

MED - Long Term Care Intellectual Disability Waiver Admission or Recertification Level of Care Determination

Purpose: To provide a level of care (LOC) determination for members applying or recertifying for the Intellectual Disability Waiver (IDW).

Identification of Roles:

Review Coordinator (RC) – reviews documentation submitted by fax, mail or IMPA to determine the appropriateness of IDW LOC at admission or recertification and maintains review documentation.

Medicaid Medical Director (MMD) – reviews member cases and makes a determination based on the medical record and any supporting documentation as needed. Approves peer reviewer credentials, additions to peer reviewer panel, and re-certification of peer reviewer. Oversees peer reviewer decision outcomes.

Psychologist Physician Reviewer (PR) – external peer reviewing medical records to determine if a member meets DSM-IV criteria for a diagnosis of mental retardation.

Clinical Assistant to the Medicaid Medical Director (CAMD) - reviews cases and makes a determination based on the medical record and additional documentation provided.

Consultant Reviewer (CR) – reviews cases to determine if a member meets ICF/ID level of care criteria.

Performance Standards:

- Complete 95 percent of level of care (LOC) determinations for admissions within two business days of receipt of complete information. Complete 100 percent within five business days.
- Complete 95 percent of level of care (LOC) determinations for subsequent service reviews within five business days of receipt of complete information. Complete 100 percent within ten business days.

Path of Business Procedure:

Step 1: The review coordinator (RC) will accept and process requests via OnBase for admission or recertification of level of care review received from a targeted case manager by fax, mail or IMPA.

- The assessment submitted must be signed and dated by the case manager within twelve months of the time of the review.
- **The LOC reviews are to be completed for members upon admission or new eligibility for Medicaid, any time there is a significant change in the member's health status that may affect their LOC, and on an annual basis.**
- : .

Step 2: Admission and/or recertification reviews are reviewed and entered into MQUIDS at the time of the LOC decision. URAC standards of completion within 15 days will also be followed. Urgent requests for LOC will be reviewed and a decision rendered and communicated in no less than 72 hours from receipt of the request. See Administrative Functions – Urgent Reviews

Step 3: RC will complete substantiation of a mental retardation diagnosis using the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV) criteria and the rules outlined in Iowa Administrative Code 441.83.61(249A).

Step 4: The RC evaluates the nine ICF/ID criteria sets, which include fourteen functional areas. The member must be able to benefit from treatment or programming in at least three or more of the fourteen functional areas:

1. Ambulation/Mobility
2. Musculoskeletal skills
3. Activities of daily living
 - A. Self-help skills
 - B. Domestic skills
4. Elimination/Toileting
5. Eating skills
6. Sensorimotor skills
 - A. Vision, hearing, and/or speech
 - B. Gross and/or fine motor skills
 - C. Sensory
7. Intellectual/Vocational/Social
 - A. Intellectual skills
 - B. Vocational skills
 - C. Community/social skills
8. Maladaptive Behavior
9. Health Care

Step 5: Additional information will be obtained to facilitate assessment of the member's complete level of functioning and diagnoses if necessary. Non-clinical staff does not interpret clinical information or make clinical determinations.

Step 6:

The RC will refer the case to a psychologist peer review (PR) for determination if the criteria for a DSM-IV mental retardation diagnosis are not met and/or the CAMD if LOC criteria are not met.

Only peer reviewers make denial decisions. Peer reviewers include licensed health care professionals in the same category as the attending provider. Denials made by the Clinical Assistant to the Medicaid Medical Director (CAMD) will be reviewed by the Medicaid Medical Director (MMD). Refer to MED Administrative Functions Peer-to-Peer Conversations for details on this procedure.

Step 7: The RC will enter criteria into MQUIDS as supported by review information. If the review cannot be approved and completed, the review status will be entered as pending and the pending reason will be entered in the review note section. The RC will request any additional information needed for approval of level of care from the case manager via

ISIS, email, telephone call, or utilizing the Request for Additional Information Form. The RC will refer the case to a psychologist peer review (PR) for determination if the criteria for a mental retardation diagnosis is not met and the CAMD if LOC criteria are not met. If the review can be approved and completed, the RC will indicate in MQUIDS that ICF/ID level of care is approved for 365 days and the review status will be indicated as finalized. If the review is approved by PR or CAMD, the RC will enter in MQUIDS the PR name, date, minutes, outcome, and rationale for the decision and approve the case in ISIS. If the review is denied by PR, the RC enters in MQUIDS the PR name, date, minutes, outcome, and rationale for the decision. The RC denies the case in ISIS and indicates the correct Iowa Administrative Code for the denial in the ISIS comments. The RC saves a copy of all review information in the O: drive IDW denial folder in the member denial folder. The RC enters denial information onto the appropriate denial spreadsheet.

