

# FFS Iowa Integrated Health Home IoWANS

September 2023

# IoWANS Training

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# Purpose

- The purpose of the Institutional and Waiver Authorization and Narrative System (IoWANS) is to assist workers in the facility and waiver programs in both processing and tracking requests for FFS members. Member records will be tracked in IoWANS until that member is no longer accessing a facility or waiver program. Upon approval, participants will use IoWANS to provide the Medicaid fiscal agent with information and authority to make accurate payments to providers of facility or waiver services.
- For the IHH program, the IHHs will use IoWANS for FFS members enrolled or enrolling in the Children's Mental Health Waiver and/or Habilitation.
  - **Important:** IHHs will not use IoWANS for members enrolled with an MCO.

# Acronyms & Roles

**CM/SW** = Case Manager

**BIP** = Telligen Assessment Team

**QIO** = Iowa Medicaid's Quality Improvement Organization (QIO)

**Slot Manager** = Iowa Medicaid's QIO Slot Manager

**Medical Services** = Iowa Medicaid's QIO Medical Services Unit

**RS Reviewer** = Iowa Medicaid's QIO Medical Services Unit

**CSR** = Continued Stay Review

**Note:** Throughout this resource guide the terms “member” and “consumer” are used interchangeably.

# IoWANS Access

- To request IoWANS access, complete and save the [IoWANS Security form](#)
  - Before entering your user role, be sure to review the list of roles in the comment box attached within the roles field (hover over or click in Roles field)

<b>Role(s) and County(ies) Information:</b> If you have any questions about completing this spreadsheet with your roles and counties, call or e-mail the IoWANS Help Desk at <a href="mailto:IoWANSHelpDesk@dhs.state.ia.us">IoWANSHelpDesk@dhs.state.ia.us</a>	
<b>Roles:</b> Enter all roles to be assigned to the user. Expand comments for a list of worker roles. <b>County(ies):</b> Enter the county(ies) this role(s) has/have responsibility for.	<b>Role must be one of the following:</b> - BIP Supervisor - BIP Worker - CCO Reviewer - CHSC Supervisor - CHSC Worker - CM/SW Supervisor - CM/SW - CMH Specialist - CPC Supervisor - CPC Worker - ETP Supervisor - ETP Worker - FHSA - HCBS Specialist Supervisor - HCBS Specialist - IHIRC Invoice Manager - IHIRC Invoice Supervisor - IH MHI - IH Supervisor - IH Worker - Incident Specialist - Manager, Manager - Medical Arbitrator - Med. Services OOS Reviewer - Med. Services PA Reviewer Supervisor - Med. Services PA Reviewer - Med. Services QA Worker - Med. Services Supervisor - Med. Services Worker - MFP Budget Approver - OOS Skilled Supervisor - OOS Skilled Worker - Options Counselor Supervisor - Options Counselor Worker - PACE Reviewer Supervisor - PACE Reviewer - Program Manager - QA CCO Worker - QA Supervisor - QA Worker - Report Power User - RS Reviewer - Slot Manager - Super User - Support Broker - System Administrator - TCM-PA Supervisor - TCM-PA Worker - TS Specialist Supervisor - TS Specialist - Workflow Developer - WorkerMaintenance- forSupportBroker
<b>For DHS employees only: Complete this section if the us</b> DHS Network Login: DHS Worker No.: Enter the last four characters of the user's DHS Worker Number(s). List each combination of	
If you have multiple roles that are of the same type (Supervisor or Worker) list all roles. If one role applies to different counties than another role, list each role, in a separate column with the counties supported above each cell. If you do require separate rows for your roles, separate UserIDs we will assign these UserIDs for you and notify you of the IDs.	

- Under Programs, **all** IHHs will select Habilitation. Only IHHs that serve children will include CMH.

<b>Programs: Select all that apply</b>		
<input type="checkbox"/> AIDS/HIV	<input type="checkbox"/> Brain Injury	<input checked="" type="checkbox"/> CMH
<input type="checkbox"/> Elderly	<input checked="" type="checkbox"/> Habilitation	<input type="checkbox"/> Health and Disability
<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> MFP	<input type="checkbox"/> PACE
<input type="checkbox"/> Physical Disability	<input type="checkbox"/> IHRC	<input type="checkbox"/> Other: _____

# IoWANS Access

(continued)

- Email your completed form to the IoWANS Help Desk [IoWANSHelpDesk@dhs.state.ia.us](mailto:IoWANSHelpDesk@dhs.state.ia.us).
- **Note:** It is the responsibility of each IHH with access to log into IoWANS on a regular basis. Your access will disable if you have not logged in after 60 days. If this occurs, you will need to complete the IoWANS Security form again and email to the IoWANS Help Desk to have it reenabled. If you have questions regarding how to complete the IoWANS Security form, contact the IoWANS Help Desk.

# IoWANS Access

## (continued)

- Once your new access has been activated or your previously deactivated access is reactivated, you will receive an email notification from the IoWANS Help Desk.
- **For REACTIVATION requests only:**
  - **BE SURE** to change your password the **same day** (prior to 6PM) you receive the email notification (see example below) from the IoWANS Help Desk.
  - If you do not change your IoWANS password the same day you receive notification that your password was reactivated, the system will automatically disable it again.

### Example Notification:

Your request to re-activate IoWANS login/user ID [redacted] has been completed. Please use the following instructions to change the password.

**PLEASE NOTE: THE PASSWORD MUST BE CHANGED TODAY OR THE SYSTEM WILL AUTOMATICALLY DISABLE IT AGAIN TONIGHT DURING THE NIGHTLY UPDATES.**

1. Go to the IoWANS login screen
2. Click on **CLICK HERE TO CHANGE PASSWORD** (will go to another screen)
3. Enter USER NAME (TAB to move to next field)
4. Enter "Iowans@99" as OLD PASSWORD
5. Enter NEW PASSWORD (minimum 8 characters, including one upper case letter, one lower case letter, one number, and one special character.)
6. CONFIRM PASSWORD (re-enter new password exactly)
7. Click UPDATE (will get message password has been changed successfully)
8. Click BACK TO LOGIN (will go back to login screen)
9. Enter USER NAME ( TAB to move to next field)
10. Enter new PASSWORD

Your new password will not work for MY REPORTS until tomorrow. Overnight IoWANS and MY REPORTS will sync and your new password will work in both.

If you have questions, or require additional assistance, contact us at [IoWANSHelpDesk@dhs.state.ia.us](mailto:IoWANSHelpDesk@dhs.state.ia.us) Please do not respond directly to my personal email.

# Logging into loWANS

- Link to loWANS:

<https://secureapp.dhs.state.ia.us/lowans/Login.aspx>

- Be careful when logging into loWANS. If you mistype your username or password on three attempts, you will be locked out.

- If locked out of loWANS due to exceeded login attempts or need to reset your password, send an email to the loWANS Help Desk [loWANSHelpDesk@dhs.state.ia.us](mailto:loWANSHelpDesk@dhs.state.ia.us) and include the following information:

- Your login username
- The last 4 digits of your Social Security Number (SSN)
- Your mother's maiden name



# Logging into IoWANS (continued)

- You are required to change your password every 60 days.
  - To change your password, use the “Click Here to Change Password” on main log in screen



User Name:

Password:

Login Clear

[Click Here To Change Password](#)

Welcome to IoWANS (formerly known as ISIS), maintained by DHS, State of Iowa.  
Please consider adding IoWANS as Bookmark/Favorite.

# Consumer Screens

- The tabs and subtabs shown below may vary from what you see when logged in. System capabilities are determined by role.

Consumer Search

State ID:

Provider #:

First Name:

Last Name:

Social Security Number:

County of Residence:

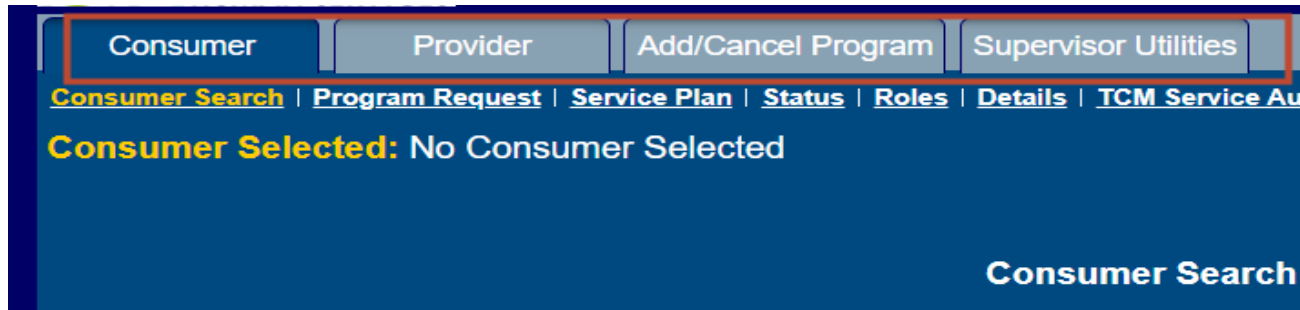
County of Legal Settlement:

Worker:

# Consumer Screens

## (Continued)

- The **Consumer** tab allows IHHs to access screens regarding consumers (members).
- The **Provider** tab allows IHHs to access screens to locate and maintain provider information.
- The **Add/Cancel Program** tab allows IHHs to access screens to add or cancel habilitation program requests for consumers.
- The **Supervisor Utilities** tab allows IHHs with supervisor access to access these screens to maintain their organization chart, reassign cases, and manage worker teams.



# Consumer Tab

# Consumer Search Screen

- To search for a member, enter the applicable search criteria in the search field(s). Not all field options need to be entered.
- The Worker field shows whose cases are to be searched. IoWANS will automatically display your name in the Worker field. However, supervisors may select subordinates from the Worker pull-down menu and search the cases of the selected subordinate.
  - **Note:** If you have more than one worker number or role in IoWANS, the worker field may show your name more than once, and the search result will return all active consumers on your caseload regardless of the worker role chosen.

