Home- and Community-Based Services (HCBS)
2021 Provider Quality Management Self-Assessment

This form is required for entities enrolled to provide services in Section B under the following waivers/programs:

- Health and Disability Waiver (HD)
- AIDS/HIV Waiver
- Elderly Waiver
- Children's Mental Health Waiver (CMH)
- Intellectual Disability Waiver (ID)
- Brain Injury Waiver (BI)
- Physical Disability Waiver (PD)
- HCBS Habilitation Services (Hab)

Each provider is required to submit one, six-section self-assessment by **December 31, 2021**. This form is to be completed and submitted via fillable PDF as directed on the Provider Quality Management Self-Assessment[1] webpage. A password-protected electronic signature is required in Section E. in order for this document to be accepted. **Incomplete self-assessments will not be accepted.**

Section A. Identify the agency submitting this form.

Section B. Identify the programs and services your agency is enrolled to provide. If you are uncertain which services you are enrolled for, contact Iowa Medicaid Enterprise (IME) Provider Services via email imeproviderservices@dhs.state.ia.us or phone at 800-338-7909, option 2.

Section C. Select the response option from the "Response Option" column that indicates the most accurate response for each item. If required areas are incomplete, the self-assessment will be returned to the agency and must be resubmitted.

Response options Include:

- Yes or No response are available if required for the service.
- Yes, No, and N/A responses are available when the standard is not required for all service providers.

  * Note: All standards are considered best practices.

Section D. Please fill out the information as requested.

Section E. Please complete and sign as directed.

Section F. Please fill out the information as requested.

Questions should be directed to the HCBS Specialist assigned to the county where the parent agency is located. For a complete list of HCBS Quality Oversight Unit contacts and a list of HCBS Specialists by region, please go to the DHS webpage HCBS Waiver Provider Contacts[2].

[1] https://dhs.iowa.gov/ime/providers/enrollment/provider-quality-management-self-assessment
[2] http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/hcbs-contacts

Section A. Agency Identification

Please identify your parent agency by providing the following information using the text entry fields below.

Employer ID Number (EIN) (9 digits):					
Associated NPI:					
Agency Name (as registered to EIN):					
Mailing Address:			Physical Address:		
City:	State:	Zip:	City:	State:	Zip:
County:			County:		
Executive Director/Administrator:			Title:		
Email:			Telephone:		
Self-Assessment Contact Person:			Title:		
Email:			Telephone:		
Agency Website Address:					

Identify below any affiliated agencies covered under this self-assessment.

Agency Name	City	County	Associated NPI (10 digits)

Section B. Service Enrollment

Indicate *each* of the programs and corresponding services your agency is **enrolled** to provide (regardless of whether or not these services are currently being provided). If your agency is not enrolled for any of the services in this section, you are not required to submit the annual Provider Quality Management Self-Assessment. If you are uncertain as to the services your agency is enrolled for, please contact the IME Provider Services as explained on page one.

Program	**AIDS/HIV Waiver**	**BI Waiver**
Services	☐ Adult Day Care ☐ Agency Consumer-Directed Attendant Care ☐ Counseling ☐ Respite	☐ Adult Day Care ☐ Behavior Programming ☐ Agency Consumer-Directed Attendant Care ☐ Family Counseling and Training ☐ Interim Medical Monitoring and Treatment ☐ Prevocational Services ☐ Respite ☐ Supported Community Living ☐ Supported Employment
Program	**CMH Waiver**	**Elderly Waiver**
Services	☐ Family and Community Support Services ☐ In-home Family Therapy ☐ Respite	☐ Adult Day Care ☐ Agency Consumer-Directed Attendant Care ☐ Assisted Living Service ☐ Case Management ☐ Mental Health Outreach ☐ Respite

