



TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF HUMAN SERVICES

CHARLES M. PALMER, DIRECTOR

June 10, 1997

GENERAL LETTER NO. 16-K-AP-11

ISSUED BY: Bureau of Program Services, Division of Medical Services

SUBJECT: Employees' Manual, Title XVI, Chapter K, *Medicaid Waiver Services Appendix*, Contents, revised; pages 46 and 47, new, and form 470-3372, *HCBS Consumer-Directed Attendant Care*, new.

Summary

Form 470-3372, *HCBS Consumer-Directed Attendant Care*, provides a procedure for implementing consumer-directed attendant care.

Services provided pursuant to this agreement between the consumer and the provider for *HCBS Consumer-Directed Attendant Care*, 470-3372, are to be reimbursed by the Iowa Medicaid Program, administered by the Iowa Department of Human Services, under the Home- and Community-Based Services waivers when consumer-directed attendant care is part of the consumer's case plan or individual comprehensive plan.

Service workers or case managers make a copy of the form available to the consumer upon request. The form is prepared by the consumer and the provider when consumer-directed attendant care is a part of the case plan or individual comprehensive plan. The consumer must give a copy of the completed agreement to the service worker or case manager, and when applicable, supervising nurse or therapist, prior to the provision of CDAC services.

The service worker or case manager attaches form 470-3372 to the case plan or individual comprehensive plan.

Effective Date

June 1, 1997

Material Superseded

Remove the following page from Employees' Manual, Title XVI, Chapter K, Appendix and destroy it:

Page

Date

Contents

April 30, 1996

Additional Information

Refer questions about this general letter to your regional service administrator.



TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF HUMAN SERVICES

CHARLES M. PALMER, DIRECTOR

September 9, 1997

GENERAL LETTER NO. 16-K-AP-12

ISSUED BY: Bureau of Community Services, Division of Mental Health and Developmental Disabilities

SUBJECT: Employees' Manual, Title 16, Chapter K, *Medicaid Waiver Service, Appendix*, form 470-3302, *Application for HCBS/MR Rent Subsidy and Household Assistance*, revised.

Summary

The Department has increased the amount of funds available to acquire household furnishings and supplies for persons in the HCBS MR rent subsidy program. The maximum amount available per consumer is \$500. This is a one-time payment.

Effective Date

October 1, 1997

Material Superseded

Remove from Employees' Manual, Title 16, Chapter K, Appendix, form 470-3302, dated 11/96, and destroy it.

Additional Information

Make applications for this program available by photocopying from the sample in the manual. Destroy any supplies of the previous version.

Refer questions about this general letter to the Division of Mental Health and Developmental Disabilities.



TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF HUMAN SERVICES

CHARLES M. PALMER, DIRECTOR

October 14, 1997

GENERAL LETTER NO. 16-K-AP-13

ISSUED BY: Bureau of Program Services, Division of Medical Services

SUBJECT: Employees' Manual, Title 16, Chapter K, *Medicaid Waiver Services, Appendix*, form 470-3372, *HCBS Consumer-Directed Attendant Care*, revised.

Summary

Form 470-3372, *HCBS Consumer-Directed Attendant Care*, provides a procedure for implementing consumer-directed attendant care. The form is revised to clarify that the consumer gives direction and training for activities to maintain independence which are not medical in nature. Licensed nurses and therapists provide on-the-job training and supervision for skilled activities.

Effective Date

August 1, 1997

Material Superseded

Remove form 470-3372, dated 6/97, from Employees' Manual, Title 16, Chapter K, Appendix, (following page 46) and destroy it.

Additional Information

Discard any supplies of the previous version of this form and photocopy new supplies as needed from the sample in the manual.

Refer questions about this general letter to your regional service administrator.



