

6004-B INTERNAL OVERSIGHT

REVISION DATE: 8/30/2013

EFFECTIVE DATE: July 31, 1993

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.

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.

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.

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 Arizona Long Term Care System (ALTCS) program as described in the Arizona Health Care Cost Containment System (AHCCCS) Medical Policy Manual. This includes oversight of all services in all settings.

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.

Arizona Long Term Care System 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 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.

Arizona Long Term Care System

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

Targeted Support Coordination

- 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.

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.