Consumer Search

Consumer Selected: No Consumer Selected

State ID:  Social Security Number:

Provider #  County of Residence:

First Name:  County of Legal Settlement:

Last Name:  Worker:

Search Clear

# Consumer Search Screen (Continued)

- Once Search options have been entered. Click “Search” at the bottom of the screen.
  - If you want to search all members assigned to you in IoWANS, select your name in the Worker field and leave all other search fields blank.

Consumer Search

State ID:

Provider #:

First Name:

Last Name:

Social Security Number:

County of Residence:

County of Legal Settlement:

Worker:

Search Clear

# Consumer Search Screen (Continued)

- Member information will display in the table. Depending on the search criteria entered, more than one member may display.
  - If you would like to print your list of search results, click “Print”
- Click on the member row to select.

The screenshot displays the 'Consumer Search' interface. At the top, there are navigation tabs: 'Consumer', 'Provider', 'Add/Cancel Program', and 'Supervisor Utilities'. Below these, a breadcrumb trail includes 'Consumer Search', 'Program Request', 'Service Plan', 'Status', 'Roles', 'Details', 'TCM Service Auth', and 'Incident Report'. On the right, there are links for 'Invoice Search', 'My Workload', 'Team Workload', 'My Reports', and 'Logout'. The main content area shows 'Consumer Selected: No Consumer Selected' and a 'Search | Results' link. A table of search results is displayed, with the text '28 records returned.' above it. The table has columns for 'StateID', 'Consumer Name', 'Social Security Number', 'Application Date', and 'Days Since App'. A 'Print...' button is located to the left of the table. Two red arrows point to the 'Print...' button and a table row. A white callout box with the text 'Click on member row to select' is positioned above the table row.

StateID	Consumer Name	Social Security Number	Application Date	Days Since App
			11/14/2016	2465
			08/03/2015	2934
			02/17/2023	179
			10/09/2012	3962
			09/01/2013	3635

# Program Request Screen

- Once the member is selected the Program Request screen will display. This screen allows users to access program request information for a selected member.
  - A program request is a record in IoWANS that displays details of a member's request for Medicaid facility, HCBS waiver, or state plan enhanced services.

Begin Date	Begin Code	Tier	End Date	End Code	Authorized	Aid Type	LOC	Assessment Date	Cnty of Res.	Cnty of Resp.	CP 1st Month	CP Ongoing	CP Ongoing Eff. Date	Program	Provider Number	Case Number	App Date	Workflow Processes
12/1/2016	010	0			Yes	377	Hospital	9/27/2022	057	006	\$0.00	\$0.00	1/1/2017	CMH			9/15/2016	Init LOC
11/4/2016	010	0	11/30/2016		Yes	377	Hospital	11/4/2016	057	006	\$0.00	\$0.00	12/1/2016	CMH			9/15/2016	
	000	0	4/30/2015	836	No	377	Hospital		057	006	\$0.00	\$0.00		CMH			2/13/2015	
	010	0	12/31/2016	000	Yes	377	Hospital	11/4/2016	057	006	\$0.00	\$0.00		MCO - CMH			9/15/2016	



# Program Request Screen (continued)

- **Begin Date:** The start of the program request.
  - If no start or end date appears, this means the program request is not active yet.
  - If no begin date appears but there is an end date, this means the program request has been denied.
- **Tier:** This is **NOT** the member's Health Home tier.
- **End Date:** The final date for the program request.
  - If there is a begin date but no end date appears this means the program request is active/open (current).

Begin Date	Begin Code	Tier	End Date	End Code	Authorized	Aid Type	LOC	Assessment Date	Cnty of Res.	Cnty of Resp.	CP 1st Month	CP Ongoing	CP Ongoing Eff. Date	Program	Provider Number	Case Number	App Date	Workflow Processes
1/17/2018	322	0		000	Yes	377	Approved	10/26/2022	077	077	\$0.00	\$0.00	2/1/2018	Habilitation Services			12/6/2017	Assessment
1/13/2017	010	0	12/31/2017	242	Yes	377	Hospital	1/13/2017	077	077	\$0.00	\$0.00	2/1/2017	CMH			9/19/2016	
	000	0	4/30/2015	839	No	377			077	077	\$0.00	\$0.00		CMH			2/11/2015	
	000	0	9/30/2015	839	No	645			077	077	\$0.00	\$0.00		Health Disability			2/11/2015	
	0	0	2/28/2017	200	No	645	Unknown		077	077	\$0.00	\$0.00		Health Disability			12/16/2016	

# Program Request Screen (continued)

- **LOC:** The approved level of care (LOC). The QIO worker (Medical Services) responding to the workflow sets the LOC.
- **Assessment Date:** The date in which the assessment (LOCUS/interRAI) was conducted
- **Program:** The Medicaid long-term care program for the consumer.

Begin Date	Begin Code	Tier	End Date	End Code	Authorized	Aid Type	LOC	Assessment Date	Cnty of Res.	Cnty of Resp.	CP 1st Month	CP Ongoing	CP Ongoing Eff. Date	Program	Provider Number	Case Number	App Date	Workflow Processes
1/17/2016	322	0		000	Yes	377	Approved	10/26/2022	077	077	\$0.00	\$0.00	2/1/2016	Habilitation Services			12/6/2017	Assessment
1/13/2017	010	0	12/31/2017	242	Yes	377	Hospital	1/13/2017	077	077	\$0.00	\$0.00	2/1/2017	CMH			9/19/2016	
	000	0	4/30/2015	839	No	377			077	077	\$0.00	\$0.00		CMH			2/11/2015	
	009	0	9/30/2015	839	No	645			077	077	\$0.00	\$0.00		Health Disability			2/11/2015	
	0	0	2/28/2017	200	No	645	Unknown		077	077	\$0.00	\$0.00		Health Disability			12/16/2016	

# Program Request Screen (continued)

- Click on the applicable CMH or Habilitation program line you are wanting to take action on/review.

Consumer    Provider    Add/Cancel Program    Supervisor Utilities

Consumer Search | **Program Request** | Service Plan | Status | Roles | Details | TCM Service Auth | Incident Report      Invoice Search | My Workload | Team Workload | My Reports | Logout

Consumer Selected:      SID:

Begin Date	Begin Code	Tier	End Date	End Code	Authorized	Aid Type	LOC	Assessment Date	Cnty of Res.	Cnty of Resp.	CP 1st Month	CP Ongoing	CP Ongoing Eff. Date	Program	Provider Number	Case Number	App Date	Workflow Processes
1/17/2016	322	0		000	Yes	377	Approved	10/26/2022	077	077	\$0.00	\$0.00	2/1/2016	Habilitation Services			12/6/2017	Assessment
1/13/2017	010	0	12/31/2017	242	Yes	377	Hospital	1/13/2017	077	077	\$0.00	\$0.00	2/1/2017	CMH			9/19/2016	
	600	0	4/30/2015	839	No	377			077	077	\$0.00	\$0.00		CMH			2/11/2015	
	600	0	9/30/2015	639	No	645			077	077	\$0.00	\$0.00		Health Disability			2/11/2015	
	0	0	2/28/2017	200	No	645	Unknown		077	077	\$0.00	\$0.00		Health Disability			12/16/2016	

# Service Plan Screen

- The service plan screen allows you to view a service plan for a consumer, add a new plan, or change a current service plan.
  - If you clicked on a program request that does not have a service plan entered yet, the screen will look like this:

# Service Plan Screen

(continued)

**Below are the fields (with descriptors) that are included on the Service Plan screen:**

- **Select a service plan or create a new one:** view or modify an existing service plan or create a new one for selected consumer.
- **Service Plan Start Date:** date services are to start. This date must be on or after the program begin date, if present (when available). It may not be known when the plan is initially created.
- **Service Plan End Date:** this date must be no more than 12 months after the service plan start date. Service plans should end on the last day of the month. Service plans that have a start date of the 2nd of the month or later must end on the last day of the 11th month.
- **Plan Review Date:** this date must be between the service plan start date and end date, inclusive.
- **Level of Care:** this data is entered automatically from the QIO milestone.
- **CSR Date:** the level of care annual continuing stay review (CSR) date.

# Service Plan Screen

(continued)

## Service Plan screen continued...

- **CP 1st month:** the client participation amount is calculated by the im worker and comes over automatically from the eligibility system.
- **CP Ongoing:** the client participation amount is calculated by the IM worker and comes over automatically from the eligibility system.
- **CP Ongoing Effective Date:** the date that the consumer's regular participation starts.
- **Authorized:** an entry of "no" indicates the plan has not been approved yet. A "yes" entry means the service plan is valid and a worker has completed an approval milestone.
- **Is Plan Valid:** confirms the validity of the service plan and individual services.
- **Exception:** identifies that the service is an exception to policy.
- **Save Change To Plan** button - saves changes.
- **Delete plan** button - appears after you have entered a service plan. Before the plan is approved, this button allows you to delete the service plan if the program request is pended (not active).

# Service Plan Screen

(continued)

## Service Plan screen continued...

- **Start Approval Process** button: starts the approval process when a new plan is added to an active consumer. This is commonly used when a new plan is added at the time of the annual review.
- **Add Service** – a link to worksheet screens that enable you to add services.
- **Print NOD** – allows you to print the NOD.
- **Monthly Cap** – monthly maximum for all services totaled in dollars. Appears after you have entered a service plan. Monthly dollar totals are differentiated by calendar month.
- **Yearly Cap** – yearly maximum for all services totaled in dollars.
- **Begin Date** – must be between the service plan start date and end date, inclusive.
- **End Date** – must be between the service plan start date and service plan end date, inclusive.

