

2025 Provider Quality Self- Assessment

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Medicaid

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Objectives:

- ▶ Understand the quality oversight tasks of the Iowa Medicaid Quality Improvement Organization (QIO).
- ▶ Discover the requirements for completion and submission of the self-assessment for 2025 with the new provider self-assessment (PSA) application.

Medicaid Federal Oversight



The Centers for Medicare & Medicaid Services (CMS) works with states to assure and improve quality across the Medicaid authorities that support long term services and supports, including the Medicaid section 1915(c) HCBS waiver program and 1915(i) Habilitation.



CMS seeks to maximize the quality of life, functional independence, health and well-being of individuals served by the HCBS programs.



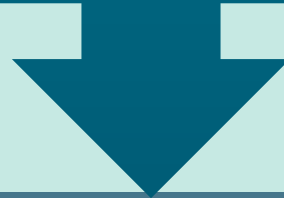
States make assurances and sub-assurances when they submit applications and renewals to CMS for waivers and Habilitation. The self-assessment process supports the quality framework as required by CMS.



The annual provider self-assessment process mirrors a CMS review process by requiring providers to attest to a system of monitoring their own performance and establishing corrective action, if needed, through this quality oversight process.

Medicaid State Oversight

Telligen is contracted as the Quality Improvement Organization (QIO) for Iowa's long-term care population.



QIO HCBS provides oversight for approximately 440 enrolled HCBS and Habilitation providers, primary functions include:

Incident & Complaint Specialists

- Critical incident management
- Complaint investigation
- Targeted reviews

Provider Quality Specialists

- Quality oversight reviews
- Technical assistance
- HCBS applications
- Self-directed services

Case Management Specialists

- Case management oversight
- Person-centered plan ride-alongs and remediation
- Technical assistance

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.

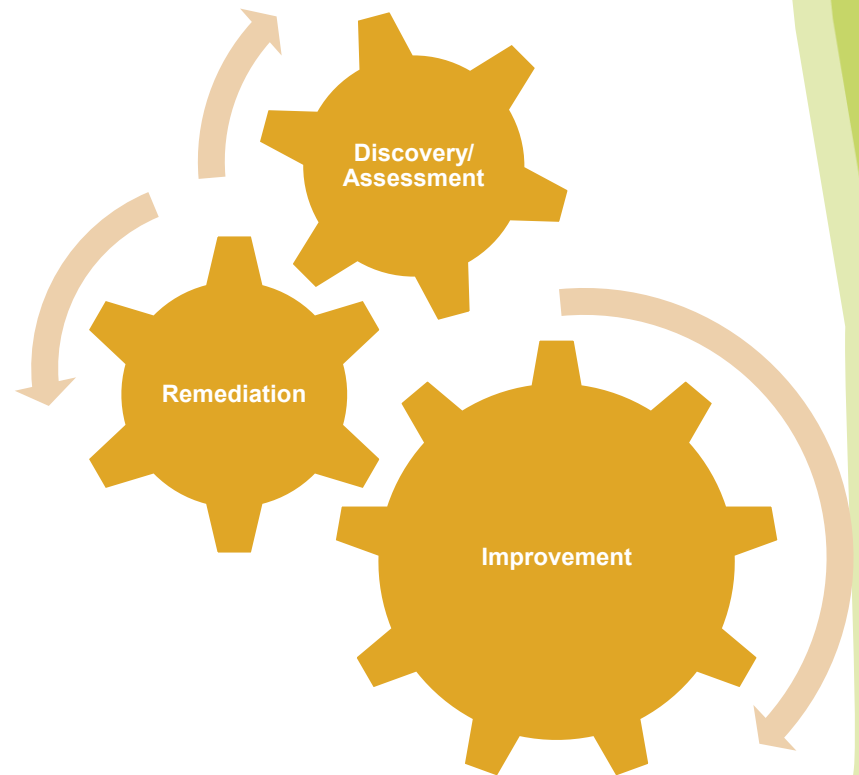
QIO HCBS Provider Quality Oversight Team

► Primary functions include:

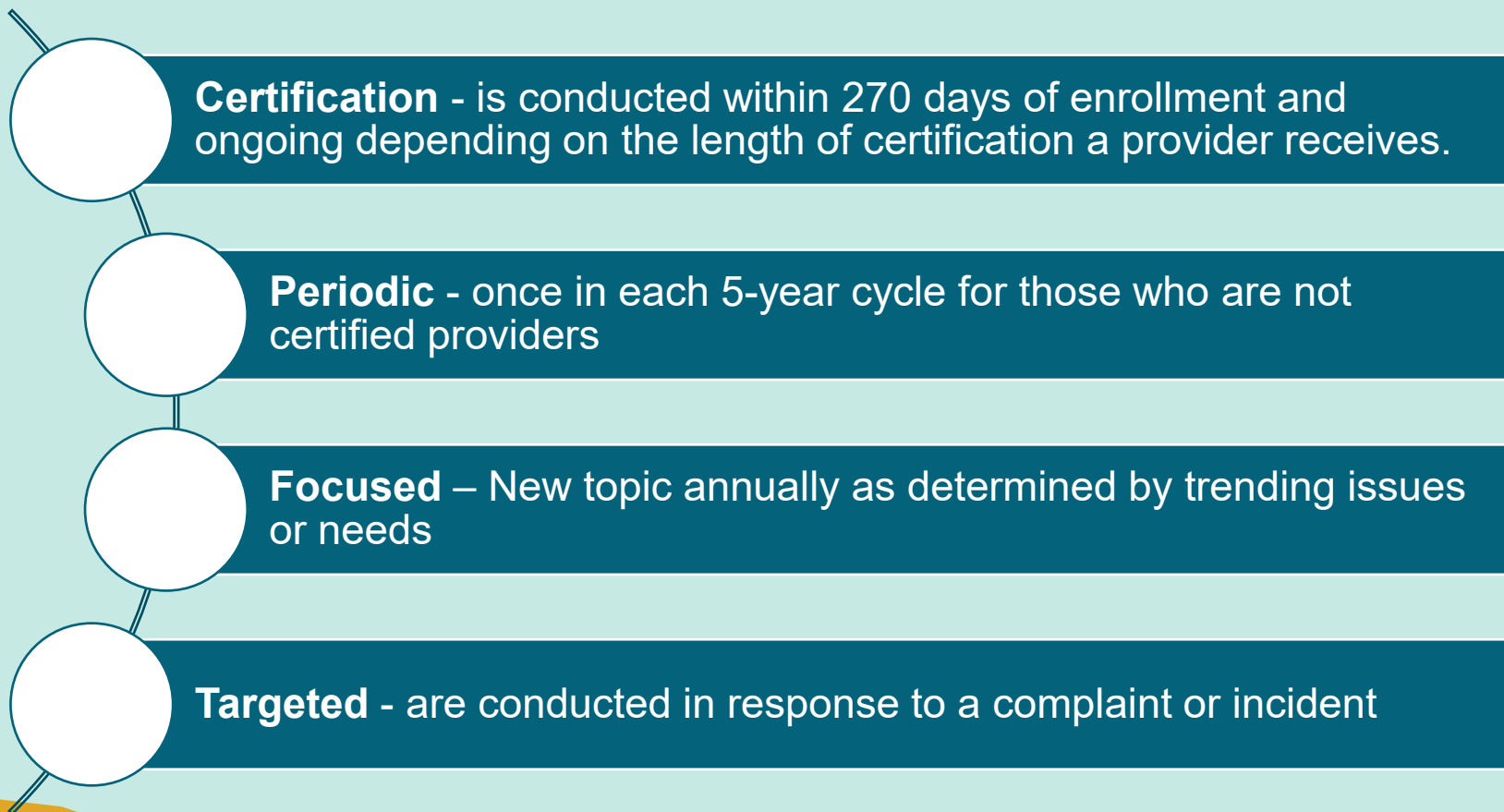
- Best practice technical assistance and support.
- Conduct quality oversight periodic, certification, and focused reviews.
- Issue corrective action and assess compliance.
- Approve policies and procedures for new providers to enroll in HCBS services.
- Maintain ongoing qualifications for providers to remain enrolled in HCBS services.
- Assessment and approval of provider-owned and -controlled HCBS settings.
- Review annual provider self-assessment questionnaire.

