

IMPA – HCBS Residential Member Assessment Form download and use Instructions

February 2023

HCBS Residential Member Assessment Form

- Go to IMPA Home Page
- Click on HCBS Residential Member Assessment Form

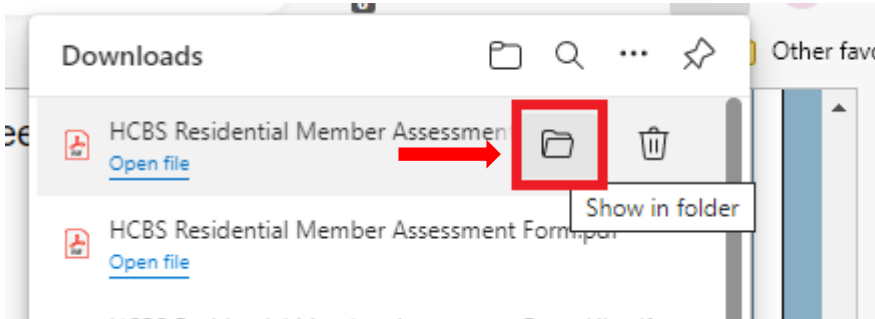
[Click here for the User Registration Guide](#)

Featured Functionality

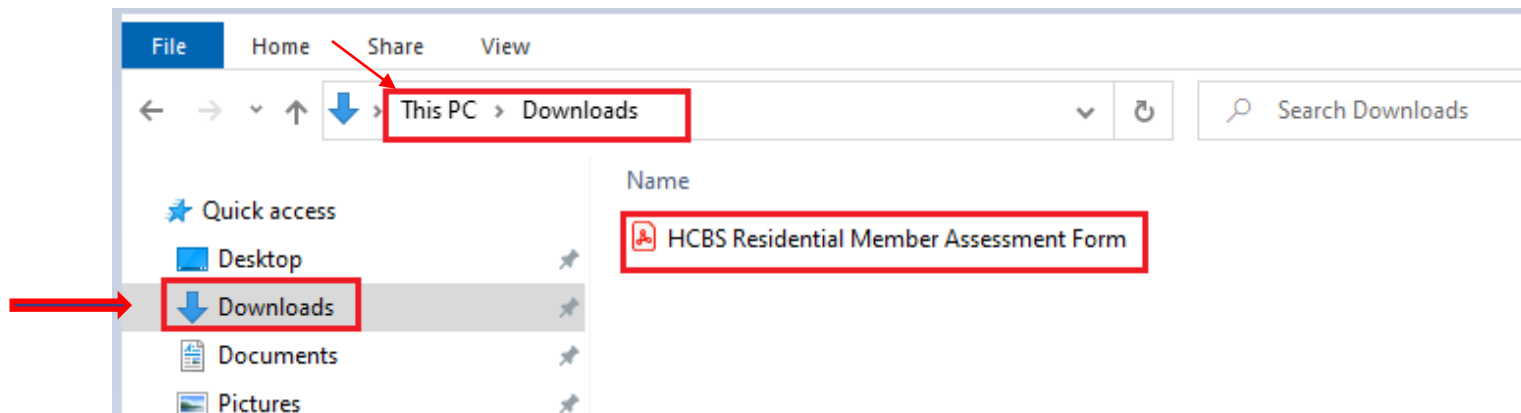
- **IMPORTANT INFORMATION (Update)**
Please note that if you are uploading medical information to IME related to the Level of Care review process, the IME Quality Improvement Orga for-service and MCO members. The IME QIO or the member's MCO is responsible for annual redetermination or when there has been a signific. If the member is a MCO member, please send the medical information to the appropriate MCO.
- [Nursing Facility Medically Exempt Access User Guide](#)
- [Nursing Facility Medically Exempt Access Registration Form](#)
- [Member Waiver Eligibility User Manual](#)
- [Member Waiver Eligibility Access Request Form](#)
- [PowerPoint training: Case Mix Rosters in IMPA](#)
- [Case Mix Access Request Form](#)
- [View COVID-19 DHS Resources](#)
- **Provider Policy Clarifications** - [Subscribe and/or Unsubscribe!](#)
- **Provider Informational Letters** - [Subscribe and/or Unsubscribe!](#)
- **Provider incident reporting** - As a provider, you can have the ability to report, track and monitor incidents in "real time".
- **Remittance Advice** - View weekly remittance advice online at your convenience.
- **Presumptive Eligibility** - Medicaid Presumptive Eligibility Portal can be accessed at this link: <http://dhsmpew.iowa.gov>
- [Provider Reenrollment and OCD User Guide](#)
- [Critical Incident Report Form](#)
- [HCBS Residential Member Assessment Form](#)
- [HCBS Residential Member Setting User Manual](#)

