
STATE OF IOWA DEPARTMENT OF

Health ^{AND} Human

SERVICES

Residential Assessment Application

Michele Baughan, HCBS Operations Manager

Brooke Watson, LTSS Policy

December 12, 2023



OBJECTIVES:

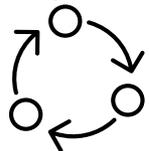
1. Provide a brief overview of the HCBS Settings Final Rule and key concepts of the rule.
2. Explain the general purpose of the Residential Assessment and the change from a PDF version to a direct-entry application.
3. Outline expectations for the completion of the Residential Assessment.
4. Provide instruction on accessing and using the Residential Assessment application.
5. Address some process questions as they relate to each section of the Residential Assessment.

HCBS Settings Final Rule

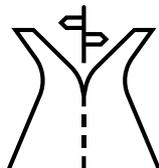
- The Centers for Medicare, and Medicaid Services (CMS) issued a final rule for Home and Community Based Services (HCBS) requiring states to ensure all settings where Medicaid HCBS are provided are or can become compliant with the HCBS Final Rule.
 - The time between the final rule establishment and the compliance deadline for all states is referred to as the “transition period.”
 - Transition period ended on March 17, 2023.
- The rule attempts to better define HCBS and how funding may be used.
- The HCBS Setting Final Rule was designed to enhance the quality of HCBS, provide additional protections, and ensure full access to the benefits of community living.
- **Reinforces the idea of “systems change/transformation” over the idea of “compliance”. Accomplished the intent of the rule when our system has been transformed.**

Key Concepts from the HCBS Settings Final Rule

Integration



Choice



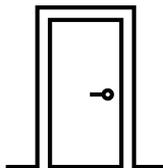
Individual
Rights



Independence



Privacy



Dignity
and
Respect



Freedom from
Coercion and Restraint



Purpose of the Residential Assessment

- Was and continues to be Iowa's main method of assessing residential service settings for compliance with HCBS settings requirements.
- Results are reported to CMS and used to determine whether Iowa Medicaid HCBS members are truly experiencing full access to the benefits of community living.
- PDF Residential Assessment – Form 470-5466, introduced in 2017.
 - Limitations of the PDF tool resulted in multiple issues with:
 - Downloading
 - Uploading
 - Proper completion of the tool
 - Several unusable key data elements for reporting to CMS.
- Therefore, a new tool for completing Residential Assessments was developed.

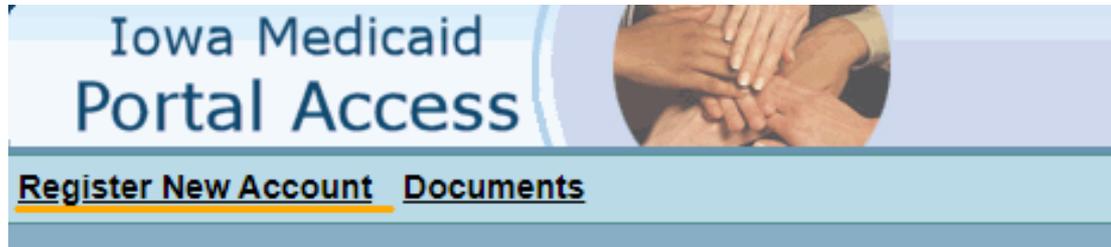
Requirements of the Residential Assessment

- Effective January 1, 2024 → completed through a new application in IMPA
 - For all HCBS waiver, Habilitation, and MFP members
 - Residential Assessment – Form 470-5466 will no longer be used after this date.
- **A new residential assessment must be completed** using the new application with all HCBS waiver, Habilitation, and MFP members **by March 31, 2024.**
- Ongoing, case managers must complete a residential assessment with members **within 30 days of admission** to a waiver, Habilitation, or MFP program and **within 30 days of a move** to new residence.
- Completion of this training is required before administering the Residential Assessment.
- Residential Assessments must be conducted in-person and in the member's place of residence within thirty days of admission to HCBS waiver, Habilitation, or MFP services and at least annually thereafter. The member must be present, but parents, guardians, or provider staff may participate as needed or desired by the member.



