MONTANA DPHHS Healthy People. Healthy Communities. Department of Public Health & Human Services	**SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU**

COMMUNITY FIRST CHOICE Policy Manual	**Section: ADMINISTRATIVE REQUIREMENTS**
	Subject: Quality Assurance Review Worksheet

Reference: 37.40.1023 and 37.40.1132

PURPOSE

The Quality Assurance Review (QAR) worksheet is used to evaluate the QAR standards outlined in the Self-Directed (SD) Community First Choice/Personal Assistance Service (CFC/PAS) QAR policy 608.

COMPONENTS

The Community Services Bureau's (CSB) QAR process includes the review of 14 standards broken into two components. The two components are:

1.   Verification of the provider agency's annual Quality Assurance Report, which includes a review of nine standards; and

2.   Member chart review; which includes a review of four standards.

NOTE: Standard 13, Plan Facilitator Oversight, is currently evaluated by the Community Services Bureau central office and is not included in the SD CFC/PAS QAR worksheet.

QAR WORKSHEET

The SD CFC/PAS QAR Worksheet is provided on pages 2-9.

STANDARD 1– INTERNAL CHART REVIEW SAMPLE:

Agency provides written explanation for how members in the Internal Chart Review (SLTC-250) sample was determined:

Yes   No   Explanation of a sampling process includes a process that is randomized. The process may be stratified random sample.

Standard Reviewed: Yes ☐ No ☐   Standard Met: Yes ☐ No ☐

STANDARD 2: PROVIDER AGENCY MEMBER CHART VERIFIES INTAKE FINDINGS:

Intake for each member evaluated during the period of time July-December on the provider's Internal Quality Assurance Review (SLTC-250) met the reporting requirements:

Yes   No   Member's file contains a PCP Form that was completed with the intake. If no, did the agency report this on their Internal Chart Review findings?

  NOTE: If a case manager was the Plan Facilitator the PCP Form may have been completed within 10 working days of the member intake to CFC/PAS.
  PCP Form Date:_____

Yes   No   Member's file contains a Service Plan that was completed on the intake date with member and agency Program Oversight staff signature. If no, did the agency report this on their Internal Chart Review findings?
  Service Plan Date: _____

Yes   No   Member's file contains the Member/Personal Representative (PR) Agreement Form and it is signed and dated by the member or PR. If no, did the agency report this on their Internal Chart Review findings?
  Member/PR Agreement Date:_____

Yes   No   Member's chart contains a current Health Care Professional Authorization (HCP) Form that is signed and dated by the HCP. If no, did the agency report this on their Internal Chart Review findings?
  HCP Form Date: _____

Yes   No   If the member was high risk the agency completed a High Risk Service Plan that
N/A   has the member and Program Oversight staff signatures. If no, did the agency report this on their Internal Chart Review findings?
  High Risk Service Plan Date: _____

Yes   No   If the member was high risk the agency indicated high risk on the Referral Form.
N/A   If no, did the agency report this on their Internal Chart Review findings?
             Referral Form Date: _____

Standard Reviewed: Yes ☐ No ☐   Standard Met: Yes ☐ No ☐

STANDARD 3: PROVIDER AGENCY MEMBER CHART VERIFIES RECERTIFICATION STANDARD:

Recertification Form (SLTC-210) for each member evaluated during the period of time July-December on the provider's Internal Quality Assurance Review (SLTC-250) met the reporting requirements:

Yes   No   Member's file contains a Recertification Form that is filled out with the member and nurse signatures. If no, did the agency report this on their Internal Chart Review findings?