Forms/Reports:

Request for Additional Information Form

Iowa Department of Human Services

Intellectual Disability Worksheet

Date:

Members Name:

SID #:

In order to correctly process the Intellectual Disability Waiver for the above member the following information is required:

- Formal adaptive functioning with scoring instrument used (best practice) (such as the Vineland Adaptive) **OR** specific documentation to show means of establishment.
- Proof of onset prior to age 18 the diagnosis of Mental Retardation
Examples to ask for:
 1. Significant developmental delays
 2. Social history
 3. School history (give specifics i.e.: if a contained class room, EMR or TMR programs, etc.)
 4. **And/ Or** a psychological evaluation with diagnosis prior to age 18.
- Full battery of intelligence testing for Mental Retardation
Note: Abbreviated Testing are screening only and not used for a Diagnosis of MR (e.g. Stanford-Binet Intelligence Scales for Early Childhood has an abbreviated battery IQ but the Standard Full Scale IQ is needed for MR diagnosis)
- Diagnosis of Mental Retardation
- Full Scale IQ
- Current** Targeted Case Management Comprehensive Assessment Form.
- Corroborating medical opinion to confirm diagnosis of the medical condition.
- Corroborating medical opinion for psychotropic medicines and other medical conditions affecting cognition.
- Current** Full battery of intelligence testing for Mental Retardation
Note: Abbreviated Testing are screening only and not used for a Diagnosis of MR. (e.g. Stanford-Binet Intelligence Scales for Early Childhood has an abbreviated battery IQ but the Standard Full Scale IQ is needed for MR diagnosis)
- Other Additional information:

Please provide all that are checked above by

- The Iowa Administrative code specifies the diagnosis of mental retardation is made according to DSM-IV and meets the following DSM-IV criteria:
- Standard Full Battery Test of intellectual abilities.
- Significantly sub average general intellectual functioning (maximum FSIQ for MR is 75)
- Significant limitations in adaptive functioning in at least 2 of the following skill areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work leisure, health and safety
- Onset must occur before age 18.

Attach the above checked items to this letter and fax to medical services at 515-725-1349, attention .

Thank you for your prompt response. If you have any questions regarding this request, please call Medical Services Intellectual Disability Waiver Department locally at 515-256-4623 or 1-800-383-1173.

RFP Reference:

6.2.6.2

Interfaces:

ISIS
OnBase
MQUIDS

Attachments:

N/A

MED – Intellectual Disability Waiver Admission Approval and Denial Decisions

Purpose: To complete a Level of Care (LOC) decision regarding ID Waiver.

Identification of Roles:

Review Coordinator (RC) – reviews information presented on the Targeted Case Management Comprehensive Assessment Form, documents case information and criteria. If the criteria are met RC approves the level of care. Completes approved cases. If the criteria are not met the RC prepares information for peer review.

Project Assistant (PA) – assists with coordinating information

Manager – provides additional review regarding denials

Physician Review – makes level of care determination when initial criteria are not met.

Performance Standards:

- Complete 95 percent of LOC determinations for admissions within two business days of receipt of complete information. Complete 100 percent within five business days.
- Complete 95 percent of level of care (LOC) determinations for subsequent service reviews within five business days of receipt of complete information. Complete 100 percent within ten business days.

Path of Business Procedure:

Step 1: When there is enough information to support approval of ICF/ID LOC the RC will approve the request.

Step 2: Approval decisions are provided to the case manager via the Individualized Services Information System (ISIS).

Step 3: The RC will log onto ISIS via Internet Explorer <https://secure.dw.dhs.state.ia.us/isis> with user name and password.



Step 4: If the RC is unable to approve ICF/ID LOC the RC will select physician review when answering ISIS milestone on the status page for the member.

Step 5: The RC will prepare the case to send to a psychologist PR or CAMD to review the member's case. The RC will send all necessary documents for LOC determination to the psychologist PR or CAMD for review.

Step 6: Once the PR form with a decision is received, the RC will enter the PR name, date, minutes, outcome, and rationale for the decision into MQUIDS.

Step 7: The PA will log PR information into OnBase in the Consultant Tracking form.

Step 8: The PA will send the PR determination to the RC's Back from Phys/Con Review queue in OnBase.

Step 9: The RC approves the case in ISIS.

- a. If the PR results in denial determination, the RC will document the denial in MQUIDS and ISIS.

Step 10: All denials documented in ISIS require a reason and rationale of why the member was denied in the comments section for the milestone, including the correct Iowa Administrative Code.

Step 11: The RC adds the member's name to the IDW denial spread sheet located here: \\Dhsime\onsite icf_mr\Denial Spread Sheets\IDW and saves all supporting documentation in the IDW member denial folder.

- a. If during the PR process the RC receives additional information, which would allow the RC to approve the case, the RC will approve and enter the approval in ISIS and MQUIDS.
- b. If additional information is received after the denial has been issued then the case is a reinstatement.

Step 12: Admission denials are effective from the date of denial.

- a. Continued stay denials must be given timely notice.
- b. The denial goes into effect 15 days following the PR denial date.

