attach document to main DCN in OnBase.

Forms/Reports:

NA

RFP References:

1.3.1.3 B.

Interfaces:

IoWANS, OnBase

Attachments:

NA