QIO - HCBS Complaints

Purpose:

To ensure that complaints are investigated in a timely manner based on current HCBS Quality Oversight standards within Iowa Code, Iowa Administrative Code (IAC) and Code of Federal Regulations (CFR).

Identification of Roles:

HCBS incident and complaint specialist -receives and investigates all HCBS complaints for the fee-for-service (FFS) population.

HCBS specialist - submits complaints to the HCBS incident and complaint specialist when received from another entity or an issue requiring investigation is identified; assists with the investigation process as requested.

HCBS support staff - support review activity by keywording, assigning, and uploading documents to HCBS incident and complaint specialist via OnBase.

HCBS operations manager - provides work assignments, supervision, and consultation to the HCBS incident and complaint specialist, identifies and analyzes trends related to complaints, and prepares the QIO quarterly quality assurance report.

HCBS team lead – conducts review and internal quality control of all review activity, provides consultation to the HCBS incident and complaint specialist

Performance Standards:

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

100% of complaints will be logged into an electronic tracking database, to include all discovery, remediation, and improvement activities.

Complaints shall have an initial assessment completed within 3 business days.

The HCBS incident and complaint specialist will initiate any fact-finding correspondence with relevant parties and correspondence within 2 business days of initial assessment.

Path of Business Procedure:

The HCBS incident and complaint specialist will review all complaints for the FFS population to determine relevance and appropriate follow-up or referral. All complaints or incidents involving HCBS service providers that affect the health and safety of members receiving services, or do not comply with the rules set forth in Iowa Code, IAC, and CFR will be accepted by the QIO for further assessment.

Complaints may be identified through a variety of resources: waiver members, member family/guardians, providers, HCBS specialists, other Iowa Medicaid units, HHS, concerned citizens, other public agencies, managed care organizations (MCO) or by monitoring of Iowa Department of Health and Human

Services Division of Adult, Children & Family Services intake reports or major incident reports. Complaints may be received by phone, email, face-to-face, incident reports, fax, or mail.

Step 1: When a complaint has been received by a HCBS specialist they will complete the HCBS Complaint Intake form (see Attachment 1*)* and forward it to the HCBS incident and complaint specialist. All other complaints regarding HCBS waivers, Habilitation, and Money Follows Person (MFP) members will be forwarded directly to the HCBS incident and complaint specialist.

a. HCBS Incident Report (IR) mailbox and OnBase will be monitored daily for intake abuse reports, questions, and complaints. HHS child/dependent adult abuse intakes on members currently receiving HCBS waiver and Habilitation cases will be further reviewed.

b. HCBS incident and complaint specialist will monitor IoWANS daily and review generated milestones that indicate major incidents. The QIO HCBS IR Email box and OnBase will also be monitored daily for any major incident submissions. Incidents that indicate health and safety concerns, trends for a member or provider, or case manager's dissatisfaction of a provider resolution may be accepted as a complaint. If an incident report is submitted regarding a member enrolled with an MCO then an email will be sent to the person who submitted the report.

c. HCBS incident and complaint specialist will follow the decision tree to decide whether further action is necessary (see Attachment 2).

Step 2: All complaints will be logged in the HCBS Complaints and Incidents (CandI) database by the HCBS incident and complaint specialist. The HCBS Complaint Intake Form will be used to capture initial information regarding the complaint. The Intake form will be uploaded into OnBase.

Step 3: If the issue is regarding an agency concern provided by a member or family/guardian, and does not involve an immediate health or safety concern, the complainant shall first be advised to follow the HHS grievance and appeals process.

Step 4: If the complainant has already followed the HHS grievance and appeals process and is not satisfied that the problem has been addressed, HCBS incident and complaint specialist will investigate the complaint.

Step 5: HCBS incident and complaint specialist will complete an initial fact-finding assessment of the complaint.

a. If the incident has been accepted by HHS child/dependent adult abuse department for further investigation, it may be necessary to wait for the conclusion of the HHS child/dependent adult abuse department investigation before beginning HCBS investigation activities.

b. During the initial fact-finding assessment, the HCBS incident and complaint specialist may request more information on a complaint to ensure it requires HCBS follow up. This may include calls to the case manager or provider, correspondence with the Department of Inspections and Appeals (DIA), the Iowa plan contractor, or HHS child/dependent adult abuse department, requesting documentation of a provider's policy or member support plan, dependent adult abuse reports, major incident reports, or other information necessary to determine appropriate follow-up. When the complaint is related to the service provider, the HCBS incident and complaint specialist will cross-check historical information on the provider to determine if the complaint identifies a trend.

