

Month, Day, Year

Executive Director
Provider Name

Dear Executive Director:

You recently submitted an application to Iowa Medicaid Enterprise (IME) to provide Home and Community Based Services (HCBS) Quality Improvement Organization (QIO) Services under one or more of Iowa's seven HCBS Waivers and/or Habilitation. As part of the application process, an HCBS QIO Services Specialist reviews your forms, processes, policies, and procedures to ensure systems are in place to provide high quality supports and services to members and to meet all requirements pursuant to the Code of Federal Regulations (CFR), Iowa Code, and Iowa Administrative Code (IAC). Your application was forwarded to me, the HCBS QIO Services Specialist for the county that you indicated as your agency's main office.

Please carefully read and follow the instructions on the attached checklist. The checklist includes a list of resources and links from IAC, Iowa Code, CFR, and the Health Insurance Portability and Accountability Act (HIPAA) which all include information about requirements for providers enrolling for HCBS. Providers are responsible for reading, understanding and keeping up-to-date with requirements. You must complete the attached attestation indicating you understand and agree to comply with the requirements.

You must also complete the annual Provider Quality Management Self-Assessment with your application and annually thereafter. The link on the attached spreadsheet will take you to the form and instructions. The self-assessment provides an outline of the requirements that providers of certain HCBS must follow and allows you to assess your agency's compliance with each standard. You are required to complete and submit the self-assessment and other materials listed on the attached checklist directly to me (as opposed to the submission directions provided on the self-assessment form).

In order to qualify to apply for some services, providers may seek certification from HCBS for the services of Supported Community Living (SCL) and Respite under the Intellectual Disability Waiver and the Brain Injury Waiver. Please notice that the initial certification is for 270 and requires that you provide the certified services within that timeframe. At the end of the initial certification, an onsite certification review will be conducted. Providers who fail to provide services during the initial certification or fail to comply with any other certification requirement will be disenrolled from the services requiring the certification.

Please return all the requested information to me at Specialist's email. I can also be reached at Specialist's phone # with questions regarding this email. Please let me know if you decide not to pursue this application.

Sincerely,

Specialist's name, HCBS QIO Services Specialist/Quality Improvement Facilitator
IME HCBS QIO Services

Attached

Sample

**Home and Community Based Services (HCBS)
New Provider Enrollment Checklist**

Agency Name: _____

Please designate a contact person for this review.

Name: _____

Phone Number: _____

Mailing Address: _____

Title: _____

Email Address: _____

City, State, Zip: _____

Please mark all the services you are applying for with this application.

AIDS/HIV Waiver	BI Waiver
<input type="checkbox"/> Adult Day Care <input type="checkbox"/> Agency Consumer-Directed Attendant Care (CDAC) <input type="checkbox"/> Counseling <input type="checkbox"/> Respite	<input type="checkbox"/> Adult Day Care <input type="checkbox"/> Behavior Programming <input type="checkbox"/> Agency CDAC <input type="checkbox"/> Family Counseling and Training <input type="checkbox"/> Interim Medical Monitoring and Treatment (IMMT) <input type="checkbox"/> Prevocational Services <input checked="" type="checkbox"/> Respite <input type="checkbox"/> Supported Community Living <input checked="" type="checkbox"/> Supported Employment
CMHW	Elderly Waiver
<input type="checkbox"/> Family and Community Support Services <input type="checkbox"/> In-home Family Therapy <input type="checkbox"/> Respite	<input type="checkbox"/> Adult Day Care <input type="checkbox"/> Agency CDAC <input type="checkbox"/> Assisted Living Service <input type="checkbox"/> Case Management <input type="checkbox"/> Mental Health Outreach <input type="checkbox"/> Respite
HD Waiver	ID Waiver
<input type="checkbox"/> Adult Day Care <input type="checkbox"/> Agency CDAC <input type="checkbox"/> Counseling <input type="checkbox"/> IMMT <input type="checkbox"/> Respite	<input type="checkbox"/> Adult Day Care <input type="checkbox"/> Agency CDAC <input type="checkbox"/> Day Habilitation <input type="checkbox"/> IMMT <input type="checkbox"/> Prevocational Services <input type="checkbox"/> Residential Based Supported Community Living (RBSCCL) <input type="checkbox"/> Respite <input type="checkbox"/> Supported Community Living <input type="checkbox"/> Supported Employment
PD Waiver	Habilitation
<input type="checkbox"/> Agency CDAC	<input type="checkbox"/> Day Habilitation <input type="checkbox"/> Home-based Habilitation <input type="checkbox"/> Prevocational Habilitation <input type="checkbox"/> Supported Employment Habilitation

Below is a list of resources and links from Iowa Administrative Code (IAC), Iowa Code, the Code of Federal Regulations (CFR), and the Health Insurance Portability and Accountability Act (HIPAA) which all include information about requirements for providers enrolling for Home and Community Based Services (HCBS). Providers are responsible for reading, understanding and keeping up to date with requirements.

