

## CAPACITY BUILDING AND SERVICE WAITLIST REDUCTION

Iowa Medicaid is distributing \$30M to eligible providers from the ARPA HCBS Provider Capacity Building and Service Waitlist Reduction grant. The provider payments are to serve the purpose of providing financial support to providers that have or will be admitting residents from Glenwood Resource Center (GRC) and providers of high demand services. This financial support is intended to directly impact the providers ability to increase their capacity to deliver services, reduce service waitlists, add additional types of services and increase the number of participants served.

Eligible providers will receive a portion of the funds based on the provider’s total claims paid during State Fiscal Year 2023 (SFY2023) as a percentage of the total claims paid for the specific set of procedure codes sets.

### Eligible providers include:

- **1915(c) HCBS ID Waiver providers** who have admitted or are scheduled to admit residents from GRC.
- **1915(c) HCBS Waiver and 1915(i) State Plan HCBS Habilitation providers** with paid claims during SFY2023 for the following procedure codes:

Day habilitation; per day	T2020, T2020 U1-U6
Day habilitation; per 15 min unit	T2021
Home Based Habilitation – Intensive Levels	H2016 U7, U8, U9
Respite	S5150 UC, U3, T1005, T2036, T2037
Residential-Based Supported Community Living (RBSCCL)	S5136 UA
Supported Community Living – intermittent	H2015, H2015 HI
Supported Community Living	H2016 U5, U6, U7, S5136 U5, U6, U7
Supported Employment – Individual SE, Long-term Job Coaching, Small Group SE and Individual Placement and Support (IPS) SE	T2018 UC, H2025 U3, U4, U5, U7, UC, H2023 U3, U5, U7, T2018 U3, U4, U5, U6

- **Applied Behavior Analysis (ABA)** providers with paid claims during SFY2023 for the following procedure codes:

Behavior identification assessment by qualified healthcare professional (QHP)	97151 HO, HP
Behavior identification assessment by technician	97152 HO, HP
Adaptive behavior treatment by protocol, technician, face-to-face with one patient, each 15 minutes	97153 HN, HO, HP

Adaptive behavior treatment by protocol, technician face-to-face with two or more patients, each 15 minutes	97154 HN, HO, HP
Adaptive behavior treatment with protocol modification administered by physician or other QHP, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	97155 HO, HP
Family adaptive behavior treatment guidance by QHP face-to-face with guardian(s)/caregiver(s), each 15 minutes.	97156 HN, HO, HP
Multiple family group adaptive behavioral treatment guidance administered by QHP	97157 HO, HP
Group adaptive behavior treatment with protocol modification administered by QHP	97158 HO, HP
Other specified case management service	G9012 HO, HP

- **Behavioral Health Intervention Services (BHIS)** providers with paid claims during SFY2023 for the following procedure codes:

Behavior health long term residential, (provided in QRTPs)	H0019
Crisis inter serv, per 15 min	H2011
Skills training & dev, per 15 min	H2014 HB, HN, HO, HP, HQ
Therapeutic behavior services/15 min	H2019 HN, HO, HP, HQ, HR

**To be eligible for grant funds, providers must meet these requirements:**

- Is enrolled with Iowa Medicaid and the managed care plans to deliver qualified residential services.
- Had paid claims during SFY2023 for one or more of the procedure codes listed above.
- Will continue to provide qualified residential services after July 1, 2024.
- Has not permanently ceased providing patient care directly or indirectly.
- With respect to Medicare, any state Medicaid program, and any Federal healthcare program, the Recipient is not:
  - suspended or excluded from participation.
  - suspended from receiving payments.
  - under any other sanction or penalty.

**Eligible Expenditures**

**Eligible expenditures for HCBS, ABA and BHIS are limited to:**

1. Compensation for employees engaged in direct service delivery. Compensation for the purposes of this grant means payment to direct care staff delivering services and may

include recruitment and retention payments, wage differentials, monetary incentive payments and other non-monetary incentive payments (gas cards, gym membership).