Step 13: A Medicaid member who disagrees with a Medicaid decision regarding Medicaid services has the right to appeal within 30 days of the date of the notice of decision letter by contacting the local DHS office, by writing a letter to DHS Appeals Section or by filing on line at http://www.dhs.state.ia.us/dhs/appeals/appeal_decision.html. The notice of decision letter contains instruction on how to request an appeal. Medical Services provides testimony for assigned appeal hearings.

- a. Refer to appeals section of the MED Policy Support and Exception to Policy Procedure.

Step 14: The project assistant (PA) will record this information in MQUIDS.

- a. This includes the name of the judge, the date of the decision and the outcome of the appeal with any notes pertinent to the case.

Forms/Reports:

Denial Spreadsheet

SID #	Member Name (Last Name, First Name)	Date of Denial	Denial Letter Mailed	Review Coord	Comments	Reinstated	Validated (For Internal Use)

Peer Reviewer Rationale Form

DCN:
Member Name:
State ID#:
Program:
Admission or annual:

Peer Reviewer name:
Peer Reviewer Decision (check one):
ICF/ID: YES NO
MR Diagnosis: YES NO

Please provide specific rationale for your decision: _____

Please indicate amount of time spent reviewing this case:

If you have any questions, contact [Review Coor] at [office number] or 1-800-383-1173. Fax completed PR form to 515-725-1349.

SIGNATURE _____ **DATE** _____
ICF/ID

MED - Long Term Care Intellectual Disability Waiver Level of Care Certification Review Reports

Purpose: The reports will detail compliance with utilization review process and include all results of performance standards and program activities.

Identification of Roles:

Project Assistant (PA) - assists manager in database management, providing query data, developing report formats, assist with monthly, quarterly, and annual reports.

Review Coordinator (RC) – complete admission and recertification reviews

Manager - prepares monthly program activity reports, quarterly performance standard reports, and aggregate facility reports.

Director - assists with report development, and proof reports prior to posting.

Performance Standards:

Performance standards are not specified for this procedure.

Path of Business Procedure:

Step 1: The manager will access ISIS management reports and clinical data documented in MQUIDS to report the following to DHS policy staff quarterly:

- a. Number of admissions completed by program
- b. Number of subsequent service reviews completed by program
- c. Percent of reviews completed timely
- d. Number of denials per program

Step 2: Manager compiles quarterly report and other ad hoc reports as requested.

Forms/Reports:

Admission LOC totals, broken out by approvals and denials; SSR LOC totals, broken out by approvals and denials; 95% and 100% timeliness data also broken out by admission or SSR review. Quarterly and annual reports as directed by DHS.

Iowa Department of Human Services
 Iowa Medicaid Enterprise (IME)
 Medical Services Unit

Month	Program	ADM Approvals	ADM Denial	ADM Totals	ADM 95% Timely	ADM 100% Timely	CSR Approvals	CSR Denial	CSR Totals	CSR 95% Timely	CSR 100% Timely	Total Reviews
January 2013	IDW	89	7	96	96	96	904	2	906	900	906	1002
	ICFMIR	11	0	11	11	11	279	0	279	279	279	290
	BI	9	6	15	15	15	103	0	103	100	103	118
	Q1 Totals											
February 2013	IDW	110	5	115	112	115	1083	3	1086	1086	1086	1201
	ICFMIR	11	0	11	11	11	158	0	158	158	158	169
	BI	15	1	16	16	16	108	1	109	108	109	125
	Q2 Totals											
March 2013	IDW	105	8	113	113	114	860	4	864	864	864	1078
	ICFMIR	9	0	9	9	9	155	0	155	155	155	164
	BI	6	0	6	6	6	102	0	102	101	102	108
	Q3 Totals											
Q3 Totals	IDW	305	20	325	321	325	2947	9	2956	2950	2956	3281
	ICFMIR	31	0	31	31	31	592	0	592	592	592	623
	BI	30	7	37	37	37	313	1	314	309	314	351
	Q3 Totals											

RFP Reference:

- 6.1.3.4.1
- 6.1.3.4.3

Interfaces:

N/A

Attachments:

N/A

MED - Long Term Care Intermediate Care Facility for Intellectually Disabled Level of Care Certification Disruption of Business Plan

Purpose: To provide business procedures in the event of disruption in electronic capabilities

Identification of Roles:

Review Coordinator (RC) –reviews information presented by LOC requests and documents case information and criteria in word format.

Project Assistant (PA) – receives LOC request, enters on spreadsheet, routes to the appropriate RC and sends notices to providers as needed. All activities will be noted on the manual-tracking log

Manager – provides management support regarding business disruption procedures

Performance Standards:

Performance standards are not identified for this procedure.

Path of Business Procedure:

In the event that the procedures outlined above are disrupted due to power outages that impact normal systems operations for longer than two hours the following paper procedures will apply.

