

HCBS Residential Member Assessment in IMPA

July 22, 2022 Version 3

Iowa Medicaid Portal Access

- New to IMPA ? Visit <u>https://secureapp.dhs.state.ia.us/impa/Default.aspx</u>
- Click on Register New Account to register for an IMPA account. Chrome or Edge is the recommended browsers to use.
- Click here For <u>User Registration guide</u>
- If you are a current user you may skip to the next slide.



HCBS Residential Member Assessment in IMPA





- HCBS Residential Assessment users will be able to access the "HCBS Residential Assessment" page in IMPA
- From the IMPA menu in the top left corner select "File" -> Upload File -> HCBS Residential Assessment

Iowa Medicaid Portal Acces	s		
File ▶ Review ▶ Manage ▶ Claim PIN	Information Messages Logo	eut	
Health Home MCO Reporting and Resources		Localhost/Dev Region	
MCO-Member Lookup Member Lookup		Welcome to the Iowa Medicaid Portal Application!	
Upload File Dental Plan-Member Lookup MCO-Measures Facility CP Notice Eligibility Review Date Verify Habilitation Eligibility Interviewer	CSA Document to IME Health Home Vendor Critical Incident Report Wraparound Payment Request Unassigned Member Assessment <u>HCBS Residential Assessment</u>	Click here for the User Registration Guide	
		Featured Functionality	
4 TO	1□ 3600 × 1080nx		



Select "HCBS Residential Assessment" from File drop down

Iowa Medicaid Portal Access File + Review + Manage + Information + Messages Logout
: Upload File : HCBS Residential Assessment
Search Criteria State ID: Search Clear
Iowa Department of Human Services



Enter a valid state id and click on Search. If the state id is valid, IMPA will display the appropriate member information.

Portal Ac	Cess				
<u>ile ► Review</u> ► <u>Ma</u> r	nage 🕨 Infor	mation Messages Logout			
pload File : HCBS Residenti	ial Assessment				
- Search Criteria					T
		2			
State ID:					
	Search	Clear			
Upload/View Docu	ıments (Hi	ide Upload/View Documents)			
State ID:					
Member Namer					
Member Mame.					
Select a File:	hoose File No	o file chosen			
Ple	ase select file of	the following type: .pdf			
Ple	upload	the following type: .pdf			
Ple	Upload	the following type: .pdf			
Ple	Upload	the following type: .pdf			
Ple State ID	Process ID	the following type: .pdf <u>Document Name</u>	Uploaded User	Date/Time Uploaded	I
Ple State ID Select	Process ID	the following type: .pdf <u>Document Name</u> HCBS Residential Member Assessment - 145378.pd	Uploaded User	Date/Time Uploaded 04/08/2021 12:00 AM	
Ple State ID Select	Process ID 145376	the following type: .pdf <u>Document Name</u> HCBS Residential Member Assessment - 145378.pd HCBS Residential Member Assessment - 145376.pd	Uploaded User	Date/Time Uploaded 04/08/2021 12:00 AM 04/08/2021 12:00 AM	-
Ple State ID Select Sel	Process ID 45378 45376 45377 45597	Document Name Document Name HCBS Residential Member Assessment - 145378.pd HCBS Residential Member Assessment - 145376.pd HCBS Residential Member Assessment - 145377.pd	Uploaded User	Date/Time Uploaded 04/08/2021 12:00 AM 04/08/2021 12:00 AM 04/08/2021 12:00 AM	-
Ple State ID Select Sel	Process ID 45378 45376 45377 45377 45370	Document Name <u>Document Name</u> HCBS Residential Member Assessment - 145378.pd HCBS Residential Member Assessment - 145376.pd HCBS Residential Member Assessment - 145377.pd HCBS Residential Member Assessment - 145370.pd	Uploaded User	Date/Time Uploaded 04/08/2021 12:00 AM 04/08/2021 12:00 AM 04/08/2021 12:00 AM 02/01/2021 12:00 AM	
State ID Select 1	Process ID 45378 45376 45377 45377 45370 45369	Document Name <u>Document Name</u> HCBS Residential Member Assessment - 145378.pd HCBS Residential Member Assessment - 145376.pd HCBS Residential Member Assessment - 145377.pd HCBS Residential Member Assessment - 145370.pd HCBS Residential Member Assessment - 145369.pd	Uploaded User	Date/Time Uploaded 04/08/2021 12:00 AM 04/08/2021 12:00 AM 04/08/2021 12:00 AM 02/01/2021 12:00 AM 02/01/2021 12:00 AM	
State ID Select 1	Process ID 453378 453376 453377 453370 45369 45368	Document Name HCBS Residential Member Assessment - 145378.pd HCBS Residential Member Assessment - 145376.pd HCBS Residential Member Assessment - 145377.pd HCBS Residential Member Assessment - 145370.pd HCBS Residential Member Assessment - 145369.pd HCBS Residential Member Assessment - 145368.pd	Uploaded User	Date/Time Uploaded 04/08/2021 12:00 AM 04/08/2021 12:00 AM 04/08/2021 12:00 AM 02/01/2021 12:00 AM 02/01/2021 12:00 AM	
State ID Select 1	Process ID 453378 145376 145377 145377 145370 145369 145368	Document Name HCBS Residential Member Assessment - 145378.pd HCBS Residential Member Assessment - 145376.pd HCBS Residential Member Assessment - 145377.pd HCBS Residential Member Assessment - 145370.pd HCBS Residential Member Assessment - 145369.pd HCBS Residential Member Assessment - 145368.pd	Uploaded User	Date/Time Uploaded 04/08/2021 12:00 AM 04/08/2021 12:00 AM 04/08/2021 12:00 AM 02/01/2021 12:00 AM 02/01/2021 12:00 AM	ment of Human Services



