

	Minors - Age 17 and under		Adults - Age 18 and over	
	SCL Intermittent 15 min unit	Daily SCL	SCL Intermittent 15 min unit	Daily SCL
Service Available	Yes	Requires ETP – BI Waiver or Variance for ID Waiver	Yes	Yes
Parent as provider employed or subcontracted by a SCL Agency to deliver SCL or as an employee under CCO*) Services occur in the family home (home of member’s parents, stepparent, or foster family).	Yes	Yes. Requires ETP if BI Waiver or ID Waiver for daily SCL to be provided to a child and for the daily rate to be paid while the member is residing in the family home.	Yes	Yes. Requires ETP if BI Waiver or ID Waiver for the daily SCL rate to be paid while the member is residing in the family home.
Parent as provider employed or subcontracted by a SCL Agency to deliver SCL or as an employee under CCO*) Services occur in the member’s own home (home that the member rents or owns).	Not applicable	Not applicable	Yes	Yes
Parent as provider employed or subcontracted by a SCL Agency to deliver SCL. Services occur in a provider operated non-licensed setting. (Home that the provider owns, or controls separate from the family home)	Not applicable	Requires ETP if BI Waiver or a Variance for ID Waiver for daily SCL to be provided to a child and for daily SCL to be provided in non-licensed setting outside the family home.	Yes	Yes
Spouse as provider employed or subcontracted by a SCL Agency to deliver SCL or as an employee	Not applicable	Not applicable	Yes	Yes

under CCO*) Services occur in the member's own home.				
Spouse as provider employed or subcontracted by a SCL Agency to deliver SCL. Services occur in a provider owned or controlled non-licensed setting. (Home that the provider owns, or controls separate from the family home)	Not applicable	Not applicable	Yes	Yes
Legal Representative (Guardian, Attorney) employed or subcontracted by SCL Agency to deliver SCL or as an employee under CCO*) Services occur in the home of the legal representative who is not the parent, stepparent, or foster parent.	Yes	Yes, Requires ETP if BI Waiver or a Variance for ID Waiver for daily SCL to be provided in non-licensed setting outside the family home.	Yes	Yes
Legal Representative (Guardian, Attorney) employed or subcontracted by SCL Agency to deliver SCL or as an employee under CCO*) Services occur in the member's own home.	Not applicable	Not applicable	Yes	Yes

<p>Legal Representative (Guardian, Attorney) employed or subcontracted by SCL Agency to deliver SCL. Services occur in a provider owned or controlled non-licensed setting.</p>	<p>Not applicable</p>	<p>Yes. Requires ETP if BI Waiver or a Variance for ID Waiver for daily SCL to be provided in non-licensed setting outside the family home.</p>	<p>Yes</p>	<p>Yes</p>
<p>SCL provider agency to deliver SCL through employees or subcontractors. Services are delivered outside the family home in a DIAL licensed setting.</p> <ul style="list-style-type: none"> • Residential Based Supported Community Living (RBSCL) for children • Residential Care Facility (RCF) for adults 	<p>Yes</p>	<p>Yes</p>	<p>Yes</p>	<p>Yes</p>
<p>SCL provider agency to deliver SCL through employees or subcontractors. Services are delivered outside the family home in a non-licensed provider owned or controlled setting.</p>	<p>Not applicable</p>	<p>Yes. Requires ETP if BI Waiver or a Variance for ID Waiver for daily SCL to be provided in non-licensed setting outside the family home.</p>	<p>Yes</p>	<p>Yes</p>

<p>Limitations</p>	<p>52 hours of intermittent services per month.</p> <p>FFS members require an ETP if BI Waiver or Variance for ID Waiver to exceed this monthly limit for children.</p> <p>MCOs authorize units more than intermittent for their members.</p>	<p>52 hours of intermittent services per month.</p> <p>FFS members require an ETP if BI Waiver or Variance for ID Waiver to exceed this monthly limit for children.</p> <p>MCOs authorize units more than intermittent for their members.</p>		
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- If the parent is an employee of the CCO program participant, that parent may not be designated as the employer or budget authority for the CCO participant.

Family Home means the home of the HCBS member’s parents, stepparent, or foster family.

Legally Responsible Person is the spouse of a HCBS member, or the parent or stepparent of a HCBS member aged 17 or younger.

Legal Representative means a person, including an attorney, who is authorized by law to act on behalf of the medical assistance program member but does not include the spouse of a member or the parent or stepparent of a member aged 17 or younger. This includes the guardian of an adult member.

Member’s Own Home means a home in the community that member rents or owns but does not include the member residing in the family home paying room and board costs.

Provider-owned or controlled setting means a setting where the HCBS provider owns the property where the member resides, leases the property from a third party, or has a direct or indirect financial relationship with the property owner that impacts either the care provided to or the financial conditions applicable to the member.

Intellectual Disability Waiver

78.41(1) Supported community living services.

- b. The supported community living services are intended to provide for the daily living needs of the member and shall be available as needed during any 24-hour period. Activities do not include those associated with vocational services, academics, day care, medical services, Medicaid case management or other case management. Services are individualized supportive services provided in a variety of community-based, integrated settings.
 - (1) Supported community living services shall be available at a daily rate to members living outside the home of their family, legal representative, or foster family and for whom a provider has primary responsibility for supervision or structure during the month. This service will provide supervision or structure in identified periods when another resource is not available.
 - (2) Supported community living services shall be available at a 15-minute rate to members for whom a daily rate is not established.
- c. Services may be provided to a child or an adult. A maximum of four persons may reside in a living unit.
 - (1) A member may live within the home of the member's family or legal representative or in another typical community living arrangement.
 - (2) A member living with the member's family or legal representative is not subject to the maximum of four residents in a living unit.
 - (3) A member may not live in a licensed medical or health care facility or in a setting that is required to be licensed as a medical or health care facility.
- d. A member aged 17 or under living in the home of the member's family, legal representative, or foster family shall receive services based on development of adaptive, behavior, or health skills. Duration of services shall be based on age-appropriateness and individual attention span.