April 7, 1998

GENERAL LETTER NO. 16-K-AP-14

ISSUED BY: Bureau of Program Services, Division of Medical Services

SUBJECT: Employees' Manual, Title XVI, Chapter K, *Medicaid Waiver Services, Appendix*, pages 6, 22, 22a, 22b, 23, 35, 42, 43, and 44, revised; pages 22c and 22d, new; and revised forms MA-2171, *Medicaid Home- and Community-Based Services Agreement*, and 470-3280, *Consumer Data Entry*.

Summary

Form MA-2171, *Medicaid Home- and Community-Based Services Agreement*, has been revised to:

- ◆ Further define the three action types.
- ◆ Update service codes for supported employment, CDAC, and behavioral programming.
- ◆ Expand the termination date category to include other reasons.
- ◆ Include CDAC under billable units.
- ◆ Request a phone number with the signature

On form 470-3280, the choices under "IFMC Level of Care" are expanded the to include ICF. Under "Prior Day" a category of "other" has been added. This form is now also available as a template, through the public state-approved forms folder on Exchange.

Effective Date

Upon receipt

Material Superseded

Remove the following pages from Employees' Manual, Title XVI, Chapter K, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
6	February 20, 1995
MA-2171 (470-0379)	11/96
22	August 13, 1996
22a, 22b, 23	January 21, 1997

35
470-3280
42-44

February 20, 1996
8/96
August 13, 1996

Additional Information

An initial supply of form MA-2171 will be mailed to field offices as soon as the revised version is available. Destroy supplies of the previous version when you receive the revised form. You can use up supplies of the previous version of form 470-3280. Refer questions about this general letter to your regional service administrator.



TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF HUMAN SERVICES

CHARLES M. PALMER, DIRECTOR

April 28, 1998

GENERAL LETTER NO. 16-K-AP-15

ISSUED BY: Bureau of Program Services, Division of Medical Services

SUBJECT: Employees' Manual, Title 16, Chapter K, *Home- and Community-Based Waivers Appendix*, Contents (page 1), revised; page 48, new; form 470-3372, *HCBS-Consumer-Directed Attendant Care Agreement*, revised; and form 470-3349, *Brain Injury Functional Assessment*, new

Form 470-3349 is to be used to describe the medical needs of the applicant for the HCBS Brain Injury Waiver. It is completed initially by the discharge planner at the facility where the applicant was last treated, and at the time of the annual review by the case manager. After it is completed it is sent to the Iowa Foundation for Medical Care and used to determine the level of institutional care which would be needed by the applicant if they were to be served in an institution instead of in the community through the Brain Injury Waiver.

Form 470-3372 is revised to conform with administrative rules. The form now specifies that only the consumer's guardian can enter into the agreement on the consumer's behalf. No other type of legal representative is authorized to do so.

Effective Date

October 1, 1996, for the *Assessment*.
Upon receipt for the *Agreement*.

Material Superseded

None

Additional Information

One copy of form 470-3349 has been sent to each local and regional office. When a copy of this form is needed, make it at that office.

An initial supply of form 470-3372 is being sent to each office. Destroy any supplies of the previous version. Photocopy additional supplies as needed.

Refer questions about this general letter to your regional service administrator.



TERRY E. BRANSTAD, GOVERNOR

DEPARTMENT OF HUMAN SERVICES

CHARLES M. PALMER, DIRECTOR

June 30, 1998

GENERAL LETTER NO. 16-K-AP-16

ISSUED BY: Bureau of Program Services, Division of Medical Services

SUBJECT: Employees' Manual, Title 16, Chapter K, *Home- and Community-Based Waivers Appendix*; form 470-3372, *HCBS-Consumer-Directed Attendant Care Agreement*, revised.

Summary

Form 470-3372 is revised to add clarifying language to the introductory paragraph. The form now specifies that the consumer and the consumer's guardian agree not to hold the social worker or case manager responsible for any problems resulting from any deficiency in the provider's training or experience.

Effective Date

Upon receipt.

Material Superseded

None

Additional Information

One copy of form 470-3372 is being sent to each local and regional office. Destroy any supplies of the previous version. Photocopy additional supplies as needed.

Refer questions about this general letter to your regional service administrator.



THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

August 1, 2000

GENERAL LETTER NO. 16-K-AP-17

ISSUED BY: Long Term Care and Speciality Populations Unit, Division of Medical Services

SUBJECT: Employees' Manual, Title 16, Chapter K, **MEDICAID WAIVER SERVICES APPENDIX**, Title page, revised; Contents (page 1), revised; pages 1 through 48, revised; page 49, new; and the following forms:

- 470-3302 *Application for HCBS Rent Subsidy and Household Assistance*, revised
- 470-3349 *Brain Injury Functional Assessment*, unchanged
- 4500-R004 *Client Service Report*, updated
- 4700-R001 *Community Based DHS MR Waiver County Billing*, updated
- 470-3280 *Consumer Data Entry*, revised
- 470-3638 *Consumer-Directed Attendant Care Individual Provider Enrollment*, new
- RS-1238 *Eligibility for Medicaid Home- and Community-Based Services (470-0563)*, revised
- 470-3287 *HCBS AIDS/HIV Enrollment Checklist for Service Workers*, unchanged
- 470-3372 *HCBS Consumer-Directed Attendant Care Agreement*, revised
- 470-3288 *HCBS IH Enrollment Checklist for Service Workers*, unchanged
- 470-3074 *HCBS MR Enrollment Checklist for Case Managers*, revised
- 470-3075 *HCBS MR Enrollment Checklist for Service Workers*, revised
- 470-3090 *HCBS MR Enrollment Checklist for State Resource Centers*, revised
- SS-1645 *Home- and Community-Based Service Report (470-0660)*, revised
- SS-1644 *Home- and Community-Based Services Assessment or Reassessment (470-0659)*, revised
- 470-2564 *IM/Services Communication for Case Management and Waivers*, revised
- Unnumbered *Iowa Assessment Instrument*, unchanged
- Unnumbered *Iowa Summary/Reassessment*, unchanged
- 470-3156 *Long Term Care Coordinating Unit Common Care Plan*, unchanged

470-3601	<i>Medicaid County Billing Remittance Form HCBS/MR Waiver Services, new</i>
MA-2171	<i>Medicaid Home- and Community-Based Services Agreement (470-0379), revised</i>
470-3073	<i>Mental Retardation Functional Assessment Tool (FASST), revised</i>
470-3502	<i>Physical Disability Waiver Assessment Tool, new</i>

Summary

The manual is being revised to make the following changes:

- ◆ Form 470-3302, *Application for HCBS Rent Subsidy and Household Assistance*, is revised to open rent subsidy to all waivers.
- ◆ The physical disability waiver has been added to forms:
 - 470-3280, *Consumer Data Entry*.
 - SS-1645, *Home- and Community-Based Service Report*.
 - SS-1644, *Home- and Community-Based Services Assessment or Reassessment*.
- ◆ Instructions on how to complete form RS-1238, *Eligibility for Medicaid Home- and Community-Based Services*, have been expanded to be more specific to each HCBS waiver.
- ◆ Form 470-3372, *HCBS Consumer-Directed Attendant Care Agreement*, has been revised at the direction of the Health Care Financing Administration. The form is reorganized and contains additional information about consumer health and safety.
- ◆ The *HCBS MR Enrollment Checklists* (470-3074, 470-3075, and 470-3090) have been updated to reflect current practices.
- ◆ The *Medicaid Home- and Community-Based Services Agreement*, MA-2171, has been updated to reflect the current chart of accounts and to add the physical disability waiver. A new field has been added under 9A for site identification. (Additions revision related to respite care and the new interim medical monitoring and treatment services will be released at a later date.)
- ◆ The form and instructions for form 470-3073, *Mental Retardation Functional Assessment Tool*, have been revised.
- ◆ The *Physical Disability Waiver Assessment Tool*, 470-3502, is added to the manual.
- ◆ Forms M748R135, *Community-Based DHS Model Waiver County Billing*, and 470-2919, *HCBS MR and HCBS/MR/OBRA Individualized Service Report*, are deleted from the manual since they are longer be used.

