# FEE FOR SERVICE TARGETED CASE MANAGEMENT TRAINING

LTSS Program Policy Team

**October 2025**

IOWA Health and Human Services

# CASE MANAGEMENT ROLES & RESPONSIBILITIES

**Marlie Atwood,** LTSS Program Policy Manager

**October 2025**

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- Professional Development and Training
- Review Case Management Authority
- Review of TCM responsibilities and roles
  - Assessment
  - Person-Centered Planning
  - Contacts with Members
  - Monitoring and Follow-Up
  - Documentation
  - Transition considerations

# Professional Development & Required Training

## REQUIRED TRAINING

- CM Certification training must be completed within first 6 months of employment
- CM Refresher must be completed annually each subsequent year
- TCM and MFP Transition Specialists are to complete CM Certification Training by October 31, 2025
- Trualta Home - LTSS Iowa
- Implement what you learn into daily work
- Promote skills and development practices in your organization

## PROFESSIONAL DEVELOPMENT

- Build knowledge and skills
- Update to best practices
- Support & Assistance

# Case Management Authority

- Case Management is defined in Iowa Administrative Code 441-90
- Rule encompasses all categories of Case management provided to individuals enrolled in a 1915(c) waiver and 1915 (i) State Plan Habilitation Services
- Example roles subject to Case Management authority:
  - Case Management
  - Targeted Case Management
  - Administrative Case Management
  - Community-Based Case Management
  - Care Coordination

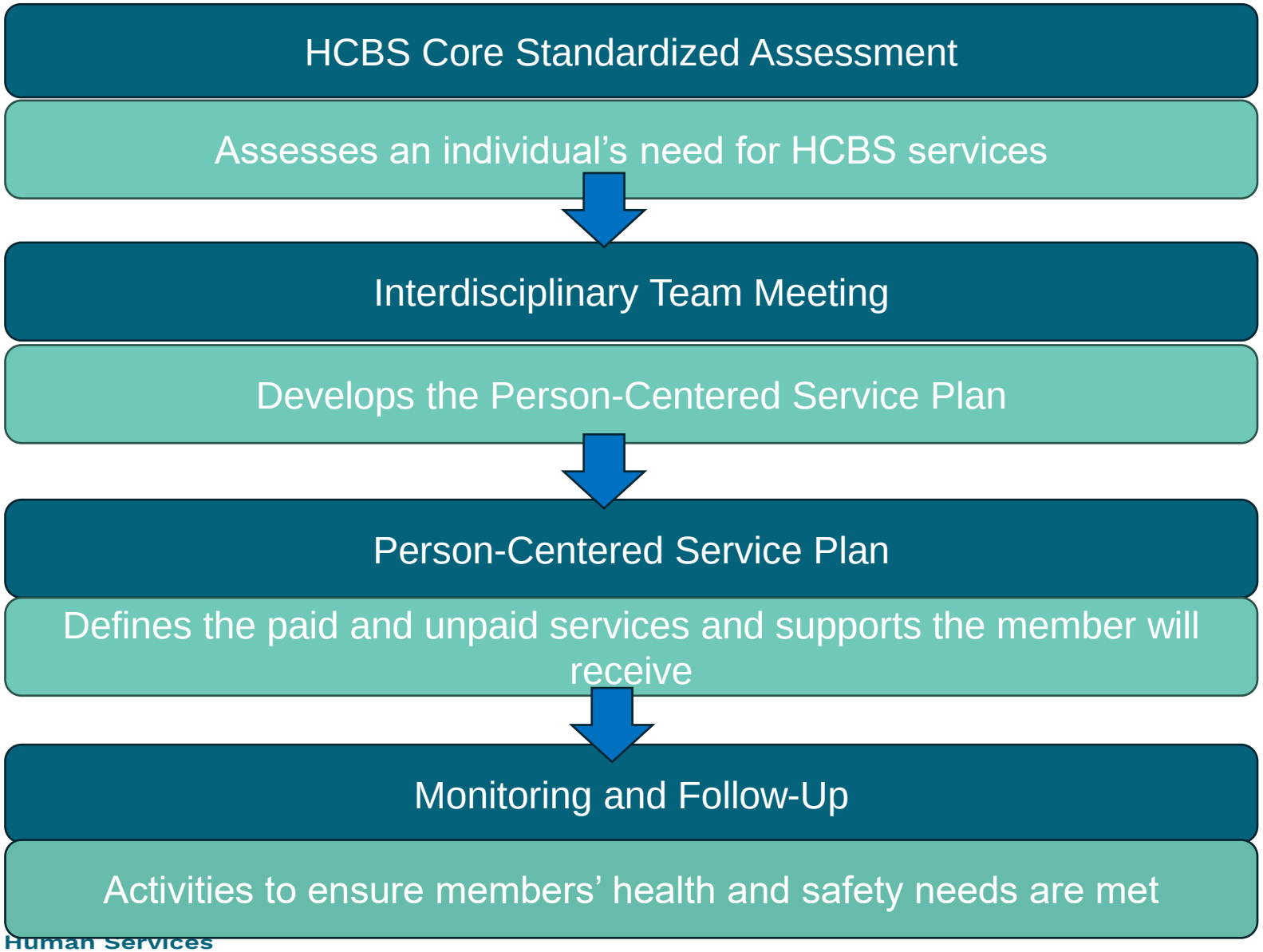
# Targeted Case Management


- Targeted Case Management is provided to a specified group within the state plan
  - Adults with Chronic Mental Illness
  - Children with Serious Emotional Disturbance
  - Individuals with Intellectual and Developmental Disabilities

Targeted Case Management is unavailable when a member is enrolled in Iowa Health Link and assigned a Managed Care Organization.

# Responsibilities

# Path through CM responsibilities



# Definition of Assessment

- Initial and annual reassessments are required to determine level of care to qualify and maintain HCBS Waiver
- Members are assessed using core standardized assessment tools
- Assessments drive the person-centered care planning process.

# Definition of Assessment, continued

- Assessments must be done in person unless specific criteria has been approved by Iowa Medicaid
- At minimum, a member must be reassessed every 365 days
- Assessments can happen more frequently if there is a change to the member's condition or circumstances

# Role of the Case Manager in Assessments

- Ensure the member and their representative (if applicable) understand the reason for the assessment
- Ensure the assessment and level of care determination is timely
- Be an active participant in the assessment process

# Role of Case Manager in Assessments

- Ensure member's needs, strengths and risks are reflected accurately in the assessment
- Ensure the member and their representative (if applicable) receive a copy of the assessment

# PERSON-CENTERED PLANNING

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# Person–Centered Planning

- Person-Centered Planning (PCP)
  - Facilitated, individual-directed, positive approach to the planning and coordination of a person's services and supports based on the individual's aspirations, needs, preferences, and values
  - HCBS Settings Final Rule
  - Person-centered practices are required

# Person-Centered Planning

- Case Managers act as the facilitator for person-centered planning
  - Supporting members to lead the PCP process to the fullest extent
    - Educate the member to support their ability to lead their own meetings
  - Advocating for the members and the lives they want to live
    - The member may want something that is in opposition to what the team believes is best for the member

# Role of the Case Manager in Person-Centered Planning

- Ensure the member is central to the planning process
  - Members are their own experts on their goals and needs

- Support the members as needed to determining:
  - Who is invited to their meeting
  - Where they want to hold the meeting
  - What time would they like their meeting

- Assist the member to identify preferences, strengths and needs

# Role of the Case Manager in Person-Centered Planning

- Acknowledgement and accommodation for member's cultural preferences

- Ensure meaningful participation of members and IDT members with limited English proficiency
  - Interpretation & Translation services
  - Materials are written to low literacy and free from jargon

- Provide a mechanism for and how conflicts and disagreements will be addressed

# Role of the Case Manager in Person-Centered Planning

- Offer information on the full range of HCBS services available
- Ensure the member has choice in providers and other supports including option to self-direct their services
- Support members with self-determination and the right to take reasonable risks
- Ensure all care team members receive a copy of the PCSP
- Upload the completed, signed plan into IMPA

# Themes from 2022 CMS Heightened Scrutiny Site Visits

- PCSPs
  - Individuals do not appear to have participated in the plan development and/or have not signed the plan
  - Plans often did not record what was important to the member, their preferences or their goals
  - Often, there was no indication in the plans that choice had been offered. This could have been related to where the individual is living, employment or community engagement or how the individual would manage their personal resources

# Contacts

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# Contacts with Members

- One face-to-face contact per month during the first three months of enrollment in HCBS waiver, Targeted Case Management, or Habilitation services;
- Following the first three months, the case manager must complete at least one contact per month with the member or their authorized representative. This contact may be face-to-face or by telephone;
- If the member has been diagnosed with an Intellectual Disability and/or Developmental Disability, the case manager must complete at least one, in-home, face-to-face contact every other month.
- When a member does not meet one of the requirements above, at least one in—person visit at the member's home quarterly is required. The face-to-face visits must be separated by 60 days;
- Contacts can be more frequent depending on the member's circumstances
  - Example(s):
    - Member transitions from an institutional setting
    - Member presents an increase in medical or behavioral health concerns

# Contacts with Legal Representative, Providers and Other IDT Members

- At least one monthly contact per quarter
- Contacts can be more frequent as needed
- Collateral contacts apply only to TCMs providing service to FFS members or case management provided to BI or EW FFS members.
  - The case manager may bill for documented contacts with other entities and individuals if the contacts are directly related to:
    - the member's needs and care, such as helping the member access services;
    - Identifying needs and supports to assist the member in obtaining services;
    - providing other case managers with useful feedback; and
    - alerting other case managers to changes in the member's needs.

# Monitoring

# Monitoring

- The case manager will perform monitoring activities and make contacts that are necessary to ensure the health, safety, and welfare of the member and to ensure that the person-centered service plan is effectively implemented and adequately addresses the needs of the member. (441-IAC 90.4(I) “d”

- Monitoring means: To observe and check the progress or quality of something over a period of time; keep under systematic review

The Person-Centered Service Plan is the framework for Case Management

Monitoring builds upon the framework’s structure

Case Managers are frontline in the HCBS regulatory process. They interact with members and service providers more than any other group.

  - MINIMUM monitoring requirements include:
    - Assessing the member, and
    - Assess the *places* of service (including the member’s home), and
    - Assessing all services regardless of the service funding stream
    - Reviewing service provider documentation

# Monitoring

For monitoring person-centered service plan implementation, the Case Manager:

- Reviews the provision of services to ensure the member is receiving the services in the amount, duration, and scope identified in the PCSP
- Reviews the member's service record maintained by the service provider(s) including but not limited to:
  - Service plan
  - Service logs, notes, or narratives
  - Mileage and transportation logs
  - Financial records, invoices or receipts
  - Medications and the Medication Administration Record (MAR)
  - Incident Reports
  - Other service documentation as applicable
- Identifies gaps in care and identifies additional services or supports that may be needed
- Identifies any environmental issues and plans to remediate the issues
- Identifies any health and welfare issues and plans to remediate the issues

# Monitoring Activities

- Is the member receiving the services as outlined in their plan?
- Do the provider's goals align with the goals outlined in the Person-centered plan?
- How is the provider supporting the member in reaching their goal(s)?
- Does the member have unmet needs requiring an IDT meeting?
- Does the member's plan need to be revised to address gaps?

# Monitoring Activities, continued

- Is the member under or over-utilizing services?
- Are the members satisfied with the services and support they're receiving?
- Have there been any incidents requiring a mandatory report and/or critical incident report?
- Has there been progress toward lifting or reducing any rights restrictions?

# Monitoring Activities, continued

For monitoring of services outside of HCBS – such as State Plan services or services provided by other funding sources such as Iowa Vocational Rehabilitation (IVRS) or In Home Health Related Care (IHHC)

- Discuss services with the member/guardian/family to determine whether the services are being received in the amount expected and whether the member is benefiting from the services
- Communicates with the service provider to determine if the service is having the intended impact and if any changes are needed
- Make a progress note narrative noting the responses and any concerns or gaps in services in the member's record and work with the member/representatives and provider to remediate the issues

# Follow-Up

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# Follow-Up

If during monitoring the case manager identifies any of the following areas of concern, they will contact the service provider to determine what actions are being taken and if additional remediation is needed:

- Lack of or insufficient service documentation to support the services authorized
- An unmet service need or risk
- An unreported critical incident, or pattern of incidents
- A medication error or pattern of medication errors
- Environmental issues such as accessibility, safety, security, cleanliness
- Health issues such as medication management, adequate food supply (are there groceries in the home, is there spoiled food in the fridge?)
- Lack of or insufficient record of the member's finances. Expenditures for which there are no receipts and no evidence of items purchased
- Any other areas of concern in the member record

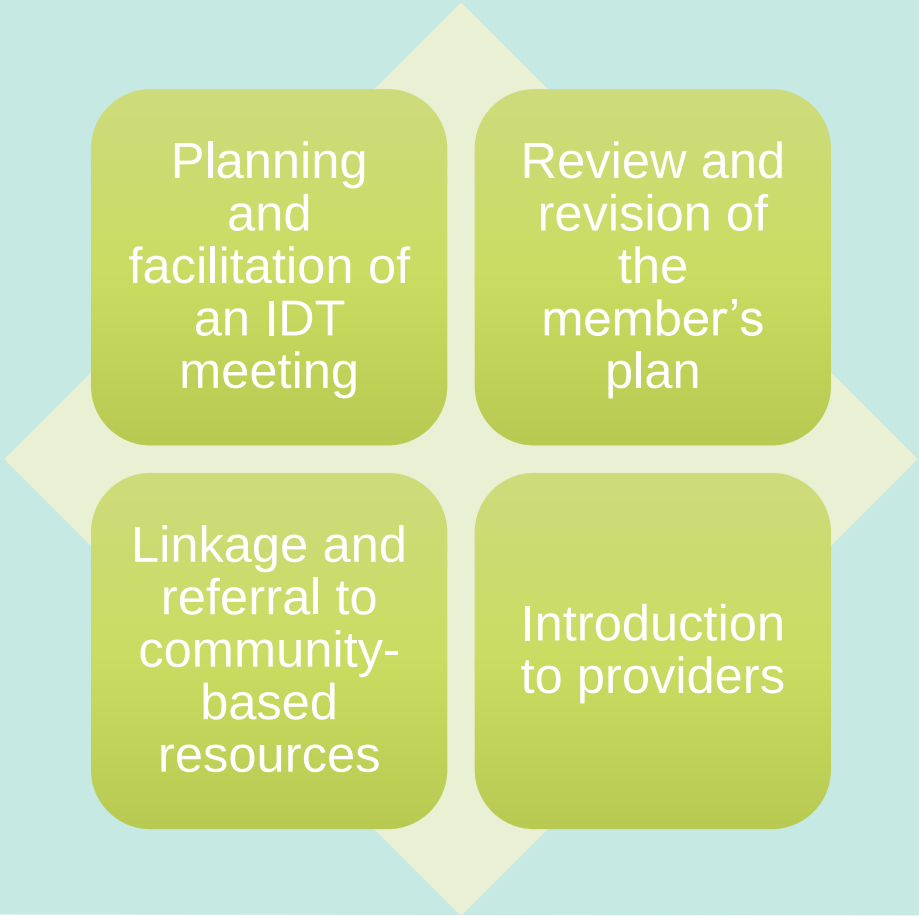
# Follow-Up

Address the issue with the direct service provider responsible

Work with the DSP to put in place timely remediation to resolve the issue or concern. Could include amending the PCSP, additional services, changes in schedules and environments, staff training, etc

If it is determined that the provider is unwilling or incapable of implementation of the expected remediation, they will report the quality concern to the HCBS QIO

# Other Follow-up to Monitoring activities



# Provider Documentation

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# Review of Provider Documentation

- At least quarterly review of provider documentation including but not limited to:
  - Provider's service plan (*distinct from Case Management Plan)
  - Goal progress notes
  - Member's MAR
  - Claims data

- More frequent monitoring of documentation may be required
- The case manager will complete the record review in either the member's home, place of service or the service provider's office
- When completing service documentation review as part of service monitoring activities, the case manager is expected to review at a minimum the member's service record and any entries that occurred in the record for the past 30 days before the monitoring visit

# Service Documentation FAQs

Documentation on a MAR is only required when the medications are dispensed or administered during service provision. A MAR is not necessary if medication administration does not occur.

441-77.37(5) requires if the provider stores, handles, prescribes, dispenses, or administers prescription or over-the-counter medications, the provider will develop procedures for the storage, handling, prescribing, dispensing or administration of medication. If the provider does not store, handle, prescribe, dispense, or administer prescription or over-the-counter medications as a component of the service being delivered then a MAR is not required

Narrative documentation is only required for any incidents or illnesses or unusual or atypical occurrences. If there are no incidents, illnesses, unusual, or atypical occurrences during the provision or services, narrative documentation would not be required unless narrative documentation is part of the professional standards pertaining to the service provided

# Case Management Documentation

Does case management documentation support the number of units authorized for case management service?

If it is not documented, it has not been done

Federal and State laws require providers to maintain the records necessary to “fully disclose the extent of services,” care, and supplies furnished to members, as well as to support claims billed

# Case Management Documentation

Clear and concise service documentation is critical to providing individuals with quality care and is required for providers to receive accurate and timely payment for furnished services

To maintain accurate service documentation, document services during the service or as soon as practical after the service

Case managers need to upload completed and signed PCSPs into IMPA.

Case manager need to upload to IMPA the quarterly contact note(s) that include the review of services to ensure the member is receiving services according to their plan and addressing if they are not.

# Documentation, changes effective 9/16/2022

- Narrative service documentation no longer required for each service encounter and each shift for 24-hour services;
- Documentation requirements must meet the professional standards pertaining to the service provided
- Medicaid providers must include all records and documentation to substantiate the services provided to the member and all information necessary to allow accurate adjudication of the claim

# Transitioning from a Medical Institution

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# Transitioning from a medical institution

- Fee for Service TCM services may be provided to a member transitioning to a community setting during the 60 days before the member's discharge from a medical institution when the following requirements are met:
  - The member is an adult who qualifies for TCM & is a member of a targeted population.
  - CM services will be coordinated with institutional discharge planning;
  - The amount, duration, and scope of services will be documented in the member's service plan, which must include case management services before and after discharge, to facilitate a successful transition to community living;

Questions


Case Manager
because
SUPER AMAZING,
LIFE CHANGING,
MULTI-TASKING,
MIRACLE WORKER
isn't an official job title

# Resources

- IAC 441-90 Iowa Legislature - Rule Listings
- Provider Policy Manuals | Health & Human Services
- HHS Informational Letters and policy clarifications

# Questions and Assistance

Marlie Atwood

LTSS Policy Program Manager
marlie.atwood@hhs.iowa.gov

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# Person-Centered Planning Goal Development

**Michele Baughan**, HCBS Senior Operations Manager, Iowa Medicaid

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# Learning Objectives

01

Build person-centered planning skills with HCBS case managers

02

Learn a person-centered approach to goal development.