Program	HD Waiver	ID Waiver
Services	☐ Adult Day Care ☐ Agency Consumer-Directed Attendant Care ☐ Counseling ☐ Interim Medical Monitoring and Treatment ☐ Respite	☐ Adult Day Care ☐ Agency Consumer-Directed Attendant Care ☐ Day Habilitation ☐ Interim Medical Monitoring and Treatment ☐ Prevocational Services ☐ Residential-based Supported Community Living ☐ Respite ☐ Supported Community Living ☐ Supported Employment
Program	**PD Waiver**	**Habilitation Services**
Services	☐ Agency Consumer-Directed Attendant Care	☐ Day Habilitation ☐ Home-based Habilitation ☐ Prevocational Habilitation ☐ Supported Employment Habilitation

Section C. State and Federal Standards

For each of the following standards, the agency must select a response from the following:

- Indicating "**Yes**" means the agency currently has in place policies and/or practices meeting the proposed standards and can provide documented evidence verifying such.
- Indicating "**No**" means the agency does not currently have policies, practices, and documented evidence in place. When a "**No**" is indicated, the agency must document in the space provided at the end of each area or requirement, plans to meet the standards. The plan must identify the agency's timeline for meeting the standards. **Implementation of corrective action to address current Code of Federal Regulations (CFR), Iowa Code, or Iowa Administrative Code (IAC) standards must be completed within 30 days of the date in Section F of this form.**
- The selection of "**NA**" indicates the item is not applicable to the programs and services your agency is enrolled for, and is not applicable in accordance to Centers for Medicare and Medicaid, Code of Federal Regulations, Iowa Code, or IAC.

This annual Provider Quality Management Self-Assessment will be returned to the agency if all sections are not completed, responses chosen are not compliant with CFR, Iowa Code, or IAC, or otherwise deemed unacceptable.

If the agency requires technical assistance, contact the regional HCBS Specialist assigned to the agency (see page one).

I. Fiscal Accountability

IAC Chapters 78 and 79

At a minimum, all providers will maintain evidence of:	YES	NO	NA
1. A system for setting rates based on reasonable and proper costs of service provision (for example: D-4s, fee schedules, County Rate Information System CRIS Report, Documentation to support assigned tier rate)			
2. The maintenance of fiscal and clinical records for a minimum of five years			
If indicating "No," describe plan to meet the standard(s):			
If indicating "NA," describe why the standard(s) are not applicable to your agency:			

II. Training Requirements

IC 235B.16, 232.69, and IAC Chapter 77

Trainings are required for certain habilitation and waiver programs as listed below. It is recommended as a best practice that each waiver program provide all the trainings listed below.

	Yes	No	NA
1. The curriculum used by the provider is the state's approved training.			
a. Child and/or dependent abuse training completed within six months of hire (or documentation of current status)			
b. Training every three years			
2. Member rights			
3. Rights restrictions and limitations			
4. Member confidentiality			
5. Provision of member medication			
6. Individual member support needs, including Behavior Intervention Plans (BIP) when applicable			
7. Incident reporting			
8. Brain injury training completed within 60 days of beginning service provision			
9. CMH Waiver:			
a. Staff must receive the following training within one month of employment and prior to providing direct service without the presence of experienced staff:			
1) Orientation on provider's mission, policies, and procedures			
2) Orientation on HCBS philosophy and outcomes for rights and dignity			
b. Staff must receive the following training within four months of employment and prior to providing direct service without the presence of experienced staff:			
1) Training in serious emotional disturbance and provision of services to children with serious emotional disturbance			
2) Confidentiality			
3) Provision of medication according to agency policy and procedure			
4) Identification and reporting of child abuse			
5) Incident reporting			
6) Documentation of service provision			
7) Appropriate behavioral interventions			
8) Professional ethics training			
c. Twenty-four hours of training during first year of employment in children's mental health issues			
d. Twelve hours of training every year thereafter in children's mental health issues			

