



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

INFORMATIONAL LETTER NO.1142

DATE: June 22, 2012

TO: Iowa Medicaid Case Managers, Targeted Case Managers, Department of Human Services (DHS) Service Workers, Home and Community Based Services (HCBS) and Habilitation Providers (excluding individual CDAC providers)

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

RE: HCBS Quality Assurance Reviews (Replaces Informational Letter 1133)

EFFECTIVE: July 1, 2012

The IME Medical Services Unit conducts Quality Assurance (QA) reviews of case manager/service worker comprehensive service plan development and waiver provider records under contract with the Iowa Department of Human Services. The purpose is to perform a comprehensive quality review of all services received by randomly selected Medicaid members.

Effective July 1, 2012, the quality components reviewed in the case managers/service workers comprehensive service plan will change. The new quality components will focus on each member's comprehensive service plan based on the member's assessed wants, needs and risks. The new quality components will be applied to comprehensive service plans developed by Case Management (CM), Targeted Case Management (TCM), and DHS Service Workers (SW) as follows:

- Service plan addresses the member's assessed health risks;
- Service plan has intervention/s to address assessed safety risks;
- Service plan addresses the member's needs;
- Service plan contains a plan for emergencies and supports available to the member in the event of an emergency;
- Service plan addresses the member's personal goals;
- Service plan contains signature of member or guardian;
- Service plan names all of the member's providers;
- Service plan lists the funding source for all services listed on the plan; and
- Service plan lists the amount of services to be received by the member.

On July 1, 2012, the IME Medical Services Unit will begin requesting comprehensive service plan documentation from CMs, TCMs, and SWs to support the above quality component for members enrolled in the HCBS AIDS/HIV, Brain Injury, Children's Mental Health, Elderly, Ill & Handicap, Intellectual Disability and Physical Disability Waivers and Habilitation program. Service plan documentation requested from providers will be utilized as supplementary information to the QA review.

The QA review process will remain the same for CMs, TCMs, SWs and providers. A random sample from each HCBS program will be selected for review. Each Case Manager, Targeted Case Manager, Service Worker and waiver provider working with the member selected will receive a request for documentation for specific service(s) and dates of service. The information is required to be submitted within fifteen (15) business days of the request. Do not send original documents. Documentation should not include paper clips, staples or highlighting. Information should be faxed or mailed to:

Iowa Medicaid Enterprise
Medical Services Unit
P.O. Box 36478
Des Moines, IA 50315
Fax number 515-725-1349

Information can also be submitted on compact disc (CD) in PDF format **only**.

If you have any questions, please contact the IME Medical Services Unit at 1-800-338-1173 or locally at 515-256-4623.