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STATE OF IOWA DEPARTMENT OF

Health <sup>AND</sup> Human

SERVICES

# HCBS Residential Assessment Application

User Guide

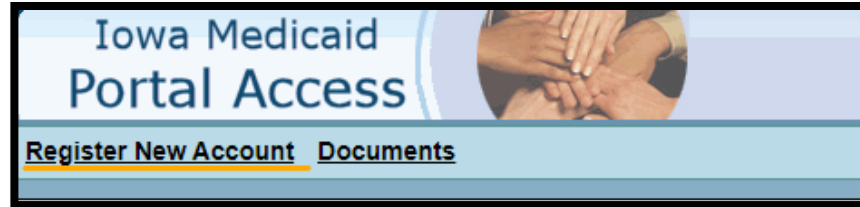
03/13/2024

# Revision History

Version	Changed By	Date	Description
1	Larry Gamblin	12/23/2023	First Version
2	Ashish Upreti	01/24/2024	Second Version
3	Brooke Watson & Ashish Upreti	03/13/2024	Third Version – Updated wordings, screenshots, and conditions that triggers Part 2 and beyond.

# IMPA Registration

- If you do not already have access to IMPA, please register here: [IMPA \(state.ia.us\)](https://state.ia.us). Upon accessing the IMPA home page, select Register New Account.



- Fill out the information requested after selecting Register New Account.


A screenshot of the registration form on the Iowa Medicaid Portal. The form is titled "Iowa Medicaid Portal Access" and has a sub-header "Register New Account Documents". It contains several input fields: "User Name:" (with a password icon), "First Name:" (with a lock icon), "Last Name:" (with a lock icon), "Password:" (with a password icon), "Password (Confirmation):" (with a password icon), "Email:" (with a lock icon), "Email (Confirmation):" (with a lock icon), and "Phone Number:". Below the fields is a checkbox labeled "I'm not a robot" and a reCAPTCHA logo. At the bottom left, it says "\* - Required items for registering." and at the bottom right, there is a "Cancel" link.

# Residential Assessment Application Access

- Once you have access to IMPA, you will need to register for access to the Residential Assessment Application.
- For access to the Residential Assessment Application, please use the link on [IMPA \(state.ia.us\)](https://state.ia.us) landing page titled: Residential Assessment Registration form

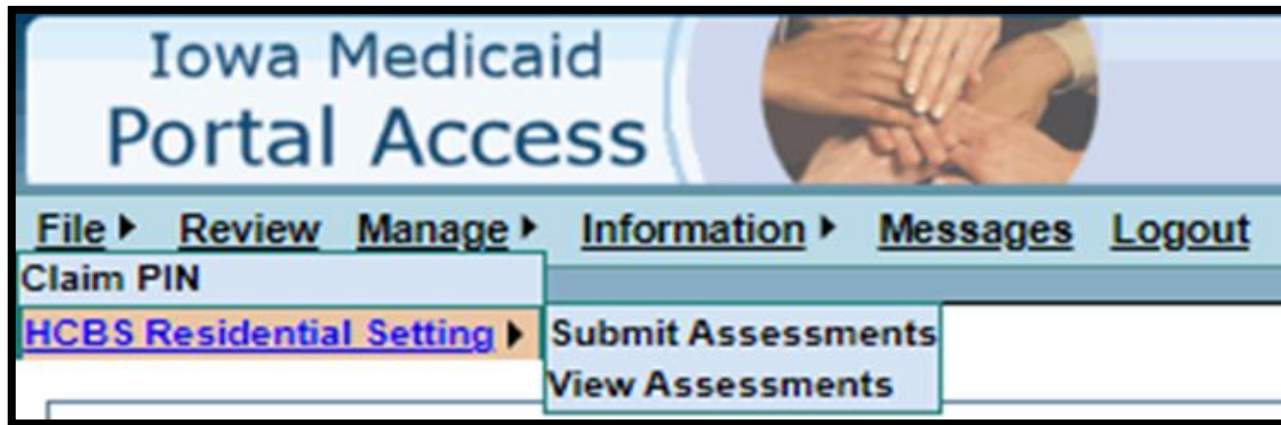
[Click here for the User Registration Guide](#)[Forgot User Name?](#)

