
STATE OF IOWA DEPARTMENT OF

Health ^{AND} Human

SERVICES

Health Home Learning Collaborative

HCBS Waiver Process

1/22/2024

This training is a collaborative effort between the Managed Care Organizations and Iowa Medicaid

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Agenda

- Introductions
- HCBS Waiver Process.....Iowa Total Care
- Questions.....All
 - Coming Up
 - *Date of HHLC call and topic*
 - *Date of HHLC call and topic*
 - *Date of HHLC call and topic*

Logistics

- Mute your line
- Do not put us on hold
- Attendance and engagement is expected
- Type your questions in the chat as you think of them. Time permitting, we will address questions at the end of the presentation.

Topics

- 1915(c) Long-term Services and Supports (LTSS) waivers and the 1915(i) Habilitation program eligibility
- How to apply
- Wait list
- Slot release
- Slot attrition guidelines
- Collaboration

Eligibility

Section subtitle

LTSS Waivers and Habilitation Program

Iowa has seven 1915(c) Home and Community-based Waivers and one 1915(i) State Plan Program:

- 1915(c)
 - AIDS / HIV
 - Brain Injury
 - Children's Mental Health (Case managed by Integrated Health Homes)
 - Elderly
 - Health and Disability
 - Intellectual Disability
 - Physical Disability
- 1915(i)
 - Habilitation (State Plan Program) (Case managed by Integrated Health Homes when member has Habilitation only- i.e., no waiver)

Target Population

- At a quick glance, the age, target population and level of care for each waiver/ program are as follows:

Waiver / Program	Age	Target Population	Level of Care*
AIDS / HIV	No age limit	Diagnosis of AIDS / HIV	NF or Hospital
Brain Injury	1 month or older	Brain injury diagnosis as set forth in rule 441—83.81	NF, SNF, or ICF/ID
Children’s Mental Health	Under age 18	Diagnosis of serious emotional disturbance (SED)	Hospital / Institutional level of care
Elderly	65 or older	Age 65 or older	NF or SNF
Health and Disability	Under age 65	- Blind or disabled - SSI-related coverage groups	NF, SNF, or ICF/ID
Intellectual Disability	No age limit	Primary disability of intellectual disability determined by a psychologist or psychiatrist	ICF/ID
Physical Disability	18 through 64	Physical disability as determined by Disability Determination Services	NF or SNF
Habilitation	No age limit	- Income at or below 150% federal poverty level - Meets at least one of the outlined risk factors	N/A**

*To be eligible for a waiver, members must be determined by the Iowa Medicaid, Medical Services Unit to need one of the following levels of care (NF = nursing facility, SNF = skilled nursing facility, ICF/ID = intermediate care facility for persons with an intellectual disability)

**Members seeking Habilitation program eligibility must meet one risk factor and two needs-based eligibility criteria

Level of Care

Waiver / Program	Age	Target Population	Level of Care*
AIDS / HIV	No age limit	Diagnosis of AIDS / HIV	NF or Hospital
Brain Injury	1 month or older	Brain injury diagnosis as set forth in rule 441—83.8	NF, SNF, or ICF/IID
Children's Mental Health	Under age 18	Diagnosis of serious emotional disturbance (SED)	Hospital / Institutional level of care
Elderly	45 or older	Age 45 or older	NF or SNF
Health and Disability	Under age 65	- Blind or disabled - SSI-related coverage groups	NF, SNF, or ICF/IID
Intellectual Disability	No age limit	Primary disability of intellectual disability determined by a psychologist or psychiatrist	ICF/IID
Physical Disability	18 through 64	Physical disability as determined by Disability Determination Services	NF or SNF
Habilitation	16 or older	- Income at or below 150% federal poverty level - Meets at least one of the outlined risk factors	N/A**