Yes   No   Authorized units listed on the Recertification Form correspond to the Service Plan (SLTC-175) that was current or completed on the date of the Recertification visit. If no, did the agency report this on their Internal Chart Review findings?
             Authorized units on Service Plan: _____
             Authorized units on Recertification Form: _____

Yes   No   Recertification Form completed within six month of the previous Recertification Form or Intake. If no, did the agency report this on their Internal Chart Review findings?
             Date of prior Recertification Visit (or intake):_____

Yes   No   Health Care Professional Authorization Form current and signed and dated by member/PR and health care professional for the reporting time period (July-December. If no, did the agency report this on their Internal Chart Review findings?
             Date of HCP Form signed:_____

Standard Reviewed: Yes ☐ No ☐   Standard Met: Yes ☐ No ☐

STANDARD 4: PROVIDER AGENCY MEMBER CHART VERIFIES ANNUAL STANDARD:

Annual visit for each member evaluated during the period of time July-December on the provider's Internal Quality Assurance Review (SLTC-250) met the reporting requirements:

NOTE: If the annual visit did not occur between July-December mark "N/A" for the standard.

Yes   No   Member's file contains a PCP Form (SLTC-200) with the Program Oversight staff, Plan Facilitator and member signatures. If no, did the agency report this on their Internal Chart Review findings?

NOTE: If the member is on case management the member may not be the person who signs the Form. If someone else signed the Form for the member that is acceptable. However, there must be a signature on the member line.

Yes   No   Member's file contains a Service Plan that is signed and dated by the member, Program Oversight staff and Plan Facilitator. If no, did the agency report this on their Internal Chart Review findings?

Standard Reviewed: Yes ☐ No ☐ N/A ☐   Standard Met: Yes ☐ No ☐

STANDARD 5: PROVIDER AGENCY MEMBER CHART VERIFIES PERSON CENTERED PLANNING STANDARD:

PCP Form (SLTC-200) completed during intake/annual on the provider's Internal Quality Assurance Review (STLC-250) met the reporting requirements:

NOTE: If a case manager was the Plan Facilitator, mark the N/A box at the end of the standard

1. For intake members:

    Yes   No   PCP Form contains initials for the intake questions. If no, did the agency report this on their Internal Chart Review findings?

2. For recertification members:

    Yes   No   PCP Form includes the member/PR and Program Oversight staff signature. If no, did the agency report this on their Internal Chart Review findings?

Standard Reviewed: Yes ☐ No ☐ N/A ☐   Standard Met: Yes ☐ No ☐

STANDARD 6: PROVIDER AGENCY MEMBER CHART VERIFIES HEALTH AND SAFETY:

Service Plan(s) (SLTC-175) that were active on the provider's Internal Quality Assurance Review (STLC-250) met the reporting requirements.

NOTE: A Service Plan is active based on the date it was completed and signed by the Program Oversight staff. It is considered active for 12 months from that date or until a new Service Plan is completed.

Active Service Plans during July-December:
Service Plan Date:_____ Type: Intake/Annual/ Amendment /TA/High Risk/Other
Service Plan Date:_____ Type: Intake/Annual/ Amendment /TA/High Risk/Other
Service Plan Date:_____ Type: Intake/Annual/ Amendment /TA/High Risk/Other
Service Plan Date:_____ Type: Intake/Annual/ Amendment /TA/High Risk/Other

Yes   No   Activity of Daily Living (ADL) tasks and frequency are marked on the Service Plan(s). If the answer is "no", did the agency report this on their Internal Chart Review findings?

Yes   No
N/A
Was there a Temporary Authorizations (TA) completed between July-December? If there were none, mark "N/A". If yes, did every temporary authorization include the following:

    o   Box marked indicating type of change
    o   Start and end date
    o   Total time in units of change
    o   Description of change to task

If any of the TA did not meet the above criteria, did the agency report this on their Internal Chart Review findings?
Temporary Authorization Date(s): _____

Yes   No   Review all MPQH Service Profile amendments from July-December.
N/A   Was a new Service Plan was completed within 10 working days of receiving the amendment profile from MPQH (use the fax date from MPQH, not the date the amendment was completed to determine the 10 working days). If no, did the agency report this on their Internal Chart Review findings?
MPQH Amendment Fax Date(s): _____ Service Plan Date(s):_____

Standard Reviewed: Yes ☐ No ☐   Standard Met: Yes ☐ No ☐

STANDARD 7 – PROGRAM OVERSIGHT STAFF:

Agency provides documentation that all Program Oversight staff meets the minimum criteria for one year in agency/disability service:

Yes   No   The agency provides documentation of one year experience in aging or disability services for every Program Oversight staff? If no, did the agency report this on their Internal Chart Review findings?

