Health and Human SERVICES

Home and Community Based Services (HCBS) 101

Supporting Individuals In Their Homes And Community

LeAnn Moskowitz, LTSS Policy Specialist HHS, Iowa Medicaid, BLTSS

What are Home and Community Based Services (HCBS) Waivers?

- Waive traditional Medicaid guidelines to allow non-traditional Medicaid funded services in the home and community
- Supports individualized services
- Draw down federal \$'s to fund needed services
- Serve adults and children, based on the specific waiver eligibility criteria



Who Qualifies for an HCBS Waiver?

Children and Adults

- Meet the Financial Eligibility for the Waivers
 - income at or below 300% of the Federal Poverty Level
- Meet the Clinical Eligibility for the Waiver
 - Diagnosis of AIDS/HIV
 - Brain injury diagnosis as set forth in rule 441—83.81(249A)
 - Age 18 and under with a diagnosis of serious emotional disturbance (SED)
 - Age 65 or over
 - Blind or disabled
 - SSI-related coverage groups
 - Primary disability of intellectual disability determined by a psychologist or psychiatrist
 - Physical disability as determined by Disability Determination Services
- Meet the Level of Care (LOC) for the specific waiver.
 - Were it not for the waiver the member would require services in an institution NF, SNF, ICF/ID, PMIC or Hospital



Waivers are not:

- Daycare or Childcare
- Academic education
- Replacement of parental responsibility
- Cadillac service

• The only funding source. Medicaid is the payer of last resort.





How to Apply

To apply for Health Care, go to the <u>online HHS benefits</u> <u>portal</u> or download the paper <u>Application for Health</u> <u>Coverage and Help Paying Costs</u>

Flow Chart for Enrollment Process for New HCBS Waiver Members (FFS and MCO)



HCBS Roles

- Income Maintenance Worker (IMW) reviews the application and determines financial eligibility
- Case Manager(CM)/Integrated Health Home (IHH) reviews need for services, coordinates the service plan with the interdisciplinary team, seeks funding authorization and monitors comprehensive service plan implementation,
- Iowa Medicaid Medical Services reviews level of care based on an functional assessment tool and accompanying information
- Funder lowa Medicaid allocates a funding slot and approves individual services and costs via an IoWANS milestone
- Providers agencies or persons enrolled/certified to provide HCBS services



Iowa's 1915(c) HCBS Waiver Programs

- AIDS/HIV
- Children's Mental Health
- Brain Injury
- Elderly Waiver
- Health and Disability
- Intellectual Disability
- Physical Disability Waiver



What do the HCBS Waiver Programs have in common?

- Availability- Statewide first come first serve
- Target Population age- diagnosis disability
- Level of Care SNF, NF, ICF/ID, PMIC
- Maximum \$ per Month and/ or per Service
- Services must be cost effective
- Interdisciplinary Team (IDT) led by the member
- Person Centered Service Plan coordinated and monitored by a Case Manager, Targeted Case Manager, Community-based Case Manager or Integrated Health Home (IHH)



1915(C) HCBS Waiver Cost Neutrality Requirements

- Average per capita expenditures for covered HCBS services will not exceed 100 percent of the average per capita expenditures that would have been made for the level of care provided in an institution.
- Costs for the current approval period are projected using base costs determined from prior years' data and by applying certain adjustments. States use caps to ensure that they do not exceed the cost-neutrality limit
- The number of people who can be enrolled in the waiver program and the average costs per person



1915(C) HCBS Waiver Funding Slots

Each HCBS Waiver has:

- A set number of CMS approved funding slots per waiver year
- A set number of CMS approved unduplicated members that may be served at any **point in time** during the waiver year
- •HHS, Iowa Medicaid Budget Analysts set the budget that determines how many funding slots may be funded at any point in time during the waiver year
- HHS, Iowa Medicaid Budget for the HCBS Waiver determines how many people are on the HCBS Waiver waitlist at any given time



1915(C) HCBS Waiver Waitlists

All HCBS Waivers have a waitlist with the exception of the AIDS/HIV Waiver and the Elderly Waiver.