Iowa Department of Human Services (DHS) website	http://dhs.iowa.gov/
HCBS Waiver Provider Manual	https://dhs.iowa.gov/sites/default/files/HCBS.pdf
Habilitation Provider Manual	https://dhs.iowa.gov/sites/default/files/Habilitation.pdf?052020201732
IAC Chapter 77	https://www.legis.iowa.gov/docs/ACO/chapter/441.77.pdf
IAC Chapter 78	https://www.legis.iowa.gov/docs/ACO/chapter/441.78.pdf
IAC Chapter 79	https://www.legis.iowa.gov/docs/ACO/chapter/441.79.pdf
IAC Chapter 83	https://www.legis.iowa.gov/docs/ACO/chapter/441.83.pdf
Iowa Code 135C.33	http://coolice.legis.iowa.gov/Cool-ICE/default.asp?category=billinfo&service=iowaCode&input=135C.33%20%20%20
HIPAA	http://www.gpo.gov/fdsys/pkg/CFR-2007-title45-vol1/pdf/CFR-2007-title45-vol1-part164.pdf
HCBS Settings and Iowa Transition Plan	https://dhs.iowa.gov/ime/about/initiatives/HCBS
Annual Provider Quality Management Self-Assessment	https://dhs.iowa.gov/ime/providers/enrollment/provider-quality-management-self-assessment
Brain Injury Training Modules	https://dhs.iowa.gov/ime/Providers/tools-trainings-and-services/ATRegistration
DHS Training Website for Mandatory Reporters	https://traininglti.hs.iastate.edu/login/index.php
IMPA	https://dhs.iowa.gov/ime/providers/rights-and-responsibilities/critical-incident-responding

Instructions and Attestation of Acknowledgement:

Please submit all the items on the enclosed checklist following the instructions in the attached letter. If you do not have the item, are not submitting it as this time, or if the item is not applicable to the services your agency is enrolled to provide, please explain in the comments space provided. Return the completed checklist and all requested materials in its entirety as directed.

By submitting the requested materials, the agency and all signatories each acknowledge (1) familiarity with the laws and regulations governing the Iowa Medicaid program; (2) the responsibility to request technical assistance from the appropriate regional HCBS Specialist (see contact information provided on the cover letter) in order to achieve compliance with the enrollment standards; (3) the Department, or an authorized representative, may conduct desk or on-site reviews on a periodic basis, as initiated by random sampling or as a result of a complaint; (4) agencies enrolling for services requiring HCBS certification are granted one initial 270 day certification period upon enrollment. If the agency has not begun to provide certified HCBS waiver services to at least one member by the end of this initial 270 day time period, the agency will be disenrolled unless an Exception to Policy (ETP) is sought and approved.

NOTICE: Any person that submits a false statement, response, or representation, or any false, incomplete, or misleading information, may be subject to criminal, civil, or administrative liability.

PRINT NAME of Agency	
PRINT NAME of Executive Director	
SIGNATURE of Executive Director	Date
PRINT NAME of Chairperson, Board of Directors	
SIGNATURE of Chairperson, Board of Directors	Date

