

## **QIO – HCBS Targeted Review**

### **Purpose:**

To monitor complaints and determine if the complaint warrants a thorough review (targeted review) of a home and community-based services (HCBS) provider's policies and procedures and complete the targeted review when health and welfare of a member appears to be at risk, either presently or in the future.

### **Identification of Roles:**

HCBS provider/Integrated Health Home care coordinator (IHHCC)/targeted case manager (TCM)/service worker (SW) - provided information/documentation in response to a targeted review.

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

HCBS specialist - assists with the targeted review process as requested by the HCBS incident and complaint specialist, identifies if a targeted review is being conducted concurrently with a periodic, certification, or focused review.

HCBS incident and complaint specialist – reviews complaints to determine if a targeted review is necessary, requests information to complete a targeted review, collaborates with the HCBS provider's assigned HCBS specialist, submits all targeted review findings letters to the HCBS team lead and operations manager, follows all targeted reviews requiring corrective action plans (CAP) until compliance has been demonstrated.

HCBS operations manager - provides work assignments, supervision, and consultation to the HCBS incident and complaint specialist.

HCBS team lead – reviews and conducts IQC on all reports, provides consultation to the HCBS incident and complaint specialist.

### **Performance Standards:**

- 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:**

Targeted reviews may be undertaken in response to a complaint or incident.

**Step 1:** The HCBS incident and complaint specialist receives a complaint regarding health and welfare of a member and completes the HCBS Complaint Intake form (See Attachment 1).

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

**Step 2:** HCBS incident and complaint specialist will immediately contact the TCM, CM, SW, IHHCC and any other appropriate authority to ensure member safety.

**Step 3:** HCBS incident and complaint specialist will contact the CM to review the identified concerns and explore any actions taken by the CM. HCBS incident and complaint specialist may request documentation such as service plan, case narratives and other relevant information as determined necessary from another entity such as the TCM, CM, SW, or IHHCC.

**Step 4:** HCBS incident and complaint specialist will review the information received. If warranted, the complaint will be escalated to a targeted review.

**Step 5:** HCBS incident and complaint specialist will contact the HCBS provider using the Complaint Request for Information letter in writing and request all documentation and policy/procedure information that relates to the focus of the targeted review. The letter will be forwarded to the HCBS team lead for approval.

**Step 6:** When the letter is approved by the HCBS operation manager, the HCBS incident and complaint specialist will document in CandI, email the letter to the HCBS provider, and upload the letter into OnBase.

**Step 7:** HCBS incident and complaint specialist will contact the HCBS provider using the Complaint Request for Information Not received letter if the HCBS provider does not respond as required to the initial request for information within 15 business days. The letter will be forwarded to the HCBS team lead for approval.

**Step 8:** When the letter is approved by the HCBS operation manager, the HCBS incident and complaint specialist will document in CandI, email the letter to the HCBS provider, and upload the letter into OnBase.

**Step 9:** Once the requested information is received, HCBS support staff will keyword in OnBase and assign the information to the HCBS incident and complaint specialist's OnBase workflow queue.

**Step 10:** HCBS incident and complaint specialist will review the documentation for program compliance.

**Step 11:** If the HCBS incident and complaint specialist determines the HCBS provider is compliant, the Complaint Review No Further Action Required letter outlining the finding(s) will be forwarded to the HCBS team lead for approval. Once approved, the HCBS incident and complaint specialist will notify the HCBS provider via email, document in CandI, and upload the letter into OnBase. The review will be closed.

**Step 12:** If HCBS incident and complaint specialist determines non-compliance, the targeted review with corrective action plan (CAP) letter identifying the findings will be sent indicating a CAP is required of the HCBS provider. HCBS incident and complaint specialist will forward the targeted review findings with the required CAP(s) letter to the HCBS team lead for approval.

HCBS incident and complaint specialist will email the CAP letter to the HCBS provider, document the letter into Candl, and upload the letter to OnBase.

**Step 13:** If CAP review documentation is not received within 30 days of the date of the targeted review finding letter from the HCBS provider the HCBS incident and complaint specialist will complete the CAP Not Received letter. The HCBS incident and complaint specialist will email the CAP letter to the HCBS provider, document the letter into Candl, and upload the letter to OnBase.