# Service Plan Screen

(continued)

## Service Plan screen continued...

- **Provider Number/Name:** identifies the name of the provider responsible for the service.
- **Monthly Total 1st Month:** the first-month cost of the service minus CP first month. This amount is calculated from data in other fields.
- **Monthly Total Ongoing:** ongoing monthly cost of the service minus CP ongoing months. This is calculated from data in other fields.
- **Units:** the number of units to be used in a month for the identified provider and service.
- **Rate:** the rate per unit for the identified provider and service.
- **Exc:** identifies that the service is an exception to policy.



# Add a Service Plan

- To enter a new service plan:
  - Select -New Service Plan-
    - Note: there may be additional options available in the drop down depending if a service plan has been added previously.
  - Enter Service Plan Start date
  - Enter Service Plan End date
  - Enter Service Plan Review date
- Click on Add New Service Plan

The screenshot shows a web application interface for adding a new service plan. At the top, there are navigation tabs: Consumer, Provider, Add/Cancel Program, and Supervisor Utilities. Below the tabs, there is a breadcrumb trail: Consumer Search | Program Request: Service Plan | Status: Roles | Details: JDM Service Auth | Incident Report. The main content area has a header with 'Consumer Selected: SID: Program Request: Habilitation Services 8/22/2022'. Below this, there is a dropdown menu labeled 'Select a service plan or create a new one:' with the option '-New Service Plan-' selected. The form contains several fields: 'Authorized: NO', 'Is Plan Valid: NO', and 'Exception?: NO'. There are three date pickers for 'Service Plan Start Date', 'Service Plan End Date', and 'Plan Review Date', each with a calendar icon. To the right, there is a 'Tier History' dropdown set to 'Tier:0 - Effective Date', and two input fields for 'CP 1st Month' and 'CP Ongoing', both containing '00.00'. Below these is a 'CP Ongoing Effective Date' field. At the bottom left, there is a button labeled 'Add New Service Plan'. The footer of the form shows 'Monthly Cap: \$0.00' and 'Yearly Cap: \$0.00'. At the very bottom, there is a table header with columns: Self Direct?, Program, Approved/ Denied, Service ID, Service, Begin Date, End Date, Provider Number/Name, Monthly Total 1st Month, and Monthly.

# Add a Service Plan (continued)

- The Add Service link will appear to the left just above the grid. This may be used to access a series of screens that serve as waiver services agreement worksheets used to enter a new service for the consumer. This link is not shown until you have entered the basic service plan dates (start, end, and review dates).
- As you navigate through the series of worksheets, please note the following:
  - **Dates:** A link that takes you to the Dates worksheet screen.
  - **Service and Provider:** A link that takes you to the worksheet screen where services may be entered.
  - **Rates and Units:** A link that takes you to the worksheet screen where you enter rates and units.
  - **CP:** A link that takes you to a worksheet screen to enter client participation.
  - **Confirm:** A link that takes you to the final worksheet screen to view and save the service you entered.
  - **<< Back:** Proceeds to previous worksheet screen
  - **Next >>:** Proceeds to next worksheet screen
  - **Cancel:** Exits worksheet abandoning all entries made

Authorized: NO      Is Plan Valid: NO      Exception?: NO

Service Plan Start Date: 11/01/2022  
Service Plan End Date: 10/31/2023  
Plan Review Date: 10/30/2023  
Level of Care:  
Assessment Date:  
Original Assessment Date:  
CSR Date:

Tier History: Tier 0 - Effective Date  
CP 1st Month: \$0.00  
CP Ongoing: \$0.00  
CP Ongoing Effective Date:

Save Changes To Plan      Delete Plan      Start Approval Process

**Add Service...**      Print NOD...      Monthly Cap: \$0.00      Study Cap: \$0.00

Self Direct?	Program	Approved Denied	Service	Begin Date	End Date	Provider Number/Name	Monthly Total 1st Month	Monthly Total Ongoing	Units	Rate	Exc
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# Add a Service Plan

## (continued)

### **Service Agreement Worksheet – Date Screen**

The Services Agreement Worksheet Date screen allows you to enter a start and end date for the service (sometimes called the service span). The starting date must be no earlier than the current month.

If service periods include partial months, enter a separate service line for each partial month, with units prorated to the partial service period.

- **Service Start Date:** This date must be between the Service Start Date and the Service Plan End Date, inclusive. The date cannot be less than the first day of the current month.
- **Service End Date:** This date must be between the Service Plan Start Date and the Service Plan End Date, inclusive. The date cannot be less than the last day of the previous month.

# Add a Service Plan (continued)

## Service Agreement Worksheet – Date Screen

[Consumer Search](#) | [Program Request](#) | [Service Plan](#) | [Status](#) | [Roles](#) | [Details](#) | [TCM Service Auth](#) | [Incident Report](#) | [Invoice Search](#) | [My Workload](#) | [Team Workload](#) | [My Reports](#) | [Logout](#)

**Consumer Selected:** JANUARY, DARLING **SID:** 1231230I **Program Request:** Elderly 11/4/2020 -

### Services Agreement Worksheet

Please enter the start and end dates for this service. These dates must fall within the service plan start and end dates, and the start date must be on or after the Level of Care effective date.

**Service Plan Start Date:** 12/01/2020 - **Service Plan End Date:** 10/31/2021

**Dates**

Service Start Date :  

Service End Date :  

Service & Provider

Rate & Units

CP

Confirm

# Add a Service Plan

## (continued)

### **Service Agreement Worksheet – Service and Provider Screen**

This screen allows you to identify the service and assign a provider for the service.

- **Procedure Code:** Choose from pull-down list. The procedure codes on this list are limited to those authorized for the waiver program type.
- **Provider (Num/Name):** Enter the provider number (vendor ID). Despite the label, this field will accept only the provider's vendor ID number. The Magnifying Glass Icon can be used to search a provider vendor number.
- **Site Number:** This field appears only if the service chosen is “supported community living daily.” It is the number, obtained from the provider, associated with the site where or from which the provider will provide services for the consumer.
  - The system will not accept a blank Site Number field. If a site number is not required, enter “1” (one) so you can advance to the next worksheet entry screen.

# Add a Service Plan (continued)

## Service Agreement Worksheet – Service and Provider Screen

Consumer    Provider    Add/Cancel Program    MDSQ    Supervisor Utilities

[Consumer Search](#) | [Program Request](#) | [Service Plan](#) | [Status](#) | [Roles](#) | [Details](#) | [TCM Service Auth](#) | [Incident Report](#) | [Invoice Search](#) | [My Workload](#) | [Team Workload](#) | [My Reports](#) | [Logout](#)

**Consumer Selected:** JANUARY, DARLING **SID:** 1231230I **Program Request:** Elderly 11/4/2020 -

### Services Agreement Worksheet

Please choose the procedure code from the drop-down. Next, enter a partial or complete provider number and click on the magnifying glass search tool. Enter the site number(if applicable).

**Service Plan Start Date:** 12/01/2020 - **Service Plan End Date:** 10/31/2021

Dates

**Service & Provider**

Rate & Units

CP

Confirm

Procedure Code: S5125: - Attendant Care Services - Agency non-skilled--Tier#:0

Provider (Num/Name): 0202523 CALVIN COMMUNITY

<< Back    Next >>    Cancel

# Add a Service Plan

## (continued)

### Service Agreement Worksheet – Rate and Units Screen

This screen allows you to enter the rate for a unit, the number of units, and billable units authorized for this service.

- **Rate(\$):** The approved rate for a given provider for a specific service.
  - The Rate(\$) field behaves differently than other fields on worksheet screens. When there are entries already in other fields, you may highlight the entry (by holding down your left mouse button while sweeping the cursor across the entry) and start typing. What you type will replace what was there.
  - This process won't work for the Rate(\$ field. If there is a value in the Rate(\$ field that you want to change, you need to highlight that value, and either depress your keyboard's Delete button or Backspace button. Once you have cleared all or any part of the value from the field, you may then enter your correction.
- **Units:** The maximum number of units that may be billed for this service for each month of partial month in the services period.
- **Billable Units:** An adjustment to the number of units billed if the provider serves more than one consumer at the same time at the same location. This number must not exceed the total units authorized for this service.

# Add a Service Plan (continued)

## Service Agreement Worksheet – Rate and Units Screen

The screenshot shows a web application interface for adding a service plan. At the top, there are navigation tabs: Consumer, Provider, Add/Cancel Program, MDSQ, and Supervisor Utilities. Below these are links for Consumer Search, Program Request, Service Plan, Status, Roles, Details, TCM Service Auth, Incident Report, Invoice Search, My Workload, Team Workload, and My Report. A status bar indicates: Consumer Selected: JANUARY, DARLING SID: 12312301 Program Request: Elderly 11/4/2020 -

### Services Agreement Worksheet

Please enter the rate for the service you are establishing. Next, enter the number of units that you have established. Finally, enter the billable units(if applicable).

Service Plan Start Date: 12/01/2020 - Service Plan End Date: 10/31/2021

Rate(\$):

Units Per Month:  1-15 minute increments

Navigation menu on the left:  
Dates  
Service & Provider  
Rate & Units (highlighted)  
CP  
Confirm

Buttons at the bottom right: << Back, Next >>, Cancel



# Add a Service Plan

## (continued)

### **Service Agreement Worksheet – Client Participation Screen**

This screen allows you to apply all or a portion of the client participation (the amount the consumer must pay to providers) to a specific service. You can enter up to the total client participation amounts as identified on the Service Plan screen and apply it toward the particular service.

If client participation exceeds the cost of the particular service, divide client participation among various services. If the total client participation amount shown on the Service Plan screen is zero, or client participation will not be applied to this service, then no entry is required.

- **CP First Month(\$):** The dollar amount of client participation for first month.
- **CP Ongoing Months(\$):** The dollar amount for monthly client participation, beginning with the month after the starting month of the program request.

