

**SECTION**  
PROGRAM DESCRIPTION

**SUBJECT**  
Quality Assurance Process

“Quality in health care means doing the right thing, at the right time, in the right way, for the right person and having the best possible results,”  
Agency for Health Care Quality and Research.

Department staff will perform announced quality assurance reviews on an annual basis. The purposes of the reviews are to insure that optimal services are being provided to individuals, program rules and policies are being followed, and to utilize results to improve the program.

**QUALITY ASSURANCE REVIEWS**

PERSONAL ASSISTANCE —Refer to PAS 912 for further information

HOME & COMMUNITY BASED SERVICES—Refer to SDMI HCBS 608 for further information

**HOME HEALTH**

The Mental Health Services Bureau reserves the right to conduct random sample reviews of home health services. The Department contracts with the Mountain Pacific Quality Health for the review of home health services. This review is designed to determine compliance with program rules and policies. The process consists of record reviews, interviews with recipients and/or providers, and peer review if determined necessary.

**OTHER MONITORING ACTIVITIES**

The Department's Surveillance and Utilization Review (SURS) section may request records as needed to investigate complaints or review provider utilization patterns. In addition, the Centers for Medicare and Medicaid Services (CMS) also conduct assessments to determine compliance with statutory regulations.