- Funding slots are allocated on a first come first served basis based on date of application as slots become available for release
- Waitlists are established when the state has reached the approved cap on the unduplicated number of funding slots or point in time funding slots approved for the waiver
- Exceptions
 - Emergency Needs Assessment BI Waiver
 - Priority Needs Assessment ID Waiver
 - Reserved Capacity Slots BI, CMH and ID Waivers



BI Waiver Emergency Needs Assessment

Letter is sent to BI applicant at the time of application

- If member has emergent or urgent needs they complete and submit form 470-5583 Brain Injury Waiver
 Emergency Need Assessment
- Applicants who meet the urgent need criteria will have their names moved up the waitlist after those who meet the emergency need criteria. The position on the waiting list shall be based on the total number of criteria that are met.
- Applicants who do not meet emergency or urgent need criteria shall remain on the waiting list, based on the date of application



ID Waiver Priority Needs Assessment

- Letter is sent to ID applicant at the time of application
- If member has emergent or urgent needs, they complete and submit form 470-5110 HCBS ID Waiver Priority Needs Assessment- Statewide Waiting List
- Applicants who meet any of the emergency criteria shall be placed on the statewide wait list based on total number of criteria met.
- Applicants who meet any of the urgent needs criteria are placed on the waiting list after those with emergency needs based on the number of criteria met.
- Applicants who do not meet emergency or urgent need criteria shall remain on the waiting list, based on the date of application.



Reserved Capacity Slots

Slots are reserved during each waiver year to enable institutionalized members to transition to HCBS

ID Waiver

- For members residing in an ICF/ID
 - I 25 slots Waiver year July I June 30
- For minors seeking Residential Based Supported Community Living (RBSCL)
 - 75 slots Waiver year July 1- June 30

BI Waiver

- For members residing in an ICF/ID, NF. SNF
 - 30 slots Waiver year October I September 30
- For members receiving community-based neurobehavioral rehabilitation services (CNRS)
 - 15 slots Waiver year October 1 September 30



Reserved Capacity Slots

Slots are reserved during each waiver year to enable institutionalized members to transition to HCBS

CMH Waiver

- For members residing in a Psychiatric Medical Institutions for Children (PMIC), Mental Health Institute (MHI) and Out of State Psychiatric Residential Treatment Facilities (PRTF)
 - 20 slots Waiver year October I September 30



AIDS/HIV Waiver

Age	No Limit
Availability	Statewide
Target Population	Diagnosis of AIDS/HIV
Level of Care	• Hospital
Maximum \$ per Month	\$1,943.43



AIDS/HIV Waiver Services

- Counseling,
- Home Health Aide
- Homemaker
- Nursing care
- Respite care
- Home-delivered meals
- Adult day care

- Consumer-Directed Attendant Care
- Consumer Choices Option (CCO)



Brain Injury Waiver

Age	No Limit	
Availability	Statewide	
Target Population	Diagnosis of Specific BI, according to IAC	
Level of Care	ICF/IDNFSNF	
Maximum \$ per Month	Must be Cost Effective	



BI Waiver Services

- Adult Daycare
- Behavioral Programming
- Case Management
- Consumer Directed Attendant Care
- Family Counseling and Training
- Home and Vehicle Modification
- Interim Medical Monitoring and Treatment

- Personal Emergency Response
- Pre-vocational Services/ Career Exploration
- Respite
- Specialized Medical Equipment
- Supported Community Living
- Supported Employment
- Transportation



Children's Mental Health Waiver

Age	Up to age 18	
Availability	Statewide	
Target Population	Diagnosis of Serious Emotional Disturbance resulting in functional limitation	
Level of Care	Psychiatric Medical Institution for Children (PMIC)	
Maximum \$ per Month	Must be Cost Effective	



Children's Mental Health Waiver Services

- Environmental modifications, adaptive devices and therapeutic resources
- Family and community support services;
- In-home family therapy
- •Respite care.



