



# Senior & Long Term Care Division Community Services Bureau

## Community First Choice/Personal Assistance Program Self-Directed Policy Manual

**Title:** SD-CFC/PAS 610  
**Section:** Administrative Requirements  
**Subject:** Quality Assurance Process – Provider Agency Reports  
**Reference:** ARM 37.40.1023, 37.40.1132  
**Supersedes:** January 2017

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### PURPOSE

➤ The Community Services Bureau (CSB) conducts comprehensive evaluations of Community First Choice/Personal Assistance Service (CFC/PAS) provider agencies. Each provider agency is required to submit an annual Provider Quality Assurance Report (P-QAR). This report documents outcomes from the P-QAR and provides assurance that the agency is meeting established program parameters. It also provides documentation to meet federal assurance standards, and identifies and responds to agency training needs.

### CRITERIA

➤ In order to participate in the CFC/PAS program, a provider agency must report on program standards outlined in the agency's P-QAR to ensure compliance with program requirements. The agency's P-QAR includes two components:

1. Internal Quality Assurance Review (SLTC-250); and
2. Provider Prepared Standards (SLTC-251).

### INTERNAL QUALITY ASSURANCE REVIEW

➤ The provider agency is required to conduct annual internal quality assurance reviews and submit a summary of the findings to the CSB using Department generated forms. Be sure to check the Department website for the most current version of the form.

1. The provider agency must complete two separate internal chart reviews; one for intake visits and one for recertification visits.
  - a. The provider agency must use the Intake Internal Review Worksheet (SLTC-246) to record the results of the internal chart review for every member in the Intake Review Sample. Refer to CFC/PAS 926.

- b. The provider agency must use the Recertification Internal Review Worksheet (SLTC-247) to record the results of the internal chart review for each member in the Recertification Review Sample. Refer to CFC/PAS 927.
1. ➤The results from the provider agency's internal chart review must be compiled on the Internal Quality Assurance Review form (SLTC-250) and submitted as a part of the agency's P-QAR.

## **REVIEW SAMPLE**

There are two internal chart review samples:

1. Intake Review Sample: Intake visits completed between July-December of the prior year; and
2. Recertification Review Sample: Recertification visits completed between July-December of the prior year.
3. How to determine the review sample:
  - a. To determine the Intake Review Sample complete the following:
    - i. December Total Caseload: Determine the total number of Medicaid members served in the CFC/PAS program in December of the prior year.
    - ii. Intake Total: Determine the number of members in the December Total Caseload who had an intake visit (includes new admits, re-admits, high risk, switch in option, or switch in agency) in the months of July through December of the prior year.
    - iii. Intake Review Sample: Pull a random sample of 50% of the members in the Intake Total.
      1. This list becomes Intake Review Sample.
  - b. To determine the Recertification Review Sample complete the following:

- i. Recertification Visit: Take the December Total Caseload (3.a.i.) and subtract the Intake Total (3.a.ii). This is the number of members who should have had a Recertification visit in the months of July through December.
- ii. Recertification Review Sample: Pull a random sample of the members who had a recertification visit according to the procedure below:
  1. Over 250 members: 25 member sample
  2. 51-250 members: 10% member sample
  3. 0-50 members: 5 member sample
    - a. This list becomes the Recertification Review Sample.
4. The agency must maintain documentation of the criteria used to determine their random sample.

#### **PROVIDER PREPARED STANDARDS**

The provider agency is required to complete the Provider Prepared Standards report. The report includes information in the following standards:

1. Serious Occurrence Report (CFC/PAS 709);
2. Plan Facilitator (CFC/PAS 701, 1103);
3. Program Oversight staff (CFC/PAS 701);
4. Member Survey;
5. Provider Enrollment;
6. Agency Organizational Structure;
7. Self-Direction Education (AB CFC/PAS 706);
8. Agency Intake Packet (CFC/PAS 702); and
9. Agency Action Plan (SMART Goals).

## **SMART GOALS**

The provider agency is required to submit a corrective action plan that identifies and addresses all unmet criteria from the agency's Internal Quality Assurance Report summary and Provider Prepared Standards. The corrective action plan must include a SMART goal for each unmet standard. The SMART plan includes:

- S: Specific to the unmet standard;
- M: Measurable and includes the name of the agency staff person who will be responsible for measuring the outcome;
- A: Action specific (i.e., identify specifically how the outcome will be tracked);
- R: Relevant to the unmet standard;
- T: Timeframe for implementing and evaluating the action item(s).

The agency's corrective plan for each unmet standard must include SMART plans for addressing the unmet needs on an individual and system-wide basis.

For example, if a provider agency has missed a 180-day recertification visit, the agency action plan may include two SMART goals:

1. **SMART GOAL 1:** Complete the 180-day visit with the member.
  - a. Specific: Conduct an on-site visit;
  - b. Measurable: Agency nurse supervisor, Jane Doe, will complete an on-site visit, complete the recertification form during the visit, and submit the form to office manager for tracking;
  - c. Action Specific: Office manager, Suzie Q, will review the recertification form and document it's completion in the tracking system;
  - d. Relevant: Recertification visit criteria will be met once the action has taken place; and
  - e. Timeframe: The visit will occur by the 5th of October.
2. **SMART GOAL 2:** Determine repayment for claims billed when there was no reauthorization visit.

- a. Specific: Conduct a review of claims to determine the amount of money billed when the reauthorization had expired;
- b. Measurable: Claims specialist, John Smith, will conduct a query of member claims by date of service;
- c. Action Specific: John Smith will contact Regional Program Officer to determine options for repayment;
- d. Relevant: Repayment will ensure that claims were billed according to policy; and
- e. Timeframe: John Smith will conduct query by October 10th and contact Regional Program Officer (RPO) by October 20th.

## **PROCESS**

The provider agency is required to complete the following steps prior to submitting the agency's P-QAR.

1. CFC/PAS provider agencies are required to submit their P-QAR on an annual basis. The report is due on April 1st each year. The report must include an internal review of member charts for the period of time July 1-December 31 of the prior year. The report must be submitted to the RPO by April 1st.
2. The provider agency is required to determine an Intake and Recertification Review Sample as outlined above, in section "Review Sample".
3. The provider agency is required to complete internal chart reviews of member files using the worksheets provided in CFC/PAS 926 and 927.
4. The provider agency must summarize the findings from the member chart review on the Internal Quality Assurance Review (Refer to CFC/PAS 924).
5. The provider agency must achieve 100% compliance in the internal member chart review. If 100% compliance is not achieved, a SMART goal must be written in the Provider Prepared Standards portion on the provider agency's Quality Assurance Report.

6. The provider agency must complete the Provider Prepared Standards and address all of the criteria outlined in policy CFC/PAS 925.
7. A SMART goal must be written whenever criteria on the Internal Chart Review of Provider Prepared Standards are unmet.
8. The provider agency has until April 1 to complete all of the components of the agency's P-QAR and submit the required forms to the RPO.

**TIMELINE**

January	Provider agency identifies random sample for an internal chart review.
January-March	Provider agency determines Intake and Recertification Review sample and completes an internal review of member charts for the sample. Provider agency summarizes results on the Internal Quality Assurance Review form.
	Provider agency completes the Provider Prepared Standards.
April 1	Provider agency submits the Quality Assurance Report to RPO.
July 1	RPO responds to provider agency's P-QAR and provides follow-up, as needed.