
STATE OF IOWA DEPARTMENT OF

Health ^{AND} Human

SERVICES

Health Home Learning Collaborative

Assessment Process

June 17, 2024

This training is a collaborative effort between the Managed Care Organizations and Iowa Medicaid

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Agenda

- Introductions
- Comprehensive Assessment ProcessBill Ocker, Iowa Total Care
- Questions.....All
 - Coming Up
 - *July 15, 2024 – Risk Stratification*
 - *August 19, 2024 – Person Centered Planning – Philosophy & CMS Requirements*
 - *September 24, 2024 – Fall F2F Learning Collaborative*

Logistics

- Mute your line
- Do not put us on hold
- Attendance and engagement is expected
- Type your questions in the chat as you think of them. Time permitting, we will address questions at the end of the presentation.

Learning Objectives

Review the
Administration of the
Comprehensive
Assessment and Social
History (CASH)

Review the domain
areas of the CASH

Assessment & Administration

Health Home Role

- Comprehensive Care Management includes assessment of various aspects and is the responsibility of the Nurse Care Manager role within the Integrated Health Home.
 - The Care Coordinator and/or Peer Support/Family Peer Support may assist with comprehensive care management by contributing information to support the Comprehensive Assessment and Social History.

Comprehensive Assessment and Social History (CASH)

Provides a comprehensive overview of the member

Designed to meet the requirements of the following:

- Health Home State Plan Amendment (SPA)
- Person-Centered Planning Practices
- National Committee on Quality Assurance (NCQA) LTSS Standards
- Iowa Administrative Code

Purpose of the CASH

- To Identify:

- Areas of strength, preferences and opportunities

- Current and potential barriers

- Health and safety risks

- Needs including medical, social, educational, employment, housing, transportation, vocational and other services

Purpose of the CASH



Considers the person's physical and social environment and provides the foundation for creating the member's person-centered service plan

Required for use with members seeking and maintaining eligibility for 1915(i) Habilitation program (HAB) and 1915 (c) Children's Mental Health Waiver (CMHW)

CASH is also approved for use as a comprehensive assessment for members enrolled in Health Home at Non ICM Tier.

Administering the CASH

- Personalize the assessment when able
 - “I describe” or “I communicate” are used in the assessment to make it feel more personal to the member
- Alter the wording when parent/guardian is answering if member is unable
 - “Is Jane satisfied with her relationships?” as an example

Administering the CASH

If question is “not applicable”, indicate one of the following responses:

- None
- None mentioned
- None noted
- None reported

If a member does not have a comment or any additional information, do not leave it blank

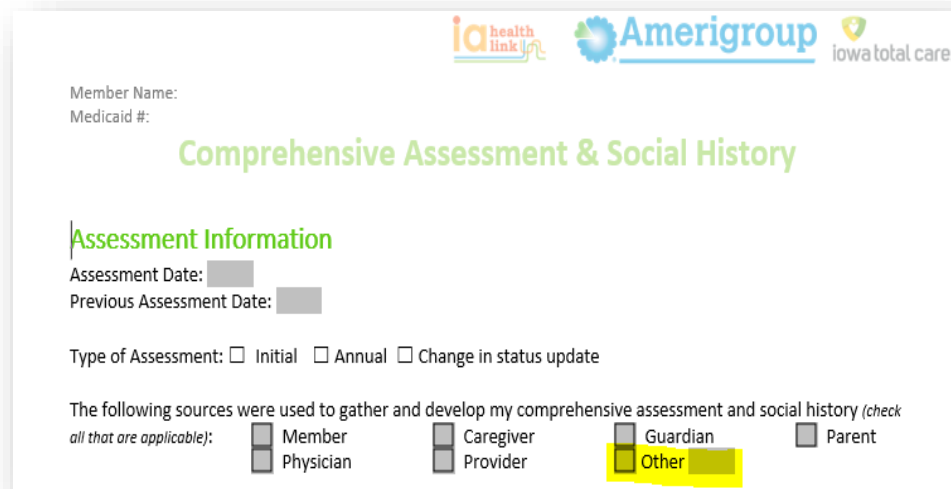
Answer all questions

This indicates that you addressed the question with the member/guardian

Indicate “no comment” or “no additional information”

Administering the CASH

- May need/want to use medical records or other sources of information
- Especially important in the physical health and medical sections
- Any records used should be noted in the “other” field in the Assessment Information section