Featured Functionality

- **EFFECTIVE 1/1/2024 NEW RESIDENTIAL ASSESSMENT APPLICATION HAS REPLACED FORM 470-5466 (this means that users will no longer be able to upload HCBS Residential Assessment as a file upload document after 1/1/2024).**
  - For technical issues with the Residential Assessment application, contact: [IMPASupport@dhs.state.ia.us](mailto:IMPASupport@dhs.state.ia.us)
  - For technical issues with IMPA, contact: [impahelpdesk@dhs.state.ia.us](mailto:impahelpdesk@dhs.state.ia.us)
  - For questions regarding requirements for the Residential Assessment, HCBS settings, or other HCBS requirements, contact your HCBS specialist or the general mailbox at [HCBSwaivers@dhs.state.ia.us](mailto:HCBSwaivers@dhs.state.ia.us).
  - [Residential Assessment User Guide](#)
  - [Residential Assessment Registration form](#) 
  - [Residential Assessment Downloadable Document](#)
- [Critical Incident Report User Guide](#)
  - For issues related to IMPA access or access to the new Critical Incident Report application, contact: [IMPASupport@dhs.state.ia.us](mailto:IMPASupport@dhs.state.ia.us)
  - For general questions about incident reporting requirements, contact your HCBS Specialist: <https://hhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/hcbs-contacts> or the general mailbox: [HCBSwaivers@dhs.state.ia.us](mailto:HCBSwaivers@dhs.state.ia.us)
  - To delete a duplicate or incorrect critical incident report, contact: [hcbsir@dhs.state.ia.us](mailto:hcbsir@dhs.state.ia.us)
- [Critical Incident Report Access Registration Form](#)
- [Nursing Facility Medically Exempt Access User Guide](#)

# How to Start a Residential Assessment

- Once you have an account and access to the application, follow these steps to create a new Assessment.
  - Sign into IMPA. [IMPA \(state.ia.us\)](http://state.ia.us)
  - To create a new residential assessment: In the navigation bar, go to Files > HCBS Residential Setting > Submit Assessment



# User Information & NPI

Enter User Information and the NPI of your employer. Select Search

\*An NPI is required unless you are with the Quality Improvement Organization.

User information & National Provider Identifier Search

First Name:

Last Name:

Telephone:

Email:

\*National Provider Identifier:

Iowa Department of Human Services

- When the list populates, Click “Select”

User information & National Provider Identifier Search

First Name:

Last Name:

Telephone:

Email:

\*National Provider Identifier:

Provider Name	NPI	Provider Number	Address 1	Address 2	City	State	Zip	Phone
<input type="button" value="Select"/> AMERIGROUP IOWA	1225400096	0115936	4800 WESTOWN PKWY STE 400		WEST DES MOINES	IA	502660000	8006004441

Iowa Department of Human Services

# Dashboard Page

When first logging in to the Residential Assessment you will be brought to the Dashboard page where you will find the assessments associated with your group.

HCBS Residential Setting Assessment

Logout

Create New

Search

Last 4 digits of Assessment ID

Member SID

Assessment Type

Assessor Last Name

Search

Clear

Results

Member SID ↑	Assessment ID ↑	Assessment Type ↑	First Name ↑	Last Name ↑	Assessor Name ↑	Assessment Date ↑	
	RA202403110000014912	Initial				03/11/2024	<a href="#">Cancel</a>
	RA202403080000014911	Initial				03/01/2024	<a href="#">Cancel</a>
	RA202403070000014908	Initial				03/01/2024	
	RA202403060000014902	Initial				03/06/2024	
	RA202403060000014901	Initial				03/06/2024	
	RA202403050000013905	Initial				03/01/2024	
	RA202403050000013904	Initial				03/01/2024	<a href="#">Cancel</a>
	RA202403050000013901	Initial				01/01/2024	<a href="#">Cancel</a>
	RA202402270000013792	Initial				02/27/2024	
	RA202402230000012952	Initial				02/23/2024	

Items per page: 10

1 – 10 of 13

[<](#) [>](#) [>>](#)

# PART I: MEMBER & ASSESSMENT DETAILS

- The HCBS Residential Assessment Application is designed as a central location for Community Based Case Managers (CBCM), Targeted Case Managers (TCM), IHH Care Coordinators, and Money Follows the Person (MFP) Transition Specialists to create and submit Residential Assessments for Iowa Medicaid members enrolled in one of seven Iowa HCBS Waivers, Habilitation and/or MFP.

\*Effective 01/01/2024, Form 470-5466 is no longer available for use. Additionally, users are no longer able to upload HCBS Residential Assessment as a file upload in IMPA. HCBS Residential Assessments must be completed by following steps included in this user guide.



# Things to Remember

- The Residential Assessment must be conducted with all HCBS waiver, Habilitation, and Money Follows the Person (MFP) members.
- Residential Assessments must be conducted in-person and in the member's place of residence within thirty days of admission to HCBS waiver, Habilitation, or MFP services and at least annually thereafter. A new residential assessment must be done within 30 days of a member moving.
- The member must be present, but parents, guardians, or provider staff may participate as needed or desired by the member.

# Step I: Select Assessment Type

Select an assessment type from the drop-down menu and use the calendar option to select the date of the assessment. Current date will automatically prefill. Select Next.

