

Quality Management Review (QMR) Local System Monitoring Tool

The purpose of the QMR is to assure quality and appropriateness of services, assure that services were billed correctly, and to identify the need for technical assistance and/or additional review.

Documentation is reviewed to determine whether:

- The practitioners who provided the service were qualified
- The children receiving the service were eligible for the service
- A signed, dated IFSP was in place
- The IFSP was certified by a physician, physician's assistant or nurse practitioner
- Intervention sessions
 - Were based on assessment findings and outcomes
 - were provided according to the IFSP (individual or group, length of session, frequency, location of services)
 - addressed IFSP goals
 - included active participation of the parent or other caregiver
 - included information from the family about what occurred between sessions
 - provided information for families about incorporating strategies into routines and activities between sessions
- The ASP, Initial/Annual IFSPs, IFSP Reviews and assessments after the initial ASP include the required elements, including who participated, and the length of activity
- Services were billed correctly
 - TPL procedures were followed
 - The correct code was billed
 - The correct number of minutes was billed
 - The correct date was billed

The QMR review will identify:

- 1) *monies paid for services that do not meet DMAS and Part C requirements, and will therefore have to be retracted, and*
- 2) *areas requiring technical assistance and/or further review in order to ensure Part C requirements are met and/or to enhance the quality of services offered within evidence-based practices adopted by VA's EI system.*

Family Cost Share and Third Party Liability		
	Y/N	Comments
Is there a completed, signed, dated Family Cost Share Agreement?		
If the review period included an Annual IFSP, was a new FCS Agreement completed?		
Was the FCS Agreement updated if there was a change in the family's financial situation (including addition or loss of third party coverage, including Medicaid)?		
Does the child have other third party coverage in addition to Medicaid/FAMIS?		
If yes, was the other third party payor billed?		
If the other third party payor was not billed, was there a "Notice to DMAS: Family Declining to Bill Private Insurance" letter, OR was the service one that is not covered by other third party payors?		
Eligibility		
	Y/N	Comments
Is there documentation that confirms that the child was determined eligible for early Intervention during or within the previous 12 months of the review period?		
ASP		
All items are required for reimbursement of ASP. Asterisked items are required for reimbursement of subsequent EI Services.	Y/N	Comments
Is child's name on the ASP report (section of IFSP)?*		
Does the report document use of a comprehensive assessment tool?*		
Does the Report include child strengths and needs?*		
Does the report include the child's current levels of functioning in all developmental areas?*		
Is the date of the ASP listed and does it match the date billed?		
Did two disciplines participate in the ASP?		
Are the names of providers who participated in the IFSP documented?		
Is there documentation of the amount of time spent by each provider who participated and billed for the ASP?		
Does the amount of time documented match the amount of time billed?		
Was the correct billing code used?		
Initial or Annual IFSP		
All items are required for reimbursement of the IFSP meeting. Asterisked items are required for reimbursement of subsequent EI Services.	Y/N	Comments
Are the child's first and last name documented?*		
Does the IFSP included documentation of assessment results?*		
Does the IFSP include service coordination Outcomes?*		
Does the IFSP include child outcomes?*		
Does Section V (entitled services) include all required items?*		
Is there a dated parent signature on the IFSP?*		

Is there documentation of the length of the IFSP meeting?		
Is there documentation of how much time each provider who billed was present during the IFSP?		
Was the correct billing code used?		
IFSP Reviews		
All items are required for reimbursement of the IFSP meeting. Asterisked items are required for reimbursement of subsequent EI Services.	Y/N	Comments
Is child's name on IFSP Review form?*		
Is the date of the Review listed?*		
Is parent signature and date on the IFSP Review page?*		
Is the reason for the Review documented?		
Is the meeting discussion documented?		
Are team decisions documented including projected date for any changes?		
Are the participants listed?		
Are changes in services reflected on page 6 of the IFSP?		
Does the documented review date match the date listed on the claim?		
Is there documentation of the length of the IFSP Review meeting?		
Is there documentation of how much time each provider who billed was present during the IFSP Review meeting?		
Was the correct billing code used?		
Physician Certification		
	Y/N	Comments
Is there a physician certification for the services on the IFSP including changes in services as a result of an IFSP Review?		
Is there a new physician certification for services listed on the Annual IFSP (regardless of whether they have changed from the prior IFSP)?		
Is the physician certification signed within 30 days of first intervention session (for each service if more than one) ?		
Additional DMAS QMR Requirements		
	Y/N	Comments
Is there Documentation on IFSP Addendum Page signed by the Parent/Guardian verifying Choice of Provider? (Initially and each time a service is added). Does the Addendum Page include the name of the practitioner(s) and contact information?		
Did the number of intervention sessions provided match what was on the IFSP?		
If number of sessions was more or less, is there documentation explaining why?		
Was Notice of Action provided (If applicable: reduction or discontinuation of services)?		
Is there documentation of CPS complaints or reports?		
Is there documentation of risk assessments?		

Targeted Case Management

All requirements must be met in order to be reimbursed for each TCM claim.	Y/N	Comments
Is there a signed IFSP with service coordination outcomes OR an Initial Early Intervention Service Coordination Plan in place?		
Is there documentation that service coordinator observed child during the month of the initial or annual IFSP?		
Is there documentation of (at least) every three month family contacts?		
Is there documentation that the health status indicator information was requested every six months?		
Was there documentation of an "allowable" (billable) TCM activity for the month billed?		

Intervention Sessions

Review Elements	Y/N									
Service Dates										
Is the child's first & last name documented?										
Is the type of service (PT, Developmental Services, etc.) documented?										
Was the service provided in location specified in IFSP? If not, is there appropriate explanation?										
Is the length of the session documented?										
Is parent/caregiver presence/participation documented?										
Is what the family/caregiver did during session documented?										
Is it clear that the session was face to face?										
Is there a narrative describing what the provider did during the session, and is it in alignment with the assessment and IFSP outcomes?										
Is the practitioner's signature on the note (at least initials & Last Name)?										
Is what the child did during the session documented?										
Is there documentation of input from caregiver about what child has done in relation to outcomes/goals between sessions?										
Is there documentation of discussion of strategies to implement between sessions?										
Does the service length documented on the note match the length listed on the IFSP – and if not, is there an appropriate explanation?										
Does the service length documented match the number of units reimbursed?										