03

Learn a person-centered approach for due process of restrictive interventions including rights restrictions.

# Recommended Trainings

| |
|---|
| Introduction to HCBS |
| HCBS Settings Philosophy and Rules |
| HCBS Settings: Understanding the Rights of Those Served and Supported |
| Person-Centered Practices |
| Motivational Interviewing Training |
| Active Listening Basics and Empathy Building |
| Person-Centered Planning |
| Member’s Rights and Restrictive Interventions |

# Context and Background

Requirements for person-centered planning, case management practice, and restrictive intervention planning.

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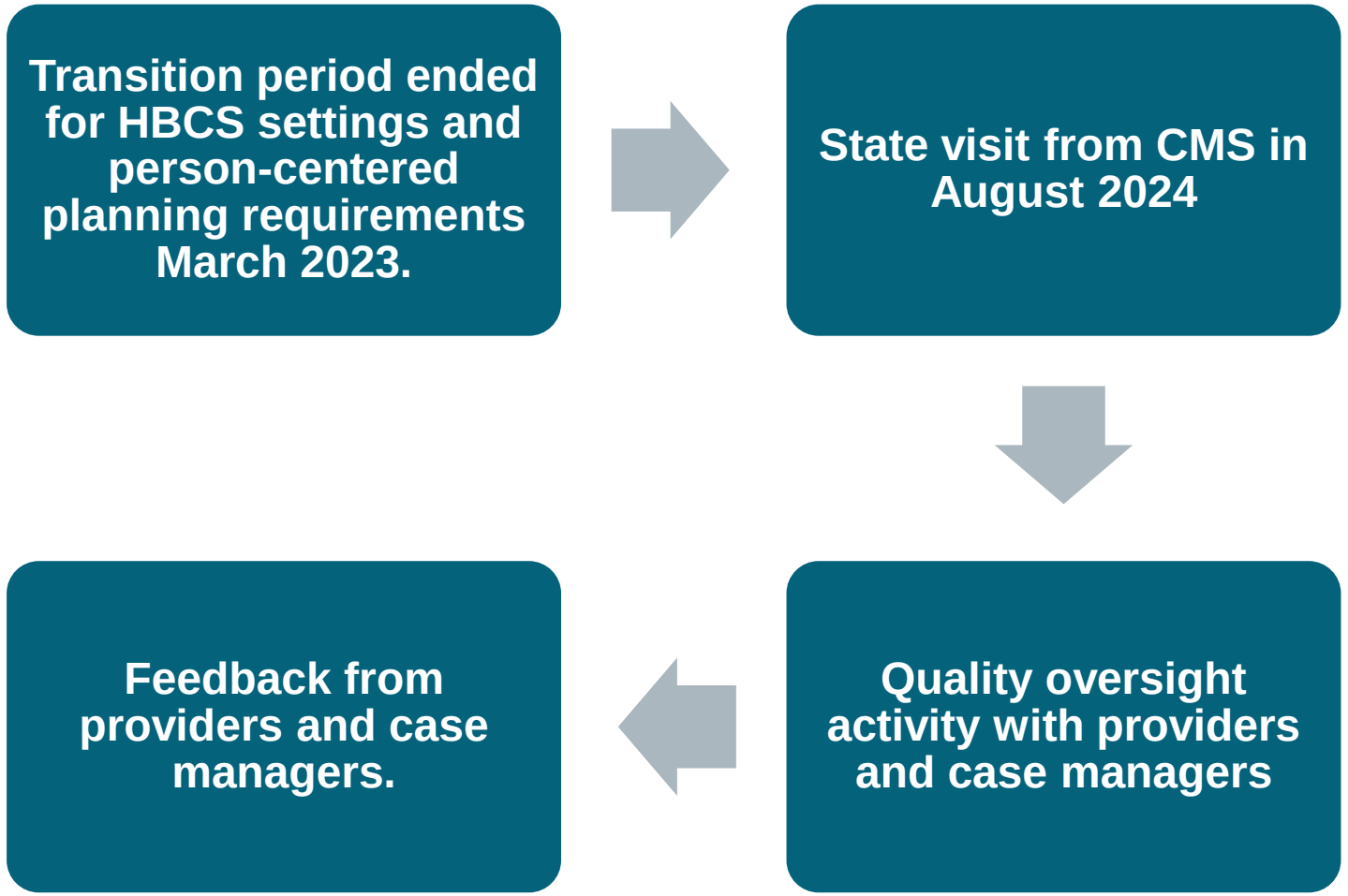
# Context and Background



# HCBS Philosophy and Settings Requirements

- Emphasis on community integration, choice, rights, and independence.
- Allows individuals to live in their own homes and communities rather than in institutional settings.
- Promotes personal autonomy and the ability to make informed choices about their lives.
- Depends on a person-centered planning process.

# CMS State Visit

- **State visit from CMS in August 2024**
  - PCSP lacking fundamental elements- especially person-centered goals and adequate documentation for restrictive interventions.
  - General lack of understanding about the importance of the PCSP and person-centered planning process in ensuring compliance with HCBS settings rules.

# Quality Oversight Review

- Iowa Medicaid's QIO HCBS team conducts quality oversight reviews of HCBS providers.
- Case management quality oversight review was recently implemented but "ride alongs" with MCO case managers has been ongoing for several years.
- Findings consistently demonstrate shortcomings with the standards of person-centered practice and restrictive interventions.

Lack of understanding of person-centered goal development.

Lack of understanding of role of providers vs role of case manager on the IDT.

Inadequate planning, implementing, and documenting of restrictive interventions.

# Feedback From HCBS Network

Challenges reconciling requirements from various entities (i.e., UM, DOJ, DIAL, past training/understanding, internal policy).

Lack of common language/terminology (i.e., ISP, ICP, ELP, service plan, care plan, case plan, BSP, BIP, PBSP, goals, objectives, action steps, interventions…).

Conflicts between members, guardians, caregivers, providers and case managers.

# Federal HCBS Settings Rule

- Some standards are apply to all service settings.

| |
|---|
| Integrated in and supports full access to the greater community |
| Opportunities to seek competitive, integrated employment. |
| Opportunities to engage in community life, control personal resources, and access community resources. |
| Informed choices from options including non-disability specific settings and an option for a private unit in a residential setting. |
| Ensures a member's rights of privacy, dignity and respect, and freedom from coercion and restraint. |
| Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices. |
| Facilitates individual choice regarding services and supports, and who provides them. |

# Federal HCBS Settings Rule Provider Owned or Controlled Residential Settings

- Some standards are specific to provider owned or controlled residential settings.

  - Standard lease.
  - Privacy in their sleeping or living unit.
  - Lockable doors and member controls access.
  - Choice of housemates or roommates.
  - Freedom to furnish and decorate their sleeping or living units within the lease.
  - Freedom and support to control their own schedules and activities.
  - Access to food at any time.
  - Freedom to have visitors of their choosing at any time.
  - Environments are accessible to the individual.

# Limitations, Modifications, Restrictions

**CFR explains what must happen if a member's circumstances require a limitation, modification, or restriction to their rights or any part of the HCBS settings requirements.**

**Must be supported by a specific assessed need and justified in the person-centered service plan.**

**Justification in the PCSP includes but is not limited to:**

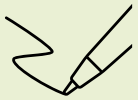
- Identification of the specific and individualized assessed need.
- Identification of the right or standard that is being limited, modified, or restricted.
- Documentation of the positive interventions and supports used prior to any modifications to the person-centered service plan.
- Documentation less intrusive methods of meeting the need that have been tried but did not work.
- A clear description of the condition that is directly proportionate to the specific assessed need.
- Identified of a regular collection and review of data to measure the ongoing effectiveness of the modification (Iowa rules require at least quarterly review)
- Identification of time limits for periodic reviews to determine if the modification is still necessary or can be terminated. (Iowa rules require at least quarterly review)
- Demonstration of the informed consent of the individual.
- Assurance that interventions and supports will cause no harm to the individual.

# Federal Person-Centered Planning Regulations

§ 441.301 Contents of request for a waiver.

- Requires that waiver services must be provided under a written person-centered service plan (PCSP).
- Requires that the PCSP be developed and implemented using a person-centered approach.
- Describes the requirements of the person-centered planning process.
- Establishes that the PCSP must be written by the member's case manager and that HCBS providers for the member, or those who have an interest in or are employed by a provider of HCBS for the member must not provide case management or develop the person-centered service plan.
- Outlines the required elements and content of a PCSP.
- Defines timelines for the creation and review/update of the PCSP.

# Case Manager Role V. HCBS Provider Role in Person-Centered Planning



PCSP must be written by the member's case manager.

HCBS providers for the member, or those who have an interest in or are employed by a provider of HCBS for the member must not provide case management or develop the PCSP.

# The IDT and PCP Process

## CFR 441.301

Includes requirements for facilitating the person-centered planning meeting (IDT).

- What must be discussed
- What must be documented from the discussion including what must be documented in the PCSP.



The member, or if applicable, the individual and the member's authorized representative, will lead the person-centered planning process.

Includes people chosen by the member.

Provides necessary information and support to ensure that the member directs the process to the maximum extent possible and is enabled to make informed choices and decisions.

Is timely and occurs at times and locations of convenience to the member.

Reflects cultural considerations of the individual and is conducted by providing information in plain language and in a manner that is accessible to individuals with disabilities and persons who are limited English proficient

Includes strategies for solving conflict or disagreement within the process, including clear conflict-of-interest guidelines for all planning participants.

Offers informed choices to the member regarding the services and supports they receive and from whom.

Includes a method for the member to request updates to the plan as needed.

Records the alternative home and community-based settings that were considered by the member.

# Content of the PCSP
# CFR 441.301 requires that the PCSP…

| |
|---|
| **Identify member options and member choices.** |
| **Reflect the member's strengths and preferences.** |
| **Reflect needs as identified through an assessment of functional need.** |
| **Include goals and desired outcomes as identified by the member.** |
| **Reflect the services and supports to achieve goals, and both paid and unpaid supports.** |
| **Reflect risk factors and measures in place to minimize them,** |
| **Be understandable to the member those supporting the member.** |
| **Identify those responsible for monitoring the plan.** |
| **Be finalized and agreed to (signed) by all responsible for its implementation.** |
| **Document informed consent of the member,** |
| **Be distributed to the member and other people involved in the plan.** |
| **Include those services, the purpose or control of which the member elects to self-direct.** |
| **Prevent unnecessary or inappropriate services and supports.** |
| **Identify and justify deviations from rights or HCBS settings standards.** |

# Relevant IAC

## Chapter 90: Case Management Services.

- Specific information about PCSP and rights restrictions.

## Chapter 83: (Member eligibility for) Medicaid Waiver Services

- Some information about PCSP, rights, rights restrictions, and the IDT.

## Chapter 78: Amount, Duration, and Scope of Medical and Remedial Services

- Outlines settings in which HCBS may be provided.
- Addresses the contents of a PCSP and due process of restrictive interventions.

## Chapter 77: Conditions of Participation for Providers of Medical and Remedial Care

- Describes provider qualifications for waivers and services.
- Defines HCBS settings and restrictive intervention requirements for the state (Federal rules still apply) .
- Establishes some minimal standards for rights and dignity.

# Goal Development

## An Approach to Identifying and Developing Goals

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# The Basics


Help Member Identify Goals

Present non-disability specific options.

Brainstorm how to leverage natural supports.

Brainstorm paid service options to fill the gaps left with unpaid resources.

# Identifying Goals

**Case managers facilitate a conversation to identify goals.**

- ❑ What are their assessed/documented needs?
- ❑ What does the team already know about the member?
- ❑ What's important to the member?
- ❑ May need to break down big goals, but don't lose sight of the member's bigger goals.
- ❑ Help frame thoughts into goals.

# Non-Disability Specific Options

The case manager must provide non-disability specific options to members.

Non-disability specific options are options and resources available to the general community.

Non-disability specific housing options would be apartments, homes, etc. that can be rented or purchased by the general community of people not receiving HCBS.

# Natural Supports

- Natural supports are the relationships that occur in everyday life, usually consisting of family members, friends, co-workers, neighbors and acquaintances.
- Natural supports can be instrumental in developing real connections and a sense of community.

# Paid HCBS

Home- and Community-Based Services (HCBS) are a type of person-centered care delivered in the member's home and community.

- The HCBS Settings Rule requires that people who receive HCB services and supports have full access to the benefits of community living and are supported to receive services in the most integrated setting.
- Must be necessary to meet a member's assessed need.
- Must ensure non-disability specific options and natural supports are leveraged first.
- May be residential or non-residential.
- May be provided in provider owned or controlled settings or member owned and controlled settings.

# Addressing the Whole Person
## *Considering all Quality-of-Life Domains*

- **Quality of life (QoL**) is a concept that aims to capture the well-being of a population or individual regarding both positive and negative elements.
- **Quality of Life Domains** attempt to put different aspects of quality of life into categories.
- Some common, main domains include physical health, psychological health, social relationships, and environmental health.
- These domains have been further broken down into multiple other categories and different terminology.
- All life domains need to be assessed/discussed during plan development, but only those that the individual identifies that they want to work on should be included in the plan.
- Might be captured as a long-term goal, short-term goal, intervention/action step.

# The Process and the Plan

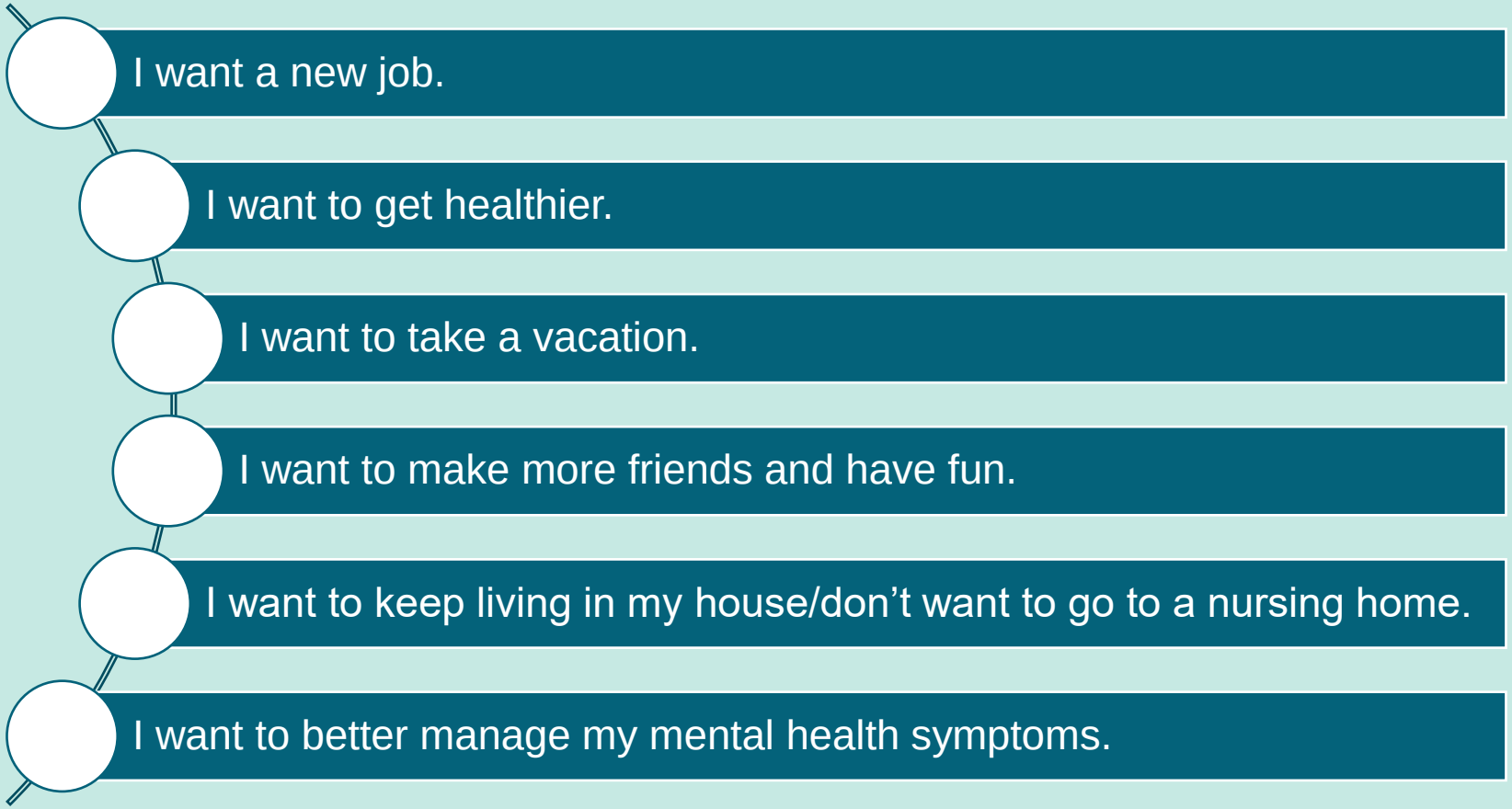

Person-centered planning process- a way to draw out goals from the member

SMART goals – a way to write down or organize the goal in the plan.

# Planning Participant Roles

- Case Manager
  - Facilitates IDT/planning process
  - Resolves conflicts/disagreements
  - Writes, ensures agreement, distributes, and monitors PCSP
- Provider
  - Participates in the IDT/planning process
  - Implements PCSP
  - Provides services in a person-centered way.
  - Provides updates on progress towards goals.
- Guardian
  - Participates in the IDT/planning process
  - Makes decisions in the best interest of and in alignment with the member's choices.

# More Examples



# Restrictive Intervention

## Planning and Documentation

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# Federal and State Rules

- Federal rules lay the groundwork for HCBS settings requirements, person-centered planning requirements and due process for restricting, limiting, or modifying a member's rights.
- Iowa Administrative Code aligns state rule with federal rule and further outlines HCBS settings requirements, member rights, and restrictive intervention planning.