10. RBSCL (Residential-Based Supported Community Living)	Yes	No	NA
a. Orientation on agency's purpose, policies, and procedures within one month of hire			
b. Twenty-four hours of training during first year of employment in children's ID/DD/MH issues			
c. Twelve hours of training every year thereafter in children's ID/DD/MH issues			
11. Day Habilitation			
a. A person providing direct support shall, within six months of hire or within six months of February 1, 2021, complete at least 9.5 hours of training in supporting members in the activities listed in 701 — paragraph 78.27(8)"a," as offered through Direct Course or Relias or other nationally recognized training curriculum.			
b. A person providing direct support shall annually complete 4 hours of continuing education in supporting members in the activities listed in 701 — paragraph 78.27(8)"a," as offered through Direct Course or Relias or other nationally recognized training curriculum			
12. Prevocational Services			
a. A person providing direct support shall, within 6 months of hire complete at least 9.5 hours of employment service training as offered through Direct Course or through the Association of Community Rehabilitation Educators (ACRE) certified training program			
b. Prevocational direct support staff shall complete four hours of continuing education in employment services annually			
13. Supported Employment			
a. Supported employment direct support staff shall complete four hours of continuing education in employment services annually			
1) Long-term job coaching			
i. A person providing direct support shall, within 6 months of hire or within 6 months of May 4, 2016, complete at least 9.5 hours of employment services training as offered through Direct Course or through the ACRE certified training program			
ii. Employee must also hold or obtain, within 24 months of hire, nationally recognized certification in job training and coaching			
2) Small-group supported employment			
i. A person providing direct support shall, within 6 months of hire or within 6 months of May 4, 2016, complete at least 9.5 hours of employment services training as offered through Direct Course or through the ACRE certified training program			
ii. Employee must also hold or obtain, within 24 months of hire, nationally recognized certification in job training and coaching			

3) Individual supported employment	Yes	No	NA
i. The person must also hold nationally recognized certification (ACRE or College of Employment Services (CES) or similar) as an employment specialist or must earn this credential within 24 months of hire			
If indicating "No," describe plan to meet the standard(s):			
If indicating "NA," describe why the standard(s) are not applicable to your agency:			

III. Policies and Procedures

42 CFR 441-310 (c)(4), 42 CFR 441-710, 45 CFR 164.508, Iowa Code 135C.33, 232.69 and 235B.3, IAC Chapters 77 and 79

Requirement A. Intake, Admission, Service Coordination, Discharge and Referral At a minimum, there will be evidence of:	Yes	No	NA
1. An intake/admission process			
2. A referral process			
3. Service coordination (defined as activities designed to assist members and families locate, access, and coordinate a network of supports and services within the community)			
4. A discharge process			
If indicating "No," describe plan to meet the standard(s):			
If indicating "NA," describe why the standard(s) are not applicable to your agency:			

Requirement B. HCBS Settings Required for All Providers At a minimum, there will be evidence of:			
1. The setting is integrated in, and facilitates the member's full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, like members without disabilities	Yes	No	NA
Adult Day Care			
Agency Consumer-Directed Attendant Care (CDAC)			
Assisted Living Service			
Behavior Programming			
Counseling			
Day Habilitation			
Family Counseling and Training			
Family and Community Support Services			
In-home Family Therapy			
Interim Medical Monitoring and Treatment (IMMT)			
Mental Health Outreach			
Prevocational Services			

Residential-Based Supported Community Living (RB-SCL)			
Supported Community Living (SCL)			
Supported Employment (SE)			
Habilitation Services			
Day Habilitation			
Home-based Habilitation			
Prevocational Habilitation			
Supported Employment Habilitation			

If indicating “No,” describe plan to meet the standard(s):

If indicating “NA,” describe why the standard(s) are not applicable to your agency:

2. The setting is selected by the member among available alternatives and identified in the person-centered service plan	Yes	No	NA
Adult Day Care			
Agency Consumer-Directed Attendant Care (CDAC)			
Assisted Living Service			
Behavior Programming			
Counseling			
Day Habilitation			
Family Counseling and Training			
Family and Community Support Services			
In-home Family Therapy			
Interim Medical Monitoring and Treatment (IMMT)			
Mental Health Outreach			
Prevocational Services			
Residential-Based Supported Community Living (RB-SCL)			
Supported Community Living (SCL)			
Supported Employment (SE)			
Habilitation Services			
Day Habilitation			
Home-based Habilitation			
Prevocational Habilitation			
Supported Employment Habilitation			

If indicating “No,” describe plan to meet the standard(s):