The screenshot shows the top portion of a web-based form. At the top right, there are logos for 'ia health link', 'Amerigroup', and 'iowa total care'. Below the logos, there are input fields for 'Member Name:' and 'Medicaid #:'. The main title of the form is 'Comprehensive Assessment & Social History' in green text. Underneath, there is a section titled 'Assessment Information' in green. This section contains two input fields: 'Assessment Date:' and 'Previous Assessment Date:'. Below these fields, there is a line of text: 'Type of Assessment: Initial Annual Change in status update'. At the bottom of the form, there is a question: 'The following sources were used to gather and develop my comprehensive assessment and social history (check all that are applicable):'. Below this question are six radio button options: 'Member', 'Physician', 'Caregiver', 'Provider', 'Guardian', and 'Other'. The 'Other' option is highlighted with a yellow background.

Administering the CASH



Many questions are in yes/no or limited choice format



Utilize comment sections to provide additional narrative



Information in comments section should be complete sentences

Administering the CASH

- Initial and reassessments occur face to face
- Reassessment must be completed every 365 days at minimum
- Member must be contacted no less than 14 days prior to the current assessment end date
- Should be completed more frequently if there are changes to members medical needs, functional status or other changes to the member's condition or circumstances
- Can be updated at any time updating the “assessment date” and selecting “annual” or “change in status”
 - Historical information should remain in the CASH
 - Where relevant, add a date next to newly added information

Habilitation Program & Needs Based Eligibility

- When the CASH is being used to establish needs-based eligibility for the HAB program, assessors should ensure the following:

Members receive individualized prior notification of the assessment tool being used and who will conduct the assessment

Members choose who they want present for the assessment


Members and chose team members receive notice to schedule no less than 14 days prior to current assessment end date

Members and team member receive copy of the completed assessment within 3 business days of assessment

CASH will be submitted with supporting documentation as needed, to member's MCO for completion of LOCUS/CALOCUS online tool

Chart Review Workbook & The CASH

Reviewers complete a details review of the CASH to ensure that all elements are addressed.



Primary report from the reviewers:

Sections incomplete

Limited narrative

Domain Areas

Assessment Information

- Type of assessment
- Sources of information
- Reason for referral
- Pertinent information from other assessments or screenings – including scores/results
- If other provider records are reviewed and included in the development of the CASH – indicate the name of the document in “other” under sources
- Select initial/annual/change in status update depending on the situation with the member



Personal Information

Member's demographics

Member strengths

Member Preferences

- Personal preferences for how case management and services are delivered
 - I.e. where and with whom to live, when to go to bed, when and what to eat, whom to involve in care planning, which service providers to use etc.

“For Children Only” section for youth under the age of 18 and should be completed with parent/guardian

Communication and Language



Reviews support needs:

Member's ability to read and understand written material

Member's ability to understand information about their condition, medicine and doctor instructions

Subsections:

Awareness and memory

Hearing

Vision

Speech and communication

I describe my **vision** as (select the most appropriate)

Fine with no concerns	<input type="checkbox"/> Yes
Impairment, but managed through assistive devices (i.e. glasses/contacts)	<input checked="" type="checkbox"/> Yes
Vision is significantly impaired	<input checked="" type="checkbox"/> Yes

- I have the following vision needs, my dad bought me contacts, I do not like wearing contacts, because they are too hard for me to put in my eyes. I have glasses, I do not like to wear them. I break them or lose them.

Social, Cultural and Spiritual Preferences

- Section to describe the member's family involvement, relationships (past and present)
- Review member's social and support system
 - Relationship satisfaction
 - What their social system consists of
 - How they communicate with their social system
 - Engagement with mass media
- Review member's cultural beliefs, cultural stressors, family traditions/beliefs
- Review member's spiritual preferences



Marital & Dating Status

Reviews the member's marital/dating status and history

Consent

Safe sex precautions as applicable

Developmental Milestones




- For children/youth up to the age of 18
- Should be completed with the parents/legal representative

- Ensure there is documentation in the “if no” section when needed

Was the pregnancy full-term?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<i>If no or unknown, explain:</i> <input type="text"/>
Were there any complications during or immediately following delivery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<i>If yes or unknown, explain:</i> <input type="text"/>
Was your child exposed to drugs or alcohol in utero?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<i>If yes or unknown, explain:</i> <input type="text"/>
Did your child walk independently by 18 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<i>If no or unknown, explain:</i> <input type="text"/>
Did your child use 2 to 4 word sentences by 24 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<i>If no or unknown, describe:</i> <input type="text"/>
By age 4, was your child daytime toilet trained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<i>If no or unknown, describe:</i> <input type="text"/>