**Step 14:** HCBS incident and complaint specialist will review the CAP submitted by the HCBS provider to ensure that the identified corrective action is within the requirements as defined by Iowa Administrative Code (IAC), Iowa Code, and Code of Federal Regulations (CFR). If the CAP is accepted by the HCBS incident and complaint specialist, the CAP Review Accepted letter will be approved by the HCBS team lead, emailed to the HCBS provider, documented into Candl, and uploaded into OnBase.

**Step 15:** If the HCBS incident and complaint specialist is not able to accept the HCBS provider's CAP, then they will notify the HCBS provider using the Complaint Request for Information Not received letter. The HCBS incident and complaint specialist will document into Candl, and upload the letter into OnBase.

**Step 16:** Upon receipt of a satisfactory CAP, the HCBS incident and complaint specialist will log the date of acceptance into Candl.

**Step 17:** HCBS incident and complaint specialist will initiate the compliance review within 45 days of the CAP accepted letter. HCBS incident and complaint specialist will forward to the HCBS team lead for approval. Once the letter is approved, the HCBS incident and complaint specialist will document in Candl, email the letter to the HCBS provider, and upload into OnBase.

**Step 18:** When compliance review documentation is not received from the HCBS provider within 15 business days of the compliance review initiation letter the HCBS incident and complaint specialist will complete the Compliance Review Not Received letter. HCBS incident and complaint specialist will follow the process identified in Step 16, and will initiate the compliance review not received letter.

**Step 19:** HCBS incident and complaint specialist will complete a compliance review of information received from the HCBS provider.

**Step 20:** HCBS incident and complaint specialist will initiate either the Compliance not accepted or Compliance accepted letter, based on the compliance review findings

**Step 21:** HCBS incident and complaint specialist will forward the compliance review findings letter to the HCBS team lead for review. After the letter is approved, the HCBS incident and complaint specialist will email the compliance review findings to the HCBS provider, document in Candl, upload into OnBase, and close the review.

**Forms/Reports:**

NA

**RFP Reference**

Sections 1.3.1.4. B. and D.

**Interfaces:**

OnBase, Candl database

**Attachments:**

Attachment I: Complaint Intake Form

<b>HCBS COMPLAINT INTAKE FORM</b>		
Date Received: <input type="text"/> Completed By: <b>Choose One</b>		
<b>Complainant Information</b>		
First Name: <input type="text"/>	Last Name: <input type="text"/>	Email: <input type="text"/>
Daytime phone: <input type="text"/>		Alternate phone (home/cell): <input type="text"/>
Address: <input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
Complainant Source: Member <input type="checkbox"/> Family member <input type="checkbox"/>		
Friend <input type="checkbox"/> Physician <input type="checkbox"/>		
Former Staff Member <input type="checkbox"/> Case Manager <input type="checkbox"/>		
Current Staff Member <input type="checkbox"/> Other: <input type="text"/>		
<b>Provider Information</b>		
Provider Name: <input type="text"/>		NPI/Provider #: <input type="text"/>
Address: <input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
Provider Phone Number: <input type="text"/>		
Provider Contact Person: <input type="text"/>		
<b>Member Information</b>		
First Name: <input type="text"/>		Last Name: <input type="text"/>
SID #: <input type="text"/>		Date of Birth: <input type="text"/>
Phone Number: <input type="text"/>		Waiver/Service: <b>Choose One</b>
<b>Complaint Information:</b>		
Briefly describe the complaint (include frequency of concern, witnesses, dates concern occurred, etc.): <input type="text"/>		
Are there immediate health/safety concerns? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, explain what was done to protect the member(s) involved: <input type="text"/>		
Is evidence available? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Can such evidence be provided? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Explain how evidence will be provided: <input type="text"/>		
Has the manager/supervisor/owner of the facility been contacted? Yes <input type="checkbox"/> No <input type="checkbox"/>		
What was the result of the contact? <input type="text"/>		
Has a grievance been filed with the facility? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Date: <input type="text"/>		
Explain why or why not: <input type="text"/>		
What attempts have been done to resolve this concern? <input type="text"/>		
Has any other agency (Police, CM, Dependent Adult/Child Abuse, Chapter 24, Elderly Affairs, etc.) been contacted? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, which agency: <input type="text"/> Date: <input type="text"/>		
Response Given: <input type="text"/>		