

## CSA – Assessment Appeals

**Purpose:** 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.

A member or their representative may appeal an assessment when they feel the operating procedures for the assessment protocol were not followed by Telligen staff. Telligen will provide testimony for assigned appeal hearings as requested by the Agency.

### 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, the Assessor will meet the member during the interview process and document the reason for their non-participation in the assessment notes.

**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’s case manager, facility staff from the interdisciplinary team, the member’s representative, family member or guardian and specific providers who are familiar with the member and their needs and 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 assessment or verbalize understanding of the attestation at a virtual assessment.

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

**Manager** – Provides program training and oversight. Reviews appeal request and responds in accordance with CSA Appeals procedure.

**Trainer/QA Specialist** – Will ensure proper training is completed with the Assessor and that the Assessor is competent in assessment tool prior to completing independently.

**Communications Triage Team** – Manages and processes assessment requests through centralized scheduling system and forwards them to the manager.

### **Performance Standards:**

Performance standard is participation in 100 percent of assigned appeal hearings.

### **Communication Standards:**

All appeal-related communications will be responded to within two (2) business days according to the CSA Communications procedure.

### **Path of Business Procedures:**

A member or their representative may appeal an assessment when they feel the operating procedures for the assessment protocol were not followed by Telligen staff. Appeals may be filed within 90 days of the date of notification of the assessment results by contacting the local HHS office, by writing a letter to HHS Appeals Section or by filing online through the HHS website.

**Step 1:** If an Assessor receives a request to appeal an assessment, they will refer the individual to their manager. When an appeal request is received, the Assessor and Manager will review the rationale for the appeal request. They will independently examine the assessment history, record, and outcome for relevant evidence. They will evaluate if the assessment was compliant with user protocols and process and that no typos or errors were made while filling out the assessment.

Telligen cannot change the assessment after the fact unless it is due to a typo or an error on the Assessor's part. Telligen may utilize the Trainer to further review the issue to determine if a change in the assessment is appropriate or if a new assessment is needed.

The manager will review the attestation to ensure all the respondents signed/verbalized understanding of the attestation at the time of the assessment; attesting to the fact that they participated in the discussion and scoring/coding of each question (see forms attached). After review, if appropriate, the manager will contact the appellant to inform them that the Assessor followed procedures and completed a valid assessment.

If it is determined after a review that Telligen did not follow all policies and procedures (for example, a guardian that wishes to be present for the assessment was not included in the initial assessment), a new assessment will be scheduled and completed within 30 days.

The Assessor and/or Manager will contact the Case Manager to see if a change in the member's condition is the reason they are appealing. If that is the case, an Emergency Needs Assessment (ENA) will be completed to determine if a new face-to-face assessment is needed (refer to the ENA procedure).

All appeal requests and related communications will be tracked and managed through the Issues Log located in Microsoft Teams in the Iowa CSA Leadership team files folder.

**Step 2:** The manager will assist in preparing for and participating in an appeal, including preparing written statements and providing expert testimony when needed. The manager is respectful and will listen to the member or member representative and follow up with

appropriate questions to ensure all parties have a complete and accurate understanding of the case and issues. In some circumstances, it may be appropriate to submit an appeal summary to all parties prior to the hearing.

The manager will utilize the Issues log to track and document all appeal activities, communications, and outcomes. When appropriate and authorized, SMS updates may be used to keep appellants informed of appeal status and hearing schedules.

**Forms/Reports:**

interRAI Attestation  
MPAI Attestation  
CM Comprehensive Attestation  
Assessment (interRAI, MPAI, CM Comprehensive, CALOCUS/LOCUS, Off-Year  
Assessment)  
Issue Log

**RFP Reference:**

1.3.1.4.2.D

**Interfaces:**

Microsoft Teams  
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): \_\_\_\_\_.**