

yesCSA- Conducting Face-to-Face or Virtual Assessments

Purpose:

The assessor completes face-to-face or virtual assessments with members and their respondents or informants as assigned and scheduled to the assessor by the scheduler.

Iowa selected assessment tools (see attachment for Iowa CSA Designated Assessment Tools) to help inform level of care review, guide individual service planning and help determine the right level of services.

These assessment tools are to obtain reliable and valid information regarding an individual's functional abilities and support needs to do activities like any other person his/her age living in the community.

Identification of Roles:

Member – An identified member who currently meets the guidelines and is approved or has applied for the Iowa Medicaid Intellectual Disability (ID) waiver, Money Follows Person (MFP) program, in an ICF/ID facility, the Elderly, Brain Injury, Health & Disability, Physical Disability, AIDS/HIV, Children's Mental Health Waivers, and Habilitation Services.

A member provides information for the assessment by answering the interview questions during the assessment when possible. A member is encouraged to be present for all or part of the assessment. If there is a hardship to the member to attend, it is encouraged that the assessor be able to meet the member prior to the assessment, when possible.

Assessor – A Core Standardized Assessment (CSA) Assessor is trained to complete and administer the required assessment tools.

Respondent – An individual who can provide information regarding the supports needed for the member being assessed at the assessment interview.

Respondents may include the member, the member's case manager, facility staff from the interdisciplinary team, the member's representative, guardian or family member and specific providers who are familiar with the member and their abilities.

Respondents will participate during the assessment, provide accurate information that reflects the supports needed by the member, and sign an attestation at the conclusion of the face-to-face or verbalize agreement. The Assessor will sign on their behalf during a virtual assessment.

Assessment Scheduler – Monitors IoWANS for the interRAI/LOCUS/CALOCUS assessment requests, monitoring due dates to assure assessments are completed

timely. Assessment Scheduler also contacts the case managers and income maintenance (IM) workers to obtain member and respondent information, schedules the interviews with the assessor, members, case managers, providers and other respondents and provides follow up contact to each respondent to confirm the scheduled date and location of the face-to-face or virtual assessment.

Manages scheduling through the JIRA Service Management platform (IA CSA Service Desk). Coordinates SMS-based appointment confirmations with members and case managers. Monitors and manage the callback system for scheduling inquiries. Utilizes digital scheduling platform for Case Manager coordination.

Manager – Provides program training and oversight to assessors and schedulers.

Trainer/QA Specialist – Provides quality assurance training and/or review of assessments prior to submission to the Agency.

Communications Triage Team – Manages and processes incoming assessment requests through centralized scheduling system. Uses the JIRA Service Management platform (IA CSA Service Desk) as the primary tracking system.

Performance Standards:

Complete and submit to the Agency face-to-face or virtual assessments for persons newly entering services within thirty (30) days of notice in IoWANS or Agency referral and reassessments for members who have previously been assessed within fourteen (14) days of the twelve-month anniversary date. Completed assessment will be uploaded to IMPA within five (5) business days of the assessment completion date. Assessment completion date will be logged in IoWANS.

Communication Standards:

Response to scheduling inquiries within two (2) business days. Confirmation of appointments via SMS and email. Utilization of callback feature when needed for telephone inquiries.

Conflict of Interest Standards:

Past relationships: It is acknowledged that assessors may be asked to complete an assessment on a member they previously had as a client. We do not have the capacity to avoid this. However, assessors are asked to secure the information from the respondents (not their own past knowledge) when completing an assessment. Telligen was hired to be an independent assessor, and HHS does not support dual roles.

Present relationships: Assessors are asked to avoid completing assessments on individuals with whom they are related by blood or marriage; to any of the member's paid caregivers; or if the assessor is financially responsible for the member or empowered to make financial or health-related decisions on the member's behalf.

Assessors are asked to identify these circumstances early and secure alternative arrangements to accommodate these assessments. This applies to the scheduling process and all face-to-face and virtual assessments.

Path of Business Procedure:

Step 1: Referrals for a face-to-face or virtual core standardized assessment will be forwarded to the scheduler and assessor through IoWANS.

- Note: For assessments with due dates prior to July 1, 2025, virtual assessment protocol will be utilized across all waiver types and assessment categories.

Step 2: Assessor receives notice of pending and confirmed face-to-face or virtual assessment appointments from the Assessment Scheduler through the pending report in the Scheduling Assessment Manager (SAM) program and their Outlook calendar.

Each scheduler and assessor will review their IoWANS work page daily to retrieve referrals and confirm assessments are scheduled.

