



# Iowa Department of Human Services

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## INFORMATIONAL LETTER NO.1506

**DATE:** May 15, 2015

**TO:** Iowa Medicaid Home and Community Based Services (HCBS) Waiver Providers, Targeted Case Managers and Department of Human Services (DHS) Service Workers

**FROM:** Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

**RE:** Nursing Facility Level of Care Certification for HCBS Waiver Program Form 470-4392

**EFFECTIVE:** Upon Receipt

This informational letter applies to AIDS/HIV, Elderly, Health and Disability and Physical Disability Waiver programs. [The Level of Care Certification for HCBS Waiver Programs](#)<sup>1</sup> form has been revised to include:

- Clarifying language to allow completion of the form based on the assistance that the member needs.
- Remove diagnosis and medication sections. Diagnoses and medications are required and should be submitted as an attachment.
- Questions regarding the member's need for nursing facility level of care.
- Additional frequency options necessary for supervision, cueing and physical assistance for areas of bathing/grooming and dressing.

The form may be given to the member upon application and annual continued stay review by the Income Maintenance (IM) Worker, Service Worker (SW) or Case Manager (CM).

Helpful tips to remember regarding the level of care process:

- All new applicants and the members requiring annual continued stay reviews for recipients of the AIDS/HIV, Elderly, Health and Disability and Physical Disability HCBS waiver programs must have a [Level of Care Certification for HCBS Waiver Programs](#) form completed and signed by a qualified primary care provider (MD, DO, ARNP or PA) to verify if nursing facility level of care is appropriate. This form should never be completed by the IM, SW or CM.
- Members should be encouraged to visit their primary care provider to have the form completed. The IME Medical Services Unit has encouraged the primary care provider to complete the form with the member present. [See Informational Letter 870](#)<sup>2</sup>.
- Members must meet nursing facility level of care to be eligible for HCBS waiver programs.

<sup>1</sup> [https://dhs.iowa.gov/sites/default/files/470-4392\\_2.pdf](https://dhs.iowa.gov/sites/default/files/470-4392_2.pdf)

<sup>2</sup> <http://dhs.iowa.gov/sites/default/files/870RevisedLevelofCareFormPhysicians1209.pdf>

- Incomplete forms will require the IME Medical Services Unit to contact the primary care provider for more information, which may cause a delay in determining the appropriate level of care and services.
- Forms not completed during an office visit may result in a delay of services if the member is required to schedule an appointment.
- CMs/SWs should encourage the member to take the level of care certification form for completion during routine or preventative office visit.
- The form may be faxed by the primary care provider or others involved in assisting and arranging the services (i.e., CM/SW, family member, hospital discharge planner).
- The form should not be altered in any way after completion by the primary care provider.
- The completed form should be submitted, via fax, to the IME Medical Services Unit at (515) 725-1349.
- The IME Medical Services Unit will make a level of care determination based on the information provided on the completed certification form.
- The IME Medical Services Unit may contact the assigned CM/SW to collaborate regarding the condition of the member.
- The CM/SW will be notified of the decision on the level of care through the Individualized Services Information System (ISIS).
- The CM/SW is responsible for issuing a timely Notice of Decision.

Any questions regarding the completion of the form, please contact the IME Medical Services Unit at 1-800-383-1173 or locally at 515-256-4623.