**§ 441.710 State plan home and community-based services under section 1915(i)(1) of the Act.**

- Outlines HCBS settings requirements.
- Defines due process for any circumstances requiring a limitation, modification, or restriction to a member's rights and/or HCBS settings requirements.

**§ 441.301 Contents of request for a waiver.**

- Requires that waiver services must be provided under a written person-centered service plan (PCSP).
- Outlines the required elements and content of a PCSP.

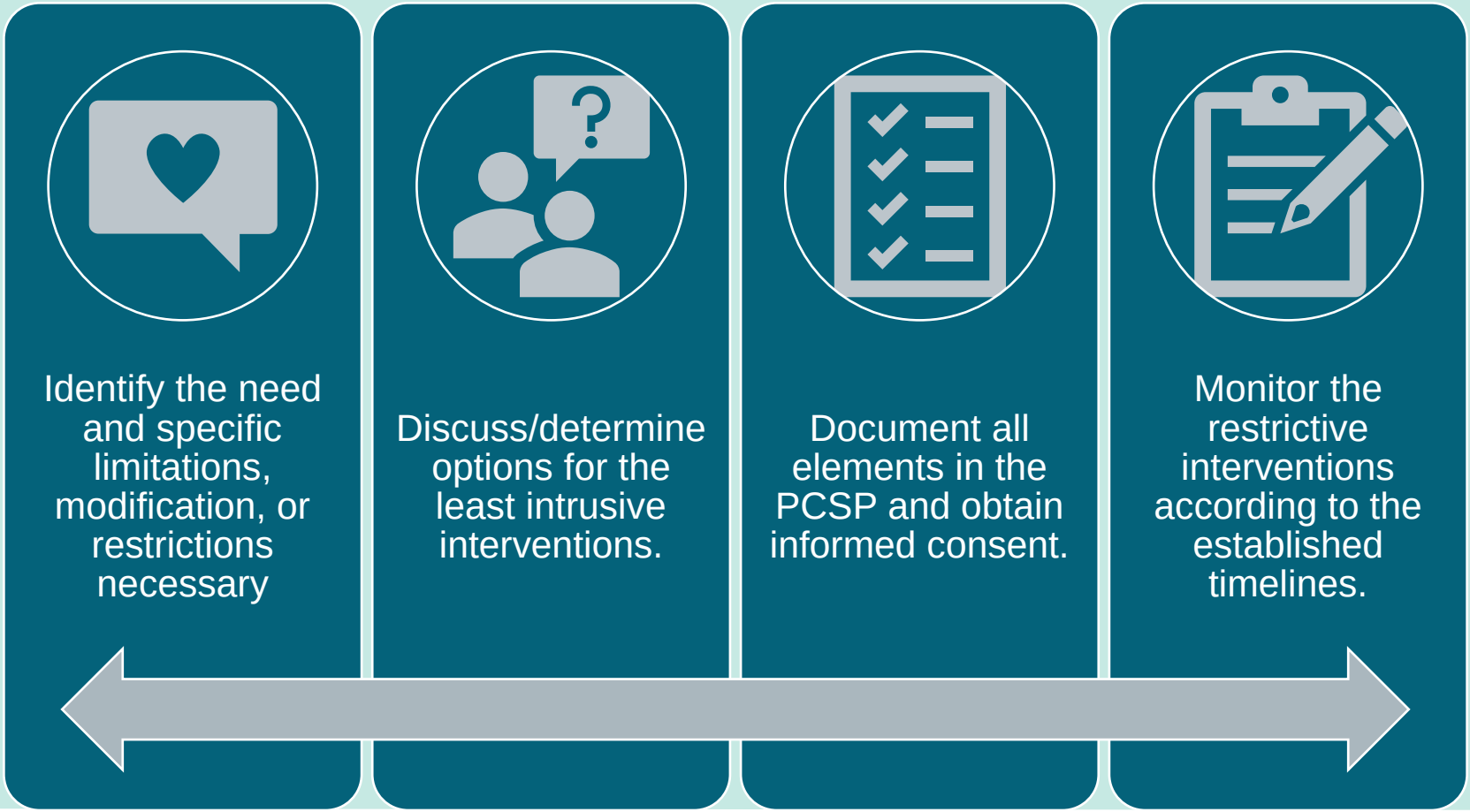
**77.25(4)** *Restraint, restriction, and behavioral intervention*

- Aligns state rule with federal rule.
- Explains due process.

**Chapters 78 and 83**

- Includes some information about restrictive interventions.

# The Basics


Identify the need and specific limitations, modification, or restrictions necessary
Discuss/determine options for the least intrusive interventions.
Document all elements in the PCSP and obtain informed consent.
Monitor the restrictive interventions according to the established timelines.

# Identifying the Need

Must be tied to documented need.

Must be able to identify the right or standard being limited, modified, or restricted.

Must be in direct proportion to the need.

# Deciding on an Intervention

- Try less intrusive measures first
- Least restrictive
- Directly proportionate to the need
- Causes no harm
- Ensures dignity of risk

# Monitoring

Limitations, modifications, and restrictions must be time-limited (quarterly in Iowa).

Purpose is to determine the effectiveness of the limitation, modification, or restriction and attempt to reduce or eliminate it as soon as possible.

# Practices to Avoid

- Pre-determined restrictions
- Provider preference restrictions
- Guardian preference restrictions
- Punishment/reward

# Scenarios

- Right to privacy
- Right to autonomy and decision making
- Right to control schedule
- Right to control possessions

# Links and References

- Competency-Based Training and Technical Assistance | Health & Human Services
- Learning Management System (LMS) | Health & Human Services
- eCFR :: 42 CFR 441.710 -- State plan home and community-based services under section 1915(i)(1) of the Act.
- eCFR :: 42 CFR 441.301 -- Contents of request for a waiver.
- Iowa Legislature – Agency
- Provider Policy Manuals | Health & Human Services

# Links and References


- Spokane County. (n.d.). Introduction to the documentation of person-centered service plans. Retrieved from https://www.spokanecounty.gov/DocumentCenter/View/3024/Introduction-to-the-Documentation-of-Person-Centered-Service-Plans-PDF
- Utah State University Institute for Disability Research, Policy & Practice. (n.d.). Guide to home and community based services. Retrieved from https://idrpp.usu.edu/cei/files/resources/manuals/guide-to-home-community.pdf
- North Carolina Department of Health and Human Services. (n.d.). NC person-centered planning guidance document. Retrieved from https://www.ncdhhs.gov/nc-pcp-guidance-document/open
- Alabama Department of Mental Health. (2022). Person-centered planning provider training participant manual. Retrieved from https://mh.alabama.gov/wp-content/uploads/2022/09/PCP-Provider-Training-Participant-Manual.pdf

# Consumer Choice Options

**Christy Casey**, LTSS Policy Program Manager

IOWA Health and Human Services

# Agenda

BUDGET DEVELOPMENT

AUTHORIZING

MONITORING SERVICES

# Budget Development

Subtitle of Section

IOWA Health and Human Services

# Lois

Mrs. Lois Mertes is a 65-year-old woman who has multiple health problems including chronic lung disease, severe osteoporosis, arthritis and chronic depression. She has no cognitive limitations and is very capable of making decisions about what she wants. She is capable of cooking and doing light housekeeping but uses her health as an excuse not to. Although technically she is not bedridden, she spends most of her days in her bed watching television and talking on the telephone. She lives with her husband (83 years of age) who has his health problems but does not appear to need services other than perhaps housekeeping and meal preparation. He is able to prepare meals but usually does not and the couple eats prepared frozen and canned foods most of the time. Mrs. Mertes doesn't mind eating so simply but her physician has indicated that the high salt content in these prepared meals is dangerous for her blood pressure problem. Mr. Mertes is not a good choice for providing services as he has early dementia and is openly hostile towards his wife.

Mrs. Mertes is extremely isolated except for the home health aide that comes in twice a week. Mrs. Mertes is extremely lonely and wants to get out of the house. She is ashamed of her personal hygiene and the messy conditions of her house.

Mrs. Mertes is currently enrolled in the Consumer Choices Option. Mrs. Mertes has $1000 a month to spend from her individual budget. Mrs. Mertes' team has determined that her needs include personal care tasks, meal preparation, light housekeeping and socialization. In addition, she receives services through a home health aide. Mrs. Mertes doesn't like the home health aides that the agency sends. She doesn't feel the aides have been doing enough for her. She is a difficult woman to work for because she is very demanding and inconsistent in what she expects for her workers. The couple has no extended family in the area and Mrs. Mertes has experience with computers before retirement. Saving for a laptop to reduce isolation is something that could be done to reduce depression, isolation, etc.

## Consumer Choices Option Individual Budget

| | | | | | |
|---|---|---|---|---|---|
| **Consumer Name:** | **Lois** | **M.** | **Mertes** | **Medicaid State ID#** | **123456E** |
| | (First) | (MI) | (Last) | **Consumer's Phone** | |
| **Effective Date:** | | | | | **1-Jan-13** |
| **My Financial Management Service** | **Veridian Credit Union Attn: CCO** | | | PO Box 4502 Waterloo, IA 50704 | 319-236-6775 |
| | Name | | | Address | Phone |
| **My Independent Support Broker** | **Sally Caregiver** | | | 1200 Penn Ave. Des Moines, IA 55555 | 515-222-4444 |
| | Name | | | Address | Phone |
| **My Representative (if applicable)** | N/A | | | | |
| | Name | | | Address | Phone |
| **Guardian/Dual Power of Attorney (if applicable)** | **N/A** | | | | |
| | Name | | | Address | Phone |
| **Monthly available allowance obtained from my case manager/service worker:** | | | | **Total Available Monthly Allowance** | **$ 1,000.00** |

IOWA Health and Human Services

# Service Required Costs:
# Budget Start Up Example

Always $72.28/mo

| SERVICE REQUIRED<br>Financial Management Service Fee | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | $ | 72.28 |
| **Total Financial Management Service Fee** | | | | | | | | | **$** | 72.28 |

| SERVICE REQUIRED<br>Independent Support Broker Fee | Name | Activities | Hourly pay | X | Total Hours month | X | No taxes | | Monthly Cost |
|---|---|---|---|---|---|---|---|---|---|
| *Budget Start up plans (six hours maximum with a maximum of $15.15 per hour)* | Mabel Sturges | Start Up Budget | $ 12.00 | | 2 | | $ - | | $ 24.00 |
| *Follow up support (cannot exceed 30 hours a year with a maximum of $15.15 an hour)* | | | | | | | $ - | | $ - |
| **Total Independent Broker Fees:** | | | | | | | | | **$ 24.00** |
| REQUIRED FEES SUBTOTAL | | | | | | | | | $ 96.28 |

ISB assisting with budget start up, not to exceed 6 total hours.

Will be subtracted from Monthly Allowance

# Service Required Costs: Follow Up Support Example

Always $72.28/mo

| SERVICE REQUIRED<br>Financial Management Service Fee | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | $ | 72.28 |
| **Total Financial Management Service Fee** | | | | | | | | | | | **$** | 72.28 |
| **SERVICE REQUIRED<br>Independent Support Broker Fee** | **Name** | **Activities** | **Hourly pay** | **X** | **Total Hours month** | **X** | **No taxes** | | | | **Monthly Cost** | |
| *Budget Start up plans (six hours maximum with a maximum of $15.15 per hour)* | | | | | | | $ - | | | | $ - | |
| *Follow up support (cannot exceed 30 hours a year with a maximum of $15.15 an hour)* | Mabel Sturges | Follow up support | $ 15.00 | | 2 | | $ - | | | | $ 30.00 | |
| **Total Independent Broker Fees:** | | | | | | | | | | | **$** | **30.00** |
| **REQUIRED FEES SUBTOTAL** | | | | | | | | | | | **$** | 102.28 |

ISB assisting with follow up support, after budget start up is complete.

Will be subtracted from Monthly Allowance

# Service Options

The next three sections of the budget address the services/supports the member will be purchasing with the remaining CCO monies.

1. Self-Directed Personal Cares – under this section, the member may hire an employee to provide assistance and support for the member.

2. Self-Directed Community Supports and Employment – this section addresses skill development in the home and the community. Again, the member hires an employee to provide these services. In this service, the member is being taught to be more self-sufficient.

3. Individual Directed Goods and Services – in this budget section, the member is now purchasing a service or support from an agency, a business, etc.

# Service Options

First and Last

What service will be provided

Enter hourly wage

| SERVICE OPTION<br>Self Directed Personal Care | Name | Description | Hourly pay | X | Total Hours month | X | Taxes at 10.35% | | Monthly Cost |
|---|---|---|---|---|---|---|---|---|---|
| Employee #1 | | | | | | | $ - | | $ - |
| Employee #2 | | | | | | | $ - | | $ - |
| Employee #3 | | | | | | | $ - | | $ - |
| Employee #4 | | | | | | | $ - | | $ - |
| Employee #5 | | | | | | | $ - | | $ - |
| Employee #6 | | | | | | | $ - | | $ - |
| Employee #7 | | | | | | | $ - | | $ - |
| Employee #8 | | | | | | | $ - | | $ - |
| Other Services | | | | | | | $ - | | $ - |
| Other Services | | | | | | | $ - | | $ - |
| **Total Self Directed Personal Care costs:** | | | | | | | | | **$ -** |

| SERVICE OPTION<br>Self Directed Community Supports and Employment | Name | Description | Hourly pay | X | Total Hours month | X | Taxes at 10.35% | | Monthly Cost |
|---|---|---|---|---|---|---|---|---|---|
| Employee #1 | | | | | | | $ - | | $ - |
| Employee #2 | | | | | | | $ - | | $ - |
| Employee #3 | | | | | | | $ - | | $ - |
| Employee #4 | | | | | | | $ - | | $ - |
| Employee #5 | | | | | | | $ - | | $ - |
| Employee #6 | | | | | | | $ - | | $ - |
| Employee #7 | | | | | | | $ - | | $ - |
| Employee #8 | | | | | | | $ - | | $ - |
| Other Services | | | | | | | $ - | | $ - |
| Other Services | | | | | | | $ - | | $ - |
| **Total Self Directed Community Supports and Employment** | | | | | | | | | **$ -** |

# Example

In this case, Mildred is an hourly employee who will work 30 hours per month.

- Her wage is $10.00 per hour.
- $10.00 x 30 hours per month = $300

- Employer taxes are applied to all employee services based on the member's employer tax rate. To determine the amount of employer taxes for a service, you will take the hourly pay rate, multiply it by the number of hours, and then multiply it by the tax rate:
  - $10.00 x 30 x .1035=$31.05
    - $Total monthly cost:
    - $300.00 + $31.05 = $331.05

| SERVICE OPTION<br>Self Directed Personal Care | Name | Description | Hourly pay | X | Total Hours month | X | Taxes at 10.35% | | Monthly Cost |
|---|---|---|---|---|---|---|---|---|---|
| Employee #1 | Mildred Cink | Personal Care | $ 10.00 | | 30 | | $ 31.05 | | $ 331.05 |
| Employee #2 | Helen Hayes | Cleaning/Light Housekeeping | $ 195.00 | | 1 | | $ 20.18 | | $ 215.18 |
| Employee #3 | Suzie Caregiver | Cooking/Transport ation | $ 10.00 | | 20 | | $ 20.70 | | $ 220.70 |
| Employee #4 | | | | | | | $ - | | $ - |
| Employee #5 | | | | | | | $ - | | $ - |
| Employee #6 | | | | | | | $ - | | $ - |
| Employee #7 | | | | | | | $ - | | $ - |
| Employee #8 | | | | | | | $ - | | $ - |
| Other Services | | | | | | | $ - | | $ - |
| Other Services | | | | | | | $ - | | $ - |
| **Total Self Directed Personal Care costs:** | | | | | | | | | **$ 766.93** |

# Self-Directed Community Supports and Employment

| SERVICE OPTION<br>Self Directed Personal Care | Name | Description | Hourly pay | X | Total Hours month | X | Taxes at 10.35% | | Monthly Cost |
|---|---|---|---|---|---|---|---|---|---|
| Employee #1 | | | | | | | | | - |
| Employee #2 | | | | | | | | | - |
| Employee #3 | | | | | | | $ - | | $ - |
| Employee #4 | | | | | | | $ - | | $ - |
| Employee #5 | | | | | | | $ - | | $ - |
| Employee #6 | | | | | | | $ - | | $ - |
| Employee #7 | | | | | | | $ - | | $ - |
| Employee #8 | | | | | | | $ - | | $ - |
| Other Services | | | | | | | $ - | | $ - |
| Other Services | | | | | | | $ - | | $ - |
| Total Self Directed Personal Care costs: | | | | | | | | | $ - |
| SERVICE OPTION<br>Self Directed Community Supports and Employment | Name | Description | Hourly pay | X | Total Hours month | X | Taxes at 10.35% | | Monthly Cost |
| Employee #1 | | | | | | | $ - | | $ - |
| Employee #2 | | | | | | | $ - | | $ - |
| Employee #3 | | | | | | | $ - | | $ - |
| Employee #4 | | | | | | | $ - | | $ - |
| Employee #5 | | | | | | | $ - | | $ - |
| Employee #6 | | | | | | | $ - | | $ - |
| Employee #7 | | | | | | | $ - | | $ - |
| Employee #8 | | | | | | | $ - | | $ - |
| Other Services | | | | | | | $ - | | $ - |
| Other Services | | | | | | | $ - | | $ - |
| Total Self Directed Community Supports and Employment | | | | | | | | | $ - |

Enter hourly wage

First and Last

What service will be provided

IOWA Health and Human Services

# Individual Directed Goods and Supports

- Good or service purchased from a business
- Goods and services in this section are not subject to employer or employee taxes.
- Must be in care plan before purchasing
- Must include completed form 470-5019 Non-Payroll Reimbursement Request

# Costs of the following items and services shall not be covered by the individual budget:

1. Child care services.
2. Clothing not related to an assessed medical need.
3. Conference, meeting or similar venue expenses other than the costs of approved services the member needs while attending the conference, meeting or similar venue.
4. Costs associated with shipping items to the member.
5. Experimental and non-FDA-approved medications, therapies, or treatments.
6. Goods or services covered by other Medicaid programs.
7. Home furnishings.
8. Home repairs or home maintenance.
9. Homeopathic treatments.
10. Insurance premiums or copayments.

