Quality Assurance and Improvement – Financial Services Monitoring

Chapter 23B describes the Quality Assurance process reviews that are mandated by the Health Care Authority (HCA). This chapter includes sampling methodology, timeframes, and requirements from the staff.

Ask the Expert

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FINANCIAL SERVICES MONITORING

Financial Quality Assurance Unit Monitoring QA Process Review

- A statistically valid sample is pulled statewide based on the combined number of completed financial applications and reviews that were processed by the state in an annual timeframe.
- The 12-month QA Monitoring Schedule is available on the QA intranet site. If dates or number of reviews change from original release at the beginning of the monitoring year, which is distributed in a MB, the updated information can be found on the QA intranet site;
- An Entrance Informational email is sent at the start of a QA process review period.
- Monitoring occurs at headquarters.
- After completion of initial process review, Office of Assistant Secretary (OAS) QA staff will send out Proficiency with Details and Cases Require Action Reports.
- An Exit Conference is conducted at the end of the statewide QA process review via MS TEAMS.
- The state has 30 calendar days to make required corrections.
- OAS QA staff conducts a 30-day review to document remediation.
- Issues identified in the 30-day QA process review as not fully remediated must be corrected within 30 calendar days for the 60-day QA Review.
- OAS QA staff conduct a 60-day review and document remediation.
- Questions below the expected proficiency level will need to be addressed in the state's Proficiency Improvement Plan (PIP).
- QA Unit Manager completes the statewide Final Report which is a summary of all QA Unit findings for the annual process review for the state.

Sampling

- A statistically valid sample will be used for the state.
- The number of QA reviews being completed will be based on the combined number of applications and reviews that were processed for the state.

Sampling example:

- 292 applications + 1,427 reviews in Month Y for Quarter X = 1,719
- 1,719 applications/reviews x 12 months = 20,628
- Statistically valid sample for Quarter X = 378

This sampling process would be repeated for each quarter.

Monitoring Schedule

A QA monitoring schedule will be distributed by MB prior to the annual monitoring cycle. The schedule will include the following activities:

1. Each Quarter's QA process review cycle and timelines (initial, 30-day and 60-day Reviews)
2. Exit Conference date
3. Final Report due date

Entrance Information

The Entrance Informational email is sent prior to monitoring each regional area and provides information about:

1. The monitoring processes
    a. Expectations
    b. Philosophy
    c. Changes to the QA process review, tool or questions from the previous year
2. Monitoring
    a. Schedule
    b. QA questions
3. Quarterly Reports
4. Exit Conference
5. 30-day Response QA questions
6. Remediation
7. Non-Concur Request Process
8. Proficiency Improvement Plan (PIP)

Exit Conferences upon Completion of a Process Review

1. Exit Conference is optional. The QA unit will ask the Deputy Administrator for the Statewide Eligibility and Service Delivery team if there will be a QA Exit Conference at the end of the statewide process review year. If a QA Exit Conference is requested, the conference will be conducted through MS Teams by the QA Leads and the QA Unit Manager with the following staff who may be attending via MS Teams or phone:
    a. HQ staff, including the Chief of Field Operations, Chief of LTSS Financial Eligibility & Policy, and
    b. All statewide management and Public Benefit Specialist.

2. The OAS QA Unit presents the following in power point format:
    a. What QA reviewed.
    b. QA questions that met or exceeded proficiency.
    c. QA questions that did not meet expected proficiency.
    d. Why proficiency was not met.
    e. Remediation, Non-Concur Request, PIP process, and
    f. 30-day due dates.

30-Day and 60-Day Reviews

Full remediation is required on **all** QA findings at the individual level that do not meet 100% proficiency.

1. All QA findings that require remediation must be completed within 30 calendar days. Remediation documentation completed by the field is analyzed by the OAS QA staff at the 30-day review.

2. Any outstanding QA findings after the 30-day review are identified on the "Cases Requiring Action" report and remediation are expected to be completed by the 60-day due date. OAS QA staff are available to the State to offer assistance on any outstanding issues.