If indicating “NA,” describe why the standard(s) are not applicable to your agency:

3. Member's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected	Yes	No	NA
Adult Day Care			
Agency Consumer-Directed Attendant Care (CDAC)			
Assisted Living Service			
Behavior Programming			
Counseling			
Day Habilitation			
Family Counseling and Training			
Family and Community Support Services			
In-home Family Therapy			
Interim Medical Monitoring and Treatment (IMMT)			
Mental Health Outreach			
Prevocational Services			
Residential-Based Supported Community Living (RB-SCL)			
Supported Community Living (SCL)			
Supported Employment (SE)			
Habilitation Services			
Day Habilitation			
Home-based Habilitation			
Prevocational Habilitation			
Supported Employment Habilitation			

If indicating "No," describe plan to meet the standard(s):

If indicating "NA," describe why the standard(s) are not applicable to your agency:

4. Members' initiative, autonomy, and independence in making major life choices, including but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented	Yes	No	NA
Adult Day Care			
Agency Consumer-Directed Attendant Care (CDAC)			
Assisted Living Service			
Behavior Programming			
Counseling			
Day Habilitation			
Family Counseling and Training			
Family and Community Support Services			
In-home Family Therapy			
Interim Medical Monitoring and Treatment (IMMT)			
Mental Health Outreach			
Prevocational Services			
Residential-Based Supported Community Living (RB-SCL)			
Supported Community Living (SCL)			
Supported Employment (SE)			

Habilitation Services			
Day Habilitation			
Home-based Habilitation			
Prevocational Habilitation			
Supported Employment Habilitation			

If indicating “No,” describe plan to meet the standard(s):

If indicating “NA,” describe why the standard(s) are not applicable to your agency:

5. Members’ choice regarding services and supports, and who provides them, is facilitated	Yes	No	NA
Adult Day Care			
Agency Consumer-Directed Attendant Care (CDAC)			
Assisted Living Service			
Behavior Programming			
Counseling			
Day Habilitation			
Family Counseling and Training			
Family and Community Support Services			
In-home Family Therapy			
Interim Medical Monitoring and Treatment (IMMT)			
Mental Health Outreach			
Prevocational Services			
Residential-Based Supported Community Living (RB-SCL)			
Supported Community Living (SCL)			
Supported Employment (SE)			
Habilitation Services			
Day Habilitation			
Home-based Habilitation			
Prevocational Habilitation			
Supported Employment Habilitation			

If indicating “No,” describe plan to meet the standard(s):

If indicating “NA,” describe why the standard(s) are not applicable to your agency:

6. All rights restrictions are time limited, contain the member's informed consent, are supported by a specific assessed need and documented in the person-centered service plan	Yes	No	NA
Adult Day Care			
Agency Consumer-Directed Attendant Care (CDAC)			
Assisted Living Service			
Behavior Programming			
Counseling			
Day Habilitation			
Family Counseling and Training			
Family and Community Support Services			
In-home Family Therapy			
Interim Medical Monitoring and Treatment (IMMT)			
Mental Health Outreach			
Prevocational Services			
Residential-Based Supported Community Living (RB-SCL)			
Supported Community Living (SCL)			
Supported Employment (SE)			
Habilitation Services			
Day Habilitation			
Home-based Habilitation			
Prevocational Habilitation			
Supported Employment Habilitation			

If indicating "No," describe plan to meet the standard(s):

If indicating "NA," describe why the standard(s) are not applicable to your agency:

Requirement B. 7 through 14 applies to services in provider-owned or controlled settings. As indicated in the approved Statewide Transition Plan (STP), services are provider-owned or provider-controlled if the following conditions are present:

If the HCBS provider leases from a third party or owns the property, this would be considered provider-owned or controlled. If the provider does not lease or own the property, but has a direct or indirect financial relationship with the property owner, it would be presumed that the setting was provider-controlled unless the property owner or provider establishes that the nature of the relationship did not affect either the care provided or the financial conditions applicable to tenants. If the member leases directly from the third party that has no direct or indirect financial relationship with the provider, the property is not considered provider-owned or controlled.