Medical & Mental Health History

- Current and historical medical and mental health diagnosis
- Family history
- Subsections include:
 - Surgeries
 - Major procedures
 - Significant illnesses
 - Dental
 - Fall History

Member Name: _____
 Medicaid #: _____

Comprehensive Assessment & Social History

Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Diagnosis (Name and ICD-10 Code): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sickle Cell Disease (not trait)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transplant Type: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other chronic conditions: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Summary of physical and mental health, including onset of diagnosis and symptoms: _____

I have the following physical and mental health concerns: _____

I have the following physical and mental health barriers to recovery: _____



Be sure to answer these three questions - do not enter N/A

Behavioral & Mental Health

- Focus on the member's current mental health and stressors
 - Review risk for harm to self or others
 - Assess member's depressive symptoms and possible psychosis
 - If assessor questions validity of member's report of mental health symptoms, this can be clarified in the comments
- PHQ -2 embedded into the CASH
- Please ensure that appropriate follow up is completed for the screening questions (mental health, substance abuse, gambling etc.)

In the **past 2 weeks**, I have been bothered by the following,

Little interest or pleasure in doing things	<input type="checkbox"/> Not at all	<input type="checkbox"/> Several days	<input type="checkbox"/> More than half the days	<input type="checkbox"/> Nearly every day
Feeling down, depressed or hopeless	<input type="checkbox"/> Not at all	<input type="checkbox"/> Several days	<input type="checkbox"/> More than half the days	<input type="checkbox"/> Nearly every day

Hospitalizations & ER Use

- Review the member's use and access to the emergency room
- Subsections:
 - Psychiatric/Substance Abuse Hospitalizations
 - Medical Hospitalizations
 - Emergency Room Visits



Preventative Visits & Allergies

Reviews member's preventative visits/cares

Subsections:

- Women
- Children
 - For members under the age of 18 and should be completed with parent/guardian/caregiver

Review Member's allergies to the following

- Food
- Medication
- Other allergies

Physical Health



Review of the member's overall physical health

Member to rate their physical health

Height, Weight and BMI

**If assessor believes member's report of their overall health isn't accurate, can make note in the comments



Subsections:

Exercise Routine

Nutrition

Toxin Exposure

Nutrition

My appetite is	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
I follow a healthy diet	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I have had unexplained weight loss or weight gain in the past year	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I have concerns regarding my nutrition	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I am able access the local grocery store or farmers market, as needed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Comments: [REDACTED] switched medications in April and states his appetite has decreased. The medication he was on had caused weight gain and [REDACTED] is hoping to lose some weight now.

Domestic Violence, Physical/Emotional/Sexual Abuse & Trauma

- Review the member's abuse and trauma history as applicable
 - This includes if the member has been a victim or perpetrator of the abuse

Medications

Medications

Medication administration

Potential barriers to taking medications

Subsections

- Current medications
- Past relevant medications
- Medication side effects
- Pharmacy

Additional lines may be added to the table if needed

My **current** medications (include prescription, over the counter & vitamins):

Medication Name	Dosage	Frequency	Prescriber	Reason/Purpose	Date Started
Sertraline	150mg	AM-Daily	Child Guidance Center	Anxiety	2019
Vistaril	50 mg	AM- Daily	Child Guidance Center	Anxiety/ Mood Stabilizer	2019
Hydroxyzine	10mg	PM- Daily	Child Guidance Center	Anxiety	2019
Seroquel	200 mg	PM- Daily	Child Guidance Center	Mood Stabilizer	2020
Guanfacine	6mg	AM- Daily	Child Guidance Center	Anxiety	2019

Medical Support Team

List of providers including:

- Name
- Address
- Phone
- Last visit date
- Reason for last visit

Subsections

- Supports and Services Received
 - Record past and current services
- Address the satisfaction with providers
- Participation in support groups

Substance Use or Abuse Gambling Dependence

■ Subsections

- Alcohol Use
- Caffeine Use
- Illegal Substances
- Tobacco Use
- Alcohol/Substance Abuse Treatment
- Family history of substance use, treatment or other concerns

Address potential gambling dependence

Self Care, ADLs & IADLs



Covers activities of daily living (ADLs) and instrumental activities of daily living (IADLs) that the member needs assistance with



Subsections:

Caregiver(s) Natural Supports

- Records if the member has caregivers and the caregivers supports and needs

Comments (note use of assistive devices or adaptive equipment needed to demonstrate skill): ██████ needs adult supervision for all living skills daily. ██████'s Mom brushes her hair for her, and Sophia showers with Mom daily so Mom can assist her in making sure her hygiene is done. ██████ uses pull ups nightly and needs assistance in the morning to clean up and change. With ques, ██████ can dust and put her clothing away.