Assessor receives notice of pending and confirmed face-to-face or virtual assessment appointments through:

- SAM
- Outlook calendar

Step 3: Assessor administers the face-to-face or virtual assessment as scheduled. When the assessor arrives, she/he will begin with introductions, explain the purpose of the interview, and will seek to put the member and all respondents at ease by opening with casual conversation.

The assessor will describe the interview process and ask questions. Each assessor will explain to the member and respondents that Iowa selected the specific assessment to help inform level of care review, guide individual service planning, and help determine the right level of services.

The assessor will review the Member/Respondent Attestation form with all respondents and the member before starting the assessment (see forms attached).

Step 4: Assessors will complete the assessment consistent with qualification standards for the interRAI, LOCUS/CALOCUS, OYA, and MPAI.

Step 5: The assessor will obtain signatures from those present at a face-to-face assessment from those who participated in the assessment interview.

The Assessor will read the attestation to all valid respondents present at a virtual assessment and document they verbalized understanding. The assessor will ensure that all signatures are legible, and all spaces are completed. If the member or respondent refuses to sign the attestation, the assessor will document this with the reason for refusal on the notes page.

If the member is unable to sign the attestation due to cognition/lack of understanding, a note will be added to the assessment. The assessor will hand out the appropriate member brochure to the member and/or representative which gives the Iowa Medicaid Member Services phone number to call for any questions regarding the next steps in the eligibility process.

Step 6: Upon completion of the face-to-face or virtual assessment including data entry, the assessment is uploaded into SAM and QA review is completed by a QA Specialist. The assessment is then uploaded into IMPA by the assigned Assessment Scheduler within five (5) business days of the assessment completion date. The Assessor will answer the milestone in loWANS indicating the date the assessment was completed.

Step 7: If the member or a respondent/informant for the assessment does not attend the interview as planned, the assessor or scheduler will first assess the reason for not keeping the appointment and address identified issues. The interview will be rescheduled to the next opportunity.

Forms/Reports:

Core Standardized Assessment Form
Supportive Intensity Scale Interview and Profile Form
Comprehensive Case Management Assessment Form
Member/Respondent Attestation of Completion of Comprehensive Assessment Form
Mayo-Portland Adaptability Inventory Form
Member/Respondent Attestation of Completion of interRAI Form
Member/Respondent Attestation of Completion of MPAI Form
Member/Respondent Attestation of Completion of Mayo-Portland Adaptability Inventory Form
InterRAI/SIS Brochure for Applicants/Members

RFP Reference:

1.3.1.3.B
1.3.1.4.B

Interfaces:

loWANS
IMPA
SAM
Microsoft Outlook

ILS
Outcome Info
JIRA
Talkdesk

Attachments:

HCBS-approved standardized assessment tools (Iowa CSA Designated Assessment Tools 2 1.pdf)

Member/Informant Attestation

Member/Informant Attestation of completion of the interRAI™ Assessment System

I confirm that I participated in completion of an interRAI™ instrument on behalf of _____.

A qualified, well-trained, interRAI™ Assessor Reviewer facilitated completion of the interRAI™ assessment instrument and gathered required information to determine the correct response for each item.

I was truthful and accurate in my responses.

I participated in the discussion surrounding each question and provided feedback in such a way as to reflect the member's strengths and needs.

I was given the opportunity to provide additional information within the assessment.

I understand that the Assessor will send the results to the member's Case Worker or Managed Care Organization designee and that I may request a copy from that individual. Distribution is subject to confidentiality standards.

(Member's Name-Print) (Member's Signature) (Date)

(Informant's Name-Print) (Informant's Signature) (Relationship) (Date)

Phone number _____ E-mail address _____

I have known the Member for (duration of time; months/years): _____.

(Informant's Name-Print) (Informant's Signature) (Relationship) (Date)

Phone number _____ E-mail address _____

I have known the Member for (duration of time; months/years): _____.

(Informant's Name-Print) (Informant's Signature) (Relationship) (Date)

Phone number _____ E-mail address _____

I have known the Member for (duration of time; months/years): _____.

Member/Informant Attestation

Member/Informant Attestation of completion of the interRAI™ Assessment System and Mayo-Portland Adaptability Inventory (MPAI-4) assessment

I confirm that I participated in completion of an interRAI™ instrument and MPAI-4 assessment on behalf of _____.

The Certified interRAI™ /MPAI-4 Assessor asked and explained every question before I was asked to provide my feedback.

I was truthful and accurate in my responses.

I participated in the discussion surrounding each question and provided feedback in such a way as to reflect the member's strengths and needs.

I was given the opportunity to provide additional information within the assessment.

I understand that the Assessor will send the results to the member's Case Worker or Managed Care Organization designee and that I may request a copy from that individual. Distribution is subject to confidentiality standards.