<p>Annual Provider Quality Management Self-Assessment: The HCBS Provider Quality Management Self-Assessment form allows the state to gather data to support the quality framework performance measures as required by the Centers for Medicare and Medicaid Services (CMS). The self-assessment requires a provider to identify the applicable policies and procedures that have been established by the agency upon enrollment to ensure compliance with laws, rules, regulations, and best practices.</p>	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
<p>Comments:</p>	
<p>Any applicable accreditations or certifications</p>	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
<p>Describe what is attached or why you marked N/A:</p>	
<p>Mission statement: Providers should demonstrate a defined mission commensurate with member's needs, desires, and abilities.</p>	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
<p>Comments:</p>	
<p>Evidence of fiscal accountability: Fiscal accountability is defined as the development and maintenance of budgets and independent fiscal review. All providers must demonstrate the fiscal capacity to provide services on an ongoing basis so that a provider does not begin to serve members and then find that they do not have enough money to continue.</p> <ul style="list-style-type: none"> • Examples of evidence might include a combination of the following: a bank statement with the agency's account balance, a statement from the bank stating that they would be willing to approve a loan, a business plan, a financial statement showing fiscal capacity, and/or a projected budget. • Also submit a copy of the most recent independent fiscal audit if one has been completed. 	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
<p>Describe what is attached or why you marked N/A:</p>	
<p>Evidence of a governing body: A provider's governing body should demonstrate an active role in the administration of the agency and should provide oversight that ensures the provision of high-quality supports and services to members. Board membership should represent a wide range of local community interests including the interest of those served by the agency.</p> <ul style="list-style-type: none"> • Examples of evidence include a list of the board member names and specific member or community interest they represent, a description of the roles and responsibilities of the board members, and any meeting minutes. 	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
<p>Describe what is attached or why you marked N/A:</p>	

Organizational chart	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
Describe what is attached or why you marked N/A:	
Staffing: Providers should have qualified staff commensurate with the needs of the members they serve. Providers should ensure staff demonstrate competency in performing duties and in all interactions with members. <ul style="list-style-type: none"> • Submit job descriptions for all staff who will provide direct HCBS services. 	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
<ul style="list-style-type: none"> • Submit a copy of the employee evaluation form that will be used to evaluate staff performance. 	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
<ul style="list-style-type: none"> • Submit a list of current staff including agency owners, contractors, and those providing direct support services including date of hire and date of any transfer to or between HCBS programs. 	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
<ul style="list-style-type: none"> • For the above staff, submit evidence of the completion of the following prior to the date of hire: <ul style="list-style-type: none"> ○ dependent adult and child abuse checks ○ criminal history background checks ○ evaluations of hits by the Department of Human Services when applicable and documentation of follow-through on any employment restrictions as stated in DHS evaluation ○ verification of screening for exclusion from participating in Federal insurance programs through the Office of Inspector General (OIG) website excluded individual search 	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
Describe what is attached or why you marked N/A:	

Policies and Procedures: Providers must establish a core set of policies and procedures based on the services they provide. The policies and procedures are the foundation of a provider's performance and guide them on the of waiver services. The state has identified a minimal set of policies and procedures based on the CMS assurances, IAC requirements, laws found in the Iowa Code, CFR, and best practices identified through previous quality oversight activities of HCBS providers.

Admission/Intake

At a minimum, the policy must identify:

- the process for applying to services
- the referral process the provider must follow when the provider chooses not to admit the member
- a description of how service coordination will occur (Service coordination is defined as activities designed to assist individuals and families locate, access and coordinate a network of supports and services within the community.)
- the process members and/or stakeholders may follow when in disagreement with the admission decision (e.g. applicant's recourse; the provider's appeals and grievance policy)

- Attached
- N/A

Describe what is attached or why you marked N/A:

Discharge Policy

At a minimum, the policy must identify:

- the circumstances that will lead to:
 - voluntary discharge
 - involuntary discharge (including emergencies)
- timelines for notifying the member and Interdisciplinary Team (IDT) (e.g., 30 days prior to discharge date)
- a description of how service coordination will occur
- the referral process the provider must follow when discharging a member still in need of services
- the process members or other stakeholders may follow when in disagreement with the discharge decision

- Attached
- N/A

Describe what is attached or why you marked N/A:

<p>Person-Centered Planning Policy</p> <p>At a minimum, the policy must identify:</p> <ul style="list-style-type: none"> the plan(s) which will be used to guide services and direct staff in providing appropriate care to the member (e.g. the case management plan, a plan created by the provider, a combination of plans) how members develop and accomplish personal goals as identified in the plan how the provider will ensure participation in IDT meetings that the member's file contains a copy of the written person-centered plan if the provider has a separate plan, the plan is consistent with the case manager's person-centered plan how the provider ensures a plan includes interventions and supports needed to meet member goals with incremental action steps, as appropriate how the provider ensures a plan reflects desired member outcomes how the provider ensures a plan includes documentation of all rights restrictions, the need for the restriction and a plan to restore those rights or a reason why a plan is not necessary or appropriate 	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
<p>Describe what is attached or why you marked N/A:</p>	
<p>Residential Supported Community Living (RBSCL) Service Plan Policy <u>(RBSCL applicants only)</u></p>	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
<p>Describe what is attached or why you marked N/A:</p>	

