

# QUALITY ASSURANCE DESK REVIEW

## Provider Instructions

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As part of Medicaid’s requirements for Aged & Disabled Waiver services, all Home and Community Based Service (HCBS) providers are required to have a biennial Agency Review to ensure compliance with Idaho Administrative Code (IDAPA) and the Medicaid Provider Agreement. The Desk Review is designed to allow the provider the opportunity to conduct a self-audit prior to submitting any documents for the Idaho Department of Health & Welfare (IDHW) review.

Following are instructions for sending the required documentation to the Quality Assurance Specialist.

### INSTRUCTION FOR UPLOADING DOCUMENTS

A survey at the following web address is the required vehicle for beginning the agency review process. A brief survey allows you to provide us with important feedback to help us to improve our processes. Please complete the survey and **upload all documents outlined below**.

<https://app.keysurvey.com/f/1183193/1239/>

### ROSTERS

**Participant Roster** – The Excel spreadsheet template included with the Desk Review materials should be used for the Participant Roster data. The spreadsheet has been populated with the random sample that will be reviewed during the audit process. The following information must be included:

1. Last Name
2. First Name
3. Medicaid ID#
4. Child: If the participant is a child please indicate with X
5. Primary Caregiver Name(s)

Last Name	First Name	Medicaid ID	Child	Caregiver
Doe	Jane	000123456	n/a	Sally Jones

**PLEASE NOTE:** The Quality Assurance Specialist has populated the Excel spreadsheet with the names of the participants for whom we will review all documentation during the Desk Review. The names have been selected using a random sample algorithm based on 30% of the entire participant population or a minimum of 15 files. **All documentation outlined in this document should be sent only for the participants identified on the spreadsheet.** However, all participant files may be audited at the time of the On-Site Review.

**Staff Roster** – The Excel spreadsheet template included with the Desk Review materials should be used for the Staff Roster data. Please include all staff members. The following information must be included:

1. Last Name
2. First Name
3. Job Title (RN, LPN, Caregiver, etc.)
4. Licensure (RN, LPN, **Driver’s License Expiration date** for any caregivers providing transportation)
5. Date of hire
6. Training completion date
7. Start date of Direct Care (*first date that the caregiver provided services in a participant home*)
8. Health Screen completed (include a Y/N indicator)
9. Notarized date of Criminal History application
10. Endorsements. Please include **all** specialized training for participant specific endorsements, i.e. Ostomy Care, Transferring. *Refer to Provider Training Matrix*
11. Date of Criminal History fingerprinting (The date is located on the Applicant Status page within the Criminal History database)
12. Date of Criminal History Notice of Clearance letter (The date is clearly printed on the right-hand side of the letter)
13. Date of Idaho State Police, Name Based Criminal Background Check (*Transfer employees only*)

STAFF INFORMATION					CRIMINAL HISTORY				TRAINING	ADDITIONAL REQUIREMENTS		
					This section is to be completed for all employees that did NOT have an ISP Background Transfer. If the ISP Transfer was completed please do not complete the dates in this area.				Please enter the date on the ISP documentation			
Last Name	First Name	Job Title	Licensure	Hire Date	Notary Date on Fingerprint Application <i>If no value please enter N/A</i>	Date of Fingerprint Completion <i>If no value please enter N/A</i>	Date on Notice of Clearance Letter <i>If no value please enter N/A</i>	ISP Background Check Date <i>If no value please enter N/A</i>	Training Completion Date	Health Screening	Direct Care Start Date	Endorsements
Armstrong	Zach	Head Fred		5/5/2017	1/15/2017	2/15/2017	5/5/2017	N/A	1/15/2017		1/10/2017	

**DOCUMENTS** – copies of the following documents should be uploaded to the address listed above:

- **RN/LPN License**
- **Service Agreement for each Medicaid participant identified on the Excel spreadsheet.** The areas of focus to ensure compliance as outlined in IDAPA are:
  - a. Proper Signatures
  - b. Service Agreement accurately reflects the Assessment
  - c. Individualized Goals & Outcomes
  - d. Risk Factors
  - e. Backup Plan & Intervention
  - f. Paid and unpaid caregivers identified
  - g. Amount, Type and Frequency of Services
  - h. Understandable language. The Person-Centered Service Agreement should be written in such a way that the participant and caregivers can easily understand.
- **Participant Service Documentation (timesheets, daily logs, etc.) for each participant identified on the Excel spreadsheet. Please provide the most current two (2) weeks of documentation.** The areas of focus to ensure compliance as outlined in IDAPA are:
  - a. Proper Signatures
  - b. Accurate dates / times
  - c. Services delivered as in accordance with services authorized
  - d. Refusal of services documented properly (i.e. if the participant refuses meal preparation it is clearly documented on the daily log)
  - e. Provider observation of the participant’s response to the service
- **Training Curriculum.** The QA staff will ensure that the training curriculum and materials are in alignment with the Skills Matrix.
  - a. Written examinations
  - b. Training curriculum
  - c. Required verification for each category
  - d. Proof of completion of the Training Matrix and/or special endorsements
  - e. Certificate of completion of the In the Know online training modules

**PLEASE UPLOAD THE DOCUMENTATION FOR EACH PARTICIPANT IN THE FOLLOWING ORDER: Service Agreement and two (2) weeks of Daily Progress Notes.** You may include up to five (5) participants documentation into a single pdf file.

**POLICIES & PROCEDURES** – please upload **only** the documentation listed below:

1. **Participant Acceptance** including intake and admission procedures and termination of services
2. **Participant Choice** including involvement in the selection, scheduling, direction and evaluation of direct service providers
3. **Participant Grievance**
4. **Participant Rights, Responsibilities and Confidentiality**
5. **Health & Safety** including a plan which demonstrates the capability of providing emergency backup and relief services to cover the essential service needs within a reasonable time frame
6. **HIPAA**
7. **Quality Assurance** program including quarterly audits of services, site visits, participant satisfaction and annual professional credential and competency
8. **Service Delivery** including the scope of services provided and procedures for delivering services
9. **Employee Grievance**
10. **Personnel Policy** including employee qualifications, duties, compensations, benefits, training and conduct

If you have any questions, please call the Quality Assurance Specialist.