



Iowa Department of Human Services

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INFORMATIONAL LETTER NO. 1030

DATE: August 12, 2011

TO: Iowa Medicaid Habilitation and Home and Community Based Services (HCBS) Waiver Providers

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: 2011 Provider Quality Management Self-Assessment and Direct Care Workforce Data Collection

The Home and Community Based Services (HCBS) Provider Quality Management Self-Assessment process was developed as a way for the State to gather data to support the performance measures that have been developed to meet the quality framework assurances as required by the Centers for Medicare and Medicaid Services (CMS). The provider self assessment process mirrors a CMS review process by requiring waiver providers to develop a quality improvement system of monitoring their own performance and then “showing” the State how it provides quality oversight.

The first step in the provider self-assessment process is to identify a core set of policies and procedures for all waiver providers based on the services they provide. The policies and procedures are the foundation of a provider’s performance and guide them on the provision of waiver services. The State has identified a minimal set of policies and procedures based on the CMS assurances, the Iowa Administrative Code requirements, federal regulations and best practices that have been identified through previous quality oversight activities of HCBS providers. The provider self- assessment requires a provider to initially identify the applicable policies and procedures that have been established in the self -assessment. A provider may also identify any of the State identified policies that are not applicable to their daily operations.

Once the core policies and procedures have been established by a provider, the HCBS quality assurance staff uses four methods of discovery to verify the implementation of a provider’s quality performance activities: 1) annual self- assessment; 2) targeted review; 3) focused review; 4) periodic review. Any of these reviews could be completed via a desk review or onsite.

The 2011 Provider Quality Management Self-Assessment reflects this process, as well as information obtained from provider input. The focus of the 2011 Provider Quality Management Self-Assessment and review process is to assist providers in regulatory compliance and quality improvement.

This system of provider oversight is required of all Medicaid providers of the following services:

- AIDS/HIV Waiver: agency CDAC, respite, adult day care
- Brain Injury Waiver: behavior programming, agency CDAC, respite, supported community living, supported employment, prevocational, IMMT, adult day care, family counseling and training
- Children's Mental Health Waiver: family and community support services, in-home family therapy, respite
- Elderly Waiver: agency CDAC (including Assisted Living providers), respite, adult day care, case management (if not Chapter 24 accredited)
- Intellectual Disability Waiver (formally known as the MR Waiver): agency CDAC, respite, supported community living, supported employment, prevocational, IMMT, adult day care, day habilitation, residential-based supported community living
- Ill and Handicapped Waiver: respite, agency CDAC, IMMT, adult day care
- Physical Disability Waiver: agency CDAC
- Habilitation Services: day habilitation, home-based habilitation, prevocational habilitation, supported employment habilitation

Instructions for Self-Assessment Completion

The self-assessment can be found at: www.ime.state.ia.us/HCBS/ReviewTools.html. Each provider must download the assessment from this site and save it as a word document. Each provider will complete only one self-assessment for the HCBS waivers and Habilitation Services they provide, regardless of the number of office locations or services provided. The completed self-assessment must be received by the IME by November 1, 2011. All sections of the self-assessment must be completed in their entirety. Please read the self-assessment instructions carefully.

The responses selected for each of the requirements should accurately reflect the policies currently in place. Selecting "yes" to each of the indicators listed for a requirement indicates the provider has a current policy that incorporates/identifies each of the indicators listed. If selecting "no" as a response to an indicator, the provider must identify their plan to incorporate the indicator into their policies. Incomplete self-assessments (including Section E) will not be accepted. The provider will have 15 days to resubmit the completed self-assessment to the IME.

New Section:

Section F – Direct Care Workforce Data Collection

The IME is requesting information from providers to collect data on the workforce providing waiver services in cooperation with the Iowa Department of Public Health and the Iowa Direct Care Worker Advisory Council to fulfill a request by the Iowa General Assembly on the size and composition of the direct care workforce. The Direct Care Workforce Data Collection is the tool used to collect this information. The IME will be collecting this data through the Provider Quality Management Self-Assessment process.

Please provide the information requested in Section F - Direct Care Workforce Data Collection. Please follow the instructions contained in Section F.

Please note that you are asked to include contract employees. This would include independent contractors with whom you contract, as well as employees who work for your agency.

Additional Information:

After completing all sections of the self-assessment, Sections A, B, C, and D should be emailed to hcsqi@dhs.state.ia.us. In the subject line, identify the provider name and county location of the main/central agency office.

Sections E and F should be mailed to:

Iowa Medicaid Enterprise - Policy

Attn: HCBS QI

100 Army Post Road

Des Moines, IA 50315

or faxed to (515) 725-1360 Attn: HCBS QI

The HCBS staff will document receipt of the above materials and will only contact the agency if additional information is needed or a self-assessment has not been received. If an agency or HCBS Specialist identifies corrective action is needed, it is the agency's responsibility to develop the corrective action plan; however, technical assistance may be requested from the HCBS Specialist assigned to the agency.

Questions about this letter and/or the Direct Care Workforce Data Collection form should be directed to the HCBS Specialist assigned to the county where the parent agency is located.

To locate a list of the regional specialists by county, visit:

www.ime.state.ia.us/docs/HCBS_Specialists.pdf.