

# **2020 Provider Quality Management Self- Assessment**

October 2020

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# Objectives

- Overview of the Home and Community Based Services (HCBS) Provider Quality Oversight process
- Familiarize providers with the completion and submission of the 2020 Self-Assessment and Address Collection Tool
- Provide resources for technical support

# 2020 Self-Assessment

- The process is currently underway on the HCBS 2020 Provider Quality Management Self-Assessment Form 470-4547 with submission to occur by December 1, 2020.
- The submission of the self-assessment and participation in IME HCBS quality oversight activities is required for providers of several HCBS services.

# Self-Assessment Services

	AIDS/ HIV	BI	CMH	EW	HD	ID	PD	Habilitation
Adult Day Care	X	X		X	X	X	X	
Agency CDAC	X	X		X	X	X		
Assisted Living Service				X				
Behavior Programming		X						
Counseling	X				X			
Day Habilitation						X		X
Elderly Waiver Case Mgmt				X				
Family & Community Support			X					
Family Counseling & Training		X						

# Self-Assessment Services (cont)

	AIDS/ HIV	BI	CMH	EW	HD	ID	PD	Habilitation
Home-Based Habilitation								X
In-Home Family Therapy			X					
IMMT		X			X	X		
Mental Health Outreach				X				
Prevocational		X				X		X
RBSCCL						X		
Respite	X	X	X	X	X	X		
Supported Community Living (SCL)		X				X		
Supported Employment (SE)		X				X		X

# Why the Self-Assessment?

- Cornerstone of the state's quality oversight process
- Ensures that policies and practices align with federal and state requirements and best practices for HCBS providers
- Self-identifies areas that may need remediation prior to quality oversight review process

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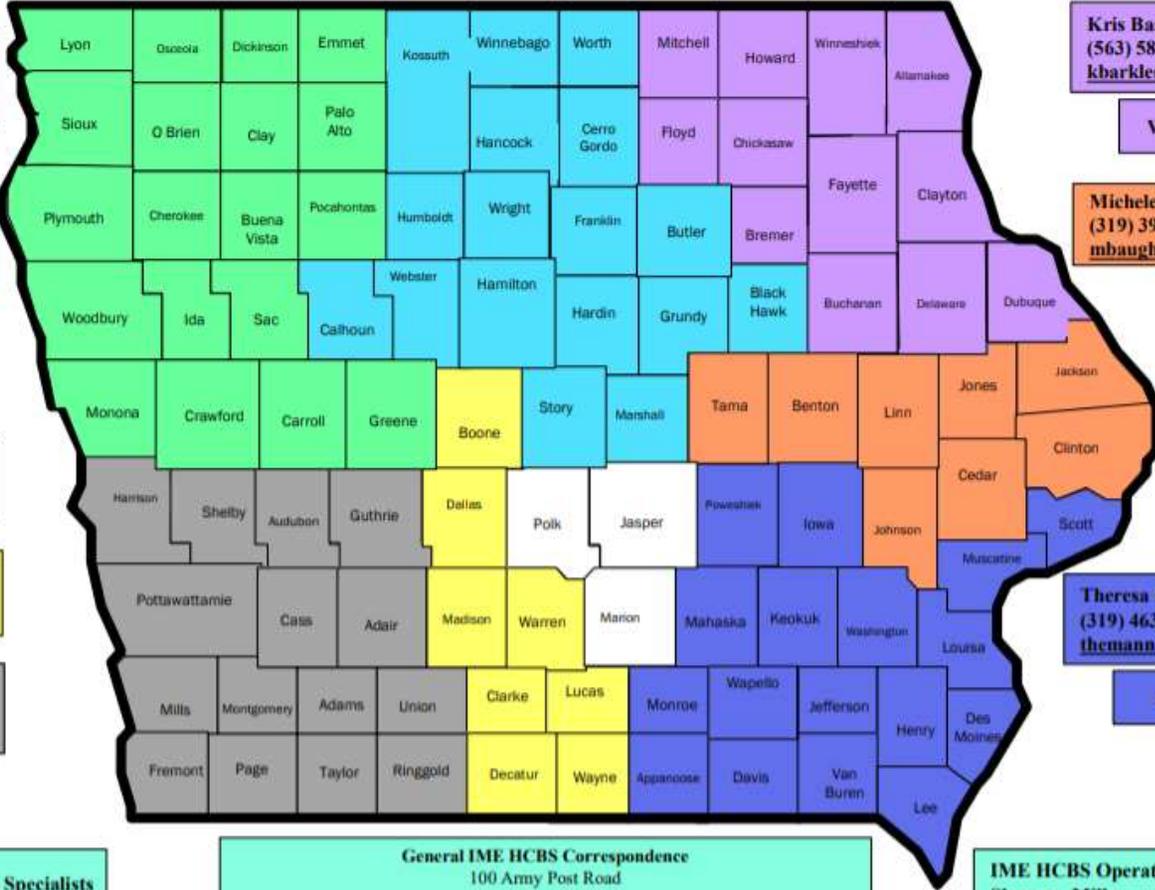
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# Provider Quality Oversight