HCBS Residential Member Assessment Form

- Go to “Downloads” Folder on your computer by clicking this icon

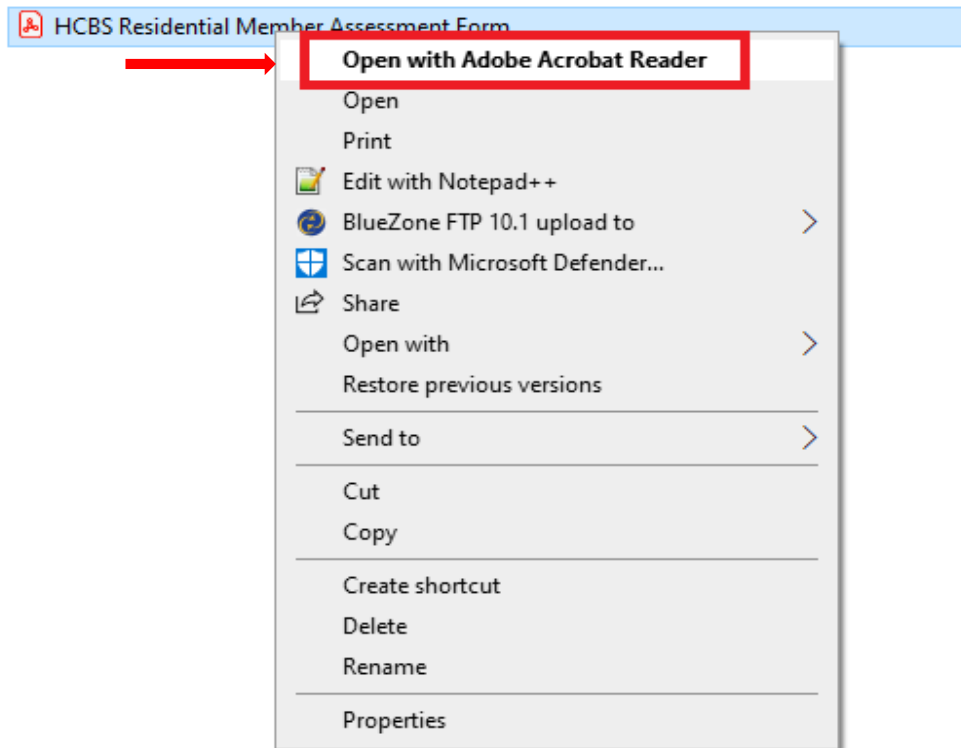


- OR Clicking on “Downloads”



HCBS Residential Member Assessment Form

- Then right click on this form from downloads and open using Adobe Acrobat Reader



HCBS Residential Member Assessment Form

- The form should be opened with **red** outlines indicating required fields



Iowa Department of Human Services
**Home- and Community-Based Services (HCBS)
Residential Setting Member Assessment**

