



Senior & Long Term Care Division Community Services Bureau Big Sky Waiver Policy Manual

Title: BSW 608
Section: ADMINISTRATIVE REQUIREMENTS
Subject: Quality Assurance Process
Reference: Big Sky Waiver App 02-11-2019; 42 CFR 441.302; ARM 37.40.1420, .1406.
Supersedes: BSW 608 (07-01-2018)

PURPOSE

The Community Services Bureau (CSB) of the Department of Public Health and Human Services (DPHHS) conduct comprehensive evaluations of Case Management Teams (CMTs) to assure the Bureau and Federal quality assurance requirements at 42 CFR 441.302 for the 1915(b) and (c) waiver are met. The date of the Quality Assurance Review (QAR) is coordinated between the Case Management Team (CMT) and the CSB Quality Assurance Program Manager and may occur any time the Department believes a review is warranted to improve services.

Department staff will also perform announced quality assurance reviews not to exceed three state fiscal year intervals. Quality assurance results are utilized to continuously improve BSW programs and services, and to ensure that CMT's are meeting their contractual obligations with the Department.

Each CMT must allow CSB representatives access to Case Management staff and member's records during these reviews. Data obtained from the quality assurance process provides necessary data for CSB to provide accurate information to Centers for Medicaid and Medicare Services (CMS). The Quality Assurance Process is divided into four components:

GENERAL CRITERIA

The CSB's QAR process includes four components:

1. Verification of the Provider Prepared Standards;
2. Member chart reviews;
3. CMT Chart Audit; and
4. Quality Improvement Projects

NOTE: Refer to BSW 610-Quality Improvement Projects for the process and requirements for Quality Improvement Projects.

PERFORMANCE STANDARDS

The QAR will include desk audit/documentation review of the Big Sky Waiver Performance Standards. CSB representatives may conduct aspects of the review from the CSB representative's regional office.

A performance standard is a mechanism to evaluate quality and demonstrate CMT compliance in the BSW program. Every performance standard has criteria to measure and evaluate program compliance.

The CSB representatives will evaluate compliance in 14 performance standards. Six performance standards will be evaluated to provide verification of the information contained in the CMT's provider prepared standards; referred to as the "Verification of the Provider Prepared Standards" portion of the QAR. An additional eight performance standards will be obtained from the on-site review of member charts; referred to as the "Member Chart Review" portion of the QAR.

Below is a list of the performance standards broken out by the verification of the Provider Prepared Standards and the Member Chart Review portions of the QAR.

1. Verification of the Provider Prepared Standards includes the following six performance standards:
 - a. Standard 1: Member Survey;
 - b. Standard 2: Case Manager Qualifications;
 - c. Standard 3: Member Involvement;
 - d. Standard 4: CMT Chart Audit;
 - e. Standard 5: Serious Occurrences (SOR);
 - f. Standard 6: Quality Improvement Project Reporting;
2. Member Chart Review
 - a. Standard 1: Required Documentation
 - b. Standard 2: Service Plan Completeness

- c. Standard 3: Service Plan Reevaluation
- d. Standard 4: Progress Notes
- e. Standard 5: Principles of Charting
- f. Standard 6: Waitlist (admit sample)
- g. Standard 7: Plan Facilitator

NOTE: Standard 7 is only evaluated when the CMT is the Plan Facilitator for members on CFC/PAS.

- h. Standard 8: Financial Accountability

REVIEW CRITERIA

Below is a table that includes each review standard along with the criteria and policy reference.