441 83.61(1)

"Intermittent supported community living service" means supported community living service provided not more than 52 hours per month.

83.61(1) Eligibility criteria. All the following criteria must be met. The person must:

- m. For residential-based supported community living services, meet all the following additional criteria:
 - (1) Be less than 18 years of age.
 - (2) Be preapproved as appropriate for residential-based supported community living services by the bureau of long-term care. Requests for approval shall be submitted in writing to the DHS Bureau of Long-Term Care, 1305 East Walnut Street, Des Moines, Iowa 50319-0114, and shall include the following:
 - 1. Social history.
 - 2. Case history that includes previous placements and service programs.

3. Medical history that includes major illnesses and current medications.
4. Current psychological evaluations and consultations.
5. Summary of all reasonable and appropriate service alternatives that have been tried or considered.
6. Any current court orders in effect regarding the child.
7. Any legal history.
8. Whether the child is at risk of out-of-home placement, or the proposed placement would be less restrictive than the child's current placement for services.
9. Whether the proposed placement would be safe for the child and for other children living in that setting; and
10. Whether the interdisciplinary team is in agreement with the proposed placement.

(3) Either:

1. Be residing in an ICF/ID.
2. Be at risk of ICF/ID placement, as documented by an interdisciplinary team assessment pursuant to paragraph 83.61(2) "a"; or
3. Be a child whose long-term placement outside the home is necessary because continued stay in the home would be a detriment to the health and welfare of the child or the family, and all service options to keep the child in the home have been reviewed by an interdisciplinary team, as documented in the service file.

441 83.61(2) Need for services

- (3) Service plans for applicants aged 20 or under which include supported community living services beyond intermittent shall be approved (signed and dated) by the designee of the bureau of long-term care. The service worker, department QIDP, or Medicaid case manager shall attach a written request for a variance from the maximum for intermittent supported community living with a summary of services and service costs. The written request for the variance shall provide a rationale for requesting supported community living beyond intermittent. The rationale shall contain sufficient information for the designee to make a decision regarding the need for supported community living beyond intermittent.

Brain Injury Waiver

78.43(2) Supported community living services.

- b. The supported community living services are intended to provide for the daily living needs of the member and shall be available as needed during any 24-hour period. Activities do not include those associated with vocational services, academics, day care, medical

services, Medicaid case management or other case management. Services are individualized supportive services provided in a variety of community-based, integrated settings.

(1) Supported community living services shall be available at a daily rate to members living outside the home of their family, legal representative, or foster family and for whom a provider has primary responsibility for supervision or structure during the month. This service shall provide supervision or structure in identified periods when another resource is not available.

(2) Supported community living services shall be available at a 15-minute rate to members for whom a daily rate is not established.

c. Services may be provided to a child or an adult. Children must first access all other services for which they are eligible, and which are appropriate to meet their needs before accessing the HCBS brain injury waiver services. A maximum of four persons may reside in a living unit.

(1) A member may live in the home of the member's family or legal representative or in another typical community living arrangement.

(2) A member living with the member's family or legal representative is not subject to the maximum of four residents in a living unit.

(3) A member may not live in a licensed medical or health care facility or in a setting that is required to be licensed as a medical or health care facility.

d. A member aged 17 or under living in the home of the member's family, legal representative, or foster family shall receive services based on development of adaptive, behavior, or health skills. Duration of services shall be based on age-appropriateness and individual attention span.

441—83.81(249A) Definitions.

“Intermittent supported community living service” means supported community living service provided from one to three hours a day for not more than four days a week.

83.82(2) Need for services.

a. The applicant shall have a service plan approved by the department that is developed by the certified case manager for this waiver as identified by the county of residence. This must be completed before services provision and annually thereafter. The case manager shall establish the interdisciplinary team for the applicant and, with the team, identify the applicant's need for service based on the applicant's needs and desires as well as the availability and appropriateness of services using the following criteria:

(1) The assessment shall be based, in part, on information provided to the IME medical services unit.

(2) Service plans must be developed to reflect use of all appropriate nonwaiver Medicaid state services so as not to replace or duplicate those services

- (3) Service plans for applicants aged 20 or under which include supported community living services beyond intermittent shall not be approved until a home health provider has made a request to cover the service through all nonwaiver Medicaid services.
- (4) Service plans for applicants aged 20 or under which include supported community living services beyond intermittent must be approved (signed and dated) by the designee of the bureau of long-term care. The Medicaid case manager must request in writing more than intermittent supported community living with a summary of services and service costs and submit a written justification with the service plan. The rationale must contain sufficient information for the bureau's designee to make a decision regarding the need for supported community living beyond intermittent.

Additional Resources

HCBS Update Iowa Medicaid Town Hall, September 7, 2023

[HCBS Update](#)

Continuation of HCBS COVID-19 Flexibilities Iowa Medicaid Town Hall, November 2, 2023

[COVID Flexibilities and CMS](#)

Host Home Basics, January 31, 2024

[PowerPoint](#)

[Recording](#)