## Discovery

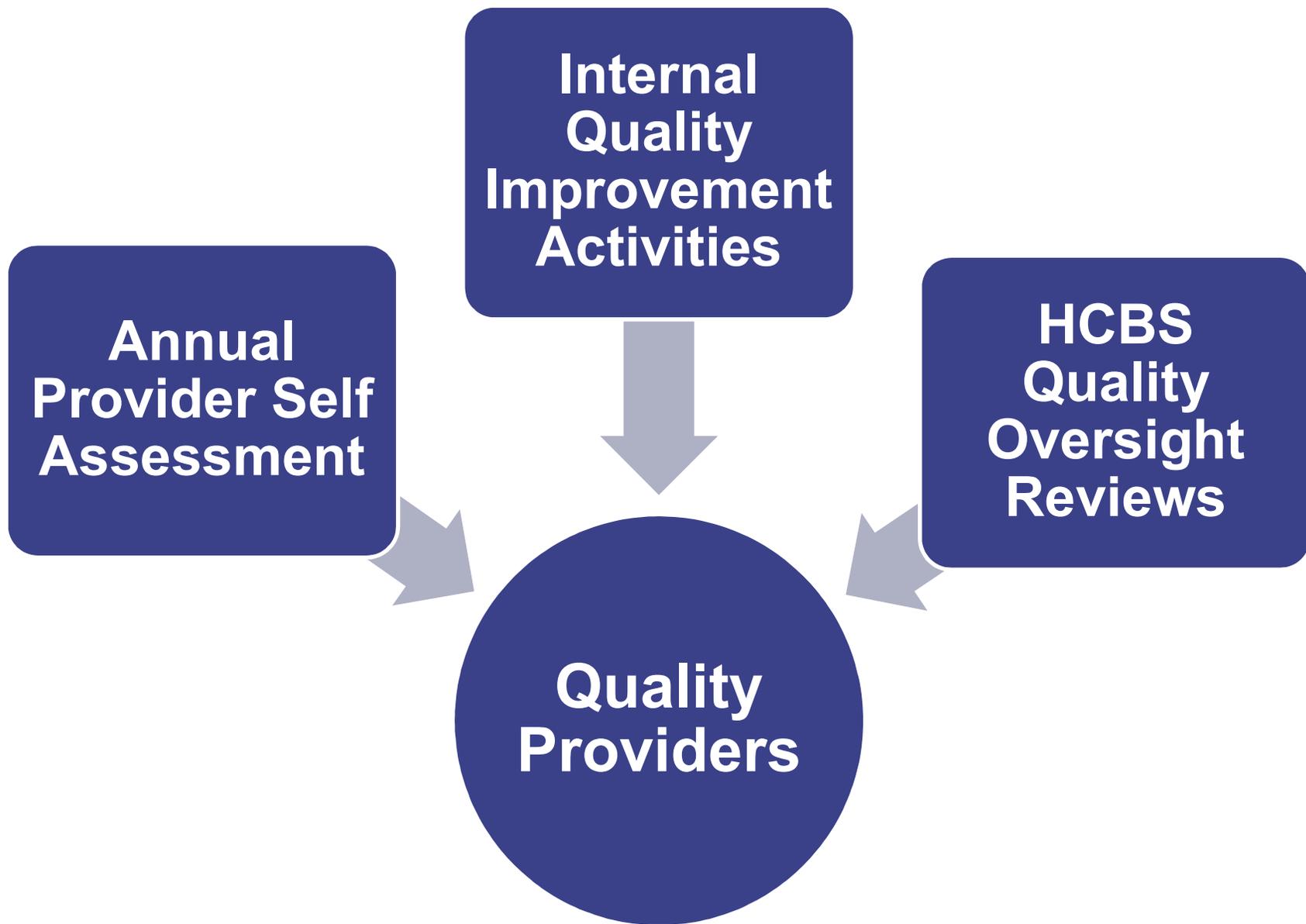
- Review existing policies and practices against required results
- Document findings

## Remediation

- Create a plan to correct areas that fall outside of desired results

## Improvement

- Implement remediation plan
- Assess effectiveness



# Provider Responsibility

- A self-assessment is required to be submitted with your provider application upon new provider enrollment.
- Ongoing participation in the self-assessment process and HCBS quality oversight activities are required per Iowa Administrative Code Chapter 77.
- A provider who fails to maintain enrollment requirements with Iowa Medicaid Enterprise will also lose enrollment with any contracted managed care organizations.