Elderly Waiver

Age	Over 65
Availability	Statewide
Target Population	Age 65 and Over
Level of Care	• NF • SNF
Maximum \$ per Month	Must be Cost Effective



Elderly Waiver Services

- Adult Day Care
- Assistive Devices
- Assisted Living
- Case Management
- Chore
- Consumer Directed
 Attendant Care (CDAC)
- Emergency Response
- Home Delivered Meals
- Home Health Aide

- Homemaker
- Home and Vehicle Modifications
- Mental Health Outreach
- Nursing
- Nutritional Counseling
- Respite
- Senior Companion
- Transportation



Health and Disability Waiver

Age	Under age 65	
Availability	Statewide	
Target Population	 Blind/Disabled – SSI/SSDI or DD If over 21, ineligible for SSI – SSDI is OK 	
Level of Care	ICF/IDSNFNF	
Maximum \$ per Month	SNF: \$2,891.79 NF: \$993.56 ICF/ID \$3,875.80	



Health and Disability Waiver Services

- Adult Day Care
- Homemaker
- Home health
- Respite care
- Nursing
- Counseling
- Consumer-Directed Attendant Care (CDAC)
- Interim medical monitoring and treatment (IMMT)

- Home and vehicle modification
- Personal emergency response system
- Home-delivered meals
- Nutritional counseling
- Consumer Choices Option (CCO)



Intellectual Disability (ID) Waiver

Age	No Limit	
Availability	Statewide	
Target Population	Diagnosis of ID/Functioning in range of ID	
Level of Care	ICF/ID	
Maximum \$ per Month Cost Effective		



ID Waiver Services

- Adult Daycare
- Consumer Directed Attendant Care
- Day Habilitation
- Home & Vehicle Modification
- Home Health Aide
- Interim Medical Monitoring and Treatment
- Nursing

- Personal Emergency Response
- Pre-vocational and Career Exploration
- Respite
- Supported Community Living
- Residential-Based Supported Community Living
- Supported Employment
- Transportation



Physical Disability Waiver

Age	18 to 64	
Availability	Statewide	
Target Population	Diagnosis of Physical Disability/not eligible for ID Waiver	
Level of Care	NF	
Maximum \$ per Month	ximum \$ per Month \$730.90	



Physical Disability Waiver Services

- Consumer-Directed Attendant Care
- Home and Vehicle Modification
- Personal Emergency Response System
- Transportation
- Specialized Medical Equipment
- Consumer Choices Option



State Plan HCBS Habilitation

Financial eligibility	Eligible for state plan Medicaid (can not be in a limited coverage group) Income must be at or below 150% of the federal poverty level (FPL)		
Age	No age criteria, primarily serves adults		
Availability	Statewide		
Target Population			



State Plan HCBS Habilitation

Need for Assistance

- The individual needs assistance demonstrated by meeting at least two of the following criteria on a continuing or intermittent basis for at least twelve months:
 - The individual needs assistance to obtain and/or maintain employment.
 - The individual needs financial assistance to reside independently in the community.
 - The individual needs significant assistance to establish or maintain a personal social support system.
 - The individual needs assistance with at least one activities of daily living (ADLs) or instrumental activities of daily living (IADLs) to reside independently in the community.
 - The individual needs assistance with management and intervention of maladaptive or anti-social behaviors to ensure the safety of the individual and/or others.



