



Senior & Long Term Care Division Community Services Bureau

Community First Choice/Personal Assistance Program Self-Direct Policy Manual

Title: SD-CFC/PAS 611
Section: Administrative Requirements
Subject: Quality Assurance Communication
Reference: ARMs 37.40.1023, 37.40.1132
Supersedes: New Policy

DEFINITION

A Quality Assurance Communication (QAC) is a method of communicating and tracking policy compliance and noncompliance with Big Sky Waiver (BSW) Case Management Team and Community First Choice/Personal Assistance Service (CFC/PAS) providers. It is also a means for recording the Provider’s corrective action plan and remediation.

Within this policy, “Provider” refers to both the BSW Case Management Team and CFC/PAS Service Provider. Community Service Bureau (CSB) refers to the CSB staff, employed by the Department of Public Health and Human Services, who oversee BSW and CFC/PAS program operation.

PURPOSE

The purpose of a QAC is to concisely and objectively communicate information to a Provider regarding compliance with program policy and for Providers to document and communicate their remediation strategies to correct policy issues.

CRITERIA

QACs are issued when an issue of non-compliance with policy is identified during a Quality Assurance Review (QAR) or outside of a QAR or when a positive practice has been identified. A QAC will be issued related to one of three performance criteria:

1. Performance-QAR: A QAC that is submitted during a QAR will be associated with the specific QAR Performance Standards.
2. Performance-Policy: A QAC that is submitted when Department staff become aware of an issue of non-compliance with policy outside of a QAR will be associated

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with a specific policy section. The QAC will list the policy which is the most relevant to the issue. If the issue involves noncompliance with more than one policy, additional policies will be listed in the QAC text.

3. Positive: A QAC is submitted when Department staff identify a Provider's performances that is above and beyond program requirements.

PROCESS

When a CSB staff identifies performance criteria that warrants a QAC, the CSB staff will enter the QAC in the Quality Assurance Management System (QAMS).

1. Performance-QAR QAC: Issued within ten working days following the QAR exit conference.
2. Performance-Policy QAC and Positive QAC: Issued within ten working days of receiving notification of the reportable circumstance. In some circumstances, the 10-day timeline may be extended to request and verify information prior to QAC submission (i.e. review of claims data, service delivery records, etc.).
3. The Provider will receive an email notification generated through the QAMS database when the QAC has been submitted. The QAC due date will be listed in the QAC. The Provider must respond to the QAC(s) by the due date. Typically, the due date is 30 days from the date the QAC is issued.

CONTENT

A QAC is part of the BSW and CFC/PAS programs' quality assurance process. A QAC is used to document, report, and remediate Provider compliance issues, identify and report on quality assurance measures, and identify and address member health and safety issues. The QAC is a record that may be used as evidence in various circumstances, including quality assurance

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reviews, administrative reviews, fair hearings, and program compliance reviews and/or audits.

A QAC must identify specific facts that relate to an area of noncompliance and reference the standard, policy, and/or ARM that applies to the area of noncompliance. Positive QACs must identify specific facts that demonstrate exceptional performance by the Provider.

The standardized language of a QAC generally includes:

1. Who identified the area of non-compliance and who it was reported to;
2. The area of noncompliance, along with when, how and why the information was provided;
3. A detailed summary of the issue that specifically describes the area of noncompliance with a QAR standard, policy or ARM;
4. Facts about the issue of noncompliance; including specific date(s) or date spans when the Provider was noncompliant;
5. Program and/or services that were affected by the area of noncompliance;
6. Recommendations and/or requirements for remediation of the issue;
7. Information on recoverable paid claims and/or services that may not be billed, if applicable; and
8. A date the response from the Provider is required to be completed.

QAC RESULT

There are three possible QAC results identified in the QAC: Remediation Plan, Recovery, or Best Practices. The QAC Result identifies the required follow-up the Provider must document in the Provider Response section of the QAC. See the Provider Response section of this policy for more details. In the case of a Recovery

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QAC, the CSB staff will issue an overpayment notice when they submit the QAC.

**PROVIDER
RESPONSE**

There are two sections in the QAC that require a Provider's written response: QAC Cause and QAC Action.