Quality Oversight Processes

- ▶ Iowa's approach to quality oversight is an ongoing cycle.
- Discovery - Intentional, structured, and measured review of evidence to determine if a requirement or goal is met.
- Remediation – action plan taken to fix a discovered problem.
- Improvement - Re-assessment and analysis of compliance to assess effectiveness.



QIO HCBS Review Process



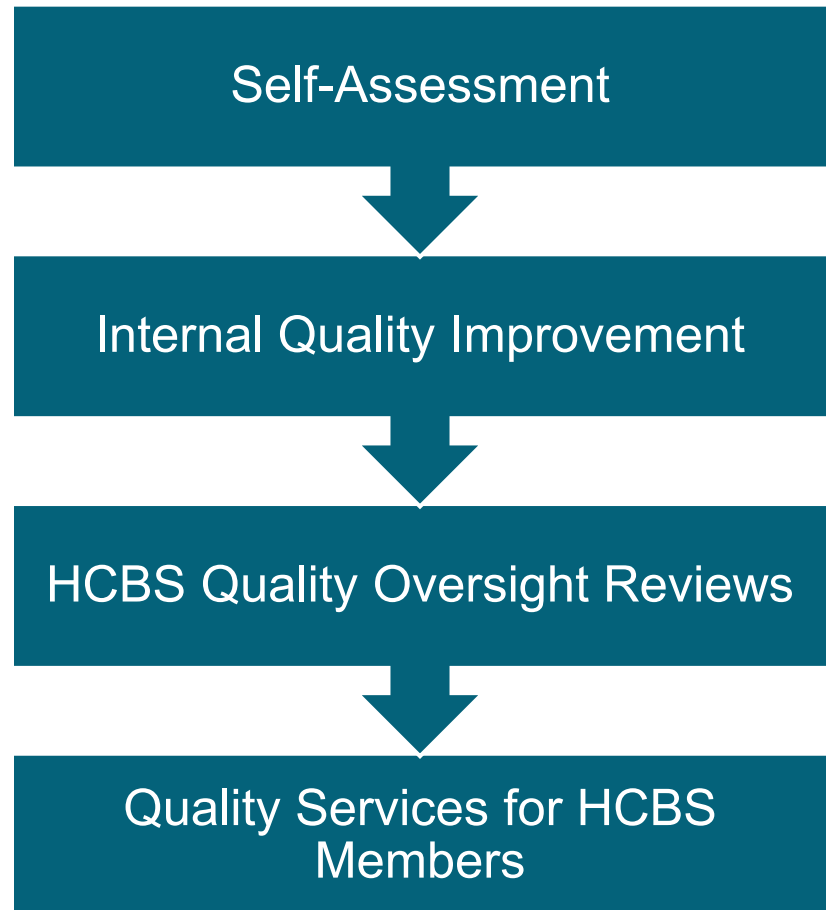
QIO HCBS Review Process

► All HCBS review types are:

- Evidence-based
 - Policy and procedure
 - Member files
 - Staff/personnel files
- Can result in the issuance of corrective action plans (CAPs):
 - Detailed plans that providers create to explain how they will remediate an issue.
 - Evidence of implementation of that CAP is requested to verify the provider has met compliance.

Self-Assessment Process

- Self-assessment is the foundation from which to build internal oversight processes
- Completion of the SA confirms providers have policies and processes in place, and can provide evidence of meeting standards and best practice.
- Helps improve the outcomes for the provider and member.



Self-Assessment Process

- ▶ The Provider Self-Assessment has been a foundational component of quality oversight for HCBS providers for almost 15 years.
 - Completion is required annually, and at the enrollment or addition of HCBS services.
- ▶ Beginning in 2016, reporting HCBS settings became part of the annual self-assessment process in preparation for the transition to full implementation of federal HCBS Settings rule.
- ▶ Previously the self-assessment used established forms and tools that were submitted via email and reviewed by HCBS specialists.

Self-Assessment 2025

New for 2025, HCBS providers will complete the self-assessment questionnaire within the Provider Self-Assessment (PSA) application in IMPA.

- Efficient, electronic submission.
- All information including organization details, enrollment qualifications, HCBS settings, and self-assessment questionnaire all accessible and able to be reviewed and updated in real time.

