

Quality Team

O-1 Quality assurance measures

The HCBS/PD waiver Quality Team consists of CSS staff and a representative from each area Medicaid office. The team meets quarterly to assess the information gathered from the AMM staff case file reviews and determine if there are any trends or issues that need to be addressed. Along with AMM staff case reviews, the quality assurance mechanisms include the following:

- a. Independent audits of the PD waiver will look at cost-effectiveness, the quality of services, and service access. The Surveillance and Utilization Review Unit of the fiscal agent completes the audits of both consumers and providers.
- b. Provider agreement enhancements and contract monitoring activities.
- c. The Prior Authorization Sub-system and automated Plans of Care which ensure more accurate authorization and payment of HCBS services.
- d. An HCBS data base for tracking HCBS data collected from the QA initiative listed above.
- e. The AMM staff perform annual LTC Services Threshold Determinations required by the waiver.