I. Member information			
Member Name:	<input type="text"/>	Member ID:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	Iowa	Zip: <input type="text"/>
HCBS Waiver:	--Select--		
Services Received:	<input type="text"/>		
HCBS Service Providers:	<input type="text"/>		
Assessment Completed By:	<input type="text"/>	Date:	<input type="text"/>
DHS/MCO/IHH Unit:	--Select--		
Please check: <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Annual Assessment			
Number of Waiver or Habilitation members living in the setting: <input type="text"/>			
Member's residential setting (part 1). Please check all that apply. The member:			
<input type="checkbox"/> Lives with their family or legal representative			
<input type="checkbox"/> Owns their home, or			
<input type="checkbox"/> Rents a living unit from a community landlord that is not owned or operated by a HCBS service provider			
These settings are presumed to be integrated community settings. Members that meet one of these three settings and do not meet any criteria in part 2 below are required to only complete section I. <i>Member information</i> of this assessment.			
Member's residential setting (part 2). The following residential settings require additional review to determine compliance with the HCBS setting rules. Please check all that apply. The member lives in a setting that is:			
<input type="checkbox"/> Located on the grounds of or directly adjacent to a public or private institution.			
<input type="checkbox"/> A licensed facility (residential care, assisted living, other).			
<input type="checkbox"/> Where two or more members receiving Medicaid funded services live together to receive waiver/habilitation service.			
<input type="checkbox"/> Where multiple HCBS/habilitation living units are co-located in close proximity to each other within the community.			
<input type="checkbox"/> Owned or operated by the provider of service.			

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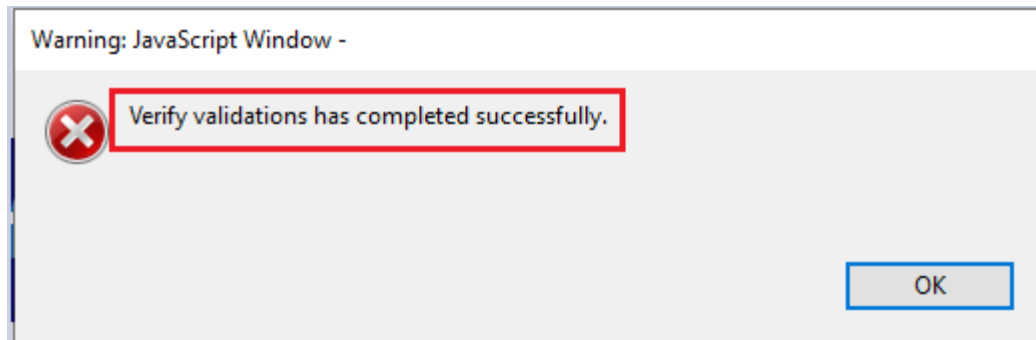
- Use this form and fill all the required information. Use “**Verify Validations**”(Page 10 in the form) button to Verify all the required information are in place.

IV. The Bottom Line	
Based on the finding of the nine member outcomes above, answer yes or no to the following statements:	
The member has access and opportunity to use the community resources to meet individual needs and preferences.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The residential setting supports the member to live, work, and recreate in the community to the degree desired by the member.	<input type="checkbox"/> Yes <input type="checkbox"/> No
All rights limitations that limit access to the greater community are documented in the member's person-centered plan	<input type="checkbox"/> Yes <input type="checkbox"/> No



