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2300 PROGRAM OVERSIGHT

2301 Overview

This chapter provides a description of Quality Management and Oversight that includes internal oversight, oversight by external entities and Division oversight findings. All entities with oversight responsibilities have some degree of responsibility for Quality Management.

2302 Quality Management

The purpose of Quality Management is to monitor and assure the quality of all care and services provided to individuals through a coordinated, comprehensive, and continuous effort. The goals of Quality Management include:

- A. Ensuring services are available, accessible, timely, safe, supportive, and appropriate.
- B. Providing ongoing, objective, and systematic measurement, analysis, and trending to facilitate performance improvement efforts.
- C. Oversight for determining quality, efficiency and effectiveness of service delivery.

Division employees are responsible for internal oversight of the following Quality Management activities: ensuring providers are compliant with requirements of external entities; providing oversight of Support Coordination; providing oversight of the Division's contracted Health Plans, and oversight of a variety of services, and settings such as:

- A. Assisted living facilities
- B. Individual's home (not contracted with the Division)
- C. Day programs (adult and child)
- D. Employment programs
- E. Nursing facilities

- F. Provider's home
- G. Residential settings (group homes, Intermediate Care Facility for Persons with an Intellectual Disability (ICF/ID), developmental homes, etc.)

The following links provide additional information regarding program oversight:

[42 CFR 438.66](#)

[A.R.S. §36-550, A.R.S. §36-595 et seq.](#)

[A.A.C. R6-6; A.A.C R9-28](#)

[AHCCCS Policy and Procedure Manual](#)

[A.A.C. R9-33](#)

[Arizona Department of Health Services](#)

[A.A.C. R6-18](#)

[Arizona Department of Economic Security \(DES\), Office of Licensing, Certification and Regulation \(OLCR\)](#)

2303 Internal Oversight

2303.1 Monitoring

The Division's program and contract monitoring activities provide oversight of services around a set of minimum expectations as documented in statute, rule, and contract. The Division's Program Monitors review all residential settings as required for programmatic and contractual compliance as well as compliance with licensing and certification requirements. Additional monitoring of services may occur depending on Division requirements.

2303.2 Continued Stay Reviews

Continued Stay Reviews ensure the appropriateness and necessity of an ICF/ID level of care through reviews of health and programmatic records. The review also assesses the quality of care and assists in discharge planning.

Quality Management staff must review each individual within six (6) months of admission and at least every six (6) months thereafter. Reviewers evaluate the physician's certificate of need for care, medical evaluations, the plan of care and the facility's Utilization Control Plan in relation to the individual's community integration and placement in the least restrictive environment.

2303.3 Program Operations and Business Operations

Prior to receiving a contract, Division staff will ensure applicants have completed all the necessary steps, and qualify as a provider for the Division. Division employees at the District and Central Office are required to provide oversight of contracted providers to ensure contract compliance.

2303.4 Support Coordination

Support Coordination serves as the first level of oversight to ensure Division funded settings and services are meeting the individual's needs. This oversight can take place during a review and/or annual planning meeting and includes an assessment of the placement and/or provider's ability to meet the individual's needs. On-site reviews shall be conducted while the individual is present.

Support Coordination is responsible for reporting any concerns regarding the setting or the provider's ability to meet individual's needs using the incident reporting system. See [Chapter 2100](#) for further details.

Support Coordination is also responsible for ensuring the implementation of the ALTCS program as described in the AHCCCS Medical Policy Manual. This includes oversight of all services in all settings.

2303.5 Health Care Services

Health Care Services serves as the first level of oversight to ensure contracted health plans comply with their contract.

In addition to the reviews completed by the Support Coordinator, Health Care Services nurses complete utilization/concurrent reviews to ensure

individuals are receiving the appropriate level of nursing care. This oversight can be provided in all settings.

2303.6 **ALTCS Administrator/Specialists**

The ALTCS Administrator oversees the entire ALTCS program including oversight of the ALTCS Specialists/designees who audit case files to monitor support coordination compliance with the ALTCS program.

The Division monitors implementation of the Arizona Long Term Care System (ALTCS) and Targeted Support Coordination (TSC) programs through the use of specific audit tools. Data gathered is analyzed to identify Support Coordination system issues and corrective action plans are developed as appropriate.

ALTCS

- A. An ALTCS audit monitors completion of timely planning meetings by a review of case files. Documentation in the case file must establish the following:
 - 1. The member's presence and participation with support as needed in the development of the planning document.
 - 2. The meeting occurred at the member's home unless documentation indicates the member/responsible person has chosen an alternate location.ⁱ
 - 3. An acceptable reason when the planning meeting occurs after the due date.

