



**SENIOR & LONG TERM CARE DIVISION  
COMMUNITY SERVICES BUREAU**

**COMMUNITY FIRST CHOICE  
Policy Manual**

**Section: ADMINISTRATIVE REQUIREMENTS**

**Subject: Quality Assurance Review  
Worksheet**

*Reference: 37.40.1022 and 37.40.1131*

**PURPOSE**

The Quality Assurance Review (QAR) worksheet is used to evaluate the QAR standards outlined in the Agency Based (AB) Community First Choice/Personal Assistance Service (CFC/PAS) QAR policy 608.

**COMPONENTS**

The Community Services Bureau's (CSB) QAR process includes the review of 13 standards broken into two components. The two components are:

1. Verification of the provider agency's annual Quality Assurance Report, which includes a review of first nine standards; and
2. Member chart review; which includes a review of three standards.

**NOTE:** Standard 13, Plan Facilitator Oversight, is currently evaluated by the Community Services Bureau central office and is not included in the AB CFC/PAS QAR worksheet.

**QAR WORKSHEET**

The AB CFC/PAS QAR Worksheet is provided on pages 2-9.

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**STANDARD 1– INTERNAL CHART REVIEW SAMPLE:**

Agency provides written explanation for how members in the Internal Chart Review (SLTC-252) sample was determined:

Yes No Explanation of a sampling process includes a process that is randomized. The process may be stratified random sample.

Standard Reviewed: Yes  No  Standard Met: Yes  No

**STANDARD 2: PROVIDER AGENCY MEMBER CHART VERIFIES INTAKE FINDINGS:**

Intake for each member evaluated during the period of time July-December on the provider's Internal Quality Assurance Review (SLTC-252) met the reporting requirements:

Yes No Member's file contains a PCP Form that was completed with the intake. If no, did the agency report this on their Internal Chart Review findings?

NOTE: If a case manager was the Plan Facilitator the PCP Form may have been completed within 10 working days of the member intake to CFC/PAS.  
PCP Form Date: \_\_\_\_\_

Yes No Member's file contains a Service Plan that was completed on the intake date with member and agency Nurse Supervisor signature. If no, did the agency report this on their Internal Chart Review findings?  
Service Plan Date: \_\_\_\_\_

Yes No If the member was high risk the agency completed a High Risk Service Plan that has the member and Nurse Supervisor signatures. If no, did the agency report this on their Internal Chart Review findings?  
N/A High Risk Service Plan Date: \_\_\_\_\_

Yes No If the member was high risk the agency indicated high risk on the Referral Form. If no, did the agency report this on their Internal Chart Review findings?  
N/A Referral Form Date: \_\_\_\_\_

Standard Reviewed: Yes  No  Standard Met: Yes  No

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**STANDARD 3: PROVIDER AGENCY MEMBER CHART VERIFIES RECERTIFICATION STANDARD:**

Recertification Form (SLTC-210) for each member evaluated during the period of time July-December on the provider’s Internal Quality Assurance Review (SLTC-252) met the reporting requirements:

Yes No Member’s file contains a Recertification Form that is completed with the member and nurse signatures. If no, did the agency report this on their Internal Chart Review findings?

Yes No Authorized units listed on the Recertification Form correspond to the Service Plan (SLTC-170) that was current or completed on the date of the Recertification visit. If no, did the agency report this on their Internal Chart Review findings?  
 Authorized units on Service Plan: \_\_\_\_\_  
 Authorized units on Recertification Form: \_\_\_\_\_

Yes No Recertification Form completed within six month of the previous Recertification Form or Intake. If no, did the agency report this on their Internal Chart Review findings?  
 Date of prior Recertification Visit (or intake): \_\_\_\_\_

Standard Reviewed: Yes  No  Standard Met: Yes  No

**STANDARD 4: PROVIDER AGENCY MEMBER CHART VERIFIES ANNUAL STANDARD:**

Annual visit for each member evaluated during the period of time July-December on the provider’s Internal Quality Assurance Review (SLTC-252) met the reporting requirements:

NOTE: If the annual visit didn’t occur between July-December mark “N/A” for the standard.

Yes No Member’s file contains a PCP Form (SLTC-200) with the Nurse Supervisor, Plan Facilitator and member signatures. If no, did the agency report this on their Internal Chart Review findings?

NOTE: If the member is on case management the member may not be the person who signs the Form. If someone else signed the Form for the member that is acceptable. However, there must be a signature on the member line.

Yes No Member’s file contain a Service Plan that is signed and dated by the member, Nurse Supervisor and Plan Facilitator. If no, did the agency report this on their Internal Chart Review findings?

Standard Reviewed: Yes  No  N/A  Standard Met: Yes  No

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**STANDARD 5: PROVIDER AGENCY MEMBER CHART VERIFIES PERSON CENTERED PLANNING STANDARD:**

PCP Form (SLTC-200) completed during intake/annual on the provider’s Internal Quality Assurance Review (STLC-252) met the reporting requirements:

NOTE: If a case manager was the Plan Facilitator, mark the N/A box at the end of the standard

1. For intake members:

Yes No PCP Form contains initials for the intake questions. If no, did the agency report this on their Internal Chart Review findings?