Effective Date

Upon receipt.

Material Superseded

Remove the entire Chapter K, Appendix, from Employees' Manual, Title 16, and destroy it. This includes:

<u>Page</u>	<u>Date</u>
Title page	December 7, 1993
Contents (page 1)	April 28, 1998
SS-1644	1/95
1	January 31, 1995
2-5	December 7, 1993
M748R127	8/31/93
M748R135	8/31/93
M478136	8/31/93
6	April 7, 1998
RS-1238	4/96
7-14	February 20, 1996
470-3073	11/94
470-3074	2/96
470-3075	2/96
470-3090	2/96
470-2919	5/92
15-21	December 7, 1993
22, 22a-22d, 23	April 7, 1998
MA-2171	3/98
24, 25	July 18, 1995
Intake, Screening, and Assessment Form	January 1995
Iowa Summary/Reassessment	Undated
26-34	July 9, 1996
470-3156	7/96
SS-1645	8/96
35	April 7, 1998
36	August 13, 1996
37	February 20, 1996
38	August 13, 1996
39	February 20, 1996
40, 41	April 30, 1996
470-3288	4/96
470-3287	4/96
42-44	April 7, 1998
470-3280	1/98
470-3302	9/97

45	November 12, 1996
46, 47	June 10, 1997
470-3372	6/98
48	April 28, 1998
470-3349	12/96

Additional Information

Printed supplies of revised forms RS-1238 (470-0563), SS-1645 (470-0660), and MA-2171 (470-0379) are available from Iowa State Industries at Anamosa.

Electronic templates of revised forms 470-3280, RS-1238 (470-0563), and 470-2564 are available to Department staff in the public state-approved forms folders on Outlook for on-line completion.

Supplies of new and revised forms 470-3302, 470-3638, 470-3372, 470-3074, 470-3075, 470-3090, SS-1644 (470-0659), 470-3073, and 470-3052, as well as forms 470-3349, 470-3287, and 470-3288, are available only by printing from the on-line manual or photocopying from the printed manual.

New and updated billing forms are issued from DHS central office.

Refer questions about this general letter to your regional service administrator.



THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

October 3, 2000

GENERAL LETTER NO. 16-K-AP-18

ISSUED BY: Bureau of Health Care Purchasing and Quality Management,
Division of Medical Services

SUBJECT: Employees' Manual, Title 16, Chapter K, **MEDICAID WAIVER SERVICES APPENDIX**, Contents (page 1), revised; pages 11 and 38 through 43, revised, and the following forms:

- 470-3638 *Consumer-Directed Attendant Care Individual Provider Enrollment*, revised
- 470-3372 *HCBS Consumer-Directed Attendant Care Agreement*, revised
- 470-0379 *Medicaid Home- and Community-Based Services Agreement (MA-2171)*, revised

Summary

The Legislature appropriated 0.7% increases in reimbursement rates to several Medicaid provider types effective July 1, 2000. This change affected two of the enclosed forms: *HCBS Consumer-Directed Attendant Care Agreement*, 470-3372, and *Consumer-Directed Attendant Care Individual Provider Enrollment*, 470-3638.

Effective July 1, 2000, the Legislature also approved changes in respite services. Form 470-0379, *Medicaid Home- and Community-Based Services Agreement (MA-2171)*, is revised to reflect the change. Box number 7 now includes total respite amount authorized. Box number 8 added the number of hours and **units**.

Also included is the addition of the Division of Medical Services' mailing address in the distribution instructions for the RS-1238 and 470-0379.

Effective Date

July 1, 2000

Material Superseded

Remove the following pages from Employees' Manual, Title 16, Chapter K, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	August 1, 2000
470-3638	7/00
11, 38-43	August 1, 2000
470-3372	7/99
MA-2171	8/99

Additional Information

Previous versions of forms 470-3372 and 470-3638 may continue to be used until supply is gone.

