



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

INFORMATIONAL LETTER NO. 870

DATE: December 9, 2009

TO: Iowa Medicaid Physicians, Physician Assistants (PA), Advanced Registered Nurse Practitioners (ARNPs)

FROM: Department of Human Services, Iowa Medicaid Enterprise

SUBJECT: “Revised” Level of Care Certification Form to the AIDS/HIV, Elderly, Ill and Handicapped and Physical Disability HCBS Waivers.

The Iowa Medicaid Enterprise has updated and revised the Level of Care Certification form used for Home and Community Based Services (HCBS). The revised form will simplify the process for providers by making the care needs as clear as possible.

During the revision phase of the Level of Care form, feedback has been received from the Clinical Advisory Committee, Polk County Medical Society, Iowa Medical Society, Iowa Osteopathic Medical Association, and Iowa Academy of Family Physicians. In addition, suggestions were made by independent physicians and case managers. Testing of the form was completed by a select number of physicians who then provided additional feedback.

The purpose of this certification form is to ensure the provision of services to those Medicaid members needing long term care services. Primary care providers are important to the process of determining level of care for the Iowa Medicaid Enterprise Medical Services Unit. It is important that the Level of Care Certification form be completed as accurately and thoroughly as possible. Following are best practice standards for completing the Level of Care Certification form:

- Never sign a form that your office did not complete. You are attesting to the accuracy of the information when you sign the form.
- Encourage the member to bring the form to your office to be completed. This will provide you with valuable information about your patient’s care needs required to complete the level of care determination. The IME Medical Services Unit encourages providers to complete the form during an annual visit or a preventative health screening. As many of our members have chronic conditions, the Level of Care Certification form could be completed during a routine visit.
- Check as many topics that apply to your patient on the form. Accurately completed forms reduce the requests to your office for additional information which may delay a service provision for the member.

- Program integrity is maintained by assistance from medical professionals like you, in conjunction with Iowa Medicaid. HCBS Waiver programs are intended for those, who would otherwise qualify to receive care in a facility, to be able to stay home with supports. Program integrity can be maintained by accurately describing the patient's current abilities and what limitations would meet criteria to live in a facility. Remember you are attesting to the accuracy of the information supplied.

The IME Medical Services Unit nurse reviewer will make a level of care determination based on the information provided on the completed certification form. The Level of Care Certification form must be completed for all new applicants for the HCBS waiver programs, when there is a change in level of care and minimally annually thereafter.

Any questions regarding the completion of the form, please contact the IME Medical Services Unit at 1-800-383-1173 or locally 515-725-1008.