

Effective: ~~007~~ 2010 Approved: ~~DEC 1~~ 2010 Supersedes: MS-07-001

Number Served

1. Projected Number of Unduplicated Individuals To Be Served Annually. (Specify):

Annual Period	From	To	Projected Number of Participants
Year 1	1/1/2007	12/31/2007	3700
Year 2	1/1/2008	12/31/2008	3885
Year 3	1/1/2009	12/31/2009	4079
Year 4	1/1/2010	12/31/2010	4283
Year 5	1/1/2011	12/31/2011	4497

2. Optional Annual Limit on Number Served. (Select one):

<input checked="" type="radio"/>	The State does not limit the number of individuals served during the Year.																								
<input type="radio"/>	The State chooses to limit the number of individuals served during the Year. (Specify):																								
	<table border="1"> <thead> <tr> <th>Annual Period</th> <th>From</th> <th>To</th> <th>Annual Maximum Number of Participants</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Annual Period	From	To	Annual Maximum Number of Participants																				
Annual Period	From	To	Annual Maximum Number of Participants																						
<input type="checkbox"/>	The State chooses to further schedule limits within the above annual period(s). (Specify):																								

3. Waiting List. (Select one):

<input checked="" type="radio"/>	The State will not maintain a waiting list.
<input type="radio"/>	The State will maintain a single list for entrance to the HCBS state plan supplemental benefit package. State-established selection policies: are based on objective criteria; meet requirements of the Americans with Disabilities Act and all Medicaid regulations; ensure that otherwise eligible individuals have comparable access to all services offered in the package.

Financial Eligibility

1. Income Limits. The State assures that individuals receiving state plan HCBS are in an eligibility group covered under the State's Medicaid state plan, and who have income that does not exceed 150% of the Federal Poverty Level (FPL).

2. Medically Needy. (Select one):

<input type="radio"/>	The State does not provide HCBS state plan services to the medically needy.
<input checked="" type="radio"/>	The State provides HCBS state plan services to the medically needy (select one):
<input type="radio"/>	The State elects to waive the requirements at section 1902(a)(10)(C)(i)(III) of the Social Security Act relating to community income and resource rules for the medically needy.
<input checked="" type="radio"/>	The State does not elect to waive the requirements at section 1902(a)(10)(C)(i)(III).

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7. Process for Making Service Plan Subject to the Approval of the Medicaid Agency. *(Describe the process by which the service plan is made subject to the approval of the Medicaid agency):*

The Iowa Department of Human Services has developed a computer system named the Individualized Services Information System (ISIS) to support certain Medicaid programs. This system assists with tracking information and monitoring the service plan and enforces parameters such as unit and rate caps set by the department. Case managers complete the assessment of the need for services and submit it to the IME Medical Services unit for evaluation of program eligibility. The case manager is also responsible for entering service plan information such as the services to be received, the effective dates, the amount of each service, and the selected provider into ISIS, where it is reviewed for authorization by IME Medical Services staff.

8. Maintenance of Service Plan Forms. Written copies or electronic facsimiles of service plans are maintained for a minimum period of 3 years as required by 45 CFR §74.53. Service plans are maintained by the following *(check each that applies)*:

<input type="checkbox"/> Medicaid agency	<input type="checkbox"/> Operating agency	<input checked="" type="checkbox"/> Case manager
<input type="checkbox"/> Other (specify):		

5. Provide quality control and assurance reports, accessible online by DHS and Contractor management staff, including tracking and reporting of quality control activities and tracking of corrective action plans.
6. For any performance falling below a state-specified level, explain the problems and identify the corrective action to improve the rating.
7. Implement a state-approved corrective action plan within the time frame negotiated with the state.
8. Provide documentation to DHS demonstrating that the corrective action is complete and meets state requirements.
9. Perform continuous workflow analysis to improve performance of Contractor functions and report the results of the analysis to DHS.
10. Provide DHS with a description of any changes to the workflow for approval prior to implementation.

Financial Accountability

The Iowa Department of Human Services has developed a computer program, named the "Individualized Services Information System" or "ISIS," that will support the program. The purpose of ISIS is to assist workers in these programs in processing and tracking requests, starting with an initial entry from the ABC system through approval or denial. Upon approval, participants will use ISIS to provide the Iowa Medicaid Enterprise with information and authority to make payments to or on behalf of a consumer. The consumer is tracked in ISIS until that consumer is no longer accessing the program. There are certain points in the ISIS process that will require contact with designated DHS central office personnel and other outside entities. These contacts must be made in order for the ISIS process to proceed. These contacts may include the HCBS program manager, and the Iowa Medicaid Enterprise medical services unit. A case normally starts with an income maintenance (IM) worker entering information into the Department's Automated Benefit Calculation (ABC) system. The ABC system passes pertinent information about the case to ISIS. Then ISIS identifies a key task (called a "milestone") for the IM worker who entered the original data into ABC. This key task is the first in a series of milestones for actions by service workers, case managers, central point of coordination administrators, and many others. These milestones form a workflow taking a request for a facility or HCBS program to denial or final approval.

In addition, the Department of Human Services Bureau of Purchased Services performs both financial and performance audits of Medicaid Providers. The billing audit is to ensure:

1. HCBS providers appropriately and accurately document the provision of services so that claims paid by the Department are eligible for reimbursement.
2. To limit the risk of providers having to refund payments to the Department because they have submitted ineligible claims.
2. To limit the risk of the Department losing or having to return matching federal funds because of having paid ineligible claims.