7. In provider-owned or provider-controlled setting, each member has privacy in their sleeping or living unit	Yes	No	NA
Agency Consumer-Directed Attendant Care (CDAC)			
Assisted Living			
Residential-Based Supported Community Living (RB-SCL)			
Supported Community Living (SCL)			
Habilitation Services			
Home-based Habilitation			

If indicating “No,” describe plan to meet the standard(s):

If indicating “NA,” describe why the standard(s) are not applicable to your agency:

8. In a provider-owned or provider-controlled setting, members sharing units have a choice of roommates in that setting	Yes	No	NA
Agency Consumer-Directed Attendant Care (CDAC)			
Assisted Living			
Residential-Based Supported Community Living (RB-SCL)			
Supported Community Living (SCL)			
Habilitation Services			
Home-based Habilitation			

If indicating “No,” describe plan to meet the standard(s):

If indicating “NA,” describe why the standard(s) are not applicable to your agency:

9. In a provider-owned or provider-controlled setting, members have the freedom and support to control their own schedules and activities, and have access to food at any time	Yes	No	NA
Adult Day Care			
Agency Consumer-Directed Attendant Care (CDAC)			
Assisted Living Service			
Behavior Programming			
Counseling			
Day Habilitation			
Family Counseling and Training			
Family and Community Support Services			
In-home Family Therapy			
Interim Medical Monitoring and Treatment (IMMT)			
Mental Health Outreach			
Prevocational Services			
Residential-Based Supported Community Living (RB-SCL)			
Supported Community Living (SCL)			
Supported Employment (SE)			
Habilitation Services			
Day Habilitation			
Home-based Habilitation			
Prevocational Habilitation			
Supported Employment Habilitation			

If indicating “No,” describe plan to meet the standard(s):

If indicating “NA,” describe why the standard(s) are not applicable to your agency:

10. In a provider-owned or provider-controlled setting, members are able to have visitors of their choosing at any time	Yes	No	NA
Adult Day Care			
Agency Consumer-Directed Attendant Care (CDAC)			
Assisted Living Service			
Behavior Programming			
Counseling			
Day Habilitation			
Family Counseling and Training			
Family and Community Support Services			
In-home Family Therapy			
Interim Medical Monitoring and Treatment (IMMT)			
Mental Health Outreach			
Prevocational Services			
Residential-Based Supported Community Living (RB-SCL)			
Supported Community Living (SCL)			
Supported Employment (SE)			
Habilitation Services			
Day Habilitation			
Home-based Habilitation			
Prevocational Habilitation			
Supported Employment Habilitation			

If indicating “No,” describe plan to meet the standard(s):

If indicating “NA,” describe why the standard(s) are not applicable to your agency:

11. In a provider-owned or provider-controlled setting, the setting is physically accessible to the member	Yes	No	NA
Adult Day Care			
Agency Consumer-Directed Attendant Care (CDAC)			
Assisted Living Service			
Behavior Programming			
Counseling			
Day Habilitation			
Family Counseling and Training			
Family and Community Support Services			
In-home Family Therapy			
Interim Medical Monitoring and Treatment (IMMT)			
Mental Health Outreach			
Prevocational Services			
Residential-Based Supported Community Living (RB-SCL)			
Supported Community Living (SCL)			
Supported Employment (SE)			
Habilitation Services			

Day Habilitation			
Home-based Habilitation			
Prevocational Habilitation			
Supported Employment Habilitation			

If indicating “No,” describe plan to meet the standard(s):

If indicating “NA,” describe why the standard(s) are not applicable to your agency:

12. Provider-owned or provider-controlled home is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the member receiving services, and the member has, at a minimum, the same responsibilities and protections from eviction that the tenants have under the landlord/tenant laws of the state, county, city, or other designated entity	Yes	No	NA
Agency Consumer-Directed Attendant Care (CDAC)			
Assisted Living Service			
Residential-Based Supported Community Living (RB-SCL)			
Supported Community Living (SCL)			
Habilitation Services			
Home-based Habilitation			