"Choose File" -> Select the completed Resident Assessment file(pdf) and click on "Upload" to upload a HSBC Residential Assessment.

Iowa Medicaid Portal Access
File > Review > Manage > Information > Messages Logout
: Upload File : HCBS Residential Assessment
Search Criteria State ID: Search Clear
Upload/View Documents (Hide Upload/View Documents) Image: Comparison of the Upload is a second of the Upload is a second of the following type: .pdf Select a File: Choose File CC.Residential Assessment.pdf Please select file of the following type: .pdf Image: Upload No documents found. Image: No documents found.
Iowa Department of Human Services



- Once it is uploaded, successful message is displayed.
- If you are an administrator you will see all documents uploaded by all users for this state id

Iowa Medicaid Portal Access		
File Review Manage In	nformation Messages Logout	
Upload File : HCBS Residential Assessmen	ent	
Search Criteria State ID: Search	Clear	
Upload/View Documents State ID: Member Name: Select a File: Choose File Please select file Upload	(Hide Upload/View Documents) ⊠ No file chosen ile of the following type: .pdf	
HCBS Residential Setting Member A State ID Process I Select 125475	Assessment(HCBSRSA1202021.pdf) uploaded successfully. Assigned Number is 125475. ID Document Name Uploaded User Date/Time Uploaded HCBS Residential Member Assessment - 125475.pdf 04/08/2021 03:05 PM	
	Iowa Department of Hu	iman Services



Once the file is uploaded it can be viewed, downloaded (saved to the user's local computer or a share drive) or printed.