Prior to continuing this training, you must read [Informational Letter #2698](#) and view the corresponding training.

Instructions For Completion

The Self-Assessment questionnaire is located within the PSA Application which is accessed through IMPA.

- ▶ **Due date of January 31, 2026**
- ▶ **Failure to submit will result in a sanction of payment suspension and may result in disenrollment from HCBS services**

Important Notes

- ▶ Select the correct assessment type – Annual
 - Change assessments: are only completed as part of the application process when an organization is enrolling or adding HCBS services.
- ▶ Submit one self-assessment per tax ID number
- ▶ The application includes four main components:
 - Organization details,
 - Enrollments and qualifications,
 - HCBS settings,
 - Self-assessment questionnaire.

Completion of the annual self-assessment attests that all organization information within the PSA application is accurate and verifiable.

PSA Application Features



Provider Quality Self-Assessment

Good Afternoon

Logout

[User Guide](#)

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
Website https://Unitypoint.org/Cedarrapids/Abbehealth.aspx		

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			

Organization

► Organization Details

- Common name is the DBA (doing business as), if different from your legal registered name.
- Main Office Information
 - If you have additional office locations, review, update, or add these under All Settings

► Contact Details

- Executive Director
- Self-Assessment Signatory

Enrollments

- ▶ Review HCBS enrollments associated to your organization's NPI/LPN and associated qualifications for the service.
 - You may be enrolled for additional waiver services such as home-delivered meals, homemaker, chore, transportation, nursing, etc. These services are not part of the self-assessment and not in the PSA application.
- ▶ NPIs must be active with Iowa Medicaid and tied to your organization's TIN.
- ▶ Update any service qualifications or dates as necessary.
- ▶ Work closely with your HCBS specialist for enrollment updates and status changes to assure all required Iowa Medicaid processes are followed.
 - Adding or removing an enrollment typically requires an application or request for disenrollment through Iowa Medicaid's Provider Enrollment department.
- ▶ Subsidiaries: a subsidiary operates under your tax ID but has a different name than the registered or common name, and its own NPI/LPN combination
- ▶ PSA User Guide has additional details on features and edits in the Enrollment section of the application.

HCBS Settings Final Rule Compliance

- ▶ Informational Letter #2492 was released in August 2023 to detail ongoing compliance with CMS' final rule, followed by informational letter #2571 in March 2024
- ▶ Iowa must ensure HCBS settings added after March 17, 2023 are assessed for compliance prior to funding.
- ▶ Providers should report changes to their residential and non-residential HCBS settings to their HCBS specialist within 30 days of the change.

New
presumptively
institutional
settings will also
require:

- Assessment and potential remediation.
- Service delivery through non-Medicaid funded sources.
- Public comment period.
- CMS referral for heightened scrutiny review.

Review Settings

Overview All Organizations All Enrollments **All Settings** All 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 Action 2

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		

- ▶ Under “All Settings”, you can view a list of all settings reported. Please review these settings for accuracy and update any status or add settings as needed.
 - The “Download” button will download all setting addresses into an Excel file and may be useful to assist organization in reviewing several settings.
- ▶ Once added to the PSA, the setting address cannot be changed or edited. Any changes to an address require the setting status to be changed to inactive, and a new setting/address added.
- ▶ Residential and Non-Residential settings will not show as active until approved by your specialist.
- ▶ Click on a specific address line in order to see additional details, and change the status.

Editing a Specific Setting

The screenshot displays a web interface for managing settings. The top section, titled 'Setting Overview', includes an 'Organization Name' field and a summary table. The table has three columns: 'Setting Status' (with an 'Active' button), 'Setting Type' (with a 'Residential' button), and 'Action Needed' (with a 'Review Activity Log' button). A 'Change Setting Status' link is also present. Below this, three tabs are visible: 'Setting Details' (selected), 'Setting Activity Log', and 'Setting Notes'. The 'Setting Details' tab shows a dark blue header and a form with an 'Address' field and a sub-section for 'Address 1'.