All forms listed above can be printed from the on-line manual. Printed supplies of form 470-0379, *Medicaid Home- and Community-Based Services Agreement* (MA-2171), can be ordered through Anamosa.

An initial supply of form 470-0379 will be mailed to county offices. Destroy remaining supplies of this form and replace them with the revised versions.

Refer questions about this general letter to your regional benefit payment administrator.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

March 25, 2003

GENERAL LETTER NO. 16-K-AP-19

ISSUED BY: Bureau of Long-Term Care

SUBJECT: Employees' Manual, Title 16, Chapter K, **MEDICAID WAIVER SERVICES APPENDIX**, Title page, revised; Contents (page 1), revised; pages 1 through 33, revised; and the following forms:

470-3302	<i>Application for HCBS Rent Subsidy and Household Assistance</i> , revised
470-3349	<i>Brain Injury Functional Assessment</i> , revised
4500-R004	<i>Client Service Report</i> , updated
4700-R001	<i>Community Based DHS MR Waiver County Billing</i> , updated
470-3638	<i>Consumer-Directed Attendant Care Individual Provider Enrollment</i> , revised
470-3372	<i>HCBS Consumer-Directed Attendant Care Agreement</i> , revised
470-0659	<i>Home- and Community-Based Services Assessment or Reassessment</i> , revised
470-2564	<i>IM/Services Communication for Case Management and Waivers</i> unchanged <i>I-OASIS</i> , new
470-3601	<i>Medicaid County Billing Remittance: HCBS/MR Waiver Services</i> , revised
470-3073	<i>Mental Retardation Functional Assessment Tool</i> , revised
OASIS-B1	<i>Outcome and Assessment Information Set</i> , new
470-3502	<i>Physical Disability Waiver Assessment Tool</i> , revised
470-3923	<i>Request for Medicaid Services Data Change and Verifications</i> , new
470-3156	<i>Senior Living Coordinating Unit (SCLU) Client Service Plan</i> , revised

Summary

Chapter 16-K-Appendix has been revised to

- ◆ Update the assessment forms for the MR, BI, IH, and AIDS waivers. These new assessment tools include a section for the waiver applicant to sign showing that the applicant has chosen waiver services over institutionalization. This replaces the signature on form SS-1645, *Home- and Community-Based Service Report*.

- ◆ Update the assessment forms and service plan used in the elderly waiver to reflect current state and federal standards.
- ◆ Remove forms made obsolete by the implementation of the Individualized Services Information System (ISIS). These include:

470-3280 *Consumer Data Entry*
RS-1238 *Eligibility for Medicaid Home- and Community-Based Services*
470-3287 *HCBS AIDS/HIV Enrollment Checklist*
470-3288 *HCBS IH Enrollment Checklist for Service Workers*
470-3074 *HCBS MR Enrollment Checklist for Case Managers*
470-3075 *HCBS MR Enrollment Checklist for Service Workers*
470-3090 *HCBS MR Enrollment Checklist for State Resource Centers*
SS-1645 *Home- and Community-Based Service Report.*
470-0379 *Medicaid Home- and Community-Based Services Agreement*

Destroy any remaining supplies of these forms.

- ◆ Add a new form, 470-3923, for requesting changes in service plan or service spans information on ISIS when the change can't be submitted directly through ISIS entries.
- ◆ Revise forms with references to the Division of Medical Services and Consultec to refer instead to the Bureau of Long-Term Care and ACS.