- “Nursing facility level of care” means that the following conditions are met:
 - 1. The presence of a physical or mental impairment which restricts the member’s daily ability to perform the essential activities of daily living, bathing, dressing, and personal hygiene, and impedes the member’s capacity to live independently.
 - 2. The member’s physical or mental impairment is such that self-execution of required nursing care is improbable or impossible
- “Skilled nursing facility level of care” means that the following conditions are met:
 - 1. The member’s medical condition requires skilled nursing services or skilled rehabilitation services as defined in 42 CFR 409.31(a), 409.32, and 409.34.
 - 2. Services are provided in accordance with the general provisions for all Medicaid providers and services as described in rule 441—79.9(249A).
 - 3. Documentation submitted for review indicates that the member has:
 - a. A physician order for all skilled services.
 - b. Services that require the skills of medical personnel, including registered nurses, licensed practical nurses, physical therapists, occupational therapists, speech pathologists, or audiologists.
 - c. An individualized care plan that identifies support needs.
 - d. Confirmation that skilled services are provided to the member.
 - e. Skilled services that are provided by, or under the supervision of, medical personnel as described above.
 - f. Skilled nursing services that are needed and provided seven days a week or skilled rehabilitation services that are needed and provided at least five days a week.

Level of Care, Cont'd

Waiver / Program	Age	Target Population	Level of Care*
AIDS / HIV	No age limit	Diagnosis of AIDS / HIV	NF or Hospital
Brain Injury	1 month or older	Brain injury diagnosis as set forth in rule 441—83.8	NF, SNF, or ICF/ID
Children's Mental Health	Under age 18	Diagnosis of serious emotional disturbance (SED)	Hospital / Institutional level of care
Elderly	65 or older	Age 65 or older	NF or SNF
Health and Disability	Under age 65	- Blind or disabled - SSI-related coverage groups	NF, SNF, or ICF/ID
Intellectual Disability	No age limit	Primary disability of intellectual disability determined by a psychologist or psychiatrist	ICF/ID
Physical Disability	18 through 64	Physical disability as determined by Disability Determination Services	NF or SNF
Habilitation	16 or older	- Income at or below 150% federal poverty level - Meets at least one of the outlined risk factors	N/A**

- “Intermediate care facility for persons with an intellectual disability level of care” means that the individual has a **diagnosis of intellectual disability** made in accordance with the criteria provided in the current version of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association; or has a related condition as defined in 42 CFR 435.1009; and **needs assistance in at least three of the following major life areas:**

- mobility,
- musculoskeletal skills,
- activities of daily living,
- domestic skills,
- toileting,
- eating skills,
- vision,
- hearing or speech or both,
- gross/fine motor skills,
- sensory-taste,
- smell,
- tactile,
- academic skills,
- vocational skills,
- social/community skills,
- behavior, and
- health care.

Target Population, Cont'd

Waiver / Program	Age	Target Population	Level of Care*
AIDS / HIV	No age limit	Diagnosis of AIDS / HIV	NF or Hospital
Brain Injury	1 month or older	Brain injury diagnosis as set forth in rule 441—83.81	NF, SNF, or ICF/ID
Children's Mental Health	Under age 18	Diagnosis of serious emotional disturbance (SED)	Hospital / Institutional level of care
Elderly	65 or older	Age 65 or older	NF or SNF
Health and Disability	Under age 65	- Blind or disabled - SSI-related coverage groups	NF, SNF, or ICF/ID
Intellectual Disability	No age limit	Primary disability of intellectual disability determined by a psychologist or psychiatrist	ICF/ID
Physical Disability	18 through 64	Physical disability as determined by Disability Determination Services	NF or SNF
Habilitation	16 or older	- Income at or below 150% federal poverty level - Meets at least one of the outlined risk factors	N/A**

Habilitation

- The individual meets at least one of the following risk factors:
 - Has undergone or is currently undergoing psychiatric treatment more intensive than outpatient care, more than once in a lifetime (e.g., emergency services, alternative home care, partial hospitalization or inpatient hospitalization).
 - Has a history of psychiatric illness resulting in at least one episode of continuous, professional supportive care other than hospitalization.

