

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

Completed forms are required to be uploaded to QiReport. For questions, contact 919-855-4360 or send an email to PCS_Program_Questions@dhhs.nc.gov.

SUBMISSION REQUIREMENTS

PCS Providers shall submit this Attestation to NC Medicaid by December 31 of each year to certify compliance with “a” through “d” of Clinical Coverage Policy 3L Section 7.7 by initialing each of the items described below.

PROVIDER TYPE (select one)

- Home Care Agency
 Family Care Home
 Adult Care Home
 Adult Care Bed in Nursing Facility
 SLF-5600a
 SLF-5600c
 Special Care Unit (stand-alone Special Care Unit or SCU bed)
 Non-Provider: _____

SUBMITTER INFORMATION

NPI: _____
 Provider Name: _____
 Address: _____ City: _____ State: _____
 County: _____ Zip: _____ (zip code + 4-digit extension) Phone: _____
 Suite: _____ Email: _____ Fax (If Applicable): _____

INTERNAL QUALITY IMPROVEMENT REQUIREMENTS CLINICAL COVERAGE POLICY 3L SECTION 7.7

INITIAL

a. Develop, and update at least quarterly, an organizational Quality Improvement Plan or set of quality improvement policies and procedures to describe the PCS CQI program and activities;	
b. Implement an organizational CQI Program designed to identify and correct quality of care and quality of service problems;	
c. Conduct at least annually a written beneficiary PCS satisfaction survey for beneficiaries and their legally responsible person;	
d. Maintain complete records of all CQI activities and results	
e. Cooperate with and participate fully in all desktop and on-site quality, compliance, prepayment, and post-payment audits that may be conducted by NC Medicaid or a DHHS designated contractor.	

Person Completing this Form:

Name (Printed)

Title

Signature

Date (mm/dd/yyyy)

(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.