Transportation

- Review of member's transportation accessibility and needs
 - Driver's License
 - Safe/reliable vehicle
 - Public Transportation
 - How does the member get where they need to go?
 - Transportation needs or concerns



Transportation

I am able to arrange my own transportation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I have a valid driver's license	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I have a safe/reliable vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am able to use public transportation	<input type="checkbox"/> No help or supervision <input checked="" type="checkbox"/> Need some help or occasional supervision <input type="checkbox"/> Need a lot of help <input type="checkbox"/> Need consistent help
I am able to get to the places I want (check all that apply)	<input checked="" type="checkbox"/> Walking <input type="checkbox"/> Bicycle <input type="checkbox"/> Drive <input type="checkbox"/> Take a taxi/bus <input checked="" type="checkbox"/> Family/friends drive <input type="checkbox"/> Staff/Provider <input type="checkbox"/> Other, describe

I have the following transportation needs or concerns, not identified above: [REDACTED] can be impulsive and doesn't think about his safety when out in the community. Dad tries to monitor where [REDACTED] is when he leaves the house, and his impulsivity will be worked on through Outpatient Therapy and FCS.

Employment & Volunteering

1

Review member's current and past work experience

- Job satisfaction
- If member is not working, would they like to?
- Job interests
- Document any supports and services received/needed to obtain/maintain employment

2

Report involvement with Iowa Vocational Rehab

3

Document past work history

4

Document current/past volunteering opportunities

- Interest in volunteering

Educational History



Current school/education status

Attendance

Highest level of education

School experience

School/education services or supports

Interest in furthering their education

Assistance needed for furthering education

Housing Situation



Current housing situation

- Who they live with
- Where they live

Sense of safety in the home and neighborhood

Access to emergency services

Stable housing

Additional housing needs/concerns

Financial Information

- Representative Payee & Conservator information
- Income and Resources
 - Income amounts and sources
 - Ability to manage finances
 - Legal Aid assistance
 - Review of member needs over the last 3-6 months
 - Food
 - Utilities
 - Childcare access
 - Use of food/housing assistance



Legal Information

Legal Representative

Advanced Directive

Power of Attorney

Mental Health
Committal

Substance Abuse
Committal

Probation or Parole

Summary of arrest
history

No contact orders

Child Abuse/Sex
Offender Registry

For Children only –

- CINA
- Protective Order
- Foster Care
- Other court order

Future Identified Goals & Needs

- Section covers member's:
 - Typical day
 - Urgent needs
 - Goal for improving their health and life
 - Readiness for change or take action on goals
 - In the near future
 - In next month
 - In next six months
 - Already made modifications in my way of life
 - Member to rank in order of importance, the things they want to address

Future Identified Goals & Needs

What is your typical day like for you (e.g. starting from when you get up until bed time, outline your basic routine)? [REDACTED] reports he wakes up, showers, goes to school, comes home, eats, plays on phone, lays video games, goes to sleep and gets up in the middle of the night to eat again.

What, if anything, would you like to change about your day? [REDACTED] would like to feel more motivated.

I have the following urgent needs (e.g. I don't have food tonight, don't have a place to sleep): [REDACTED] has no needs at this time.

I would like to receive assistance with those needs: Yes No

My overall goal for improving my health and life is: [REDACTED] reports that he would like to set daily goals for himself to work on attending all of his classes, put more fruits and vegetables into his diet, and have a regular eating routine, instead of getting up in the middle of the night to eat or snack.

The most important thing for me to address is: [REDACTED] would like to finish school with good grades.

I am aware that this could require a personal change to address this need: Yes No

How important is it to you to make this change (on a scale of 0-10, with 10 being extremely important) 8

How confident are you that you can make this change (on a scale of 0-10 with 10 being extremely confident): [REDACTED] at a 4 for being confident in completing this goal for himself. [REDACTED] will need to work hard at his classes to bring up his grades.

