

LTSS Continuum – Aging Iowans

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Latisha McGuire, LTSS Policy Program
Manager

Morgan Casey, Community Coordination
Director, Division of Aging and Disability
Services



Overview and Objectives

Overview of Older American's Act

Summary of State Unit on Aging & Area Agency
on Aging Responsibilities

Overview of HCBS Elderly Waiver

Questions



Older Americans Act

2024 Update

What is the Older Americans Act?

Overview of OAA history, programs, and services

What is the OAA?

- The 1965 Older Americans Act authorizes a range of programs and services to help older adults age as independently as possible in the home and community of their choice.
- Administered through the Administration for Community Living (ACL)
- Priority given to *“older individuals with the greatest social need, with particular attention to low-income minority individuals, older individuals residing in rural areas, low-income individuals, and frail individuals.”*

What is the OAA?

- **Title III** - Grants for state and community programs on aging
 - Home-delivered and congregate meals
 - Support for family caregivers
 - Health promotion and disease prevention
 - Supportive services
 - Information & Referral, Legal Assistance, Case Management, Transportation, etc.
- **Title VI** – Grants to Indian tribes and Native Hawaiian grantees
- **Title V** – Senior Community Services Employment Program
- **Title VII** – Elder justice and Long Term Care Ombudsman services

OAA Eligibility Criteria

- ▶ Adult aged 60+
 - Caregiver aged 55+ caring for an older adult
 - Older adult caring for someone aged 18 or younger
- ▶ Resident of Iowa
 - Recipients of Family Caregiver Services do not need to be residents of Iowa if their family member is an Iowa resident
- ▶ No income criteria or asset testing
- ▶ An individual who is eligible for Medicaid may also receive services under the OAA, but OAA programs should **not** fund services that can be funded by Medicaid.

2024 Update to OAA

First major update since 1988 intended to provide guidance to support the aging network using lessons learned during the COVID-19 pandemic

Brief Overview of Final Rule

- **Updates and clarifies definitions**
 - “Greatest social and economic need” and “Family Caregiver”
 - Contract & compliance language
- **New section added pertaining to Emergency Preparation and Disaster Response**
 - Requirements for emergency plans
 - Funding flexibilities related to state/local emergency declarations
- **Modernization of OAA Nutrition innovations**
- **Role of the aging network in guardianship**
 - Providing the least restrictive person-centered support possible
 - Additional direction for Office of the LTCO

SUA & AAA Responsibilities

General overview of their roles operating within the OAA

State Unit on Aging

- OAA authorizes funding to the State Unit on Aging (SUA)
 - SUA provides funding to Area Agencies on Aging (AAA)
- SUA establishes policies and procedures for monitoring performance and compliance
- Administration of area plans, program delivery, data requirements and reporting, training and technical assistance
- Previously, the SUA in Iowa was the Iowa Department on Aging
- As a result of realignment, the SUA is not the Iowa HHS Division on Aging and Disability Services (ADS)



State Unit on Aging

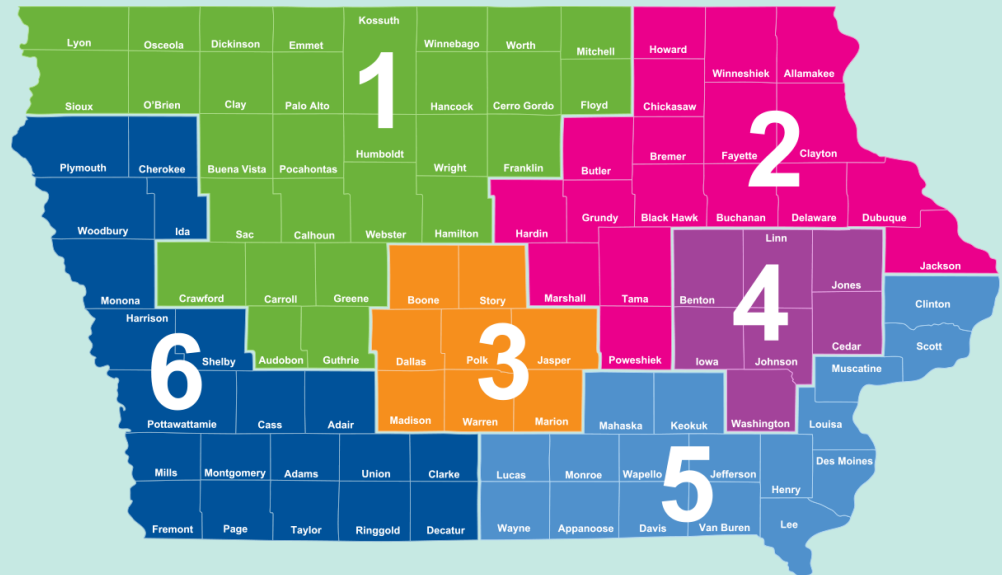
SFY23 SUA Resources

- ▶ \$10,325,086 Total OAA Title III funds
 - Includes \$3,718,214 ARPA funds
- ▶ \$801,574 *LifeLong Links*
- ▶ \$6,610,444 Aging Services General
- ▶ Home Delivered and Congregate Meal programs account for the majority of service expenditures