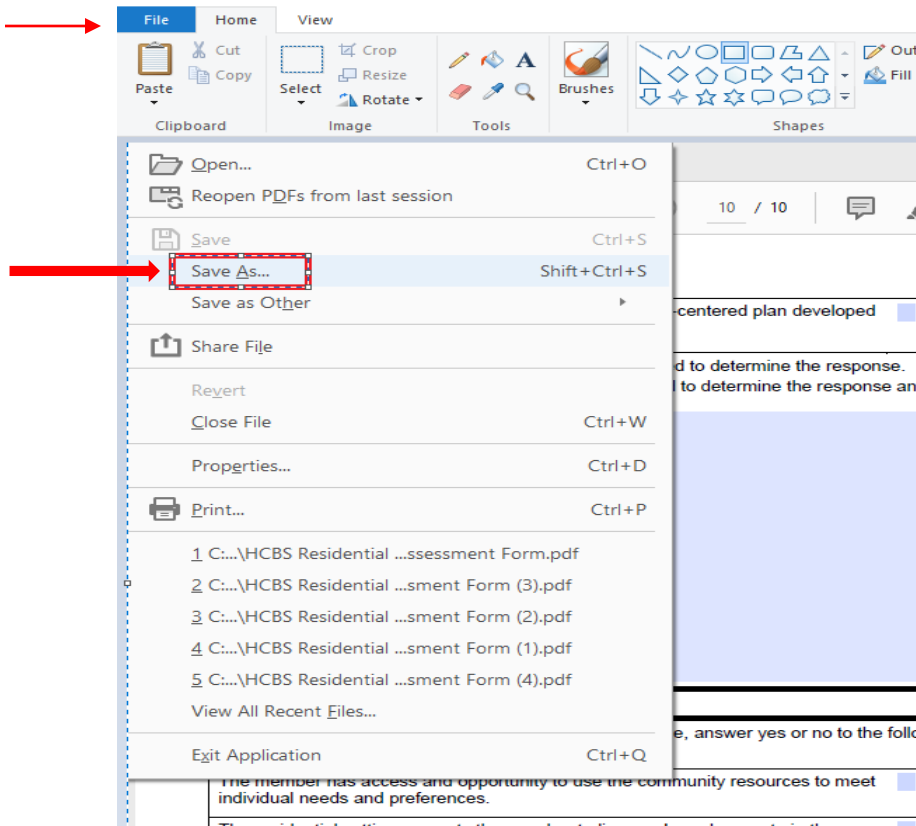
HCBS Residential Member Assessment Form

- Complete this form until you get the successful validation message.