(Member's Name-Print) (Member's Signature) _____
(Date)

(Informant's Name-Print) (Informant's Signature) (Relationship) (Date)
Phone number _____ E-mail address _____

I have known the Member for (duration of time; months/years): _____.

(Informant's Name-Print) (Informant's Signature) (Relationship) (Date)
Phone number _____ E-mail address _____

I have known the Member for (duration of time; months/years): _____.

(Informant's Name-Print) (Informant's Signature) (Relationship) (Date)
Phone number _____ E-mail address _____

I have known the Member for (duration of time; months/years): _____.

Member/Informant Attestation

Member/Informant Attestation of completion of the Mayo-Portland Adaptability Inventory (MPAI-4) assessment (to be completed at the end of the MPAI-4 assessment)

I confirm that I participated in completion of a face-to-face MPAI-4 assessment on behalf of _____.

The Certified MPAI-4 Assessor asked and explained every question before I was asked to provide my feedback.

I was truthful and accurate in my responses.

I participated in the discussion and coding of each question and answered all of the questions in such a way as to reflect the member's needs and strengths.

I was given the opportunity to provide additional information within the assessment.

I understand that the Assessor will send the results to the member's Case Worker or Managed Care Organization designee and that I may request a copy from that individual. Distribution is subject to confidentiality standards.

(Member's Name-Print) (Member's Signature) (Date)

(Informant's Name-Print) (Informant's Signature) (Relationship) (Date)

Phone number _____ E-mail address _____

I have known the Member for (duration of time; months/years): _____.

(Informant's Name-Print) (Informant's Signature) (Relationship) (Date)

Phone number _____ E-mail address _____

I have known the Member for (duration of time; months/years): _____.

(Informant's Name-Print) (Informant's Signature) (Relationship) (Date)

Phone number _____ E-mail address _____

I have known the Member for (duration of time; months/years): _____.

Member/Informant Attestation

Member/Informant Attestation of completion of the
Case Management (CM) Comprehensive Assessment
(to be completed at the end of the CM Comprehensive Assessment)

I confirm that I participated in completion of a face-to-face CM Comprehensive Assessment on behalf of _____

The Certified Assessor asked and explained every question before I was asked to provide my feedback.

I was truthful and accurate in my responses.

I participated in the discussion and coding of each question and answered all of the questions in such a way as to reflect the member's needs and strengths.

I was given the opportunity to provide additional information within the assessment.

I understand that the Assessor will send the results to the member's Case Worker or Managed Care Organization designee and that I may request a copy from that individual. Distribution is subject to confidentiality standards.

(Member's Parent/Guardian Name-Print) (Parent/Guardian Signature) (Date)

(Informant's Name-Print) (Informant's Signature) (Relationship) (Date)
Phone number _____ E-mail address _____

I have known the Member for (duration of time; months/years): _____.

(Informant's Name-Print) (Informant's Signature) (Relationship) (Date)
Phone number _____ E-mail address _____

I have known the Member for (duration of time; months/years): _____.

(Informant's Name-Print) (Informant's Signature) (Relationship) (Date)
Phone number _____ E-mail address _____

I have known the Member for (duration of time; months/years): _____.

Member/Informant Attestation

Member/Informant Attestation of completion of the Case Management (CM) Comprehensive Assessment and Mayo-Portland Adaptability Inventory (MPAI-4) assessment (to be completed at the end of the CM Comprehensive Assessment and MPAI-4 assessments)

I confirm that I participated in completion of a face-to-face CM Comprehensive Assessment and MPAI-4 assessment on behalf of _____.

The Certified interRAI™ HC/MPAI-4 Assessor asked and explained every question before I was asked to provide my feedback.

I was truthful and accurate in my responses.

I participated in the discussion and coding of each question and answered all of the questions in such a way as to reflect the member's needs and strengths.

I was given the opportunity to provide additional information within the assessment.

I understand that the Assessor will send the results to the member's Case Worker or Managed Care Organization designee and that I may request a copy from that individual. Distribution is subject to confidentiality standards.

(Member's Parent/Guardian Name-Print) (Parent/Guardian Signature) (Date)

(Informant's Name-Print) (Informant's Signature) (Relationship) (Date)

Phone number _____ E-mail address _____

I have known the Member for (duration of time; months/years): _____.

(Informant's Name-Print) (Informant's Signature) (Relationship) (Date)

Phone number _____ E-mail address _____

I have known the Member for (duration of time; months/years): _____.

(Informant's Name-Print) (Informant's Signature) (Relationship) (Date)

Phone number _____ E-mail address _____

I have known the Member for (duration of time; months/years): _____.