Iowa Medicaid Portal Access				
File ► Review ► Manage ► Inf	ormation Messages Logout			
United City - UCBC Peridential Accorregent				
oppoacting in the inclusive submitted and assessment				
Search Criteria			1	
State ID:				
Search	Clear			
Jean				
Upload/View Documents (Hide Upload/View Documents)		×	
State ID:				
Member Name:				
Select a File: Choose File	No file chosen			
Please select file	of the following type: .pdf			
Linload	a			
Opioda				
State ID Process II	Document Name	uploaded User	Date/Time Uploaded	
Select 145378	HCBS Residential Member Assessment - 145376.pdf		04/08/2021 12:00 AM	
Select 145370	UCBS Residential Member Assessment - 145376.pdf		04/08/2021 12:00 AM	
Select 145377	UCBS Residential Member Assessment - 145377.pdf		02/01/2021 12:00 AM	
Select 145370	HCBS Residential Member Assessment - 145370.pdf		02/01/2021 12:00 AM	
Select 145369	HCBS Residential Member Assessment - 145369.pdf		02/01/2021 12:00 AM	
<u>Beleet</u> 145500	incos Residential Hember Assessment 145308.pdf		02/01/2021 12:00 AM	
			Iowa Departm	ent of Human Services



> The document can be viewed by the click on 'Select'



Iowa Department of Human Services

Home- and Community-Based Services (HCBS) Residential Setting Member Assessment

I. Member information			
Member Name:		Member ID:	
Address:			
City: Iowa City	Iowa	Zip: 52246	
HCBS Waiver:			
Services Received: Day Habilitation			
HCBS Service Providers:			
Assessment Completed By:		Date: 01/20/2021	
DHS/MCO/IHH Unit: MCO Case Manager			
Please check: I Initial Assessment I Ann	nual Assessment		
Number of Waiver or Habilitation members living	g in the setting: 1		
These settings are presumed to be integrated of three settings and do not meet any criteria in pa <i>Member information</i> of this assessment.	ommunity settings. Mem rt 2 below are required to	bers that meet one of these only complete section I.	
Member's residential setting (part 2). The follow determine compliance with the HCBS setting rul setting that is:	ving residential settings re les. Please check all that	equire additional review to apply. The member lives in a	
Located on the grounds of or directly adj	acent to a public or privat	te institution.	
A licensed facility (residential care, assis	ted living, other).		
Where two or more members receiving N waiver/habilitation service.	Medicaid funded services	live together to receive	
Where multiple HCBS/habilitation living within the community.	units are co-located in clo	se proximity to each other	
Owned or operated by the provider of se	rvice.		
Members that meet any part 2 criteria shall have Residential Setting Member Assessment comple IHH). Assessments shall be conducted in perso assessments shall be conducted by December 3	e Section III. <i>Member Out</i> eted by the assigned case on and in the home where 31, 2017, and annually th	tcomes of the HCBS e coordinator (CBCM, CM or e the member lives. Initial ereafter.	
Please submit completed electronic assessment	ts to:		



- Reporting is provided at the summary level based on dates and waiver type.
- Go to Information -> Reports

IMPA × +
← → C බ bttps://dhsdevmsdwa.dhs.state.ia.us/IMPA/FileUpload/G360/HRMAFileUpload.aspx#
Iowa Medicaid Portal Access
File Neview Manage Information Messages Logout
Search Criteria
State ID: Search Clear



Select HCBS Member Assessment and click on "Run Report"

Iowa Medicaid Portal Access
File Review Manage Information Messages Logout
: Reports
Report: HCBS Member Assessment 🗸



Enter or select the desired criteria and click on "View Report". Reports can be exported to a variety of formats.

	× +
	ps://secureapp.dhs.state.ia.us/impa/Information/Reports.aspx
Iowa Medicaid	
Portal Access	
► <u>Review</u> ► <u>Manage</u> ► <u>Inform</u>	nation Messages Logout
orts	
Report: HCBS Mem Run Report StartDate 3/26/2021 12:00:00 A WaiverSelect	Dort M EndDate 4/10/2021 12:00:00 AM View Report
AIDS - HIV	♦ Select a format Export
Reporting Peri Habilitation Services Health Disability	Date of Report: 4/9/2021
Intellectual Disability Physical Disability Total number or assessments con	npleted: 990
I lotal number of accorements the	t only completed Part 1: 740