<p>Crisis Intervention Plan Policy (Children’s Mental Health Waiver [CMHW] providers only)</p> <p>At a minimum, the policy must identify:</p> <ul style="list-style-type: none"> • procedures necessary to maintain the integrity of the individualized crisis plan and to ensure the plan is complete with the following components <ul style="list-style-type: none"> ○ current and accurate information regarding the member ○ identification of potential personal psychiatric, environmental, and medical emergencies for the member ○ identification of problematic life situations for the member ○ identification of strategies and natural supports that will enable the member to self-manage, alleviate, or end the crisis ○ identification of how the member can obtain emergency services ○ development of the plan is in collaboration with the member ○ process to ensure pertinent information is shared with targeted case manager (TCM) and the interdisciplinary team (IDT) ○ process to ensure TCM is updated of circumstances/issues impacting member's mental health or crisis intervention plan within 24 hours ○ process to ensure staff receive training of individual mental health needs and supports prior to provision of service to the member ○ process to ensure staff have access to written copy of most current crisis intervention plan during service delivery to the member 	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
<p>Describe what is attached or why you marked N/A:</p>	
<p>Restrictive Interventions: Restraint, Restriction, and Behavioral Intervention Policy At a minimum, the policy must identify:</p> <ul style="list-style-type: none"> • whether or not the provider uses restraints, restrictions, or BIP • that providers will inform members and their legal guardians about the provider’s policy and procedures for restraint, restrictions, and BIP • that restraint, restriction, and BIP may be used only for reducing or eliminating maladaptive target behaviors that are identified in the member’s restraint, restriction, or BIP • that procedures are designed and implemented only for the benefit of the member and shall never be used as punishment, for the convenience of the staff, or as a substitute for a non-aversive program • that restraint, restriction, and BIP are time-limited and reviewed at least quarterly 	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
<p>Describe what is attached or why you marked N/A:</p>	

<p>Service Documentation Policy</p> <p>At a minimum, the policy must identify:</p> <ul style="list-style-type: none"> • that service documentation includes the following: <ul style="list-style-type: none"> ○ the specific location, date, and times of service provision ○ service(s) provided ○ member's first and last name ○ staff providing service(s), including first and last name, signature and professional credentials (if any) ○ the specific interventions (including name, dosage, and route of medications administered) ○ any supplies dispensed as part of the service ○ the member's response to staff interventions • that units of service billed for payment are based on services provided with substantiating documentation • the timeframe for documentation completion 	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
<p>Describe what is attached or why you marked N/A:</p>	
<p>Personnel Policy</p> <p>At a minimum, the policy must identify:</p> <ul style="list-style-type: none"> • all specific, required components of personnel records including <ul style="list-style-type: none"> ○ date of hire ○ date of transfer into RBSCL, CMH and/or BI programs ○ job performance evaluations (at least annual) ○ completed dependent adult and child abuse checks ○ criminal history background check ○ DHS evaluation (if any record check is founded) ○ documentation of follow-through on any employment restrictions as stated in DHS evaluation ○ verification of OIG excluded individual search 	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
<p>Describe what is attached or why you marked N/A:</p>	
<p>Storage and Provision of Medications Policy</p> <p>At a minimum, the policy must identify:</p> <ul style="list-style-type: none"> • whether or not the provider will have a role in handling, storing, disposing, and/or administering medications • if the provider will have a role, the provider's processes in the handling, storage, disposal and/or administration of medications • the method of documenting the administration of medications • how medications will be stored 	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
<p>Describe what is attached or why you marked N/A:</p>	

<p>Research Involving Human Subjects Policy</p> <p>At a minimum, the policy must identify:</p> <ul style="list-style-type: none"> • whether or not the provider will be involved in research involving human subjects • if the provider may be involved, the provider’s process for ensuring the protection of rights of members and staff 	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
<p>Describe what is attached or why you marked N/A:</p>	
<p>Abuse Policy</p> <p>At a minimum, the policy must comply with Iowa Code Chapter 232.69 and 235B.3 and identify:</p> <ul style="list-style-type: none"> • the Iowa Code definition of both child and dependent adult abuse • legal ramifications for failing to report an allegation of abuse • the process staff must follow to report allegations immediately (oral report within 24 hours; written report within 48 hours) to DHS or Department of Inspections and Appeals (DIA) when the environment is certified or licensed by this entity • the process staff must follow to ensure the member’s safety upon learning of an allegation • the process the provider will follow when the alleged perpetrator is an employee • the process the provider will follow to ensure any provider investigation does not impede the DHS/DIA investigation • the process for ensuring staff receive a statement of the abuse reporting requirements within one month of employment 	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
<p>Describe what is attached or why you marked N/A:</p>	

