



SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

Section: FORMS

**Subject: Internal Quality Assurance Review
Summary (SLTC-250)**

PURPOSE

The purpose of the provider agency Internal Quality Assurance Review Summary (SLTC-250) is to capture information about a provider agency's internal quality assurance review. Internal reviews are one component of provider agency quality assurance reporting. Refer to CFC/PAS 610.

The provider agency's Internal Quality Assurance Review Summary compiles the information from the Intake and Recertification Review Sample Worksheets. Refer to CFC/PAS 926 and 927.

INTERNAL QUALITY ASSURANCE REVIEW (SLTC-250)

Once the provider agency has conducted the internal chart review for the required sample size the provider agency must enter the results from both the intake and recertification internal chart reviews on the Internal Quality Assurance Review Summary Form (SLTC-250).

1. December Total Caseload: In the space provided indicate the total number of Medicaid CFC/PAS members who were served by the provider agency in the month of December.
2. ➤ Intake Total: In the space provided indicate the total number of intakes from July 1- December 31. Intakes should include all admits; including high risk, regular admits, re-admits, switch in agency and change in option.
3. Intake Review Sample: In the space provided indicate the total number of member charts included in the Intake Review Sample.
4. Refer to the Intake Internal Review Worksheets (SLTC-246) and Recertification Review Worksheets (STLC-247) and indicate the following:
 - a. Total: Add the total charts that are met and total number of

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charts that are unmet to get the total number of charts reviewed for each criteria;

- b. N/A: Total number of charts where the criteria was not applicable;
 - c. Number (#) Met: Total number of charts where the criteria was met;
 - d. Number (#) Unmet: Total number of charts where the criteria was not met; and
 - e. Percent (%): Total number of charts met divided by the total number of charts.
5. December Caseload minus Intakes: Subtract the total number of intakes during July 1-December 31 from the total December caseload and report it in the space provided.
 6. Recertification Review Sample: In the space provided indicate the total number of member charts included in the Recertification Review Sample.
 7. Missing Recertification Visit: If a member in the sample does not have a recertification visit from July 1-December 31, the provider agency must list the member name in the space provided. If the member has been discharged, the discharge date must be listed on the form. If the member was not discharged, the provider agency must report the member on the Provider Prepared Standards in the Agency Action Plan (Standard 9) and document the agency's action plan to resolve the issue.

NOTE: If the agency did not conduct an in-person visit with the member by the end of the sixth month from the previous recertification visit or intake visit, the agency must complete a repayment. The documentation for the repayment must be included in the agency SMART goals.
 8. Name of Person Completing Form: Indicate the name of the person who completed the form.
 9. Date Form Completed: Indicate the date the form was completed.