NOTE: If the staff was hired prior to April 2015 the staff may be grandfathered in without the one year of experience.

Standard Reviewed: Yes ☐ No ☐   Standard Met: Yes ☐ No ☐

STANDARD 8 – PLAN FACILITATOR STAFF:

Agency provides verification that the Plan Facilitators meet the minimum staff requirements:

Yes   No   The agency provides documentation of PCP certification for every Plan Facilitator? If no, did the agency report this on their Internal Chart Review findings?

Standard Reviewed: Yes ☐ No ☐   Standard Met: Yes ☐ No ☐

STANDARD 9 – SELF-DIRECTED OVERSIGHT

Agency has a policy to provide oversight and direction to members and Personal Representatives.

Yes   No   Agency submitted a policy or SMART goal in their Provider Prepared Standards for Standard 7 (SLTC-251). If no, did the agency address the issue when the RPO issued a QAC?

Standard Reviewed: Yes ☐ N ☐   Standard Met: Yes ☐ No ☐

STANDARD 10- SERVICES DELIVERED ACCORDING TO SERVICE AUTHORIZATION:

A review of Service Delivery Records (SDR) for an eight week time period verifies service delivery to service authorization.

Date span of SDR review: _____ - _____
MPQH Service Profile Authorization bi-weekly units/hrs.:   _____
MPQH Service Profile Authorization bi-weekly ADL units/hrs.:   _____
MPQH Service Profile Authorization bi-weekly HMA units/hrs.:   _____
MPQH Service Profile Authorization IADL units/hrs.:   _____
Service Plan Schedule Authorization bi-weekly units/hrs.:   _____

Yes   No   Total bi-weekly units delivered on SDRs correspond to Service Plan Schedule Bi-weekly units delivered (on average) _____

NOTE: If authorized time is not the same as the time delivered there is documentation to explain the discrepancy (i.e., escort marked and documented to a Medicaid provider and/or SDR comments or progress notes explain increased or decreased time)

Yes   No   Time claimed for shopping and community integration does not exceed the total
N/A   amount authorized on the Service Plan Schedule for Instrumental Activities of Daily Living (IADL) for a two week period.
Shopping and Community Integration units: _____

Yes   No   The ADL and Health Maintenance Activity (HMA) tasks on the Service Plan Schedule are delivered according to authorized frequency each week and/or each day. The key to this indicator is to look for patterns that persist for at least one month in length without correction.

Standard Reviewed: Yes ☐ No ☐   Standard Met: Yes ☐ No ☐

STANDARD 11(A-C) –SERVICES BILLED WITH SUPPORTING DOCUMENTATION:

Appropriate documentation (SDR, mileage Forms etc.) is on file to bill Medicaid.

STANDARD 11 A: SERVICE AUTHORIZED AND BILLED WITH SUPPORTING DOCUMENTATION

Yes   No   Service Plan is authorized: Refer to the MPQH profile (SLTC-155) and Service Plan (SLTC-175) for the time period that corresponds to billing and confirm that the services billed do not exceed the time authorized by MPQH. If time is billed beyond the MPQH authorization documentation must explain the discrepancy. Documentation would include SDR notes (short-term) or a Temporary Authorization (28 days or less).
MPQH Service Auth: _____
Service Plan Schedule Auth: _____

Yes   No   Total units billed to Medicaid correspond to the appropriate record set.