<p>Incident Reporting Policy</p> <p>At a minimum, the policy must identify:</p> <ul style="list-style-type: none"> • the IAC definition of major and minor incidents • the process for ensuring incidents are routed to the: <ul style="list-style-type: none"> ○ Supervisor by the end of the next calendar day after the major incident or within 72 hours after the minor incident ○ Case manager by the end of the next calendar day after the major incident ○ Legal guardian by the end of the next calendar day after the major incident ○ Member by the end of the next calendar day after the major incident if the incident took place outside service provision ○ Bureau of Long-Term Care or appropriate entity by the end of the next calendar day after the major incident via direct data entry into Iowa Medicaid Portal Access (IMPA) or as determined by the Department • how the provider maintains a centralized location for filing incident reports • the provider's process for noting the completion of an incident report form in the member's record • how the provider will ensure follow-up reports for major incidents are submitted to the case manager if requested • the provider's process and form used to report minor incidents 	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
<p>Describe what is attached or why you marked N/A:</p>	
<p>Safeguarding Personal Member Information Policy</p> <p>At a minimum, the policy must identify:</p> <ul style="list-style-type: none"> • the provider's process and guidelines for maintaining confidential records and safeguarding personal member information including training for staff on the proper completion and use of an Release of Information (ROI) form • the provider's process for using an ROI form to authorize the exchange of personal member information • the expiration date or event of the ROI authorization • the process the provider must follow for obtaining emergency consent for release of information (verbal before written) • the process for verifying the existence of an authorization prior to releasing information <p>*Also provide the form(s) you will use as a Release of Information</p>	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
<p>Describe what is attached or why you marked N/A:</p>	

<p>Contracts Policy and contract form (ID SCL and SE providers only)</p> <p>At a minimum, the policy must identify:</p> <ul style="list-style-type: none"> • the process for establishing an agreement between the member and the provider that is updated annually and includes <ul style="list-style-type: none"> ○ the responsibilities of the provider and the member ○ the rights of the member ○ the services to be provided to the member by the provider ○ all room and board and copay fees to be charged to the member ○ the sources of payment <p>*Also provide the form you will use as a contract.</p>	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
<p>Describe what is attached or why you marked N/A:</p>	
<p>Appeals and Grievances Policy</p> <p>At a minimum, the policy must identify:</p> <ul style="list-style-type: none"> • that members and other stakeholders have the right to appeal the provider's implementation of policies and procedures, or any staff action which affects the member and the specific procedures they should follow • the method of distribution of the appeal and grievance policy to members and their legal representatives 	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
<p>Describe what is attached or why you marked N/A:</p>	

<p>Respite Policy (Respite providers only)</p> <p>At a minimum, the policy must identify:</p> <ul style="list-style-type: none"> • the process for notifying the parent, guardian or primary caregiver of any injuries or illnesses that occurs during respite provision and how the parent’s, guardian’s or primary caregiver’s signature is required to verify receipt of notification • the process for ensuring the parent, guardian or primary caregiver notifies the provider of any injuries or illnesses that occurred prior to respite provision • the process to ensure the documentation of activities and times of respite and how it will be made available to the parent, guardian or primary caregiver upon request • insurance of the safety and privacy of the member • process for addressing threats to a member’s safety and privacy and specifically related to threat of fire, tornado, flood, and bomb threats • how the provider will document, maintain, and update at least annually the following information: <ul style="list-style-type: none"> ○ the member’s name, birth date, age, address and the telephone number of each parent, guardian or primary caregiver ○ emergency contact telephone numbers such as the number of the member’s physician and the parents, guardian, or primary caregiver ○ the member’s medical issues, including allergies ○ the member’s daily schedule which includes the member’s preferences in activities or foods or any other special concerns ○ an emergency medical care release 	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
<p>Describe what is attached or why you marked N/A:</p>	
<p>Other Recommended Policies and Procedures: In addition to the minimum set of core standards some policies and procedures are found to be a best practice for some or all providers.</p>	
<p>Policies related to the Federal HCBS Settings requirements</p>	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
<p>Describe what is attached or why you marked N/A:</p>	
<p>Staff Training Policy (including anything specific to RBSCL, CMHW, Supported Employment [SE], or Prevocational Services if applicable): A training policy should address the intent to train on required topics along with timeframes and frequency. Most training is required to be completed and documented within 30 days of employment for full-time staff and within 90 days of employment for part-time staff unless otherwise indicated.</p>	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
<p>Describe what is attached or why you marked N/A:</p>	
<p>Member Rights Policy</p>	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
<p>Describe what is attached or why you marked N/A:</p>	

