



Provider Enrollment Checklist Respite Care Services

For providers wanting to provide Respite Services:

- complete and sign the **HCBS Waiver Provider Application**
[www.ime.state.ia.us/docs/470-2917.doc]
- attach the *signed* **Provider Agreement**
- attach a copy of agency's **W-9** form
- attach a copy of agency's required **certification or license**
- 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
- 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).