

STATE OF IOWA DEPARTMENT OF

Health ^{AND} Human

SERVICES

Independent Support Broker Training

October 31, 2023



Please consider completing this pre-test while
we wait.

Link: <https://www.surveymonkey.com/r/WCF7MSP>

Objectives

- Understanding HCBS Waivers
- Review process to become an Independent Support Broker(ISB)
- Review ISB responsibilities
- Review documentation requirements

*Please note: This training does not replace the training required to become an ISB.

Introduction to HCBS Waivers

Available to Medicaid members who need services and supports to stay in their homes

- Older lowans
- lowans with disabilities

Usual Medicaid rules “waived” to give more choice regarding

- How services are delivered
- Where services are delivered

Iowa's Waiver Programs

AIDS/HIV

- Requires a diagnosis of AIDS or HIV

Brain Injury

- Requires a diagnosis of brain injury

Childrens Mental Health

- For members under the age of 18 with a diagnosis of a Severe Emotional Disturbance

Elderly

- For members ages 65 and over

Health & Disability

- Members must be blind or disabled, under the age of 64

Intellectual Disability

- Requires a diagnosis of an intellectual disability

Physical Disability

- Members must have a physical disability and over the age of 18 and under the age of 65

HCBS Habilitation Services

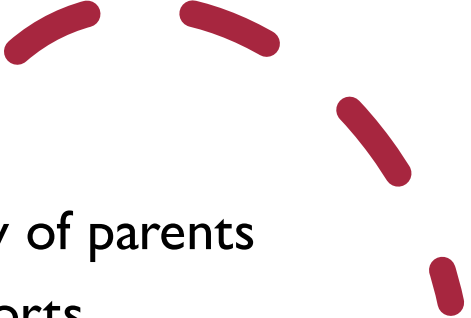
- A program to provide Home and Community Based (HCBS) for lowans with the functional impairments typically associated with chronic mental illness
- Must be Medicaid eligible and meet the program requirements

HCBS Concepts

- Waiver services are:
 - Supports provided to keep a member in their own home
 - Designed for the individual needs of the specific member
 - Supported by an interdisciplinary team process with the member as the focus
 - Least costly service to meet a member's needs
- Waivers consist of services that meet the support needs of the population served
- Each waiver provides a specific array of services



HCBS is
NOT
intended to:

- 
- Pay housing costs
 - Replace responsibility of parents
 - Replace natural supports
 - Replace educational services
 - Provide services that are not medically necessary
 - Provide emergency placement services
 - Be for the convenience of the caregiver or member

Level of Care (LOC) Assessments

The Case Manager will coordinate the completion of the LOC by the medical professional with the member and/or family.

The Medical professional will fax the LOC to the Income Maintenance (IM) Medical Services Unit.

The IM Medical Services nurses will determine the LOC and notify the Case Manager.

Developing a Service Plan

- If a member meets all eligibility requirements, the interdisciplinary team (member, case manager, providers, family and other stakeholders as determined by the member) puts together a service plan.
- The service plan contains the following:
 - Types of services the member will receive
 - Goals and supports
 - Number of units and costs of each service
 - Start and end dates of services
 - Any rights and restrictions
 - Safety information

Consumer Choices Options (CCO)

Self Directed Service

- Offers more choice and control to members
- Members can directly hire employees to provide services (do not need to be a Medicaid Provider)

Voluntary for members

- Can mix and match Consumer Choices with Traditional services

Follows traditional service plan



ISB Enrollment

- Once you start the process of enrollment you have 90 days to complete it.
- Day one is the day you register for the Iowa CCO ISB training.
- ISBs must:
 - Complete CCO ISB Training
 - Complete Mandatory reporter training.
 - Complete and submit background check forms
 - Register online once approved to be an ISB
- Utilize the link below to access Veridian's enrollment ISB Hub
 - [ISB Hub \(veridianfiscalsolutions.org\)](https://www.veridianfiscalsolutions.org)

ISB Packet

- Independent Support Broker Agreement
 - Cannot provide any other paid services to member (conflict of interest), including working at an agency that provides services to member.
 - Shows some of the services an ISB can provide
 - States 26 hours, this is actually 30 hours in 12 month period maximum
- FMS Agreement
- W-9 Tax Form
- ISB Timesheets
 - Can submit once a month
 - Clearly reference which month's budget you want funds to come from

Independent Support Broker Responsibilities

- Assist the member with developing initial and subsequent individual budgets and with making any changes to the individual budget.
- Have a monthly contact with the member for the first four months of implementation of the initial individual budget and have, at a minimum, quarterly contact thereafter.
- Complete the required employment packet with the Financial Management Service.
- Assist with interviewing potential employees and entities providing services and supports if requested by the member.
- Assist the member with determining whether a potential employee meets the qualifications necessary to perform the job.
- Assist the member with negotiating with entities providing services and supports if requested by the member.