The second most important thing for me is: [REDACTED] would like to lose 20 lbs before summer of 2020.

I am aware that this could require a personal change to address this need: Yes No

How important is it to you to make this change (on a scale of 0-10, with 10 being extremely important) 9

How confident are you that you can make this change (on a scale of 0-10 with 10 being extremely confident): [REDACTED] rates himself at a 4 to make a drastic change in his weight for summer. [REDACTED] will need to have self-control of not getting up in the night to eat a whole box of macaroni and cheese by himself or snack all day or to hoard food in his room. Dad will have to kindly monitor [REDACTED] and his food intake along with eating more healthy foods and getting the appropriate amount of exercise.

The third most important thing for me is: [REDACTED] would like to spend more quality time with his friends and family.

I am aware that this could require a personal change to address this need: Yes No

How important is it to you to make this change (on a scale of 0-10, with 10 being extremely important) 6

How confident are you that you can make this change (on a scale of 0-10 with 10 being extremely confident): 6

I need the following support to accomplish my goal(s): [REDACTED] will need to have support of his friends and family to make this change. [REDACTED] would like to plan game nights or TV nights with his friends and family so he can be able to spend time with them. [REDACTED] will have to make changes in picking movies or games that family or friends would also like to participate in, not just what he chooses.

Identified risks and needs by the Assessor: [REDACTED] has great goals for himself, he needs to make personal adjustments in his life to achieve and work hard for his goals.

Identified Risks and Needs by the Assessor

Using the information in this assessment, complete each area.

Cognitive functioning. *Considerations: Cognitive functions, including the member's ability to communicate and understand instructions, process information about an illness, focus and shift attention, comprehend and recall direction independently.*

Choose an item.

Visual and hearing needs, preferences or limitations. *Considerations: Member's vision and hearing, and the impact on member's case management plan and barriers to effective communication or care. Examples include visual impairment and need for use of visual aids, hearing impairment and need for use of hearing aids or other supports or devices:*

Choose an item.

Social functioning. *Considerations: Social functioning refers to an ability to interact easily and successfully with other people. Examples include engagement with family and friends, social isolation, employment status:*

Choose an item.

Habilitation Eligibility

Effective July 1, 2022

The individual needs assistance demonstrated by meeting at least two of the following criteria on a continuing or intermittent basis for at least twelve months

- The individual needs assistance to obtain and/or maintain employment.
- The individual needs financial assistance to reside independently in the community.
- The individual needs significant assistance to establish or maintain a personal social support system.
- The individual needs assistance with at least one activities of daily living (ADLs) or instrumental activities of daily living (IADLs) to reside independently in the community.
- The individual needs assistance with management and intervention of maladaptive or anti-social behaviors to ensure the safety of the individual and/or others.

AND The individual meets at least one of the following risk factors:

- A history of inpatient, partial hospitalization, or emergency psychiatric treatment more than once in the individual's life; or
- The individual has a history of continuous professional psychiatric supportive care other than hospitalization; or
- The individual has a history of involvement with the criminal justice system; or
- Services available in the individual's community have not been able to meet the individual's needs; or
- The individual has a history of unemployment or employment in a sheltered setting or poor work history; or
- The individual has a history of homelessness or is at risk of homelessness

MCO / Iowa Medicaid Processes for LOCUS / CALOCUS

▪ **Initial Needs Based Eligibility**

1. Health Home will complete the Comprehensive Assessment and Social History (CASH) with the member and legal representative, if applicable, and other persons the member has requested to attend.
2. Health Home will have member sign the CASH.
3. Health Home will complete the progress note in their system regarding completing the CASH.
4. Health Home will submit CASH and any supplemental documentation to the Managed Care Organization (MCO) / Iowa Medicaid accordingly.