3. Remediation documentation completed by the field will be analyzed by the OAS QA staff at the 60-day review.

4. All QA findings that are still outstanding after the 60-day review will be reviewed with the Social & Health Program Manager (SHPM) or Statewide Representative who will be expected to have the QA finding fully remediated. The SHPM or Statewide Representative will need to inform the Deputy Administrator of the Statewide Eligibility and Service Delivery unit when the finding is fully remediated so that final analysis can be completed.

5. Remediation completed after the 60-day due date will be documented as to why the remediation was not made within the time frame allotted and how much time past the due date remediation occurred. Remediation time frames will be included in the Statewide Final Report.

6. All issues that cannot be resolved will be forwarded to the Executive Management team for action.

NON-CONCUR REQUEST COMMITTEE

The intent of the Non-Concur Committee is to interpret policy, make decisions on non-concur requests, and make recommendations if policy is not clear.

1. The Non-Concur Committee consists of the following members:
    a. Chief of LTSS Financial Eligibility & Policy.
    b. Financial QA Program Manager.
    c. Members of the LTSS Financial Eligibility & Policy Unit; and
    d. The QA Statewide contact representing the field.

2. Non-Concur Committee Process
    a. Prior to submitting a non-concur request the SHPM/field representative would need to determine if the finding in question has been previously heard by the Non-Concur Committee and thus a precedent-setting decision was made.
    b. For non-concur requests that may be taken to the Non-Concur Committee, the office documents the requested change in the Review Cycle Notes (RCN), using "QA Non-Concur" drop down. The HCLA QA staff will review the requests.
    c. The OAS QA staff review the issue and make corrections if a process review error has been made. Consultation with the LTSS Financial Eligibility & Policy Unit may occur if needed for clarification.
    d. The OAS QA staff review prior decisions by the Non-Concur Committee. If the issue is the same, the OAS QA staff will make the change based on the Non-Concur Committee's prior decision. These issues are not forwarded to the committee.
    e. Issues not corrected by the OAS QA staff, or which have not had a previous decision, are forwarded to the Non-Concur Committee and documented in the SharePoint database.
    f. The OAS QA staff sets up the non-Concur meetings with at least a one-week advanced notice of the meeting date according to the QA calendar. The meeting notice will include a write-up of the Non-Concur Request. OAS QA staff invites the appropriate HQ staff to the meetings.
    g. The Non-Concur Committee:

i. Reviews the non-concur request documentation.
ii. Hears the field QA contact's analysis.
iii. Hears the OAS QA staff's analysis; and
iv. Makes a final decision based on policy

h. If a decision cannot be made within the Non-Concur Committee, the QA Unit Manager will have it addressed at the Executive Management level whose decision is final.
i. If the Non-Concur Request is approved, the OAS QA staff will change the "no" to a "yes" or "N/A". If the change is not approved, the field QA contact will ensure the corrections are made. The OAS QA staff documents the decision in the RCN.
j. The QA Unit Manager documents the decision in the SharePoint database.
k. If changes to policy are recommended, the Chief of LTSS Financial Eligibility & Policy will identify who will be responsible for follow-up and response to, or completion of, the recommended policy change.
l. At the end of the review cycle, the QA Unit Manager, and the Chief of LTSS Financial Eligibility & Policy review the Non-Concur Requests for possible impact on the next review cycle.

FINAL STATEWIDE REPORT

1. After completion of the statewide process review, the OAS QA staff prepares the "Statewide Final Report." The Statewide Final Report will include:
   a. This year's results compared to last year's results.
   b. The expected proficiency and the proficiency achieved.
   c. For any questions that did not meet 100% proficiency, the report will show the "no responses" and how often those responses were chosen.

PROFICIENCY IMPROVEMENT PLAN (PIP) FOR FINANCIAL SERVICES MONITORING

A PIP outlines a plan for addressing items that do not meet proficiency. The proficiency threshold will be specified in the QA Exit Conference.

1. State action is required for PIP development (based on initial findings). A State PIP is not required for the current QA process review cycle:
   a. When proficiency is reached on all QA questions.

b. When HCS HQ is conducting the PIP on a QA question that does not meet statewide proficiency.

