

## Waiver Service Definitions Compendium (*Scope Only*)

Service	Waiver		Telehealth option
	Adult & Aging (AA)	Children & Youth (CY)	
<u>Daily Activities and Care</u>			
▪ Skilled Attendant Care	X		
▪ Attendant Care	X		
▪ Companion	X		
▪ Home Delivered Meals	X	X	
▪ Home Health Aide	X		
▪ Home Maintenance Support	X		
▪ Respite	X	X	
▪ Supported Community Living	X	X	Yes
▪ Transportation	X	X	
▪ Medical Day Care for Children		X	
<u>Help with Health Needs</u>	<b>AA</b>	<b>CY</b>	
▪ Positive Behavioral Support and Consultation	X	X	Yes
▪ Family Training	X		
▪ Interim Medical Monitoring and Treatment	X	X	
▪ Nursing Care Services	X		
▪ Nutritional Counseling	X		Yes
▪ Family and Community Support		X	
▪ In-Home Family Therapy		X	
<u>Equipment and Modifications</u>	<b>AA</b>	<b>CY</b>	
▪ Assistive Devices	X	X	
▪ Enabling Technology for Remote Support	X	X	
▪ Home and Vehicle Modifications	X	X	
▪ Personal Emergency Response System	X	X	
▪ Specialized Medical Equipment	X		
<u>Day Services</u>	<b>AA</b>	<b>CY</b>	

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▪ Adult Day Health	X		
▪ Day Habilitation	X	X	
▪ Prevocational Services	X	X	
▪ Supported Employment	X	X	Yes
<u>Residential Services and Supports</u>	<b>AA</b>	<b>CY</b>	
▪ Assisted Living	X		
▪ Residential-Based Supported Community Living		X	
<u>Self-Direction Supports</u>	<b>AA</b>	<b>CY</b>	
▪ Financial Management Services	X	X	
▪ Independent Support Broker	X	X	
▪ Individual Directed Goods and Services	X	X	
<u>Proposed New Services</u>	<b>AA</b>	<b>CY</b>	
▪ Community Transition Services	X	X	
▪ Crisis Planning and Support	X	X	
▪ Peer Mentoring	X	X	Yes

**DAILY ACTIVITIES AND CARE**

Skilled Attendant Care	AA Waiver	Changes
<p>Service activities performed by a person to help an individual with self-care tasks which the individual would typically do independently if able. This service may be provided in the private residence or assisted living. Skilled Attendant Care is not skilled nursing care, but is provided by a lay person who has been trained to provide the specific service needed by the individual. The licensed nurse or therapist shall retain accountability for actions that are delegated. The licensed nurse or therapist shall ensure appropriate assessment, planning, implementation, and evaluation. A licensed nurse or therapist is responsible for overseeing the care of the waiver enrollee but is not the service provider. The cost of the supervision is provided under State Plan funding and is not provided under the waiver. Skilled Attendant Care is a separate and distinct service from home health and nursing. The case manager, through the service plan authorization, specifies the services and providers to provide waiver services and precludes duplication of services. Covered service activities must be essential to the health, safety, and welfare of the individual. Skilled Attendant Care activities may include helping the individual with any of the following skilled services while under the supervision of a licensed nurse or licensed therapist working under the direction of a physician:</p> <ol style="list-style-type: none"> <li>1) Tube feedings of individual unable to eat solid foods.</li> <li>2) Intravenous therapy administered by a registered nurse.</li> <li>3) Parenteral injections required more than once a week.</li> <li>4) Catheterizations, continuing care of indwelling catheters, and changing of Foley catheters when required.</li> <li>5) Respiratory care, including inhalation therapy, tracheotomy care, and ventilator.</li> <li>6) Care of decubiti and other ulcerated areas, noting and reporting to the nurse or therapist.</li> <li>7) Rehabilitation services, including but not limited to bowel and bladder training, range of motion exercises, ambulation training, restorative nursing services, reteaching activities of daily living, reality orientation, reminiscing therapy, re-motivation, and behavior modification.</li> <li>8) Colostomy care.</li> <li>9) Care of out-of-control medical conditions, including brittle diabetes and comfort care of terminal conditions.</li> <li>10) Postsurgical care.</li> <li>11) Monitoring medications requiring close supervision due to fluctuating physical or psychological conditions (e.g., antihypertensive, digitalis preparations, mood-altering or psychotropic drugs, or narcotics).</li> <li>12) Preparing and monitoring response to therapeutic diets.</li> <li>13) Recording and reporting changes in vital signs to the nurse or therapist.</li> </ol>		<ol style="list-style-type: none"> <li>(1) “CDAC” was changed to “Attendant Care” throughout</li> <li>(2) Minor language changes were made to align the existing definitions for this service.</li> </ol>
Attendant Care	AA Waiver	Changes
<p>Service activities performed by a person to help an individual with self-care tasks which the individual would typically do independently if the individual were otherwise able. This service may be provided in the private residence or assisted living. This service is separate and distinct from Home Health Aide and Home Maintenance Support services; and is monitored by the case manager as part of inclusion in the individual plan. Attendant Care is also separate and distinct from self-directed personal care services. Attendant Care is one of multiple waiver services that may be used to create a self-directed budget amount through CCO. When Attendant Care is authorized in the CCO budget, the case manager is responsible to assure that the service needs are being met and there is no duplication of services.</p>		<ol style="list-style-type: none"> <li>(1) “CDAC” was changed to “Attendant Care” throughout</li> <li>(2) Minor language changes were made to align the existing definitions for this service.</li> </ol>

<p>Attendant Care activities may include helping the individual with any of the following nonskilled service activities:</p> <ol style="list-style-type: none"> <li>1) Dressing.</li> <li>2) Bath, shampoo, hygiene, and grooming.</li> <li>3) Access to and from bed or a wheelchair, transferring, ambulation, and mobility in general. It is recommended that the provider receive certification of training and return demonstration for transferring. Certification for this is available through the area community colleges.</li> <li>4) Toilet assistance, including bowel, bladder, and catheter assistance.</li> <li>5) Meal preparation, cooking, eating and feeding but not the cost of meals themselves.</li> <li>6) Housekeeping services which are essential to the individual health care at home</li> <li>7) Medications ordinarily self-administered including those ordered by a physician or other qualified health care provider. It is recommended the provider successfully complete medication aide course administered by an area community college.</li> <li>8) Wound care.</li> <li>9) Assistance needed to go to or return from a place of employment and assistance with job related tasks while the individual is on the job site. The cost of transportation for the individual and assistance with understanding or performing the essential job functions are not included in individual directed attendant care services.</li> <li>10) Tasks such as financial management and scheduling that require cognitive or physical assistance.</li> <li>11) Communication essential to the health and welfare of the individual, through interpreting and reading services and use of assistive devices for communication.</li> <li>12) Supporting access to and use of transportation essential to the health and welfare of the individual. The cost of the transportation is not included.</li> </ol>		
<b>Companion</b>	<b>AA Waiver</b>	<b>Changes</b>
<p>Companion services include non-medical care, supervision and socialization, provided to an individual with functional impairment(s). Companion services are primarily social in nature, but companions may also assist or supervise the individual with such tasks as meal preparation, laundry, appropriate self-administration of medications, bill payment, communication, scheduling and/or attending appointments, completion of activities detailed in occupational or physical therapy treatment plans, arrangement and/or usage of transportation, and personal assistance in non-employment related community activities, shopping, and other goals identified in the person’s Individual Support Plan (ISP). Relevant goals may be related to safety, independence, and/or, community integration, and/or retirement. The provision of companion services does not entail hands-on nursing care. Companion services do not include assistance with activities of daily living (ADLs).</p>		<p>This new service definition incorporates components of “Companion” services in four other states’ waivers: (1) D.C.’s IDD Waiver; (2) WI’s IRIS Waiver; (3) PA’s Community Living Waiver; and (4) ID’s Aged and Disabled Waiver</p>
<b>Home-Delivered Meals</b>	<b>Both Waivers</b>	<b>Changes</b>
<p>Home-Delivered Meals are meals prepared elsewhere and delivered to an individual’s residence. Each meal shall ensure the individual receives a minimum of one third of the daily recommended dietary allowance as established by the Food and Nutrition Board of the National of the National Research Council of the National Academy of Sciences. The meal may be a liquid supplement which meets the minimum one third daily dietary allowance standard. When a restaurant provides the home delivered meal, the individual is required to have nutritional consultation. The nutritional consultation includes contact with the restaurant to explain the dietary needs of the individual and explain what constitutes the minimum one third daily dietary allowance.</p>		<p>Minor language changes were made to align the existing definitions for this service.</p>

Home Health Aide	AA Waiver	Changes
<p>Home Health Aide services are an extension of the State Plan and are personal or direct care services provided to the individual, which are not payable under Medicaid as set forth in Iowa Administrative Code rule 441—78.9(249A). Home Health Aide services are defined in the same manner as provided in the approved State Plan. The provider qualifications specified in the State Plan apply. Skilled nursing care is not covered.</p> <p>Components of the waiver Home Health Aide service include:</p> <ol style="list-style-type: none"> <li>1) Observation and reporting of physical or emotional needs.</li> <li>2) Helping an individual with bath, shampoo, or oral hygiene.</li> <li>3) Helping an individual with toileting.</li> <li>4) Helping an individual in and out of bed and with ambulation.</li> <li>5) Helping an individual reestablish activities of daily living.</li> <li>6) Assisting with oral medications ordered by the physician which are ordinarily self-administered.</li> <li>7) Performing incidental household services which are essential to the individual health care at home and are necessary to prevent or postpone institutionalization in order to complete a full unit of service.</li> </ol> <p>Home health services are provided under the Medicaid State Plan services until the limitations have been reached. All State Plan services must be accessed and exhausted before they are provided through the waiver. Where there is a potential for overlap, services must first be exhausted under IDEA or the Rehabilitation Act of 1973.</p> <p>Overlapping of State Plan and waiver services is avoided by the use of a case manager who manages all services and the entry of the service plan into the IoWANS system.</p>		<p>Minor language changes were made to align the existing definitions for this service. Removed references to EPSDT.</p>
Home Maintenance Support	AA Waiver	Changes
<p>Home Maintenance Support services encompass assistance required to maintain the home as a clean, sanitary, and safe environment, provided when neither the individual nor any household individual is capable of performing these tasks, and no other relative, caregiver, or landlord is responsible for them. These services are particularly essential when the individual lives alone or when the usual caregiver needs support in performing these functions. These may involve tasks such as:</p> <ol style="list-style-type: none"> <li>1) Essential shopping: shopping for basic need items such as food, clothing or personal care items, or drugs.</li> <li>2) Limited housecleaning: maintenance cleaning such as vacuuming, dusting, scrubbing floors, defrosting refrigerators, cleaning stoves, cleaning medical equipment, washing, and mending clothes, washing personal items used by the client, and dishes.</li> <li>3) Meal preparation planning and preparing balanced meals.</li> <li>4) Window and door maintenance, such as hanging screen windows and doors, replacing windowpanes, and washing windows;</li> <li>5) Minor repairs to walls, floors, stairs, railings and handles;</li> <li>6) Heavy cleaning which includes cleaning attics or basements to remove fire hazards, moving heavy furniture, extensive wall washing, floor care or painting and trash removal;</li> <li>7) Mowing lawns and removing snow and ice from sidewalks and driveways.</li> </ol>		<p>Components of homemaker, chore, and senior companion services are all incorporated into this service definition. Components of the previous Senior Companion service that were related to companionship or socialization were removed; these components are now included in the “Companion” service.</p>