**Fifty percent (50%) of the funds received must be spent on compensation to employees engaged in HCBS direct service delivery.**

2. Marketing and advertising costs related to HCBS direct service recruitment initiatives.
3. Training and credentialing costs for employees engaged in direct service delivery that increase the employee's knowledge skills and ability to deliver high quality services.
4. HCBS participant relocation costs not otherwise compensated through the through the Money Follows the Person (MFP) program or other funding source.
5. Expenses directly related to service expansion and that have not been reimbursed from another source.

**Eligible expenditures for HCBS ID Waiver providers who have transitioned or are transitioning GRC residents:**

1. Transition related expenses including planning and travel costs (staff wages, mileage, meals, lodging).
2. Staff training costs (staff wages, training materials and other related expenses)
3. Compensation for employees engaged in direct service delivery. Compensation for the purposes of this grant means payment to direct care staff delivering services and may include recruitment and retention payments, wage differentials, monetary incentive payments and other non-monetary incentive payments (gas cards, gym membership).
4. HCBS participant relocation costs not otherwise compensated through the through the Money Follows the Person (MFP) program or other funding source.

**Funding and Funding Restrictions**

Funds shall not be used for anything other than the purposes specified in the Terms and Conditions.

**Requesting Grant Funds**

Agency providers that believe they are eligible for a share of the grant funds may request grant funds by completing the online application and attesting to the [Terms and Conditions](#)<sup>1</sup> for the grant June 7 through June 23, 2024.

To complete the online request for funds and attestation please click [here](#)<sup>2</sup>.

<sup>1</sup> <https://hhs.iowa.gov/media/13494/download?inline=>

<sup>2</sup> [https://forms.office.com/Pages/ResponsePage.aspx?id=TXssjVoIF0aFNjinbRmw2sfoGc0pGD1Evq3VWPHtT\\_dUOTRTVtk9XVUoxRE5LMTIaTDIYTEIUR0xVWS4u](https://forms.office.com/Pages/ResponsePage.aspx?id=TXssjVoIF0aFNjinbRmw2sfoGc0pGD1Evq3VWPHtT_dUOTRTVtk9XVUoxRE5LMTIaTDIYTEIUR0xVWS4u)

## **Distribution of Funds to Providers**

### **Distribution of Funds to HCBS ID Waiver providers serving GRC residents**

1. The Community Integration Manager (CIM) has identified the eligible providers that have admitted GRC residents, and those that will admit GRC residents.
2. Providers will receive a percentage of the funds based on the following criteria:
  - a. The number of GRC residents scheduled for admission as a percentage of the total GRC residents transitioning,
  - b. The number of GRC residents admitted to the provider agency as a percentage of the total GRC residents transitioning,
  - c. The number of GRC residents admitted to the provider agency for services and remained in that living situation for 90 days.
  - d. The total distance traveled from the home office to GRC to participate in transition planning as a percentage of all miles traveled by providers.
3. HHS ARPA HCBS Project Lead will provide the eligible provider listing and the final amounts for distribution to HHS Leadership for review and approval.
4. HHS ARPA HCBS Project Lead will divide the eligible providers amongst the Managed Care Organizations and send each MCO the final Agency Provider listing assigned to the plan to enable the one-time payment to the provider.
5. The provider will receive the gross payment from the MCO on the regularly scheduled payment date following receipt of the file from the HHS ARPA HCBS Project Lead.

### **Distribution of Funds to HCBS, ABA and BHIS Providers**

1. HHS ARPA HCBS Project lead has identified the amount that each provider is eligible for based on SFY2023 claims paid as a percentage of all claims paid for the procedure codes listed.
2. HHS ARPA Project Lead will identify the providers submitting applications and will verify eligibility.
3. HHS ARPA Project Lead will provide the eligible provider listing and the final amounts for distribution to HHS Leadership for review and approval.
4. HHS ARPA HCBS Project Lead will divide the eligible providers amongst the Managed Care Organizations and send each MCO the final Agency Provider listing assigned to the plan to enable the one-time payment to the provider.
5. The provider will receive the gross payment from the MCO on the regularly scheduled payment date following receipt of the file from the ARPA HCBS project lead.