# Costs of the following items and services shall not be covered by the individual budget: cont.

11. Items purchased on installment payments.
12. Motorized vehicles.
13. Nutritional supplements.
14. Personal entertainment items.
15. Repairs and maintenance of motor vehicles.
16. Room and board, including rent or mortgage payments.
17. School tuition.
18. Service animals.
19. Services covered by third parties or services that are the responsibility of a non-Medicaid program.
20. Sheltered workshop services.
21. Social or recreational purchases not related to an assessed need or goal identified in the member's service plan.
22. Vacation expenses, other than the costs of approved services the member needs while on vacation.
23. Services provided in the family home by a parent, stepparent, legal representative, sibling, or stepsibling during overnight sleeping hours unless the parent, stepparent, legal representative, sibling, or stepsibling is awake and actively providing direct services as authorized in the member's service plan.
24. Residential services provided to three or more members living in the same residential setting.

# Individual Directed Goods and Services Example

| SERVICE OPTION<br>Individual Directed Goods and Services | Description of Item or services | Cost per item/service | Frequency | Monthly Costs | | Total per mont |
|---|---|---|---|---|---|---|
| Joann's Deep Cleaning Service | Rug Shampooing/Window Washing/Deep Cleaning | $30/hour | 2 | $ 60.00 | | $ 60.00 |
| | | | | | | $ - |
| | | | | | | $ - |
| | | | | | | $ - |
| | | | | | | $ - |
| | | | | | | $ - |
| | | | | | | $ - |
| **Total Directed Goods and Services** | | | | | | **$ 60.00** |

# Savings

## Needs identified in the service plan must be met prior to creating savings plan

- Can save for specific items or purchase additional services
- Cannot include items of convenience
- Must come from efficiencies, you can not shorten the approved hours to pay for it.

## Indicate a start and end date for savings

- Item or service must be purchased prior to end of the plan year.
  - Always submit new budget to be in effect after savings is completed

# Savings Example

| Savings | Description of Item or services | Total Cost of item | Start Date - End Date | Monthly Costs | Total per month |
|---|---|---|---|---|---|
| Computer | laptop | $600.00 | 3/1/12-12/31/12 | $75 | $ 75.00 |
| | | | | | $ - |
| | | | | | $ - |
| | | | | | $ - |
| Total Savings | | | | | $ 75.00 |
| GRAND TOTAL | | | | | $ 996.93 |

# Budget Example

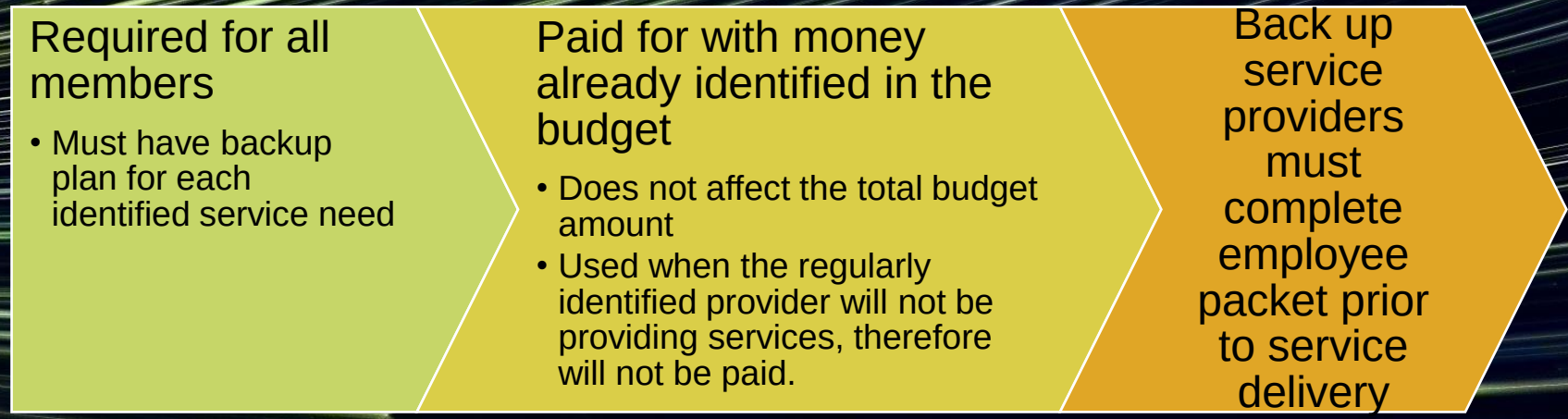
| Savings | Description of Item or services | Total Cost of item | Start Date - End Date | Monthly Costs | Total per month |
|---|---|---|---|---|---|
| Computer | laptop | $600.00 | 3/1/12-12/31/12 | $75 | $ 75.00 |
| | | | | | $ - |
| | | | | | $ - |
| | | | | | $ - |
| Total Savings | | | | | $ 75.00 |
| GRAND TOTAL | | | | | $ 996.93 |

Total cost of all expenses thus far

| BUDGET | |
|---|---|
| Monthly Available Allowance | $ 1,000.00 |
| Less Total Costs | $ 996.93 |
| Balance | $ 3.07 |

Amount left after subtracting Total Cost from Monthly Allowance

# Emergency Back Up Plan



# Emergency Back Up Plan Example

**Emergency Backup Plan**

All consumers must have a plan for emergency situations. This emergency plan may be paid through your individual budget, but reductions may need to be made from other services on your budget anytime this is accessed. The Financial Management agency must have an employee packet completed if your emergency back up provider is to be paid.

| Name of Service | Provider | Plan Cost Hour/Unit | # | Emergency Costs |
|---|---|---|---|---|
| Cleaning/Cooking/Transportation | Sharon Tidy | $10 | 10 | $ 100.00 |
| Personal Cares | Mary Neighbor | $10 | 15 | $ 150.00 |
| | | | | $ - |
| | | | | $ - |
| | | | | $ - |
| | | | | $ - |
| | | | | $ - |
| | | | | $ - |

# Approval

**Approval**

| | | | |
|---|---|---|---|
| Consumer Signature: | | Date: | |
| Representative Signature (if applicable): | | Date: | |
| Guardian/Dual Power of Attorney Signature (if applicable): | | Date: | |
| Independent Support Broker Signature | | Date: | |
| Financial Management Service | | Date Received: | |

**The Financial Management Service will be processing your individual budget worksheet. To insure that services begin by the first of the month needed, receipt of this worksheet must be no later than the 25th of the month prior. (e.g. Services needed Febuary 1st, budget must be received by January 25th . All services will begin on the first of the month only.)**

Never sign a blank budget, this is only signed AFTER the budget is complete.

IOWA Health and Human Services

# Consumer Choices Option Individual Budget

| | | | | | |
|---|---|---|---|---|---|
| Consumer Name: | Lois | M | Mertes | Medicaid State ID# | 1234567A |
| | (First) | (MI) | (Last) | Consumer's Phone | 555-222-3333 |
| Effective Date: | | | | | |

| | | | | |
|---|---|---|---|---|
| My Financial Management Service | Veridian Credit Union | | 1200 Penn Ave Waterloo, IA 50000 | 555-222-4444 |
| | Name | | Address | Phone |
| My Independent Support Broker | Mabel Sturges | | 100 Maple, Massena IA 55555 | 555-333-5555 |
| | Name | | Address | Phone |
| My Representative (if applicable) | | | | |
| | Name | | Address | Phone |
| Guardian/Dual Power of Attorney (if applicable) | | | | |
| | Name | | Address | Phone |

| | | |
|---|---|---|
| Monthly available allowance obtained from my case manager/service worker: | Total Available Monthly Allowance | $ 1,000.00 |

| SERVICE REQUIRED | | |
|---|---|---|
| Financial Management Service Fee | | $ 72.28 |
| Total Financial Management Service Fee | | $ 72.28 |

| SERVICE REQUIRED Independent Support Broker Fee | Name | Activities | Hourly pay | X | Total Hours month | X | No taxes | | Monthly Cost |
|---|---|---|---|---|---|---|---|---|---|
| *Budget Start up plans (six hours maximum with a maximum of $15.15 per hour)* | | | | | | | $ - | | $ - |
| *Follow up support (cannot exceed 30 hours a year with a maximum of $15.15 an hour)* | Mabel Sturges | Follow up support | $ 15.00 | | 2 | | $ - | | $ 30.00 |
| Total Independent Broker Fees: | | | | | | | | | $ 30.00 |

| | |
|---|---|
| REQUIRED FEES SUBTOTAL | $ 102.28 |

| SERVICE OPTION Self Directed Personal Care | Name | Description | Hourly pay | X | Total Hours month | X | Taxes at 10.35% | | Monthly Cost |
|---|---|---|---|---|---|---|---|---|---|
| Employee #1 | Mildred Cink | Personal Care | $ 10.00 | | 30 | | $ 31.05 | | $ 331.05 |
| Employee #2 | Helen Hayes | Cleaning/Light Housekeeping | $ 195.00 | | 1 | | $ 20.18 | | $ 215.18 |
| Employee #3 | Suzie Caregiver | Cooking/Transportation | $ 10.00 | | 20 | | $ 20.70 | | $ 220.70 |
| Employee #4 | | | | | | | $ - | | $ - |
| Employee #5 | | | | | | | $ - | | $ - |
| Employee #6 | | | | | | | $ - | | $ - |
| Employee #7 | | | | | | | $ - | | $ - |
| Employee #8 | | | | | | | $ - | | $ - |
| Other Services | | | | | | | $ - | | $ - |
| Other Services | | | | | | | $ - | | $ - |
| Total Self Directed Personal Care costs: | | | | | | | | | $ 766.93 |

| SERVICE OPTION Self Directed Community Supports and Employment | Name | Description | Hourly pay | X | Total Hours month | X | Taxes at 10.35% | | Monthly Cost |
|---|---|---|---|---|---|---|---|---|---|
| Employee #1 | | | | | | | $ - | | $ - |
| Employee #2 | | | | | | | $ - | | $ - |
| Employee #3 | | | | | | | $ - | | $ - |
| Employee #4 | | | | | | | $ - | | $ - |
| Employee #5 | | | | | | | $ - | | $ - |
| Employee #6 | | | | | | | $ - | | $ - |
| Employee #7 | | | | | | | $ - | | $ - |
| Employee #8 | | | | | | | $ - | | $ - |
| Other Services | | | | | | | $ - | | $ - |
| Other Services | | | | | | | $ - | | $ - |
| **Total Self Directed Community Supports and Employment** | | | | | | | | | **$ -** |

| SERVICE OPTION Individual Directed Goods and Services | Description of Item or services | Cost per item/service | Frequency | Monthly Costs | | Total per month |
|---|---|---|---|---|---|---|
| Joann's Deep Cleaning Service | Rug Shampooing/Window Washing/Deep Cleaning | $30/hour | 2 | $ 60.00 | | $ 60.00 |
| | | | | | | $ - |
| | | | | | | $ - |
| | | | | | | $ - |
| | | | | | | $ - |
| | | | | | | $ - |
| | | | | | | $ - |
| **Total Directed Goods and Services** | | | | | | **$ 60.00** |

| Savings | Description of Item or services | Total Cost of item | | Start Date - End Date | Monthly Costs | | Total per month |
|---|---|---|---|---|---|---|---|
| Computer | laptop | $600.00 | | 3/1/12-12/31/12 | $75 | | $ 75.00 |
| | | | | | | | $ - |
| | | | | | | | $ - |
| | | | | | | | $ - |
| **Total Savings** | | | | | | | **$ 75.00** |
| GRAND TOTAL | | | | | | | $ 996.93 |

| BUDGET | |
|---|---|
| Monthly Available Allowance | $ 1,000.00 |
| Less Total Costs | $ 996.93 |
| **Balance** | **$ 3.07** |

## MY NEEDS

This individual budget helps me with the following needs. Check all needs that apply to you.

- ☐ Walking/Mobility
- ☑ Do heavy chores
- ☑ Do light housekeeping
- ☐ Prepare meals
- ☐ Do shopping
- ☐ Take medication
- ☑ Transportation
- ☑ Personal errands
- ☐ Laundry
- ☐ Day activity
- ☑ Companionship
- ☐ Behavioral needs
- ☐ Communication
- ☐ Respite
- ☐ Daily living skills
- ☐ Lawn care
- ☐ Equipment
- ☐ Employment or other training
- ☐ Homemaking assistance
- ☐ Medical care
- ☐ Medical supplies
- ☑ Personal care
- ☐ Other _____
- ☐ Other _____
- ☐ Other _____

## Emergency Backup Plan

All consumers must have a plan for emergency situations. This emergency plan may be paid through your individual budget, but reductions may need to be made from other services on your budget anytime this is accessed. The Financial Management agency must have an employee packet completed if your emergency back up provider is to be paid.

| Name of Service | Provider | Plan Cost Hour/Unit | # | Emergency Costs |
|---|---|---|---|---|
| Cleaning/Cooking/Transportation | Sharon Tidy | $10 | 10 | $ 100.00 |
| Personal Cares | Mary Neighbor | $10 | 15 | $ 150.00 |
| | | | | $ - |
| | | | | $ - |
| | | | | $ - |
| | | | | $ - |
| | | | | $ - |
| | | | | $ - |

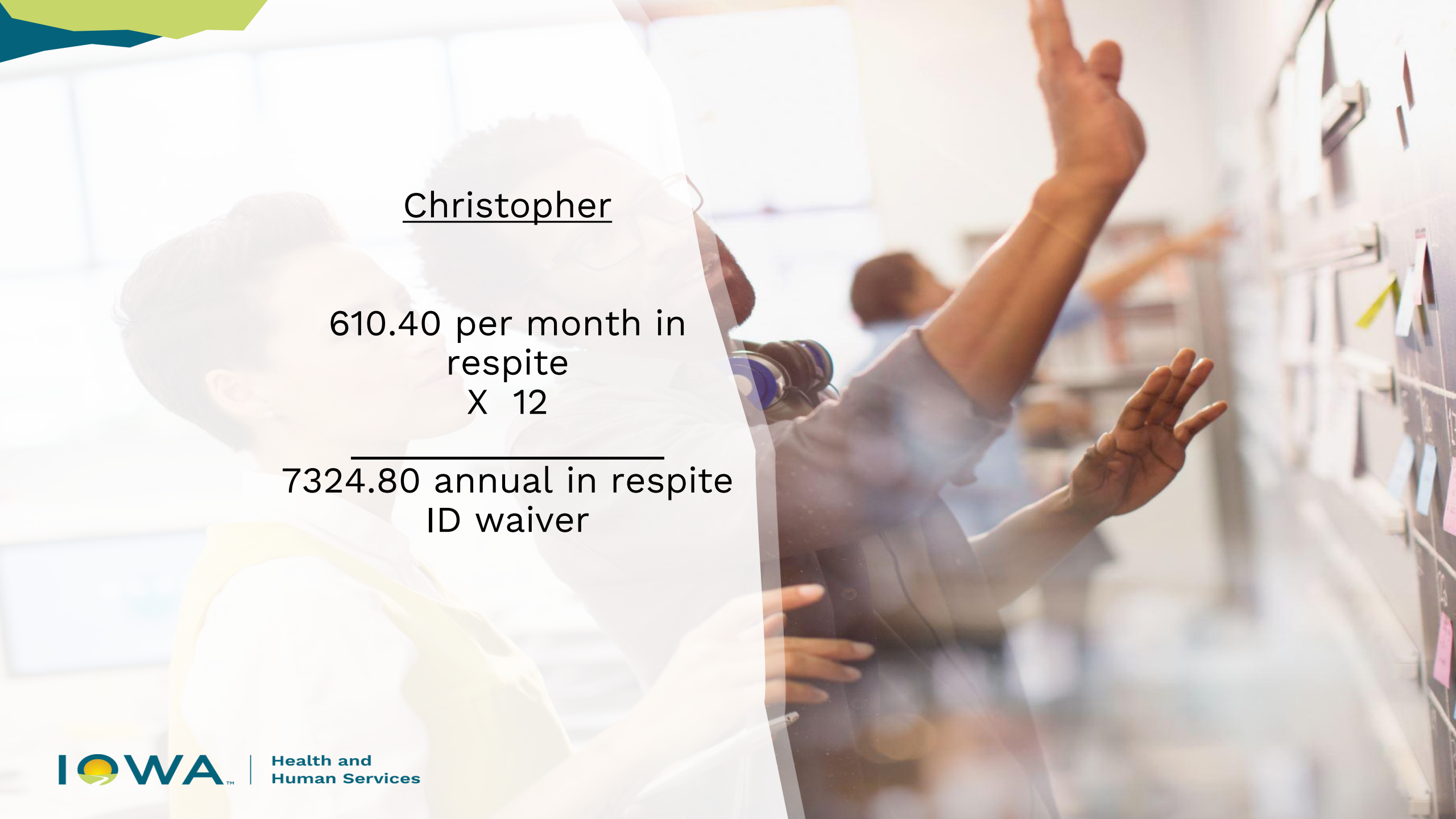
## Approval

| | | |
|---|---|---|
| Consumer Signature: _____ | _____ | Date: _____ |
| Representative Signature (if applicable): _____ | _____ | Date: _____ |
| Guardian/Dual Power of Attorney Signature (if applicable): _____ | _____ | Date: _____ |
| Independent Support Broker Signature _____ | _____ | Date: _____ |
| Financial Management Service _____ | _____ | Date Received: _____ |

**The Financial Management Service will be processing your individual budget worksheet. To insure that services begin by the first of the month needed, receipt of this worksheet must be no later than the 25th of the month prior. (e.g. Services needed Febuary 1st, budget must be received by January 25th . All services will begin on the first of the month only.)**

## Christopher

Chris is 23 and lives with his parents, he accesses the ID waiver. He utilizes 40 hours a month of SCL through a traditional provider. His parents would also like to access Respite services. Since Chris accesses the ID waiver, he can have up to $7334.62 a year in respite. Chris would also like a gym membership to the YMCA to help him with his exercise goal. The membership cost is $25 a month. He would like to create an efficiency in his budget to cover this cost.



