

Quality Assurance & Case Review

J-1 Quality Assurance & HSST Case Review

Beginning October 1, 2004, a 100% quality review of each recipient of HCBS/TBI waiver services will be conducted annually by the SRS Performance Improvement Consultant (PIC). The quality review includes a review of the TCM's relevant case file information, as well as an interview with the consumer and a completion of a Quality Review Document by the PIC. Before making the in-home consumer visit, the PIC staff member will contact the TBI-TCM and request case file information. The case file information may be provided to the PIC via regular mail, or the PIC may choose to visit the staff at their office and review the information in person.

The CSS Quality Enhancement (QE) Program Manager receives the information collected by the PIC and analyses trends in the data, and provides quarterly reports based on this information to CMS and the TBI Steering Committee. The QE Program Manager is responsible for the creation of the Quality Review Document which is developed and modified (if necessary) in accordance with CMS review protocol expectations.

A copy of the HCBS/TBI Quality Review Document can be found in the Section Q. of this manual.

J-2 Surveillance, Utilization, and Review

The Surveillance & Utilization Review System* (SURS) unit of the state's contracted fiscal agent conducts reviews of providers and their billing patterns as well as supporting documentation. If there is a concern regarding a provider, a review of a provider can be requested by SRS/HCP/CSS, or the fiscal agent may receive a referral from other sources. The SURS unit will then review reimbursement and documentation and make any recommendations for recoupment of funds if reimbursement was requested and made in error. For example, recoupments may be made if there is no documentation to support the service or if the service provided did not meet the definition of that service (among other reasons). The SURS unit may also recommend referral to the appropriate licencing agency if necessary. Most reviews are "desk top" reviews, but can also be done on-site if SRS/HCP/CSS feels that there is a need for a more intensive review.

**SURS is also known under newer federal terminology as "Fraud & Abuse Detection System (FADS)."*

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J-3 Administrative Review Team

The rehabilitative progress of individuals receiving services through the HCBS/TBI waiver is reviewed after they have been receiving TBI waiver services for four years. The TBI waiver is a transitional waiver and is not intended for permanent, long-term care services. The Administrative Review Team (a sub-committee of the TBI Steering Committee) periodically reviews information provided by the TCM to determine if the individual receiving services is still progressing, and thus meeting the expectation of the individual ultimately transitioning off the waiver.

The TCM, when notified of the case review, will provide the Administrative Review Team with a completed Case Progress Review Form (see Section Q. Of this manual). The individual and the case management agency are assigned code numbers as to avoid any bias or breach of confidentiality. The TBI Program Manager is the only one privy to this specific information. Previous and current Transition Plans are also required as part of the review process.

After the case review is completed, the TCM will be advised of the Administrative Review Team determination. If documented progress is occurring, the review is complete. However, the individual will continue to be reviewed on an annual basis during their tenure on the TBI waiver. If the Administrative Review Team determine's that the individual is no longer benefitting from TBI waiver services, a target date for closing the individual's case or transitioning them to another waiver (if appropriate) will be given.

If the TCM disagrees with the Administrative Review Team's determination, they may submit a letter with a transition plan explaining why the person should continue to receive TBI waiver services and how they are working to transition the person off. This would then be given to the Administrative Review Team for reconsideration.

The individual receiving services always has the right to file a timely appeal regarding termination of services with the Office of Administrative Hearings as is delineated in their Rights & Responsibilities. More information on the Fair Hearing process can be found in Section L of this manual.