# Add a Service Plan (continued)

## Service Agreement Worksheet – Client Participation Screen

The screenshot shows a web application interface for adding a service plan. At the top, there are navigation tabs: Consumer, Provider, Add/Cancel Program, MOSQ, and Supervisor Utilities. Below these are links for Consumer Search, Program Request, Service Plan, Status, Roles, Details, TCM Service Auth, Incident Report, Invoice Search, My Workload, Team Workload, My Reports, and Logout. A status bar indicates: Consumer Selected: JANUARY, DARLING SID: 1231230I Program Request: Elderly 11/4/2020 -

### Services Agreement Worksheet

Please enter the client participation amount for the first month and ongoing months. This will apply the Client Participation amount from the Service Plan page to a particular service. If the CP exceeds the cost of the particular service, divide the CP amount among various services.

Service Plan Start Date: 12/01/2020 - Service Plan End Date: 10/31/2021

CP First Month(\$):

CP Ongoing Months(\$):

Navigation buttons: << Back, Next >>, Cancel

Left sidebar menu items: Dates, Service & Provider, Rate & Units, CP (highlighted), Confirm

# Add a Service Plan

## (continued)

### Service Agreement Worksheet – Confirm Screen

This screen will show a summary of the entries you have made. If you decide to change any of the entry was made, change or correct your data, and then use the Next>> buttons to navigate back to this Confirm screen. Once satisfied with all entries, click on the Finish button to have the system accept everything as a service; this will place the service as a new entry (record) on the Service Plan screen.

- **Service Span:** The service start and end dates from your entries made on the Dates screen.
- **Service:** The names of the services you selected on the Service and Provider screen.
- **Provider:** The names of the providers you selected on the Service and Provider screen.
- **Site Number:** A number identifying the provider site where (or from which) the consumer will be served; taken from your entry on the Service and Provider screen.
- **Rate:** The cost per unit. This matches your entry on the Rate and Units screen.
- **Units:** The maximum number of units that may be billed. This matches your entry on the Rate and Units screen.
- **Billable Units:** An adjustment to the number of units billed if the provider serves more than one consumer at the same time at the same location. This number must not exceed the total units authorized for this service. It matches your entry on the Rate and Units screen.
- **Sum:** The total cost of the units or billable units (if billable units were less than maximum units) for a single month. This is calculated from the data entered on the Rate and Units screen.
- **CP First Month:** The amount of client participation to be paid toward this service for the first month of this service; matches your entry on the Client Participation screen.
- **CP Ongoing Months:** The amount of ongoing client participation to be paid toward this service, starting in the month after the begin date from the eligibility system. This entry matches your entry on the Client Participation screen.
- **Monthly Impact First Month:** The first-month cost of the service minus CP First Month. This amount is calculated from data in other fields.
- **Monthly Impact Ongoing Months field:** Ongoing monthly cost of the service minus CP Ongoing Months. This is calculated from data in other fields.
- **Finish button:** Submits all data shown as one complete service.

# Add a New Service Plan (continued)

## Service Agreement Worksheet – Confirm Screen

The screenshot shows a web application interface for a 'Services Agreement Worksheet'. At the top, there are navigation tabs: 'Consumer', 'Provider', 'Add/Cancel Program', 'MDSQ', and 'Supervisor Utilities'. Below the tabs is a navigation menu with links: 'Consumer Search', 'Program Request', 'Service Plan', 'Status', 'Roles', 'Details', 'ICM Service Auth', 'Incident Report', 'Invoice Search', 'My Workload', 'Team Workload', 'My Reports', and 'Logout'. A status bar indicates 'Consumer Selected: JANUARY, DARLING SID: 12312301 Program Request: Elderly 11/4/2020 -'. The main heading is 'Services Agreement Worksheet'. Below the heading is a message: 'Please review this summary of the service agreement you are entering.' A sub-heading shows 'Service Plan Start Date: 12/01/2020 - Service Plan End Date: 10/31/2021'. The main content area is a table with a left sidebar and a right data area. The sidebar has links: 'Dates', 'Service & Provider', 'Rate & Units', 'CP', and 'Confirm' (highlighted in red). The data area contains the following information:

Service Span:	12/01/2020 - 10/31/2021
Service:	55126 - Assisted Care Services - Agency non-sold
Tier#:	0
ServiceID:	200
Provider:	020523 - CALVIN COMMUNITY
Rate:	\$3.00
Units Per Month:	30 1-15 Minute Increment(s)
Sum:	\$105.00
CP First Month:	\$0.00
CP Ongoing Months:	\$0.00
Monthly Impact First Month:	\$105.00
Monthly Impact Ongoing Months:	\$105.00

At the bottom right, there are four buttons: '<< Back', 'Next >>', 'Cancel', and 'Finish'.

# Add a Service Plan

(continued)

- The service plan is “submitted” when you receive and respond to the milestone “Complete Service Plan.” See [Milestone section](#) for more information on milestones. After responding to that milestone, you should **not** make any further changes to the plan (nor the services attached to it) except through coordination with the authority that reviews and approves the plan.
- Approval of the service plan will be for the entire service plan as you have defined it. Therefore, it is very important that the “final” service plan be exactly as you want it before you respond to the “Complete Service Plan” milestone.

# Request for Program Changes

- A *Request for Medicaid Services Data Changes and Verifications* form (Form [470-3923](#)) is required to request Service Plan/Service Span changes for past months.
  - Once the form has been completed. Click the ‘SUBMIT ONLINE’ button to submit the request.
  - [See Instructions for completing the Request for Medicaid Services Data Changes and Verifications form](#)

Part 1: Consumer/Staff Information							
Consumer State ID	Consumer Name (Last, First) Case Number						
Worker Name	Worker Number Worker Phone Number						
Part 2: Program Type							
	LOC Date						
Part 3: Level of Care							
Part 4: Current Program Request Dates (Dates come from IABC)							
Start Date	End Date						
Current Service Plan Dates (Dates come from SWICM)							
Start Date	End Date						
Current Service Plan Dates:							
Start Date	End Date						
Information currently shown on the IAWANS system (service spans):							
Begin Date	End Date	Procedure Code	Provider No.	Rate/Unit	No. of Units/Mo.	Is Month CP	Ongoing CP
Correct information:							
Begin Date	End Date	Procedure Code	Provider No.	Rate/Unit	No. of Units/Mo.	Is Month CP	Ongoing CP
Information currently shown on the IAWANS system (service spans):							
Begin Date	End Date	Procedure Code	Provider No.	Rate/Unit	No. of Units/Mo.	Is Month CP	Ongoing CP
Correct information:							
Begin Date	End Date	Procedure Code	Provider No.	Rate/Unit	No. of Units/Mo.	Is Month CP	Ongoing CP

470-3923 (Rev. 02/23) SUBMIT ONLINE

# Instructions for Completing the *Request for Medicaid Services Data Changes and Verifications* form

## SERVICE PLAN

- Complete Parts 1, 2 and 3 →

Part 1: Consumer/Staff Information		
Consumer State ID	Consumer Name (Last, First)	Case Number
Worker Name	Worker Number	Worker Phone Number
Part 2: Program Type		Part 3: Level of Care
		LOC Date

- Part 4:
  - To delete a Service Plan, enter Current Service Plan Dates (both Start Date and End Date). Then in Correct Service Plan Dates, enter “delete” in the Start Date field.
  - To change a Service Plan, enter Current Service Plan Dates (both Start Date and End Date). In Correct Service Plan Dates, enter the correct Start Date and/or End Date.
  - To add a Service Plan for past dates, leave Current Service Plan Dates blank, and enter Start Date and End Date for Correct Service Plan Dates. Then follow the instructions for adding appropriate Service Span(s).

Part 4: Current Program Request Dates (Dates come from IABC)			
Start Date		End Date	
Current Service Plan Dates (Dates come from SWICM):		Correct Service Plan Dates:	
Start Date	End Date	Start Date	End Date

# Instructions for Completing the *Request for Medicaid Services Data Changes and Verifications* form (continued)

## **SERVICE SPAN**

- Complete Parts 1, 2 and 3

Part 1: Consumer/Staff Information		
Consumer State ID	Consumer Name (Last, First)	Case Number
Worker Name	Worker Number	Worker Phone Number
Part 2: Program Type	Part 3: Level of Care	
		LOC Date

- Part 4:

- There are two sections on the form for service span changes. For both sections:
  - The first row is for *Information Currently Shown* (exactly as shown in loWANS)
  - The second row is for *Correct Information* (what needs to be changed).
- To change a Service Span, enter all *Information Currently Shown* exactly as it appears in loWANS. Then enter *Correct Information* only in the fields that are to be changed.
- To add a Service Span, leave the *Information Currently Shown* blank, then enter the *span* information in the *Correct Information* row.
- To delete a Service Span, enter the *Information Currently Shown* for the span being deleted in the first row of the section, then leave the *Correct Information* row blank.

Part 4: Current Program Request Dates (Dates come from IABC)							
Start Date				End Date			
Current Service Plan Dates (Dates come from SWICM):				Correct Service Plan Dates:			
Start Date		End Date		Start Date		End Date	
Information currently shown on the loWANS system (service spans):							
Begin Date	End Date	Procedure Code	Provider No.	Rate/Unit	No. of Units/Mo.	1st Month CP	Ongoing CP
Correct information:							
Begin Date	End Date	Procedure Code	Provider No.	Rate/Unit	No. of Units/Mo.	1st Month CP	Ongoing CP
Information currently shown on the loWANS system (service spans):							
Begin Date	End Date	Procedure Code	Provider No.	Rate/Unit	No. of Units/Mo.	1st Month CP	Ongoing CP
Correct information:							
Begin Date	End Date	Procedure Code	Provider No.	Rate/Unit	No. of Units/Mo.	1st Month CP	Ongoing CP



# Can a Health Home edit an authorized Service plan?

- As a case manager you can only change the current and future months. Plans cannot overlap.
- If past dates need corrected, please complete form [470-3920](#) and email to: [IoWANShelpdesk@dhs.state.ia.us](mailto:IoWANShelpdesk@dhs.state.ia.us)

# Status Screen

- The Status screen displays a list of the key tasks (milestones) that have been completed for the selected consumer and displays the current milestone(s) that is waiting for a response (if any) for the selected program. Milestones in gray indicate they have been completed/closed out. Milestones in white are current milestones that have not yet been completed.
- The “Response” and “Response Date” fields will also be blank for those milestones not completed.