Christopher

610.40 per month in respite
X 12

7324.80 annual in respite ID waiver

IOWA Health and Human Services

| Monthly available allowance obtained from my case manager/service worker: | | | | | | | | | Total Available Monthly Allowance | $ 610.40 |
|---|---|---|---|---|---|---|---|---|---|---|
| SERVICE REQUIRED<br>Financial Management Service Fee | | | | | | | | | $ 6 | 72.28 |
| Total Financial Management Service Fee | | | | | | | | | $ 6 | 72.28 |

| SERVICE REQUIRED<br>Independent Support Broker Fee | Name | Activities | Hourly pay | X | Total Hours month | X | No taxes | | Monthly Cost |
|---|---|---|---|---|---|---|---|---|---|
| *Budget Start up plans (six hours maximum with a maximum of $15.00 per hour)* | | | | | | | $ - | | $ - |
| *Follow up support (cannot exceed 20 hours a year with a maximum of $15.00 an hour)* | Bob | Follow up | $ 16.32 | | 2 | | $ - | | $ 32.64 |
| **Total Independent Broker Fees:** | | | | | | | | | **$ 32.64** |
| **REQUIRED FEES SUBTOTAL** | | | | | | | | | **$ 97.64** |

| SERVICE OPTION<br>Self Directed Personal Care | Name | Description | Hourly pay | X | Total Hours month | X | Taxes at 10.35% | | Monthly Cost |
|---|---|---|---|---|---|---|---|---|---|
| Employee #1 | Donald Duck | Respite | $ 12.48 | | 35 | | $ 45.21 | | $ 482.01 |
| Employee #2 | | | | | | | $ - | | $ - |

| SERVICE OPTION<br>Individual Directed Goods and Services | Description of Item or services | Cost per item/service | Frequency | Monthly Costs | | Total per month |
|---|---|---|---|---|---|---|
| Camp Courageous | Gym Membership | 20.00 | 1 | $ 20.00 | | $ 20.00 |

| BUDGET | |
|---|---|
| Monthly Available Allowance | $ 610.40 |
| Less Total Costs | $ 606.93 |
| **Balance** | **$ 3.47** |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| T2015 | U3 | | 21.62 | $ - | 38.27 | $ | - |
| S5150 | | | 5.61 | $ - | 5.61 | $ | - |
| S5150 | UC | 140 | 4.36 | $ 610.40 | 4.36 | $ | 610.40 |
| H2015 | HI | | 5.31 | $ - | 8.21 | $ | - |
| H2016 | HI | | 173.43 | $ - | 179.43 | $ | - |
| | | | | $ - | | $ | - |
| Total Monthly Budget for T2025 | | | | $ 610.40 | | $ | 610.40 |

IOWA Health and Human Services

# Things to Remember

When employees are paid different wages, the hours should be assigned as expected to be delivered.

For example:

| Name | Description | Hourly pay | X | Total Hours month | X | 9.25 | | Monthly Cost |
|---|---|---|---|---|---|---|---|---|
| Maggie Simpson | SCL | $ 18.00 | | 15 | | $ 24.98 | | $ 294.98 |
| Bart Simpson | SCL | $ 16.00 | | 25 | | $ 37.00 | | $ 437.00 |
| | | | | | | $ - | | $ - |

It should not show all of the hours assigned one person, especially if they are not an active staff. The hours need to reflect how they will be intended to be provided. We understand it may not work out exactly that way, but this will help to keep from going over budget.

| Name | Description | Hourly pay | X | Total Hours month | X | 9.25 | | Monthly Cost |
|---|---|---|---|---|---|---|---|---|
| Maggie Simpson | SCL | $ 18.00 | | | | $ - | | $ - |
| Bart Simpson | SCL | $ 16.00 | | 40 | | $ 59.20 | | $ 699.20 |
| | | | | | | $ - | | $ - |
| | | | | | | $ - | | $ - |

# Resources

- https://www.veridianfiscalsolutions.org/cco/forms.aspx
- https://hhs.iowa.gov/programs/welcome-iowa-medicaid/member-services/cco

# Authorizing

IOWA Health and Human Services

Review budget to ensure it matches the PCSP, if it does not, send back to ISB for corrections.

If Budget matches PCSP then email budget to VFS, enter plan in IOWANS. If there is a error on the budget VFS will send it back to you.

Budgets are due to VFS by the 20th of the month prior to when they start.

VFS will file a claim usually by the 5th of the month, if you make a change to the plan after the 5th of the month then VFS has probably already filed a claim so it may be denied.

IOWANs and MMIS must communicate any updates between the systems, this takes 4-5 days. Therefore, any changes made after the 20th of the month may cause delay in payroll.

# Services that require Pre Authorization

- CDAC (Self Directed Personal Cares 1/1/2026)
- Adult Day Care in the Home
- Children's Medical Day Care
- Home and Vehicle Modifications
- Specialized medical equipment
- Environmental Modifications and adaptive devices

- *A certificate of necessity must be completed.

# FFS New Member Entry Process

- **As of 9/26/25** Veridian Fiscal Solutions (VFS) is using the the EnrollMe™ CCO Enrollment Form as follows https://forms.veridianfiscalsolutions.org/232406863973969
- Effective August 1st, 2025, the submission of any budget for a FFS member to Veridian Fiscal Solutions (VFS) must be made by you the Case Manager. You can submit a budget to VFS via email at **ccobudgets@veridiancu.org. Budgets sent to VFS in any manner other than by an approved Case Manager to this email address will not be accepted.**

# Over authorizing

We authorize services based on the members need NOT the amount of pay for employees

FFS is a prepay service, which means that we pay out the budget every month and whatever is not spent we recoup from VFS at the end of the year.

We recoup over 10 million dollars from VFS every year of unpaid funds, that is over 10 million dollars of Medicaid funds tied up that can not be used by other members for services.

**We are all STEWARDS of Medicaid dollars**.

# Monitoring Services

IOWA Health and Human Services

# Case Manager Responsibilities

- Develop a person-centered service plan led by the member with the help from the Interdisciplinary Team
  - Document type and amount of services based on the assessed needs
    - Services should **never** be determined based on the rate of pay an employee may receive
  - Determine the monthly amount of CCO dollars available to the member to self-direct

# Case Manager Responsibilities (continued)

- Authorize CCO
- Assist the member in choosing an Independent Support Broker (ISB), if no ISB is chosen assist the member or DBA with building a budget.
- Complete the Home and Community-Based Services (HCBS) Consumer Choices Option Informed Consent and Risk Agreement (form 470-4289)
- Monitor the usage of all services

# Case Manager Responsibilities (continued)

- Monitor the usage of all services
  - Review employee/ISB documentation quarterly
  - Conduct routine outreach to member or delegate authority to discuss progress on goals applicable to CCO
- Review and update the person-centered service plan when needed

# Questions

Christy Casey
LTSS Policy Program Manager
christy.casey@hhs.iowa.gov

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# Eligibility for Home and Community Based Services (HCBS)

**Kim Grasty**,
HCBS Quality Manager

IOWA Health and Human Services

# Agenda

APPLICATION

ELIGIBILITY CRITERIA

ONGOING ELIGIBILITY

# Application

## How to Apply and Processing

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# How to Apply

- In Person
  - At a local HHS office :  https://hhs.iowa.gov/hhs-office-locations
- By Phone
  - Call 1-855-889-7985
- By Mail
  - https://hhs.iowa.gov/media/5825/download?inline

  Imaging Center 4
  PO Box 2027
  Cedar Rapids, Iowa 52406
- Email or Fax
  - Fax – Send to (515) 564-4017
  - Email – Send to imagingcenter4@hhs.iowa.gov
- Online
  - At the HHS Benefits Portal: https://hhsservices.iowa.gov/apspssp/ssp.portal

# Application Processing

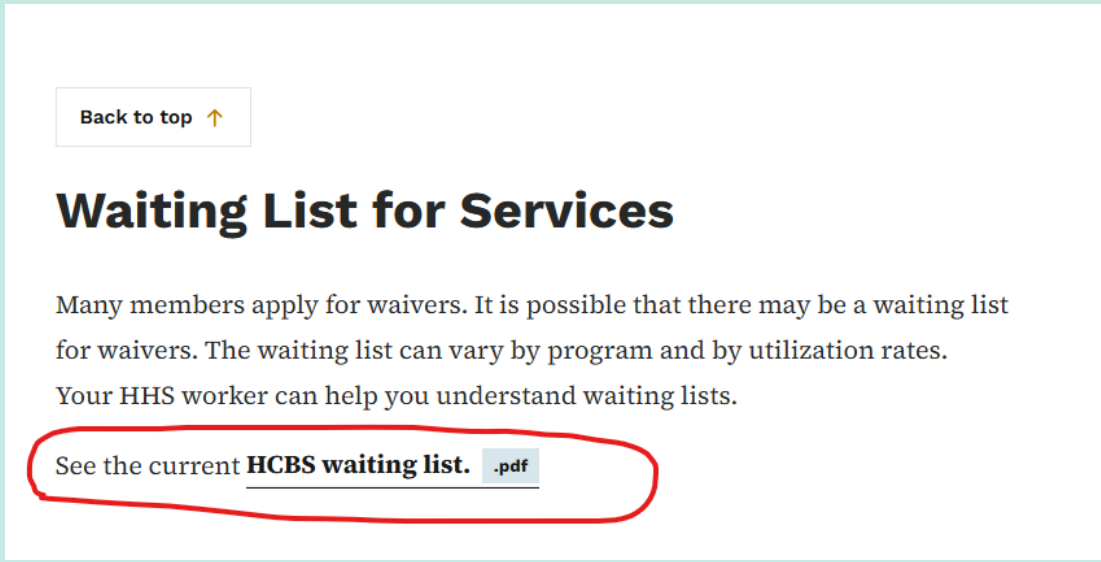
- Once an application is filed, it is assigned to an Eligibility Benefits Specialist (EBS) to begin processing and determining eligibility.
- If it is determined that more information/verification is needed, the EBS sends the applicant a Request For Information (RFI).
- The applicant will have 10 days to return the requested information.
- If the applicant needs more time to gather the needed information, they will need to call the EBS and request an extension.
- If the requested information is not provided by the due date, the application will be denied.

# HCBS Waiver Slots

- There are limits to the number of members who can receive HCBS. When all waiver slots are assigned, the applicant's name is placed on a waiting list, based on their application date.
- Applicants who are placed on the waiting list are sent a Waiver Priority Needs Assessment, form 470-5795.
  - If they feel they meet any of the criteria they should complete the form and send it back to be evaluated for the possibility to be prioritized and moved up on the waiting list.
- Once a slot becomes available, they will be contacted and will have 30-days to return the needed information back to HHS to accept the slot.

# HCBS Waiver Slots Cont..

- The HCBS Waiver Waiting List information can be found here: https://hhs.iowa.gov/medicaid/services-care/home-and-community-based-services/waiver-programs



# HCBS Waiver Slots Cont..

- The information displayed shows each waiver, how many people are on the waiting list and the next application date that will receive a slot.

**2025 Monthly Slot and Waiting List Summary**

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **ELDERLY WAIVER** | | | | | | | | | | | | |
| CMS Slot Cap | 8,009 | 8,009 | 8,009 | 8,009 | 8,009 | 8,009 | 8,009 | 8,009 | 8,009 | 8,009 | 0 | 0 |
| Approved in IoWANS | 7,609 | 7,709 | 7,778 | 7,814 | 7,843 | 7,808 | 7,726 | 7,701 | 7,641 | 7,604 | 0 | 0 |
| In process | 2,849 | 2,921 | 2,919 | 2,886 | 2,860 | 3,033 | 3,187 | 3,229 | 3,329 | 3,408 | 0 | 0 |
| Waiting list | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Next application date for slot | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| **INTELLECTUAL DISABILITY WAIVER (SLOT CAP REDUCED BY RESERVED CAPACITY)** | | | | | | | | | | | | |
| CMS Slot Cap | 13,436 | 13,436 | 13,436 | 13,436 | 13,436 | 13,436 | 13,436 | 13,436 | 13,436 | 13,436 | 0 | 0 |
| Approved in IoWANS | 12,188 | 12,248 | 12,304 | 12,387 | 12,409 | 12,393 | 12,394 | 12,428 | 12,415 | 12,399 | 0 | 0 |
| In process | 1,857 | 1,631 | 1,546 | 1,333 | 1,284 | 1,230 | 1,101 | 1,153 | 1,235 | 1,329 | 0 | 0 |
| Waiting list* | 6,610 | 6,813 | 6,964 | 7,064 | 7,147 | 7,371 | 7,478 | 7,536 | 7,571 | 7,596 | 0 | 0 |
| Next application date for slot* | 7/23/20 | 7/23/20 | 7/23/20 | 8/19/20 | 9/15/20 | 9/16/20 | 10/13/20 | 11/24/20 | 1/7/21 | 2/16/21 | 1/0/00 | 1/0/00 |

# HCBS Eligibility

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# Eligibility Requirements

- Must meet all financial and non-financial eligibility requirements
- Financial
  - Meet income and resource guidelines
- Non-Financial- examples, not a full list
  - Be a U.S. Citizen or Eligible Immigration Status
  - Maintain Iowa Residency
  - Must be aged, blind, disabled, or a child under 21
  - Cooperation with Other Agencies, such as Third Party Liability (TPL)
  - Meet the needed Level of Care for the waiver applied for

# Income

- "Income" is anything a person receives either in cash or in-kind that can be used to meet the person's basic needs of food, clothing, or shelter. This includes income deemed from a parent, spouse, or partner.

- Income limit is 300% of the SSI amount. 2025= $2,901

# Medical Assistance Income Trust
## For people seeking LTC

- Members with gross income over the $2,901 income limit can still qualify for Medicaid payment by setting up and using a medical assistance income trust (MAIT or Miller's Trust)
- Total income needs to be less than 125% of the statewide average charge for NF care. 7/1/25- $10,653.75 for NF
- Trusts can be set up by working with the member's lawyer, or contacting Iowa Legal Aid
- Only very specific payments are allowed to be made from the trust and must occur in a specific order.  This includes CP.

# Resources

- Any money or item that can be cashed in, sold, or converted to cash to help pay for medical care.
- Unless specifically exempt, all resources are considered countable. Resources are determined as of the first moment of the first day of the month. (close of business on the last day of previous month)
- Transfer of Assets for people seeking LTC:  the look back period is 60 months from the date of application.  If the client has transferred assets for less than fair market value, within the lookback period, there will be a penalty period to face before eligibility can be granted.
- Resource limit is $2,000 for an individual or $3,000 for a couple

***Note:  for children on waiver, we do not look at resources.

# Resources for Married People Needing Long Term Care

Attribution of Resources

- When one spouse applies for a facility care, HCBS waiver, or PACE, resources are “attributed” to the “community spouse” (CS) to protect resources for the CS maintenance at home.
- The amount attributed to the CS depends on the couple’s total combined resources at the time of entry into a facility or for waiver and PACE, the date that LOC has been met.
- Below is the chart for 2025

| Value of Combined Resources | $0 - $63,168 | $63,168.01 - $315,840 | $315,840.01 or more |
|---|---|---|---|
| Amount attributed to: | | | |
| Community spouse | $31,584 | One-half | $157,920 |
| Institutionalized spouse | Remainder | One-half | Remainder |

# Ongoing Eligibility

What to expect once approved.

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# Ongoing Eligibility

- Members are responsible to report all changes that may affect their eligibility within 10 days. This includes things such as moving into a medical facility and changes in income or resources.
- HCBS members must receive one service per quarter to remain eligible.
- Members have an annual review of their eligibility.
  - If receiving SSI, SSI determines their financial eligibility, and they will not receive a form.
  - If the system can renew them with the data available to the department, the member will be passively renewed, and they will not receive a review form.
  - If they are not on SSI and cannot be passively renewed, a review form will be sent out and they will be required to complete it and mail it back with proof or current income and resources.

# Estate Recovery

The cost of medical assistance is subject to recovery from the estates of certain Medicaid members.

- Members affected:
  - 55 years of age or older, regardless of where they live
  - Under 55 and
    - Are residents of a nursing facility, intermediate care facility for the intellectually disabled, or a mental health institute, and
    - Cannot reasonable be expected to be discharged and return home.

Questions about the Estate Recovery Program: Call 1-888-513-5186

# Questions

Kim Grasty
HCBS Quality Manager
kim.grasty@hhs.iowa.gov

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# HCBS Settings & Residential Settings Assessment

**Brooke Watson, LTSS Program Policy Manager**

IOWA Health and Human Services

# Agenda

- Overview of the HCBS Settings Final Rule
- Key concepts from the HCBS Settings Final Rule
- Case Management's role with the HCBS Settings rule
- Purpose of the Residential Assessment
- Expectations for Residential Assessment completion
- Accessing the Residential Assessment
- Completing the Residential Assessment
- Overview of current State concerns with completed Residential Assessments
- Contacts when supports are needed

# HCBS Settings Final Rule

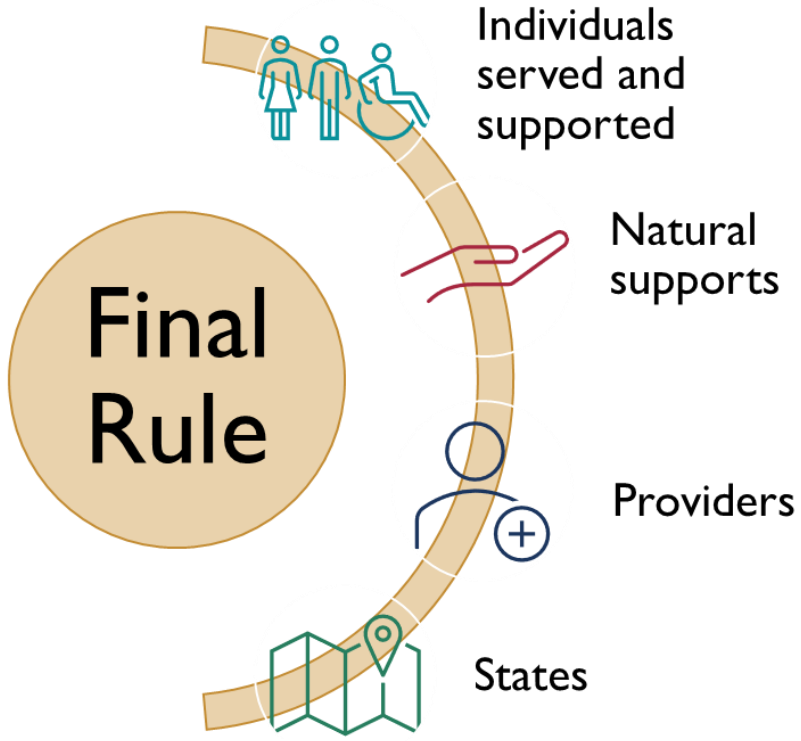
On March 17, 2014, the Centers for Medicare, and Medicaid Services (CMS) issued a final rule for Home and Community Based Services (HCBS) requiring states to ensure all settings where Medicaid HCBS are provided are or can become compliant with the HCBS Final Rule. The time between the establishment of the final rule and the deadline for all states to comply is referred to as the “transition period.” The transition period ended on March 17, 2023.