<p>The following are not covered services: 1) leaf raking, 2) bush and tree trimming, 3) trash burning, 4) stick removal and 5) tree removal.</p> <p>The individual’s plan of care will address how the individual's health care needs are being met. This service may not duplicate or be furnished/claimed at the same time of day as attendant care. Overlapping of services is avoided by the use of a case manager who manages all services and the enter into the loWANS system. The services under this waiver are limited to additional services not otherwise covered under the State Plan, but consistent with waiver objectives of avoiding institutionalization.</p>		
<b>Medical Day Care for Children</b>	<b>CY Waiver</b>	<b>Changes</b>
<p>Medical Day Care for Children provides supervision and support of children (aged 0-18) residing in their family home who, because of their complex medical or complex behavioral needs, require specialized exceptional care that cannot be served in traditional childcare settings. The need for the service must be medically necessary and verified in writing by the child’s healthcare professional and documented in the child’s service plan.</p> <p>Specialized exceptional care means that the child has complex medical or behavioral health needs that require intensive assistance for monitoring and intervention including, but not limited to:</p> <ul style="list-style-type: none"> <li>• Emotional or behavioral needs such as hyperactivity, chronic depression or withdrawal, bizarre or severely disturbed behavior, significant acting out behaviors, or the child otherwise demonstrates the need for intense supervision or care to ensure the safety of the child and those around them.</li> <li>• Medical needs, such as ostomy care or catheterization; tube feeding or supervision during feeding to prevent complications such as choking, aspiration or excess intake; monitoring of seizure activity, frequent care to prevent or remedy serious conditions such as pressure sores; suctioning; assistance in transferring and positioning throughout the day; assistance with multiple personal care needs including dressing, bathing, and toileting; complex medical treatment throughout the day.</li> <li>• A complex and unstable medical condition that requires constant and direct supervision.</li> <li>• Needs exceeding the range of activities that a legally responsible individual would ordinarily perform in the household on behalf of a person without a disability or chronic illness of the same age, and which are necessary to assure the health and welfare of the child and avoid institutionalization.</li> </ul>		No revisions
<b>Respite</b>	<b>Both Waivers</b>	<b>Changes</b>
<p>Respite care services are services provided to the individual that give temporary relief to the usual caregiver and provide all the necessary care that the usual caregiver would provide during that period. The purpose of Respite is to enable the individual to remain in their current living situation. Staff to individual ratios shall be appropriate to the individual’s needs as determined by the individual’s interdisciplinary team. The interdisciplinary team shall determine if the individual shall receive basic individual Respite, specialized Respite or group Respite. The state of Iowa allows respite services to be provided in variety of settings and by different provider types.</p> <p>All Respite services identified in Appendix J fall within the definition of basic, specialized or group Respite.</p> <ul style="list-style-type: none"> <li>• <b>Basic individual Respite</b> means Respite provided on a staff-to-individual ratio of one to one to individuals without specialized needs requiring the care of a licensed registered nurse or licensed practical nurse.</li> <li>• <b>Group Respite</b> is respite provided on a staff to individual ratio of less than one to one.</li> </ul>		Minor language changes were made to align the existing definitions for this service.

<ul style="list-style-type: none"> <li>• <b>Specialized Respite</b> means Respite provide on a staff to individual ratio of one to one to individuals with specialized medical needs requiring the care, monitoring or supervision of a licensed registered nurse or licensed practical nurse.</li> </ul> <p>For reporting purposes in Appendix J, the following provider types are listed as separate Respite service:</p> <ul style="list-style-type: none"> <li>• Home Health Agency (HHA) may provide basic, group, and specialized Respite</li> <li>• Residential Care Facility for persons with Intellectual Disabilities (RCF/ID) may provide basic, group or specialized Respite</li> <li>• Homecare and Non-Facility based providers may provide basic, group and specialized Respite</li> <li>• Hospital or Nursing Facility – skilled, may provide basic, group and specialized Respite</li> <li>• Organized Camping programs (residential weeklong camp, group summer day camp, teen camp, group specialized summer day camp) may provide basic, group and specialized Respite</li> <li>• Child Care Centers may provide basic, group and specialized Respite</li> <li>• Nursing Facility may provide basic, group or specialized Respite</li> <li>• Intermediate Care facilities for persons with Intellectual Disabilities (ICF/ID) may provide basic, group or specialized respite. The payment for Respite is connected to the staff to individual ratio.</li> </ul> <p>Federal Financial Participation is not claimed for the cost of room and board except when provided as part of Respite care furnished in a facility approved by the State that is not a private residence. The case manager is required to check to make sure that EPSDT is used whenever possible for children under the age of 21 before going to waiver services. Where there is a potential for overlap, services must first be exhausted under IDEA or the Rehabilitation Act of 1973.</p>		
<b>Supported Community Living</b>	<b>Both Waivers</b>	<b>Changes</b>
<p>Supported Community Living (SCL) services are provided by the provider within the member’s home and community, according to the individualized member need as identified in the service plan. Available components of SCL services are:</p> <ul style="list-style-type: none"> <li>• <b>Personal and home skills training services:</b> Activities which assist an individual to develop or maintain skills for self-care, self-directedness, and care of the immediate environment.</li> <li>• <b>Individual advocacy services:</b> The act or process of representing the individual’s rights and interests in order to realize the rights to which the individual is entitled and to remove barriers to meeting the individual’s needs.</li> <li>• <b>Community skills training services:</b> Activities which assist a person to develop or maintain skills allowing better participation in the community.</li> <li>• <b>Personal and environmental support services:</b> Activities and expenditures provided to or on behalf of a person in the areas of personal needs in order to allow the person to function in the least restrictive environment.</li> <li>• <b>Transportation:</b> Transportation services are used to conduct business errands and essential shopping, travel to and from work or day programs, and to assist the person to travel from one place to another to obtain services or carry out life’s activities. Note: Transportation, the waiver service, is not available to individuals on the ID waiver accessing daily-rate SCL services. The cost of transportation services is provided through the tiered rate fee schedule funding.</li> <li>• <b>Treatment services:</b> Activities designed to assist the person to maintain or improve physiological, emotional and behavioral functioning and to prevent conditions that would present barriers to a person’s functioning. Treatment services include physical or physiological treatment and psychotherapeutic treatment.             <ul style="list-style-type: none"> <li>○ Physiological treatment means activities including medication regimens designed to prevent, halt, control, relieve, or reverse symptoms or conditions which interfere with the normal functioning of the human body. The activities shall</li> </ul> </li> </ul>		<p>Added health, safety and wellness as an “area” of SCL. Minor language changes were made throughout to align the existing definitions for this service. Changes to organization were made to improve flow.</p>

<p>be provided by or under the supervision of a health care professional certified or licensed to provide the treatment activity specified.</p> <ul style="list-style-type: none"> <li>○ Psychotherapeutic treatment means activities provided to assist a person in the identification or modification of beliefs, emotions, attitudes, or behaviors in order to maintain or improve the person’s functioning in response to the physical, emotional, and social environment.</li> </ul> <p>SCL services shall focus on the following areas as they are applicable to individuals being served:</p> <ul style="list-style-type: none"> <li>• Personal management skills training services are activities which assist an individual to maintain or develop skills necessary to sustain oneself in the physical environment and are essential to the management of one’s personal business and property. This includes self-advocacy skills. Examples of personal management skills are the ability to maintain a household budget; plan and prepare nutritional meals; ability to use community resources such as public transportation, libraries, etc., and ability to select foods at the grocery store.</li> <li>• Health, safety and wellness training services are those activities which assist an individual to maintain or develop skills necessary to support their health (e.g., taking medications), safety (e.g., locking doors, identifying trusted contacts when assistance is needed) and wellness (e.g., engaging in exercise and other activities to support physical and mental wellbeing).</li> <li>• Socialization skills training services are those activities which assist an individual to develop or maintain skills which include self-awareness and self-control, social responsiveness, community participation, social amenities, and interpersonal skills.</li> <li>• Communication skills training services are activities which assist a person to develop or maintain skills including expressive and receptive skills in verbal and nonverbal language and the functional application of acquired reading and writing skills.</li> </ul> <p>Providers delivering SCL via the Telehealth service delivery option must demonstrate policies and procedures that include:</p> <ul style="list-style-type: none"> <li>• HIPAA compliant platforms;</li> <li>• Client support given when client needs include: accessibility, translation, or limited auditory or visual capacities are present;</li> <li>• Have a contingency plan for provision of services if technology fails;</li> <li>• Professionals do not practice outside of their respective scope; and</li> <li>• Assessment of clients and caregivers that identifies a client's ability to participate in and outlines any accommodations needed while using Telehealth.</li> </ul> <p>SCL is available through two alternate delivery models, Remote Support SCL Service Delivery Model and Host Home SCL Service Delivery Model.</p>	
<p><b><u>Remote Support SCL Service Delivery Model</u></b>  Remote Support is the provision of SCL by a trained remote support professional who is in a remote location and is engaged with an individual through enabling technology that utilizes live</p>	<p><b><u>Host Home SCL Service Delivery Model</u></b>  A Host Home is a community-based family home setting whose owner or renter provides home and community-based services (HCBS) Waiver SCL services to no more</p>



