

## **QIO - HCBS Focused Review**

### **Purpose:**

To complete a review for each home and community-based services (HCBS) provider on a randomized 5-year cycle. Focus subject will be determined annually and based on historical data.

### **Identification of Roles:**

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

HCBS specialist – schedule focused reviews as determined by the assigned year focused review schedule. Complete desk reviews to determine HCBS provider compliance with Code of Federal Regulation (CFR), Iowa Administrative Code (IAC), Iowa Code, provider policies, and the provider’s annual self-assessment response.

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

HCBS unit manager - The HHS representative responsible for the final approval of all reports and letters sent by the QIO and collaborates with HCBS to determine annual topic for focused review.

### **Performance Standards:**

100% of enrolled providers are reviewed over a randomized 5- year cycle.

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

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

### **Path of Business Procedure:**

**Step 1:** Determine a topic for the assigned year’s focused review. Suggestions for the topic may be based on:

- a. Previous education requested in preceding years.
- b. Topic/standard frequently out of compliance on previous years’ reviews.
- c. Issues identified through complaint investigations.
- d. Changes in state or federal guidelines.
- e. To be determined in collaboration with HHS.

**Step 2:** HCBS operations manager will review the master list of providers divided into a 5-year cycle for focused reviews.

**Step 3:** HCBS operations manager will establish provider assignments each year according to the designated year of the cycle, HCBS specialist residence and provider location.

**Step 4:** HCBS specialist will be expected to complete all focused reviews as assigned each year. If a provider dis-enrolls, another provider may be pulled from a future years' sample. HCBS specialist may perform a focused review out of another HCBS specialist's area if workload requires it.

**Step 5:** HCBS specialist will initiate the focused review by initiating a focused review in the QualAssure Performance System (QPS).

- a. HCBS specialist will 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. Address and contact information for the provider.
- b. HCBS specialist will enter the DCN number from the provider's most current SA in the QPS DCN field on the Summary tab.
- c. HCBS specialist will complete the F10 Review Notification letter in the letters database.
- d. The request letter will be emailed to the agency with the FR checklist and the member selection spreadsheet - HCBS specialist will track the DCN in the DCN box on the summary tab.
- e. Upon completion of the F10 letter, ownership of the review in QPS will transfer to HCBS support staff who will respond to the letter notification by sending the review back to the specialist.
- f. HCBS support staff will check OnBase a minimum of three times daily and distribute the received provider documents to the assigned HCBS specialist.

**Step 6.** HCBS specialist will email the provider the member selection letter upon receipt of the review documents if it was not sent with the F10 letter.

**Step 7:** HCBS specialist will begin to complete the QPS review checklist by documenting DCN numbers in QPS for all documents in OnBase considered for the review

- 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, "N" for no, or "N/A" for not applicable, according to the provider response on the Self-Assessment.
- c. Once the policies have been received, HCBS support staff will distribute them to the HCBS specialist via OnBase as described above (Step 8, g-h).

- d. 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, “N” for no, or “N/A”. If a section is not applicable the HCBS specialist will provide an explanation in the comment section for why that field is not applicable.

**Step 8:** The focused review checklist will be completed based on the evidence submitted by the provider. The focused review topic of HCBS settings may require telephone/email contact with the provider for clarification of missing items.

**Step 9:** HCBS Specialist will complete the focused review checklist within 15 business days of when the HCBS specialist has received all information required to complete the review from the provider.

- a. The review end date should be the date that you begin review of the materials.
- b. 90% must be hit within 2 days of the review end date.
- c. 100% must be hit within 5 days of the review end date.
- d. The above dates must all occur within 15 days of the materials being received.

**Step 10:** HCBS specialist will submit the F14 focused review report to the HCBS operations manager 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 HCBS operations manager for review.
- b. 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.
- c. QI HCBS specialist will complete the F13 Focused Review Results cover letter in the letter database.
- d. The final review checklist is completed and identifies 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, IAC and best practice as determined by HHS,
  - v. Commendations for the provider.
- e. Complete the 100 percent indicator on the QPS summary tab.

**Step 11:** HCBS operations manager will transfer the focused review to the HCBS unit manager in QPS within 15 days of completion of the review checklist.

**Step 12:** HCBS unit manager will review the focused review in QPS, recommend changes based on best practices and/or the HHS Style Guide and return the focused review in QPS to the HCBS operations manager.

**Step 13:** HCBS operations manager will make any recommended changes to the focused review report and finalize the report by completing the following:

- a. Generate required corrective actions by completing the “Initiate CAPS” task in the QPS CAPS tab.
- b. Generate finalized review report by choosing F13 and “Generate letter” button in the QPS CAPS tab (Attachment B).
- c. Transfer the focused review in QPS to the HCBS support staff.