If indicating “No,” describe plan to meet the standard(s):

If indicating “NA,” describe why the standard(s) are not applicable to your agency:

13. Provider-owned or provider-controlled home has entrance doors to the member’s living and sleeping unit which can be locked by the individual with only appropriate staff having keys	Yes	No	NA
Agency Consumer-Directed Attendant Care (CDAC)			
Assisted Living Service			
Residential-Based Supported Community Living (RB-SCL)			
Supported Community Living (SCL)			
Habilitation Services			
Home-based Habilitation			

If indicating “No,” describe plan to meet the standard(s):

If indicating “NA,” describe why the standard(s) are not applicable to your agency:

14. In a provider-owned or provider-controlled home members have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement	Yes	No	NA
Agency Consumer-Directed Attendant Care (CDAC)			
Assisted Living Service			
Residential-Based Supported Community Living (RB-SCL)			
Supported Community Living (SCL)			
Habilitation Services			

Home-based Habilitation			
If indicating “No,” describe plan to meet the standard(s):			
If indicating “NA,” describe why the standard(s) are not applicable to your agency:			

Requirement C. Person-Centered Planning At a minimum, there will be evidence of:	**Yes**	**No**	**NA**
1. Provider participation in interdisciplinary team meetings			
2. The member’s file contains a copy of the written person-centered plan			
3. The provider’s plan is consistent with the case manager’s person-centered plan			
4. The provider’s service plan includes interventions and supports needed to meet member goals with incremental action steps, as appropriate			
5. The provider’s plan reflects desired member outcomes			
6. The provider’s service plan includes documentation of all rights restrictions, the need for the restriction and a plan to restore those rights or a reason why a plan is not necessary or appropriate			
If indicating “No,” describe plan to meet the standard(s):			
If indicating “NA,” describe why the standard(s) are not applicable to your facility:			

Requirement D. Restraint, restriction, and behavioral intervention. The provider shall have in place a system for the review, approval, and implementation of ethical, safe, humane, and efficient behavioral intervention procedures. All members receiving home- and community-based services shall be afforded the protections imposed by these rules when any restraint, restriction, or behavioral intervention is implemented. At a minimum, there will be evidence of:	**Yes**	**No**
1. The system shall include procedures to inform the member and the member’s legal guardian of the restraint, restriction, and behavioral intervention policy and procedures at the time of service approval and as changes occur.		
2. Restraint, restriction, and behavioral intervention shall be used only for reducing or eliminating maladaptive target behaviors that are identified in the member’s restraint, restriction, or behavioral intervention program.		
3. Restraint, restriction and behavioral intervention procedures shall be designed and implemented only for the benefit of the member and shall never be used as punishment for the convenience of the staff, or as a substitute for a non-aversive program.		
4. Restraint, restriction, and behavioral intervention programs shall be time limited and shall be reviewed at least quarterly as needed.		
5. Corporal punishment and verbal or physical abuse are prohibited.		

If indicating “No,” describe plan to meet the standard(s):
If indicating “NA,” describe why the standard(s) are not applicable to your agency:

Requirement E. Service Documentation At a minimum, service documentation shall include:	Yes	No
1. Specific location, date, and times of service provision		
2. Service(s) provided		
3. Member's first and last name		
4. Staff providing service(s), including first and last name, signature, and professional credentials (if any)		
5. Specific interventions, including name, dosage, and route of medications administered		
6. Any supplies dispensed as part of the service		
7. Member’s response to staff interventions		
8. Process to ensure units of service billed for payment are based on services provided with substantiating documentation		
If indicating “No,” describe plan to meet the standard(s):		
If indicating “NA,” describe why the standard(s) are not applicable to your facility:		

Requirement F. Personnel Records Required for All Providers At a minimum, there will be evidence of:		
1. Completion of the following requirements is required prior to date of hire	Yes	No
a. Dependent adult and child abuse checks		
b. Criminal history background and Department of Human Services (DHS) evaluation where applicable		
c. Evaluation of hits by the Department of Human Services when applicable		
d. Documentation of follow-through on any employment restrictions as stated in DHS evaluation		
e. Verification of Office of Inspector General (OIG) excluded individual search Social Security Act, Sections 1128 and 1156		
2. Job performance evaluations		
If indicating “No,” describe plan to meet the standard(s):		