- B. The *ALTCS On-Site and Timeliness Audit* are used to monitor timeliness of planning meetings. To achieve timeliness, a planning meeting must have occurred:

1. Within the required interval based on a comparison of the date of the most current and the previous review (prior timeliness); and,
2. On the date of the audit, all planning meetings must be current. (Current timeliness).

The Division completes this audit on 100% of the ALTCS cases for 10% of Support Coordinators per District, each quarter. Of the cases audited, 90% must demonstrate timely planning meetings for both current and prior timeliness. In addition, each District must meet the 90% requirement for cases audited in that District each quarter.

- C. The *Support Coordinator ALTCS Audit* is used to monitor the Division's compliance with its policies and procedures and the AHCCCS Medical Policy Manual (AMPM.) Quarterly, the District must complete a minimum of two *Support Coordinator ALTCS* audits for every Support Coordinator position allocated, including vacant positions. For each audit question, 90% of the responses must demonstrate compliance. In addition, each District must meet the 90% compliance requirement for each audit question.

TSC

- A. The TSC audits monitor completion of a timely planning meeting through a review of documentation contained in a member's file. Documentation must establish the following:
1. The planning meeting was held at the frequency requested by the member/responsible person using the contact type requested; and,
 2. An acceptable reason if the planning meeting occurred after the due date.

- B. The Targeted Timeliness Audit is used to monitor completion of a timely planning meeting through a review of documentation contained in a member's file. Documentation must establish the following:
1. At least annually, the type and frequency of contact chosen.
 2. When the member receives a service that has a "mandated minimum review cycle" requirement, the chosen contact type and frequency do not exceed the "mandated minimum review cycle."
 3. The planning meeting is within requested/required intervals based on a comparison of the date of the most current and the previous review (prior timeliness).
 4. The most current planning meeting is within the required interval when compared to the date of the audit (current timeliness).

The Division completes audits on 100% of the Targeted cases for 10% of Support Coordinators per District, each quarter. Of the cases audited, 90% must demonstrate timely planning meetings for both current and prior timeliness. In addition, each District must meet the 90% requirement for cases audited in that District each quarter.

- C. The Targeted Support Coordination Audit is used to monitor the Division's compliance with its policies and procedures and the AHCCCS Medical Policy Manual (AMPM). Quarterly, each District completes audits on 10% of their Targeted Support Coordination cases. For each audit question, 90% of the responses must demonstrate compliance. In addition, each District must meet the 90% compliance requirement for each audit question.

2303.7 **Other**

Additional Division employees are responsible for oversight activities such as tracking, trending and reporting issues related to Quality Management.

Additional oversight of Support Coordination occurs at the District and Central Office level.

2304 External Oversight

2304.1 **Licensing/Certification**

For settings that require licensing and/or certification, the entities that provide the license and/or certification also have oversight responsibilities. Entities responsible for oversight include:

- A. U.S. Department of Labor
- B. Arizona Department of Health Services (DHS)
- C. Arizona DHS, Division of Behavioral Health Services (DBHS)
- D. Arizona DHS, Division of Licensing Services, Office of Long-Term Care Licensing
- E. Arizona Department of Economic Security (DES), Office of Licensing, Certification and Regulation (OLCR)

2304.2 **Arizona Health Care Cost Containment System (AHCCCS)**

AHCCCS, as the Single State Medicaid agency, has the authority to inspect Arizona Long Term Care System (ALTCS) funded settings at any time. The purpose of AHCCCS oversight is to ensure compliance with the standards set forth in the AHCCCS Medical Policy Manual (AMPM). The Division, as an ALTCS program contractor, is required to ensure that all ALTCS eligible individuals are receiving services as medically needed. This process typically involves review of support coordination functions as they relate to the Planning Document. AHCCCS may or may not actually visit the site during the review.

2304.3 **Advocacy**

Advocacy agencies have the authority to review residential settings in the community at reasonable times. This authority was granted because of the Arizona Training Program Coolidge lawsuit (*Griswold vs. Riley*) and is noted in Arizona Revised Statutes. This includes the Developmental Disabilities Advisory Council.

2304.4 **Financial Audit**

All agencies with a contract are subject to the programmatic and fiscal monitoring requirements of the Department to ensure accountability of the delivery of all goods and services. Specific requirements are delineated in the provider's contract.

2305 Division Oversight Findings

When deficiencies are identified, the scope and severity of the deficiencies as well as the oversight activity, will determine the next steps. At a minimum, the Division may request a Corrective Action Plan from the Provider.

ⁱ At least one ISP/review must occur in the individual's home every twelve months.