Effective Date

Upon receipt

Material Superseded

Remove the entire Chapter K Appendix from Employees' Manual, Title 16, and destroy it. This includes:

<u>Page</u>	<u>Date</u>
Title page	August 1, 2000
Contents (p. 1)	October 3, 2000
470-3302	2/99
1-10	August 1, 2000
470-3349 (17 pp.)	12/96
IAMM 4500-R004	
IAMM 4500-R001	
470-3280	8/99
470-3638	8/00
RS-1238 (470-0563)	4/99
11	October 3, 2000
12-37	August 1, 2000
470-3287	4/96
470-3372 (8 pp.)	9/00

470-3288	4/96
470-3074 (3 pp.)	7/00
470-3075 (3 pp.)	7/00
470-3090 (3 pp.)	7/00
SS-1645 (470-0660)	4/99
SS-1644 (470-0659) (11 pp.)	8/99
470-2564	3/99
Iowa Assessment Instrument (Part I, 3 pp.)	January 1995
Iowa Assessment Instrument (Part II, 14 pp.)	January 1995
Iowa Summary/Reassessment	Undated
28-37	August 1, 2000
470-3165	7/96
470-3601	10/99
38-43	October 3, 2000
470-0379	9/00
44-49	August 1, 2000
470-3073 (19 pp.)	6/00
470-3502 (35 pp.)	8/99

Additional Information

Destroy any remaining supplies of the forms that are obsolete. (See list above.) Also destroy any remaining supplies of the previous assessment forms (470-3349, 470-0659, 470-3073, and 470-3502). Print supplies of the revised forms as needed from the template or the on-line manual.

Use up remaining supplies of the previous versions of the rent subsidy and CDAC forms (470-3302, 470-3638, and 470-3372).

Refer questions about this general letter to your service area manager or designee.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

May 20, 2003

GENERAL LETTER NO. 16-K-AP-20

ISSUED BY: Bureau of Program Services, Division of Medical Services

SUBJECT: Employees' Manual, Title 16, Chapter K, **MEDICAID WAIVER SERVICES APPENDIX**, pages 2 and 3, revised; and pages 2a through 2i, new.

Summary

Instructions for using form 470-3349, *Brain Injury Functional Assessment*, are expanded. This form:

- ◆ Provides a procedure for verifying the consumer's choice for HCBS services,
- ◆ Helps establish a consumer's eligibility for waiver services, and
- ◆ Provides a standard tool for obtaining information to assess the consumer's level of functioning, so that the Iowa Foundation for Medical Care (IFMC) can make a determination regarding the "level of care" that the consumer needs.

Service workers or case managers make a copy of the form available to the consumer upon request. The form is prepared by the service worker or case manager with the assistance of the consumer and family members or others who know the consumer well.

Effective Date

Upon receipt

Material Superseded

Remove pages 2 and 3, dated March 25, 2003, from Employees' Manual, Title 16, Chapter K, Appendix, and destroy them:

Additional Information

Refer questions about this general letter to your service area manager.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

November 12, 2003

GENERAL LETTER NO. 16-K-AP-21

ISSUED BY: Bureau of Long Term Care

SUBJECT: Employees' Manual, Title 16, Chapter K, Appendix, **MEDICAID WAIVER SERVICES**, form 470-3302, *Application for HCBS Rent Subsidy*, revised.

Summary

Form 470-3302, *Application for HCBS Rent Subsidy*, has been revised to reflect changes made to administrative rules for the rent subsidy program. The revised form restricts eligibility for rent subsidy to HCBS waiver consumers at risk of nursing facility placement. The one-time \$500 allowance for household furnishings and supplies has been eliminated.

Effective Date

Immediately

Material Superseded

Remove form 470-3302, *Application for HCBS Rent Subsidy*, dated 2/99, from Employees' Manual, Title 16, Chapter K, Appendix, and destroy it.

Additional Information

Destroy remaining supplies of form 470-3302 dated 2/99 and print new supplies from the sample in the manual as needed.

Contact Taresa Williams at (515) 281-4632 with questions.