State Plan HCBS Habilitation Services

- Case Management
- Day Habilitation
- Home-Based Habilitation
- Prevocational Services
 - Career Exploration
- Supported Employment
 - Individual Supported Employment
 - Long-Term Job Coaching
 - Small Group Supported Employment
 - Individual Placement and Support (IPS) Supported Employment



Role of the Targeted Case Manager (TCM), Community Based Case Manager (CBCM) and Integrated Health Home (IHH)

- HCBS BI and ID Waiver services are coordinated and monitored by a TCM or MCO CBCM
- HCBS CMH Waiver services are coordinated and monitored by an Integrated Health Home (IHH) Team.
- HCBS Health and Disability Waiver services are coordinated and monitored by a HHSTCM or MCO CBCM



Role of the Targeted Case Manager (TCM), Community Based Case Manager (CBCM) and Integrated Health Home (IHH)

- Help individuals meet their needs, promote their independence, and self-determination
- Act as an advocate
- Facilitate the individual's access to the service system
- Facilitate access to health and mental health care
- Coordinate the delivery of services and develop the personcentered service plan
- Promote ongoing communication
- Monitor service utilization
- Monitor the service plan to ensure that services are being received and that the services are meeting the individual's needs



Role of Managed Care Organizations (MCO)s in HCBS Service Authorization

Monthly caps on the total cost of waiver services

Level of Care	Hospital	NF	SNF	ICF/ID
ADIS/HIV	\$1,943.43			
BI				
Elderly				
HD Waiver		\$993.56	\$2,891.79	\$3,875.80
ID Waiver				
PD Waiver		\$730.90		

^{*} For those waivers with monthly caps, MCOs manage the costs for each waiver in aggregate across the specific waiver population







Which HCBS Waivers have the CCO?

- Intellectual Disability
- Brain Injury
- Health and Disability
- Elderly
- AIDS/HIV
- Physical Disability





What is different about CCO?

- Members can directly hire employees to provide services- Service providers do not need to be a certified/enrolled Medicaid provider
- Members can use their Medicaid HCBS Waiver \$'s to purchase goods/services
 - example: hire a co-worker to be their job coach
 - example: hire a neighbor to provide transportation
 - example: purchase a microwave to assist with independence in meal preparation
- Financial Management Service provider to help manage the individual budget
- Additional counseling and advice through an Independent Support Broker



What remains the same with CCO?

- All members will have a person-centered service plan based on assessed needs
- Skilled services such as such as Nursing, Counseling, Home Health Aide, etc. will continue to be provided by Medicaid providers
- Case Management (IHH, CM, CBCM or TCM)will continue to monitor services



CCO Service Options

- Self-directed Personal Care- cleaning, meal preparation, showering assistance, respite
- Self-directed Community and Employment Supportssocial skills development, career placement, cooking skills development
- Individual Directed Goods and Services- HVM, snow removal, lawn care services, home delivered meals



HCBS Online Resources

Department of Health and Human Services: https://hhs.iowa.gov/

HHS, Iowa Medicaid: https://hhs.iowa.gov/ime/about

Iowa Medicaid Member Information: https://hhs.iowa.gov/ime/members

Iowa Medicaid Provider Information: https://hhs.iowa.gov/ime/providers

Iowa Medicaid HCBS Home: https://hhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs

HHS, Iowa Medicaid Rules and Policies: https://hhs.iowa.gov/ime/providers/rulesandpolicies

Iowa COMPASS Disability Resource Database: http://search.iowacompass.org/



HCBS Rules, Provider Manual and Informational Letters

https://hhs.iowa.gov/ime/providers/rulesandpolicies

HCBS Waiver Provider Manual

https://hhs.iowa.gov/sites/default/files/HCBS.pdf



HCBS Program Managers

Intellectual Disability Wavier, Statewide Transition Plan & Money Follows the Person (MFP) Brooke Watson 515-326-4887

bwatson2@dhs.state.ia.us

Aids/HIV, Elderly, Physical Disability, Health and Disability Waivers & Consumer Choices Option (CCO), HCBS Transportation

Christy Casey 515-630-9649

ccasey@dhs.state.ia.us

Brain Injury Waiver, Children' Mental Health Waiver, HCBS Habilitation, Employment Services LeAnn Moskowitz 515-321-8922

lmoskow@dhs.state.ia.us

HCBS Quality Assurance

Kim Grasty Office: 515-360-9417

kgrasty@dhs.state.ia.us



Questions