2. For recertification members:

Yes No PCP Form includes the member/PR and Nurse Supervisor signature. If no, did the agency report this on their Internal Chart Review findings?

Standard Reviewed: Yes  No  N/A

Standard Met: Yes  No

**STANDARD 6: PROVIDER AGENCY MEMBER CHART VERIFIES HEALTH AND SAFETY:**

Service Plan(s) (SLTC-170) that were active on the provider’s Internal Quality Assurance Review (STLC-252) met the reporting requirements.

NOTE: A Service Plan is active based on the date it was completed and signed by the Nurse Supervisor. It is considered active for 12 months from that date or until a new Service Plan is completed.

Active Service Plans during July-December:

Service Plan Date: \_\_\_\_\_ Type: Intake /Annual/ Amendment /TA/High Risk/Other  
 Service Plan Date: \_\_\_\_\_ Type: Intake /Annual/ Amendment /TA/High Risk/Other  
 Service Plan Date: \_\_\_\_\_ Type: Intake /Annual/ Amendment /TA/High Risk/Other  
 Service Plan Date: \_\_\_\_\_ Type: Intake /Annual/ Amendment /TA/High Risk/Other

Yes No Activities of Daily Living (ADL) tasks and frequency marked on the Service Plan(s). If the answer is “no”, did the agency report this on their Internal Chart Review findings?

Yes No If there was a Temporary Authorization completed between July-December? If there were none, mark “N/A”. If yes, did every temporary authorization include the following?  
 N/A

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- Box marked indicating type of change
- Start and end date
- Total time in units of change
- Description of change to task

If any of Temporary Authorization did not meet the above criteria, did the agency report this on their Internal Chart Review findings?

Temporary Authorization Date(s): \_\_\_\_\_

Yes    No    Review all MPQH Service Profile amendments from July-December.  
 N/A    Was a new Service Plan was completed within 10 working days of receiving the amendment profile from MPQH (use the fax date from MPQH, not the date the amendment was completed to determine the 10 working days). If no, did the agency report this on their Internal Chart Review findings?  
 MPQH Amendment Fax Date(s): \_\_\_\_\_    Service Plan Date(s): \_\_\_\_\_

Standard Reviewed:      Yes  No                       Standard Met:      Yes  No

**STANDARD 7 – NURSE SUPERVISOR STAFF:**

Agency provides documentation that all Nurse Supervisor staff meets the minimum criteria for one year in agency/disability service:

Yes    No    The agency provides documentation of one year experience in aging or disability services for every Nurse Supervisor? If no, did the agency report this on their Internal Chart Review findings?

NOTE:      If the staff was hired prior to April 2015 the staff may be grandfathered without the one year of experience.

Standard Reviewed:      Yes  No                       Standard Met:      Yes  No

**STANDARD 8 – PLAN FACILITATOR STAFF:**

Agency provides verification that the Plan Facilitators meet the minimum staff requirements:

Yes    No    The agency provides documentation of PCP certification for every Plan Facilitator? If no, did the agency report this on their Internal Chart Review findings?

Standard Reviewed:      Yes  No                       Standard Met:      Yes  No

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**STANDARD 9 – PCA TRAINING:**

All PCA are trained or receive a waiver of training:

- For each of the PCAs reported on the provider’s Quality Assurance Report Provider Prepared Standards (SLTC-253) who received 16-hours of training:

Yes    No    PCA file verifies the worker received the 16-hour training by the date indicated on the report.

Yes    No    PCA file verifies the worker was certified by the date indicated on the report.

- For each of the PCAs who received a waiver of training:

Yes    No    PCA file verifies the worker received a waiver of training by the date indicated on the report.

Yes    No    PCA file verifies the worker was evaluated for competency by the date indicated on the report.

Yes    No    Waiver of Training documentation meets the criteria for Waiver of Training outlined in CFC/PAS 706:

Documented training through another Medicaid enrolled CFC/PAS agency or related training program such as home health aide or certified nurse’s aide; or

Documented one year experience as a trained PCA in a community based program, such as a licensed developmental disabilities group home or assisted living. Experience in the self-directed program does not qualify.

Standard Reviewed:      Yes  No

Standard Met:      Yes  No

**STANDARD 10- SERVICES DELIVERED ACCORDING TO SERVICE AUTHORIZATION:**

A review of Service Delivery Records (SDR) for an eight week time period verifies service delivery to service authorization.