<p>two-way communication in addition to or in place of on-site staffing. Remote support is not a service. It is an available delivery option through the SCL service to meet an individual’s health, safety and other support needs as needed when it:</p> <ul style="list-style-type: none"> <li>• Is chosen and preferred as a service delivery method by the person or their guardian (if applicable)</li> <li>• Appropriately meets the individual’s assessed needs.</li> <li>• Is provided within the scope of the service being delivered, and</li> <li>• Is provided as specified in the individual’s support plan.</li> </ul> <p>Remote supports are delivered by awake, alert remote support professionals whose primary duties are to provide remote supports from the provider’s secure remote supports location. To ensure safety and Health Insurance Portability and Accountability Act (HIPAA) compliance, this location should have appropriate, stable, and redundant connections. This should include, but is not limited to, backup generators or backup battery, and multiple internet service connections.</p> <p>Remote supports may be used with either paid or unpaid backup support as specified in the individual’s service plan. Paid backup support is provided on a paid basis by a provider of SCL that is both the primary point of contact for the remote supports vendor and the entity to send paid staff person(s) on-site when needed. Unpaid backup support may be provided by a family individual, friend, or other person who the individual chooses. The person-centered service plan (PCSP) will reflect how the remote supports are being used to meet the goals for independent living and assessed needs, including health, safety and welfare needs.</p> <p>Remote Support Service Requirements</p> <ul style="list-style-type: none"> <li>• An assessment must be performed by the SCL remote support provider with input from the individual and their Interdisciplinary Team (IDT) assessing the individual’s ability to be supported safely through remote support. Through an assessment by the remote support provider with input from the individual and their IDT, the location of the devices or monitors will be determined to best meet the individual’s needs.</li> </ul>	<p>than (2) individuals who reside with the owner or renter in their primary residence and is approved for those services as an independent contractor of a community-based SCL service agency.</p> <p>Host Home is an available delivery option through the SCL service to meet an individual’s health, safety and other support needs as needed when it:</p> <ul style="list-style-type: none"> <li>• Is chosen and preferred as a service delivery method by the individual or their guardian (if applicable)</li> <li>• Appropriately meets the individual’s assessed needs.</li> <li>• Is provided within the scope of the service being delivered.</li> <li>• Is provided as specified in the individual’s support plan.</li> </ul> <p>Service Requirements Assessment. Through an assessment by the SCL or home-based habilitation HBH agency provider with input from the individual and their Interdisciplinary Team (IDT) the individual’s ability to be supported safely through the Host Home model is identified. Through an assessment by the SCL or HBH agency provider with input from the individual and their IDT, the desired location of the Host Home will be determined to best meet the individual’s needs. Through an assessment by the SCL or HBH agency provider of potential Host Home Hosts, potential matching Host Homes will be identified.</p> <p>Informed Consent</p> <ul style="list-style-type: none"> <li>• Informed consent for the delivery of SCL in the Host Home by the Host Home provider by the individual using the service, their guardian must be obtained.</li> <li>• Each individual, guardian and IDT must be made aware of both the benefits and risks of the Host Home service delivery model.</li> <li>• Informed consent documents must be acknowledged in writing, signed, and dated by the individual, guardian, case manager and</li> </ul>	
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<p><b>Informed Consent</b></p> <ul style="list-style-type: none"><li>• Informed consent for the delivery of Remote Support SCL by the individual using the service, their guardian and other individuals and their guardians residing in the home must be obtained and must clearly state the parameters in which the remote support service would be used.</li><li>• Each individual, guardian and IDT must be made aware of both the benefits and risks of the operating parameters and limitations.</li><li>• Informed consent documents must be acknowledged in writing, signed, and dated by the individual, guardian, case manager and provider agency representative, as appropriate. A copy of the consent shall be maintained by the case manager, the guardian (if applicable) and in the home file.</li><li>• If the individual desires to withdraw consent, they or their guardian must notify the case manager. As informed consent is a prerequisite for utilization of remote support services, a meeting of the IDT would be needed to discuss available options for any necessary alternate supports. All residing adult and youth individuals, their guardians and their support teams impacted by the decision to withdraw consent must be immediately informed of the decision and use of remote supports in the setting must be discontinued.</li><li>• Informed consent for remote supports must be reviewed annually as part of the person-centered planning process.</li></ul> <p><b>Privacy</b></p> <p>Remote Support Professionals must respect and always maintain the individual’s privacy, including when the person is in settings typically used by the public, and when scheduled or intermittent/as-needed support includes responding to an individual’s health, safety and other support needs for personal cares.</p> <p>Remote Support Professionals must only use cameras in bedrooms or bathrooms when the IDT has identified a specific support need in the person-centered service plan and the individual, and their legal representative if applicable, have given informed consent.</p>	<p>provider agency representative, as appropriate. A copy of the consent shall be maintained by the case manager, the guardian (if applicable) and in the provider agency file.</p> <ul style="list-style-type: none"><li>• If the individual desires to withdraw consent, sever the residential agreement, and/or transfer from the Host Home to a provider owned and controlled SCL or HBH setting, the individual, their guardian or the Host must notify the SCL or HBH provider agency and the individual’s case manager. A meeting of the IDT would be needed to discuss available options for any necessary alternative services and supports.</li></ul> <p><b>Privacy</b></p> <p>Host Home SCL and HBH service providers must respect and always maintain the individual’s privacy, including when the individual is in settings typically used by the public, and when scheduled or intermittent/as-needed support includes responding to an individual’s health, safety and other support needs for personal care.</p>	
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<p>The agency service provider responsible for responding to an individual’s health, safety, and other support needs through remote support must:</p> <ol style="list-style-type: none"> <li>1. Ensure the use of enabling technology complies with relevant requirements under the Health Insurance Portability and Accountability Act (HIPAA)</li> <li>2. Comply with the data privacy laws, restrictions and guidelines.</li> <li>3. Ensure that service documentation occurs during remote support delivery in accordance with the 441-79.3</li> </ol>		
<b>Transportation</b>	<b>Both Waivers</b>	<b>Changes</b>
<p>Transportation services may be provided for individuals to conduct business errands, essential shopping, travel to and from work or day programs, and to reduce social isolation. Whenever possible, natural supports, family, neighbors, friends, or community agencies that can provide this service without charge are utilized. This service does not include transportation to medical services. The case manager responsible for service plan development and authorization will identify the availability of alternative sources of transportation in the individual's comprehensive service plan. As part to the annual person-centered planning process, the individual’s interdisciplinary team identifies transportation needs of the individual and identifies paid or unpaid resources to meet the needs.</p>		<p>Minor language changes were made to align the existing definitions for this service.</p>

**HELP WITH HEALTH NEEDS**

<b>Positive Behavioral Support and Consultation</b>	<b>Both Waivers</b>	<b>Changes</b>
<p>Positive Behavioral Support and Consultation are services that consist of developing, implementing and monitoring a person-centered, individually designed, proactive plan to address challenging behaviors. A professional develops this plan to enhance an individual’s quality of life through the process of teaching or increasing positive behavior. When possible, the individual leads the process to develop a positive behavior support plan.</p> <p>Positive support services include:</p> <ul style="list-style-type: none"> <li>• Use of person-centered approaches that incorporate a comprehensive, functional behavior assessment of both positive and challenging behavior.</li> <li>• Development of a positive behavior support plan to teach an alternative, positive behavior that will result in an increase in the person’s quality of life and decrease of the challenging behavior.</li> <li>• Development of a positive behavior support plan, when required, to phase out the use of restrictive interventions approved for use on a temporary basis.</li> <li>• Implementation of the plan(s) developed under this service, including ongoing training, consultation, and supervision of paid staff, formal supports and informal supports.</li> </ul>		<p>Minor changes were made to align the definition with positive practices.</p>

<ul style="list-style-type: none"> <li>• Periodic reassessment and modification of the plan(s), but no less than quarterly.</li> </ul> <p>Types of appropriate positive behavioral supports include but are not limited to: clinical redirection, token economies, reinforcement, extinction, modeling, and over-learning.</p> <p>Token economies reinforce desired behavior with a tangible reinforcement of the individual’s preference. Clinical redirection includes verbal redirection or talking to the individual to redirect their attention away for the targeted behavior or physical redirection by leading or guiding the person to a different environment, reinforcement may be verbal praise, a tangible object or preferred activity of the individual. Extinction occurs when reinforcement of a previously reinforced behavior is discontinued. Modeling occurs when the individual learns from watching someone else perform the desired behavior. Over-learning occurs when the individual continues to practice newly acquired skills past the level of skill mastery.</p> <p>The behavioral Intervention plan goal must be identified in the individual’s comprehensive service plan or treatment plan.</p> <p>The behavioral programs developed must be developed using evidenced based practices and may not include any experimental approaches to behavioral support.</p> <p>Positive behavioral support may occur in the individual’s home or community.</p> <p>Providers delivering this service via the Telehealth service delivery option must demonstrate policies and procedures that include:</p> <ul style="list-style-type: none"> <li>• HIPAA compliant platforms;</li> <li>• Individual support given when individual needs include: accessibility, translation, or limited auditory or visual capacities;</li> <li>• A contingency plan for provision of services if technology fails;</li> <li>• Professionals do not practice outside of their respective scope; and</li> <li>• Assessment of individuals and caregivers that identifies an individual’s ability to participate in and outlines any accommodations needed while using Telehealth.</li> </ul>		
<b>Family and Community Support Service</b>	<b>CY Waiver</b>	<b>Changes</b>
<p>Family and Community (F&amp;C) Supports services build upon the therapies provided by mental health professionals, including In Home Family Therapy under this waiver. F&amp;C services are provided in the home with the family or in the community with the individual; practicing and implementing those coping strategies identified by mental health therapists. Whereas In Home Family Therapy is a skilled therapeutic service, F&amp;C is the practical application of the skills and interventions that will allow the family and individual to function more appropriately. An example of F&amp;C: the provider teaches the individual appropriate social behavior by taking the individual to a fast food restaurant. The individual practices not acting out, eating with manners, and thanking the food service workers. Another example: The mental health professional has indicated that the individual should experiment with a variety of physical activities that could be used to de-escalate anxiety. The F&amp;C provider takes the individual running, walking, or a driving range to find a good activity for the individual; and then works with the individual to initiate the activity when anxiety is triggered.</p>		<p>No revisions other than very minor wording revisions (i.e., changing “child” to “individual”)</p>

F&C services shall support the individual and the individual's family by the development and implementation of strategies and interventions that will result in the reduction of stress and depression and will increase the individual's and the family's social and emotional strength. The emphasis in service shall focus on the individual and the development of needed skills and improving behaviors that are impacting the family dynamics. Services may be provided in the family home, foster family home, or in the community.