Area Agencies on Aging

- AAAs coordinate programs and services to older adults and caregivers within their Planning and Service Areas (PSAs)
- Each AAA operates under their own Area Plan, which is approved by the SUA



Area Agencies on Aging

- Fill the gap for those without an MCO who need help accessing Long-term services & supports
- Provided OAA services to 311,981 individuals in SFY23
 - 64.2% female
 - 61% rural
 - 5.7% BIPOC
 - 29.5% poverty

High Volume Services

- Home Delivered & Congregate meals
- Information & Assistance
- Options Counseling
- Transportation
- Material Aid
- Homemaker
- Legal Assistance
- Emergency Response Systems
- Elder Abuse Prevention & Awareness
- Case Management

Home and Community Based Services Elderly Waiver

Overview of HCBS Elderly Waiver eligibility and services

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

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

How Individuals Apply

Process Flow Chart for HCBS Waiver Applications

- English
 - <https://hhs.iowa.gov/sites/default/files/Comm497.pdf>
- Spanish
 - <https://hhs.iowa.gov/sites/default/files/Comm497S.pdf?061120202001>

Who Qualifies for Medicaid?

- ▶ Medicaid is a health insurance program for certain groups of people based on income levels and eligibility groups. Specifically, in Iowa, the groups are:
 - A child under the age of 21
 - A parent living with a child under the age of 18
 - A woman who is pregnant
 - A person who is elderly (age 65 or older)
 - A person is disabled according to Social Security standards
 - A woman in need of treatment for breast or cervical cancer

Elderly Waiver

- **Age**
 - Over 65
- **Availability**
 - Statewide
- **Target Population**
 - Individuals aged 65 and over
- **Level of Care**
 - NF
 - SNF
- **Maximum \$ per Month**
 - Must be cost-effective

HCBS Roles

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

Elderly Waiver Services

- Adult Day Care
- Assistive Devices
- Assisted Living
- Case Management
- Chore
- Consumer Directed Attendant Care (CDAC)
- Personal Emergency Response System (PERS)
- Home Delivered Meals
- Home Health Aide
- Homemaker
- Home and Vehicle Modifications
- Mental Health Outreach
- Nursing
- Nutritional Counseling
- Respite
- Senior Companion
- Transportation
- Consumer Choices Option (CCO)

Adult Day Care

- ▶ Provide an organized program of supportive care in a group or individual environment to persons aged 18 and above, 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.
- ▶ Includes health-related care, social services, and other related support services.

Assistive Devices

- ▶ Practical equipment to assist members with activities of daily living (ADLs) and instrumental activities of daily living (I-ADLs) to increase independence.
- ▶ Includes items like long-reach brushes, extra-long shoehorn, non-slip grippers to pick up and reach items, dressing aids, transfer boards, etc.

Assisted Living Service

- ▶ Unanticipated and unscheduled personal care and supportive services that are furnished to waiver members who reside in a homelike, non-institutional setting. The service includes the 24- hour on-site response capability to meet unpredictable member needs as well as member safety and security through incidental supervision.
- ▶ Member residing in an Assisted Living Facility must have an Assisted Living occupancy agreement which must specify the services to be considered covered under the assisted living occupancy agreement
- ▶ Assisted Living service is only billable for unanticipated and unscheduled personal care and supportive services that are outside of the activities that are included in the occupancy agreement and CDAC agreement for which CDAC payment is received.

Case Management

- ▶ Assist members who reside in a community setting or are transitioning to a community setting in gaining access to needed medical, social, educational, housing, transportation, vocational, and other appropriate services to ensure the health, safety, and welfare of the member
- ▶ Provided at the direction of the member and the interdisciplinary team according to the standards as detailed in IAC Chapter 90.
- ▶ Members assigned to a Managed Care Organization (MCO) receive Community Based Case Management through the MCO.

Chore

- ▶ Assist with the household maintenance activities as necessary to allow a member to remain in the member's own home safely and independently.
- ▶ Includes window and door maintenance, minor repairs, heavy cleaning, lawn mowing, snow removal, etc.
- ▶ Does not include leaf raking, bush and tree trimming, trash burning, stick removal, or tree removal.

CDAC

- ▶ Activities performed by a person to help a member with self-care tasks that the member would typically do independently if the member were otherwise able.
- ▶ Must be cost-effective and necessary to prevent institutionalization
- ▶ Requires a CDAC agreement between the member and provider which outlines the specific duties the provider will perform.
- ▶ Assisted Living Facilities must have an Assisted living occupancy agreement with Iowa Medicaid members and the Assisted living occupancy agreement must specify the services to be considered covered under the assisted living occupancy agreement and those CDAC services to be covered under the Elderly Waiver.