Independent Support Broker Responsibilities (cont.)

- Assist the member with contracts and payment methods for services and supports if requested by the member.
- Assist the member with developing an emergency back up plan. The emergency back up plan shall address any health and safety concerns.
- Review expenditure reports from the Financial Management Service to ensure that services and supports in the individual budget are being provided.
- Document every contact the broker has with the member on the Independent Support Broker timecard.
- Contact documentation shall include information on the extent to which the member's individual budget has addressed the member's needs and the satisfaction of the member.

ISB Involvement

- The ISB is an independent contractor
- Supports the member as needed and as directed
- The ISB may be compensated for up to six hours for assisting with the initial budget in the first planning month
 - Maximum of 30 hours of services for an individual member during a 12-month period without prior approval from the department
 - Request for more ISB hours in crisis or emergencies can be made by the member or ISB to the Financial Management Service
 - Member will determine if ISB will bill monthly, bimonthly, or quarterly after first four months

Independent Support Brokers do NOT

ISBs do not determine the need for services

ISBs do not write the Person-Centered Service Plans

ISBs do not determine when Exceptions to Policy are needed.

ISBs never ask a member or employee to sign a blank timesheet or budget.

ISBs do not bill if services are not provided.

Budget Amount

- Statewide utilization formula is used to ensure:
 - Members starting waiver services will be able to access CCO services immediately
 - Historical costs would not reflect changing member needs, nor would they reflect the unavailability of services that can now be purchased under CCO

Example

A member has a need for 10 hours of respite.

Respite has an average state wide cost of \$10 a hour

The amount authorized would be \$100

Historically members only use 60% of their Respite; therefore they would get \$60 to use in their individual budget

Allowable Services

- Services in the members home or integrated community setting
- Members may receive the following service types, based on need:
 - Self-directed personal care services
 - Self-directed community supports and employment
 - Individual-directed good and services
- Going back to the service plan
 - What was the intended use of the service?
- **Just because a service is “allowed” doesn’t mean that it is guaranteed**

Employee vs Contractor/Vendor

Employees:



Earn either an hourly rate or salary



Receive wages and benefits in exchange for following the organization's guidelines.



Is generally considered anyone who performs services, if the business can control what will be done and how it will be done.

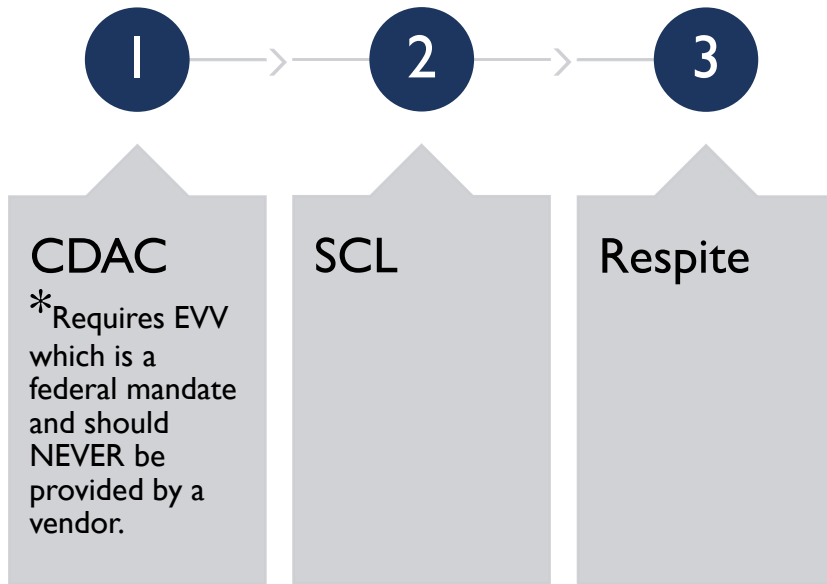
Employee vs Contractor/Vendor (cont.)