F&C services shall be provided under the recommendation and direction of a mental health professional who is part of the individual's interdisciplinary team pursuant to 441-83.127(249A). Family and community support services shall incorporate recommended support interventions and activities, which may include the following:

- 1) Developing and maintaining a crisis support network for the individual and their family.
- 2) Modeling and coaching effective coping strategies for the individual's family members.
- 3) Building resilience to the stigma of serious emotional disturbance for the individual and their family.
- 4) Reducing the stigma of serious emotional disturbance by the development of relationships with peers and community individuals.
- 5) Modeling and coaching the strategies and interventions identified in the individual's crisis intervention plan as defined in 44124.1(225C) for life situations with the individual's family and in the community.
- 6) Developing medication management skills.
- 7) Developing personal hygiene and grooming skills that contribute to the individual's positive self-image.
- 8) Developing positive socialization and citizenship skills.

Therapeutic resources may include books, training materials, and visual or audio media. The therapeutic resources shall be identified as a need of the individual in the individual's authorized service plan and shall be used as part of the implementation and delivery of the family and community support service.

- 1) The interdisciplinary team must identify the transportation or therapeutic resource as a support need.
- 2) The annual amount available for transportation and therapeutic resources must be listed in the individual's service plan.
- 3) The individual's parent or legal guardian shall submit a signed statement that the transportation or therapeutic resource cannot be provided by the individual or the individual's family or legal guardian.
- 4) The individual's IHH Care Coordinator shall maintain a signed statement that potential community resources are unavailable and shall list the community resources contacted to fund the transportation or therapeutic resource.
- 5) The transportation or therapeutic resource must not be otherwise eligible for Medicaid reimbursement.

The following components are specifically excluded from family and community support services:

- 1) Vocational services.
- 2) Prevocational services.
- 3) Supported Employment services.
- 4) Room and board.
- 5) Academic services.
- 6) General supervision and consumer care.

These services are limited to additional services not otherwise covered under the State Plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.		
<b>Interim Medical Monitoring and Treatment</b>	<b>Both Waivers</b>	<b>Changes</b>
<p>Interim medical monitoring and treatment services (IMMT) are monitoring and treatment of a medical nature requiring specially trained caregivers beyond what is normally available in a day care setting. IMMT are for those whose complex medical needs require supervision and monitoring, when alternative care is unavailable, inadequate, or insufficient. IMMT services are not intended to provide day care but to supplement available resources.</p> <p>The services must be needed:</p> <ol style="list-style-type: none"> <li>1) To allow the individual’s usual caregivers to be employed,</li> <li>2) During a search for employment by a usual caregiver,</li> <li>3) To allow for academic or vocational training of a usual caregiver,</li> <li>4) Due to the hospitalization of a usual caregiver for treatment for physical or mental illness, or</li> <li>5) Due to the death of a usual caregiver.</li> </ol> <p>Interim medical monitoring and treatment services shall:</p> <ol style="list-style-type: none"> <li>1) Provide experiences for each individual's social, emotional, intellectual, and physical development;</li> <li>2) Include comprehensive developmental care and any special services for an individual with special needs; and</li> <li>3) Include medical assessment, medical monitoring, and medical intervention as needed on a regular or emergency basis.</li> <li>4) Be in need as ordered by a physician.</li> <li>5) Be monitored to assure it is not used as childcare.</li> </ol> <p>Interim medical monitoring and treatment services may include supervision to and from school, but not the cost of the transportation.</p> <p>IMMT may not duplicate any regular Medicaid or waiver services provided under the State Plan. The case manager is required to check to make sure that EPSDT is used whenever possible for children under the age of 21 before waiver services are used. Where there is a potential for overlap, services must first be exhausted under IDEA or the Rehabilitation Act of 1973.</p>		Minor language changes were made to align the existing definitions for this service.
<b>In-Home Family Therapy</b>	<b>CY Waiver</b>	<b>Changes</b>
<p>In-Home Family Therapy provides skilled therapeutic services to the individual and family that will increase their ability to cope with the effects of serious emotional disturbance on the family unit and the familial relationships. The service must support the family by the development of coping strategies that will enable the individual to continue living within the family environment. The goal of in-home family therapy is to maintain a cohesive family unit.</p>		One extraneous description of F&C was removed to simplify the definition.

<p>In-Home Family Therapy uses clinically trained therapists to develop the coping strategies. The in-home family therapy service is different from the family and community supports service in that the family and community supports implements and teaches the skills to the individual and the family, while in-home therapy does not. The in-home family service must be provided within the family home.</p> <p>Contrasting Family and Community Supports (F&amp;C) services and In Home Family Therapy: Services provided through F&amp;C services build upon the therapies provided by mental health professionals, including In Home Family Therapy under this waiver. F&amp;C services are done in the home with the family or in the community with the child; practicing and implementing those coping strategies identified by mental health therapists. Whereas In Home Family Therapy is a skilled therapeutic service, F&amp;C is the practical application of the skills and interventions that will allow the family and child to function more appropriately. For example: The In-Home Family Therapy mental health professional has indicated that the child should experiment with a variety of physical activities that could be used to de-escalate anxiety. The F&amp;C provider takes the child running, walking, or a driving range to find a good activity for the child; and then works with the child to initiate the activity when anxiety is triggered.</p> <p>These services limited to additional services not otherwise covered under the State Plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.</p>		
<p><b>Family Training</b></p>	<p><b>AA Waiver</b></p>	<p><b>Changes</b></p>
<p>Family Training services are face-to-face mental health services provided to the individual and the family with whom the individual lives (or who routinely provides care to the individual) to increase the individual’s or family members’ capabilities to maintain and care for the individual in the community.</p> <p>“Family” may include spouse, children, friends, or in-laws of the individual. It does not include people who are employed to care for the individual. Counseling may include the use of treatment regimens as specified in the individual treatment plan. Periodic training updates may be necessary to safely maintain the individual in the community.</p> <p>Family Training may include helping the individual or family with:</p> <ul style="list-style-type: none"> <li>• Crisis</li> <li>• Coping strategies</li> <li>• Stress reduction</li> <li>• Management of depression</li> <li>• Alleviation of psychosocial isolation</li> <li>▪ Support in coping with the effects of a disability</li> </ul> <p>Family Training may not duplicate any regular Medicaid or waiver services provided under the State Plan. Where there is a potential for overlap, services must first be exhausted under IDEA or the Rehabilitation Act of 1973.</p>	<p>Removed references to EPSDT</p>	
<p><b>Nursing Care Services</b></p>	<p><b>AA Waiver</b></p>	<p><b>Changes</b></p>

<p>Nursing care services are an extension of the State Plan and are included in the plan of treatment approved by the physician and which are provided by licensed nurse to individuals in the home and community. The services shall be reasonable and necessary to the treatment of the illness or injury and include all nursing tasks recognized by the Iowa board of nursing. Nursing services under the Medicaid State Plan must be exhausted before nursing services are accessed under the waiver.</p> <p>Nursing Care Services under the State Plan or waiver differ only in the duration of the services available under Medicaid State Plan. Nursing Care Services under the waiver do not need to show an attempt to have a predictable end. The provider qualifications specified in the State Plan apply. Overlapping of services is avoided by the use of a case manager who manages all services and the entry into the IoWANS system. This service is only provided to individuals age 21 and over. Where there is a potential for overlap, services must first be exhausted under IDEA or the Rehabilitation Act of 1973.</p>	<p>Removed references to EPSDT</p>	
<p><b>Nutritional Counseling</b></p>	<p><b>AA Waiver</b></p>	<p><b>Changes</b></p>
<p>Nutritional Counseling services may be provided for a nutritional problem or condition of such a degree of severity that Nutritional Counseling beyond that normally expected as part of the standard medical management is warranted. Standard medical management practices can diagnose the need for Nutritional Counseling but may not be equipped by either staff or training to provide the long term, high intensity service provided by a nutritional counselor. Nutritional counseling can be medically necessary for chronic disease management as well as when an individual is experiencing problematic weight gain or loss. Individuals experiencing eating disorders or chemical dependencies, taking certain prescription drugs (i.e., treating depression or anxiety), and with dietary restrictions may benefit from the additional education and experience provided by a nutritional counselor.</p>	<p>No revisions</p>	

**EQUIPMENT AND MODIFICATIONS**

<p><b>Assistive Devices</b></p>	<p><b>Both Waivers</b></p>	<p><b>Changes</b></p>
<p>Assistive Devices are practical equipment products that assist individuals with activities of daily living and instrumental activities of daily living and allow the individual more independence. Assistive devices are not medical in nature.</p> <p>Assistive Devices include, but are not limited to:</p> <ol style="list-style-type: none"> <li>1) Long reach brushes,</li> <li>2) Extra-long shoehorns,</li> <li>3) Non-slip grippers to pick up and reach items,</li> <li>4) Dressing aids,</li> <li>5) Shampoo rinse trays and inflatable shampoo trays,</li> <li>6) Double handed cups, and</li> <li>7) Sipper lids.</li> </ol>		<p>No revisions</p>
<p><b>Enabling Technology for Remote Support</b></p>	<p><b>Both Waivers</b></p>	<p><b>Changes</b></p>
<p>“Enabling Technology” means the technology that makes the on demand remote supervision and support possible and includes a device, product system, or engineered solution whether acquired commercially, modified, or customized that addresses an individual’s needs and outcomes identified in their individual service plan. The service is for the direct benefit of</p>		<p>No revisions</p>