Outcomes for Rights and Dignity Policy

- Attached
- N/A

Describe what is attached or why you marked N/A:

Sample

Staff Training Requirements: Trainings are required for certain Habilitation and waiver programs as listed below. It is recommended as a best practice that all providers train employees on the topics listed below within the first 30 days of hire for full time and employees or within the first 90 days of hire for part time employees unless otherwise noted. The following trainings are required based on the services the staff member provides. In the comments boxes on the right of each item indicate YES to verify you understand the training requirement or NA if the training requirement is not applicable to the services you are enrolling to provide.

The following trainings are required for most or all providers.

<p>Child and/or dependent adult abuse and mandatory reporting using the Iowa Department of Human Services approved online curriculum.</p> <ul style="list-style-type: none"> • Required for all providers • Training must be completed within six months of hire and every three years thereafter. • Employees may also present valid documentation of a current, approved training. 	<input type="checkbox"/> Yes <input type="checkbox"/> NA
<p>Member rights</p>	<input type="checkbox"/> Yes <input type="checkbox"/> NA
<p>Rights restrictions and limitations</p>	<input type="checkbox"/> Yes <input type="checkbox"/> NA
<p>Member confidentiality</p>	<input type="checkbox"/> Yes <input type="checkbox"/> NA
<p>Medication</p> <ul style="list-style-type: none"> • Must train on provider's policy within 30 days 	<input type="checkbox"/> Yes <input type="checkbox"/> NA
<p>Individual member support needs</p> <ul style="list-style-type: none"> • Training must be provided for each individual member prior to direct service provision to that member and anytime the member's needs change 	<input type="checkbox"/> Yes <input type="checkbox"/> NA
<p>Incident reporting</p>	<input type="checkbox"/> Yes <input type="checkbox"/> NA
<p>Brain Injury Waiver:</p>	
<p>The following trainings are required for staff providing Brain Injury Waiver services.</p> <ul style="list-style-type: none"> • HCBS Brain Injury Training Course Modules <ul style="list-style-type: none"> ○ Required for any staff providing services to a member on the Brain Injury (BI) Waiver ○ Training must occur prior to providing services to a member on the BI Waiver. ○ The prescribed HCBS BI Training Course Modules must be used for the training. 	<input type="checkbox"/> Yes <input type="checkbox"/> NA
<p>Children's Mental Health Waiver (CMHW):</p>	

<p>The following trainings are required for staff providing CMHW services.</p> <ul style="list-style-type: none"> • 24 hours of training during first year of employment in children’s mental health issues • 12 hours of training every year thereafter in children’s mental health issues <p>The following training must be completed within one month of employment and prior to providing any direct services outside the presence of experienced staff</p> <ul style="list-style-type: none"> • Orientation on provider’s mission, policies, and procedures • Orientation on HCBS philosophy and outcomes for rights and dignity <p>The following training must be completed within four months of employment and prior to providing direct service without the presence of experienced staff:</p> <ul style="list-style-type: none"> • Training in serious emotional disturbance and provision of services to children with serious emotional disturbance • Confidentiality • Provision of medication according to agency policy and procedure • Identification and reporting of child abuse • Incident reporting • Documentation of service provision • Appropriate behavioral interventions <p>Professional ethics training</p>	<input type="checkbox"/> Yes <input type="checkbox"/> NA
<p>Residential Based Supported Community Living (RBSCL):</p>	
<p>The following trainings are required for staff providing RBSCL services.</p> <ul style="list-style-type: none"> • 24 hours of training during first year of employment in children’s ID/DD/MH issues • 12 hours of training every year thereafter in children’s ID/DD/MH issues • Orientation on agency’s purpose, policies and procedures within one month of hire 	<input type="checkbox"/> Yes <input type="checkbox"/> NA
<p>Prevocational (Prevoc):</p>	
<p>The following trainings are required for staff providing Prevoc services.</p> <ul style="list-style-type: none"> • A person providing direct support shall, within six months of hire, complete at least 9.5 hours of employment service training as offered through Direct Course or through the Association of Community Rehabilitation Educators (ACRE) certified training program • Prevocational direct support staff shall complete four hours of continuing education in employment services annually 	<input type="checkbox"/> Yes <input type="checkbox"/> NA
<p>Supported Employment (SE):</p>	

