State: IOWA	§1915(i) State plan HCBS	Attachment 3.1–C
TN: IA 23-0023		Page 50
Effective:	Approved:	Supersedes: IA 21-0010

Verification of Provid	der Qualifications (For each provider type listed	score of less than "fair" fidelity, the IPS team will be provisionally approved for no more than 12 months or until the fidelity score again reaches" "fair" fidelity, whichever date is earliest. iii. IPS teams who do not achieve a "fair" fidelity score within 12 months from being provisionally approved will no longer be qualified to deliver IPS services until they again reach the minimum "fair" fidelity score.
Provider Type	Entity Responsible for Verification	Frequency of Verification
(Specify):	(Specify):	(Specify):
Home-based habilitation providers	Iowa Department of Health and Human Services, Iowa Medicaid, Provider Services Unit	Verified at initial certification and thereafter based on the length of certification:
	МСО	 Either 270 days, 1 year, or 3 years when certified by Iowa Medicaid as a provider for HCBS ID or BI Waivers or certified under IAC 441-24 Either 1 year or 3 years when accredited by CARF; either 3 years or 4 years when accredited by COA 3 years when accredited by JCAHO 4 years when accredited by CQL Verified at initial certification and thereafter based on the length of the certification.

State: IOWA	§1915(i) State plan HCBS	Attachment 3.1–C
TN: IA 23-0023		Page 50a
Effective:	Approved:	Supersedes: IA 21-0010
Enabling Technology for	lowa Department of Health	Verified at initial enrollment
Remote Support	and Human Services, Iowa	and every five years
	Medicaid, Provider Services	thereafter
	1.1	

	Unit	Increance
Day habilitation providers	lowa Department of Health and Human Services, Iowa Medicaid, Provider Services	Verified at initial certification and thereafter based on the length of certification:
	unit	 Either 270 days, 1 year, or 3 years when certified by the