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

January 13, 2012

GENERAL LETTER NO. 16-K-AP-22

ISSUED BY: Bureau of Long-Term Care, Iowa Medicaid Enterprise

SUBJECT: Employees' Manual, Title 16, Chapter K, **MEDICAID WAIVER SERVICES, APPENDIX**, Title page, revised; Contents (page 1), revised; Contents (page 2), new; pages 1 through 33 revised; pages 34 through 47, new; and the following forms:

470-4510	<i>Authorization Form for Payment to Business Agent, new</i>
470-4694	<i>Case Management Comprehensive Assessment, new</i>
470-5048	<i>Certificate of Medical Necessity for Consumer-Directed Attendant Care, new</i>
470-5049	<i>Certificate of Medical Necessity for Environmental Modification, new</i>
470-5050	<i>Certificate of Medical Necessity for Home and Vehicle Modification, new</i>
470-5051	<i>Certificate of Medical Necessity for Prevocational Services, new</i>
470-5047	<i>Certificate of Medical Necessity for Waiver Assistive Devices, new</i>
470-4431	<i>Consumer Choices Option Individual Budget, new</i>
470-5019	<i>Consumer Choices Option Non-Payroll Reimbursement Request, new</i>
470-4429	<i>Consumer Choices Option Semi-Monthly Time Sheet, new</i>
470-4389	<i>Consumer-Directed Attendant Care (CDAC) Daily Service Record, new</i>
470-4430	<i>Delegation of Budget Authority, new</i>
470-4427	<i>Employment Agreement, new</i>
470-4428	<i>Financial Management Service Agreement, new</i>
470-3372	<i>HCBS Consumer-Directed Attendant Care Agreement, revised</i>
470-4492	<i>Independent Support Broker Agreement, new</i>
470-0583	<i>Individual Client Case Plan, new</i>
470-4289	<i>Informed Consent and Risk Agreement, new</i>
470-4698	<i>Iowa Medicaid Critical Incident Report, new</i>
470-4392	<i>Level of Care Certification for HCBS Waiver Program, new</i>
470-3668	<i>Medicaid County Billing Remittance, new</i>

470-0602	<i>Notice of Decision: Services, new</i>
470-0602(S)	<i>Notice of Decision: Services (Spanish), new</i>
470-3923	<i>Request for Medicaid Services Data Changes and Verifications, revised</i>
470-5044	<i>Service Worker Comprehensive Assessment, new</i>
Comm. 270	<i>Are Home & Community Based Services Right for You?, new</i>
Comm. 271	<i>Is the Consumer Choices Option for You?, new</i>
Comm. 271(S)	<i>Is the Consumer Choices Option for You? (Spanish), new</i>
Comm. 278	<i>Allowable Services and Supports in Individual Budgets, new</i>
Comm. 280	<i>Medicaid Home and Community-Based Services: Consumer Choices Option, new</i>
Comm. 280(S)	<i>Medicaid Home and Community-Based Services: Consumer Choices Option (Spanish), new</i>
Comm. 406	<i>Consumer-Directed Attendant Care (CDAC) Member Handbook, revised</i>
Comm. 408	<i>Consumer-Directed Attendant Care (CDAC) Provider Handbook, revised</i>

Summary

Chapter 16-K-Appendix is revised to:

- ◆ Add form 470-4694, *Case Management Comprehensive Assessment*, which replaces forms:
 - 470-3073, *Mental Retardation Functional Assessment Tool*,
 - I-OASIS, and
 - OASIS B1, *Outcome and Assessment Information Set*.
- ◆ Add the forms used to obtain prior approval for selected waiver services above the median utilization, as follows:
 - 470-5048, *Certificate of Medical Necessity for Consumer-Directed Attendant Care*
 - 470-5049, *Certificate of Medical Necessity for Environmental Modification*
 - 470-5050, *Certificate of Medical Necessity for Home and Vehicle Modification*
 - 470-5051, *Certificate of Medical Necessity for Prevocational Services*
 - 470-5047, *Certificate of Medical Necessity for Waiver Assistive Devices*
- ◆ Add the forms used in the consumer choices option, as follows:
 - 470-4431, *Consumer Choices Option Individual Budget*
 - 470-5019, *Consumer Choices Option Non-Payroll Reimbursement Request*
 - 470-4429, *Consumer Choices Option Semi-Monthly Time Sheet*
 - 470-4430, *Delegation of Budget Authority*
 - 470-4427, *Employment Agreement*
 - 470-4428, *Financial Management Service Agreement*
 - 470-4492, *Independent Support Broker Agreement*
 - 470-4289, *Informed Consent and Risk Agreement*