- In addition, the person has a need for assistance typically demonstrated by meeting at least two of the following criteria on a continuing or intermittent basis for at least two years:
 - Is unemployed, or employed in a sheltered setting, or have markedly limited skills and a poor work history.
 - Requires financial assistance for out-of-hospital maintenance and may be unable to procure this assistance without help.
 - Shows severe inability to establish or maintain a personal social support system.
 - Requires help in basic living skills such as self-care, money management, housekeeping, cooking, or medication management.
 - Exhibits inappropriate social behavior that results in demand for intervention.

How to Apply

How to Apply

- Waiver

- To apply for one of the seven (7) HCBS waivers, members / representatives should contact the DHHS Income Maintenance Worker office at the local DHHS office. A separate written request, signed and dated by the member, may be needed.

- Habilitation

- To apply for the Habilitation program, members / representatives should contact a local preferred Integrated Health Home (IHH). Members with current LTSS waivers should contact their assigned community-based case manager (CBCM).

Wait List

Wait List

- Each of the seven (7) waivers has an allocated number of slots that members may access. When a payment slot is available, Iowa Medicaid (IM) assigns the slot to the member. If there is not a slot available, members are placed on a waiting list.
- Currently, two of the waivers do not have a waiting list- Elderly waiver and AIDS/HIV waiver.
- The Habilitation program does not have a waiting list.

Wait List

Waiver	Wait list?	Priority Waiting List	Reserved Capacity Slot
AIDS / HIV	No- applications are processed within 30 days unless pended for a qualifying reason.	N/A	N/A
Elderly	No- applications are processed within 30 days unless pended for a qualifying reason	N/A	N/A
Health and Disability	<p>- Yes</p> <p>Once a slot is assigned, written notice is sent to the member/ guardian within five working days. The member / guardian must sign and return the written notice within 30 days to accept the waiver slot. Once the member / guardian has signed and returned the written notice, DHHS will hold the slot as long as reasonable efforts are being made to arrange services and the member has not been determined to be ineligible for the program.</p>	N/A	N/A

Wait List

Waiver	Wait list?	Priority Waiting List	Reserved Capacity Slot
Physical Disability	<ul style="list-style-type: none"> - Yes - Once a slot is assigned, written notice is sent to the member/ guardian within five working days. The member / guardian must sign and return the written notice within 30 days to accept the waiver slot. 	N/A	N/A
Children's Mental Health	<ul style="list-style-type: none"> - Once a slot is assigned, written notice is sent to the member/ guardian within five working days. The member / guardian must sign and return the written notice within 30 days to accept the waiver slot. Once the member / guardian has signed and returned the written notice, DHHS will hold the slot as long as reasonable efforts are being made to arrange services and the member has not been determined to be ineligible for the program. 	N/A	<ul style="list-style-type: none"> - The state reserves a number of CMH Waiver funding slots each year for members living in a mental health institute (MHI), psychiatric medical institution for children (PMIC), psychiatric residential treatment facility (PRTF) or other out of state institutional care, who has lived there for 4 months, and chooses to access services in the CMH waiver program and leaves the facility to reside in the family home. - To request a reserved capacity slot, this needs to be made known to the DHHS Income Maintenance Worker when applying for a waiver

Wait List

Waiver	Wait list?	Priority Waiting List	Reserved Capacity Slot
Brain Injury	<p>Yes</p> <ul style="list-style-type: none"> Once a slot is assigned, written notice is sent to the member/ guardian within five working days. The member / guardian must sign and return the written notice within 30 days to accept the waiver slot. 	<ul style="list-style-type: none"> Members placed on the Brain Injury waiver waitlist will be sent form from HHS. If the Member has emergent or urgent needs, that information should be included on the form and returned to DHHS. DHHS will review the form to determine if the emergent or urgent needs will cause the member to be placed higher on the waiting list. 	<ul style="list-style-type: none"> The state reserves a number of BI Waiver funding slots each year for members living in an ICF/ID, nursing facility or out of state placement, with plans to return to Iowa, has lived there for at least 4 months, and chooses the BI waiver program over institutional services Members receiving residential Community-based Neurobehavioral Rehabilitation Services (CNRS) for at least six months, and chooses the BI Waiver program over institutional services. To request a reserved capacity slot, this needs to be made known to the DHHS Income Maintenance Worker when applying for a waiver

