

QIO-HCBS - Provider Self-Assessment

Purpose:

To ensure annually, all HCBS providers are complying with quality management self-assessment (SA) requirements as defined by state and federal laws, rules, and regulations, as well as industry-accepted best practice standards.

Identification of Roles:

HCBS provider - completes an annual SA and submits it to the assigned HCBS specialist for review and approval.

HCBS specialist - provides annual training, provides input for necessary changes, reviews SA for completion and compliance with rules, laws, regulations and best practice standards, and completes letters for mailing.

IO HCBS support staff - sends updated SA form to the HHS form manager for changes, keywords and routes documents in OnBase, updates provider SA tracking.

HCBS team lead - participates in the annual SA development, submits the SA to the webmaster for posting on the SA web page, prepares the annual SA informational letter, develops and presents the annual SA webinar, develops FAQ document for posting on the SA web page.

HCBS operations manager - participates in the annual SA development, assigns HCBS specialists with SA assignments, supervision, and consultation to HCBS specialists, creates and approves all reports.

HHS form manager - approves the SA form when changes occur.

Iowa Medicaid web master - posts updated SA form to the HHS HCBS web page.

Performance Standards:

100% of enrolled waiver providers submit an annual SA.

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, HCBS unit manager, and HCBS specialist(s) will review and make necessary changes to the SA annually according to state and federal laws, rules, and regulations, as well as industry-accepted best practice standards.

Step 2: Once the SA is finalized, HCBS support staff will make any necessary changes and save the SA in two Word formats; .docx and .doc.

Step 3: HCBS support staff will forward the updated SA to the HHS forms manager to be updated.

Step 4: Once the updated form has been received from the HHS forms manager, HCBS account manager will forward both versions of the SA to the web master for posting on the SA web page.

Step 5: HCBS team lead will develop an informational letter to be sent to all HCBS waiver providers notifying them of the release of the SA with approval from Policy.

Step 6: HCBS team lead will develop a PowerPoint training presentation to be presented explaining the SA process and any changes since the previous year's SA with approval from Policy.

Step 7: HCBS team lead will present the information to HCBS waiver providers on the scheduled date or as a recorded presentation.

Step 8: HCBS team lead will collect questions from the training and the QIO_HCBSqi@dhs.state.ia.us email box and create a FAQ document to be posted on the SA web page.

Step 9: HCBS policy staff will review and approve the FAQ document.

Step 10: HCBS operations manager will send the FAQ document to the webmaster for posting on the SA web page.

Step 11: HCBS specialist will email the providers in their region a copy of the address collection tool as a portion of the SA.

Step 12: HCBS provider will submit the completed SA by email along with the address collection tool. HCBS support staff will forward it to the assigned HCBS specialist within 2 days of receipt in OnBase.

Step 13: HCBS specialist will review the submitted SA and address collection tool within 2 days of receipt to ensure they are complete. If the SA has not been submitted satisfactorily, the HCBS specialist will email the HCBS provider requesting the SA be completed and resubmitted. Steps 11 and 12 will be repeated until the SA is determined to be completed satisfactorily.

Step 14: Completed SA will be saved with designated naming convention for upload to the HHS website at the end of the fiscal year.

Step 15: HCBS support staff will upload all accepted SA into OnBase.

Step 16: If a corrective action plan (CAP) is required by the provider it will be due to the assigned HCBS specialist within 30 days of the date of the SA findings report. HCBS specialist will log the date the CAP was received into the activity log.

- a. On day 31, if the report has not been received the HCBS specialist will send a certified reminder letter to the HCBS provider. The HCBS specialist will log the date the reminder letter was mailed into the activity log.

- b. If a required CAP is not received within 60 days, or if the CAP is not satisfactory, the HCBS unit manager will be notified of the current CAP status of the HCBS provider. The HCBS specialist will log the appropriate action taken into the activity log.

Step 17: Upon receipt of a satisfactory CAP, the HCBS support staff will log the date of acceptance into the Letter Tracking spreadsheet.

Step 18: HCBS specialist complete a compliance review within 60 days of the date the CAP is approved.

Step 19: HCBS specialist will be responsible for contacting any provider who has not completed their SA for the calendar year by the date identified on the SA instructions.

- a. Delinquent SA letter will be mailed to any provider who has not submitted an acceptable Provider SA by December 1.
- b. Any subsequent instances of this letter to the provider will follow the process as outlined in Administrative Duty Processes.

Step 20: Aggregate data from all completed SA and address collection tools will be compiled for reporting by HCBS operations manager or designee.

Forms/Report:

NA

RFP References:

I.3.1.4.B.

Interfaces:

OnBase, SharePoint, DHS, HCBS QI mailbox

Attachments:

NA