Description:	Worker Name:	Worker Role:	Response:	Response Date:	Due Date:	Comments:	Undo:
<b>Continued Stay Review Habilitation Services</b>							
Check CSR data, CASH due within 30 days.		CM/SW			4/29/2023		
<b>Need Based Assessment Habilitation Services</b>							
Review Complete.		CM/SW			4/25/2023		
Select Assessment decision. Enter Effective date and CSR Date.		RS Reviewer	OK	4/18/2023	4/21/2023		
Complete LOCUS/CALOCUS and upload to IMPA		BIP	Completed	4/14/2023	5/5/2023		
CASH uploaded into IMPA		CM/SW	Yes	4/14/2023	3/15/2023		
<b>Service Plan Review - Hab Services &amp; All Waiver except Elderly</b>							

# Status Screen (continued)

- This screen also provides the phone number and other demographic data in a pop-up box for each worker assigned when you place the cursor over each worker in the Worker Name column. Workers should check their own demographic information and contact the IoWANS help desk [IoWANShelpdesk@dhs.state.ia.us](mailto:IoWANShelpdesk@dhs.state.ia.us) if corrections are needed.

The screenshot shows the IoWANS Status Screen interface. At the top, there are tabs for 'Consumer', 'Provider', 'Add/Cancel Program', and 'Supervisor Utilities'. Below the tabs, there are navigation links: 'Consumer Search', 'Program Request', 'Service Plan', 'Status', 'Roles', 'Details', 'TCM Service Auth', 'Incident Report', 'Invoice Search', 'My Workload', 'Team Workload', 'My Reports', and 'Log Out'. The main content area shows 'Consumer Selected:' followed by 'SID:' and 'Program Request: Habilitation Services 9/13/2021 -'. There is a 'Milestones:' dropdown menu set to 'Last 3 Years'. Below this is a table with columns: 'Description:', 'Worker Name:', 'Worker Role:', 'Response:', 'Response Date:', 'Due Date:', 'Comments:', and 'Und...'. The table contains several rows of milestones. A yellow pop-up box is overlaid on the 'Worker Name' column of the second row, containing demographic information: 'Company: |', 'Address:', 'City:', 'State: IA', 'Zip Code', 'Phone:', 'Fax:', and 'E-mail:'. A red callout box points to the pop-up with the text 'Hover over your name. Your name and demographic info will appear'.

Description:	Worker Name:	Worker Role:	Response:	Response Date:	Due Date:	Comments:	Und...
Continued Stay Review Notification Habilitation					6/20/2023		
Check CSR date. CASH due within 60 days.							
Service Plan or Span Change - Hab Services - Adult							
Medicaid Eligibility &/or Facility/Waiver Services have been approved. Send NOD, if applicable.				10/7/2022	10/12/2022		
Authorize the Service Plan.				10/5/2022	10/12/2022		
Complete Service Plan Entries.			the plan	10/5/2022	10/12/2022		
You have made changes to the Service Plan. Continue to authorize the change.				10/5/2022	10/12/2022		
Service Plan Review - Hab Services & All Waiver except Elderly							

# Status Screen (continued)

- Workflows can be accessed by clicking the red headers in the Description column

The screenshot shows a web application interface for a 'Status Screen'. At the top, there are navigation tabs: 'Consumer', 'Provider', 'Add/Cancel Program', and 'Supervisor Utilities'. Below these are links for 'Consumer Search', 'Program Request', 'Service Plan', 'Status', 'Roles', 'Details', 'TCM Service Auth', and 'Incident Report'. The main area displays 'Consumer Selected' with a 'SID' field and 'Program Request: CMH 12/1/2012 -'. A 'Milestones' dropdown menu is set to 'Last 3 Years'. Below this is a table with a 'Description' column and a 'Worker Role' column. The first row in the table has a red header for the description: 'Continued Stay Review Notification All Waivers All Waivers & Habilitation'. A red arrow points from a callout box to this header. The callout box contains the text: 'Click on the red header to access the workflow for the milestone'. The 'Worker Role' for this row is 'BIP'. Below the table, there is a note: 'Check CSR date. Assessment due within 60 days. Who will be completing the assessment?'.

Description:	Worker Role:
<b>Continued Stay Review Notification All Waivers All Waivers &amp; Habilitation</b>	
Check CSR date. Assessment due within 60 days. Who will be completing the assessment?	BIP

# Responding to a Milestone

- From the Status screen, you can access the Milestone screen by clicking on the row displaying a current milestone assigned to you.
  - Be sure to read the responses and any comments made that lead up to the milestone on the Status screen prior to responding to your milestone. Responses in the previous questions and comments may help the worker understand what is happening outside of the IoWANS system.
  - Comments can be accessed by clicking on the paper icon under the Comments column.

Consumer Selected: SID: Program Request: Habilitation Services 4/16/2021 -

Milestones: Last 3 Years

Description:	Worker Name:	Worker Role:	Response:	Response Date:	Due Date:	Comments:	Undo:
<b>Continued Stay Review Habilitation Services</b>							
Check CSR data. CASH due within 30 days		CM/SW			4/29/2023		
<b>Need Based Assessment Habilitation Services</b>							
Review Complete		CM/SW			4/25/2023		
Select Assessment decision. Enter Effective date and CSR Date		RS Reviewer:	OK	4/18/2023	4/21/2023		
Complete LOCUS/CALOCUS and upload to IMPA		BP	Completed	4/14/2023	5/5/2023		
CASH uploaded into IMPA		CM/SW	Yes	4/14/2023	3/15/2023		
<b>Service Plan Review - Hab Services &amp; All Waiver except Elderly</b>							

# Responding to a Milestone (Continued)

- A Milestone screen will present a question, instruction, or a statement, as well as a comment section followed by a choice of responses.
  - The comment section allows entry for information that will be useful to others
  - Reaching a choice for a response may take quite a bit of activity outside of IoWANS. If you do not have the correct information to respond, then don't respond. Instead, use the Cancel response to exit the screen. This will postpone answering until that information is available. **Please be sure you are making note of the due date of the milestone so a timely response can be provided.**

Consumer Search | Program Request | Service Plan | Status | Roles | Details | ICM Service Audit | Incident Report | Invoice Search | My Workload | Team Workload | My Rep

Consumer Selected: SID: ( ) Program Request: Habilitation Services 12/13/2022 -

Service Plan is not valid. You must resolve all errors before indicating that the Service Plan is complete

Question: You have made changes to the Service Plan. These services require(s) prior authorization. Please submit prior authorization request form and send form(s) and supporting info to Medical Services.

Comments:

response  
Completed  
Cancel

# Responding to a Milestone (continued)

- When responding to a milestone, enter any applicable comments in the comments box. If no comments are needed, leave blank.
- Click on the appropriate response.
  - Note: most milestones require only a response, however some may also require an entry to the response.

Consumer Selected: SID: ( Program Request: Habilitation Services 12/13/2022 - Invoice Search | My Workload | Team Workload | My Help

**Service Plan is not valid. You must resolve all errors before indicating that the Service Plan is complete**

Question: You have made changes to the Service Plan. These services require(s) prior authorization. Please submit prior authorization request form and send form(s) and supporting info to Medical Services.

Comments:

Enter Comment(s) here

response  
Completed  
Cancel

Click on response

- Respond to any additional milestones (as applicable)

# Milestone Errors

- If you fail to either respond or cancel, this may lock the milestone so that no other users will be able to respond. If this occurs, send a request to the IoWANS HelpDesk.
- If it is possible to undo the milestone, a Trash Can icon will be present in the last column of the milestone's record in the Status screen.
- If the undo is not permitted, as would likely be the case if “downstream” milestones have been accomplished, it will be necessary to contact the IoWANS HelpDesk.



# Responding to a Milestone

## (Continued)

- **REMINDER:**

- You will **not** be sent an email notification when a milestone is assigned to you. It is your responsibility as an IHH to check IoWANS on a regular basis for any milestone that have been assigned to you.

# Roles Screen

- Click on Roles to access the list of workers assigned in IoWANS to each specific role for the consumer's selected program request.
  - For a complete list of roles and their descriptions see pages 44-45 of the [IoWANS User Guide](#).
  - Example: For the member's Habilitation Services Program Request, below is the list of assigned workers.

The screenshot displays the 'Roles' screen in the IoWANS system. At the top, there are navigation tabs: 'Consumer', 'Provider', 'App/Current Program', and 'Supervisor Utilities'. Below these, a breadcrumb trail reads: 'Consumer Search | Program Request | Service Plan | Status | Roles | Details | SCM Service Auth | Incident Report'. On the right, there are links for 'Invoice Search' and 'My Work'. The main content area shows 'Consumer Selected: [ID]' and 'Program Request: Habilitation Services 1/17/2018'. Below this is a table with three columns: 'Role', 'Available Workers', and 'County/Rate'. The table lists several roles with their corresponding worker information. At the bottom of the table, there are 'Assign' and 'Cancel' buttons. Below the table, there is a section for 'Assigned Workers' with columns for 'Role', 'Name', 'Phone', 'Fax', and 'Email'.