# 2020 Self-Assessment General Information

- Released in October, due date is December 1
- Consists of two components
  - 1) Self-Assessment Form
    - Fillable PDF document
    - Type responses and sign electronically
    - Submit via email
  - 2) Address Collection Tool
    - Excel spreadsheet
    - Submit via email

# Timely Submission

- **Due date for both forms is December 1, 2020**
- **Submit with enough time for corrections or revisions**
- **Incomplete or incorrect self-assessments will be returned and revisions need to be resubmitted by December 1, 2020.**
- **Failure to submit the required 2020 Quality Management Self-Assessment by December 1, 2020 will jeopardize your agency's Medicaid enrollment.**

# Business Structure and the Self-Assessment

- Multiple locations that operate under the same set of HCBS policies and procedures submit ONE set of self-assessment documents.
- Large providers with multiple branches or if a management company owns several providers but each location operates independently with their own separate HCBS policies and procedures, each location would submit their own set of self-assessment documents.
- Still unsure? Contact your HCBS specialist.

# Self-Assessment Form Location

- <http://dhs.iowa.gov/ime/providers/enrollment/provider-quality-management-self-assessment>
- **CRITICAL STEP: Open the form and save it to your computer**
- Save the file using your agency name (ie- AnIowaHCBSProvider.pdf)

# Self-Assessment Completion

- **CRITICAL STEP: Close your internet and open the saved version of your form. If you complete the form from an open web browser (Internet Explorer, Chrome, Firefox, etc.) the information you type in WILL NOT SAVE.**
- Complete electronically
- Do not print and hand-write on the form
- Read all instructions

# Section A – Agency Identification

## Main Office Information

- EIN number (9 digit number)
- All applicable agency NPIs (10 digit numbers)
- Legal business name, if different from name you are doing business as(DBA)
- Correct email addresses

# Section A – Agency Identification (continued)

- Additional lines are available if you have multiple offices/locations **that operate under a different name.**
- Example: Your main office location is ABC Management Company but your self-assessment covers three assisted living facilities – Iowa Acres, Restful Villas, and Prairie Manor. Those names, counties, and NPIs should be listed here.

## Section B – Service Enrollment

- Check ALL services you are enrolled for, even if not currently providing those services to members.
- You may be enrolled for services not listed in Section B such as home-delivered meals, homemaker, chore, transportation, nursing, etc. These services are not part of the self-assessment.
- If you are not enrolled for ANY of the services listed in Section B, you do not need to complete the self-assessment or address collection tool.

# Section C– State and Federal Standards

- Select a response for every standard.
  - Incomplete self-assessments will be returned and considered not complete.
- Respond based on your current practices, even if you are going above and beyond what is required
  - Your self-assessment answers are referenced when different types of reviews are done by HCBS quality oversight staff.

## Section C- State and Federal Standards (cont)

- A response of “Yes” means you have a policy and/or evidence in place. It is not necessary to explain your response.
- A response of “No” means you do not have a policy and/or evidence but should per state or federal requirements. A “No” response requires you to identify a corrective action plan (CAP) in the text box provided.
- A response of “NA”, means you must describe why the standard(s) are not applicable to your facility using the text box provided.

# Corrective Action Plans

- If you discover that you are not meeting a required standard for the service you provide we ask you to include a corrective action plan (CAP).
- An acceptable corrective action plan includes:
  - The area to be remediated
  - Steps you will take (may include things like policy revision, staff training, form updates, implementing a quality oversight audit process)
  - Timeline for completion

# Section D – CMS Final Setting Rule

- This section applies only to providers who have an ongoing corrective action plan in these areas:
  - HCBS Settings
  - Person-Centered Plans
- Corrective actions would have resulted from previous reviews with your HCBS specialist OR from a prior year self-assessment.
- Provide a detailed status update.