**Note:** Assessment date can be prior to 90 days from the current date.

The screenshot displays the 'HCBS Residential Setting Assessment' web application. The header includes the 'Iowa Medicaid IOWA HHS' logo, the title 'HCBS Residential Setting Assessment', and a 'Logout' button. A 'Go to Dashboard' button is located in the top left. The main navigation bar shows five steps: 'Member and Assessment Details' (active), 'Residential Assessment', 'Compliance Determination', 'Remediation', and 'Review & Submission'. The 'Create New Assessment' section features a progress bar with five steps: '1 Assessment Type' (selected), '2 Member Information', '3 Assessor Information', '4 Programs And Services', and '5 Residential Setting Details'. Below this, the 'Assessment Details' section contains two fields: 'Select an assessment type:' with a dropdown menu showing 'Initial', 'Annual', and 'Other' options, and 'Select an assessment date:' with a calendar icon. A 'Next' button is positioned at the bottom right of the form.

# Step 2: Member Lookup

Enter the Member ID and hit Search to locate the correct member. Once the correct member is identified, select Next

Go to Dashboard

Member and Assessment Details Residential Assessment Compliance Determination Remediation Review & Submission

Create New Assessment

1 Assessment Type 2 Member Information 3 Assessment 4 Programs And Services 5 Residential Setting Details

Look up by Member ID

Search

Search for Member ID Search Clear

Back Next

# Step 3:Validate Member

Enter member’s address information and select Validate.Telephone number and Email are optional.

Member Details

First Name

Last Name

Date of Birth

Address 1

+ Add C/O, Apt, Suite, Unit

City

State

Postal Code

Telephone Number (Optional)

Email (Optional)

Validate

# Member Validation – Important:

When you start entering the address, a pop-up box will populate requesting confirmation that you are utilizing the member's physical address. The physical address where the member resides is **required**. Select the check box in the confirmation box. An additional screen will populate for the normalized address to be selected (shown on next slide). Select the normalized address in the Address Validation box. Select Next.

✓ Assessment Type    ✎ Member Information    3 Assessor Information    4 Programs And Services    5 Residential Setting Details

Search

Search for Member ID

Search

Clear

As of Assessment Date **03/11/2024** this member is Assigned to **Amerigroup**

Member Details

First Name

Last Name

Date of Birth

Address 1

+ Add C/O, Apt, Suite, Unit

City

State

Postal Code

Telephone Number (Optional)

Email (Optional)