The HCBS Setting Final Rule was designed to enhance the quality of HCBS, provide additional protections, and ensure full access to the benefits of community living.

The rule is designed in such a way that reinforces the idea of “systems change/transformation” over the idea of “compliance”. We have accomplished the intent of the rule when our system has been transformed.

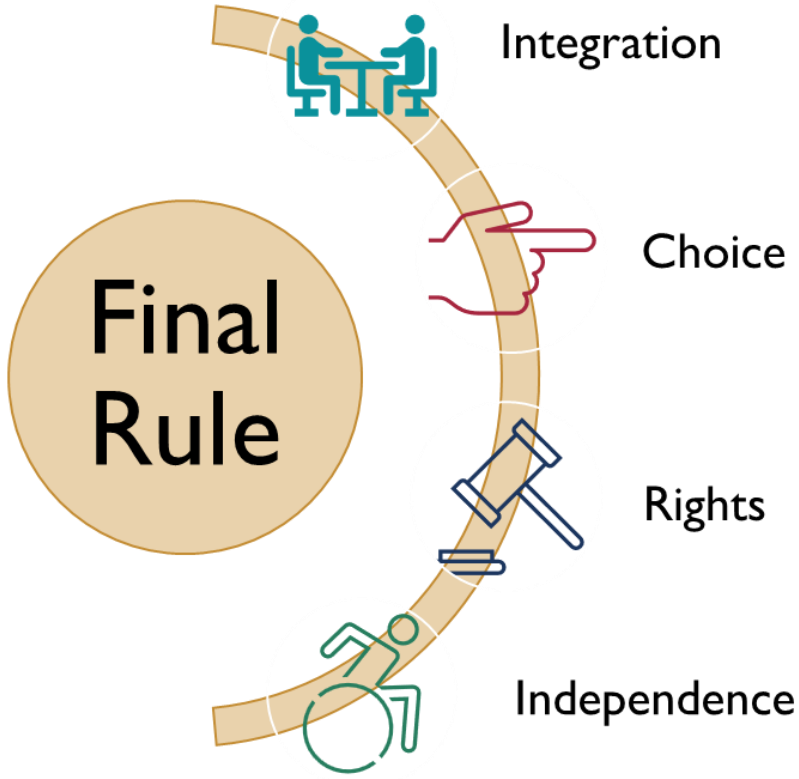
# HCBS Settings Final Rule

- The HCBS Settings "Final Rule was published in the Federal Register on January 16, 2014, and became effective March 17, 2014.
- The final rule addresses several sections of Medicaid law under which states may use federal Medicaid funds to pay for HCBS.
- Designed to enhance the quality of HCBS, provide additional protections, and ensure full access to the benefits of community living.



# HCBS Settings Final Rule

- The rule creates a more outcome-oriented definition of home and community-based settings, rather than one based solely on a setting's location, geography, or physical characteristics.
- This rule is a commitment to facilitate beneficiary autonomy and community participation. Community integration, choice, rights, and independence are key.
- The rule also describes the minimum requirements for person-centered planning.



# Key Concepts from the HCBS Settings Final Rule

- Integration
- Choice
- Individual Rights
- Independence
- Privacy
- Dignity and Respect
- Freedom from Coercion and Restraint

# Case Management's Role with the HCBS Settings Rule

Ensure HCBS members experience a fully integrated life, have opportunities to make informed choices about their lives, and are afforded rights and freedoms.

Person-Centered Planning

Assessing and Remediating HCBS Residential Settings

# Purpose of the Residential Assessment

The purpose of the Residential Assessment is to identify whether key HCBS settings requirements are present in the individual homes and lives of each member.

Residential Assessments are completed by case managers because case managers have direct access to individual members and their homes, have a requirement to see members in their home environments, and have relationships with the members to allow for the best understanding of members' experiences in HCBS residential settings.

The Residential Assessment data is used to report to CMS compliance in HCBS residential settings.

# Expectation for the Residential Assessment Completion

January 1, 2024, a new Residential Assessment was launched. At that time, it was expected that a new Residential Assessment would be completed for all HCBS waiver, Habilitation, and MFP members by March 31, 2024.

Currently, case managers must complete a residential assessment with members within 30 days of admission to a waiver, Habilitation, or MFP program and within 30 days of a move to new residence.

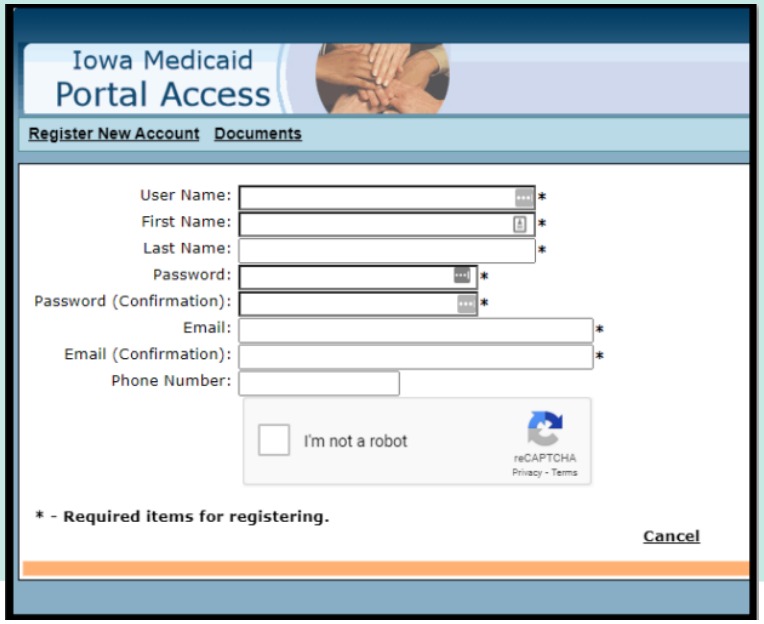
New case managers are required to complete training before administering the Residential Assessment.

Residential Assessments must be conducted in-person and in the member's place of residence. The member must be present, but parents, guardians, or provider staff may participate as needed or desired by the member.

# Accessing the Residential Assessment Application

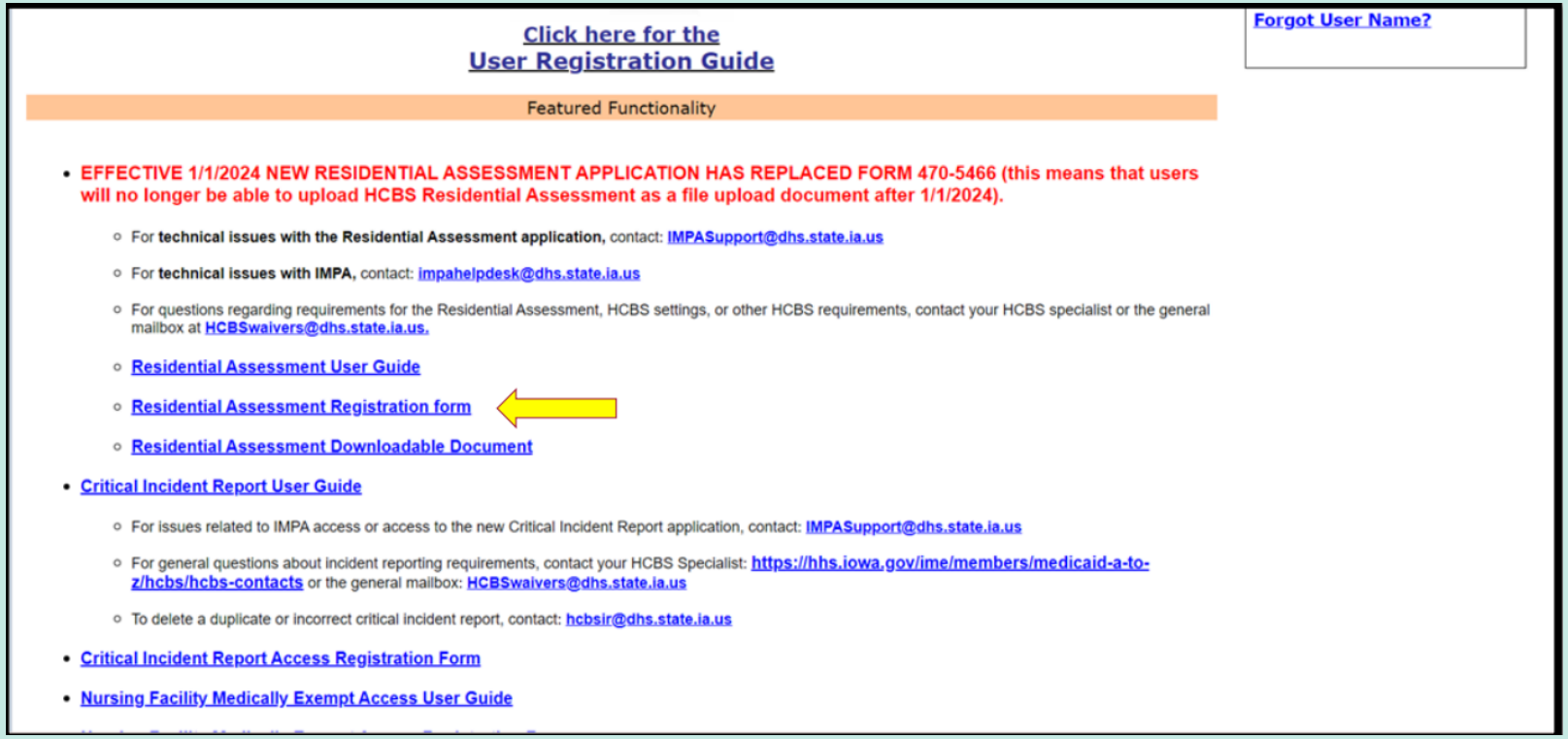
- IMPA Registration
  - If you do not already have access to IMPA, please register here: IMPA (state.ia.us)


  - Fill out the information requested after selecting Register New Account.



# Residential Assessment Application Access

- Once you have access to IMPA, you will need to register for access to the Residential Assessment Application.
- For access to the Residential Assessment Application, please use the link on the IMPA landing page titled: Residential Assessment Registration form

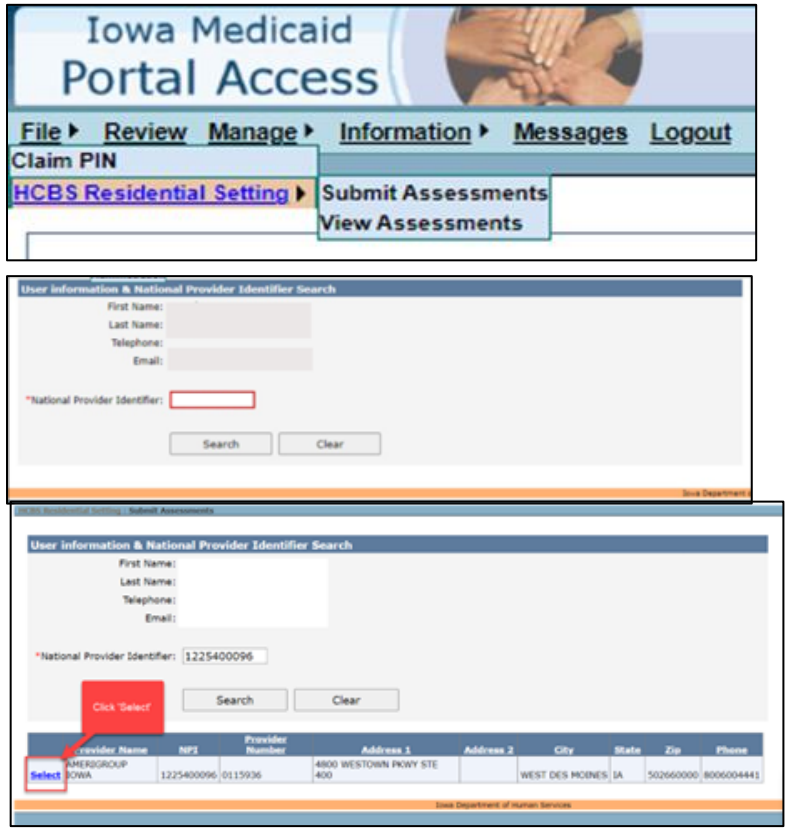


# Application Roles

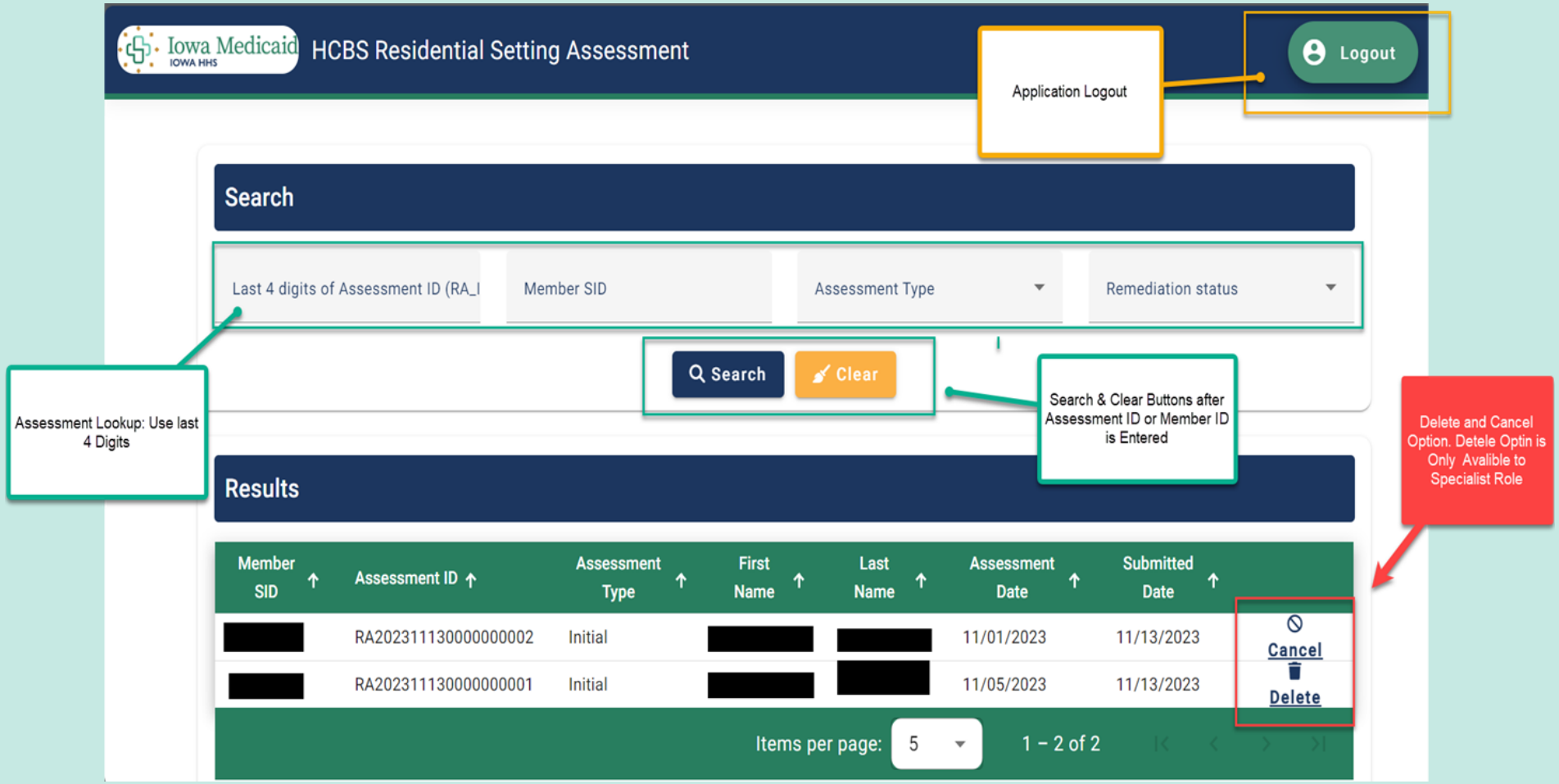
| IMPA Administrator Role | Assessor Role | Reviewer Role | Specialist Role |
|---|---|---|---|
| • Adds and manages users and roles | • Creates RAs<br>• Searches and views created but not submitted RAs created by the assessor or others in their IMPA admin group.<br>• Cancels RA unless it has been submitted.<br>• Edits RA unless it has been submitted. | • Searches and views created but not submitted RAs created by the assessor or others in their IMPA admin group.<br>• Cancels RA unless it has been submitted.<br>• Edits RA unless it has been submitted. | • Searches and views all RAs created by the those in their IMPA admin group.<br>• Deletes RA unless it has been submitted. |

