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 "e" of Clinical Coverage Policy 3L and 3L-1 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 and 3L-1 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.