Step 6: Following the initial assessment the HCBS incident and complaint specialist will log the resulting action, choosing to continue with the investigation, close the complaint, or refer the complaint to another entity.

a. All incidents, complaints, or rejected DAA intakes for members of an MCO will be tracked in CandI and forwarded to the appropriate MCO.

The HCBS incident and complaint specialist will forward concerns to the operations manager regarding circumstances where a referral to another entity is warranted. Complaints that will be recommended for referral include but are not limited to:

a. Complaints that contain components that meet the Iowa Code definition of adult or child abuse.
b. Elder abuse concerns that do not meet the Iowa Code definition of adult abuse.
c. Member health or safety concerns.
d. Agency staff health or safety concerns.
e. Licensed agency staff practices that violate licensure requirements.
f. Breach of confidentiality concerns.

Any incidents or complaints involving alleged misuse of Medicaid funds will be referred to the Program Integrity Unit.

HCBS operations manager will follow the referral process as identified in Attachment 2, Incident and Complaint Decision Tree.

HCBS operations manager will present referral recommendation to the appropriate department.

Step 7: Complaint investigations may result in initiation of a targeted review and require a corrective action plan if the following is indicated:

a. Member safety concerns and risks.
b. Provider misinterpretation of state and federal rules and regulations.
c. Provider negligence.
d. Misuse of Medicaid procedures and resources.

Step 8: Targeted reviews will be performed as a desk-audit unless circumstances indicate an onsite review is warranted. HCBS incident and complaint specialist will seek assistance from an HCBS specialist when completing an onsite review. Other business units such as the MCO or Program Integrity will be asked to assist with the onsite reviews if identified concerns correspond with the unit's scope of work.

Step 9: When a targeted review has been initiated the HCBS incident and complaint specialist will complete a targeted review report regarding the findings. Refer to separate operational procedure for the targeted review procedure.

Step 10: HCBS incident and complaint specialist will log the resolution in the CandI database.

Step 11: The HCBS incident and complaint specialist will submit the report for review and approval from the HCBS team lead.

Step 12: Once the report is approved, the HCBS incident and complaint specialist will email the report to the appropriate entity, upload the correspondence into OnBase, and document the information into the CandI database.

Step 14: Complaint data will be provided in the QIO quarterly deliverables report and annual quality assurance report.

Forms/Reports:

NA

RFP Reference:

Sections 1.3.1.4.C.

Interfaces:

OnBase, IoWANs, IMPA, HCBS IR mailbox

Attachments:

Attachment 1: QIO HCBS Complaint Intake Form

HCBS COMPLAINT INTAKE FORM
Date Received: Completed By: Choose One
MCO: Choose One

Complainant Information

First Name:	Last Name:	Email:
Daytime phone:	Alternate phone (home/cell):	
Address: City: State: Zip:		
Complainant Source: Member ☐ Friend ☐ Former Staff Member ☐ Current Staff Member ☐	Family member ☐ Physician ☐ Case Manager ☐ Other:	

Provider Information

Provider Name:	NPI/Provider #:
Address: City: State: Zip:	
Provider Phone Number:	
Provider Contact Person:	

Member Information

First Name:	Last Name:
SID #:	Date of Birth:
Phone Number:	Waiver/Service: Choose One

Complaint Information:

Briefly describe the complaint (include frequency of concern, witnesses, dates concern occurred, etc.):
Are there immediate health/safety concerns? Yes ☐ No ☐ If yes, explain what was done to protect the member(s) involved:
Is evidence available? Yes ☐ No ☐ Can such evidence be provided? Yes ☐ No ☐ Explain how evidence will be provided.
Has the manager/supervisor/owner of the facility been contacted? Yes ☐ No ☐ What was the result of the contact?
Has a grievance been filed with the facility? Yes ☐ No ☐ If yes, Date: Explain why or why not: What attempts have been done to resolve this concern?
Has any other agency (Police, CM, Dependent Adult/Child Abuse, Chapter 24, Elderly Affairs, etc.) been contacted? Yes ☐ No ☐ If yes, which agency: Date: Response Given:

Attachment 2: Incident and Complaint Decision Tree