Step 1: The RC will receive review request by telephone and will log calls capturing the following information:

1. Date received
2. Member name
3. Member State ID
4. Caller name

Step 2: The RC will document review information following the Targeted Case Management Comprehensive Form (470-4694)

Step 3: The RC will enter review information in MQUIDS when systems are restored.

Step 4: The RC will document compliance with criteria by paper copies of criteria.

MED - Long Term Care Intellectual Disability Waiver Appeal Process

Purpose: A Medicaid member who disagrees with a Medicaid decision regarding Medicaid services has the right to appeal within 30 days of the date of the notice of decision letter by contacting the local DHS office, by writing a letter to DHS Appeals Section or by filing on line at http://www.dhs.state.ia.us/dhs/appeals/appeal_decision.html. The notice of decision (NOD) letter contains instruction on how to request an appeal. Medical Services provides testimony for assigned appeal hearings.

Performance Standards:

Performance standards are not identified for this procedure.

Path of Business Procedure:

Refer to appeals section from the policy support policy and procedure. The Policy support policy and procedure is located at IME universal/operational procedures/medical services/Policy Support.doc.

Forms/Reports:

The screenshot shows an email interface with a header for the Iowa Department of Human Services. The email is addressed to the Division of Administrative Hearings and is from Catharine J. Havel, CLNC, in the Division of Medical Services. The subject is an appeal summary for a member. The body of the email explains that an appeal was filed for a request for Home and Community Based Intellectual Disability Waiver Services, which was not approved due to the member not having a mental retardation diagnosis as required by Iowa Administrative Code (IAC) 441-83.61(1). It includes a summary of the review, stating that the department maintains the original decision was correct. The email concludes with a thank you and contact information for Catharine J. Havel. Enclosures listed include a psychological evaluation, DSM-IV mental retardation definition, reviewer credentials, and other exhibits. The footer contains the address of the Iowa Medicaid Enterprise and fields for member name and appeal number.

RFP Reference:

6.2.6.2

Interfaces:

N/A

Attachments:

N/A

**MED - Long Term Care Intellectual Disability Waiver Review Coordinator
Peer-to-Peer Internal Quality Control**

Purpose: Internal quality control (IQC) is a peer-to-peer review process completed on a percentage of LOC reviews from the previous month.

Identification of Roles:

Manager or designee - Coordinates IQC and IQC reporting, determines percentage of reviews for IQC, reviews for inconsistencies.

Lead Review Coordinator- Assigns selected reviews for IQC process, enters results into spreadsheet, takes concerns or inconsistencies to manager and completes IQC.

Performance Standards:

- Performance standards are not identified for this procedure.

Path of Business Procedure:

Step 1: By the fifth business day of the month the Lead Review Coordinator will manually select random internal quality control (IQC) reviews and assign to quality improvement coordinator to complete IQC.

Step 2: The Lead Review Coordinator takes a percentage of the reviews completed in the prior fiscal year and determines the monthly number of reviews that will have an IQC review.

Step 3: The Lead Review Coordinator will manually select a percentage of completed reviews based on the number of LOC reviews completed in the previous fiscal year, divided out to be reviewed monthly.

Step 4: Using a random sample selection method the Lead Review Coordinator will pull reviews from the monthly waiver performance report.

Step 5: The manager will determine by program the number of reviews; admission reviews and SSR reviews.

Step 6: The Lead Review Coordinator will pull a pre-determined number of reviews monthly.

Step 7: After the sample group is identified the Lead Review Coordinator will distribute the list to the RC to complete an IQC review.

Step 8: The RC will complete the IQC review.

Step 9: The Lead Review Coordinator completes the IQC review by entering the data on to the Excel spreadsheet

Step 10: The Lead Review Coordinator will notify the manager that the IQC process has been completed and the spreadsheet is available for review on the share drive.

Step 11: The Lead Review Coordinator will review spreadsheet and forward appropriate feedback to each RC insuring that corrections are made in a timely manner and provide education training or other remediation as needed.

Step 12: The manager will review the spreadsheet and compile a quarterly outcome report to be included in Medical Services' quarterly report and submitted to the DHS on the IME Universal drive \\Dhsime\IMEUNIVERSAL\Quarterly Progress Reports\FY XX\XQFYXX\ Medical Services

Step 13: In the IQC outcome report, the manager will list:

- a. Cases reviewed
- b. SSR possible points
- c. Received points
- d. > 95% agreement
- e. Peer resolution
- f. Manager resolution

Forms/Reports:

IQC Quarterly Report

IQC	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Year to Date
Waiver Programs					
Cases Reviewed					
Possible Points					
Received Points					
> 95% agreement					
Peer resolution					
Manager resolution					
Acute and Outpatient Retrospective					
Cases Reviewed					
Possible Points					
Received Points					
> 95% agreement					
Peer resolution					
Manager resolution					
Prior Authorization					
Cases Reviewed					
Possible Points					
Received Points					
> 95% agreement					
Peer resolution					
Manager resolution					

RFP Reference:

6.2.6.2

Interfaces:

N/A

Attachments:

N/A

Med - Long Term Care Intellectual Disability Waiver Quality Assurance Desk Review

Purpose: To complete a desk review of a specified sample of a Medicaid member's interdisciplinary team records, and address the following desired outcomes:

- Service plan addresses the member's assessed health risks;
- Service plan has intervention(s) to address assessed safety risks;
- Service plan addresses the member's needs;
- Service plan contains a plan for emergencies and supports available to the member in the event of an emergency;
- Service plan addresses the member's personal goals;
- Service plan contains signature of member or guardian;
- Service plan names all of the member's providers;
- Service plan lists the funding source for all services listed on the plan; and
- Service plan lists the amount of services to be received by the member.

Identification of Roles:

Review Coordinator (RC) – will complete a quality assurance interdisciplinary review of all information received.

Program Specialist – will manage the ongoing functions of database.

Project Assistant – will support the RC with duties including database support, mail merge, stuffing letters, taking letters to mailroom for stuffing, printing of letters and final tools.

Manager – will monitor database, all staff, process, process data, review outcomes, coach staff and answer questions.

Performance Standards:

Performance standards are not identified for this procedure.

Path of Business Procedure:

Step 1: The list of members' interdisciplinary team records to be reviewed each month will be submitted to the OnBase staff.

Step 2: The CM and/or SW and specific provider(s) will be sent a letter requesting information using names and addresses from ISIS.

Step 3: The RA will mail second request letter to those TCM, CM, or SW provider(s) who have not submitted information within 15 business days.

- a. Medical records and/or documentation received at IME facility from providers at the front desk, through a fax or the mailroom will be electronically scanned and forwarded to the RC upon arrival.

Step 4: Compact discs of information will be forwarded to the RA to batch together and import into OnBase and then forwarded to the RC.

Step 5: The RC will not begin the quality review until all providers who have been requested to submit information submit the requested records.

Forms/Reports:

First and Second Request letter

[REQUEST_NUMBER] REQUEST

[Worker_Name]
[Worker_Addr]
[Worker_City], [Worker_State] [Worker_Zip]

RE: [Member_Name] SID# [State_ID]

The Iowa Medicaid Enterprise (IME) Medical Services Unit conducts quality reviews of waiver provider records under contract with the Iowa Department of Human Services. The purpose is to perform a comprehensive quality review of all services received by randomly selected Medicaid members.

Do not send original documents. Please submit copies of [Member_Name_2] records for the dates of [Begin_Date] through [End_Date], including:

- Waiver assessment tool
- Comprehensive assessment
- Service plan
- Crisis plan
- Safety plan
- CDAC agreement
- Contact records
- Documentation regarding referrals and follow-up
- Documentation supporting identified level of care
- Incident reports
- Goals and outcome documentation

Iowa Department of Human Services
Iowa Medicaid Enterprise (IME)
Medical Services Unit

Use this request as your face sheet to better process your information. This information should be received by IME within fifteen (15) business days from date of this request. Documentation should not include paper clips, staples or highlighting. Information should be faxed or mailed to:

Iowa Medicaid Enterprise
[Unit_Name]
P.O. Box 36478
Des Moines, IA 50315
Fax number [Fax_Number]

Information can also be submitted on compact disc (CD) in PDF format **only**. Your cooperation in submitting the member's record for review is mandated by the Department of Human Services. [Contact_Info]
[Already_Sent]

Iowa Medicaid Enterprise
Medical Services

cc: [Worker_Supervisor]

Reference #: [Reference]

A copy of this letter must be included as the first page of your documentation.

Interfaces:

ISIS
OnBase
MQUIDS

RFP Reference:

N/A

Attachments:

N/A

Med - Long Term Care Intellectual Disability Waiver Quality Assurance Review Completion

Purpose: To review services received by members and to ensure services are delivered as required by the interdisciplinary treatment plan.

Identification of Roles:

Review Coordinator (RC) – will complete the quality review.

Project Assistant (PA) – compiles quality review letters and tools.

Performance Standards:

Performance standards are not identified for this procedure.

Path of Business Procedure:

Step 1: The RC will utilize the member’s record to complete the identified measures located in the quality assurance (QA) tool.

Step 2: The RC will review all of the records submitted by the providers as an interdisciplinary team review.

Step 3: The RC will complete one tool and the same tool will be submitted to all the providers who submitted records.

Step 4: The RC will review the records to answer each quality component in the waiver quality tool.

Step 5: The RC records information as specified on the waiver QA form in OnBase,

Step 6: Staff will record met or not met on the OnBase QA tool.

Quality Assurance Tools

Step 7: The outcome of the quality assurance review will be included in a follow-up letter with quality tools attached and mailed to the CM and/or SW and provider(s) within 30 calendar days by the project assistant.

Step 8: If a provider does not supply documentation for a review then the provider will receive a follow-up letter.