IMPA Registration

- If you do not already have access to IMPA, please register here: [IMPA \(state.ia.us\)](https://state.ia.us)



[Click here for the User Registration Guide](#)

Featured Functionality

- **EFFECTIVE 7/1/2023 IMPORTANT INFORMATION REGARDING NEW CRITICAL INCIDENT APPLICATION**

For issues related to IMPA access or access to the new Critical Incident Report application, contact: IMPA_Support@dhs.state.ia.us.

For general questions about incident reporting requirements, contact your HCBS Specialist: <https://hhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/hcbs-contacts> or the general mailbox: HCBSwaivers@dhs.state.ia.us.

To delete a duplicate or incorrect critical incident report, contact: hcbsir@dhs.state.ia.us.

- [Critical Incident Report User Guide](#)
- [Critical Incident Report Access Registration Form](#)

Residential Assessment Application Access

For access to the Residential Assessment Application, please complete the registration form found on the IMPA front page.



HCBS Residential Assessment Access Request

Provider Information

Organization Name*	IMPA Username*
Tax Identification Number*	National Provider Identification(NPI) Number(s)* Add More

Desired Role

+ Role Descriptions

Administrator Assessor Reviewer Specialist

Requestor Information

Are you requesting access for yourself?

First Name*	Last Name*
telephone Number*	Email*

Is The User Authorized To Access My Organization's HCBS Residential Setting Assessment Data

Submit **Cancel**

For any security access inquiries, please send an email to [IMPA Support](#)



Application Roles

IMPA Administrator Role

- Adds and manages user and roles

Assessor Role

- Creates RAs
- Searches and views created but not submitted RAs created by the assessor or others in their IMPA admin group.
- Cancels RA unless it has been submitted.
- Edits RA unless it has been submitted.
- Prints the RA

Reviewer Role

- Searches and views created but not submitted RAs created by the assessor or others in their IMPA admin group.
- Cancels RA unless it has been submitted.
- Edits RA unless it has been submitted.
- Prints the RA

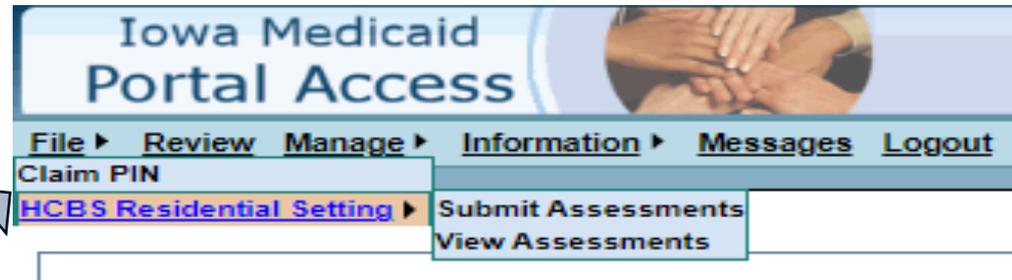
Specialist Role

- Searches and views all RAs created by the those in their IMPA admin group.
- Deletes RA unless it has been submitted.
- Prints the RA

Opening the Residential Assessment Application

Once you have an account and access to the application, follow these steps to create a new Residential Assessment.

- Sign into IMPA. [IMPA \(state.ia.us\)](http://state.ia.us)
- Using the navigation bar, go to Files > HCBS Residential Setting > Submit Assessment
- Assessors must enter the NPI of the organization they are registered under.
- Click select next your organization.



The screenshot shows a form titled "User information & National Provider Identifier Search". The form has the following fields: First Name, Last Name, Telephone, and Email. Below these fields is a field for "National Provider Identifier" with a red border. At the bottom of the form are "Search" and "Clear" buttons.

The screenshot shows the same form as above, but with the "National Provider Identifier" field filled with "1225400096". A red box highlights the "Select" button next to the "National Provider Identifier" field. Below the form is a table of providers.