## Section E – Guarantee of Accuracy

- Attestation to the accuracy of your self-assessment responses
- Select Accreditation, Licensing, or Certifications your waiver or habilitation services have
  - Include start and end dates
- Sign with a secure digital signature.
  - A help document can be found at:  
<https://helpx.adobe.com/acrobat/using/digital-ids.html>
  - Work with your HCBS specialist for troubleshooting

# Direct Support Workforce Data Collection

- Total direct care workers in your organization
  - Specify how many are full time and part time
- Total number of personal and home care aides, home health aides, and nurse aides
  - Use the provided definitions

# Self-Assessment Submission

- After completing the form, save the file. Close the document and re-open it to confirm answers have saved.
- Use “Submit” button at the end of the document
  - Automatically sends from your default email provider
  - You should receive an automated email response confirming receipt
- Send all supporting documents with your agency name in the email subject line.

# Address Collection Tool

- Information on HCBS service setting sites will continue to be collected as indicated in the statewide transition plan to the Centers for Medicare and Medicaid Services (CMS).
- **A 2020 Address Collection Tool has been emailed to current providers using email addresses provided last year. Contact your specialist if you did not receive a copy.**
- If you saved your address collection tool from 2019, you can use the same form, simply update the information.

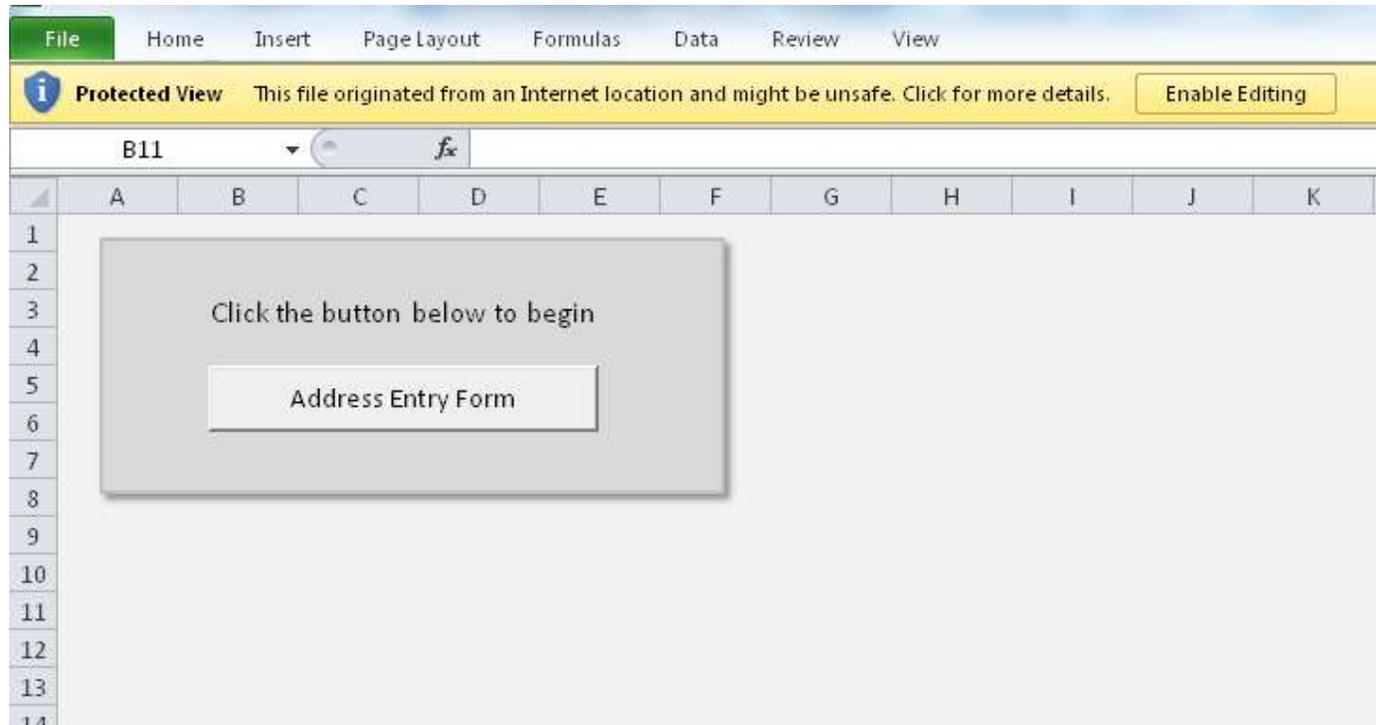
# Address Collection Tool

Required for the following services:

- Adult Day Care
- CDAC provided in an assisted living
- Day Habilitation
- Prevocational
- Residential-Based Supported Community Living (RBSCCL)
- Supported Employment (SE)
- Supported Community Living (SCL) 15-minute and daily if provided in a provider-owned or controlled site
- Home-Based Habilitation 15-minute and daily if provided in a provider-owned or controlled site

# Address Collection Tool Completion

- The form is a Microsoft Excel file
  - Select “Enable Editing” and then “Enable Content” in the yellow bar at the top



# Address Collection Tool Completion (cont)

If you are starting from scratch and not updating last year's form:

- Click the button to begin.
- A pop-up window appears to enter data.
- The Excel spreadsheet remains open in the background.
- Depending on how you answer the drop-down choices, certain boxes on the form will be present or absent.

