

**NC-DIVISION OF MEDICAL ASSISTANCE  
DMA 3136  
INTERNAL QUALITY IMPROVEMENT PROGRAM ATTESTATION FORM**

**INSTRUCTIONS**

These instructions offer guidance for completing the Internal Quality Improvement Program Attestation Form and should be read in its entirety before completing the form. This form should ONLY be used by Providers to attest to their compliance with Clinical Coverage Policy 3L Section 7.7 Internal Quality Improvement Program. Completed Attestation Forms should be submitted electronically to NC- Division of Medical Assistance (DMA) via [DMA.PCSQualityImprovement@lists.ncmail.net](mailto:DMA.PCSQualityImprovement@lists.ncmail.net).

In accordance to Clinical Coverage Policy 3L Section 7.7 Internal Quality Improvement Program, Providers serving beneficiaries receiving PCS are required to complete and adhere to an organizational Quality Improvement Plan or set of quality improvement policies and procedures.

The NC DMA PCS program committee requires that Providers attest to items a. through d. of the Internal Quality Improvement Section of PCs Policy 3L and submit the form to DMA for recordkeeping.

**PROVIDER TYPE**

Attesting Providers must indicate on the form which of the general Provider cohort designations fit their organization.

**SUBMITTER INFORMATION**

Attestation forms cannot be processed if they are missing any of the information listed below:

- National Provider Identifier #
- Provider Name
- Provider/Requestor Address (including city, state, and zip)
- County
- Contact Phone Number
- Contact Fax Number (if applicable)
- Contact Email

**INTERNAL QUALITY IMPROVEMENT REQUIREMENTS**

Attesting Providers must review each requirement before initialing each item individually in the area provided.

**SUBMISSION REQUIREMENTS**

The DMA 3136 Internal Quality Improvement Program Attestation form must be completed, signed, and dated on or before December 31<sup>st</sup> for each calendar year.

Example: Attestation forms for 2015 are due to DMA on or before December 31<sup>st</sup> 2015.

Attestation forms should not be submitted prior to the completion of requirements which include continuous quality improvement programs and activities conducted at least quarterly.

Complete the DMA 3136 and submit by email, or U.S. mail as noted below.

**Email:** [DMA.PCSQualityImprovement@lists.ncmail.net](mailto:DMA.PCSQualityImprovement@lists.ncmail.net)

**Mail to:** NC DMA Home & Community Care  
2501 Mail Service Center  
Raleigh, NC 27699-2501

Do not submit materials directly to DMA Staff.