

INFORMATIONAL LETTER NO. IL 2278-MC-FFS

DATE: October 22, 2021

TO: Iowa Medicaid Enrolled Home- and Community-Based Services (HCBS)

Waiver and Habilitation Providers

APPLIES TO: Managed Care (MC) and Fee-for-Service (FFS)

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: 2021 Provider Quality Management Self-Assessment

EFFECTIVE: Upon Receipt

The HCBS 2021 Provider Quality Management Self-Assessment form and corresponding Address Collection Tool can now be completed and submitted. HCBS providers enrolled in any of Iowa's seven waivers or Habilitation and who are enrolled to provide any of the following services are required to complete this annual self-assessment:

- Adult Day Care
- Agency Consumer-Directed Attendant Care (CDAC)
- Assisted Living Service
- Behavior Programming (Brain Injury Waiver)
- Counseling (AIDS/HIV Waiver)
- Day Habilitation
- Elderly Waiver Case Management
- Family and Community Support Services (Children's Mental Health Waiver)
- Family Counseling and Training (Brain Injury Waiver)

- Home-Based Habilitation
- In-Home Family Therapy (Children's Mental Health Waiver)
- Interim Medical Monitoring and Treatment (IMMT)
- Mental Health Outreach (Elderly Waiver)
- Prevocational Services
- Residential-Based Supported Community Living (RBSCL)
- o Respite
- Supported Community Living (SCL)
- Supported Employment (SE)

The 2021 self-assessment form has been updated and a new 2021 form must be obtained from the <u>self-assessment webpage</u>¹. Resubmissions from previous years will not be accepted because of the changes in the form. The new form must be saved locally to your computer prior to completion. Training on the self-assessment can also be found on

¹ https://dhs.iowa.gov/ime/providers/enrollment/provider-quality-management-self-assessment

the same webpage. This training is required for all providers and includes valuable information that addresses common questions and submission errors and will aid in the successful and timely completion of all forms.

The Address Collection Tool Excel document has not changed; therefore, providers have the option to update and submit their previous tool. As in prior years, blank copies of the Address Collection Tool will also be emailed out to contacts listed on last year's self-assessment and are available upon request if a new copy of the form is needed by your agency.

Self-Assessments and Address Collection Tool forms must be received in the designated format via email no later than December 31, 2021. The Self-Assessment form is a fillable PDF, and the Address Collection Tool is an Excel spreadsheet. Handwritten or scanned copies will not be accepted. Failure to submit both required documents by December 31, 2021, may jeopardize your agency's Medicaid enrollment.

Should you have additional questions after viewing the training regarding this letter or the Self-Assessment and Address Collection Tool, direct these questions to your regional HCBS Specialist. Specialists are assigned based on the county where the parent agency is located. To view a recently updated list of the regional specialists and their contact information, visit the <a href="https://doi.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1

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² https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/hcbs-contacts