<p>the individual in maintaining or improving independence and functional capabilities. Remote support and monitoring will assist the individual to fully integrate into the community, participate in community activities, and avoid isolation.</p> <p>Enabling Technology may cover evaluation of the need for enabling technology and, if appropriate, subsequent selection of a device needed to improve a participant’s ability to perform activities of daily living, control or access their environment or communicate. This service also includes equipment rental during a trial period, customization, and rental of equipment during periods of repair.</p> <p>Enabling technology (assessments only) remote support, is the following: Remote support is not a service. It is an available delivery option through the Supported Community Living service to meet an individual’s health, safety and other support needs as needed when it:</p> <ul style="list-style-type: none"> <li>• Is chosen and preferred as a service delivery method by the person or their guardian (if applicable)</li> <li>• Appropriately meets the individual’s assessed needs.</li> <li>• Is provided within the scope of the service being delivered.</li> <li>• Is provided as specified in the individual’s support plan.</li> </ul> <p>Remote supports must be delivered by awake; alert remote support professionals whose primary duties are to provide remote supports from the provider’s secure remote supports location. To ensure safety and Health Insurance Portability and Accountability Act (HIPAA) compliance, this location should have appropriate, stable, and redundant connections. This should include, but is not limited to, backup generators or back battery, multiple internet service connections.</p> <p>These services are limited to additional services not otherwise covered under the State Plan but consistent with waiver objectives of avoiding institutionalization.</p>		
<b>Home and Vehicle Modifications</b>	<b>Both Waivers</b>	<b>Changes</b>
<p>Covered Home and Vehicle Modifications are physical modifications to the individual’s home or vehicle that directly address the individual’s medical or remedial need. Covered modifications must be necessary to provide for the health, welfare, or safety of the individual and enable the individual to function with greater independence in the home or vehicle.</p> <p>Modifications that are necessary or desirable without regard to the individual’s medical or remedial need and that would be expected to increase the fair market value of the home or vehicle, such as furnaces, fencing, or adding square footage to the residence, are excluded except as specifically included below. Home and vehicle modifications are not furnished to adapt living arrangements that are owned or leased by providers of waiver services, including assisted living facilities. Home and vehicle repairs are also excluded. The purchase or lease of a motorized vehicle and regularly scheduled upkeep and maintenance of a vehicle are not allowable.</p> <p>Only the following Modifications are covered:</p> <ol style="list-style-type: none"> <li>1) Special adaptations to kitchen counters, sink space, cabinets, refrigerators, stoves, and ovens.</li> </ol>		<p>Minor language changes were made to align the existing definitions for this service. “Bath chairs” were removed as a covered item to instead be covered under the “specialized medical equipment” service.</p>

<ol style="list-style-type: none"> <li>2) Bathtubs and toilets to accommodate transfer, special handles and hoses for shower heads, water faucet controls, and accessible showers and sink areas.</li> <li>3) Grab bars and handrails.</li> <li>4) Turnaround space adaptations.</li> <li>5) Ramps, lifts, and door, hall and window widening.</li> <li>6) Fire safety alarm equipment specific for disability.</li> <li>7) Voice-activated, sound-activated, light-activated, motion-activated, and electronic devices directly related to the individual’s disability.</li> <li>8) Vehicle lifts, driver-specific adaptations, remote-start systems, including such modifications already installed in a vehicle.</li> <li>9) Keyless entry systems.</li> <li>10) Automatic opening device for home or vehicle door.</li> <li>11) Special door and window locks.</li> <li>12) Specialized doorknobs and handles.</li> <li>13) Plexiglas replacement for glass windows.</li> <li>14) Modification of existing stairs to widen, lower, raise or enclose open stairs.</li> <li>15) Motion detectors.</li> <li>16) Low-pile carpeting or slip-resistant flooring.</li> <li>17) Telecommunications device for the deaf.</li> <li>18) Exterior hard-surface pathways.</li> <li>19) New door opening.</li> <li>20) Pocket doors.</li> <li>21) Installation or relocation of controls, outlets, switches.</li> <li>22) Air conditioning and air filtering if medically necessary.</li> <li>23) Heightening of existing garage door opening to accommodate modified van.</li> </ol> <p>All modifications and adaptations shall be provided in accordance with applicable federal, state, and local building and vehicle codes. Services shall be performed following prior department approval of the modification as specified in 441-subrule 79.1(17) and a binding contract between the provider and the individual. All contracts for home or vehicle modification shall be awarded through competitive bidding.</p>		
<p><b>Personal Emergency Response System</b></p>	<p><b>Both Waivers</b></p>	<p><b>Changes</b></p>
<p>A Personal Emergency Response System is an electronic device that transmits a signal to a central monitoring station to summon assistance in the event of an emergency. The necessary components of a system are:</p> <ol style="list-style-type: none"> <li>1) An in-home medical communications transceiver.</li> <li>2) A remote, portable activator.</li> <li>3) A central monitoring station with backup systems staffed by trained attendants at all times.</li> <li>4) Current data files at the central monitoring station containing response protocols and personal, medical, and emergency information for each individual.</li> </ol>		<p>Minor language changes were made to align the existing definitions for this service.</p>

<p>A portable locator system is an electronic device that transmits a signal to a monitoring device. The portable locator system allows an individual to access assistance in the event of an emergency and allows law enforcement or the monitoring system provider to locate an individual who is unable to request help or to activate a system independently. The individual must be unable to access assistance in an emergency situation due to the individual's age or disability.</p> <p>The required components of the portable locator system are:</p> <ol style="list-style-type: none"> <li>1) A portable communications transceiver or transmitter to be worn or carried by the individual.</li> <li>2) Monitoring by the provider at a central location with response protocols and personal, medical, and emergency information for each individual as applicable.</li> </ol> <p>Provider staff are responsible for training individuals regarding the use of the system. The cost of this service is included in the charges for installation or monthly fee, depending upon how the provider structures their fee schedule. If necessary, case managers would also assist individuals in understanding how to utilize the system.</p>		
<b>Specialized Medical Equipment</b>	<b>AA Waiver</b>	<b>Changes</b>
<p>Specialized Medical Equipment includes medically necessary items for personal use by the individual which provide for the health and safety of the individual, are not ordinarily covered by Medicaid, are not funded by educational or vocational rehabilitation programs and are not provided on a voluntary means.</p> <p>Items reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the State Plan and consistent with waiver objectives of avoiding institutionalization, excluding those items that are not of direct medical or remedial benefit to the individual or are duplicative of services contained in the State Plan. All items shall meet applicable standards of manufacture design and installation. This includes but is not limited to:</p> <ol style="list-style-type: none"> <li>1) Electronic aids and organizers,</li> <li>2) Electronic medication dispensing devices,</li> <li>3) Communication devices,</li> <li>4) Bath aids,</li> <li>5) Noncovered environmental control units, and</li> <li>6) Bath chairs.</li> </ol> <p>This includes repair and maintenance of items purchased through the waiver in addition to initial purchase cost.</p> <p>The services under the Waiver are limited to additional services not otherwise covered under the State Plan but consistent with waiver objectives of avoiding institutionalization.</p>		<p>Minor language changes were made to align the existing definitions for this service.</p>

**DAY SERVICES**

<b>Adult Day Care</b>	<b>AA Waiver</b>	<b>Changes</b>
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<p>Adult Day Care services provide an organized program of supportive care in a group or individual environment to individuals who need a degree of supervision and assistance on regular or intermittent basis in a day care center or in the home due to the absence of the primary caregiver. Supports provided during day care are protective oversight, supervision, and support with activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Included are personal care (i.e.: ambulation, toileting, feeding, medications), behavioral support, or intermittent health-related cares, not otherwise paid under other waiver or State Plan programs.</p> <p>Adult day care does not cover therapies: occupational therapy, physical therapy, or speech therapy.</p>	<p>No changes. Matches the 2023 amendments.</p>	
Day Habilitation	Both Waivers	Changes
<p>Day Habilitation services are designed to assist individuals in acquiring, retaining and improving the self-help, socialization, community participation, daily living and adaptive skills necessary to reside successfully in home and community-based settings. Day Habilitation services provide opportunities and support for community inclusion and build interest in and develop skills for active participation in recreation, volunteerism and integrated community employment.</p> <p>Components of this service include the following:</p> <ul style="list-style-type: none"> <li>• Scope. Day Habilitation activities and environments are designed to foster the acquisition of skills, positive social behavior, greater independence, and personal choice. Services focus on supporting the individual to participate in the community, develop social roles and relationships, and increase independence and the potential for employment. Services are designed to assist the individual to attain the individual’s individual goals as identified in the individual’s comprehensive service plan. Services may also provide wraparound support secondary to community employment. Day habilitation activities may include:             <ol style="list-style-type: none"> <li>1) Identifying the individual’s interests, preferences, skills, strengths and contributions,</li> <li>2) Identifying the conditions and supports necessary for full community inclusion and the potential for competitive integrated employment,</li> <li>3) Planning and coordination of the individual’s individualized daily and weekly day habilitation schedule,</li> <li>4) Developing skills and competencies necessary to pursue competitive integrated employment,</li> <li>5) Participating in community activities related to hobbies, leisure, personal health, and wellness,</li> <li>6) Participating in community activities related to cultural, civic, and religious interests,</li> <li>7) Participating in adult learning opportunities,</li> <li>8) Participating in volunteer opportunities,</li> <li>9) Training and education in self-advocacy and self-determination to support the individual’s ability to make informed choices about where to live, work, and recreate,</li> <li>10) Assistance with behavior management and self-regulation,</li> <li>11) Use of transportation and other community resources,</li> <li>12) Assistance with developing and maintaining natural relationships in the community,</li> <li>13) Assistance with identifying and using natural supports,</li> <li>14) Assistance with accessing financial literacy and benefits education,</li> <li>15) Other day habilitation activities deemed necessary to assist the individual with full participation in the community.</li> </ol> </li> </ul>	<p>Minor changes made to the language contained in the 2023 amendments for clarity.</p>	

