

QIO – HCBS Periodic Review

Purpose:

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

Identification of Roles:

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

HCBS specialist – completes onsite reviews to determine HCBS provider compliance with IAC, Code of Federal Regulations (CFR), Iowa Code, provider 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 enrolled providers are reviewed onsite over a randomized 5-year cycle.
- 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:

Step 1: HCBS operations manager reviews the master list of providers divided into a 5-year cycle for periodic reviews.

Step 2: HCBS operations manager will establish provider assignments each year according to the designated year of the cycle, QIO HCBS specialist residence, and provider location.

Step 3: HCBS specialist will utilize loWANS to determine if the provider is certified, enrolled or deemed – as identified by IAC. HCBS specialist will then determine if any reviews can be combined with the other types of reviews conducted by the QIO, as listed below:

- a. 270 review,
- b. Certification review,
- c. Targeted review,

d. Chapter 24 accreditation review.

Step 4: Each HCBS specialist is expected to perform at least 12 periodic reviews each year. If a provider disenrolls, another provider may be pulled from the following year or future year's sample. HCBS specialist may perform a periodic review out of another specialist's area if that area contains a greater amount of periodic reviews than the expected for that year.

Step 5: HCBS specialist will initiate the periodic review in the QualAssure Performance System (QPS) 30-45 days prior to the onsite review date.

- a. HCBS specialist will complete the Provider tab in QPS to include the following:
 - 1) All provider and NPI numbers included on the provider's most recent Provider Quality Management Self-Assessment (SA);
 - 2) All services the provider is enrolled to provide as indicated in IoWANs;
 - 3) Date of onsite review;
 - 4) Address and contact information for the provider;
 - 5) Selection of "N/A" for certification form, see HCBS Certification Review operational procedure for certification reviews.
- b. HCBS specialist will document the review date on the SharePoint calendar.
- c. HCBS specialist will enter the DCN number for the provider's most current SA in the QPS DCN tracking field on the Summary tab.
- d. HCBS specialist will complete Interview Comments to include the following:
 - 1) Number of HCBS specialists required for review and name of assist(s);
 - 2) Time of day the onsite review will begin;
 - 3) Provider's qualification to provide waiver services;
 - 4) Indication of provider's Chapter 24 and Habilitation service participation;
 - 5) Indication of documents, other than the periodic review checklist which need to be emailed with the review notification.
- e. HCBS specialist will initiate the review notification by selecting the P10 Review Notification letter, complete a review notification cover letter, and save on the shared drive.
- f. HCBS specialist will email an excel spreadsheet to the provider requesting all member information.
- g. Ownership of the review in QPS will be transferred to HCBS support staff to email the P10 Review Notification letter. The email process outlined below will be followed for all mail:
 - 1) HCBS support staff will perform email tasks,
 - 2) Letter will be saved in OnBase,
 - 3) DCN number from OnBase will be documented in QPS,

- 4) Letter emailing process will be documented by HCBS support staff in the QPS Activity tab,
 - 5) Upon completion of QPS Activity tab, ownership of the review will be transferred back to the HCBS specialist who initiated the review.
- h. The provider has 15 calendar days of the date on the P10 letter to send the requested information. Mail received will be scanned into OnBase.
 - i. HCBS support staff will check OnBase and distribute the received provider documents to the assigned HCBS specialist.

Step 6: HCBS specialist will utilize the returned Excel spreadsheet to establish a random member selection of the members being served by the provider.

- a. HCBS specialist should randomly select members being served by the provider, taking into account the various services and/or waivers provided.
 - 1) HCBS specialist will enter each member into the QPS Member tab,
 - 2) HCBS specialist will enter an equal number of provider personnel into the QPS Personnel tab,
 - 3) 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 request the P12 Review Notification member selection letter and staff training worksheet 7-10 calendar days prior to the scheduled review, complete a member selection letter and save to the share to allow HCBS support staff access to mail.
- c. QPS ownership of the review will be transferred to HCBS support staff, who will email the letter according to the email process described in Step 5(g.).

Step 7: HCBS specialist will begin to complete the QPS review checklist HCBS specialist will document DCN numbers in QPS for all documents 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 SA.
- c. Once the policies have been received, HCBS support staff will distribute them to the HCBS specialist via OnBase as described in Step 5(i).
- 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.

- e. HCBS specialist will send an email to the incident and complaint specialist requesting the incident and complaint history for the agency being reviewed.
- f. 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 the provider staff.

- a. HCBS specialist will explain the four methods of HCBS oversight and the corresponding review types.
- b. HCBS specialist will outline the process and what to expect during the onsite visit, including an exit interview explaining the findings, compliance expectations, and timelines for completion.
- c. 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 specialists will complete the member record review checklist by reviewing the member files and accompanying service documentation. A 3-month 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 10: 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 11: The HCBS Review Report Cover Letter 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. 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:
 - 1) Absence of employee background checks,
 - 2) Serious violations of service provision such as providing unapproved services,
 - 3) 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 periodic review report.
- c. The provider will be advised that a full periodic review report will be received within 30 business days of the exit interview.

- d. HCBS specialist will document the exit interview date on the summary tab in QPS.

Step 13: HCBS specialist will complete all review checklists within 2 business days of the exit interview. When all checklists are completed, HCBS specialist will complete the 90 percent indicator on the QPS summary tab.

Step 14: HCBS specialist will submit the periodic 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 HCBS operations manager for review within 5 business days of the review end date.
- 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. HCBS specialist will complete the P13 Review Results Cover Letter and save to the shared drive.
- d. The final review checklist will identify the following:
 - 1) Findings of the review.
 - 2) Areas identified for corrective action.
 - 3) Areas recommended for improvement based on evidence-based best practices for the industry.
 - 4) Corrective action requirements as defined by CFR, Iowa Code, and IAC.
 - 5) Commendations for the provider.