Forms/Reports:

Final Letter- Case Manager

«Date»

«WorkerName»

«wrk_Address1»

«wrk_Address2»

«wrk_City», «wrk_State» «wrk_Zip»

RE: «FirstName» «LastName» - «StateID»

Dear HCBS Provider:

The Iowa Medicaid Enterprise (IME) Medical Services Unit conducts a review of HCBS provider records under contract with the Iowa Department of Human Services on an annual basis. The purpose is to perform a quality review of services received by the Medicaid member.

- Enclosed is a detailed report of the quality review completed for «FirstName» «LastName».
- Unable to complete a review as no records were submitted to IME.

The interdisciplinary team providers included in this review were:

Case Manager: «WorkerName»
 «Prov2»
 «Prov3»
 «Prov4»
 «Prov5»
 «Prov6»
 «Prov7»
 «Prov8»
 «Prov9»

Your cooperation in providing records was greatly appreciated. If you have questions, please contact «Coordinator» at («AC») «Prefix»-«Ext». Our office can be reached at 1-800-383-1173 or locally at (515) 256-4623.

Iowa Medicaid Enterprise
Medical Services

cc: «CMSup»
 Provider(s)

Enclosure

Final Letter Provider

DATE

«prv_Name»
«Provider_Address1»
«Provider_Address2»
«Provider_City», «Provider_State» «Provider_Zip»

RE: «FirstName» «LastName» - «StateID»

Dear Waiver Provider:

The Iowa Medicaid Enterprise (IME) Medical Services Unit conducts a review of IDW provider records under contract with the Iowa Department of Human Services. The purpose is to perform a quality review of services received by the Medicaid member. You have received this letter and a copy of the review because you are a provider listed on the quality review. The review is completed on the “team” of providers and one review is shared with the participating providers. Enclosed is the review completed for the member mentioned above.

If you have questions, please contact Lori Helton at 1-800-383-1173 or locally at (515) 974-3028, extension XXXX.

Enclosure

Final Letter- No documentation received

Date

HCBS Provider
Address
City, State, Zip

RE: Medicaid Member/SID#

Dear ^:

The Iowa Medicaid Enterprise (IME) Medical Services Unit conducts a review of IDW provider records under contract with the Iowa Department of Human Services on an annual basis. The purpose is to perform a quality review of services received by the Medicaid member.

- Enclosed is a detailed report of the quality review completed for (Member's name).
- Unable to complete a review as no records were submitted to IME.

If you have questions regarding this letter, you may contact our office at 1-800-383-1173 or locally at 515-256-4623, ext. _____.

Iowa Medicaid Enterprise
Medical Services

cc: CM Supervisor Name

Enclosures

MED - Long Term Care Intellectual Disability Waiver Quality Assurance Review Reporting

Purpose: To complete and submit reports to DHS on a quarterly basis.

Identification of Roles:

Program Specialist - Assembles data and positions data into report format.

Manager - Reviews reports and saves to IME share drive.

Performance Standards:

Performance standards are not identified for this procedure.

Path of Business Procedure:

Step 1: The program specialist will utilize OnBase and run queries to extract data.

Step 2: The program specialist will place data into approved report formats and submit to the manager on monthly basis after all reviews are complete.

Step 3: The manager will review reports and submit to DHS on a quarterly basis.

RFP Reference:

6.2.6.2

Interfaces:

DHS

Attachments:

N/A

Forms/Reports:

N/A

MED - Long Term Care Intellectual Disability Waiver Level of Care Certification Review Reports

Purpose: The reports will detail compliance with utilization review standards and include all results of performance standards and program activities.

Identification of Roles:

Project Assistant (PA) - assists manager in database management, providing query data, developing report formats, assist with monthly, quarterly, and annual reports.

Review Coordinator (RC) – completes inspection and compiles results of member and facility review.

Manager - prepares monthly program activity reports, quarterly performance standard reports, and aggregate facility reports.

Director - assists with report development, scorecard algorithm, and proof reports prior to posting.

Path of Business Procedure:

Step 1: The manager will access ISIS management reports and clinical data documented in MQUIDS to report the following to the DHS policy staff monthly:

- a. IQC Outcome Reports
- b. Timeliness Report

Step 2: The manager will prepare an annual report comparing assessment activity from one fiscal year to the next.

Step 3: The manager will compile quarterly reports and other ad hoc reports as requested

Forms/Reports:

N/A

RFP Reference:

N/A

Interfaces:

DHS
ISIS
OnBase
MQUIDS

MED - Long Term Care Intellectual Disability Waiver Disruption of Business Plan

Purpose: To provide procedures for the continuation of business in the event of inability to utilize electronic programming.

Identification of Roles:

Review Coordinator (RC) – responds to level of care requests. All activities will be noted on the manual-tracking log

Project Assistant – receives level of care request, enters on spreadsheet, routes to the appropriate review coordinator and sends notices to providers as needed. All activities will be noted on the manual-tracking log

Manager – provides training and oversight in the field, tracks performance standards, produces reports for medical services and conducts internal quality control for review decisions.