<ul style="list-style-type: none"> <li>• Family training option. Day Habilitation services may include training families in treatment and support methodologies or in the care and use of equipment. Family training may be provided in the individual’s home. The unit of service is 15 minutes.</li> <li>• Expected outcome of service. The expected outcome of day habilitation services is active participation in the community in which the individual lives, works, and recreates. Individuals are expected to have opportunities to interact with individuals without disabilities in the community, other than those providing direct services, to the same extent as individuals without disabilities.</li> <li>• Setting. Day Habilitation shall take place in community-based, nonresidential settings separate from the individual’s residence. Family training may be provided in the individual’s home.</li> <li>• Concurrent services. An individual’s comprehensive service plan may include two or more types of nonresidential habilitation services (e.g., Day Habilitation, individual Supported Employment, long-term job coaching, small-group Supported Employment, and Prevocational Services). However, more than one service may not be billed during the same period of time (e.g., the same hour).</li> <li>• Transportation. When transportation is provided to the Day Habilitation service location from the individual’s home and from the day habilitation service location to the individual’s home, the Day Habilitation provider may bill for the time spent transporting the individual. A unit of service may be a 15- minute unit or a full day (4.25 to 8 hours). For the family training option, a unit of service is a 15-minute unit.</li> <li>• Exclusions. Day Habilitation payment shall not be made for the following:             <ol style="list-style-type: none"> <li>1) Vocational or Prevocational Services. Services that are available to the individual under a program funded under Section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.). Documentation that funding is not available to the individual for the service under these programs shall be maintained in the service plan of each individual receiving Day Habilitation services.</li> <li>2) Compensation to individuals for participating in Day Habilitation services.</li> <li>3) Support for individuals volunteering in for-profit organizations and businesses.</li> <li>4) Support for individuals volunteering to benefit the Day Habilitation service provider</li> </ol> </li> </ul>		
<p><b>Prevocational Services</b></p>	<p><b>Both Waivers</b></p>	<p><b>Changes</b></p>
<p>Prevocational Services are services that provide career exploration, learning and work experiences, including volunteer opportunities, where the individual can develop non-job-task-specific strengths and skills that lead to paid employment in individual community settings.</p> <p><b>Scope.</b> Prevocational Services are provided to persons who are expected to be able to join the general workforce with the assistance of Supported Employment. Prevocational Services are intended to develop and teach general employability skills relevant to successful participation in individual employment. These skills include but are not limited to the ability to communicate effectively with supervisors, coworkers and customers; an understanding of generally accepted community workplace conduct and dress; the ability to follow directions; the ability to attend to tasks; workplace problem-solving skills and strategies; general workplace safety and mobility training; the ability to navigate local transportation options; financial literacy skills; and skills related to obtaining employment.</p>	<p>Minor changes made to the language contained in the 2023 amendments.</p>	

<p>Prevocational Services include career exploration activities to facilitate successful transition to individual employment in the community. Participation in Prevocational Services is not a prerequisite for individual or small group Supported Employment services.</p> <p>Career exploration. Career exploration activities are designed to develop an individual career plan and facilitate the individual’s experientially based informed choice regarding the goal of individual employment. Career exploration is completed in the individual’s local community or nearby communities and may include but is not limited to the following activities:</p> <ol style="list-style-type: none"> <li>1) Meeting with the individual, and their family, guardian or legal representative to introduce them to Supported Employment and explore the individual’s employment goals and experiences</li> <li>2) business tours,</li> <li>3) informational interviews,</li> <li>4) job shadows,</li> <li>5) benefits education and financial literacy,</li> <li>6) assistive technology assessment, and</li> <li>7) other job exploration events.</li> </ol> <p>Expected outcome of service.</p> <ol style="list-style-type: none"> <li>1) The expected outcome of Prevocational Services is individual employment in the general workforce, or self-employment, in a setting typically found in the community, where the individual interacts with individuals without disabilities, other than those providing services to the individual or other individuals with disabilities, to the same extent that individuals without disabilities in comparable positions interact with other persons; and for which the individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.</li> <li>2) The expected outcome of the career exploration activity is a written career plan that will guide employment services which lead to community employment or self-employment for the individual.</li> </ol> <p>Setting. Prevocational services shall take place in community-based nonresidential settings.</p> <p>Concurrent services. An individual’s individual service plan may include two or more types of nonresidential habilitation services (e.g., individual Supported Employment, long-term job coaching, small-group Supported Employment, Prevocational Services, and Day Habilitation); however, more than one service may not be billed during the same period of time (e.g., the same hour).</p> <p>Transportation provided as a component of Prevocational Services and the cost of transportation is included in the rate paid to providers of Prevocational Services.</p>		
<p><b>Supported Employment</b></p>	<p><b>Both Waivers</b></p>	<p><b>Changes</b></p>

<p>Individual Supported Employment services are provided to, or on behalf of, the individual to enable the individual to obtain and maintain an individual job in competitive employment, customized employment, or self-employment in an integrated work setting in the general workforce.</p> <p>Expected outcome of service. The expected outcome of this service is sustained employment, or self-employment, paid at or above the minimum wage or the customary wage and level of benefits paid by an employer, in an integrated setting in the general workforce, in a job that meets personal and career goals. Successful transition to long-term job coaching, if needed, is also an expected outcome of this service. An expected outcome of supported self-employment is that the individual earns income that is equal to or exceeds the average income for the chosen business within a reasonable period of time.</p> <p>Setting. Individual Supported Employment services shall take place in integrated work settings. For self-employment, the individual’s home can be considered an integrated work setting. Employment in the service provider’s organization (not including a sheltered workshop or similar type of work setting where individuals are paid for the production of goods or services) can be considered employment in an integrated work setting in the general workforce if the employment occurs in a work setting where interactions are predominantly with coworkers or business associates who do not have disabilities or with the general public. Individual employment strategies include but are not limited to: customized employment, individual placement and support, and supported self-employment.</p> <p>Service activities are individualized and may include any combination of the following:</p> <ol style="list-style-type: none"><li>1) Benefits education</li><li>2) Career exploration (e.g., tours, informational interviews, job shadows).</li><li>3) Employment assessment.</li><li>4) Assistive technology assessment.</li><li>5) Trial work experience.</li><li>6) Person-centered employment planning.</li><li>7) Development of visual/traditional résumés.</li><li>8) Job-seeking skills training and support.</li><li>9) Outreach to prospective employers on behalf of the individual (e.g., job development; negotiation with prospective employers to customize, create or carve out a position for the individual; employer needs analysis).</li><li>10) Job analysis (e.g., work site assessment or job accommodations evaluation).</li><li>11) Identifying and arranging transportation.</li><li>12) Career advancement services (e.g., assisting an individual in making an upward career move or seeking promotion from an existing employer).</li><li>13) Re-employment services (if necessary due to job loss).</li><li>14) Financial literacy and asset development.</li><li>15) Other employment support services deemed necessary to enable the individual to obtain employment.</li><li>16) Systematic instruction and support during initial on-the-job training including initial on the job training to stabilization.</li><li>17) Engagement of natural supports during initial period of employment.</li><li>18) Implementation of assistive technology solutions during initial period of employment.</li></ol>	<p>No changes. Matches the 2023 amendments.</p>
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19) Transportation of the individual during service hours.

Self-employment. Individual employment may also include support to establish a viable self-employment opportunity, including home- based self-employment. An expected outcome of supported self-employment is that the individual earns income that is equal to or exceeds the average income for the chosen business within a reasonable period of time. In addition to the activities listed assistance to establish self-employment may include:

- 1) Aid to the individual in identifying potential business opportunities.
- 2) Assistance in the development of a business plan, including identifying potential sources of business financing and other assistance in developing and launching a business.
- 3) Identification of the long-term supports necessary for the individual to operate the business. Long-term job coaching. Long-term job coaching is support provided to, or on behalf of, the individual that enables the individual to maintain an individual job in competitive employment, customized employment or self-employment in an integrated work setting in the general workforce.

Scope. Long-term job coaching services are provided to or on behalf of individuals who need support because of their disabilities and who are unlikely to maintain and advance in individual employment absent the provision of supports. Long-term job coaching services shall provide individualized and ongoing support contacts at intervals necessary to promote successful job retention and advancement.

Expected outcome of service. The expected outcome of this service is sustained employment paid at or above the minimum wage in an integrated setting in the general workforce, in a job that meets the individual’s personal and career goals. An expected outcome of supported self-employment is that the individual earns income that is equal to or exceeds the average income for the chosen business within a reasonable period of time. Setting. Long-term job coaching services shall take place in integrated work settings.

For self-employment, the individual’s home can be considered an integrated work setting. Employment in service provider’s organization (not including a sheltered workshop or similar type of work setting) can be considered employment in an integrated work setting in the general workforce if the employment occurs in a work setting where interactions are predominantly with coworkers or business associates who do not have disabilities, or with the general public, and if the position would exist within the provider’s organization were the provider not being paid to provide the job coaching to the individual.

Service activities. Long-term job coaching services are designed to assist the individual with learning and retaining individual employment, resulting in workplace integration, and which allows for the reduction of long-term job coaching over time. Services are individualized and service plan are adjusted as support needs change and may include any combination of the following activities with or on behalf of the individual:

- 1) Job analysis.
- 2) Job training and systematic instruction.
- 3) Training and support for use of assistive technology/adaptive aids.
- 4) Engagement of natural supports.



- 5) Transportation coordination.
- 6) Job retention training and support.
- 7) Benefits education and ongoing support.
- 8) Supports for career advancement.
- 9) Financial literacy and asset development.
- 10) Employer consultation and support.
- 11) Negotiation with employer on behalf of the individual (e.g., accommodations; employment conditions; access to natural supports; and wage and benefits).
- 12) Other workplace support services may include services not specifically related to job skill training that enable the waiver individual to be successful in integrating into the job setting.
- 13) Transportation of the individual during service hours.
- 14) Career exploration services leading to increased hours or career advancement. Self-employment long-term job coaching. Self-employment long-term job coaching may include support to maintain a self-employment opportunity, including home-based self-employment.