Validate

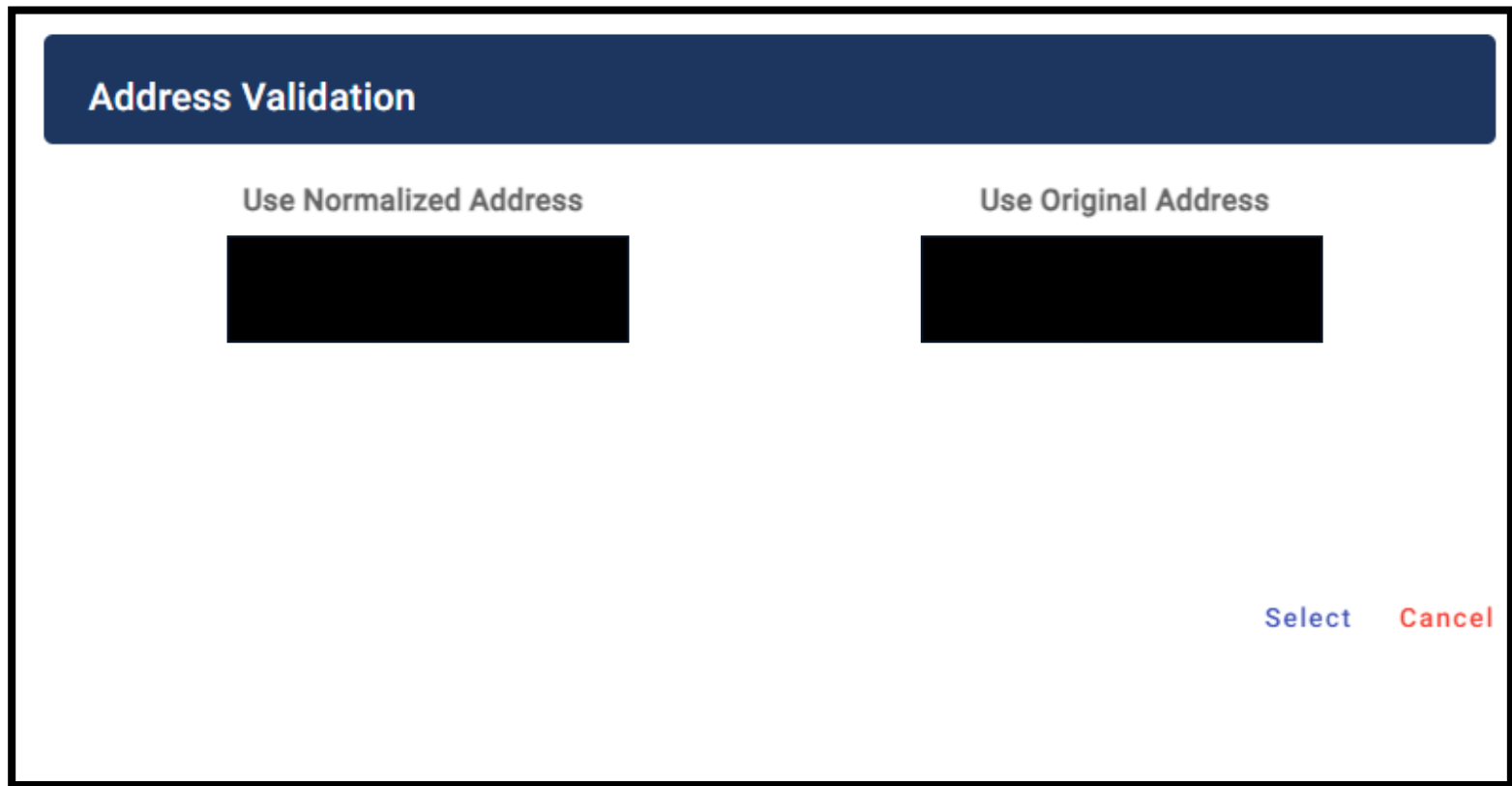
Confirmation

☐

Please check to acknowledge that you will enter physical address and not P.O boxes as member address.

# Member Address Validation - Important

After selecting the checkbox in the confirmation box that pops up when validating the member, you will be prompted in the following box to validate the member's address. Select the Normalized Address to continue.



The image shows a dialog box titled "Address Validation" with a dark blue header. Below the header, there are two options: "Use Normalized Address" and "Use Original Address". Each option has a corresponding black rectangular button. At the bottom right of the dialog box, there are two buttons: "Select" in blue text and "Cancel" in red text.

Address Validation	
Use Normalized Address	Use Original Address
<input type="button" value="Normalized Address"/>	<input type="button" value="Original Address"/>
<input type="button" value="Select"/> <input type="button" value="Cancel"/>	

# Step 4: Assessor Information

Enter your information as the Assessor in the required fields, click Save and Next

### Assessor Organization Type

☐ Amerigroup CBCM

☐ Iowa Total Care CBCM

☐ Molina CBCM

☐ HHS Targeted Case Manager

☐ Integrated Health Home Care Coordinator

☐ Money Follows the Person (MFP) Transition Specialist

☒ Other

### Assessor Details

First Name

Soumya

Last Name

Test

Address 1 (Optional)

+ Add C/O, Apt, Suite, Unit

City (Optional)

State (Optional)

Postal Code (Optional)

Telephone Number

(515) 123-4567

Email

test@abc.com

Back

Clear

Save and Next

# Step 5: Select Programs and Service Details

Select the program utilized by the member by clicking on the program name. This will show a list of services and a box to add provider.

\*Reminder: Member may have just Waiver, just HAB, just MFP, or Waiver in combination with HAB. If MFP is chosen, no other programs can be selected simultaneously.

Select Programs and Services

Expand Selected

MFP

AIDS/HIV Waiver

- ☐ CDAC Agency
- ☐ CDAC Individual
- ☐ Counseling
- ☐ Respite
- ☐ Self-Directed Personal Care Services (CCO)
- ☐ Waiver-funded nursing, home health aide or homemaker services
- ☐ Member doesn't receive any of the services identified above.

Brain Injury Waiver



# Step 5: Select Programs and Service Details- Continued

Select the service(s) member accesses under the correct program.

\*Example: If a member accesses Waiver funded nursing through the AIDS/HIV Waiver and Home-Based Habilitation through Habilitation, you would select Waiver funded nursing under the AIDS/HIV Waiver program and Home-Based Habilitation under the Habilitation program.

Select Programs and Services

Expand Selected

MFP

AIDS/HIV Waiver

☐ CDAC Agency

☐ CDAC Individual

☐ Counseling

☐ Respite

☐ Self-Directed Personal Care Services (CCO)

☐ Waiver-funded nursing, home health aide or homemaker services

☐ Member doesn't receive any of the services identified above.

Brain Injury Waiver

Children's Mental Health Waiver

Elderly Waiver

# Important Note – Service Details

After selecting the member's program, if they do not access any of the services listed individually, check the box that indicates “Member doesn't receive any of the services identified above”. Select Save and Next.

Select Programs and Services

Expand Selected

MFP

AIDS/HIV Waiver

☐ CDAC Agency

☐ CDAC Individual

☐ Counseling

☐ Respite

☐ Self-Directed Personal Care Services (CCO)

☐ Waiver-funded nursing, home health aide or homemaker services

☐ Member doesn't receive any of the services identified above.