Verification of Provider Prepared Standards

	Standard	Criteria	Policy
1	Member Survey	Attached a copy of the last survey sent and indicated the month the last survey was conducted; number of surveys sent; summary of survey results; description of how results were used; type of survey; and number of surveys returned.	BSW 810-Member Involvement
2	Case Manager Qualifications	Indicated for the current fiscal year the name, type of license or degree, expiration date if applicable, of any case managers hired (& still employed). As well as date of a new case manager training acquired and any exceptions granted.	BSW 802-Case Management Team Requirements
3	Member Involvement	Description of how CMT involves members in the BSW program and attached supporting	BSW 810-Member Involvement

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		documentation.	
4	CMT Chart Audit	Copies of the last two chart audits attached, and remediation efforts documented.	BSW 608-Quality Assurance Reviews & BSW 899-2-Internal Audit Requirements
5	Serious occurrences (SORs)	List of SOR's reported outside the required timeframe, top three SOR causes and subtypes, and detailed description of the process for staff to analyze SORs.	BSW 609-Serious Occurrence Reports
6	Quality Improvement Project Reporting	Description of the goals selected for the quarterly QIP's or a copy of the QIP projects attached since the beginning of the fiscal year.	BSW 610-Quality Improvement Projects

Member Chart Review

	Standard	Criteria	Policy
1	Required Documentation	AR Calculation form appropriately signed and completed; SLTC-108 (State supplement) present; SLTC-109 (termination of State supplement) present; Members Disability Determination present; Level of Care (LOC) determination present and LOC reevaluation received within 12 months of previous LOC. MA-55 and members guardianship paperwork present as applicable.	BSW 403; BSW 412; BSW 804; BSW 899-9
2	Service Plan Completeness	Evidence that the member directed or participated in the development of service plan; service plan includes one measurable goal; service plan includes one measurable	BSW 809-1-3 & BSW 812

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		objective; service plan is written in an approved service plan format; service plan includes member signature and/or legal representative signature; service plan includes social worker case manager and nurse case manager signatures; service plan describes member's needs/goals/preferences; services authorized on the service plan prevent institutionalization; and services authorized on the service plan are not covered by any other third party.	
3	Service Plan Reevaluation	Reevaluation completed every 180 days; documentation of progress on goals/objectives; social worker case manager; nurse case manager; and member/legal representative signature on service plan. Service plan contains social worker case manager and nurse case manager assessments; and contain pertinent observations; documents facts; what is seen, heard, felt, smelled, and documents all instruction given to the member, legal rep, and/or member's family.	BSW 809-5-7
4	Progress Notes	Presence of an opening statement (applicable for members admitted during review timeframe); presence of a closing statement (applicable for members discharge during review timeframe); case notes are clear; concise; objective and brief;	BSW 602-1, 809-3, 809-6, & 809-7

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		annual meeting is documented in progress notes; and amendments documented in progress notes.	
5	Principles of Charting	Presence of any handwritten documents, or notes; are legible; CMT has defined a standard expectation of principles of documentation for its employees; verification of CMTs utilization of software for charting purposes.	BSW 602-1, BSW 804
6	Waitlist (intake Sample)	Verification that initial contact made within five days of receiving the Level of Care (LOC) referral; on-site assessment conducted within 60 days of CMT receiving the LOC from Mountain Pacific Quality Health; verification that the waitlist tool was utilized; opening statement present in the case notes when the member was enrolled; BSW 101 (request of information notice) was sent to the member; and BSW 102 (Big Sky Waiver approval notice) mail to the member notifying member of BSW enrollment date. If applicable, BSW Deeming Form BSW 101-18 has been submitted to BSW program manager for review.	BSW 401, 406 & 406-1
7	Plan Facilitator	Verification of whether member qualifies for CFC; completion of Person Centered Plan (PCP); member/legal rep signature present on PCP; plan facilitator signature present on	BSW 1101, 1102, 1104, & 1106

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		PCP; provider representative signature present on PCP; intake acknowledgments present; coordinated visit occurred at annual or at six month visit; and verification whether CFC documentation is missing from individual record.	
8	Financial Accountability	Services authorized on the cost sheet are reflective of the current service plan; services aligned to meet the identified needs of the member; verification of whether services were not billed and paid for prior to the receipt of services; services were billed with the correct code and rate; SLTC-150 present and appropriately completed; SLTC-144 present and appropriately completed; presence of any prior authorizations (SLTC-149).	BSW 403, 412, 604, 608, 728, 809-6, 899-9, 899-11