Setting Status	Setting Type	Action Needed
Active	Residential	Review Activity Log

[Change Setting Status](#)

Setting Details Setting Activity Log Setting Notes

Setting Details

Address

Address 1*

- ▶ Overview (Section):
 - Shows setting type, status, and any actions needed.
 - Setting Status Button: You can change a setting status to “Active” or “Inactive” (if not in Pending status).
- ▶ Setting Details (Tab): Shows site name, address, and setting related fields.
- ▶ All changes are reviewed and approved by your specialist.

To Begin Questionnaire

- ▶ Click the Start Self-Assessment button (a pop-up window will appear).
- ▶ Review and attest to the current info shown in: Organization Details, Enrollments, and Settings
 - Review and update this information fully prior to proceeding with the questionnaire.
- ▶ Choose your assessment purpose: Annual
- ▶ Click “Start Self-Assessment” to begin questionnaire.
- ▶ Entry on each page is NOT saved unless the Save & Next button is selected.
- ▶ The questionnaire does not need to be completed all at once, the responses to each section will be saved as long as you have completed the section fully and hit Save & Next.
 - The PSA Application times out at 10 minutes of inactivity.

► Select the most appropriate response.

- Yes = your organization meets the standards and can provide verifiable evidence. The standard may be required by Iowa Medicaid law or rule, your own internal policy, as best practice, or because of another oversight entity outside of Iowa Medicaid.
- No = your organization does not meet the standard or cannot provide evidence, but are required to by law, rule, your own policy, or the standard is otherwise necessary for the services your organization is enrolled to provide.
 - If you select No, you must describe a plan in the designated box that explains what you will do to correct the problem with specific timelines for achieving compliance.
 - This plan may be referred to a remediation plan, corrective action plan, or “CAP”.
- NA = standard is not required by law, rule, or organization policy for the services you are enrolled to provide.

► At the end of each topic, there is a free-text box for your organization to highlight how your organization meets or exceeds the requirements.

Self-Assessment Questionnaire

HCBS Provider Quality Self-Assessment

Organization Name:

Self-AssessmentID:
PA20250509000000001

Version:
2.0

1 Instructions

2 Organization Details

3 Self-Assessment Questionnaire

4 Data Collection

5 Guarantee of Accuracy

6 Review & Submission

This form is required for organizations enrolled to provide HCBS Waiver or Habilitation services in section. Please note that you are responsible for completing the self-assessment for all programs your organization is enrolled to provide, regardless of whether these services are currently being provided.

It is strongly recommended that organizations required to submit the annual Provider Quality Self-Assessment review the full training, troubleshooting tips, and Frequently Asked Questions found [here](#). A complete list of Quality Improvement Organization (QIO) HCBS Quality Oversight Unit contacts can be found at the same link. Questions should be directed to the HCBS Provider Quality Specialist assigned to the county where the organization's main office is located.

The Provider Quality Self-Assessment should be completed and signed, attesting that the information submitted is true, accurate, complete, and verifiable. Organizations are responsible for ensuring signatory authority. Please allow adequate time for completion of the online form. Should your access time out, responses to previous sections will be saved. When you log in again, the system will resume in the same section you left off. You will be given the opportunity to review your responses in their entirety at the end of the questionnaire. Failure to submit a complete and accurate self-assessment by the annual due date will result in a referral to Iowa Medicaid's Program Integrity Unit for appropriate action, which may include sanctions and disenrollment from Iowa Medicaid.

The following Self-Assessment Questionnaire includes basic standards required by law, rule, industry standards, and best practice. You should read each standard, consider your organization's current situation, and select the



Health and
Human Services

- ▶ If the system times out, questionnaire responses will be saved up through the last section where you hit “Save and Next”.
- ▶ Instructions: Read and confirm you've reviewed the instructions to continue.
- ▶ Organization Details: View-only information pulled from your dashboard.
- ▶ Self-Assessment Questionnaire: Complete all listed questions in the following five sub-tabs: Acknowledgement, Organizational Standards, Personnel and Training, Policies and Procedure, and HCBS Setting.
- ▶ Data Collection: Share info about your workforce and waitlists in the following sub-sections: Workforce, Waitlist, and Settings.
- ▶ Guarantee of Accuracy: Confirm all info submitted is true and compliant.
- ▶ Review & Submission: See a full summary of your responses.
- ▶ Attestation: At the end of this section, the signatory must sign off before submission. If you resubmit, the attestation must be done again.