**Step 14:** HCBS support staff will email the focused review report and cover letter to the specialist to be sent to the provider, the review will be sent back to the HCBS manager.

**Step 15:** HCBS operations manager will hold the focused review for 14 days after F13 has been emailed to complete corrective action negotiation:

- a. If corrective action negotiation is not requested within 14 days, the HCBS operations manager will complete CAP Required task by choosing the “Yes” response.
- b. If corrective action negotiation is requested within 14 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 focused review is transferred back to the HCBS specialist in QPS.

**Step 16:** Corrective action plan will be due from the provider within 30 days of the F13 letter mail date. HCBS specialist will initiate a QPS reminder to issue corrective action plan status letter within 45 days of the F13 mail date.

**Step 17:** HCBS specialist will document the OnBase DCN number in QPS for all CAP documents submitted by the provider.

**Step 18:** HCBS specialist will complete a CAP review:

- a. Review all CAP documents submitted by the provider,
- 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,
  - i. Complete one of the following letters to be mailed to the provider within 45 days of the F13 mail date and save to Completed-letters to be mailed folder in the share drive using the QPS number in the file name, then request the letter through QPS.
  - ii. F15 CAP not accepted letter and F15 cover letter if all lines requiring corrective action have not been successfully addressed by the provider.

iii. F16 CAP not received letter and F16 cover 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 F16 CAP not received letter be sent.

**Step 19:** HCBS operations manager will receive the focused review in QPS upon request of the F16 CAP not received letter and will review and approve the F16 CAP not received letter

**Step 20:** HCBS operations manager will generate the F16 CAP not received letter and the focused review is transferred to the HCBS support staff in QPS.

**Step 21:** HCBS support staff completes the QPS activity tab for CAP not received and the focused review is transferred to the HCBS specialist in QPS.

**Step 22:** HCBS specialist will initiate the F17 CAP accepted letter and complete the F17 cover letter if the provider has successfully addressed all lines requiring corrective action. If F15 CAP not accepted letter or F16 CAP not received letter is emailed, repeat Step 21 until F17 CAP accepted letter has been requested. The focused review is then transferred back to the HCBS operations manager.

**Step 23:** HCBS operations manager will review, approve, and generate the CAP status letter and the focused review is transferred in QPS to the HCBS support staff.

**Step 24:** HCBS support staff completes the QPS activity tab and transfers the focused review in QPS to the HCBS specialist.

**Step 25:** HCBS specialist will initiate a QPS reminder to initiate the compliance review within 60 days of the F17 mail date.

**Step 26:** HCBS specialist will initiate the compliance review within 60 days of the F17 mail date:

- a. Complete the Compliance Request box in the QPS CAP tab.
- b. Complete the F19 Focused Review Compliance initiation cover letter and save to Completed-Letters to be Mailed folder in the share drive using the QPS number in the file name.
- c. Request the F19 compliance review initiation letter.

**Step 27:** HCBS operations manager will receive the focused review in QPS upon request of the F19 Compliance Initiation letter and review and approve the F19 compliance initiation letter, then transfer the focused review in QPS to the HCBS support staff.

**Step 28:** HCBS support staff will email and document the letter and the focused review in QPS will be transferred to the HCBS specialist.

**Step 29:** HCBS specialist will document the OnBase DCN number in QPS for all compliance review documents submitted by the provider.

**Step 30:** 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. Complete and request the F22 Compliance not received letter and F22 cover letter. The focused review in QPS will be transferred to the HCBS operations manager.

**Step 31:** HCBS operations manager will review, approve and generate the compliance not received letter and the focused review in QPS will be transferred to HCBS support staff.

**Step 32:** HCBS support staff will email and document the compliance not received letter and the focused review in QPS will be transferred to the HCBS specialist.

**Step 33:** HCBS specialist will complete compliance review:

- 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. Complete and request one of the following letters to be mailed to the provider and the focused review in QPS will be transferred to the HCBS operations manager:
  - i. F21 Compliance incomplete letter and F21 cover letter, if the provider has not successfully addressed all lines requiring corrective action. Continue Compliance review by repeating Steps 29 through 33.
  - ii. F20 Compliance complete letter and F20 cover letter if all lines requiring corrective action have been successfully addressed by the provider

**Step 34:** HCBS operations manager will review, approve and generate the compliance review letter. The focused review in QPS will be transferred to the HCBS support staff.

**Step 35:** HCBS support staff will complete the QPS activity tab for compliance complete and the focused review in QPS is transferred to the HCBS operations manager.

**Step 36:** HCBS operations manager will finalize and close the review.

### **Forms/Reports:**

NA

### **RFP References:**

I.3.4.1.15 through I.3.4.1.18

### **Interfaces:**

IoWANS, OnBase, QPS

**Attachments:**

NA