Step 15: HCBS unit manager will review the periodic review report in QPS within 15 days of the onsite exit interview.

Step 16: HCBS operations manager will make any changes to the periodic review report based on best practices and/or the HHS Style Guide 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 P13 and Generate Letter button in the QPS CAPS tab.
- c. QPS ownership of the review will be transferred to HCBS support staff to email the review report and cover letter to provider.
- d. QPS ownership of the review will be transferred to HCBS operations manager when QPS activity tab has been completed by HCBS support staff.
- e. HCBS operations manager will maintain ownership of the review for 14 days after P13 has been emailed to complete corrective action negotiation.

- 1) If corrective action negotiation is not requested within 14 days, HCBS operations manager will complete CAP Required task by choosing the “Yes” response.
- 2) If corrective action negotiation is requested within 14 days, documentation from the provider will be reviewed by the HCBS specialist who initiated the review, HCBS operations manager, and HCBS unit manager. 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.
- 3) When all corrective actions contain a “Yes” or “No” response ownership of the QPS review is transferred back to the HCBS specialist who initiated the review.

Step 17: HCBS specialist will initiate a QPS reminder to issue corrective action plan status letter within 45 days of the P13 mail date

Step 18: The provider acknowledgement form and corrective action plan (CAP) will be due to the assigned HCBS specialist within 30 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. An acceptable corrective action plan should include the following as necessary:
 - 1) Timeline and dates for completion,
 - 2) Policy or procedure updates,
 - 3) Address training or retraining of staff,
 - 4) Evidence of how the provider will maintain ongoing compliance through the provider’s internal quality assurance activities.
- b. Review findings will be documented in the CAP Findings box on the QPS CAP tab.
- c. When all areas of corrective action have been successfully addressed in the provider’s CAP, the HCBS specialist will enter the CAP accepted date in the QPS CAP tab.
- d. Within 45 days of the P13 mail date, HCBS specialist will request one of the following letters to be emailed to the provider and complete the corresponding cover letter:
 - 1) P15 CAP Not Accepted letter if all areas requiring corrective action have not been successfully addressed by the provider.
 - 2) P16 CAP Not Received letter if the provider has not submitted any corrective action materials for review.
 - 3) HCBS specialist will document in the CAP Findings box on the QPS CAP tab that no corrective action documents were received.
 - 4) P17 CAP Accepted letter if all areas requiring corrective action were successfully addressed.

- e. Upon request of the appropriate CAP letter listed above, ownership of the QPS review is transferred to HCBS operations manager for review.
- f. HCBS operations manager will review and approve the CAP letter.
- g. When CAP letter has been approved, HCBS operations manager will generate the letter.
- h. Upon generation of CAP letter, ownership of the QPS review is transferred to HCBS support staff to mail and document the letter.
- i. When HCBS support staff completes the QPS activity tab, ownership of the QPS review is transferred back to the HCBS specialist who initiated the review.
- j. 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 add a QPS reminder to initiate the compliance review within 60 days of the P17 mail date.

Step 22: HCBS specialist will initiate the compliance review within 60 days of the P17 mail date.

- a. HCBS specialist will complete the Compliance Info Request box in the QPS CAP tab.
- b. HCBS specialist will request the P19 Compliance Review Initiation letter stating the information required to be submitted for the compliance review, along with the compliance review initiation cover letter.
- c. Upon request of the compliance initiation letter, ownership of the QPS review is transferred to HCBS operations manager for review.
- d. HCBS operations manager will review and approve the compliance initiation letter.
- e. When compliance initiation letter has been approved, HCBS operations manager will generate the compliance initiation letter.
- f. Upon generation of compliance initiation letter, ownership of the QPS review is transferred to HCBS support staff to email and document the letter. When HCBS support staff completes the QPS activity tab ownership of the QPS review is transferred back to the HCBS specialist who initiated the review.

Step 23: HCBS specialist will document the OnBase DCN number in QPS for all compliance review documents submitted by the provider.

Step 24: Compliance review documentation is to be received from the provider within 20 days of the Compliance initiation letter.

Step 25: 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. When all areas of corrective action have been successfully addressed in the provider's compliance review, the HCBS specialist will enter the compliance accepted date(s) in the QPS CAP tab.
- d. Upon completion of the compliance review, HCBS specialist will request one of the following letters to be emailed to the provider and complete the appropriate cover letter:
 - 1) P20 Compliance Complete letter if all lines requiring corrective action have been successfully addressed by the provider.
 - 2) P21 Compliance Incomplete letter if all lines requiring corrective action have not been successfully addressed by the provider.
 - 3) P22 Compliance Not Received letter and cover letter if no information was submitted by the provider.
 - 4) If P21 or P22 were selected, HCBS specialist will initiate a second compliance review by repeating the compliance process starting at Step 22.
- e. Upon request of the compliance letter, ownership of the QPS review transfers to HCBS operations manager for review.
- f. HCBS operations manager will review and approve the compliance review letter.
- g. HCBS operations manager will generate the compliance review letter.
- h. Upon generation of compliance initiation letter, ownership of the QPS review is transferred to HCBS support staff to email and document the letter.
- i. When HCBS support staff completes the QPS activity tab for compliance complete, ownership of the QPS review transfers back to the HCBS operations manager to finalize and close the review.

Forms/Reports:

See attachments.

RFP References:

I.3.4.1.1 and I.3.4.1.3

Interfaces:

IoWANS, OnBase, QPS

Attachments:

NA