2025 Trend Areas



Feedback from August 2024 CMS onsite visit



Provider corrective action trends

- 1) Restrictive Interventions
- 2) Training
- 3) Background checks

Restrictive Interventions

- ▶ Tied to the member's assessed need and justified in the member's person-centered plan.
- ▶ ***Blanket restrictions must not occur.*** Blanket restrictions are rules or policies applied uniformly that restrict the rights or freedoms of all members without considering individual need or justification.
- ▶ Planned restrictive interventions are used only for reducing or eliminating specific, maladaptive, targeted behaviors.
- ▶ Demonstrate that due process was applied.
 - *includes an explanation of the need for the restrictive intervention*
 - *summary of less restrictive methods that were attempted*
 - *identification of circumstances by which the restriction may be reduced or eliminated*
 - *timelines for review*
 - *consent to the restriction*

Staff Training

All staff providing HCBS should be competent in every interaction and trained commensurate to the needs of the member.

- ▶ Core set of HCBS-specific training topics.
- ▶ Service-specific trainings:
 - Intended to go above and beyond the core set trainings your organization provides to all staff.
 - Creates competent staff trained commensurate to the needs of the specialized service.
 - Must be specific to the population served (children, employment, day habilitation, home-based habilitation).
 - Maintain a method of tracking these training topics and hours as evidence.

Background Checks

Prior to hire, conduct the following

- Child and dependent adult abuse registry checks
 - Sex offender registry checks
 - State and federal criminal background checks
 - Office of Inspector General (OIG) Exclusion List for exclusion from participation in federal health care programs
-
- Iowa SING is the recommended vendor for Iowa abuse and criminal history. Out-of-state applicants may require additional screening.
-
- For any “hits”, conduct evaluation and follow recommendations on whether the applicant may work.

Signature and Submission

- ▶ Prior to submission, the self-assessment must be dated and electronically signed by Executive Director or signatory.
 - Any subsequent corrections and resubmissions require updated signature.
- ▶ Signing and submitting the self-assessment indicates attestation that all information is accurate and verifiable.
- ▶ Upload any applicable documents such as accreditation reports or corrective action.

Corrections to a Submitted Self-Assessment

- ▶ Your HCBS specialist will review any changes you have made to your PSA record and review the completed questionnaire.
 - “Action Needed” will notify you of any rejected changes or information that needs attention.
 - View the “Correction Log” for specific comments from your specialist about error or changes required. An email will also be sent.

Acceptance of Self-Assessment

- ▶ Once accepted by your HCBS Specialist, the Self-Assessment status will change and a PDF version will be automatically saved in the system.
- ▶ Ongoing, PDFs of all accepted self-assessment questionnaires can be found in the Documents tab under Organization Details.
- ▶ Due by January 31st, 2026
 - Early submission is strongly recommended.
- ▶ Implementation of self-identified corrective action must be completed within 30 days.

Failure to submit the required 2025 Provider Quality Self-Assessment will jeopardize your agency's Medicaid enrollment and may result in sanction of payment suspension.

Reminders

► PSA Application IS:

- Mandatory for HCBS provider use.
- For communication and maintenance of records with QIO HCBS only.

► PSA Application IS NOT:

- 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 loWANs, MMIS, managed care entities (MCOs), or any other provider system outside of QIO HCBS.

Resources

► HCBS webpage

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

- Self-Assessment Form and Training Slides
- Instructions for reporting settings
- Link to regional specialist map

► IMPA <https://secureapp.dhs.state.ia.us/impa/Default.aspx>

- Provider Self-Assessment (PSA) Application
- PSA User Guide
- PSA Training

► Archived Informational Letters

<https://secureapp.dhs.state.ia.us/IMPA/Information/Bulletins.aspx>



Resources

- ▶ Centers for Medicare and Medicaid Services

<http://www.cms.gov/>

- ▶ Iowa Code and Iowa Administrative Code (IAC):