Provider Name	NPI	Provider Number	Address 1	Address 2	City	State	Zip	Phone
AMERIGROUP IOWA	1225400096	0115936	4800 WESTOWN PKWY STE 400		WEST DES MOINES	IA	502660000	8006004441

Dashboard Page



Application Logout

Logout

Search

Create New

Last 4 digits of Assessment ID (RA_I

Member SID

Assessment Type

Remediation status

Search

Clear

Search & Clear Buttons after Assessment ID or Member ID is Entered

Delete and Cancel Option. Delete Option is Only Available to Specialist Role

Assessment Lookup: Use last 4 Digits

Results

Member SID ↑	Assessment ID ↑	Assessment Type ↑	First Name ↑	Last Name ↑	Assessment Date ↑	Submitted Date ↑	
██████	RA202311130000000002	Initial	██████	██████	11/01/2023	11/13/2023	Cancel
██████	RA202311130000000001	Initial	██████	██████	11/05/2023	11/13/2023	Delete

Items per page: 5 1 - 2 of 2

Create New

[Go to Dashboard](#)

Member and Assessment Details

Residential Assessment

Compliance Determination

Remediation

Review & Submission

Create New Assessment

- 1 Assessment Type
- 2 Member Information
- 3 Assessor Information
- 4 Programs And Services
- 5 Residential Setting Details

Assessment Details

Select an assessment type:

- Initial
- Annual
- Other

Select an assessment date:

[Next](#)

Part I: Member and Assessor Details

caid

HCBS Residential Setting Assessment

← Go to Dashboard

Member and Assessment Details

Residential Assessment

Compliance Determination

Remediation

Review & Submission

Create New Assessment

✓ Assessment Type — ① Member Information — ③ Assessor Information — ④ Programs And Services — ⑤ Residential Setting Details

Search

Search for Member ID

🔍 Search

🗑️ Clear

← Back

→ Next

Member Selection

- ✓ Assessment Type
- ① Member Information
- ③ Assessor Information
- ④ Programs And Services
- ⑤ Residential Setting Details

Search

Search for Member ID

Search

Clear

As of Assessment Date **12/07/2023** this member is Assigned to **Fee For Service**

Member Details

First Name

Last Name

Date of Birth

Address 1

+ Add C/O, Apt, Suite, Unit

City

State

Postal Code

Telephone Number

Email

Validate

Confirmation

Please check to acknowledge that you will enter physical address and not P.O boxes as member address.

Back

Validating Member's Address

Address Validation

Use Normalized Address



Cedar Rapids, IA, 52404

Use Original Address



Cedar Rapids, IA, 52404

Select Cancel

Address validation dialog box overlaid on a form. The form contains fields for address, state (Iowa), zip code (52404), and an Email field. A Validate button is located at the bottom of the form.

Assessor Information

Create New Assessment

✓ Assessment Type — ✓ Member Information — ✎ Assessor Information — 4 Programs And Services — 5 Residential Setting Details

Assessor Organization Type

- Amerigroup CBCM
- HHS Targeted Case Manager
- Other
- Iowa Total Care CBCM
- Integrated Health Home Care Coordinator
- Molina CBCM
- Money Follows the Person (MFP) Transition Specialist

Assessor Details

First Name

Last Name

Address 1

+ Add C/O, Apt, Suite, Unit

City

State

Postal Code

Telephone Number

Email

 Validate

Programs and Services

[Go to Dashboard](#)

Assigned MCO: Fee For Service (12/07/2023) Member: [REDACTED]

RA_ID: RA20231207000000042

[Member and Assessment Details](#)

[Residential Assessment](#)

[Compliance Determination](#)

[Remediation](#)

[Review & Submission](#)

Assessment

✓ Assessment Type — ✓ Member Information — ✓ Assessor Information — **✎ Programs And Services** — 5 Residential Setting Details

— ⚠ Instructions

Important!!

Select all the programs and services that the member is receiving in the identified residential setting. In the appropriate fields, please enter the name and NPI of the organization providing the service exactly how it is written and authorized in the member's plan.