Initial Needs Based Eligibility

Wellpoint

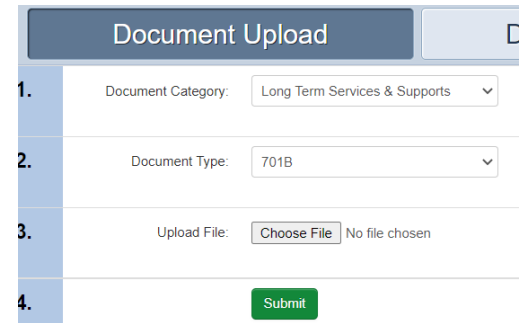
a. Wellpoint

- i. Health Home will submit CASH and any supplemental documentation via Availity / Interactive Care Reviewer or by fax, requesting a 99490 U1 authorization.
- ii. Wellpoint will review the documentation and complete LOCUS / CALOCUS.
- iii. Wellpoint will submit all documentation to Iowa Medicaid for eligibility determination.
- iv. Iowa Medicaid QIO will review documentation submitted for eligibility determination and the score of LOCUS / CALOCUS.
- v. Iowa Medicaid QIO enters the eligibility decision into IoWANS.
 1. If member does not meet habilitation eligibility, Wellpoint will complete the interRAI CMH and submit to Iowa Medicaid QIO for further review.
- vi. Wellpoint will notify the Health Home via fax / letter of approval including 99490 U1 Continued Stay Review (CSR) approval dates.
- vii. Health Home will go to Iowa Medicaid Portal Access (IMPA) documents tab to obtain a copy of the LOCUS / CALOCUS assessment results.

Initial Needs Based Eligibility

Iowa Total Care

- i. Health Home will submit CASH and any supplemental documentation via uploading to the CLIENT Portal (Envolve)
 1. Select documents tab
 2. Upload
 3. Document Category: Long Term Services and Supports
 4. Document Type: 701B
 5. Upload File: select file
 6. Click Submit
- ii. ITC will review documentation and complete LOCUS / CALOCUS.
- iii. ITC will submit documentation to IME for eligibility determination.
- iv. Iowa Medicaid QIO will review documentation submitted for eligibility determination and the score of LOCUS / CALOCUS.
- v. Iowa Medicaid QIO enters the eligibility decision into IoWANS.
 1. If member does not meet habilitation eligibility, ITC will complete the interRAI CMH and submit to Iowa Medicaid QIO for further review.
- vi. ITC will notify the Health Home via email of approval of Continued Stay Review (CSR) approval dates.
- vii. Health Home will go to IMPA documents tab to obtain a copy of the LOCUS / CALOCUS assessment results.
- viii. ITC will complete the 99490 U1 authorization upon approval notification from Iowa Medicaid, if Health Home has already submitted enrollment. If no enrollment has been received, ITC will request enrollment be submitted.
- ix. Health Home will obtain copy of authorization via Client Portal. Please note the authorization end date is NOT the end date for the CSR. The email from ITC with CSR dates is your end date.



Document Upload

1. Document Category: Long Term Services & Supports
2. Document Type: 701B
3. Upload File: Choose File No file chosen
4. Submit

Annual Renewal of LOCUS / CALOCUS

1. Health Home will schedule a meeting with the member and legal representative, and others member has identified to complete the CASH prior to the CSR expiration date, but no later than 14 days prior to CSR end date.
 - a. MCO / Iowa Medicaid strongly encourages that the CASH be scheduled and completed at least 45 – 65 days prior to CSR end date, to allow enough time for the health home to finalize the CASH and allow MCO enough time to process and submit to Iowa Medicaid for review, if needed.
2. Health Home will have member sign the CASH.
3. Health Home will complete the progress note in their system regarding completing the CASH.
4. Health Home will submit CASH and any supplemental documentation to the MCO / Iowa Medicaid accordingly.

Annual Renewal of LOCUS / CALOCUS

Wellpoint

- i. Health Home will submit CASH along with any supplemental documentation via Availity / Interactive Care Reviewer or by fax, requesting a 99490 U1 authorization.
- ii. Wellpoint will review for determination and complete LOCUS / CALOCUS.
 1. If member does not meet habilitation eligibility, Wellpoint will complete the interRAI CMH and submit the CASH, interRAI, and any supplemental documentation to Iowa Medicaid QIO for eligibility determination.
- iii. Wellpoint will notify the Health Home via fax / letter of the 99490 U1 Continued Stay Review (CSR) approval dates.
- iv. Wellpoint will upload the LOCUS / CALOCUS to IMPA.
- v. Health Home will go to IMPA documents tab to obtain a copy of the LOCUS / CALOCUS assessment results.