# Opening the Residential Assessment Application

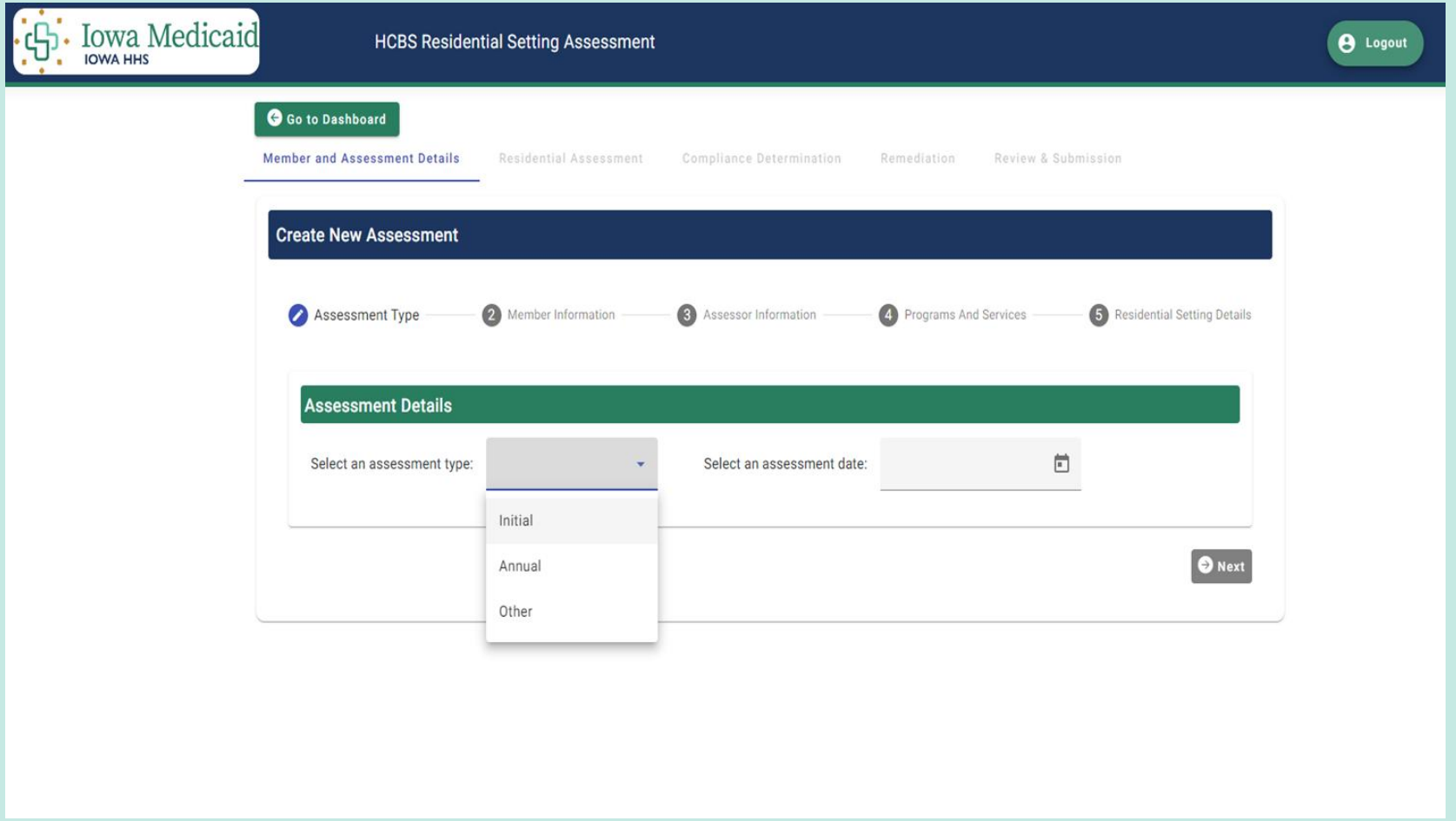
- Once you have an account and access to the application, follow these steps to create a new Residential Assessment
  - Sign into IMPA
  - Using the navigation bar, go to Files >HCBS Residential Setting> Submit Assessment
  - Assessors must enter the NPI of the organization they are registered under.
  - Click select next your organization



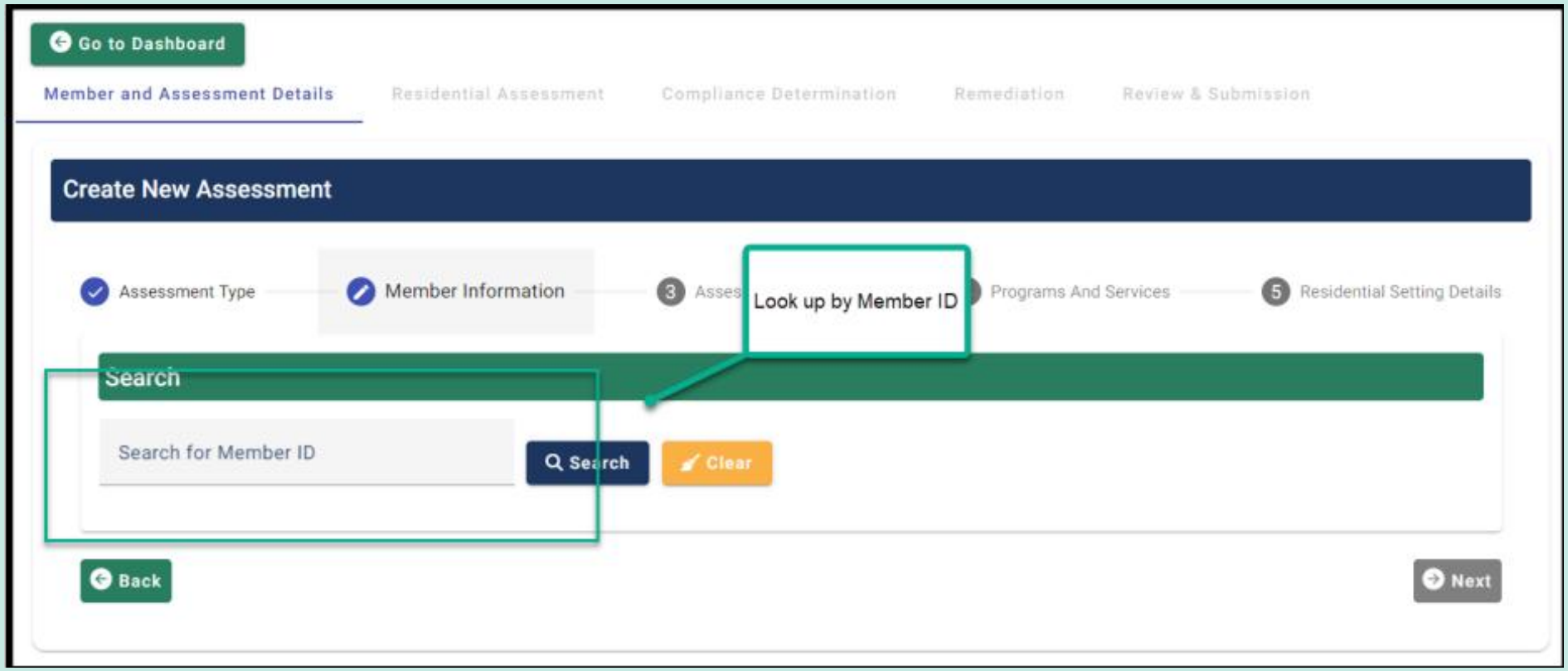
# Dashboard Page



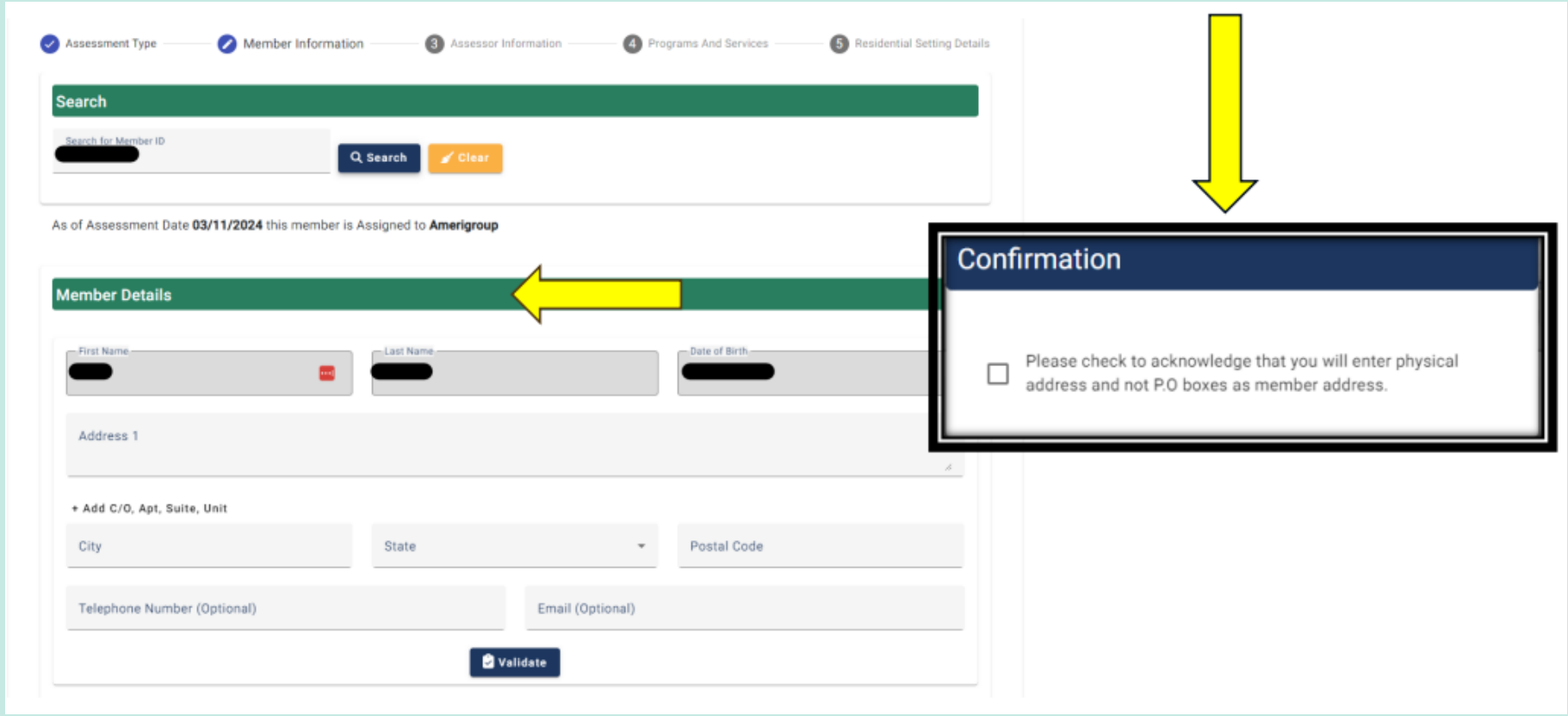
# Create New


Iowa Medicaid
IOWA HHS
HCBS Residential Setting Assessment
Logout
Go to Dashboard
Member and Assessment Details
Residential Assessment
Compliance Determination
Remediation
Review & Submission
Create New Assessment
Assessment Type
2 Member Information
3 Assessor Information
4 Programs And Services
5 Residential Setting Details
Assessment Details
Select an assessment type:
Select an assessment date:
Initial
Annual
Other
Next

