

# ADULT DAY HEALTH 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 IDHW review.

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

### INSTRUCTION FOR SUBMITTING DOCUMENTS

Please email **all documents outlined below**. If the documents cannot be emailed, they may be faxed to the number indicated on the QA Review letter.

### ROSTERS

**Participant Roster** – The Excel spreadsheet template included with the Desk Review materials should be used for the Participant Roster data. Please include all participants receiving services under Idaho Medicaid. The following information must be included:

1. Last Name
2. First Name
3. Medicaid ID#
4. First date of service
5. Hours of attendance

Last Name	First Name	Medicaid ID	First Date of Service	Hours
Doe	Jane	000123456	1/1/2011	9am-4pm

**PLEASE NOTE:** The QAS 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. Date of hire
4. Training completion date
5. Notarized date of Criminal History application
6. Date of Criminal History fingerprinting (The date is located on the Applicant Status page within the Criminal History database)
7. Date of Criminal History Notice of Clearance letter (The date is clearly printed on the right-hand side of the letter)
8. Date of Idaho State Police, Name Based Criminal Background Check (*Transfer employees only*)

Last Name	First Name	Hire Date	Training Completion Date	Notary Application Date	Fingerprint Date	Notice of Clearance Date	ISP Background Date
Doe	Jane	12/15/2015	12/16/2015	12/16/2015	1/2/2016	1/15/2016	N/

**DOCUMENTS** – Copies of the following documents should be emailed to the QAS as well for review:

- **Fire Safety Certification**
- **Food Inspection Report and License** if food is served at your facility
- **Completed ADA Checklist**
  - **Standalone Business:** The [checklist](#) can be found on the Licensing & Certification website located under QA Tools – General Checklists.
  - **In-Home:** The [checklist](#) can be found on the Quality Assurance SharePoint. Providers need to complete the “Home Records” portion only.
- **Enrollment Agreement for each Medicaid participant identified on the Excel spreadsheet.** The areas of focus to ensure compliance as outlined in the Additional Terms of the Medicaid Provider Agreement are:
  - a. Proper Signatures
  - b. Participant name and social security number
  - c. Permanent address
  - d. Marital status and gender
  - e. Date of birth
  - f. Name and address of individual(s) to contact in the event of an emergency
  - g. Names of personal physician and dentist
  - h. Admission date and name of individual who completed enrollment form

- i. A list of medications, diets, allergies, services and treatments prescribed for the participant
- j. Services that Adult Day Care shall provide, including but not limited to, recreational activities, maintenance of self-help skills, assistance with activities of daily living, provisions for trips to social functions (transportation costs to social functions are not a Medicaid reimbursable service), and special diet.
- **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. Accurate dates / times
  - b. Duration of services provided

**PLEASE EMAIL THE DOCUMENTATION FOR EACH PARTICIPANT IN THE FOLLOWING ORDER:** Enrollment 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 email *only* the policies and procedures listed below:

1. **Employee Training**
2. **Participant Acceptance** including intake and admission procedures and termination of services
3. **Medications** may only be administered by licensed nurses and must include how medications will be safeguarded at the facility
4. **Emergency and Disaster** including written emergency procedures for evacuation of participants, if required, in accordance with the facility disaster preparedness plan
5. **Staff to Participant Ratio**
6. **Food Preparation** including preparation and food safety parameters, and meal intervals, if your facility serves food
7. **Quality Assurance** including a program which includes audits of services and participant satisfaction
8. **Personnel Policy** including employee qualifications, duties, compensations, benefits, training and conduct
9. **Termination of Services** including standard and emergency terminations and notice to participants