



## Provider Enrollment Checklist Environmental Modifications and Adaptive Devices

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For businesses wanting to provide Environmental Modifications, and/or Adaptive Devices, and/or Therapeutic Resources:

- complete and sign the **HCBS Waiver Provider Application**  
[[www.ime.state.ia.us/docs/470-2917.doc](http://www.ime.state.ia.us/docs/470-2917.doc)]
- attach the *signed* **Provider Agreement**
- attach a copy of agency's **W-9** form
- attach *verification* of **current liability and workers' compensation insurance**
- submit all of the above documents to:

**IME Provider Correspondence**  
**Attn: CMH Waiver Priority Processing**  
**PO Box 36450**  
**Des Moines, IA 50315**

*Notification of Enrollment* is issued by the Iowa Medicaid Enterprise (IME). If you have questions or need assistance completing the enrollment forms, contact the **Iowa Medicaid Enterprise Provider Enrollment Unit** at any of the following:

- [www.ime.state.ia.us/providers/enrollment.html](http://www.ime.state.ia.us/providers/enrollment.html)
- [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us)
- 1-800-338-7909 (or 515-725-1004 from the Des Moines metropolitan area)

*Once enrolled*, providers will receive consumer referrals from a Targeted Case Manager (TCM).