



**HUMAN SERVICES**  
DEPARTMENT

Susana Martinez, Governor  
Brent Earnest, Secretary  
Nancy Smith-Leslie, Director

**DEPARTMENTAL MEMORANDUM**

**MAD-MR: 18-01**

**DATE: 2/19/2018**

**TO:** INCOME SUPPORT DIVISION AND MEDICAL ASSISTANCE DIVISION  
**FROM:** *Nf* NANCY SMITH-LESLIE, DIRECTOR, MEDICAL ASSISTANCE DIVISION  
**THROUGH:** Tallie Tolen, Bureau Chief, Long-Term Services and Supports Bureau (LTSSB)  
**BY:** Darlene Velasquez, LTSSB, Agency Based Community Benefit (ABCB) Provider Enrollment  
**SUBJECT:** ABCB Provider Enrollment Form

**GENERAL INFORMATION**

The Agency Based Community Benefit Program (ABCB) Provider Enrollment Form CC 07 Quality Improvement Assurance has been revised and a MAD number assigned to it. This form previously had a COLTS Waiver number. This form is part of the enrollment packet for providers to apply to provide ABCB services and is currently on our website.

**FILING INSTRUCTIONS**

Please make the following replacements in the Medical Assistance Eligibility Manual:

DELETE Form: CC 07 Quality Improvement Assurance  
INSERT Form: MAD 741 Quality Improvement Assurance

Please address any questions concerning these guidelines to Darlene Velasquez at @ (505)827-6297 or email: [darlene.velasquez@state.nm.us](mailto:darlene.velasquez@state.nm.us).

Attachments

Agency Name \_\_\_\_\_

## **Quality Improvement Assurance**

### **I. Developing and Implementing the Agency's Quality Improvement Plan**

Quality improvement is an important component of any business and the Centennial Care Agency-Based Community Benefits require providers to develop and implement a quality improvement program to ensure adequate and effective operation of the agency.

There are two major steps to developing a quality improvement plan. One step is thinking about which performance outcomes you will measure, how and when you will monitor these outcomes and how you'll set targets for improvement. Another step is deciding on the structure your agency will use to implement the plan on an on-going basis. Some agencies charge the board with performing this function, some use their managers, and some create a quality improvement committee.

Your quality improvement plan must address the following four requirements:

A. Service Delivery -- how the agency on an ongoing basis will assess its performance in delivering services to consumers.

Some tools you might use are consumer satisfaction surveys, complaints and grievance records, phone logs and/or monthly supervisory visits logs.

B. Operational Activities -- how the agency will assess its operations to determine effectiveness and compliance with the regulations.

For this requirement, you will create ways to measure performance in operations, for example, you might want to track timesheet or billing errors.

C. Quality Improvement Action Plan -- what actions the agency will take to improve quality in response to the assessments in a. and b. and how the agency will measure how and whether the actions taken have improved quality

D. Documentation of Activities -- how the agency will document and report the quarterly activities taken to improve quality.

### **II. Compliance with Quality Assurance Monitoring**

The Provider agrees to cooperate with Human Services Department (HSD), Medical Assistance Division (MAD), other state and federal agencies, and Managed Care Organizations (MCO) with regard to all activities related to quality assurance, monitoring and management.



The Provider agrees that HSD and/or MAD, its employees, agents or contractors may monitor the Provider's performance at any time.

Employees or representatives of HSD/MAD or other relevant state and federal agencies, as well as employees or representatives of MCOs shall visit Provider's offices and/or service locations when necessary to examine Provider's operations and records. The Provider will allow timely access to service locations and/or provide records and/or information as requested by these entities. Advance notice may be provided, if appropriate, as determined by HSD/MAD or other state agencies.

If the Provider is found to be deficient, the Provider shall timely comply with corrective action plans issued by HSD/MAD and/or the MCOs. Failure to comply with any provisions of this Assurance regarding quality assurance, monitoring and management, including the Provider's failure to comply with corrective action plans, may result in the imposition of penalties and/or sanctions, including termination of Medicaid Centennial Care Agency- Based Community Benefits provider number.

The Provider acknowledges that quality monitoring and management are within the jurisdiction of several state agencies, including the New Mexico Attorney General, and within the scope of Provider's contracts with the MCOs. As such, information acquired through quality monitoring activities, such as HSD/MAD audits, may be referred to the appropriate state agencies or MCOs.

I have read the quality improvement plan requirement and I agree to develop and implement a quality improvement program to ensure adequate and effective operation of the agency, including documentation of quarterly activities that address, but are not limited to:

- A. Service Delivery
- B. Operational Activities
- C. Quality Improvement Action Plan; and
- D. Documentation of Activities

Please print your name and title \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date