Select Programs and Services

Expand Selected

- MFP ▼
- AIDS/HIV Waiver ▼
- Brain Injury Waiver ▼
- Children's Mental Health Waiver ▼
- Elderly Waiver ▼
- Health and Disability Waiver ▼
- Intellectual Disability Waiver ▼
- Physical Disability Waiver ▼
- Habilitation ▼

[Back](#)

[Save and Next](#)

Programs and Service Details

Select Programs and Services

Collapse All

MFP

Money Follows The Person (MFP)

Add Provider

AIDS/HIV Waiver

Brain Injury Waiver

Children's Mental Health Waiver

Elderly Waiver

Health and Disability Waiver

Intellectual Disability Waiver

Physical Disability Waiver

Habilitation

Provider Search

NPI
1902968266

LPN

Tax ID

Search

Clear

NPI ↑	LPN ↑	Provider Name ↑	
1902968266	0119206	REM-IOWA COMM SERV INC	Select
1902968266	0230101	REM IOWA COMMUNITY SERVICES INC	

Elderly Waiver

Assisted Living Service

Add Provider

CDAC Agency

REM-IOWA COMM SERV INC Add Provider

CDAC Individual

Add Provider

Mental Health Outreach

Add Provider

Respite

Add Provider

Self-Directed Personal Care Services (CCO)

Provider Name(s)

Waiver-funded nursing, home health aide or homemaker services

Add Provider

Cancel

Residential Settings Details

[Go to Dashboard](#)

Assigned MCO: Fee For Service (12/07/2023) Member: [REDACTED] RA_ID: RA20231207000000042

[Member and Assessment Details](#)

[Residential Assessment](#)

[Compliance Determination](#)

[Remediation](#)

[Review & Submission](#)

Review/Update Assessment

✓ Assessment Type ——— ✓ Member Information ——— ✓ Assessor Information ——— ✓ Programs And Services ——— **✎ Residential Setting Details**

+  Instructions

+ Member's living arrangement details

+ Member's living arrangement questions

[Back](#)

[Save and Next](#)

Residential Setting Details

— Member's living arrangement details

Member's living arrangement details

- Member lives alone.
- Member lives with unrelated person or persons.
- Member's lives in an RCF or Assisted Living Facility.
- Member is homeless.
- State facility.
- Correctional facility of jail.
- Nursing facility.
- PMIC
- Other:

Resident Ownership and Control Details

- The member owns their place of residence.
- The member rents their place of residence directly from a community landlord.
- The member lives with an unpaid relative, friend or legal representative who owns or rents the residence.
- The member lives with a paid caregiver who owns or rents the residence.
- The member subleases their place of residence from their HCBS residential service provider who owns or rents the residence. (i.e. a "provider owned or controlled" setting)

Type of Residence

- Unit in multiplex (duplex, 4-plex, 8-plex, condos, apartment building, etc.)
- House – Single Family Dwelling (house, trailer, row house, townhouse)
- DIA licensed Residential Care Facility (RCF)
- DIA licensed assisted living facility
- Host Home
- Other: MUST EXPLAIN

— Member's living arrangement questions

How many individuals reside in this setting?

How many individuals receive HCBS funded services in this setting?

How many non- HCBS funded individuals receive services in this setting?

Do the members receiving Medicaid funded services live together for the purpose of receiving HCBS Waiver or Habilitation services? Yes No N/A

Is the member's place of residence located on the grounds of or directly adjacent to a public or private institution? Yes No N/A

Is the member's place of residence located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment? Yes No N/A

Does the member's place of residence have the effect of isolating the member from the broader community of individuals not receiving HCBS? Yes No N/A

Does this member require a full Residential Assessment (both Part 1 and Part 2)? Yes No

Comments:

Part 2: The Residential Assessment Questionnaire

Go to Dashboard Assigned MCO: Fee For Service (12/07/2023) Member [REDACTED] RA_ID: RA20231207000000042

Member and Assessment Details Residential Assessment Compliance Determination Remediation Review & Submission

Assess Member Choice

1 Mem... — ✓ Mem... — ✓ Mem... — 4 Membe... — 5 Membe... — 6 Member C... — 7 Member A... — 8 Mem... — 9 Memb...

Members Choose where and with whom they live

Guidance Questions:

Was the member given a choice of available options regarding where to live/receive services? Yes No N/A

Is the setting in the community among other private residences? Yes No N/A

Was the member given the opportunity to visit other settings? Yes No N/A

Does the setting reflect the member's needs and preferences? Yes No N/A

Was the member given a choice of roommates? Yes No N/A

Go to Dashboard Assigned MCO: Fee For Service (12/07/2023) Member [REDACTED] RA_ID: RA2023120700000000

Member and Assessment Details Residential Assessment Compliance Determination Remediation Review & Submission

Assess Member Choice

✓ Mem... — ✓ Mem... — 3 Mem... — 4 Membe... — 5 Membe... — 6 Member C... — 7 Member A... — 8 Mem... — 9 Memb...