Personal Emergency Response System (PERS) or Portable Locator System

- ▶ A PERS allows a member experiencing a medical emergency at home to activate electronic components that transmit a coded signal via digital equipment over telephone lines to a central monitoring station.
- ▶ A portable locator system is an electronic device that transmits a signal to a monitoring device. The system allows a member to access assistance in the event of an emergency and allows law enforcement or the monitoring system provider to locate a member who is unable to request help or to activate a system independently.

Home Delivered Meals

- ▶ Meals prepared elsewhere and delivered to a member at the member's residence.
- ▶ Each meal shall ensure the member receives a minimum of one-third of the daily recommended dietary allowance, as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences. The meal may also be a liquid supplement that meets the minimum one-third standard.
- ▶ Maximum of 2 meals per day.

Home Health Aide

- ▶ Unskilled medical services that provide direct personal care including observation and reporting of physical and emotional needs, assistance with bathing, support with toileting, assistance with ambulation, and re-establishing activities of daily living (range of motion exercises).
- ▶ These services cannot duplicate any regular Medicaid or waiver services provided under the state plan.

Homemaker

- ▶ Services provided when the member lives alone or when the person who usually performs these functions for the member needs assistance with performing the functions.
- ▶ Includes shopping for basic needs, maintenance cleaning, and planning and preparing balanced meals.

Home and Vehicle Modification (HVM)

- ▶ Physical modifications to the member's home or vehicle that directly address the member's medical or remedial need.
- ▶ Must be necessary to provide for the health, welfare, or safety of the member and enable the member to function with greater independence in the home or vehicle.
- ▶ Modifications that are necessary or desirable without regard to the member's medical or remedial need and that would be expected to increase the fair market value of the home or vehicle are excluded.

Mental Health Outreach

- ▶ Services provided in a member's home to identify, evaluate, and provide treatment and psychosocial support.
- ▶ State plan mental health services must be accessed prior to accessing Mental Health Outreach.

Nursing

- ▶ Nursing care services are services provided by licensed agency nurses to members in the home that are ordered by and included in the plan of treatment established by the physician.
- ▶ Services must be reasonable and necessary to the treatment of an illness or injury. Services should be based on medical necessity of the member and included in the Iowa Board of Nursing scope of practice guidelines.

Nutritional Counseling

- ▶ 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.

Respite

- ▶ Services provided to the member that give temporary relief to the usual caregivers and provide all the necessary care that the usual caregiver would provide during that period.
- ▶ Respite care is not to be provided to members during the hours in which the usual caregiver is employed or traveling to and from employment except when the member is attending a 24-hour residential camp.
- ▶ Respite cannot be provided to a member whose usual caregiver is a consumer-directed attendant care provider or an employee paid through the Consumer Choices Option for the member

Senior Companion

- ▶ Include nonmedical care supervision, oversight, and respite services. Companions may assist with such tasks as meal preparation, laundry, shopping, and light housekeeping tasks.
- ▶ This service cannot provide hands-on nursing or medical care.

Transportation

- ▶ Provided for member to conduct business errands and essential shopping, travel to and from work or day programming, or reduce social isolation.
- ▶ Members who need transportation to attend medical, dental or behavioral health appointments must use the State Plan Non-Emergency Medical Transportation (NEMT) service. The NEMT broker will arrange for transportation or reimburse the member for mileage when there are no other options available.

Consumer Choice Option



- ▶ Provides a member with a flexible monthly individual budget that is based on the member's service needs.
- ▶ The member using CCO is self-directing their services with the authority to hire and fire employees, establish wages and purchase goods and services to get their needs met.
- ▶ Service providers do not need to be a certified/enrolled Medicaid provider.
- ▶ Member receives support from the Financial Management Services to help manage their individual budget as well as advice and additional counseling from an Independent Support Broker.

How Providers Enroll

Process Flow Chart for Provider Enrollment

- https://hhs.iowa.gov/sites/default/files/ProviderEnrollmentProcess_FlowChart.pdf

Resources

Department of Health and Human Services (HHS):
<https://hhs.iowa.gov/>

Iowa Medicaid: <https://hhs.iowa.gov/ime/about>

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

HCBS Waiver Program:
<https://hhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/waivers>

HHS Rules and Policies:
<https://hhs.iowa.gov/ime/providers/rulesandpolicies>

Hope and Opportunity in Many Environments (HOME):
<https://hhs.iowa.gov/ime/HOME>

 IOWA Health and Human Services Provider Services:
<https://hhs.iowa.gov/ime/providers/enrollment>

Questions?

Morgan Casey, MPH, CHES

Community Coordination Director – Aging and Disability Services

Morgan.Casey1@iowa.gov

Latisha McGuire

Long Term Services and Supports Policy Program Manager – Iowa Medicaid

Lmcguir@dhs.state.ia.us