Wait List

Waiver	Wait list?	Priority Waiting List	Reserved Capacity Slot
Intellectual Disability	<p>Yes- Once a slot is assigned, written notice is sent to the member/ guardian within five working days. The member / guardian must sign and return the written notice within 30 days to accept the waiver slot. Once the member / guardian has signed and returned the written notice, DHHS will hold the slot as long as reasonable efforts are being made to arrange services and the member has not been determined to be ineligible for the program.</p>	<p>Applicants placed in the intellectual disability waiver waiting list will be sent form from HHS. If the Member has emergent or urgent needs, that information should be included on the form and returned to DHHS. DHHS will review the form to determine if the emergent or urgent needs will cause the member to be placed higher on the waiting list.</p>	<ul style="list-style-type: none"> - The state reserves a number of ID Waiver funding slots each year for Children under the age of 18 that will receive Residential Based Supported Community Living (RBSCL) services outside of the family home and chooses the ID waiver program over institutional services. - Use by members living in an ICF/ID, nursing facility, or out of state placement with plans to return to Iowa, who choose to access services in the ID Waiver program. - Use by members accessing the Money Follows the Person (MFP) grant as they transition from MFP funding to the ID waiver after one year of MFP funding. - Use by any eligible person for the ID waiver program that currently resides in an ICF/ID, nursing facility or out of state placement with plans to return to Iowa, has lived there for at least 4 months, and chooses the ID waiver program over institutional services. - To request a reserved capacity slot, this needs to be made known to the DHHS Income Maintenance Worker when applying for a waiver

Wait List

- To check if a member is on a waiver wait list
 - AGP – email IA-HealthHome@amerigroup.com or waiverslot@DHS.ia.us
 - ITC – email ITC_IHH@iowatotalcare.com
 - Molina- email Healthhomesiowa@MolinaHealthCare.com
 - FFS – email waiverslot@DHS.ia.us

Slot Release

Slot Release

- Once a payment slot is available, HHS assigns the slot to the applicant.
 - HHS notifies the member via mail. The member has 30 days to sign and return the letter to accept the slot.
 - HHS notifies the MCO of the pending status (PE-AP) through the waiver slot file.
 - AGP notifies IHH of status for CMHW
- When HHS receives the signed letter within 30 days from the member accepting the slot, HHS notifies the MCO through the waiver slot file of the pending level of care (PE-LOC)
 - CMHW
 - AGP notifies IHH to schedule and complete the assessment
 - ITC schedules and completes assessment
 - Molina schedules and completes assessment
 - All other waivers
 - MCO schedules and completes assessment

Slot Release

- Once the assessment is completed and any additional documentation obtained, the information is uploaded to Iowa Medicaid for review
 - AGP- IHHs submit assessment and additional documentation for CMHW via 99490 U2 request through ICR or by fax. Information is then uploaded to Iowa Medicaid for review
- If the waiver slot is approved, the HHS Income Maintenance Worker notifies the member via a waiver award letter and notifies the MCO through the updated 834 state file
 - AGP notifies IHH of CMHW approval via 99490 U2 approval
 - ITC notifies IHH of CMHW approval via email.
 - Molina notifies with 99490 U2 approval and well as on their roster.