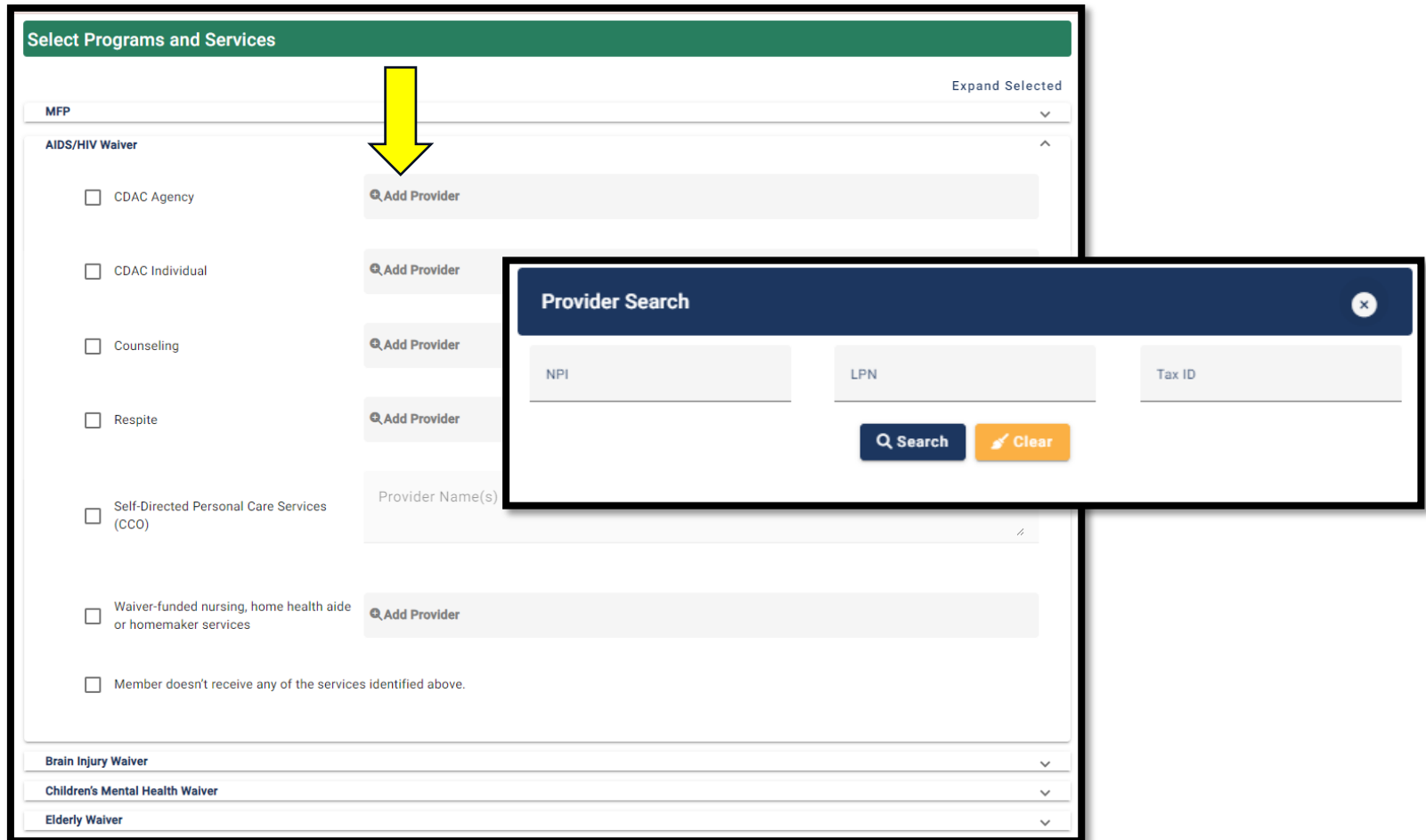
Brain Injury Waiver

Children's Mental Health Waiver

Elderly Waiver

# Step 6: Adding Providers

A provider will need to be added for each service the member accesses. Click on Add Provider. The Provider Search box will populate. Enter the Provider NPI and select Search. Select the Provider that generates with the NPI entered. Select Save and Next.



The screenshot shows a web interface for selecting programs and services. A yellow arrow points to the 'Add Provider' button next to the 'CDAC Agency' service. A modal window titled 'Provider Search' is open, showing input fields for NPI, LPN, and Tax ID, along with 'Search' and 'Clear' buttons.

**Select Programs and Services**

Expand Selected

MFP

AIDS/HIV Waiver

- ☐ CDAC Agency **Add Provider**
- ☐ CDAC Individual **Add Provider**
- ☐ Counseling **Add Provider**
- ☐ Respite **Add Provider**
- ☐ Self-Directed Personal Care Services (CCO) **Add Provider**
- ☐ Waiver-funded nursing, home health aide or homemaker services **Add Provider**
- ☐ Member doesn't receive any of the services identified above.

Brain Injury Waiver

Children's Mental Health Waiver

Elderly Waiver

**Provider Search**

NPI LPN Tax ID

**Search** **Clear**

# Step 7: Select Residential Setting Details

Select the details of the member's living arrangement details that best describe the member's circumstances. Check all that apply.

Member's Living Arrangement Details

Member's Living Arrangement Details

☐ Member is homeless.

