QIO - Long Term Care Waiver Quality Assurance

Purpose:

To review the Medicaid member's interdisciplinary team records and address the following desired outcomes:

a. Service plan developed and implemented toward a positive outcome,

b. Necessary health, safety, and welfare needs are monitored,

c. Services identify need for approved level of care.

Identification of Roles:

Project assistant (PA) – completes all support duties: mail merge, stuffing letters, taking letters to mailroom, printing of letters and final tools and complete a quality assurance (QA) interdisciplinary review of all information received on QA sample monthly.

Senior Review Coordinator (RC) – utilizes data obtained from QA review to complete reports, as requested.

Manager – will monitor database, all staff process data, review outcomes, coach staff, and answer questions.

Performance Standards:

There are no performance standards associated with this review component.

Path of Business Procedure:

See Attachment 1.

Step 1: A desk review will be conducted annually on a percentage of completed LOC reviews, as determined by Data Warehouse, who will submit a monthly list to OnBase.

Step 2: PA will assign review files in OnBase and complete the TCM, CM, SW and their supervisor information as needed.

Step 3: TCM, CM, or SW and specific provider(s) will be sent a letter requesting information using names and addresses from IoWANS.

Step 4: PA will mail second request letters to those TCM, CM, SW, or provider(s) who have not submitted information within 15 business days.

Step 5: RC will not begin QA review until all providers submit the requested records.

Step 6: RC will utilize the submitted records to complete the identified measures located in the quality tool.

Step 7: RC will evaluate and look for the following items:

a. Service plan addresses the member's assessed health risks.

b. Service plan has intervention(s) to address safety risks.

c. Service plan addresses member's assessed needs.

d. Service plan contains a plan for emergencies and supports available to the member in the event of an emergency.

e. Service plan addresses the member's personal goals.

f. Service plan contains signature of member or guardian or verification that member was present for the care planning development.

g. Services plan lists out all of the member's providers.

h. Service plan identifies funding source for all services listed on the plan.

i. Service plan lists the amount (# of units) of services received by the member.

j. Services identified on the service plan appear to be received by the member.

k. Service plan indicates Consumer Choices Option (CCO) was offered, with the exception of CMH where not available.

l. Service plan indicates provider of choice was offered.

m. Service plan indicates updates have been made when warranted by changes in the members' needs.

Step 8: RC records information as specified on the waiver quality tool in OnBase.

Step 9: RC assigns a score and a rationale for the score based on available statements. Rationale will be provided to the TCM, CM, or SW with a request for an updated service plan for any quality measure(s) not met.

Step 10: The outcome of the QA review will be provided in a letter with the quality tool attached and mailed to the TCM, CM, SW, and provider(s) within 30 calendar days by the PA.

Step 11: If an updated service plan is not received from the TCM, CM, or SW after 30 calendar days, a second request letter will be sent to the TCM, CM, or SW. In addition, an email will be sent to the TCM, CM, or SW supervisor requesting an updated service plan.

Step 12: If a provider does not supply documentation for a review, then that provider will not receive the final letter.

Forms/Reports:

