

QUALITY ASSURANCE TWO MONTH DESK REVIEW

Provider Instructions

As part of Medicaid’s requirements for Aged & Disabled Waiver services, all new Home and Community Based Service (HCBS) providers are required to complete a two (2) month 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: Providers MUST include 100% of the participant population on the roster

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 (Administration, Office Manager, 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.							
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 & Interventions
 - e. Backup Plan & Communication Plan
 - f. Responsible Party (Paid and unpaid caregivers identified)
 - g. Amount, Type and Frequency of Services
 - h. Understandable language. The Person-Centered Service Plan 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, i.e. caregiver narratives

PLEASE UPLOAD THE DOCUMENTATION FOR EACH PARTICIPANT IN THE FOLLOWING ORDER: Service Plan and two (2) weeks of Daily Progress Notes. You may include up to five (5) participants documentation into a single pdf file. If you have any questions, please call the Quality Assurance Specialist.