
METHODS AND STANDARDS TO ENSURE QUALITY OF SERVICES

Provider Standards

Prior to enrollment, providers must satisfy licensing and certification requirements established by local and Federal laws, regulations, and State agency policies.

Assessment of Long-Term Care Services

Pre-admission reviews are done to determine the appropriate level of care needed by applicants for long-term care. The physician certifies that alternatives to nursing home care have been considered but are not appropriate. Periodic evaluations are made of the adequacy and appropriateness of services rendered and the patient's need for continued placement in the present facility.

Peer review evaluation are provided under contract per Georgia Health Partnership (GHP) by Registered Nurses and consulting Physicians to ensure that the State's responsibility for pre-admission screening and review of Mentally Ill and Mentally Retarded (PASRR) services as governed by 42CFR483.100 through 483.138, based on section 1919(e)(7) of the Social Security Act is completed. The contractor utilizes the DMA-613 Level 1 instrument to assess each applicant who seeks admission, into a NF and/or each NF resident who has MI or MR, is medically necessary and appropriate.

The GHP evaluator must assess whether the individual's total needs are such that his or her needs can be met in the NF by prioritizing the physical and mental needs of the individual being evaluated, taking into account the severity of each condition. If the peer review decides that further assessment is necessary, they will notify other State contracted mental health or mental retardation authorities (PASRR Contractor, Level 2) who determine whether an NF level of service is feasible and is the appropriate facility for placement.

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Surveillance and Utilization Review (SUR)

SUR reviews are done in all Medicaid services and are primarily concerned with medical necessity; quality, appropriateness and frequency of services; adequate documentation to support services billed; policy violations and incorrect payments. In-house reviews are made from SUR system reports including profiles, weighted and ranked, and submitted claims' detail. Provider medical records are reviewed on-site. Questionable practices involving medical necessity and quality are referred to the peer review agency for review and recommendation.
Home Health Agency Reviews

Authorized representatives of the Department review home health agencies as directed by the Department. Functions included in these utilization reviews are assessments of quality of care and need for services rendered. Records are reviewed in the agencies and patients are assessed in their homes. Visits may be announced or unannounced.

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