

Provider Self- Assessment (PSA) Application

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HCBS

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Objectives

- ▶ Introduction to PSA Application
 - Usage
 - Registration
 - Features
- ▶ Links to additional resources

QIO HCBS



QIO HCBS Provider Quality Oversight consists of **6 regional provider quality specialists and 1 application specialist.**

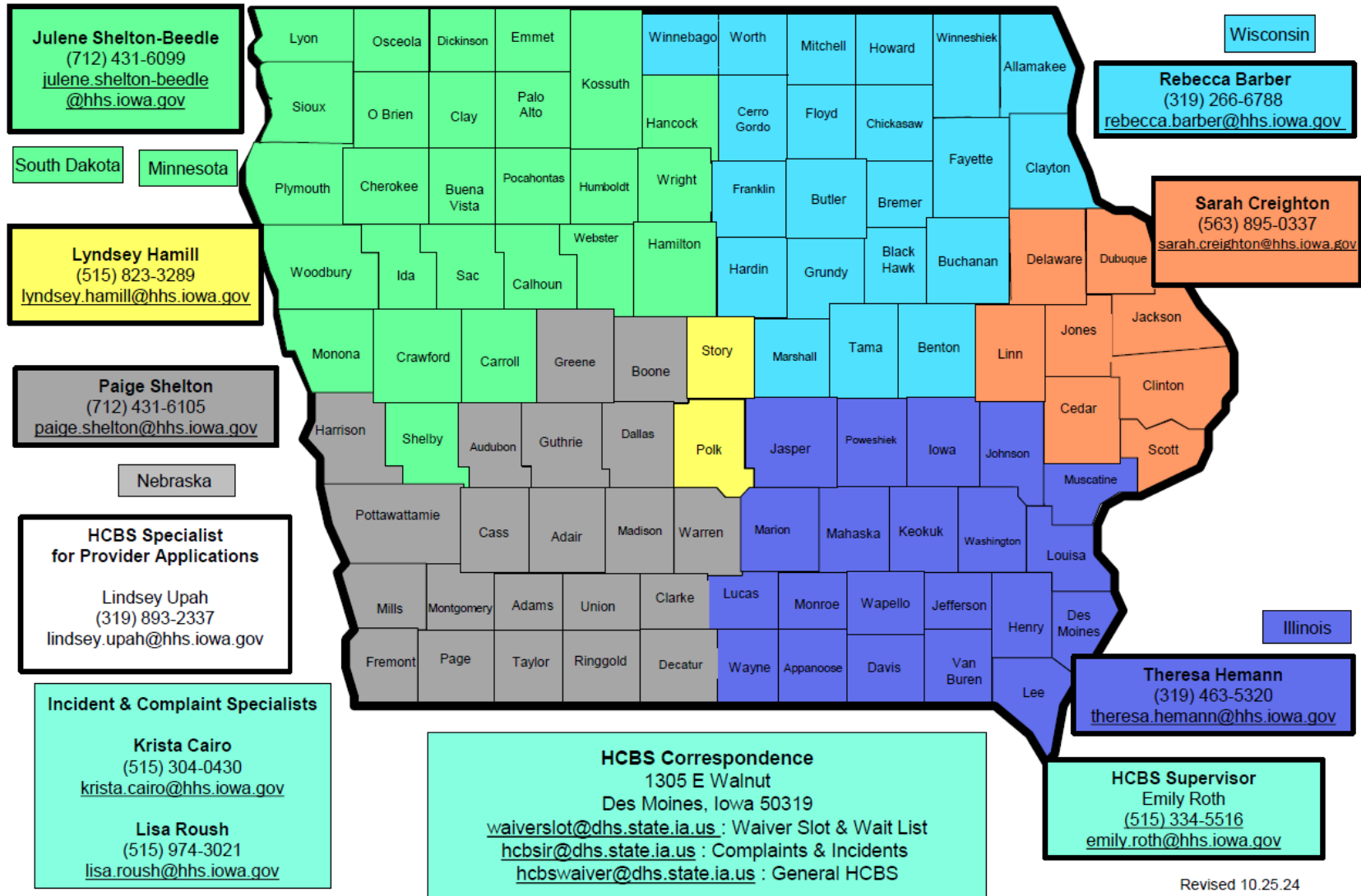


QIO HCBS is responsible for quality oversight of **over 440 Medicaid-enrolled providers of HCBS services.**



Services are provided in **over 5000 provider-owned or -controlled residential and non-residential settings** in the state of Iowa.