Role	Available Workers	County/Rate
CMSW	[Dropdown]	State CMSW workers   All [Dropdown]
Slot Manager	Slot Management Team - DHS - <a href="mailto:DBall@dhs.state.ia.us">DBall@dhs.state.ia.us</a>	
RS Reviewer	Med Srv LTC Hdb. Team - ME - 515-074-3057 - <a href="mailto:cherman@dhs.state.ia.us">cherman@dhs.state.ia.us</a>	
CCO Reviewer	CCO Reviews, CCO Reviews - DHS-IME	
Medical Services PA Reviewer	Med Srv WFA Team (S) - IVE Medical Services - IFMC - <a href="mailto:MedSrvWFA@dhs.state.ia.us">MedSrvWFA@dhs.state.ia.us</a>	
ICP	Picking SRP Care (S) - USA - <a href="mailto:hbogan@515-275-8700">hbogan@515-275-8700</a> - <a href="mailto:cpoker@dhs.state.ia.us">cpoker@dhs.state.ia.us</a>	

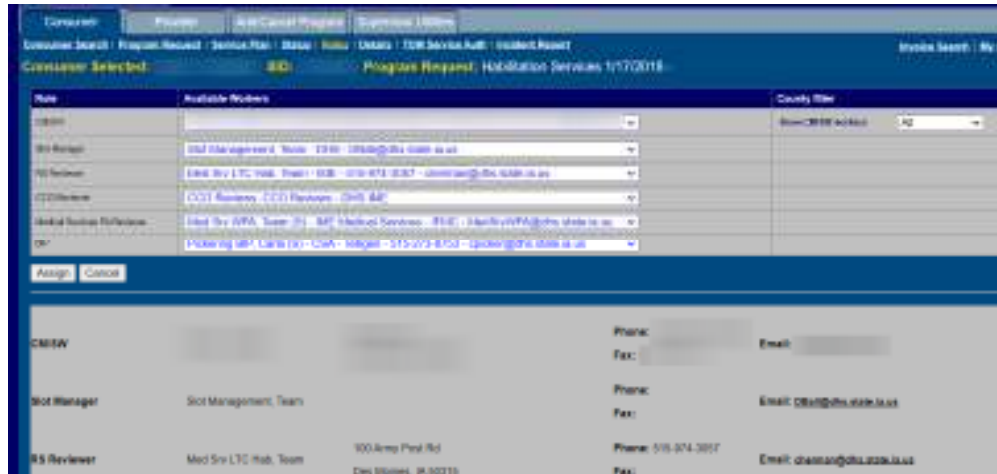
Assign Cancel

Role	Name	Phone	Fax	Email
CMSW	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Slot Manager	Slot Management, Team	[Redacted]	[Redacted]	<a href="mailto:DBall@dhs.state.ia.us">DBall@dhs.state.ia.us</a>
RS Reviewer	Med Srv LTC Hdb, Team	100 Army Post Rd Des Moines, IA 50315 Phone: 515-074-3057	[Redacted]	<a href="mailto:cherman@dhs.state.ia.us">cherman@dhs.state.ia.us</a>

# Roles Screen

(continued)

- The assignment of people to roles determines who will get milestones that are going to be generated during the process.
  - **Important:** Assignment from this screen does not automatically inform people that they have been assigned. However, the milestones that will eventually be generated for them will inform them.
  - **Note:** Most of the roles are automatically assigned by the system but there are some exceptions.



# Roles Screen (continued)

- The Roles screen is also where you can find the IM worker information.

Consumer    Provider    Add/Cancel Program    Supervisor Utilities

Consumer Search | Program Request | Service Plan | Status | **Roles** | Details | TCM Service Auth | Incident Report | Invoice Search | My Workload | Team Workload | My Reports | Logout

Consumer Selected:                      SID:                      Program Request: Habilitation Services 11/1/2022 -

Role	Available Workers	County filter
CM/SW	<input type="text"/>	Show CM/SW workers: <input type="text" value="All"/>
IM	Caseload, 78-CW0A (S) - 8773449628 - facilities@dhs.state.ia.us	
Medical Services	Cox, Barbara (S) - IME Medical Services - IFMC - 515-974-3032 - bc Cox@dhs.state.ia.us	
Slot Manager	Slot Management, Team - DHS - DBall@dhs.state.ia.us	
RS Reviewer	Med Srv LTC Hab, Team - IME - 515-974-3057 - cherman@dhs.state.ia.us	
Medical Services PA Reviewer	Barber - PA, Rebecca (S) - IME Medical Services - 319-266-6788 - rbarber@dhs.state.ia.us	
BIP	Wickey BIP, Sara (S) - Telligen - CSA - 515-608-3695 - swickey@Telligen.com	

Assign    Cancel

CM/SW		Phone: <input type="text"/>	Email: <input type="text"/>
IM	Caseload, 78-CW0A	300 W Broadway Ste 110 Council Bluffs, IA 51503	Phone: 8773449628 Fax: 5157259020 Email: facilities@dhs.state.ia.us

# Reassignment of Roles

- The Roles screen is also used for reassignment of roles. A worker can only reassign a case to a supervisor. Supervisors can reassign cases among people they supervise or to other supervisors of like role.
- To reassign:
  - Click the dropdown arrow next to CM/SW
  - Select the worker you are reassigning to
    - The worker's name you are reassigning should now appear in the CM/SW field
  - Click Assign
  - Once reassigned, the newly assigned worker's contact information should appear next to CM/SW at the bottom half of the screen

The screenshot shows a software interface for role reassignment. At the top, there are navigation tabs for 'Consumer', 'Programs', 'All Case/Programs', and 'System Utilities'. Below this, there are search and filter options. The main area is titled 'Available Workers' and contains a table with columns for 'Name', 'Role', and 'County Title'. A dropdown menu is open next to the 'CM/SW' field, showing a list of workers. The 'Assign' button is highlighted with a red box and an arrow. Below the list, the 'CM/SW' field is populated with the name of the selected worker, and their contact information (Phone, Fax, Email) is displayed.

Name	Role	County Title
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]

Assign

CM/SW [Redacted] Phone: [Redacted] Fax: [Redacted] Email: [Redacted]

Slot Manager Slot Management Team Phone: [Redacted] Fax: [Redacted] Email: [Redacted]

BS Reviewer Med Soc LTC Rehab Team 100 Army Post Rd Des Moines, IA 50319 Phone: 515-274-3017 Fax: [Redacted] Email: [Redacted]

# Details Screen

- The Details screen provides demographic data regarding a consumer. The IM worker is responsible for making updates to this screen via the eligibility system. Contact the IM worker for any updates that are needed.

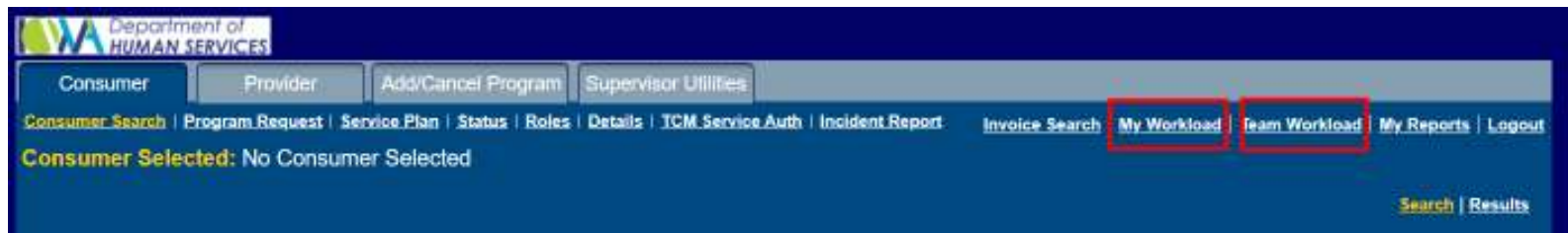
The screenshot shows a web application interface for the Department of HUMAN SERVICES. The page title is "Consumer" and the breadcrumb trail includes "Consumer Search | Program Request | Service Plan | Status | Roles | Details | ICM Service Auth | Incident Report". The "Details" tab is active. The "Consumer Selected:" field shows "SID: 1". The form contains the following fields:

Name (First / MI / Last):	
State ID:	
BirthDate:	
SSN:	
Vendor Customer ID:	
Payee Name:	
Payee Modifier:	
Consumer Address1:	
Address2:	
City / State / ZipCode:	DAVENPORT IA 52806
Phone:	(563) 000-0000
County of Residence:	067 - Scott
County of Responsibility:	077 - Polk
MCO Assignment:	
Parent Name:	
Parent Address1:	
Address2:	
City / State / ZipCode:	
Phone:	( ) -
E-Mail:	

Buttons: Save Clear

# Workload Screens

- My Workload or Team Workload subtabs can be accessed on the right side of the Consumer tab. These subtabs display a list of consumer cases that require some action by you or a team.
  - To access your workload, click on the link:
    - My Workload
  - To access your team's workload, click on the link:
    - Team Workload
      - Workers will login using their individual login IDs. Any team logins will be disabled and workers will not be able to login under a team name.
      - Workers must change the worker to All Consumer in order to search for a member that is not assigned to them.



# Workload Screens (Continued)

- If no key tasks (also referred to as milestones) are waiting for your attention:
  - The screen will display “No Workload Items Found.”



- If tasks are waiting for your attention:
  - The task or list of tasks will display.
  - When you click on View Status button for the selected consumer you will be taken to the Status page which allows you to see what steps have already been completed and the worker that completed each task.





# Workload Screens

## (Continued)

- Consumer cases are listed on the workload screens by their due date in descending order. Cases with the latest due dates are placed at the bottom of the list.
- If you are anticipating new actions (such as a new case or milestones for existing cases), it would be wise to refresh the page from time to time. Refreshing can be done by going to another page and then returning to the Workload page.

# Team Workload

- Workers can view and work on any case/milestone on the team's workload. Workers can also work on any milestone assigned to any other team member.