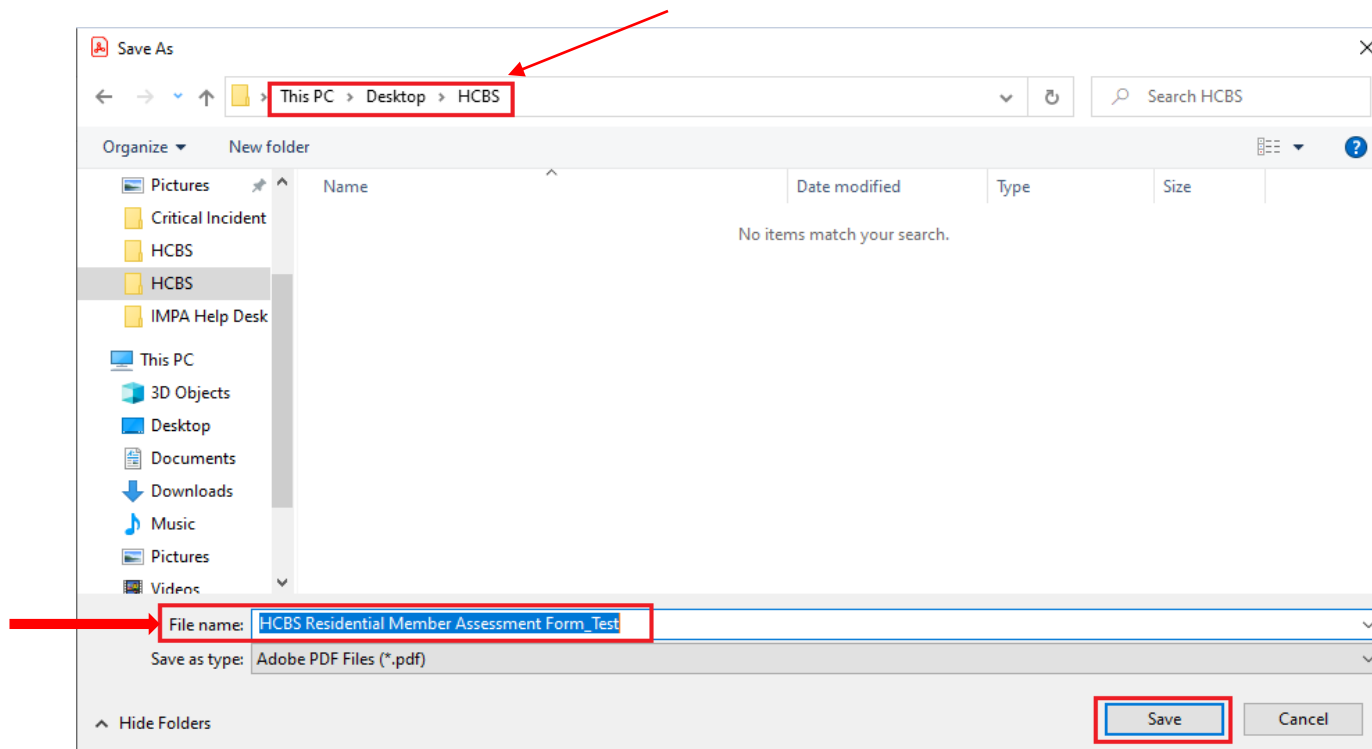
HCBS Residential Member Assessment Form

- Once Validations are done, save to your local folder using File -> “Save as”



HCBS Residential Member Assessment Form

- Rename the form for easy access and Save to your local Folder
- Example:- Folder structure



HCBS Residential Member Assessment Form

- Use the same form to upload in IMPA

The screenshot shows a web application interface for uploading a file. The interface includes a search criteria section with a 'State ID' field, an 'Upload/View Documents' section with 'State ID' and 'Member Name' fields, and a table of documents. A file explorer window is overlaid on the right, showing the file 'HCBS Residential Member Assessment Form_Test' selected in the 'HCBS' folder on the desktop. Red arrows point to the file path and the file name, and a red box highlights the 'Open' button.

	State ID	Process ID	
Select Delete	62454	HCBS	
Select Delete	48117	HCBS	
Select Delete	48116	HCBS	
Select Delete	48115	HCBS	
Select Delete	52393	HCBS	
Select Delete	52392	HCBS	

HCBS Residential Member Assessment Form

- Click on Upload

Upload File : HCBS Residential Assessment

Search Criteria

State ID:

Upload/View Documents (Hide Upload/View Documents...)

State ID:

Member Name:

Select a File: **HCBS Residential Member Assessment Form_Test.pdf**

Please select file of the following type: .pdf

		State ID	Process ID	Document Name	Uploaded User	Date/Time Uploaded
Select	Delete	<input type="text"/>	52454	HCBS Residential Member Assessment - 62454.pdf	bbenge	05/17/2018 12:00 AM
Select	Delete	<input type="text"/>	48117	HCBS Residential Member Assessment - 48117.pdf	bbenge	03/09/2018 12:00 AM
Select	Delete	<input type="text"/>	48116	HCBS Residential Member Assessment - 48116.pdf	bbenge	03/09/2018 12:00 AM
Select	Delete	<input type="text"/>	48115	HCBS Residential Member Assessment - 48115.pdf	bbenge	03/09/2018 12:00 AM
Select	Delete	<input type="text"/>	52393	HCBS Residential Member Assessment - 52393.pdf	bbenge	03/09/2018 12:00 AM
Select	Delete	<input type="text"/>	52392	HCBS Residential Member Assessment - 52392.pdf	bbenge	03/09/2018 12:00 AM

Page 1 of 2 Pages

HCBS Residential Member Assessment Form

- HCBS Residential Assessment Form is successfully uploaded

Upload/View Documents (Hide Upload/View Documents...)

State ID: ██████████

Member Name: ██████████

Select a File: No file chosen

Please select file of the following type: .pdf

HCBS Residential Setting Member Assessment(HCBS Residential Member Assessment Form_Test.pdf) uploaded successfully. Assigned Number is 215513.