HCBS PROVIDER QUALITY SPECIALIST SERVICE REGIONS



Applicable HCBS Waiver and Habilitation Services

- ▶ Adult Day Care
- ▶ Agency Consumer-Directed Attendant Care (CDAC)
- ▶ Assisted Living Service
- ▶ Behavior Programming
- ▶ Counseling
- ▶ Day Habilitation
- ▶ Elderly Waiver Case Management
- ▶ Family and Community Support Services
- ▶ Family Counseling and Training
- ▶ Home-Based Habilitation
- ▶ In-Home Family Therapy
- ▶ Interim Medical Monitoring and Treatment (IMMT)
- ▶ Medical Day Care for Children
- ▶ Mental Health Outreach
- ▶ Prevocational Services
- ▶ Residential-Based Supported Community Living (RBSCL for children)
- ▶ Respite
- ▶ Supported Community Living (SCL)
- ▶ Supported Employment (SE)

Provider-Self Assessment (PSA) Application Launch

- ▶ Web-based application was developed within IMPA that allows providers direct, real-time submission of updates to their organization information and report HCBS settings in a centralized location for review and approval by HCBS Provider Quality Specialists.
- ▶ Application usage is required for HCBS providers who are enrolled for services requiring participation in HCBS quality oversight processes, including the self-assessment.

PSA Application Use

- ▶ Review Informational Letter #2698 for registration instructions
- ▶ View PSA Application Training, user guide, and other resources
- ▶ Access the PSA application and review existing information.
- ▶ Any updates or changes made by your organization will be reviewed by your HCBS specialist and either be accepted, or rejected with a reason provided.
- ▶ Access the application regularly to keep information current, including reporting new or closed HCBS settings prior to service delivery or within 30 days of the change.
- ▶ Complete annual self-assessment questionnaire when released each fall.
- ▶ Complete “change” self-assessment questionnaire as directed when enrolling additional HCBS services.

PSA Application Features

- ▶ The application includes four main components:
 - Organization details,
 - Enrollments and qualifications,
 - HCBS settings,
 - Self-assessment questionnaire.

Attention: Please take a moment to verify your organization's information. Ensure that all details, including organization, enrollment, and settings are current and accurate, and ensure that any required actions are completed.

Organization Details	Enrollments	Settings	Self-Assessments
Organization Details	Contact Details	Organization Activity Log	Documents

Provider Dashboard

Organization

COMMUNITY MENTAL

Organization Status: Active Assigned HCBS Specialist: Jason

Attention: Please take a moment to verify your organization's information. Ensure that all details, including organization, enrollment, and settings are current and accurate, and ensure that any required actions are completed.

Organization Details

Enrollments

Settings

Self-Assessments

Organization Details

Contact Details

Organization Activity Log

Documents

Organization Details

Tax ID* 42 Registered Name* COMMUNITY MENTAL Common Name Community Mental Health1

Mobile

Physical Address

Address 1* 520

+ Add C/O, Apt, Suite, Unit

City* Cedar Rapids State* IA Postal Code* 55555 County* Linn

Validated

Mailing Address

☐ Same as Physical Address

Address 1* 520

+ Add C/O, Apt, Suite, Unit

City* Cedar Rapids State* IA Postal Code* 52405 County* Linn

Validated

Enrollments

[Overview](#)[All Organizations](#)[All Enrollments](#)[All Settings](#)[All Self-Assessments](#)

ⓘ **Attention:** There are one or more updates to your enrollment. Please complete "Action Needed".