Department of HUMAN SERVICES

Consumer | Provider | Add/Cancel Program | MDSQ | Supervisor Utilities

Consumer Search | Program Request | Service Plan | Status | Roles | Details | TCM Service Auth | Incident Report | Invoice Search | My Workload | Team Workload | My Reports | Logout

Consumer Selected: No Consumer Selected

Team Member: IOWANS IM, TEAM | Get Workload

StateID	Consumer	Program	Milestone	Due Date	
			Effective July 1, 2008 a referral to the Iowa Department of Public Health is no longer necessary. Funding has been discontinued.	12/11/2020	View Status
			A request for Waiver services has been received for this consumer.	12/11/2020	View Status
			Do you want to continue with Facility or Waiver Eligibility Determination?	12/11/2020	View Status
			The consumer has been given a choice between HCBS waiver services and institutional services. Do you want to continue with waiver eligibility?	12/11/2020	View Status
			Do you want to continue with Facility or Waiver Eligibility Determination?	12/11/2020	View Status
			Do you want to continue with PACE Eligibility Determination?	12/11/2020	View Status
			The program request has been denied. Would you like to continue notification?	12/11/2020	View Status

# Team Workload (Continued)

- Any team member can respond to an active milestone.
- Multiple team members can potentially respond to various milestones. IoWANS will track who responded to the milestone.
- Once milestone is pulled by a worker it is locked to that worker until they answer the milestone.
- IoWANS will display an error message with the worker's name and the date the milestone was locked.
  - Example of a locked milestone message:

Cannot respond to milestone. This milestone is locked because Satish Yeluri from your team is currently attempting to answer this milestone. Locked since 12/22/2020 6:55:07 AM.

Milestones: Last 3 Years ▾

Description:	Worker Name:	Worker Role:	Response:	Response Date:	Due Date:	Comments:	Undo:
<u>PACE Option Flow</u>							
A request for Waiver services has been received for this consumer.	IoWANS IM TEAM	IM			12/11/2020		

- Ask the worker to respond to the milestone so that the workflow can continue.

# Provider Tab

# Provider Search Screen

- This Provider Search screen allows a Case Manager to find the correct provider(s) and the information needed to arrange for services for a consumer.
- To access the Provider Search screen:
  - Click on Provider
  - Then click on Provider Search
- You may search for a provider with data in any single field or combination of fields.



The screenshot shows a web application interface for provider search. At the top, there are navigation tabs: "Consumer", "Provider" (highlighted with a red box), "Add/Cancel Program", and "Supervisor Utilities". Below these, there are sub-tabs: "Provider Search" (highlighted with a red box), "Provider Details", and "Service Certification". In the top right corner, there are links for "Manage Non-Traditional", "My Reports", and "Logout". The main content area has a status message: "Provider Selected: No Provider Selected". Below this, there are search criteria fields: "Provider Name:" (text input), "Provider Number:" (text input), "Program:" (dropdown menu with "Select a Program" selected), "Procedure Code:" (text input), and "Home Based County:" (dropdown menu). At the bottom of the form are "Search" and "Clear" buttons. In the top right of the main content area, there are links for "Search" and "Results".

# Provider Details Screen

- Access the Provider Details screen by selecting a provider from the list given in the results screen.

The screenshot displays the 'Provider Details' screen in the Department of Human Services system. The interface includes a navigation bar with tabs for 'Consumer', 'Provider', 'Add/Cancel Program', and 'Supervisor Utilities'. The 'Provider' tab is active. Below the navigation bar, there are links for 'Provider Search', 'Provider Details', and 'Service Certification'. The status bar shows 'Provider Selected: No Provider Selected' and '366 records returned'. A red box highlights the text 'Select Provider from the list' with an arrow pointing to the list of providers. The list has columns for 'Provider Number', 'NPI', and 'Provider Name'. The list is paginated, showing records 1 through 4.

Provider Number	NPI	Provider Name
0401519	1295995397	A NEW BEGINNING MENTOR COUNSELING &
0108796	X030108796	A PLUS HOME CARE SERVICES LLC
0107793	17201024078	A-T HOME HEALTHCARE SERVICE CO
0769661	X030769661	ABLE DEVELOPMENT CORPORATION
0401099	1184809477	ABSTRACT EXPRESSIONS
0945428	1932253788	ACCURATE HOME CARE LLC
0530048	1417954165	ACTIVSTYLE LLC
0208679	X030208679	ADA ENVIROTECH
0911278	X030911278	ADAPTABILITY PLUS
0261073	X030261073	ADT SECURITY SERVICES INC
0261949	1598769127	ADVANCED REHAB TECHNOLOGIES
0446443	X030446443	ALDERSGATE CAMP AND RETREAT CENTER
0473488		ALICIA WEITHERS
0400484	1629252218	ALL AGES CARE SERVICES LLC
0671479	1609951276	ALLEN HOME HEALTH SERVICES
0012617	1255644084	ALLIANCE MENTAL HEALTH SERVICES
0468439	1942357389	ALTERNATIVE TREATMENT ASSOCIATES
0480376	1215158290	AMANDA BRIETT
0500376	X030500376	AMS VANS INC
0210201	X030210201	ANCHOR FAMILY SERVICES
0739474	1508914730	ANSWERS LLC
0105344	1801069570	APOLLO COUNSELING
0401156	1801069570	APOLLO COUNSELING & RESOURCE CENTER
0701319	X030701319	ASPIRE TRP INC
0277715	X030277715	AUTISTIC & RELATED DISABILITIES SVC

# Provider Details Screen

(continued)

- Once selected, the Provider Details screen displays information regarding the selected provider, including what services (certified, deemed, or enrolled) are available through the provider.

Department of HUMAN SERVICES

Consumer Provider Add/Cancel Program Supervisor Utilities

Provider Search | Provider Details | Service Certification Manage Non-Traditional My

**Provider Selected: CARING HEARTS OF WEST CENTRAL IOWA**

Provider Number: [Field]  
 NPI: 1386319465  
 Provider Name: CARING HEARTS OF WEST CENTRAL IOWA  
 Address 1: [Field]  
 Address 2: 608 NORTH COURT ST SUITE B  
 City: CARROLL  
 State: IA  
 Zip Code: 514010000  
 Phone: (712) 776-2726  
 Fax: (000) 000-0000  
 E-mail: [Field]  
 Enrollment Status - Date: Active - 3/1/2022  
 Home Based County: Carroll  
 HCBS Specialist: [Field]  
 CMH Specialist: [Field]

Program	Service Name	Start Date	Exp. Date	Term. Date	Rate	Rate Eff Date	Unit Type
Brain Injury	H2015-Comp Community Support - home based hab or SCL - Tier# 0	3/1/2022	9/1/2025				1-15 Minute Increment(s)
Brain Injury	H2016-Comp Comm Support - home based hab or SCL - Tier# 0	3/1/2022	9/1/2025				Day(s)
Brain Injury	S5100-Adult Day Care 15 min unit - Tier# 0	7/1/2022	2/2/2222				1-15 Minute Increment(s)
Brain Injury	S5125-Attendant Care Services - Agency non-skilled - Tier# 0	3/1/2022	9/1/2025				1-15 Minute Increment(s)

# Provider Certification

- Access the provider service certification screens by selecting Service Certification once a provider has been selected. This will result in a list of all services that the provider is approved to provide, sorted by waiver program name.
  - A provider's services may be deemed or enrolled. "Deeming" means the service is approved by another agency and there's an established expiration date.
  - "Enrolled" means the service is approved by another agency but there is no established expiration date. For purposes of IoVWANS, however, an enrolled provider will have a reasonable expiration date entered, since expiration date is a required field in IoVWANS.

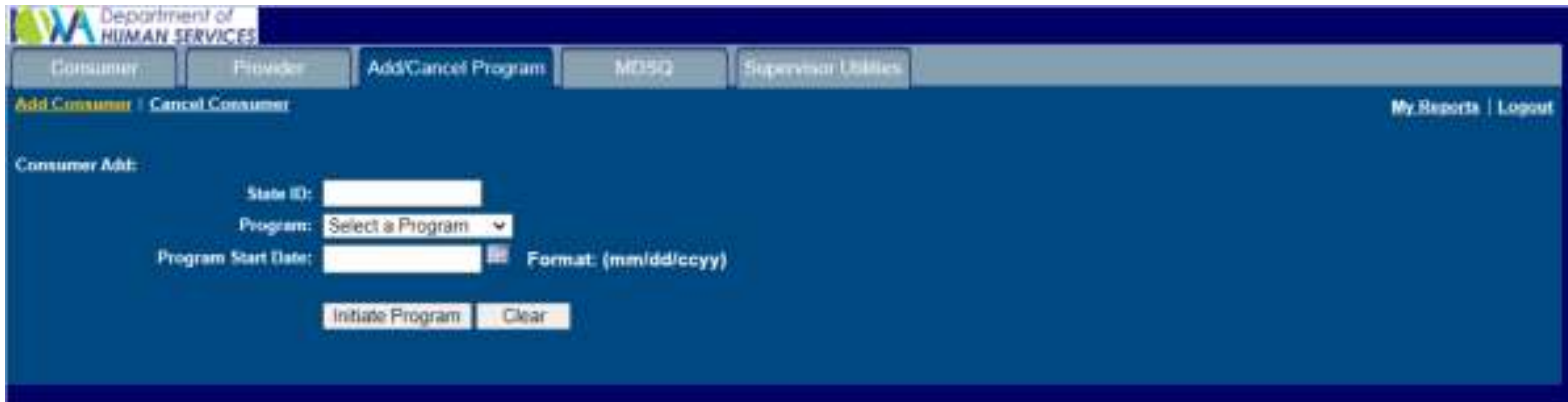
Program Name	Service Name	Start Date	Exp. Date	Term. Date	Rate	Rate Eff. Date	Cert. Desc
Brain Injury	H2015 - Comp Community Support - home based hab or SCL - Tier# 0	3/1/2022	9/1/2025				Enrolled
Brain Injury	H2016 - Comp Comm Support - home based hab or SCL - Tier# 0	3/1/2022	9/1/2025				Enrolled
Brain Injury	S5100 - Adult Day Care 15 min unit - Tier# 0	7/1/2022	2/2/2022				Enrolled
Brain Injury	S5125 - Attendant Care Services - Agency non-skilled - Tier# 0	3/1/2022	9/1/2025				Enrolled
Brain Injury	S5125 U3-Attendant Care Services - Agency skilled - Tier# 0	3/1/2022	9/1/2025				Enrolled
Brain Injury	S5150 - Unskilled Respite Care - basic individual HHA - Tier# 0	3/1/2022	9/1/2025				Enrolled
Brain Injury	S5150 U3- Respite Care - specialized - Tier# 0	3/1/2022	9/1/2025				Enrolled
Brain Injury	S5150 UC-Respite Care - individual basic, home care agency - Tier# 0	3/1/2022	9/1/2025				Enrolled
Brain Injury	T1005 - Respite Care Services - group - Tier# 0	3/1/2022	9/1/2025				Enrolled
Brain Injury	T1005 U3-Respite Care Services - facility - Tier# 0	3/1/2022	9/1/2025				Enrolled
Brain Injury	T2027 - Medical Day Care for Children - Tier# 0	7/1/2022	2/2/2022				Enrolled
CMH	S5150 - Unskilled Respite Care - basic individual HHA - Tier# 0	3/1/2022	9/1/2025				Enrolled
CMH	S5150 U3- Respite Care - specialized - Tier# 0	3/1/2022	9/1/2025				Enrolled
CMH	S5150 UC-Respite Care - individual basic, home care agency - Tier# 0	3/1/2022	9/1/2025				Enrolled
CMH	T1005 - Respite Care Services - group - Tier# 0	3/1/2022	9/1/2025				Enrolled
CMH	T1005 U3-Respite Care Services - facility - Tier# 0	3/1/2022	9/1/2025				Enrolled