2. The State will use the PIP template provided for all questions below the expected proficiency level.

3. HQ will identify items that need to be addressed at a statewide level and develop a PIP, if necessary. Information about the HQ PIP status will be maintained on the QA intranet site.

4. The PIP is due to the LTSS Financial Eligibility and Policy Office Chief within 30 calendar days from the date the Final Report summary was emailed.

5. HQ Review and Approval
   a. When the PIP is received, the LTSS Financial Eligibility and Policy Office Chief, members of the Financial Policy unit, and possible members of the field will jointly review the plan.
   b. The LTSS Financial Eligibility and Policy Office Chief will sign the approved PIP, and a copy will be forwarded to the Financial QA unit to be placed on the QA Intranet site.

PUBLIC BENEFIT SPECIALIST SUPERVISOR MONITORING

The Financial QA process reviews completed by Supervisors in the Regional HCS offices are very important because they ensure that we are following Financial Eligibility Requirements and that quality work is being completed by field staff. Public Benefit Specialist Supervisor QA process reviews help identify training, staff performance and policy issues. Financial QA process reviews completed by Supervisors are mandated to be completed in the QA Monitor Tool only.

Public Benefit Specialist Supervisors have the following quality assurance and improvement responsibilities:

1. Monitoring Results – Supervisors will use the "Reviewed Cases with Questions Requiring Action" report to ensure that corrections identified by the QA Unit have been completed.

2. Supervisor QA Monitoring – Supervisors must inform their staff of the QA monitoring process and expectations. Supervisors monitor that their staff are:
   a. Correctly determining benefits that are issued.
   b. Processing all case actions in a timely manner.
   c. Following department policies and procedures.

d. Required verifications are received and/or documented.

3. Supervisory Monitoring of New and Experienced staff:
    a. New Public Benefit Specialists (PBS) staff and experienced PBS new to long-term care (LTC) eligibility:
        i. After an initial mentoring period when the PBS is assisted with case actions as they occur, 25%-100% of all case actions will be reviewed based on their learning level until the new worker demonstrates the ability to accurately determine financial eligibility.
    b. Experienced staff (processed Applications and/or Reviews):
        i. Experienced staff is defined as staff that are authorized to process applications and/or eligibility reviews issuing a Medicaid benefit.
        ii. Three (3) full case reviews per worker(s) per year when the worker(s) have completed at least 3 full case actions in a calendar year.
        iii. Use of the QA Monitor tool is required, and QA process reviews completed in the QA Monitor Tool will count toward the annual Supervisory reviews of three per year, per worker.

QA TOOL AND WORKER ADMINISTATOR RIGHTS

The QA tool is used by multiple division within HCLA. Because of information that is now placed into the QA monitoring tool, the QA monitoring tool must follow category 4 security requirements. The new requirements are:

1. All users of the QA monitoring tool must log into the tool every six months or lose access to the tool.
2. There will be a limited number of field staff who will have the security group “worker administrator” in the QA monitoring tool. Those with “worker administrator” rights will have the ability to:
    a. Add new staff.
    b. Inactivate staff.
    c. Reactivate staff.
    d. Reset user password.

The field will submit a list of staff members that will need “worker administrator” rights. The QA Unit Manager or QA IT team will grant “worker administrator” rights to those individuals. The field is responsible for sending the QA unit an updated list if changes to security rights are needed.

The QA IT unit will periodically run a report indicating those who have "worker administrator" rights. If anyone has these rights and the individual is not on the list provided by the field, the QA Unit Manager will remove "worker administrator" rights from those individuals.

AUTHORITY FOR POLICIES AND PROCEDURES

Section 1915 (10)(H)(i): Quality assurance. The State ensures that the provision of Home and Community-Based Services meets Federal and State guidelines for quality assurance.

RCW 74.39A.051 (2): DSHS requires an LTC care QI system that focuses on consumer satisfaction and positive outcomes for consumers.

RCW 74.39A.090(5)(a) The department shall assess the degree and quality of the case management performed by the contracted area agency on aging staff or federally recognized Indian tribe for elderly and persons with disabilities in the community.

REVISION HISTORY

DATE	MADE BY	CHANGE(S)	MB #
12/11/2025	Bill McBride	Revision and updated formatting	