# Address Collection Tool Completion (cont)

- Select “Office” to enter an agency office location. It will show only the data fields to be collected for an agency office location.
- Select “Service” and the form adjusts to request additional information regarding the type of service, such as whether it is residential or non-residential, and the type of services provided at that location.
- Enter office location(s) one at a time and click “add location to spreadsheet”.
- Enter service location(s) one at a time and click “add location to spreadsheet”.

# Address Collection Tool Completion (cont)

- Information submitted will populate to the appropriate tab on the spreadsheet: “Office locations” , “Non-residential locations” or “Residential locations”.
- Close the pop up window by selecting “Exit”.
- You can view the data that has populated under the appropriate tab in the lower left.
- All data does not have to be entered at once. The form can be saved, closed, and opened again multiple times to resume data entry.

# Address Collection Tool Completion (cont)

If you are updating last year's form:

- Navigate to each tab and review information under “Office locations” , “Non-residential locations” and “Residential locations”.
- Delete lines for locations no longer being utilized.
- Add lines as needed by typing directly into the spreadsheet OR
- Open the Address Entry Form window to add new locations since last year.

# Address Collection Tool

## ***DO Include***

- ✓ Agency office locations
- ✓ Service addresses for all services listed in slide 27
- ✓ Group Supportive Employment if provided in a workshop-type setting or an enclave
- ✓ Community Based or “No Walls” Day Habilitation
  - Use primary address

# Address Collection Tool

## ***DO NOT Include***

- ✘ Office locations in member homes that are simply used to store and maintain agency paperwork and supplies
- ✘ Community locations that the member and staff travel to during service delivery
- ✘ Community businesses where individual SE is provided
- ✘ Respite services
- ✘ CDAC services provided in the member's home
- ✘ SCL and home-based Habilitation provided in a member-owned or controlled setting

# Submission of Address Collection Tool

- Email the tool to [hcbsqi@dhs.state.ia.us](mailto:hcbsqi@dhs.state.ia.us)
  - Include agency name in the subject line
- Information on service sites and addresses should be submitted via the approved form only
- **Submission of the self-assessment will not be considered complete until the Address Collection Tool is also received**
  - **It is strongly recommended to submit both at the same time**

# Timeliness

- Due by December 1, 2020
- Implementation of corrective action to address current CFR, Iowa Code, and IAC standards must be completed within 30 days of the date in Section E.
- **Failure to submit the required 2020 Quality Management Self-Assessment will jeopardize your agency's Medicaid enrollment.**

# What to expect following submission

- Providers will receive written letter of acceptance emailed from their specialist.
- Incomplete submission
  - If areas of the self-assessment are incomplete or corrective action was not identified, the provider will be notified and the self-assessment must be resubmitted.
  - The December 1, 2020 due date still remains.

# HCBS Support

- Self-Assessment Website  
<http://dhs.iowa.gov/ime/providers/enrollment/provider-quality-management-self-assessment>
  - Frequently Asked Questions (FAQs)
  - Self-Assessment Training Slides
  - Link to regional specialist map
- Archived Informational Letters  
<http://dhs.iowa.gov/ime/providers/rulesandpolicies/bulletins>
- Informational Letter sign-up  
<https://secureapp.dhs.state.ia.us/imp>

# Additional Resources

- Centers For Medicare and Medicaid Services  
<http://www.cms.gov/>
- Iowa Code and Iowa Administrative Code (IAC):  
<http://search.legis.state.ia.us/nxt/gateway.dll/ic?f=templates&fn=default.htm>
- Provider Services: <http://dhs.iowa.gov/ime/providers>
  - imeproviderservices@dhs.state.ia.us
  - 1-800-338-7909 (toll free) or 515-256-4609 (Des Moines) Select Option 4

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# Questions

- Send questions to:

[hcbsqi@dhs.state.ia.us](mailto:hcbsqi@dhs.state.ia.us)

Subject: 2020 Self-Assessment