# Add/Cancel Program Tab

# Add/Cancel Program Screen

- The Add/Cancel tab allows case managers to add or cancel a Habilitation program request for a consumer.
  - Note: There is a monthly job in loWANS that checks for Medicaid eligibility which runs on the 27<sup>th</sup> of the month. If Medicaid eligibility is not found then loWANS will automatically close (add end date) to the Habilitation program request.
  - If the member's Habilitation program request needs to be canceled in loWANS, it is up to the CM to cancel, not the IMW or loWANS Help Desk.
    - CMH waiver program requests must be closed by the IMW.



The screenshot shows the 'Add/Cancel Program' screen within the Department of HUMAN SERVICES loWANS system. The interface includes a navigation bar with tabs for 'Consumer', 'Provider', 'Add/Cancel Program', 'MDS/Q', and 'Supervisor Utilities'. Below the navigation bar, there are links for 'Add Consumer' and 'Cancel Consumer', and a 'My Reports | Logout' link in the top right corner. The main form area is titled 'Consumer Add:' and contains the following fields and controls:

- State ID:
- Program:
- Program Start Date:  Format: (mm/dd/ccyy)
- Buttons:

# Adding a Habilitation Program Request

- Click on the Add/Cancel Program tab
- Click on Add Consumer
- State ID: Enter the consumer's State ID
- Program: Select Habilitation from the dropdown menu
- Program Start Date
  - Enter the date services will begin. This date will become the Program Request begin date. When adding Habilitation Services, it can be left blank in order to indicate Habilitation Services are pending approval.
- Click the Initiate Program button
  - IoWANS will obtain the member's Medicaid approval and demographic information. Before allowing the program to be added, IoWANS also checks for current Medicaid eligibility.

The screenshot shows a web application interface with a dark blue background. At the top, there are four tabs: 'Consumer', 'Provider', 'Add/Cancel Program', and 'Supervisor Utilities'. The 'Add/Cancel Program' tab is selected and highlighted with a red box. Below the tabs, there are two links: 'Add Consumer' (highlighted with a red box) and 'Cancel Consumer'. In the top right corner, there are links for 'My Reports' and 'Logout'. The main form area is titled 'Consumer Add:' and contains three input fields: 'State ID:' (a text box), 'Program:' (a dropdown menu showing 'Select a Program'), and 'Program Start Date:' (a date picker). To the right of the date picker is the text 'Format: (mm/dd/ccyy)'. At the bottom of the form, there are two buttons: 'Initiate Program' (highlighted with a red box) and 'Clear'.

# Canceling a Habilitation Program Request

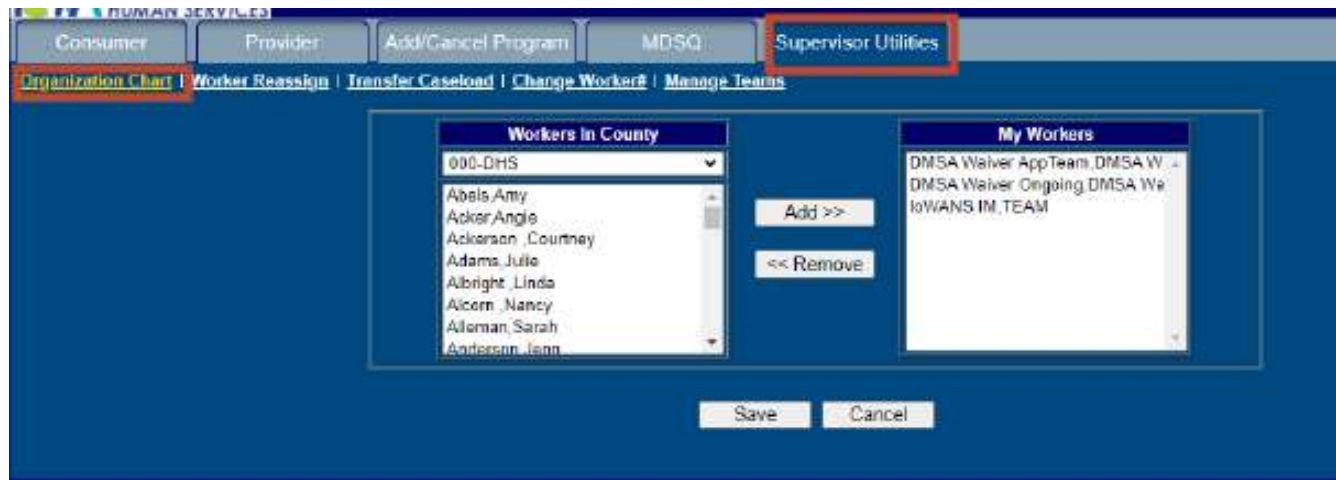
- Click on the Add/Cancel Program tab
- Click on Cancel Consumer
- State ID: Enter the consumer's State ID
- Program: Select Habilitation from the dropdown menu
- Program End Date: Enter Program end date
- Click the Cancel Program button

The screenshot shows a software interface with a blue background. At the top, there are four tabs: 'Consumer', 'Provider', 'Add/Cancel Program', and 'Supervisor Utilities'. The 'Add/Cancel Program' tab is selected and highlighted with a red box. Below the tabs, there are two buttons: 'Add Consumer' and 'Cancel Consumer'. The 'Cancel Consumer' button is highlighted with a red box. Below these buttons, the text 'Consumer Cancel:' is displayed. There are three input fields: 'State ID:' with a text box, 'Program:' with a dropdown menu showing 'Select a Program', and 'Program End Date:' with a text box and a calendar icon. To the right of the 'Program End Date' field, the text 'Format: (mm/dd/cyy)' is displayed. At the bottom, there are two buttons: 'Cancel Program' and 'Clear'. The 'Cancel Program' button is highlighted with a red box.

# Supervisor Utilities Tab

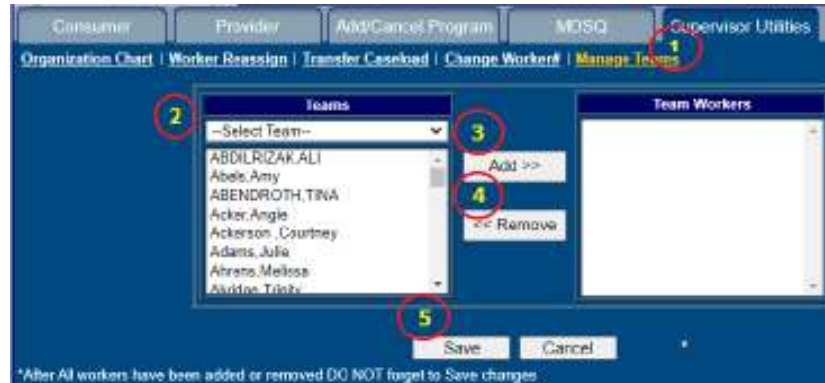
# Supervisor Utilities Tab

- Access the supervisor organization chart by clicking on the Supervisor Utilities tab and then the Organization Chart subtab.
- Supervisors use this screen to change their organization charts by assigning workers to or from their supervision by using the Add>> and <<Remove buttons.



# Creating Workers Teams

- A team is created using the same IoWANS Security Request form that is used to get a new worker access to IoWANS.
  - The Last Name field will be displayed as the team name (e.g., if the team is Team I, Team I is the last name).
- Once a team has been built, the Supervisor can add workers to the team.
  1. Under the Supervisor Utilities tab, select “Manage Teams”.
  2. Select the team name from the dropdown box.
  3. To add a worker to a team, select the worker’s name from under the list under “Teams” and click Add>>.
  4. To remove a worker from a team – select the worker’s name from the list under “Team Workers” and click <<Remove.
  5. After all workers have been added or removed click on the Save button to save the changes.



# Logging out of IoWANS

- Log out of IoWANS if you will be away from your desk.
- If you are logged into IoWANS but are inactive for 20 minutes, you will automatically be logged out.
  - When you receive the message “The page cannot be found,” this is a good indicator that you have been automatically logged out. You must click on the LOGOUT button and log back into IoWANS again before you will be able to continue working.
- To log out, click the x button at the top right corner of your screen. You can also click the Logout subtab link in the upper right corner of your screen.





# Resources

- [IoWANS User Guide](#)
- [Security Request Form](#)
- [QA Form](#)
- [HCBS Habilitation LOCUS/CALOCUS Process](#)
- Please contact the IoWANS Help Desk for any questions regarding IoWANS functionality and/or access:
  - [IoWANSHelpDesk@dhs.state.ia.us](mailto:IoWANSHelpDesk@dhs.state.ia.us)