☐ Member lives alone.

☐ Member lives with unrelated person or persons for the purposes of receiving HCBS.

☐ Member lives with unrelated person or persons not related to receiving HCBS. i.e., significant other, friends.

☐ Member's lives in an RCF or Assisted Living Facility.

☐ Member is a minor and lives with related person(s) or legal guardian.

☐ Member is an adult and lives with related person(s) or legal guardian.

☐ Other (Requires full assessment)

☐ Other (Doesn't require full assessment)

Residence Ownership and Control Details

☐ The member owns their place of residence.

☐ The member rents their place of residence directly from a community landlord.

☐ The member lives with an unpaid relative, friend or legal representative who owns or rents the residence.

☐ The member lives with a paid caregiver who owns or rents the residence.

☐ The member subleases their place of residence from their HCBS residential service provider who owns or rents the residence. (i.e. a "provider owned or controlled" setting)

Type of Residence

☐ Unit in multiplex (duplex, 4-plex, 8-plex, condos, apartment building, etc.)

☐ House – Single Family Dwelling (house, trailer, row house, townhouse)

☐ DIA licensed Residential Care Facility (RCF)

☐ DIA licensed assisted living facility

☐ Host Home

# Step 8: Answer Residential Setting Details

Answer all member's living arrangement questions.

Member's Living Arrangement Questions

How many individuals reside in this setting?

How many individuals receive HCBS funded services in this setting?

How many non- HCBS funded individuals receive services in this setting?

Do the members receiving Medicaid funded services live together for the purpose of receiving HCBS Waiver or Habilitation services?

Yes

No

N/A

Is the member's place of residence located on the grounds of or directly adjacent to a public or private institution?

Yes

No

N/A

Is the member's place of residence located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment?

Yes

No

N/A

Does the member's place of residence have the effect of isolating the member from the broader community of individuals not receiving HCBS?

Yes

No

N/A

Comments:

## PART 2: MEMBER ASSESSMENT DETAILS

- Part 2 of the HCBS Residential Assessment is designed to assess the member's experience while receiving HCBS:
  - in their place of residence.
  - to determine compliance with HCBS settings standards in the residential setting.

# Selections that trigger Part 2 and Beyond

## Program & Services

Note: Keep in mind that it is not required for all selections below to be met. If one of the selections below is met, the assessor is required to complete Part 2 and beyond.

- If Elderly Waiver (Program) with Assisted Living (Service) is selected.

A screenshot of a web application showing the 'Elderly Waiver' selection. At the top, 'Elderly Waiver' is selected and highlighted in a light blue bar. Below it, 'Assisted Living Service' is also selected, indicated by a blue checkmark in a box.

- If Intellectual Disability (Program) with Residential Based Supported Community Living (Service) is selected.

A screenshot of a web application showing the 'Intellectual Disability Waiver' selection. At the top, 'Intellectual Disability Waiver' is selected and highlighted in a light blue bar. Below it, 'Residential Based Supported Community Living (RBSCL)' is selected, indicated by a blue checkmark in a box.

- If Intellectual Disability (Program) or Brain Injury (Program) with SCL (Service) + “The member rents their place of residence directly from community landlord” is selected.

- This is the only combinational logic that we have in the application where you need a program and service with a selection in “Member Living Arrangement Detail” section to trigger Part 2 and beyond.

A diagram illustrating the combinational logic for triggering Part 2 and beyond. It shows two main components: 'Program & Service' and 'Member Living Arrangement Details', connected by a plus sign (+). Below 'Program & Service', there are two options: 'Intellectual Disability Waiver' and 'Brain Injury Waiver', both selected and highlighted in light blue bars. Below each waiver, 'SCL' is selected, indicated by a blue checkmark in a box. These two options are separated by the word 'OR'. To the right of the 'Program & Service' section is a plus sign (+), followed by the 'Member Living Arrangement Details' section. Below this, under the heading 'Residence Ownership and Control Details', the option 'The member rents their place of residence directly from a community landlord.' is selected, indicated by a blue checkmark in a box.

# Selections that trigger Part 2 and beyond

## Member Living Arrangement Details

Note: Keep in mind that it is not required for all selections below to be met. If one of the selections below is met, the assessor is required to complete Part 2 and beyond.

Member's Living Arrangement Details

Member's Living Arrangement Details

☐ Member is homeless.

☐ Member lives alone.

☒ Member lives with unrelated person or persons for the purposes of receiving HCBS.

☐ Member lives with unrelated person or persons not related to receiving HCBS, i.e., significant other, friends.

☒ Member's lives in an RCF or Assisted Living Facility.

☐ Member is a minor and lives with related person(s) or legal guardian.

☐ Member is an adult and lives with related person(s) or legal guardian.

☒ Other (Requires full assessment)

Residence Ownership and Control Details

☐ The member owns their place of residence.

☐ The member rents their place of residence directly from a community landlord.