In addition to the activities listed under subparagraph 78.27(10)“b”(4), assistance to maintain self-employment may include:

- 1) Ongoing identification of the supports necessary for the individual to operate the business;
- 2) Ongoing assistance, counseling and guidance to maintain and grow the business; and
- 3) Ongoing benefits education and support.

The hours of support tier assignment for long-term job coaching is based on the identified needs of the individual as documented in the individual’s comprehensive service plan and adjusted when higher support needs are determined.

Small-group Supported Employment. Small-group Supported Employment services are training and support activities provided in regular business or industry settings for groups of two to eight workers with disabilities. The outcome of this service is sustained paid employment experience, skill development, career exploration and planning leading to referral for services to obtain individual integrated employment or self-employment for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

Small-group Supported Employment services must be provided in a manner that promotes integration into the workplace and interaction between individuals and people without disabilities (e.g., customers, coworkers, natural supports) in those workplaces. Examples include but are not limited to mobile crews and other business-based workgroups employing small groups of workers with disabilities in employment in integrated business settings; and small-group activities focused on career exploration, or development of strengths and skills that contribute to successful participation in individual community employment.

Expected outcome of service. Small-group Supported Employment services are expected to enable the individual to make reasonable and continued progress toward individual employment. Participation in small-group Supported Employment

<p>services is not a prerequisite for individual Supported Employment services. The expected outcome of the service is sustained paid employment and skill development which leads to individual employment in the community.</p> <p>Setting. Small-group Supported Employment services shall take place in integrated, community-based nonresidential settings separate from the individual’s residence. Service activities. Small-group Supported Employment services may include any combination of the following activities:</p> <ol style="list-style-type: none"> <li>1) Employment assessment.</li> <li>2) Person-centered employment planning.</li> <li>3) Job placement (limited to service necessary to facilitate hire into individual employment paid at minimum wage or higher for a individual in small-group Supported Employment who receives an otherwise unsolicited offer of a job from a business where the individual has been working in a mobile crew or enclave).</li> <li>4) Job analysis.</li> <li>5) On-the-job training and systematic instruction.</li> <li>6) Job coaching.</li> <li>7) Transportation planning and training.</li> <li>8) Benefits education.</li> <li>9) Career exploration services leading to career advancement outcomes.</li> <li>10) Other workplace support services may include services not specifically related to job skill training that enable the waiver individual to be successful in integrating into the individual or community setting.</li> <li>11) Transportation of the individual during service hours.</li> </ol>	
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**RESIDENTIAL SERVICES AND SUPPORTS**

Assisted Living	AA Waiver	Changes
<p>The Assisted Living service includes unanticipated and unscheduled personal care and supportive services that are furnished to individuals who reside in a homelike, non-institutional setting. The service includes the 24-hour on-site response capability to meet unpredictable individual needs as well as the individual’s safety and security through incidental supervision.</p> <p>Examples of unanticipated and unscheduled individual needs include, but are not limited to:</p> <ol style="list-style-type: none"> <li>1) Infrequent escort assistance,</li> <li>2) Infrequent cutting of food,</li> <li>3) Unexpected assistance with dressing or footwear,</li> <li>4) Assistance with window closure during a storm,</li> <li>5) Opening and closing window blinds,</li> <li>6) Assistance with finding misplaced items,</li> <li>7) Assistance with thermostat due to unexpected weather changes,</li> <li>8) Cleanup of accidental messes, and</li> <li>9) Retrieval of items from an individual's residence (sweater, blanket, etc.) due to unanticipated needs.</li> </ol>		<p>Minor changes to the 2023 amendment.</p>

<p>Personal care and supportive services provided are reimbursable as Assisted Living services when those services are determined non-duplicative of any other personal care and supportive services that have been authorized as medically necessary and implemented into the individual’s service plan by the individual’s case manager.</p> <p>The Assisted Living service per diem rate is only payable when the provider has had at least one face-to-face contact with the individual for that day. The provider will document the contact, including the individual’s response to the contact.</p> <p>The Assisted Living service is not reimbursable if performed at the same time as any service included in Consumer Choices Option (CCO) or attendant care. The case manager will ensure that scheduled, anticipated, and routine needs (regular bathing, grooming, dressing, housecleaning, meal preparation/delivery, transportation, etc.) shall be provided by arranged personal care and supportive services (home maintenance support, meals, transportation) as outlined in the individual’s service plan.</p> <p>The Assisted Living service shall not include scheduled or routine needs that should otherwise be provided by a personal care provider, supportive service provider or through a resident's private pay agreement. Nursing and skilled therapy services are incidental rather than integral to the provision of Assisted Living services. Payment will not be made for 24-hour skilled care.</p> <p>Federal financial participation is not available for room and board, items of comfort or convenience, or the costs of facility maintenance, upkeep and improvement. The methodology by which the costs of room and board are excluded from payments for assisted living services is described in Appendix I-5.</p> <p>The case manager is responsible for ensuring that authorized Assisted Living services do not overlap other authorized waiver services.</p>		
<b>Residential-Based Supported Community Living</b>	<b>CY Waiver</b>	<b>Changes</b>
<p>Residential-Based Supported Community Living services are medical or remedial services provided to children under the age of 18 while living outside their home in a residential-based living environment furnished by the Residential-Based Supported Community Living service provider. The services eliminate barriers to family reunification and help individuals develop self-help skills for maximum independence.</p> <p>Allowable service components are the following:</p> <ol style="list-style-type: none"> <li>1) Daily living skills development. These are services to develop the child’s ability to function independently in the community on a daily basis, including training in food preparation, maintenance of living environment, time and money management, personal hygiene, and self-care.</li> <li>2) Social skills development. These are services to develop a child’s communication and socialization skills, including interventions to develop a child’s ability to solve problems, resolve conflicts, develop appropriate relationships with others, and develop techniques for controlling behavior.</li> <li>3) Family support development. These are services necessary to allow a child to return to the child’s family or another less restrictive service environment. These services must include counseling and therapy sessions that involve both the child</li> </ol>		<p>No changes. Matches the 2023 amendment.</p>

<p>and the child’s family at least 50 percent of the time and that focus on techniques for dealing with the special care needs of the child and interventions needed to alleviate behaviors that are disruptive to the family or other group living unit.</p> <p>4) Counseling and behavior intervention services. These are services to halt, control, or reverse stress and social, emotional, or behavioral problems that threaten or have negatively affected the child’s stability. Activities under this service include counseling and behavior intervention with the child, including interventions to ameliorate problem behaviors.</p> <p>Residential-Based Supported Community Living services must also address the ordinary daily living needs of the child, excluding room and board, such as needs for safety and security, social functioning, and other medical care.</p> <p>Residential-Based Supported Community Living services do not include services associated with vocational needs, academics, day care, Medicaid case management, other case management, or any other services that the child can otherwise obtain through Medicaid. Residential Based Supported Community Living services are limited to additional services not otherwise covered under the State Plan, including EPSDT, but consistent with the waiver objectives of avoiding institutionalization. The individual’s case manager is responsible for assuring State Plan services, including EPSDT, are appropriately authorized in the individual’s services plan as needed.</p> <p>Room and board costs are not reimbursable as Residential-Based Supported Community Living services.</p> <p>The scope of service shall be identified in the child’s service plan pursuant to 441—paragraph 77.37(23)“d.”</p> <p>Residential-Based Supported Community Living services shall not be simultaneously reimbursed with other residential services provided under an HCBS waiver or otherwise provided under the Medicaid program.</p> <p>The cost of transportation services is provided through the tiered rate fee schedule funding and is used to conduct business errands and essential shopping, travel to and from work or day programs, and to reduce social isolation. Transportation, the waiver service, is not available to individuals accessing Residential-Based Supported Community Living services.</p> <p>Transportation to and from school are not reimbursable under the Residential-Based Supported Community Living service.</p>	
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**SELF-DIRECTION SUPPORTS**

Financial Management Service	Both Waivers	Changes
<p>The Financial Management Service (FMS) is necessary for all individuals choosing the self-direction option and will be available only to those who self-direct. The FMS will enroll as a Medicaid Provider. The FMS will receive Medicaid funds in an electronic transfer and will pay all service providers and employees electing the self-direction option. The FMS services are provided to ensure that the individualized budgets are managed and distributed according to the budget developed by each individual and to facilitate the employment of service workers by individuals. The Iowa Department of Human Services will designate the</p>		<p>No changes.</p>

Financial Management Service entities as organized health care delivery systems. A unit of services is a CCO enrolled individual per month fee paid to the FMS.

**Responsibilities of the FMS.** The FMS shall perform all of the following services:

- 1) Receive Medicaid funds in an electronic transfer.
- 2) Process and pay invoices for approved goods and services included in the individual budget.
- 3) Enter the individual budget into the web-based tracking system chosen by the department and enter expenditures as they are paid.
- 4) Provide real-time individual budget account balances for the individual, the independent support broker, and the department, available at a minimum during normal business hours (9 a.m. to 5 p.m., Monday through Friday).
- 5) Conduct criminal background checks on potential employees pursuant to 441—Chapter 119.
- 6) Verify for the individual an employee’s citizenship or alien status.
- 7) Assist the individual with fiscal and payroll-related responsibilities including, but not limited to:
  - a) Verifying that hourly wages comply with federal and state labor rules.
  - b) Collecting and processing timecards.
  - c) Withholding, filing, and paying federal, state and local income taxes, Medicare and Social Security (FICA) taxes, and federal (FUTA) and state (SUTA) unemployment and disability insurance taxes, as applicable.
  - d) Computing and processing other withholdings, as applicable.
  - e) Processing all judgments, garnishments, tax levies, or other withholding on an employee’s pay as may be required by federal, state, or local laws.
  - f) Preparing and issuing employee payroll checks.
  - g) Preparing and disbursing IRS Forms W-2 and W-3 annually.
  - h) Processing federal advance earned income tax credit for eligible employees.
  - i) Refunding over-collected FICA, when appropriate.
  - j) Refunding over-collected FUTA, when appropriate
- 8) Assist the individual in completing required federal, state, and local tax and insurance forms.
- 9) Establish and manage documents and files for the individual and the individual’s employees.
- 10) Monitor timecards, receipts, and invoices to ensure that they are consistent with the individual budget. Keep records of all timecards and invoices for each individual for a total of five years.
- 11) Provide to the department, the independent support broker, and the individual monthly and quarterly status reports that include a summary of expenditures paid and amount of budget unused.
- 12) Establish an accessible customer service system and a method of communication for the individual and the independent support broker that includes alternative communication formats.
- 13) Establish a customer services complaint reporting system.
- 14) Develop a policy and procedures manual that is current with state and federal regulations and update as necessary.
- 15) Develop a business continuity plan in the case of emergencies and natural disasters.
- 16) Provide to the department an annual independent audit of the FMS.
- 17) Assist in implementing the state’s quality management strategy related to the FMS.