The program specialist will utilize OnBase to extract data and populate approved report formats and submit to HHS monthly.
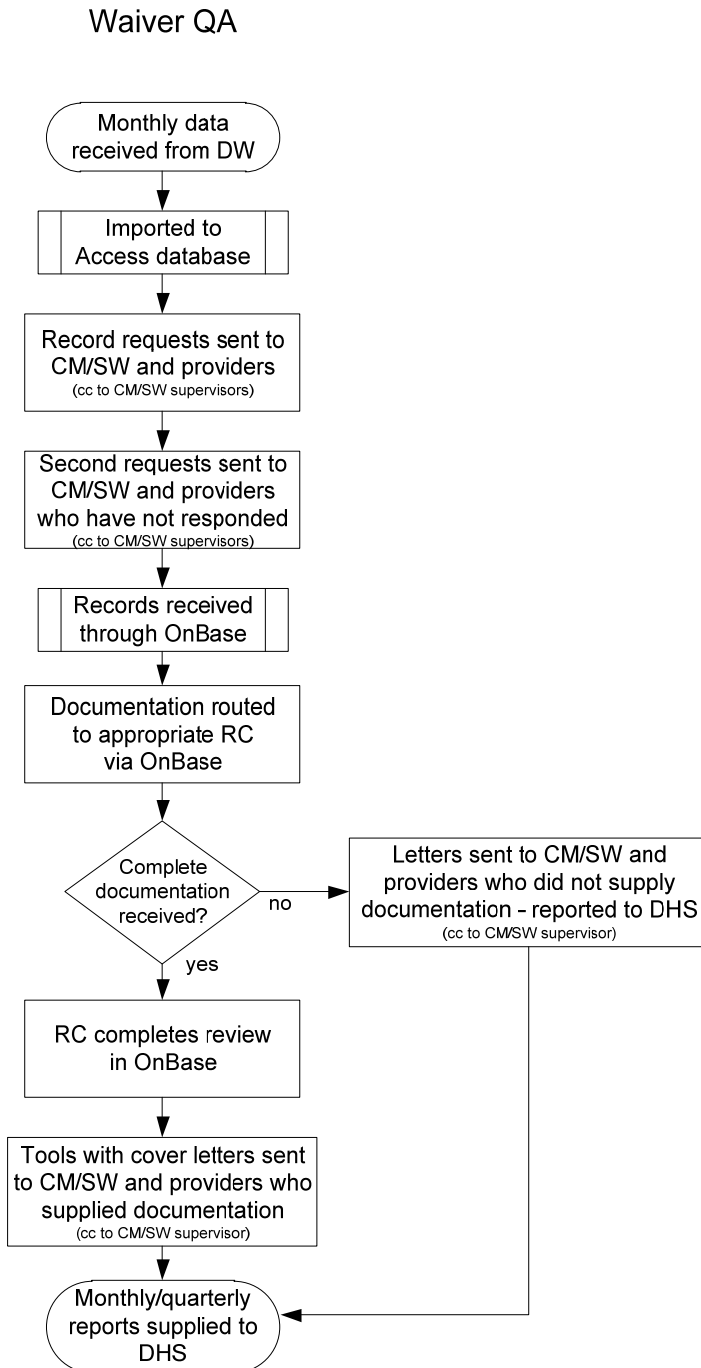
RFP Reference:

1.3.1.3.B.4.a

Interfaces:

OnBase

Attachments:

Attachment 1: Waiver QA flowchart

Attachment 1: Waiver QA flowchart

Waiver QA

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        ╭───────────────────╮
        │   Monthly data    │
        │  received from DW │
        ╰───────────────────╯
                 │
                 ▼
        ┌───────────────────┐
        │    Imported to    │
        │  Access database  │
        └───────────────────┘
                 │
                 ▼
        ┌───────────────────┐
        │ Record requests sent to │
        │   CM/SW and providers   │
        │ (cc to CM/SW supervisors) │
        └───────────────────┘
                 │
                 ▼
        ┌───────────────────┐
        │ Second requests sent to │
        │   CM/SW and providers   │
        │  who have not responded │
        │ (cc to CM/SW supervisors) │
        └───────────────────┘
                 │
                 ▼
        ┌───────────────────┐
        │  Records received │
        │   through OnBase  │
        └───────────────────┘
                 │
                 ▼
        ┌───────────────────┐
        │ Documentation routed │
        │ to appropriate RC │
        │     via OnBase    │
        └───────────────────┘
                 │
                 ▼
              ◇ Complete
            documentation       no      ┌─────────────────────────┐
              received?  ──────────────▶│ Letters sent to CM/SW and │
                 │                       │ providers who did not supply │
                yes                      │ documentation – reported to DHS │
                 │                       │   (cc to CM/SW supervisor)   │
                 ▼                       └─────────────────────────┘
        ┌───────────────────┐                        │
        │ RC completes review │                      │
        │     in OnBase     │                        │
        └───────────────────┘                        │
                 │                                    │
                 ▼                                    │
        ┌───────────────────┐                        │
        │ Tools with cover letters sent │            │
        │ to CM/SW and providers who │               │
        │  supplied documentation │                  │
        │   (cc to CM/SW supervisor) │               │
        └───────────────────┘                        │
                 │                                    │
                 ▼                                    │
        ╭───────────────────╮                        │
        │  Monthly/quarterly │◀──────────────────────┘
        │ reports supplied to │
        │        DHS        │
        ╰───────────────────╯
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