☐ The member lives with an unpaid relative, friend or legal representative who owns or rents the residence.

☒ The member lives with a paid caregiver who owns or rents the residence.

☒ The member subleases their place of residence from their HCBS residential service provider who owns or rents the residence. (i.e. a "provider owned or controlled" setting)

Type of Residence

☐ Unit in multiplex (duplex, 4-plex, 8-plex, condos, apartment building, etc.)

☐ House – Single Family Dwelling (house, trailer, row house, townhouse)

☒ DIA licensed Residential Care Facility (RCF)

☒ DIA licensed assisted living facility

☒ Host Home



# Selections that trigger Part 2 and beyond

## Member Living Arrangement Questions

Note: Keep in mind that it is not required for all selection below to be met. If any one of the question below is answered as “Yes”, the assessor is required to complete Part 2 and beyond.

**Member's Living Arrangement Questions**

Do the members receiving Medicaid funded services live together for the purpose of receiving HCBS Waiver or Habilitation services?

☒ Yes ☐ No ☐ N/A

Is the member's place of residence located on the grounds of or directly adjacent to a public or private institution?

☒ Yes ☐ No ☐ N/A

Is the member's place of residence located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment?

☒ Yes ☐ No ☐ N/A

Does the member's place of residence have the effect of isolating the member from the broader community of individuals not receiving HCBS?

☒ Yes ☐ No ☐ N/A

# Selections that WON'T trigger Part 2 and beyond

## Member Living Arrangement Details

Note: Keep in mind that if any of the selection below are checked then user is not required to do part 2 and beyond. The selection below will take precedence over any other selection that the assessor has chosen.

- If “Other” (Doesn’t require full assessment) is checked, it is required for you to enter the description in the text field.

— Member's Living Arrangement Details

Member's Living Arrangement Details

☒ Member is homeless.

☐ Member lives alone.

☐ Member lives with unrelated person or persons for the purposes of receiving HCBS.

☐ Member lives with unrelated person or persons not related to receiving HCBS. i.e., significant other, friends.

☐ Member's lives in an RCF or Assisted Living Facility.

☐ Member is a minor and lives with related person(s) or legal guardian.

☐ Member is an adult and lives with related person(s) or legal guardian.

☐ Other (Requires full assessment)

☒ Other (Doesn't require full assessment)

# Step 8: Assess Member's Choice

Use the questions below to assess the member's place of residence for compliance with the HCBS Settings Rule.

## Assess Member's Choice

1 Mem... — 2 Mem... — 3 Mem... — 4 Membe... — 5 Membe... — 6 Member C... — 7 Member A... — 8 Mem... — 9 Memb...

### Members Choose where and with whom they live

#### Guidance Questions:

Was the member given a choice of available options regarding where to live/receive services?

Yes

No

N/A

Is the setting in the community among other private residences?

Yes

No

N/A

Was the member given the opportunity to visit other settings?

Yes

No

N/A

# Requirements to Complete Part 3

The purpose of Part 3 is to summarize responses in Part 2, determine overall compliance, and assist in developing appropriate remediation.

If “No” is selected for any of the Main Questions on Part 2, then Part 3 will be required

# PART 3: COMPLIANCE DETERMINATION


## ■ Part 3 focuses on:

- if the member is integrated into their community.
- if the residential setting optimizes the member's autonomy and independence.
- if any limitations, modifications, or restrictions are supported by the member's assessed needs and justified in the person-centered service plan.

# Step 9: Compliance Determination

Based on answers in step 8, answer Yes or No to the following statements. If a No response is indicated for one or more of the items below, Part 4 must be completed, and the Residential Assessment will be flagged for follow-up and assurance that remediation plans are effectively carried out.

**Compliance Determination**

+  Instructions

**Main Questions:**

The member has access and opportunity to use the community resources to meet individual needs and preferences.

☐ Yes ☐ No

The residential setting supports the member to live, work, and recreate in the community to the degree desired by the member.

☐ Yes ☐ No

The residential setting optimizes the member's autonomy and independence in making choices.

☐ Yes ☐ No

All limitations, restrictions, or modifications to HCBS settings standards or other member rights are supported by a specific assessed need and justified in the person-centered service plan.

☐ Yes ☐ No

# Reference: Requirements to Complete Part 4

If you find something during the Residential Assessment that needs to be addressed or fixed in some way, the remediation section gives you a place to document what will be done to resolve the issue and reduce the likelihood for it to happen again in the future.

If “No” is selected for any of the Main Questions on Part 3, then Part 4 will be required

# PART 4: REMEDIATION

“Remediation” means the action that will be taken when something needs changed or “fixed”.