Contractor/Vendor

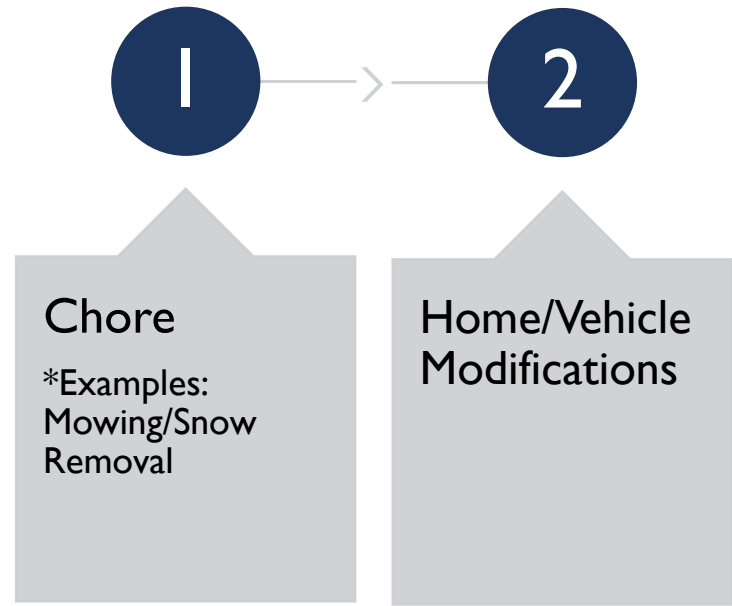
- A contract may be for a total amount. It could be an hourly, daily, or weekly amount that ends on a specific date or a total amount to be paid when the job is complete.
- Contractors are independent workers who have autonomy and flexibility
- Vendors are a broader term that can be used for contract employees, outside consultants, subcontractors, suppliers, or any outsourced persons who provide services (or products) for which you owe them money.

Examples of services provided Employee vs. Vendor/Contractor

Employee



Vendor/contractor



CCO Employee Documentation Components

What needs to be included?

- Supports and services provided
- Goals documented
- Interventions
- Individualized (should not be copied and pasted from day to day or member to member)
- Frequency monitored (how often, how many)

What does documentation look like?

- Narrative is no longer required but still allowed.
- Can use a “check list”

ISB Documentation

- ISB documentation of services rendered:
 - Document in writing on the ISB timecard every contact the broker has made with the member.
 - Contact documentation shall include information on the extent to which the member's individual budget has addressed the member's needs and satisfaction of the member.



Maintaining Service Documentation

- Guidelines for members on maintaining documentation as the employer of record:
 - Members should keep copies of all documentation completed in their homes in the event it is needed for review.
 - Documentation must be kept for 5 years from the paid date of service
 - There are no requirements on how documentation is kept (e.g. electronic, files, paper)
 - All documentation must stand alone and a safe storage procedure must be developed and followed in the event of a natural disaster.

Preventing Fraud, Waste, and Abuse

TO REPORT MEMBER FRAUD

- Report suspected Medicaid member fraud by calling:
 - 877-347-5678

TO REPORT PROVIDER FRAUD

- Medicaid fraud occurs when a Medicaid provider knowingly makes, or causes to be made, a false or misleading statement or representation for use in obtaining reimbursement from the medical assistance program.
- This would include, but is not limited to, billing for services not provided, charging Medicaid more than the reasonable value of the services and providing services that were medically unnecessary.
- You may report provider fraud, waste or abuse by calling Iowa Medicaid, Program Integrity Unit at:
 - 877-446-3787
 - Or emailing your concern to: [Report Abuse and Fraud | Iowa Department of Health and Human Services](#)

Resources and Tools

- Iowa Medicaid-CCO funding source, provides program rules, training, technical assistance and oversight.
 - CCO webpage <http://www.ime.state.ia.us/HCBS/HCBSConsumerOptions.html>
 - Training Webpage <http://www.ime.state.ia.us/Providers/ATRegistration.html>
 - Contact Information HCBSwaivers@dhs.state.ia.us
 - Veridian Credit Union <https://ccoweb.veridiancu.org/default.aspx>
 - Contact Information ccoiaowa@veridiancu.org
 - Case Managers
 - Questions regarding type and amount of services a member is approved for and scope of services.

CCO Policy Contacts

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Questions