<b>Independent Support Broker</b>	<b>Both Waivers</b>	<b>Changes</b>
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<p>Independent Support Brokerage (ISB) service is an optional service individuals choose when electing to self-direct through the Consumer Choice Option. When chosen, the service is included in the individual's budget. The ISB will be chosen and hired by the individual. The ISB will work with the individual to guide them through the person-centered planning process and offer technical assistance and expertise for selecting and hiring employees and/or providers and purchasing supports.</p> <p>The ISB shall perform the following services as directed by the individual or the individual’s representative:</p> <ol style="list-style-type: none"> <li>1) Assist the individual with developing the individual’s initial and subsequent individual budgets and with making any changes to the individual budget.</li> <li>2) Have monthly contact with the individual for the first four months of implementation of the initial individual budget and have quarterly contact thereafter.</li> <li>3) Complete the required employment packet with the financial management service.</li> <li>4) Assist with interviewing potential employees and entities providing services and supports if requested by the individual.</li> <li>5) Assist the individual with determining whether a potential employee meets the qualifications necessary to perform the job.</li> <li>6) Assist the individual with obtaining a signed consent from a potential employee to conduct background checks if requested by the individual.</li> <li>7) Assist the individual with negotiating with entities providing services and supports if requested by the individual.</li> <li>8) Assist the individual with contracts and payment methods for services and supports if requested by the individual.</li> <li>9) Assist the individual with developing an emergency backup plan. The emergency backup plan shall address any health and safety concerns.</li> <li>10) Review expenditure reports from the financial management service to ensure that services and supports in the individual budget are being provided.</li> <li>11) Document in writing on the ISB timecard every contact the broker has with the individual. Contact documentation shall include information on the extent to which the individual’s individual budget has addressed the individual’s needs and the satisfaction of the individual.</li> </ol>	<p>Service changed to optional with only minor language changes to align the existing definitions for this service.</p>	
<p><b>Individual Directed Goods and Services</b></p>	<p><b>Both Waivers</b></p>	<p><b>Changes</b></p>
<ol style="list-style-type: none"> <li>1) Individual-Directed Goods and Services are services, equipment, or supplies not otherwise provided through the Medicaid program that address an assessed need or goal identified in the individual’s service plan. The item or service shall meet the following requirements: Promote opportunities for community living and inclusion.</li> <li>2) Increase independence or substitute for human assistance, to the extent the expenditures would otherwise be made for that human assistance.</li> <li>3) Be accommodated within the individual’s budget without compromising the individual’s health and safety.</li> <li>4) Be provided to the individual or directed exclusively toward the benefit of the individual.</li> <li>5) Be the least costly to meet the individual’s needs.</li> <li>6) Not be available through another source.</li> </ol> <p>Individuals (or guardians) who have chosen the self-direction program must be willing to take on the responsibility of employee supervision and training. Individuals or their guardians must review all timecards to ensure accuracy and work with their case manager and ISB to budget services. If an individual is not satisfied with the work of their employee, they have full</p>	<p>No changes.</p>	

<p>authority to terminate them as a provider of services. The case manager is responsible to ensure that provision of Individual Directed Good and Services does not overlap with other service provision.</p> <p>The following goods and services may not be purchased using a self-directed budget:</p> <ol style="list-style-type: none"> <li>1) Childcare services.</li> <li>2) Clothing not related to an assessed medical need.</li> <li>3) Conference, meeting or similar venue expenses other than the costs of approved services the individual needs while attending the conference, meeting or similar venue.</li> <li>4) Costs associated with shipping items to the individual.</li> <li>5) Experimental and non-FDA-approved medications, therapies, or treatments.</li> <li>6) Goods or services covered by other Medicaid programs.</li> <li>7) Home furnishings.</li> <li>8) Home repairs or home maintenance.</li> <li>9) Homeopathic treatments.</li> <li>10) Insurance premiums or copayments.</li> <li>11) Items purchased on installment payments.</li> <li>12) Motorized vehicles.</li> <li>13) Nutritional supplements.</li> <li>14) Personal entertainment items.</li> <li>15) Repairs and maintenance of motor vehicles.</li> <li>16) Room and board, including rent or mortgage payments.</li> <li>17) School tuition.</li> <li>18) Service animals.</li> <li>19) Services covered by third parties or services that are the responsibility of a non-Medicaid program.</li> <li>20) Sheltered workshop services.</li> <li>21) Social or recreational purchases not related to an assessed need or goal identified in the individual’s service plan.</li> <li><b>22) 22.</b> Vacation expenses, other than the costs of approved services the individual needs while on vacation.</li> </ol>	
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**PROPOSED NEW SERVICES**

Community Transition Services	Both Waivers
<p>Community Transitions Services are non-recurring set-up expenses for individuals who are transitioning from an institutional or another provider-operated living arrangement to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses. Allowable expenses are those necessary to enable a person to establish a basic household that do not constitute room and board and may include:</p> <ol style="list-style-type: none"> <li>1) Security deposits that are required to obtain a lease on an apartment or home;</li> <li>2) Essential household furnishings and moving expense required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed/bath linens;</li> <li>3) Set-up fees or deposits for utility or service access, including telephone, electricity, heating and water;</li> </ol>	

- 4) Fees associated with obtaining legal and/or identification documents necessary for a housing application such as a birth certificate, state issued ID, or criminal background check;
- 5) Services necessary for the individual’s health and safety such as pest eradication and one-time cleaning prior to occupancy;
- 6) Moving expenses;
- 7) Necessary home accessibility adaptations; and,
- 8) Activities to assess need, arrange for and procure needed resources.

Community Transition Services are furnished only to the extent that they are reasonable and necessary as determining through the service plan development process, clearly identified in the service plan and the person is unable to meet such expense or when the services cannot be obtained from other sources. Community Transition Services do not include monthly rental or mortgage expense; food, regular utility charges; and/or household appliances or items that are intended for purely diversional/recreational purposes.

**Crisis Planning and Support**

**Both Waivers**

Crisis Planning and Support services provide intensive supports in the area of crisis prevention, crisis intervention, and crisis stabilization to an individual who may experience an episodic behavioral or psychiatric crisis in the community which has the potential to jeopardize their current community living situation.

This service is designed to stabilize the individual and strengthen the current living situation so the individual can be supported in the community during and beyond the crisis period. This service is provided in the community, in various day services and in various residential services, or in the individual's private/family home.

- a. Crisis Prevention - Crisis prevention services provide ongoing assessment of an individual’s medical, cognitive, and behavioral status as well as predictors of self-injurious, disruptive, or destructive behaviors, with the initiation of positive behavior supports to prevent occurrence of crisis situations. Crisis prevention also encompasses providing support to the family and the individual through facilitating team meetings, revising the behavior plan, etc. as they implement changes to the plan for support and address any residual concerns from the crisis situation. Staff will arrange to train and mentor staff or family individuals who will support the individual long term once the crisis has stabilized to minimize or prevent recurrence of the crisis. Crisis support staff will deliver such support in a way that maintains the individual's typical routine to the maximum extent possible.
- b. Crisis Intervention - Crisis intervention services are used in the midst of the crisis to prevent the further escalation of the situation and to maintain the immediate personal safety of those involved. Crisis Intervention is a relatively short-term service that provides a highly structured intervention that may include temporary changes to the person’s residence, removal of certain items from the setting, changes to the person’s daily routine, and emergency referrals to other care providers. Those providing crisis intervention services must also be well-versed and fluent in verbal de-escalation techniques, including active listening, reflective listening, validation, and suggestions for immediate changes to the situation.
- c. Crisis Stabilization - Crisis stabilization services begin once the acuity of the situation has resolved and there is no longer an immediate threat to the health and safety of those involved. Crisis stabilization services are geared toward gaining a full understanding of all of the factors that precipitated the crisis and may have maintained it until trained staff from outside the immediate situation arrived. Crisis stabilization plans are developed by staff trained in basic behavioral treatment and crisis management. These plans may include modifications to the environment, interventions to enhance communication skills, or changes to the individual’s daily routine or structure. Staff developing these plans must be able to train support staff, family, and other significant persons in the individual’s life.



Crisis planning and support is an extension of state plan crisis response and stabilization services. Crisis planning and support can be accessed once state plan services are exhausted or not otherwise available to the individual. Crisis planning and support services may not duplicate services provided under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.) The services under this waiver are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.

**Peer Mentoring**

**Both Waivers**

Peer Mentorship is provided by a peer who draws from common experience to support an individual with acclimating to community living. The peer supports by offering advice, guidance, and encouragement on matters of community living, including through describing real-world experiences, encouraging self-advocacy and independent living goals, and modeling strategies, skills, and problem-solving.

To access Peer Mentorship, an individual must participate in a needs assessment through which they demonstrate a need for the service based on the following:

- The individual demonstrates a need for a peer to mentor the individual in acclimating to community living;
- The individual’s need demonstrates health, safety, or institutional risk; and
- There are no other services or resources available to meet the need; and
- The individual demonstrates that, within 365 days, they have the ability to acquire these skills or establish other services or resources necessary to their need.

Peer Mentorship does not include services or activities that are solely diversional or recreational in nature. This service may not duplicate or be furnished/claimed at the same time of day as the peer support service.

Telehealth is an allowable mode for delivering this service. The purpose of the telehealth option in this service is to maintain and/or improve an individual’s ability to support relationships while also encouraging and promoting their ability to participate in the community.