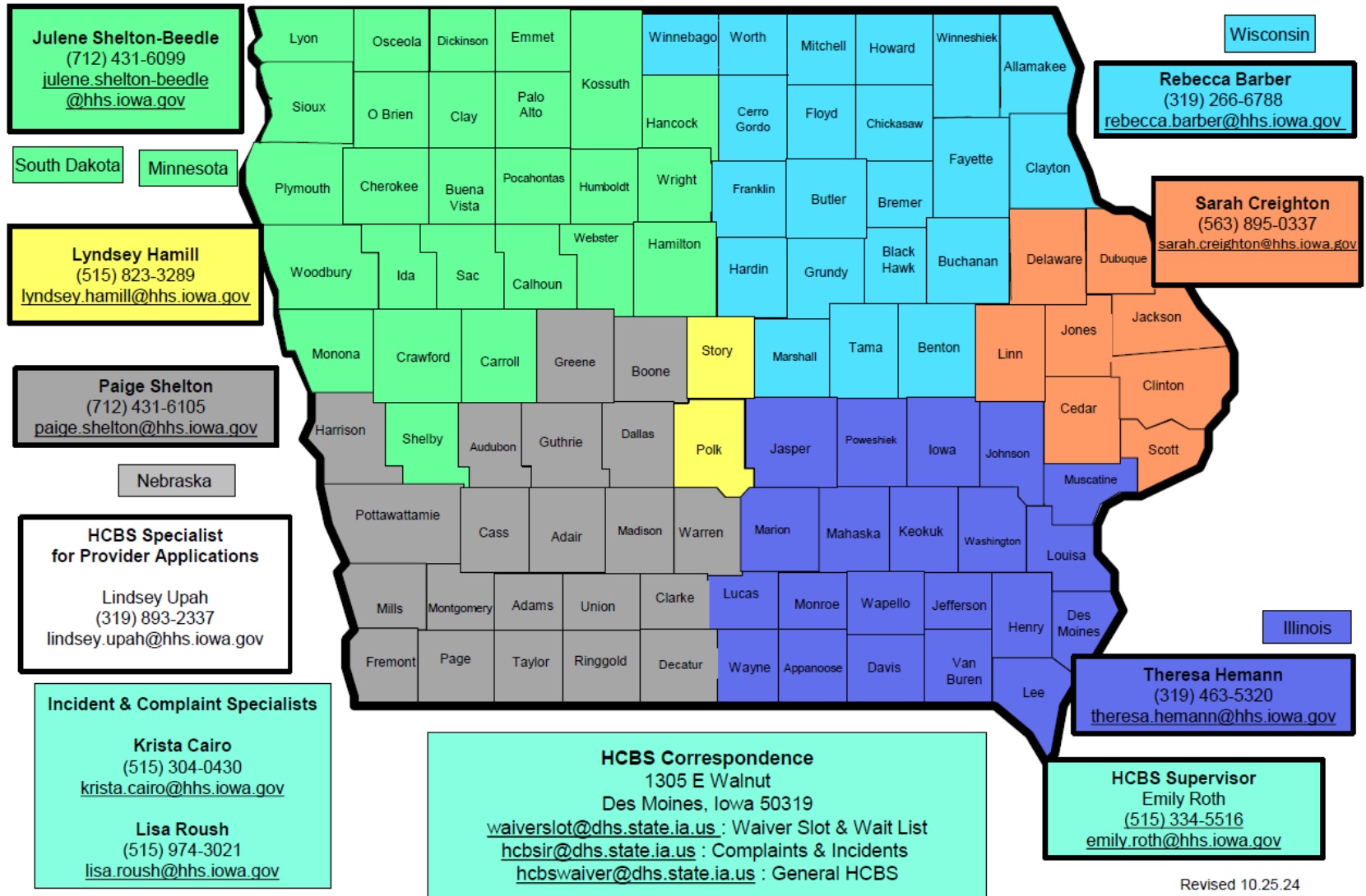
<https://www.legis.iowa.gov/law>

- ▶ Provider Services:

imeproviderservices@hhs.iowa.gov

1-800-338-7909 (toll free) or 515-256-4609 (Des Moines)

HCBS PROVIDER QUALITY SPECIALIST SERVICE REGIONS





Questions

HCBS Waivers General Mailbox

hcbswaiver@hhs.iowa.gov



Health and
Human Services