Annual Renewal of LOCUS / CALOCUS

Iowa Total Care

- i. Health Home will submit CASH along with any supplemental documentation via uploading to the CLIENT Portal (Envolve)

1. Select documents tab
2. Upload
3. Document Category: Long Term Services and Supports
4. Document Type: 701B
5. Upload File: select file
6. Click Submit

The screenshot shows a web form titled 'Document Upload'. On the left side, there is a vertical list of steps numbered 1 through 4. The form fields correspond to these steps: 1. 'Document Category:' with a dropdown menu showing 'Long Term Services & Supports'. 2. 'Document Type:' with a dropdown menu showing '701B'. 3. 'Upload File:' with a 'Choose File' button and the text 'No file chosen'. 4. A green 'Submit' button.

- ii. ITC will review the documentation and complete the LOCUS / CALOCUS.
 1. If member does not meet habilitation eligibility, ITC will complete the interRAI CMH and submit the CASH, interRAI, and any supplemental documentation to Iowa Medicaid QIO for eligibility determination.
- iii. ITC will notify the Health Home via email of Continued Stay Review (CSR) approval dates.
- iv. ITC will upload the LOCUS / CALOCUS to IMPA.
- v. Health Home will go to IMPA documents tab to obtain a copy of the LOCUS / CALOCUS assessment results.
- vi. ITC will notify utilization management of renewal for continued authorization for 99490 U1.
- vii. Health Home will obtain copy of authorization via CLIENT Portal. Please note the authorization end date is NOT the end date for the CSR. The email from ITC with CSR dates is your end date.

Change in Member's Needs (needs higher tier than what is currently approved)

- Note: If change in member's need is approved, this will **NOT** change the continued stay review (CSR) dates. The annual/initial dates will remain in place.
- 1. Health Home, member, and team determines that member may need a higher home-based habilitation tier than what is currently noted on the LOCUS / CALOCUS assessment.
- 2. Health Home will meet with member and legal representative, if applicable, and others the member has identified to attend and update the CASH, noting "type of assessment" on the CASH is "change in status update."
- 3. Health Home will have member sign the CASH.
- 4. Health Home will complete the progress note in their system regarding completion of the CASH.
 - Health Home will submit to MCO / Iowa Medicaid accordingly

Change in Member's Needs (needs higher tier than what is currently approved)

Wellpoint

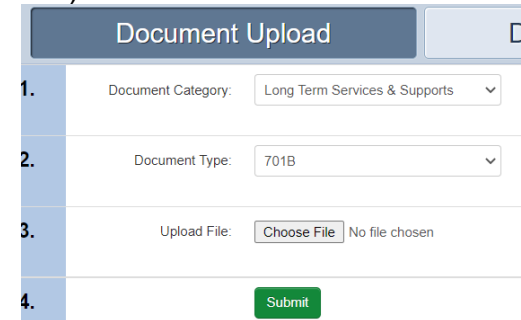
- i. Health Home will submit CASH along with additional supporting documentation, as applicable, for reconsideration for HBH tier via Availity / Interactive Care Reviewer or by fax, clearly indicating it is a change in tier request.
- ii. Wellpoint will review information submitted and complete LOCUS / CALOCUS.
- iii. Wellpoint will upload the LOCUS / CALOCUS to IMPA.
- iv. Wellpoint will notify the Health Home via fax / letter of updated LOCUS / CALOCUS has been completed. *(Note CSR Dates will not change from annual/initial assessment dates)*
- v. Health Home will access IMPA documents tab to obtain a copy of the LOCUS / CALOCUS results.
- vi. Health Home will complete PCSP, if HBH tier changed per needs assessment, with team.
- vii. Health Home will request HBH authorization via Availity / Interactive Care Reviewer or by fax, clearly indicating it is a change in tier request.
- viii. Wellpoint will notify the Health Home via fax / letter of the updated authorization as applicable.

Change in Member's Needs (needs higher tier than what is currently approved)

Iowa Total Care

- i. Health Home will submit CASH along with additional supporting documentation, as applicable, for reconsideration for HBH tier via uploading to CLIENT portal (Envolve).

1. Select documents tab
2. Upload
3. Document Category: Long Term Services and Supports
4. Document Type: 701B
5. Upload File: select file
6. Click Submit



Document Upload

1. Document Category: Long Term Services & Supports
2. Document Type: 701B
3. Upload File: Choose File No file chosen
4. Submit

- ii. ITC will review information submitted and complete new LOCUS / CALOCUS.
- iii. ITC will upload the LOCUS / CALOCUS to IMPA.
- iv. ITC will notify the Health Home via email that updated LOCUS / CALOCUS has been completed.
(Note CSR Dates will not change from annual/initial assessment dates)
- v. Health Home will access IMPA documents tab to obtain a copy of the LOCUS / CALOCUS results.
- vi. Health Home will complete PCSP, if HBH tier changed per needs assessment, with the team.
- vii. Health Home will upload the PCSP addendum via CLIENT portal (Envolve) for processing.
- viii. Health Home will locate authorization via CLIENT portal.