- The goal is to resolve any immediate issues and to prevent or reduce the likelihood that the issue will reoccur.
- Remediation may be the responsibility of:
  - the case manager and/or
  - the Interdisciplinary Team (IDT) and/or
  - the HCBS Residential Provider
- Case managers have an essential role in ensuring remediation of identified issues is completed.
- Potential remediation may include:
  - changes to a member’s person-centered plan, including applicable behavioral intervention plans.
  - review of restrictive interventions for continued necessity.
  - the addition of or changes to services, providers, assistive devices, or equipment to enhance a person’s independence and autonomy in their living environment.
- The Residential Assessment application remediation section provides a way to document the identified issues and the path for fixing them.



# Step 10: Remediation

Select the type of remediation that was or will be taken to remediate non-compliance with HCBS settings requirements in the member's residential service setting. Check all that apply. Then, in the space provided describe steps that are being taken. Description is required.

## Member Level Remediation

### ☐ Member Level Remediation

The following remediation or modifications are recommended.

- ☐ Member education regarding their rights in HCBS residential settings.
- ☐ Member education regarding available residential options, residential service options, or residential service provider options.
- ☐ Review and update to the member's person-centered plan.
- ☐ Review and update to the member's restrictive intervention plans or behavioral intervention plan.
- ☐ Addition of or changes to services, supports, assistive devices, or equipment.
- ☐ Other:

☐ Initiated



☐ Completed



Further describe remediation of identified issues here.

## Provider Level Remediation

### ☐ Provider Level Remediation

The following remediation or modifications are recommended.

- ☐ Staff training or education
- ☐ Review of the member's person-centered plan to ensure staff are following the agreed upon plan.
- ☐ Review of the member's restrictive intervention plans or behavioral intervention plan to ensure staff are following the agreed upon plan.
- ☐ Environmental modifications.
- ☐ Updates to policies or procedures.
- ☐ Other:

☐ Initiated



☐ Completed



Further describe remediation of identified issues here.

# Step 11: Review and Submit

Review the assessment and select Submit.

[Go to Dashboard](#)

Member: [REDACTED] RA\_ID: [REDACTED]

Member and Assessment Details Residential Assessment Compliance Determination Remediation Review & Submission

## Review And Submission

### Member and Assessment

Assessment Date: 11/15/2023 Assessment Type: Initial Assessment Status: In-Progress

**Member's Information**  
Name: [REDACTED]  
DOB: [REDACTED]  
Phone: [REDACTED]  
Email: [REDACTED]

**Assessor's Information**  
Name: [REDACTED]  
Phone: [REDACTED]  
Email: [REDACTED]  
Org Type: [REDACTED]

**Member's Address**  
Address: [REDACTED]  
City: [REDACTED]  
State: [REDACTED]  
Zip: [REDACTED]

**Assessor's Address**  
Address: [REDACTED]  
City: [REDACTED]  
State: [REDACTED]  
Zip: [REDACTED]

**Programs and Services**  
Wavler  
AIDS/HIV

**Service**  
CDAC Individual

**Provider**  
AMERIGROUP IOWA

**Residential Setting Details**

- + Member's living arrangement details
- + Member's living arrangement questions

+ Residential Assessment

+ Compliance Determination

+ Remediation

[Back](#) [Submit](#)

Review & Submission Page will be used to View/Edit and Submit Assessment

After Selecting Submit you will no longer have access to this assessment in Residential Assessment Application. You will need to look-up assessment in IMPA

# Additional Information:



# Abbreviations



MFP – Money  
Follows Person

BI – Brain Injury  
Waiver

SCL - Supported  
Community Living

EW – Elderly  
Waiver

ID – Intellectual  
Disability Waiver

HAB –  
Habilitation

RBSCCL -  
Residential Based  
Supported  
Community Living

RCF – Residential  
Care Facility

HCBS – Home  
Community Based  
Services

# Role Descriptions

- Administrator: Add user roles for your group. This role should be limited to one or two persons within your organization that manages staff security access.
- Assessor: View, Assess, and Print Assessments (Assessor can see Assessments for that Group)
  - Create – Create New Assessment Button is visible
  - Search – Assessor can search active assessments
  - Select – Ability to Select assessment and review
  - Cancel – Cancel before assessment is complete at the Dashboard. User can only cancel their own assessment.
  - Edit – Modify previously created assessment. Doesn't apply for submitted or completed.
- Reviewer: View, Print, View Docs (Reviewers can see Assessments for that Group)
  - Search – Can only search active assessments
  - Select – Ability to Select assessment and review
- Specialist: View, Assess, Print, View Docs and Delete (Superusers, has access to everything)
  - Search – Can search all assessment
  - Select – Ability to Select assessment and review
  - Edit – Modify previously created assessment. Only remediation section can be edited.
  - Cancel – Cancel before assessment is complete at the Dashboard
  - Delete – After Assessment is submitted this role can delete assessment

# Support Needed:

For issues related to IMPA Residential Assessment application access, please email [IMPASupport@dhs.state.ia.us](mailto:IMPASupport@dhs.state.ia.us)

For policy or business-related questions please email [HCBSwaivers@dhs.state.ia.us](mailto:HCBSwaivers@dhs.state.ia.us)