QIO – HCBS New Provider Application

Purpose:

To prepare newly enrolled Medicaid providers to provide 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 desk reviews to determine QIO HCBS provider compliance with IAC, Iowa Code, provider policies, and the provider's initial self-assessment responses.

HCBS operations manager – supervision and consultation to HCBS specialists.

Iowa Medicaid Provider Services - enrolls HCBS waiver providers to the Medicaid program.

Performance Standards:

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

Collaborate with Provider Services and make written recommendations regarding provider applications.

Path of Business Procedure:

Step 1: Provider Services will forward the prospective provider's enrollment packet through OnBase to the HCBS New Provider Applications logging queue.

Step 2: HCBS support staff will review application in "new provider application" queue and determine if HCBS is required to review application. If no QA services are requested or material is missing, application will be forwarded back to Provider Services using the "send to PRV03" task button. If all materials are provided, application will be assigned to specialists "work queue" to determine if a notification letter needs to be sent using the "assign specialist" task button.

Step 3: HCBS specialist will receive application in "work queue" to review. HCBS support staff will ensure an email notification is sent to the specialist indicating materials are ready for review. If application needs re-assigned to another specialist, the "re-assign specialist" task button can be used. If a notification letter needs to be sent to provider, specialist will choose the "send notification letter" task button. This will move application to "create/mail notification letter" queue for support staff. No other action required by specialist. If notification letter does not need to be sent, specialist will add a note indicating no additional information is

needed/application can be approved and choose the "research complete" task button which will send the application back to Provider Services.

Step 4: HCBS support staff will prepare the Notification of Application and Provider Enrollment Checklist notifying the provider of the requirements and documents needed for becoming a Medicaid HCBS waiver provider. HCBS support staff create notification letter by choosing "create notification letter" task button. The notification letter and checklist will be mailed to the provider. HCBS support staff will mail the information to the provider following the mail process outlined in the administrative duty processes document. HCBS support staff adds a note to the review and indicates the checklist has been mailed. The application is then assigned to the specialist by choosing the "re-assign specialist" task button. This will forward the application back to the HCBS specialists "pending application" queue in OnBase for the specialist responsible for the region in which the provided is located. (Email notification will be sent to HCBS specialist). Application will remain in individual "pending applications" queue for 120 days or until information is received from provider. See below for specific instruction regarding "pending application" queue. When information is received, HCBS support staff will attach the information to the main DCN which will move the application from the "pending applications" queue to the "work" queue. See below for specific instructions regarding "work" queue.

Step 5: Once the requested information is received in OnBase from the applying provider, using the New Provider Checklist, the HCBS specialist will complete a desk review by reviewing the provider's requested policies and procedures and the completed Provider Self-Assessment, as submitted by the provider, ensuring adherence to IAC and Iowa Code.

a. HCBS specialist will provide technical assistance (TA) during the application process as required by the provider.
b. While providing TA to providers, HCBS specialists will refer the provider to IAC, Iowa Code, CFR, and industry accepted best practices.
c. All TA will be logged into the Quality Assurance Performance System (QPS).
d. HCBS specialist will review any documents required to support the agency's policies, including but not limited to:
    a. Completed background checks for owner(s), current staff, or any staff prepared to begin service provision once the application has been approved;
    b. Names of all governing board members;
    c. Evidence of curriculum approved by the Iowa Department of Public Health for Child and/or Dependent Adult Abuse reporting (as applicable to the enrolled services);
    d. A New Provider Application Not Accepted letter may be sent to the provider who has been unable to submit acceptable policies and procedures within 30 days of the initial policy and procedure submission to the HCBS specialist.

Step 6: HCBS specialist will review the checklist and additional information submitted to determine if application can be approved. Based on the review of the materials submitted by the provider not meeting compliance, the specialist will return the application to pending queue by choosing "re-pend" task button. HCBS specialist is responsible for contacting the provider (via telephonic communication or email) using "new provider not accepted letter" for additional

documentation required and/or providing technical assistance as needed. If re-pending, 120 days timer starts over and the application will remain in the "pending applications" queue until action is taken. Again, if you don't receive information requested after 120 days, add a note indicating denial of application and choose the "research complete" task button which will send the application back to provider enrollment.

Step 7: If the HCBS specialist is able to approve the application and the sections of the New Provider Checklist have been addressed by the provider through policy or procedures and meet requirements a note will be added to the application in OnBase indicating materials have been reviewed and the application has been approved. The application will then be forwarded to provider enrollment by choosing the "research complete" task button. Send email verification to HCBS operations manager and HCBS support staff (refer to email relative to support staff duties) so provider can be added to the master provider spreadsheet.

Step 8: When HCBS support staff receive the email notification indicating the application is approved the provider will be added to the master provider spreadsheet. The accepted Provider Self-Assessment is forwarded to HCBS support staff to complete Provider Self-Assessment tracking requirements.

Step 9: Each stage of the application review process will be documented in QPS by the HCBS specialist as the stage is completed.

Step 10: Providers who do not require HCBS certification will be entered into a 5 year review cycle for periodic and focused review by their HCBS specialist. Providers who require certification to be eligible to provide waiver services will be issued a 270 day certification and receive an onsite review within 270 days of application approval. If the provider is not providing certified services at the time the initial 270 day review is due, the agency will be disenrolled or an exception to policy must be requested to extend their initial certification.

Forms/Reports:

NA

RFP References:

1.3.1.4 A.

Interfaces:

OnBase, QPS

Attachments:

NA