Path of Business Procedure:

Step 1: The RC will receive review request by telephone and will log calls capturing the following information:

1. Date received
2. Member name
3. Member State ID
4. Caller name

Step 2: The RC will document review information following the comprehensive functional assessment.

Step 3: The RC will enter review information in ISIS and MQUIDS when systems are restored.

Step 4: The RC will document compliance with criteria by paper copies of criteria.

Interfaces:

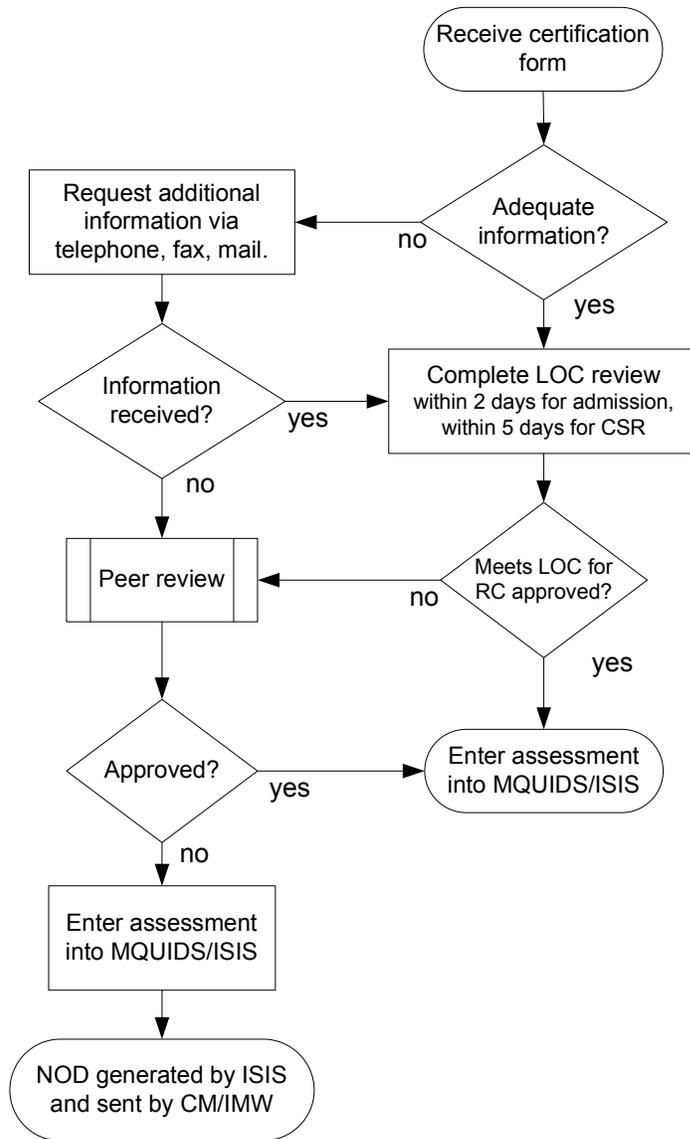
ISIS
OnBase
MQUIDS

RFP Reference:

N/A

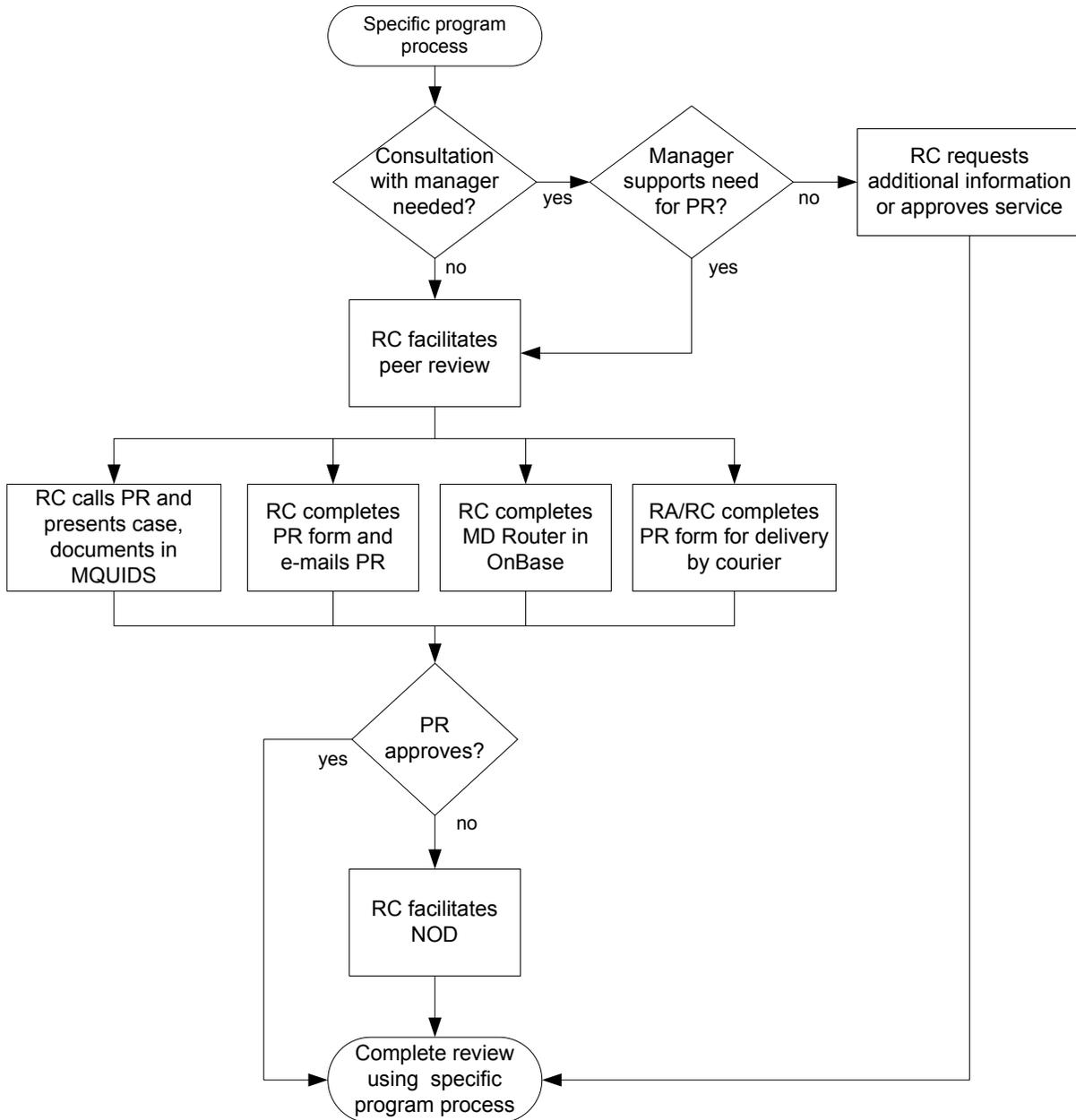
Attachment A:

Intellectual Disabilities Waiver Assessments



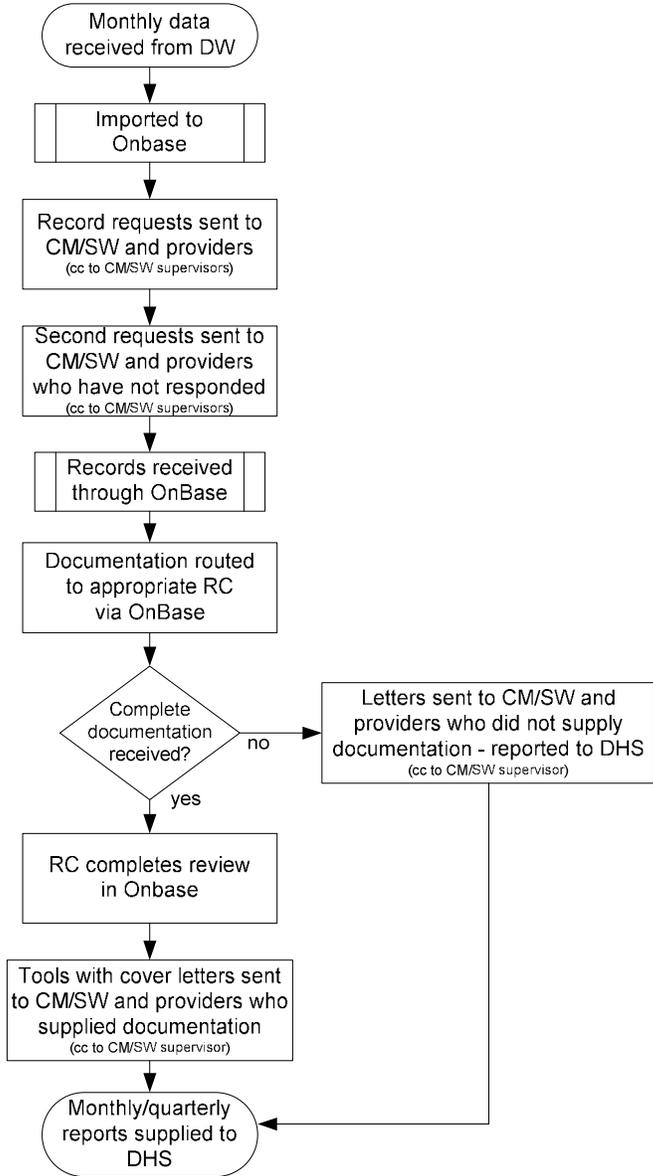
Attachment B:

Peer Review



Attachment C:

Waiver QA



Attachment D:

ADMINISTRATIVE LAW JUDGE APPEALS