1. **QAC Cause:** The QAC cause is used to identify the reason(s) the QAC issue(s) occurred. It is important for the Provider to identify specific reason(s) that include who, what, when, and why. If the QAC is a Positive QAC, the Provider is required to make a simple comment regarding the issue in the QAC Cause box.
2. **QAC Action:** The Provider requirements for completing the QAC Action section depend on the QAC Result that is listed in the QAC.
 - a. When the QAC Result is a Remediation Plan or Recovery the response from the Provider must include a remediation plan to address the cause of the issue, as identified in the QAC Cause section. A Provider's written response must contain the elements of a SMART goal; which specifically addresses the identified cause. A SMART goal includes:
 - S- Identification of a **specific** goal to achieve;
 - M- Include criteria in the goal that is **measurable**;
 - A- **Action** specific and attainable/achievable;
 - R- **Relevant** to the member, program, and/or issue identified; and
 - T- **Timeframe** for achieving the goal and/or objective.
 - b. When the QAC Result is a Recovery the Provider is required to document two action responses. The first action response is the Remediation Plan, outlined

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above (2.a). The second action response is to provide a written statement of how the Provider will address the recovery. The Provider must select from one of three possible statements to address the recovery:

- i. Issue a repayment check;
- ii. Complete a claims adjustment; or
- iii. Request an administrative review.

The Provider must complete the recovery action identified in the QAC by the QAC due date.

- c. When the QAC Result is Best Practice the written response is at the discretion of the Provider, however due to the functionality of QAMS, the Provider must provide a written comment.

CLOSURE

There are three types of QAC closure: Resolved, Follow-up QAC and Cancelled.

- 1. Resolved: In general, a QAC is closed resolved when the provider responds to all of the issues in the QAC according to the QAC policy. The RPO will close a QAC resolved when the following is documented:
 - a. Remediation Plan QAC: CSB staff determines that the Provider has responded to the QAC and included an applicable QAC Cause and relevant QAC Action(s) that include at least one remediation plan that meets the five criteria of a SMART goal.
 - b. Repayment QAC: CSB staff determines the following:
 - i. The Provider has responded to the QAC and included an applicable QAC Cause and relevant QAC Action(s) that includes at least one remediation plan that meets the five criteria of a SMART goal and;
 - ii. The Provider agency has provided a written statement to address the recovery; and

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- iii. The CSB staff can verify that that recovery action has occurred.
 1. If the Provider agency elects to issue a repayment check, the CSB staff will confirm the check has been received.
 2. If the provider agency elects to complete a claims adjustment, the CSB staff will confirm the claims adjustment has been submitted to Conduent;
 3. If the provider agency selects to request an administrative review, the CSB staff will confirm that the program manager has received a written request.
2. Follow-up QAC: If the Provider fails to develop a remediation plan that is applicable to the issue of non-compliance and/or does not meet the five criteria for a SMART goal, or requests an administrative review, the CSB staff will issue a second QAC, identified as a Follow-up QAC.
 - a. If the Provider submits a satisfactory remediation plan as a result of the Follow-up QAC, the CSB staff will close the QAC Resolved.
 - b. If the Provider does not submit a satisfactory remediation plan in the Follow-up QAC, the CSB staff will close the QAC Unresolved and note in CSB Comments that the provider has “Failed to Respond to QAC issue after two attempts”. Upon indicating this closure, the CSB staff will work with the CSB Program Manager to identify a corrective action plan, as outlined in the Failure to Respond section below.
3. Cancelled: If the Provider responds to the QAC and submits documentation to demonstrate that the Provider was in compliance with the policy issue(s) identified in the QAC, the CSB staff will review the documentation and decide whether the documentation is sufficient to address all of the issues in the QAC. If the documentation verifies that there was no

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policy infraction related to the QAC, the RPO will cancel the QAC.

FAILURE TO RESPOND

The CSB staff will determine appropriate follow-up when a Provider fails to submit a written response to a QAC based on the QAC Result. Failure of the Provider to respond to and comply with the corrective action letter may result in possible sanctions.

1. Remediation: If a Provider fails to respond to the initial QAC by the due date, the CSB staff will issue a reminder email with a five-day notice. If the Provider fails to respond to the QAC within five days from the reminder email notice, or fails to submit an acceptable remediation plan in response to a follow-up QAC, the CSB staff will issue a written notice; which will include a timeline and imposition of one more of the applicable corrective action steps:
 - a. Mandatory training;
 - b. Mandatory submission and CSB staff review of Provider prepared standards or internal chart review;
 - c. QIP to address the issue (BSW only);
 - d. Site visit;
 - e. Targeted chart review;
 - f. Quality assurance review;
 - g. Additional corrective action as it relates to the policy infraction; and/or
 - h. Notice letter for future withholding of paid claims pending the payment of the recovery identified in the QAC (when applicable).

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2. Recovery: If a Provider fails to respond to the initial QAC by the due date or the provider fails to complete the recovery action that they identified in the QAC by the QAC due date, the CSB staff will issue a five-day written notice. If the provider does not complete one of three recovery actions by the fifth day from the notice, the CSB staff will initiate the repayment by withholding the recoverable amount from future claims payments.