- ◆ Update the forms used for consumer-directed attendant care as follows:
 - Add form 470-4510, *Authorization Form for Payment to Business Agent*, which may be used by CDAC providers who are union members to redirect their Medicaid payments.
 - Add form 470-4389, *Consumer-Directed Attendant Care (CDAC) Daily Service Record*, which replaces the following forms as the prescribed means for CDAC providers to document their services:
 - Form 470-4390, *Consumer-Directed Attendant Care (CDAC) Addendum*, and
 - Form 470-4389, *Unskilled Consumer-Directed Attendant Care (CDAC) Services*.
 - Update form 470-3372, *HCBS Consumer-Directed Attendant Care Agreement*, to reflect the current version.
 - Remove form 470-3638, *Consumer-Directed Attendant Care Individual Provider Enrollment*, which is included in the waiver provider manuals.
- ◆ Add forms 470-0583, *Individual Client Case Plan*, and 470-0602 and 470-0602(S), *Notice of Decision: Services*, which were previously referenced to other manuals. Form 470-0583 may be used instead of form 470-3156, *Senior Living Coordinating Unit Client Services Plan*.
- ◆ Add form 470-4698, *Iowa Medicaid Critical Incident Report*, which can be used when incident reports are not filed electronically.
- ◆ Add form 470-4392, *Level of Care Certification for HCBS Waiver Program*, which provides a mechanism for a medical professional (MD, DO, ARNP, or PA) to report a Medicaid member's admission, change in condition, or annual assessment for level of care.
- ◆ Update form 470-3668, *Medicaid County Billing Remittance HCBS/MR Waiver Service*, and instructions to reflect that county billing is now issued by the Iowa State Association of Counties on behalf of the Department. This replaces form 470-3601, *Medicaid County Billing Remittance: HCBS/MR Waiver Services*.
- ◆ Update form 470-3923, *Request for Medicaid Services Data Change and Verifications*, to reflect the version currently in use.
- ◆ Add form 470-5044, *Service Worker Comprehensive Assessment*, which replaces forms:
 - 470-0659, *Home- and Community-Based Assessment or Reassessment*, and
 - 470-3502, *Physical Disability Waiver Assessment Tool*.
- ◆ Remove the following forms which are no longer used and are obsolete:
 - 470-3302, *Application for HCBS Rent Subsidy and Household Assistance*
 - IAMM4500-R004, *Client Services Report*
 - IAMM4700-R001, *Community Based DHS MR Waiver County Billing Report*
 - 470-0659, *Home- and Community-Based Assessment or Reassessment*
 - 470-2564, *IM/Services Communication for Case Management and Waivers*
 - I-OASIS
 - 470-3601, *Medicaid County Billing Remittance: HCBS/MR Waiver Services*
 - 470-3073, *Mental Retardation Functional Assessment Tool*

- OASIS B1, *Outcome and Assessment Information Set*
- 470-3502, *Physical Disability Waiver Assessment Tool*
- 470-3156, *Senior Living Coordinating Unit Client Services Plan*

◆ Add the informational materials that support the HCBS waiver programs.

Effective Date

Upon receipt.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 16, Chapter K Appendix:

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470-3923	3/02
23, 24	March 25, 2003
470-3156	6/02
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This material also supersedes:

- ◆ Circular Letter 56Z-511-IME, issued January 4, 2008, with Comm. 280.
- ◆ Circular Letter 56Z-513-IME, issued February 8, 2008, with Comm. 270.

Additional Information

Destroy any remaining supplies of the obsolete forms listed above, as well as any supplies of the previous versions of the two revised forms: 470-3372, *HCBS Consumer-Directed Attendant Care Agreement*, and 470-3923, *Request for Medicaid Services Data Change and Verifications*.

Refer questions about this general letter to your area service administrator.