<ul style="list-style-type: none"> • Supported employment direct support staff shall complete four hours of continuing education in employment services annually • Long-term job coaching <ul style="list-style-type: none"> ○ A person providing direct support must hold an associate degree or high school diploma or equivalent and six months of relevant experience ○ A person providing direct support shall, within six months of hire or within six months of May 4, 2016, complete at least 9.5 hours of employment services training as offered through Direct Course or through the ACRE certified training program ○ Employee must also hold or obtain, within 24 months of hire, nationally recognized certification in job training and coaching • Small group supported employment <ul style="list-style-type: none"> ○ A person providing direct support shall, within six months of hire or within 6 months of May 4, 2016, complete at least 9.5 hours of employment services training as offered through Direct Course or through the ACRE certified training program <p>Employee must also hold or obtain, within 24 months of hire, nationally recognized certification in job training and coaching</p> <ul style="list-style-type: none"> • Individual supported employment <ul style="list-style-type: none"> ○ A person providing direct support must hold a bachelor's degree or commensurate experience, preferably in human services, sociology, psychology, education, human resources, marketing, sales or business <p>The person must also hold nationally recognized certification (ACRE or College of Employment Services (CES) or similar as an employment specialist or must earn this credential within 24 months of hire.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> NA</p>
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Quality Improvement (QI) planning is required for certain Habilitation and waiver programs but is recommended as a best practice for all providers. Providers should have a system in place that allows them to demonstrate the provision and oversight of high-quality supports and services. A QI process is a systematic, organization-wide, planned approach to designing, measuring, evaluating, and improving the level of performance.

<p>Quality Improvement Policy</p> <p>At a minimum the policy should identify:</p> <ul style="list-style-type: none"> • the provider’s process for measuring and assessing agency activities and services annually which should include the provider’s discovery process, remediation process, and process for the evaluation of improvement • the schedule and timeline for the QI process • specific areas to be reviewed for quality which at a minimum must include <ul style="list-style-type: none"> ○ member and other stakeholder experiences ○ member records (including service documentation) ○ personnel records ○ appeals and grievances ○ incidents ○ outcomes for rights and dignity ○ medication management and/or administration • how the plan and results will be documented and entities with whom the results will be shared 	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
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Describe what is attached or why you marked N/A:

<p>Quality Improvement Plan: The provider’s QI Plan should include a detailed explanation of the discovery process, plans for remediation of previously identified areas of non-compliance, and results of the evaluation of any improvement found in previously implemented remediation plans.</p>	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
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The **discovery process** includes collecting and reviewing data for specific indicators of quality.

- Providers must review specific areas for quality and/or improvement including but not limited to
 - member and other stakeholder experiences (i.e. staff, case managers, family, caregivers, community partners)
 - member records for:
 - completeness
 - evidence of compliance with requirements
 - service documentation for:
 - adherence to service definitions in IAC
 - evidence that services are appropriately provided
 - Evidence that documentation is sufficient to justify payment
 - personnel records for:
 - completeness

- evidence of pre-hire criminal and abuse background checks, exclusion screenings, annual performance evaluations, and required training
- appeals and grievances:
 - to ensure the policy/process was distributed to members
 - to ensure that the response to any appeals or grievances was consistent with policy
 - to determine the need for systemic changes
- incidents for
 - adherence to incident definitions in IAC
 - timeliness of reporting and notification of incidents
 - to identify trends
 - to determine the need for any systemic changes
- outcomes for rights and dignity
 - to ensure the members' achievement of the outcomes for rights and dignity (i.e. members feel valued, members live and work in positive environments, etc.)
 - evidence of the provider's support of members in achieving the outcomes
- medication management and/or administration
 - to ensure medications are appropriately administered
 - to ensure medication errors are reviewed
 - to ensure the current policy accurately reflects the staff role in the administration of medications
- The plan must identify:
 - Specific outcomes and outcome indicators for each area being reviewed
 - acceptable thresholds
 - specific methodology and tools used for collecting data
 - sample size the schedule or timeline for data collection and data analysis

The **remediation process** is employed when an acceptable threshold is exceeded or another issue is identified during the discovery process.