Members choose their daily routine

Guidance Questions:

Can the member come and go from the residence at any time? Yes No N/A

Does the member talk about activities occurring outside of the setting? Yes No N/A

Does the member participate in scheduled and unscheduled community activities? Yes No N/A

Does the member choose when to get up in the morning, bathe, eat, exercise, participate in activities, etc.? Yes No N/A

Does the member's schedule vary from others in the same setting? Yes No N/A

Part 3: Compliance Determination

[Go to Dashboard](#) **Assigned MCO: Fee For Service (12/07/2023) Member: [REDACTED] RA_ID: RA20231207000000042**

[Member and Assessment Details](#) [Residential Assessment](#) [Compliance Determination](#) [Remediation](#) [Review & Submission](#)

Compliance Determination

Instructions

Based on the findings above, answer Yes or No to the following statements. If a No response is indicated for one or more of the items below, Part 4 must be completed, and the Residential Assessment will be flagged for follow-up and assurance that remediation plans are effectively carried out.

Main Questions:

The member has access and opportunity to use the community resources to meet individual needs and preferences. Yes No

The residential setting supports the member to live, work, and recreate in the community to the degree desired by the member. Yes No

The residential setting optimizes the member's autonomy and independence in making choices. Yes No

All limitations, restrictions, or modifications to HCBS settings standards or other member rights are supported by a specific assessed need and justified in the person-centered service plan. Yes No

[Back](#) [Save and Next](#)

Part 4: Remediation

Case managers have an essential role in ensuring remediation of identified issues.

“Remediation” means the action that will be taken when something needs changed or “fixed”.

The goal is to resolve any immediate issues and to prevent or reduce the likelihood that the issue will reoccur.

The Residential Assessment application remediation section provides a way to document the identified issues and the path for fixing them.

Potential Remediation Paths

Member Level Remediation

Member Level Remediation

The following remediation or modifications are recommended.

- Member education regarding their rights in HCBS residential settings.
- Member education regarding available residential options, residential service options, or residential service provider options.
- Review and update to the member's person-centered plan.
- Review and update to the member's restrictive intervention plans or behavioral intervention plan.
- Addition of or changes to services, supports, assistive devices, or equipment.
- Other:

Initiated Completed

Further describe remediation of identified issues here.

+ Provider Level Remediation

Comments:

Provider Level Remediation

Provider Level Remediation

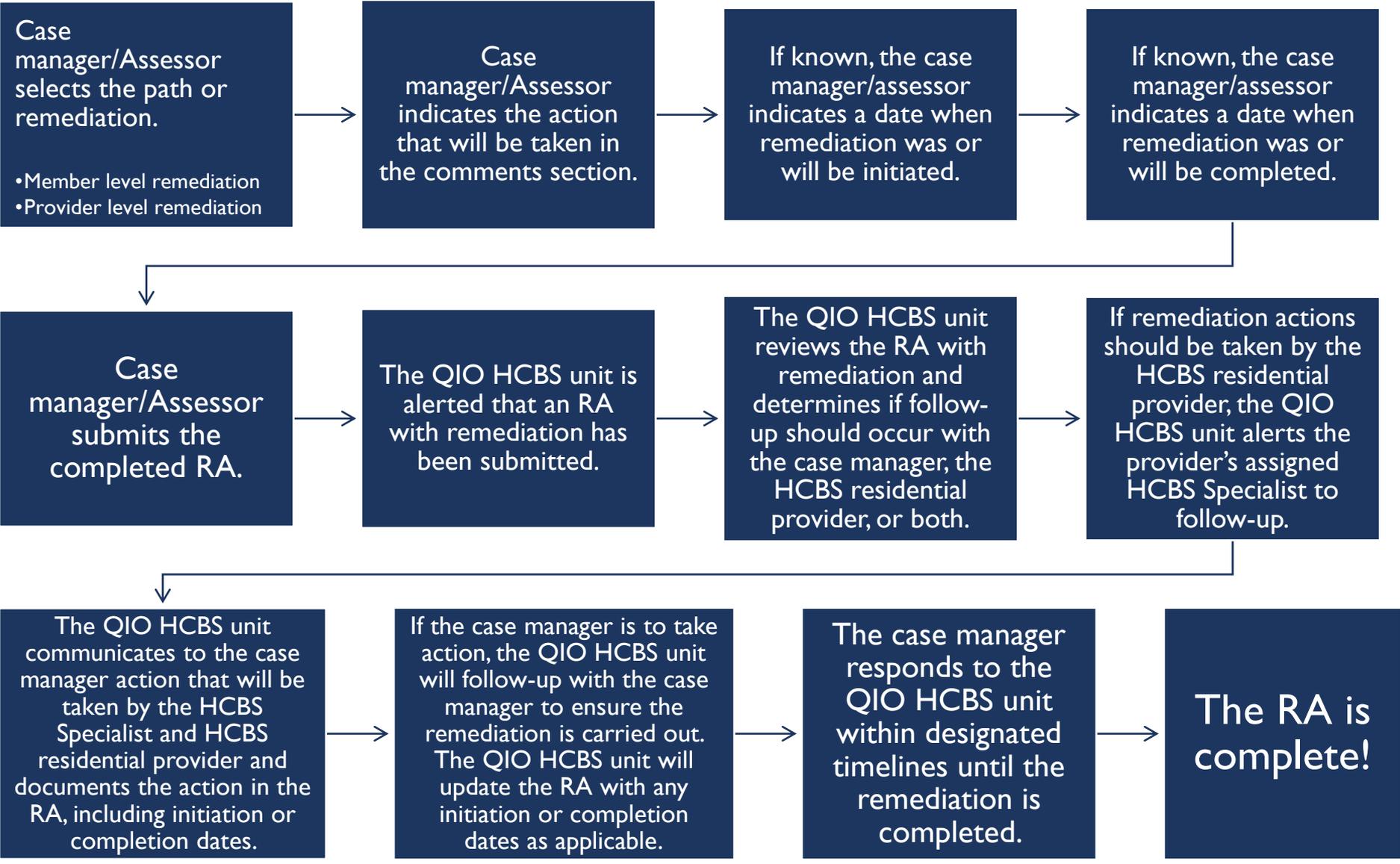
The following remediation or modifications are recommended.

- Staff training or education
- Review of the member's person-centered plan to ensure staff are following the agreed upon plan.
- Review of the member's restrictive intervention plans or behavioral intervention plan to ensure staff are following the agreed upon plan.
- Environmental modifications.
- Updates to policies or procedures.
- Other:

Initiated Completed

Further describe remediation of identified issues here.

Remediation Process



Part 5: Review and Submission

[Go to Dashboard](#) Member: [REDACTED] RA_ID: [REDACTED]

Member and Assessment Details Residential Assessment Compliance Determination Remediation Review & Submission

Review And Submission

— Member and Assessment

Assessment Date: 11/15/2023 Assessment Type: Initial Assessment Status: In-Progress

Member's Information Name: [REDACTED] DOB: [REDACTED] Phone: [REDACTED] Email: [REDACTED]	Member's Address Address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip: [REDACTED]	Assessor's Information Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED] Org Type: [REDACTED]	Assessor's Address Address: 1314 Park Ave City: Des Moines State: IA Zip: 50315
--	--	---	--

Programs and Services

Wavier AIDS/HIV	Service CDAC Individual	Provider AMERIGROUP IOWA
--------------------	----------------------------	-----------------------------

Residential Setting Details

- + Member's living arrangement details
- + Member's living arrangement questions

+ Residential Assessment

+ Compliance Determination

+ Remediation

[Back](#) [Submit](#)

Review & Submission Page will be used to View/Edit and Submit Assessment

After Selecting Submit you will no longer have access to this application in RAU. You will need to look-up application in IMPA

Questions?