Select Program

Select Service

Select Qualification

Q Search

Clear

+ Add NPI

≡ Bulk Edit

↺ Clear Filter

⬇ Download

🔔 Needs Action ²

Registered Name	HCBS Specialist	Subsidiary	NPI	LPN	NPI Status	Actions
	Upah, Lindsey				Active	ⓘ Details Status
	Upah, Lindsey				Active	ⓘ Details Status

[← Back to Dashboard](#)

NPI Overview

Organization Name: [REDACTED]

NPI [REDACTED]

LPN [REDACTED]

NPI Status Active

Action Needed Review Service

[↗ Change NPI Status](#)

NPI Details

NPI Activity Log

Service Enrollment

NPI & Enrollment Notes

HCBS Settings

OverviewAll OrganizationsAll EnrollmentsAll SettingsAll Self-Assessments

Attention: There are one or more updates to your setting. Please complete "Action Needed".

Select Service Provided

Search

Clear

+ Add Setting

Clear Filter

Download

Needs Action2

Registered Name	Site Name	HCBS Specialist	Address	City	Setting Status	Setting Type
		Barber, Rebecca	Apt. #1	Waterloo	Pending	Residential
		Hamill, Lyndsey		West Des Moines	Active	Residential
		Hamill, Lyndsey		Missouri Valley		

- For instructions for reporting HCBS settings, see Informational Letter (IL) No. 2571.

Setting Detail

Setting Overview

Organization Name: [REDACTED]

Setting Status

Active

Setting Type

Residential

Action Needed

Review Activity Log

[Change Setting Status](#)

Setting Details

Setting Activity Log

Setting Notes

Setting Details

Address

Address 1*

Self-Assessment Questionnaire

Instructions

Organization Details

3 Self-Assessment Questionnaire

Data Collection

Guarantee of Accuracy

Review & Submission

Acknowledgement

2 Organizational Standard

Personnel and Training

Policies and Procedures

HCBS Settings

Organizational Standard
Attention: Entry on each page is NOT saved unless the Save & Next button is selected.

To provide quality services to members, organizations need to have sound administrative and organizational practices and a high degree of accountability and integrity.

Organizations should have a planned, systematic, organization-wide approach to designing, measuring, evaluating, and improving its level of performance. Use this section to tell us what your organization has in place related to basic standards required by law, rule, industry standards, or best practice.

✓ Purpose And Mission

Select all as:

Does your organization:

1. Have a mission statement that aligns with the needs, ability, and desires of the members served?

✓ Yes

No

N/A

If indicating "No", you must describe a plan to meet the standard(s).

Write Here

✓ Fiscal Accountability

✓ Organizational Oversight

✓ Quality Improvement (QI) Process

✓ Additional Notes

Next

Next

Tips and Troubleshooting

PSA Application IS:

- Mandatory for routine provider use.
- For communication and maintenance of records with QIO HCBS only.
- Designed to time out after 10 minutes for security reasons. A 2-minute warning will pop up after 8 minutes of inactivity.

PSA Application IS NOT:

- Used for documents related to quality oversight review activities.
- A substitute for processes with Iowa Medicaid Provider Enrollment or Provider Services or MCOs.
 - All enrollment, service application, and address change forms still apply.
- Updates in the PSA Application do not currently transfer to IoWANs, MMIS, managed care entities (MCOs), or any other provider system outside of QIO HCBS.

Links

► IMPA

<https://secureapp.dhs.state.iowa.us/impa/Default.aspx>

- PSA Application

► HCBS Webpage

<https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-medicaid-programs/hcbs>

- HCBS Specialists
- Reporting Settings
- PSA Application Information





Questions

HCBS Waiver General Mailbox
hcbswaivers@hhs.iowa.gov



Health and
Human Services