

HCBS Residential Settings Assessment Update

Brooke Watson, LTSS Policy Manager

December 21, 2023

OBJECTIVES:

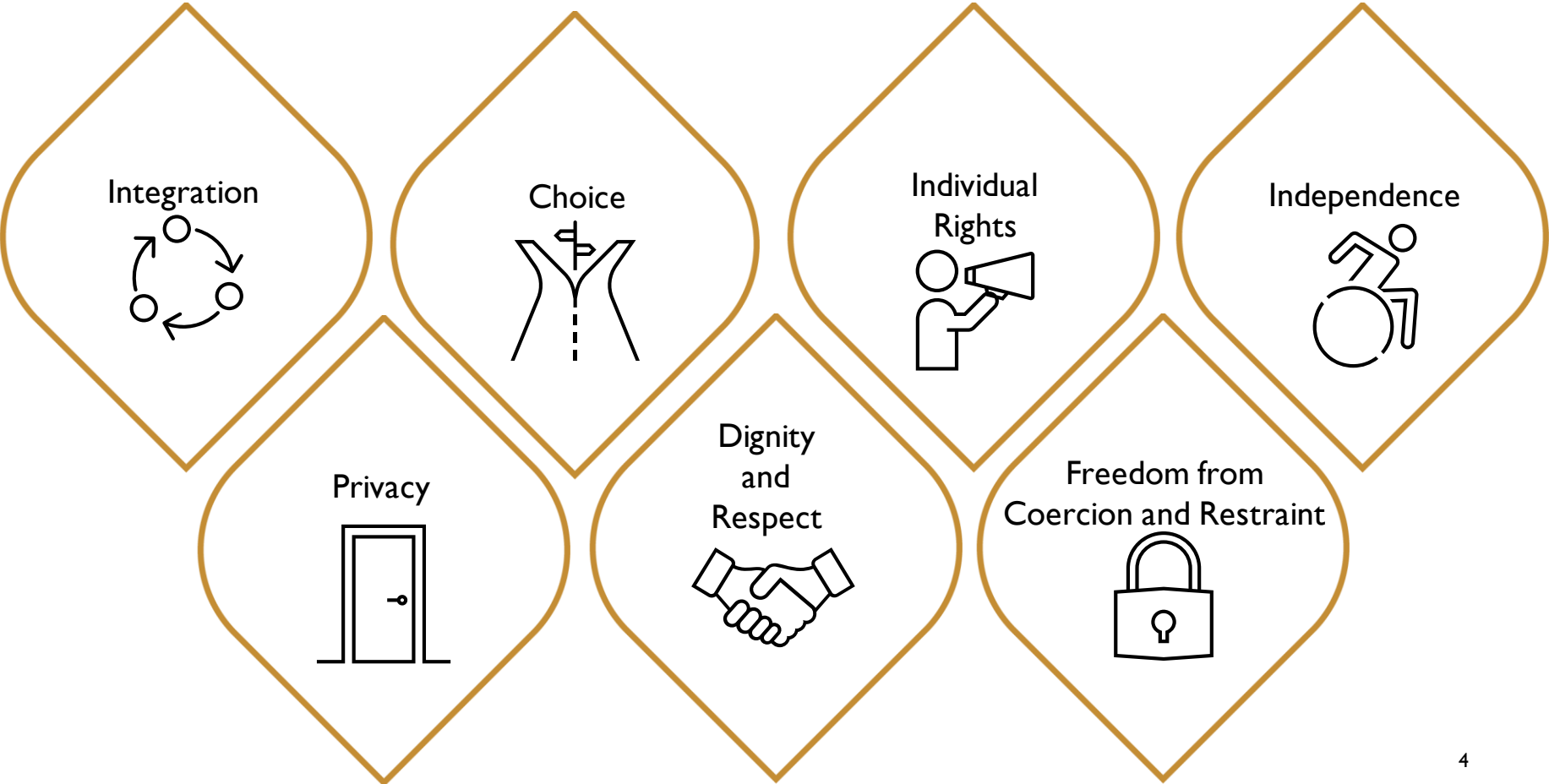


1. Provide a brief overview of the HCBS Settings Final Rule and key concepts of the rule.
2. Explain the general purpose of the Residential Assessment and the change from a PDF version to a direct-entry application.
3. Outline expectations for the completion of the Residential Assessment.

HCBS Settings Final Rule

- The Centers for Medicare and Medicaid (CMS) requires states to ensure Home and Community-Based (HCBS) settings are compliant with the Final Rule.
- The rule attempts to better define HCBS and how HCBS funding may be used.
- The HCBS Settings Final Rule was designed to enhance the quality of HCBS, provide additional protections and ensure full access to the benefits of community living.

Key Concepts from the HCBS Settings Final Rule



Purpose of the Residential Assessment

The Residential Assessment was and continues to be, Iowa's main method of assessing residential service settings for compliance with HCBS settings requirements.

Results are reported to CMS and used to determine whether Iowa Medicaid HCBS members are truly experiencing full access to the benefits of community living.

Requirements of the Residential Assessment

- Effective January 1, 2024, Residential Assessments must be completed through direct entry into the new application
- **A new residential assessment must be completed** using the new application with all applicable members **by March 31, 2024.**
- Case managers must complete a residential assessment with members **within 30 days of admission** to a waiver and **within 30 days of a move** to new residence.
- Residential Assessments must be conducted in-person and in the member's place of residence. The member must be present and can request additional participants of their choosing.

Questions?