- The provider's QI plan should include a remediation plan for identified issues. The remediation plan should include:
 - specific action steps taken to address the issue
 - specific timelines for the development and completion of the action steps
 - outcome indicators for successful remediation

Improvement is shown through achievement of remediation plan goals and any other goals set by the provider and measured through the QI Plan.

- The provider's QI plan should demonstrate improvement of identified issues that were remediated. Improvement should demonstrate:
 - when the specific action steps taken to address the issue were completed the impact of the remediation plan on the issue

Describe what is attached or why you marked N/A:

For providers who provide Adult Day Care, Day Habilitation, Pre-Vocational and/or Supported Employment Services, please submit the following in addition to the above requested information. If you do not have the item, are not submitting it at this time, or if the item is not applicable to the services your agency is enrolled to provide, please explain in the comments space provided.

A brief description of your non-residential service settings <ul style="list-style-type: none"> • Service locations • Total number of individuals receiving services and number of individuals receiving waiver or Habilitation funding • Overview of program design 	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
Describe what is attached or why you marked N/A:	
Evidence of community integration including: <ul style="list-style-type: none"> • Activity Calendars • Any related policies 	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
Describe what is attached or why you marked N/A:	
Evidence the setting is selected by the individual <ul style="list-style-type: none"> • An explanation of how individuals choose where they will live or receive services and who will provide them • Any related policies 	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
Describe what is attached or why you marked N/A:	
Evidence of individual choice <ul style="list-style-type: none"> • Activity Planning meeting minutes • Description of how individuals chose their daily activities • Interest surveys • Policies outlining practices to support each persons' individual autonomy 	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
Describe what is attached or why you marked N/A:	
Copy of a member handbook	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
Describe what is attached or why you marked N/A:	
Visitor Policy or Procedure	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
Describe what is attached or why you marked N/A:	
A copy of your current HCBS corrective action plan, or transition plan related to non-residential services (if applicable)	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
Describe what is attached or why you marked N/A:	

For providers who provide Agency CDAC, Assisted Living Service, RB-SCL, SCL and/or Home-Based Habilitation, please submit the following in addition to the above requested information.

If you do not have the item, are not submitting it as this time, or if the item is not applicable to the services your agency is enrolled to provide, please explain in the comments space provided

<p>A brief description of your residential service settings including</p> <ul style="list-style-type: none"> • Service locations • Total number of individuals receiving services and number of individuals receiving waiver or Habilitation funding • Overview of program design 	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
<p>Describe what is attached or why you marked N/A:</p>	
<p>Evidence of community integration including:</p> <ul style="list-style-type: none"> • Activity Calendars • Any related policies 	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
<p>Describe what is attached or why you marked N/A:</p>	
<p>Evidence the setting is selected by the individual</p> <ul style="list-style-type: none"> • An explanation of how individuals choose where they will live or receive services and who will provide them • Any related policies 	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
<p>Describe what is attached or why you marked N/A:</p>	
<p>Evidence of individual choice</p> <ul style="list-style-type: none"> • Activity Planning meeting minutes • Description of how individuals chose their daily activities • Description of how individuals chose their roommates • Description of how individuals are informed they can decorate their homes • Interest surveys • Policies outlining practices to support each persons' individual autonomy 	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
<p>Describe what is attached or why you marked N/A:</p>	
<p>Evidence of privacy in home</p> <p>Only applicable to provider owned or controlled locations</p>	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
<p>Describe what is attached or why you marked N/A:</p>	
<p>Evidence of a lease</p> <ul style="list-style-type: none"> • Only applicable to provider owned or controlled homes • Must be separate from a service plan or agreement 	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
<p>Describe what is attached or why you marked N/A:</p>	
<p>Visitor Policy or Procedure</p>	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
<p>Describe what is attached or why you marked N/A:</p>	
<p>Copy of a member handbook</p>	<input type="checkbox"/> Attached <input type="checkbox"/> N/A

Describe what is attached or why you marked N/A:

A copy of your current HCBS corrective action plan, or transition plan related to residential services (if applicable)

Attached

N/A

Sample