Fee-For-Service Initial Habilitation Eligibility Determinations and Annual Re-determination (Continued Stay Review)

- Training and guidance are available on the Integrated Health Home Webpage at: <https://dhs.iowa.gov/ime/providers/integrated-health-home>

1. Health Home/TCM will add the Habilitation Program in IoWANS for the individual initially applying for Habilitation. For annual re-determination of needs-based eligibility the Health Home will receive a milestone in IoWANS to complete and submit the assessment (CASH).
2. Health Home/TCM will submit CASH along with any supplemental documentation via the IMPA system. The information needs to be uploaded under the CSA tab.
 - a. Login to IMPA. When you login for the first time, you will be required to answer three security questions before proceeding.
 - b. Under the main menu, click on Manage>My Account.
 - c. From the menu on the left, click on the “External Application Authorization” link.
 - d. Enter your IoWANS username and password.
 - e. Click on Save.
 - f. To refresh the File menu item, click on Manage>My Account. NOTE: Any link that refreshes the page will also work.
 - g. Click on File>Upload File.
 - h. From the dropdown menu, select “CSA Upload”.
 - i. Click on the “Select” link. Browse to the location of the file on your computer and select the file you want to upload. (If this step does not work, follow the instructions on the page to
 - j. update your Adobe Flash player; then close and reopen your browser and log into IMPA again).
 - k. Click the “Upload” link to begin the upload.

Fee-For-Service Determination process.

- a. Iowa Medicaid Core Standardized Assessment (CSA) assessor will download the documents from IMPA. Log into the LOCUS Online and complete the LOCUS/CALOCUS assessment tool using the CASH and supplemental documentation.
- b. If documentation is insufficient, the CSA assessor reaches out to the Health Home/TCM to request additional information.
- c. The CSA contractor uploads the completed LOCUS/CALOCUS scoring tool, CASH, and supporting documentation into IMPA the "Document to IME" tab.
- d. The Iowa Medicaid QIO downloads the CASH, LOCUS/CALOCUS and supplemental information submitted, and reviews for eligibility.
- e. The Iowa Medicaid QIO reviewer enters the eligibility determination into IoWANS.
- i. If the LOCUS / CALOCUS would result in a denial, Iowa Medicaid QIO reviewer will notify the CSA Assessor to complete the InterRAI.
- a. If approved, the Health Home/TCM receives a milestone notifying them that Habilitation has been approved and to complete the service plan.

Fee-For-Service Notification of CSR dates

1. Notification of CSR dates
 - a. The CSR dates are displayed on the program request line in IoWANS.
 - b. The Health Home/TCM receives a milestone in IoWANS 45 days prior to the CSR date.
 - c. Obtain a copy of the LOCUS / CALOCUS assessment results and place in the member record
 - d. Health Home logs into IMPA
 - e. Hover over File then select Upload File
 - f. Click on CSA
 - g. Enter the member's state identification (ID) number and click on Search
 - h. Select the document type from the drop-down menu
 - i. Click on View Documents
 - j. Click on Select on the appropriate line within the grid
 - k. Download the document
 - OR
 - a. Health Home logs into IMPA
 - b. Hover over File then select Provider Lookup
 - c. Enter the member's state identification (ID) number and click on Search
 - d. Click on Documents Tab to view the LOCUS / CALOCUS assessment.
1. Once the member has been approved for Habilitation the IHH may enroll the member for 99490 U1.
 - a. Log into IMPA, hover over File and select Health Home.
 - b. Enter the member's state identification (ID) number and click on Search, click select
 - c. Click Update
 - d. Enter the Date of the Assessment, Tier, Reason and related diagnosis code(s)
 - e. The "reason" drop-down menu has the selections of:
 - i. Tier Change
 - ii. Assessment Date Change
 - iii. Assessment Date and Tier Change

Resources

- [Instructions for Completing the CASH](#)
- [Link to the CASH](#)

Questions?

Thank you!