N.C. Department of Health and Human Services – NC Medicaid INTERNAL QUALITY IMPROVEMENT PROGRAM ATTESTATION FORM

Completed form should be submitted via email to NC Medicaid at Medicaid.PCSQualityImprovement@dhhs.nc.gov. For questions, contact 919-855-4360 or send an email to PCS_Program_Questions@dhhs.nc.gov

	SSION REQUIREMENTS	
PCS Providers shall submit this Attestation to NC Medicaid by December 31st of each year certifying compliance with "a" through "d" of Clinical Coverage Policy 3L Section 7.7 by initialing each of the items described below.		
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	DER TYPE (select one)	
☐ Home	e Care Agency Family Care Home Adult Care Home Adult Care Bed in Nursing Facility 600c Special Care Unit (stand-alone Special Care Unit or SCU bed) Non-Provider:	SLF-5600a
SUBMIT	TTER INFORMATION	
NPI:		
Provider	Name:	
Address	:City:	
	Zip:(zip code + 4-digit extension) Phone:	
Suite:	Email: Fax (If Applicable):	
INTERN	IAL QUALITY IMPROVEMENT REQUIREMENTS CLINICAL COVERAGE POLICY 3L SECTION 7.7	INITIAL
intern a.	Develop, and update at least quarterly, an organizational Quality Improvement Plan or set of quality improvement policies and procedures that describe the PCS CQI program and activities;	INITIAL
	Develop, and update at least quarterly, an organizational Quality Improvement Plan or set of quality	INITIAL
a.	Develop, and update at least quarterly, an organizational Quality Improvement Plan or set of quality improvement policies and procedures that describe the PCS CQI program and activities; Implement an organizational CQI Program designed to identify and correct quality of care and quality of	INITIAL
a. b.	Develop, and update at least quarterly, an organizational Quality Improvement Plan or set of quality improvement policies and procedures that describe the PCS CQI program and activities; Implement an organizational CQI Program designed to identify and correct quality of care and quality of service problems; Conduct at least annually a written beneficiary PCS satisfaction survey for beneficiaries and their	INITIAL
a. b. c.	Develop, and update at least quarterly, an organizational Quality Improvement Plan or set of quality improvement policies and procedures that describe the PCS CQI program and activities; Implement an organizational CQI Program designed to identify and correct quality of care and quality of service problems; Conduct at least annually a written beneficiary PCS satisfaction survey for beneficiaries and their legally responsible person;	INITIAL
a. b. c.	Develop, and update at least quarterly, an organizational Quality Improvement Plan or set of quality improvement policies and procedures that describe the PCS CQI program and activities; Implement an organizational CQI Program designed to identify and correct quality of care and quality of service problems; Conduct at least annually a written beneficiary PCS satisfaction survey for beneficiaries and their legally responsible person; Maintain complete records of all CQI activities and results	INITIAL

(LEGIBLY SIGN YOUR NAME, STAMPS and ELECTRONIC SIGNATURES ARE NOT ACCEPTABLE FOR THIS FORM.)

I hereby attest that I am in compliance with the items described in Clinical Coverage Policy 3L Section 7.7. I also agree to provide any of the referenced documents to NC Medicaid, or a DHHS designated contractor upon request in conjunction with any on-site or desktop quality improvement review.