Slot Attrition

Slot Attrition Guidelines

- Informational Letter [2005-MC-FFS](#), outlines how waiver slots are reassigned in a timely manner and how members can regain their slots.
- Waiver slot closure reasons that allow a slot to be reassigned to the next applicant 30 days after the IOWANS program end date (if the waiver has available slots) includes a member who has:
 1. Aged out of the waiver for Children’s Mental Health (CMH), Physical Disability (PD), and Health and Disability (HD) Waivers.
 2. Moved out of state.
 3. Applicant/member is deceased.
 4. Withdrawn; notification made to the DHHS Contact Center.
 5. Chose another waiver.
 6. Applicant/member is in foster care (CMH only).
 7. Been admitted to an Intermediate Care Facility for the Intellectually Disabled (ICF/ID) or Psychiatric Medical Institution for Children (PMIC).

Slot Attrition Guidelines

- Waiver slot closure reasons that allow a slot to be reassigned to the next applicant 120 days after the IOWANS program end date (if the waiver has available slots) includes the member has:
 1. Not responded to notice from the Income Maintenance Worker (IMW); response deadline within 30 days.
 2. Been admitted to a facility.
 3. Been denied level of care (LOC.)
 4. Not completed annual Medicaid financial review timely.
 5. Requested waiver to be closed.
 6. Exceeds the allowable financial resources.
 7. Reported other income variables.
 8. Needs that cannot be met by the waiver.
 9. Not accessed one unit of service during the most recent calendar quarter.
 10. A juvenile court order.

Slot Attrition Guidelines

- A member who meets all of the following criteria will be placed on the waiver waiting list with their original application date if the member:
 1. Had been actively on a waiver but was closed off the waiver, and
 2. Requested a slot between 121 and 180 days after the ISIS program end date.

- Members who were on a waiver but the waiver has been closed for more than 180 days, and applicants who never accessed a waiver, will be placed on the waiver waiting list when a new application has submitted to DHHS. The new application date will be used for waiting list placement.

Waiver CBCM and IHH Collaboration

Requirements

- If a member receives case management through a waiver to the State Plan and also qualifies for the Integrated Health Home, the Health Home must collaborate with the Community-Based Case Manager (CBCM), and Service Coordinators to ensure the care plan is complete and not duplicative between the two entities at a minimum of at least quarterly.
- To avoid duplication of services, members who are enrolled in the 1915i Habilitation program and concurrently enrolled in a 1915c waiver program, will receive their coordination of services through the Community-Based Case Manager. Members may choose to be enrolled with the Integrated Health Home at a tier 5 or 6. The CBCM and Integrated Health Home will work together to ensure non-duplication of services.

Collaboration

- How to tell if a member is on a waiver
 - AGP – Patient 360 or the weekly Health Home membership report lists plan type and has a column for Y/N LTSS waiver
 - ITC – The monthly roster will have this information along with the name of the waiver case manager.
 - Molina- HealthHome@MolinaHealthCare.com
 - FFS – IMPA member look up under programs and services
 - Use the IMPA slide deck for more detail

- How to find waiver CBCM contact information
 - AGP – Patient 360 will list the name of the assigned CBCM. Email IA-HealthHome@amerigroup.com to request contact information
 - ITC – Email ITC_IHH@iowatotalcare.com
 - Molina- HealthHome@MolinaHealthCare.com
 - FFS - IMPA member look up under programs and services
 - Use the IMPA slide deck for more detail

- CBCM and IHH Roles and Responsibilities document



CBCM and IHH

Documenting Collaboration- CRW

- Chart Review Workbook

	A	B	C	D	E	F
1	NON ICM Measure	1. Member ID:				
2		Age:			Initials:	
3		Y	N	N/A	Comments	
50	If the member is on an HCBS waiver other than CMH waiver, there is documented quarterly collaboration with the member's HCBS waiver case manager during the review period.					
51	If the member is on an HCBS waiver other than CMH waiver, there is documentation in the progress notes or person-centered care plan that services and efforts are not duplicated between the CBCM and Health Home.					
52	The record indicates that the member has had a PCR visit within the last year.					

Questions