



To: Providers of HCBS Services

RE: 2024 HCBS Provider Qualifications Audit

Per Kansas Medical Assistance Program (KMAP) [HCBS Bulletin 19216](#), the State has delegated auditing of Home and Community Based Services (HCBS) provider qualifications to the Managed Care Organizations (MCOs). This applies to all providers of HCBS. Auditing of HCBS provider qualifications will occur annually beginning January 2020.

The three MCOs have contracted with a single company, Averifi, to complete the HCBS audits. Beginning Q1 2020, and using the process described below, Averifi will complete an annual audit of each HCBS provider and provide the results to each MCO that has the provider in their network.

Each MCO will determine audit findings based upon its policy and provide a separate response to the provider. The qualifications audited for each HCBS provider are based upon the waiver services the provider is enrolled in KMAP to provide and the provider qualification requirements for each HCBS service as identified within each approved HCBS waiver.

This audit is conducted remotely to ensure minimum disruption and exposure to HCBS providers. Averifi will send a letter to each HCBS provider via email to initiate the audit. The letter will provide an overview of the audit as well as a request of all current HCBS employees. This list must include active, temporary, or variable staff, paid or unpaid. The list should also include volunteers, non-Kansas residents and IDD residential providers (foster families). Averifi will determine the audit sampling and coordinate with the HCBS provider to obtain the necessary documentation to demonstrate compliance.

Important Notice - A full audit will be implemented in 2024. From 2020-2023, a limited audit has been conducted focusing on general provider qualifications (staff background checks, CDDO affiliation agreements, CMHC license). In 2024, the full audit will be implemented which includes general AND service-related waiver provider qualifications. Examples of service-related waiver requirements include training, education, licenses, and certifications for employees. If you have any questions in regard to waiver qualifications that are required, please refer to the waivers posted on the State website.

Audit Determinations: Each MCO is required by the State to make a separate determination using the audit findings and based upon the MCO's individual policy for HCBS Provider Qualifications Audits. For providers who are found not to meet the qualifications requirements, a re-audit will be conducted to ensure compliance with the qualifications. In addition, the MCO may implement a corrective action plan or take other action including and up to termination of the provider from the MCO's network.