Requirement G. Abuse Reporting At a minimum, there will be evidence of:	Yes	No
1. A process staff must follow the agency's procedure to report allegations immediately (oral report within 24 hours; written report within 48 hours) to the Department of Human Services (DHS) or Department of Inspections and Appeals (DIA) when the environment is certified or licensed by this entity		
2. A process staff must follow the agency's procedure to ensure the member's safety upon learning of an allegation		
3. A process the provider will follow when the alleged perpetrator is an employee		
4. A process for ensuring staff receive a statement of the abuse reporting requirements within one month of employment		
If indicating "No," describe plan to meet the standard(s):		

Requirement H. Incident Reporting At a minimum, there will be evidence of:	Yes	No
1. What constitutes an incident in accordance with the IAC definition		
2. The mechanism for ensuring the routing of incidents to the:		
a. Supervisor by the end of the next calendar day after the incident (major); within 72 hours (minor)		
b. Case manager/service worker by the end of the next calendar day after the incident (major)		
c. Legal guardian by the end of the next calendar day after the incident (major)		
d. Member by the end of the next calendar day after the incident if the incident took place outside service provision (major)		
e. Bureau of Long-Term Care or appropriate entity by the end of the next calendar day after the incident via direct data entry into Iowa Medicaid Portal Access (IMPA) or as determined by the department		
3. A centralized location for the filing of incident reports		
4. A process for noting the completion of an incident report form in the member record		
5. The submission of follow-up reports as requested by case manager/service/integrated health home care coordinator (major)		
If indicating "No," describe plan to meet the standard(s):		

Requirement I. Safeguarding Consumer Information At a minimum, there will be evidence that:	Yes	No
1. The provider has a process for maintaining confidential records and safeguarding personal member information		
2. An expiration date or event is identified if a release of information form is utilized		
If indicating "No," describe plan to meet the standard(s):		

Requirement J. Contracts With Members At a minimum, the agency shall have written procedures which provide for the establishment of an agreement between the member and the provider and evidence will be supplied that:	Yes	No	NA
1. The agreement shall define the responsibilities of the provider and the member, the rights of the member, the services to be provided to the member by the provider, all room and board and co-pay fees to be charged to the member and the sources of payment			
2. Contracts shall be reviewed at least annually			
If indicating "No," describe plan to meet the standard(s):			
If indicating "NA," describe why the standard(s) are not applicable to your agency:			

IV. Quality Improvement

IAC Chapter 77

Requirement A. Quality Improvement (QI) At a minimum, the plan will identify the:	Yes	No	NA
1. Ongoing schedule or timeline for quality improvement activities, to include the specific timeframes for data collection, data analysis, and to identify entities with whom results will be shared			
2. Discovery			
a. Collecting and reviewing data to identify issues to be monitored for quality improvement to include sample size and acceptable thresholds			
b. Ongoing review of responses to all member/stakeholder input to determine the need for systemic changes			
c. Ongoing review of member records to include medication management, health and safety, incident reporting, and documentation			
d. Tracking and trending of incidents			
3. Remediation. The development of a plan to address areas of improvement identified during discovery to include specific timelines for development and completion of action steps			
4. Improvement. Summary of QI activities to include monitoring the impact of remediation plan			
If indicating "No," describe plan to meet the standard(s):			
If indicating "NA," describe why the standard(s) are not applicable to your agency:			

Section D. CMS Final Setting Rule

During any HCBS Quality Oversight review process has your agency been required to submit a corrective action plan related to the requirements identified in **Section III. Requirement B. HCBS Settings Required for All Providers** or **Section III. Requirement C. Person-Centered Planning**? 42 CFR 441.301(c)(4) and 42 CFR 441.710(a)	Yes	No	NA

If "Yes," your agency must submit a status update to your corrective action plan to provide evidence that your agency is on track to meet compliance in this area. Include update below.