- o   Total units billed to PAS/CFC ADL/HMA/IADL (T1019) are supported by SDR
- o   Total units billed to Medical Escort (T2001) are supported by SDR
- o   Total units billed to Shopping/Community (S5126) are supported by SDR
- o   Total units billed to Mileage (A0080) are supported by mileage Form

Standard 11(a) Reviewed: Yes ☐ No ☐   Standard Met: Yes ☐ No ☐

STANDARD 11 B: PAS/CFC ADL AND ESCORT RECORDS COMPLETE

Yes   No   Units billed to CFC/PAS (T1019) are supported with a SDR that includes the
                following:

      o   Name and signature of worker (or electronic verification)
      o   Name and signature of member/PR (or electronic verification)
      o   Date for each day of service
      o   Time in and out for each day of service (unless live-in caregiver is marked);
      o   Tasks that were performed each day
      o   Record (SDR) signed and dated by the member and worker and the date the
          document was signed cannot be earlier than the date services were delivered

Yes   No   Units billed to escort (T2001) are supported with documentation that includes the
N/A   following:

      o   Name of medical provider
      o   Location of medical provider (town or address)
      o   Appointment is Medicaid payable
      o   If it is out of the community confirm that it is the nearest provider;
      o   Total time for the appointment is documented
      o   Medical escort is authorized on the member's MPQH Service Profile or
          Temporary Authorization

Standard 11(b) Reviewed: Yes ☐ No ☐   Standard Met: Yes ☐ No ☐

STANDARD 11 C: SHOPPING/COMMUNITY INTEGRATION/MILEAGE RECORDS COMPLETE

Yes   No   Units billed to shopping/community integration (S5126) are supported with
N/A   documentation that includes the following:

      o   Name of store or activity and location
      o   Service is authorized on the member's Service Plan
      o   Total time for the appointment is documented (i.e. 2 hours)

Yes   No   Units billed to shopping/community integration mileage (A0080) are supported with
N/A   with documentation that includes the following:

      o   Name of store or activity and location
      o   Last three digits of odometer reading
      o   Corresponding attendant time that was claimed for the ENTIRE trip (i.e. if
          member lives in Missoula and trip was to Polson the attendant time was two
          hours; which would be the minimum necessary to get member to and from
          Polson and assist with the activity)

Yes   No   Unites billed to medical transportation mileage (A0080) are supported with

N/A   documentation that includes the following:

- o Name of doctor and location
- o Last three digits of odometer reading
- o Mileage is less than 16 miles round trip for the month for the member

Standard 11(c) Reviewed: Yes ☐ No ☐ N/A ☐   Standard Met: Yes ☐ No ☐

STANDARD 12- SERVIECS BILLED WITH CORRECT CODES AND RATES:

Proper procedure codes and rates are used to bill Medicaid.

Yes   No   Agency used correct procedure code and modifier to bill services (as identified in review of Standard 11)

- o T1019 for activities of daily living and health maintenance activities
- o T2001 for medical escort
- o S5125 for shopping and community integration
- o A0080 for mileage

Yes   No   Rates used to bill Medicaid correspond to the applicable fee schedule for the date the service was delivered.

Standard Reviewed: Yes ☐ No ☐   Standard Met: Yes ☐ No ☐

STANDARD 14- HEALTH CARE PROFESSIONAL AUTHORIZTION: (CFC/PAS 418)

Member's most recent Health Care Professional (HCP) Form (SLTC-160) corresponds with the Service Plan Schedule (SLTC-175) that was current on the date the HCP Form was completed:

Yes   No   Member file contains current HCP authorization
HCP Date: _____

Yes   No   HCP authorization contains the ADL and HMA tasks authorized on the Service Plan Schedule.
Service Plan Date: _____

NOTE: The HCP authorization has a list of tasks that is more detail than the Service Plan Schedule. As long as the HCP authorization includes, at a minimum, all of the tasks from the Service Plan this criteria is met and you can circle "Yes".

Standard Reviewed: Yes ☐ No ☐   Standard Met: Yes ☐ No ☐