Date span of SDR review: \_\_\_\_\_ - \_\_\_\_\_  
 MPQH Service Profile Authorization bi-weekly units/hrs.: \_\_\_\_\_  
 MPQH Service Profile Authorization bi-weekly ADL units/hrs.: \_\_\_\_\_  
 MPQH Service Profile Authorization IADL units/hrs.: \_\_\_\_\_  
 Service Plan Schedule Authorization bi-weekly units/hrs.: \_\_\_\_\_

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Yes No Total bi-weekly units delivered on SDRs correspond to Service Plan Schedule  
Bi-weekly units delivered (on average) \_\_\_\_\_

NOTE: If authorized time is not the same as the time delivered there is documentation to explain the discrepancy (i.e., escort marked and documented to a Medicaid provider and/or SDR comments or progress notes explain increased or decreased time)

Yes No Time claimed for shopping and community integration does not exceed the total  
N/A amount authorized on the Service Plan Schedule for IADL for a two week period.  
Shopping and Community Integration units: \_\_\_\_\_

Yes No The ADL tasks on the Service Plan Schedule are delivered according to  
authorized frequency each week and/or each day. The key to this indicator is to look  
for patterns that persist for at least one month in length without correction.

Standard Reviewed: Yes  No  Standard Met: Yes  No

**STANDARD 11(A-C) –SERVICES BILLED WITH SUPPORTING DOCUMENTATION:**

Appropriate documentation (SDR, mileage Forms etc.) is on file to bill Medicaid.

**STANDARD 11 A: SERVICE AUTHORIZED AND BILLED WITH SUPPORTING DOCUMENTATION**

Yes No Service Plan is authorized: Refer to the MPQH profile (SLTC-155) and Service Plan  
(SLTC-170) for the time period that corresponds to billing and confirm that the  
services billed do not exceed the time authorized by MPQH. If time is billed beyond  
the MPQH authorization documentation must explain the discrepancy.  
Documentation would include SDR notes (short-term) or a Temporary Authorization  
(28 days or less).

MPQH Service Auth: \_\_\_\_\_  
Service Plan Schedule Auth: \_\_\_\_\_

Yes No Total units billed to Medicaid correspond to the appropriate record set.

- o Total units billed to PAS/CFC ADL/IADL (T1019) are supported by SDR
- o Total units billed to Medical Escort (T2001) are supported by SDR
- o Total units billed to Shopping/Community (S5126) are supported by SDR
- o Total units billed to Mileage (A0080) are supported by mileage Form

Standard 11(a) Reviewed: Yes  No  Standard Met: Yes  No

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**STANDARD 11 B: PAS/CFC ADL AND ESCORT RECORDS COMPLETE**

Yes No Units billed to CFC/PAS (T1019) are supported with a SDR that includes the following:

- Name and signature of worker (or electronic verification)
- Name and signature of member/PR (or electronic verification)
- Date for each day of service
- Time in and out for each day of service (unless live-in caregiver is marked);
- Tasks that were performed each day
- Record (SDR) signed and dated by the member and worker and the date the document was signed cannot be earlier than the date services were delivered

Yes No Units billed to escort (T2001) are supported with documentation that includes the following:  
N/A

- Name of medical provider
- Location of medical provider (town or address)
- Appointment is Medicaid payable
- If it is out of the community confirm that it is the nearest provider
- Total time for the appointment is documented
- Medical escort is authorized on the member's MPQH Service Profile or Temporary Authorization

Standard 11(b) Reviewed: Yes  No  Standard Met: Yes  No

**STANDARD 11 C: SHOPPING/COMMUNITY INTEGRATION/MILEAGE RECORDS COMPLETE**

Yes No Units billed to shopping/community integration (S5126) are supported with documentation that includes the following:  
N/A

- Name of store or activity and location
- Service is authorized on the member's Service Plan
- Total time for the appointment is documented (i.e. 2 hours)

Yes No Units billed to shopping/community integration mileage (A0080) are supported with documentation that includes the following:  
N/A

- Name of store or activity and location
- Last three digits of odometer reading
- Corresponding attendant time that was claimed for the ENTIRE trip (i.e. if member lives in Missoula and trip was to Polson the attendant time was two hours; which would be the minimum necessary to get member to and from Polson and assist with the activity)



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Yes    No    Units billed to medical transportation mileage (A0080) are supported with  
N/A                    documentation that includes the following:

- Name of doctor and location
- Last three digits of odometer reading
- Mileage is less than 16 miles round trip for the month for the member

Standard 11(c) Reviewed: Yes  No  N/A                     Standard Met:            Yes  No

**STANDARD 12- SERVICECS BILLED WITH CORRECT CODES AND RATES:**

Proper procedure codes and rates are used to bill Medicaid.

Yes    No    Agency used correct procedure code and modifier to bill services (as identified in  
review of Standard 11)

- T1019 for activities of daily living
- T2001 for medical escort
- S5125 for shopping and community integration
- A0080 for mileage

Yes    No    Rates used to bill Medicaid correspond to the applicable fee schedule for the date  
the service was delivered.

Standard Reviewed:            Yes  No                     Standard Met:            Yes  No