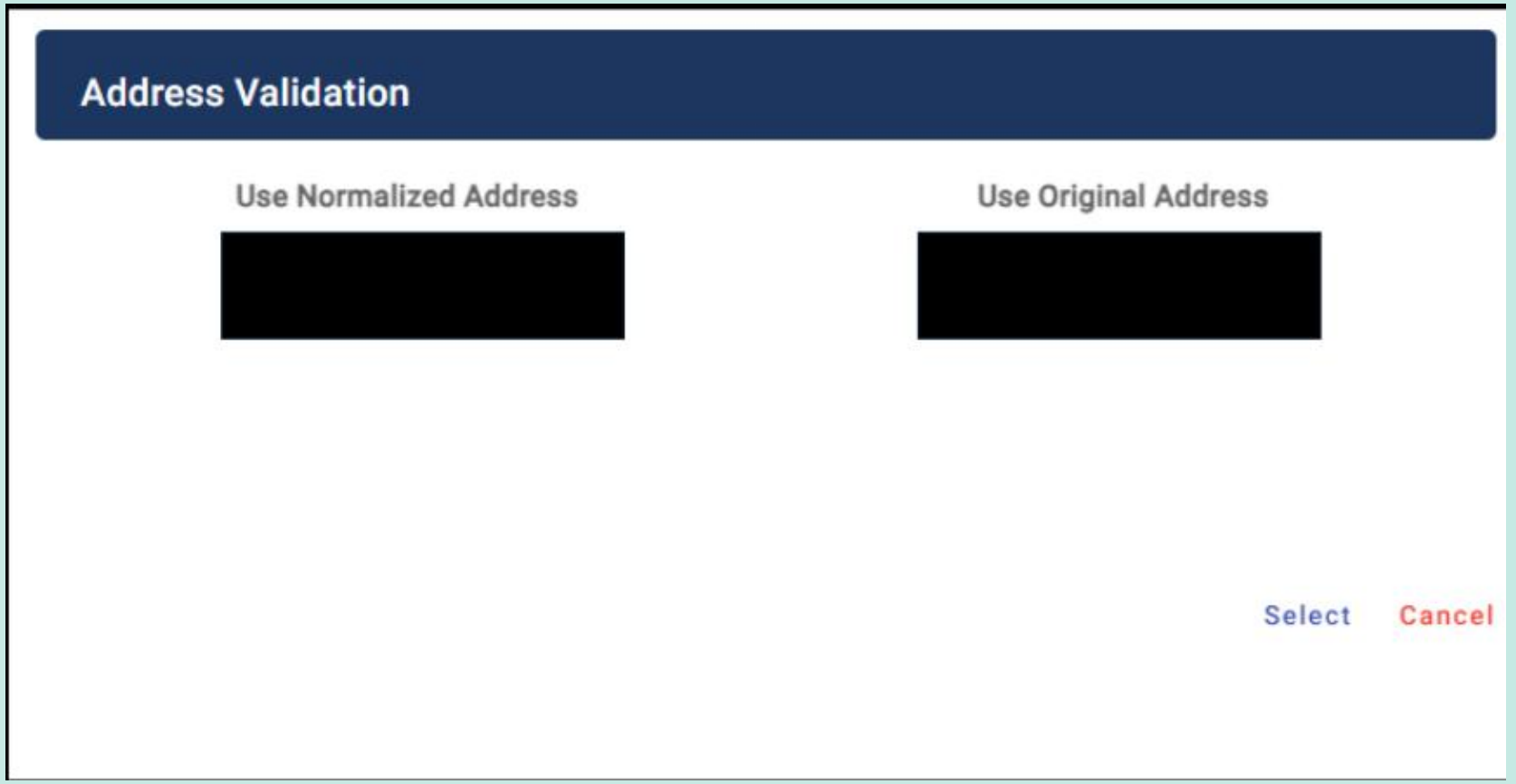
# Part 1: Member and Assessor Details



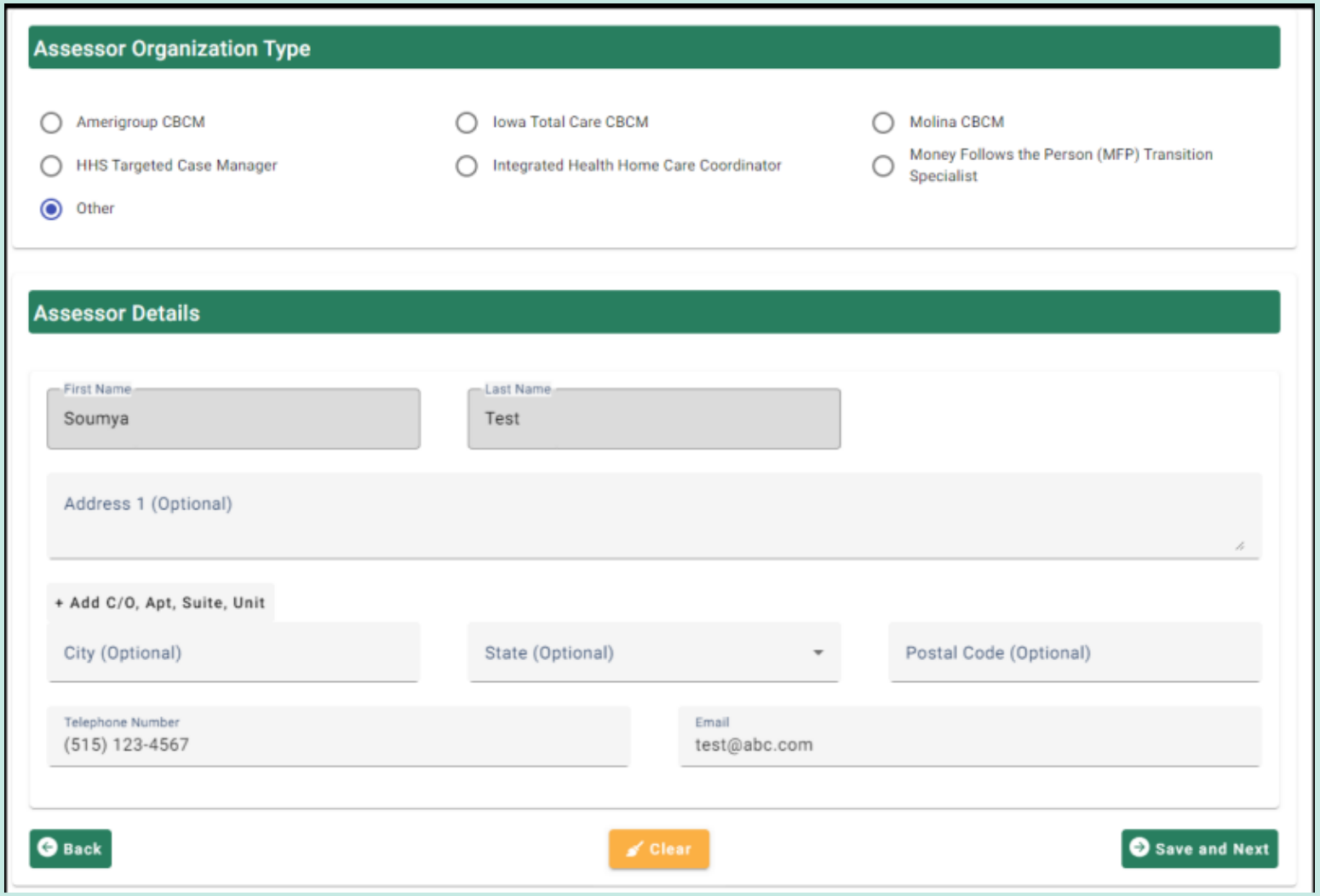
# Member Selection



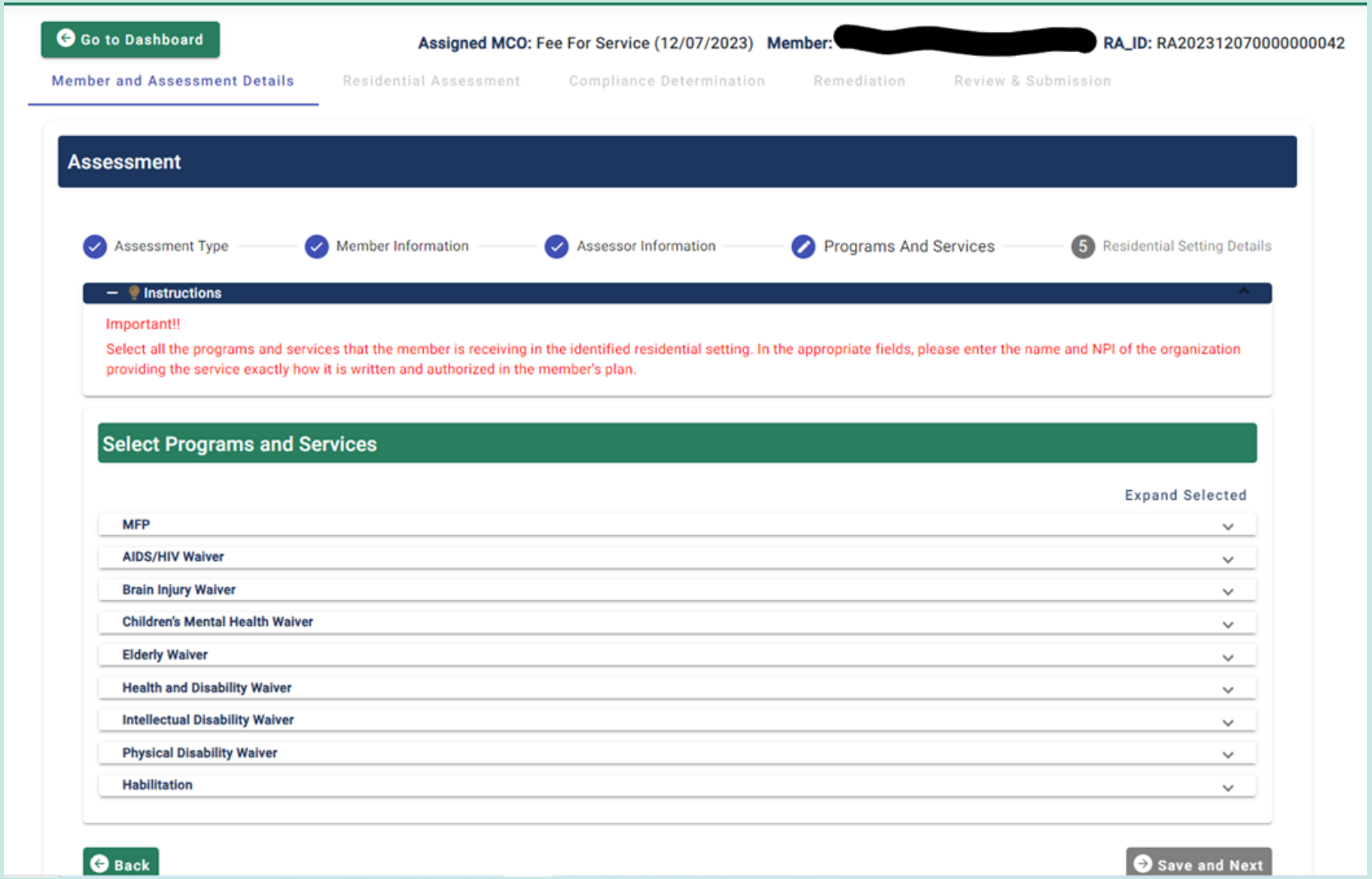
# Validating Member's Address



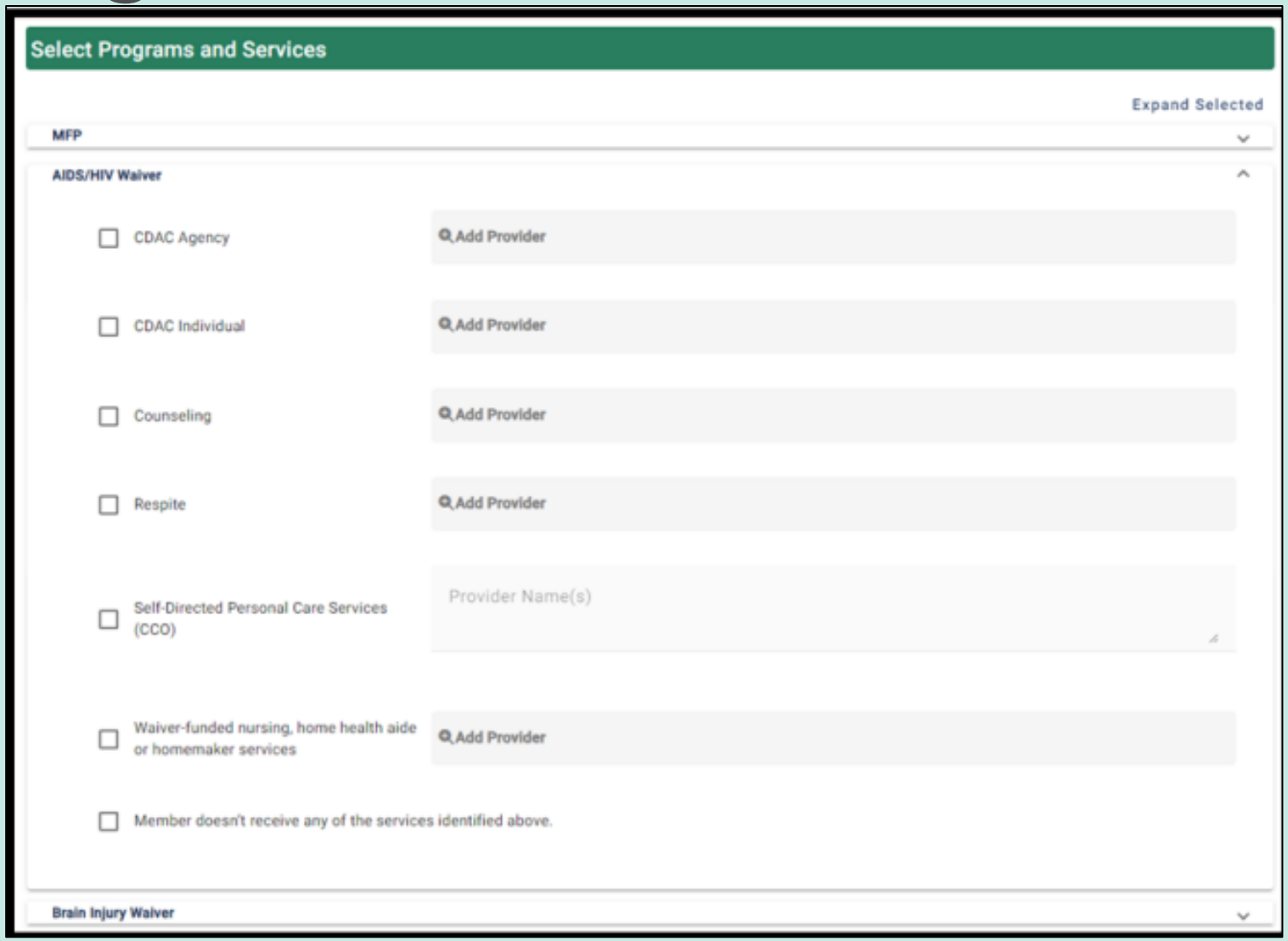
# Assessor Information



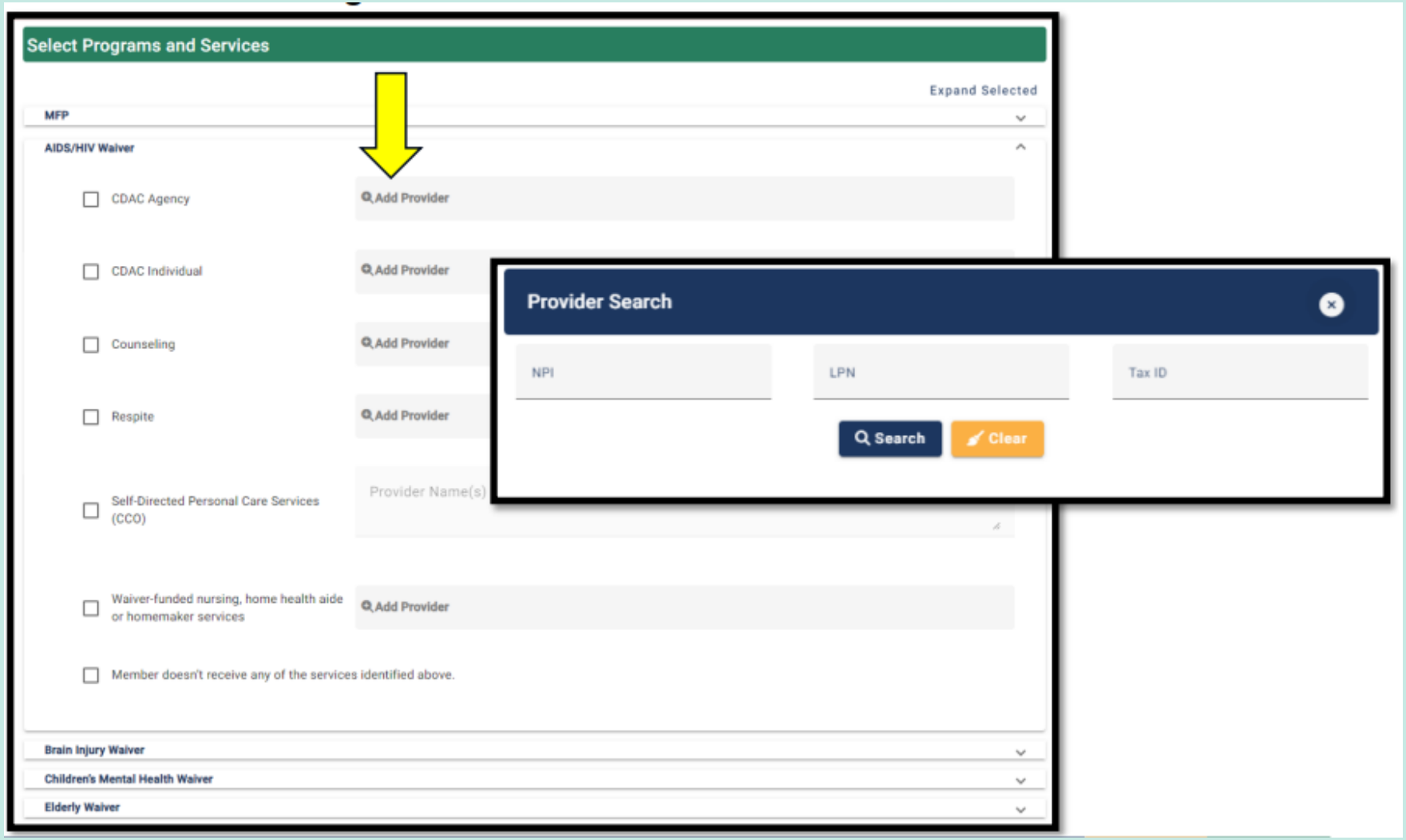
# Programs and Services



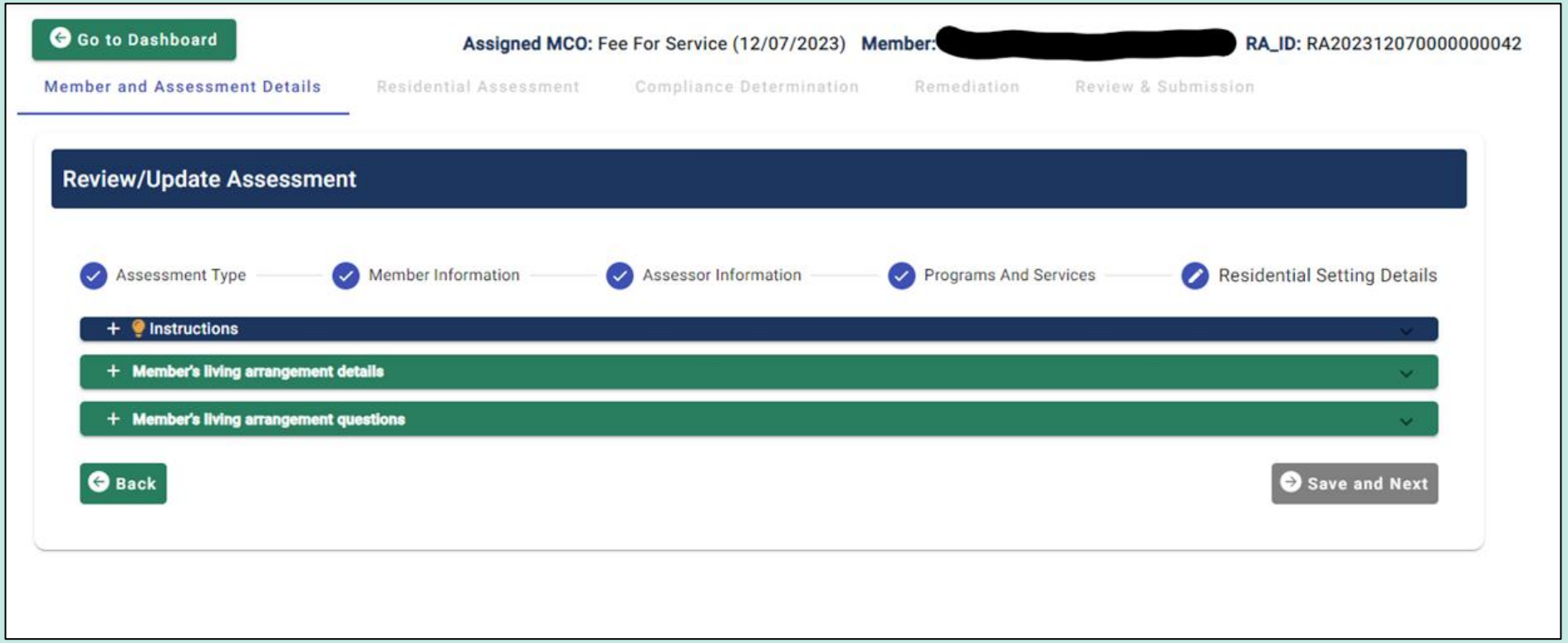
# Programs and Service Details



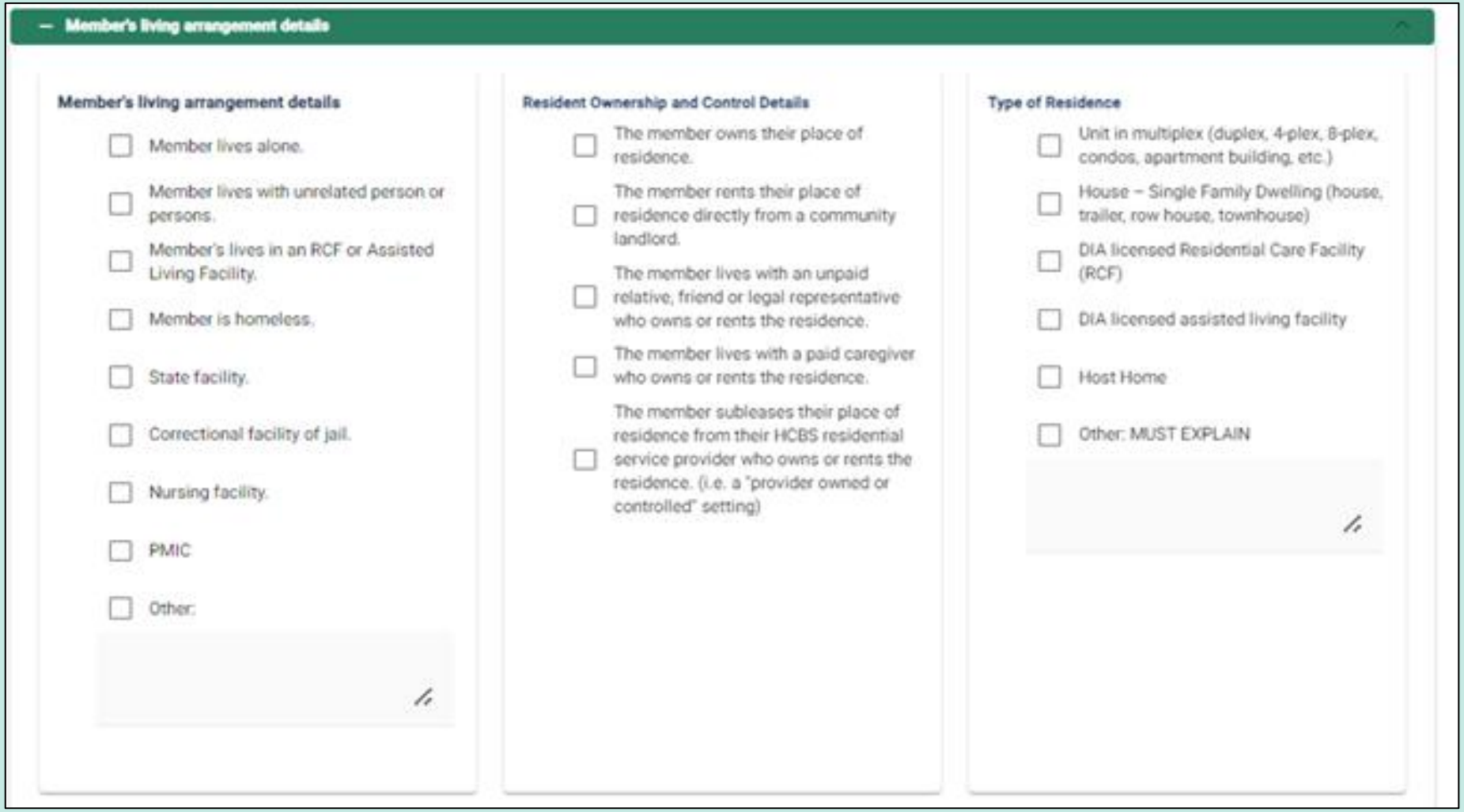
# Providers


Select Programs and Services
Expand Selected
MFP
AIDS/HIV Waiver
CDAC Agency
Add Provider
CDAC Individual
Add Provider
Counseling
Add Provider
Respite
Add Provider
Self-Directed Personal Care Services (CCO)
Provider Name(s)
Waiver-funded nursing, home health aide or homemaker services
Add Provider
Member doesn't receive any of the services identified above.
Brain Injury Waiver
Children's Mental Health Waiver
Elderly Waiver
Provider Search
NPI
LPN
Tax ID
Search
Clear

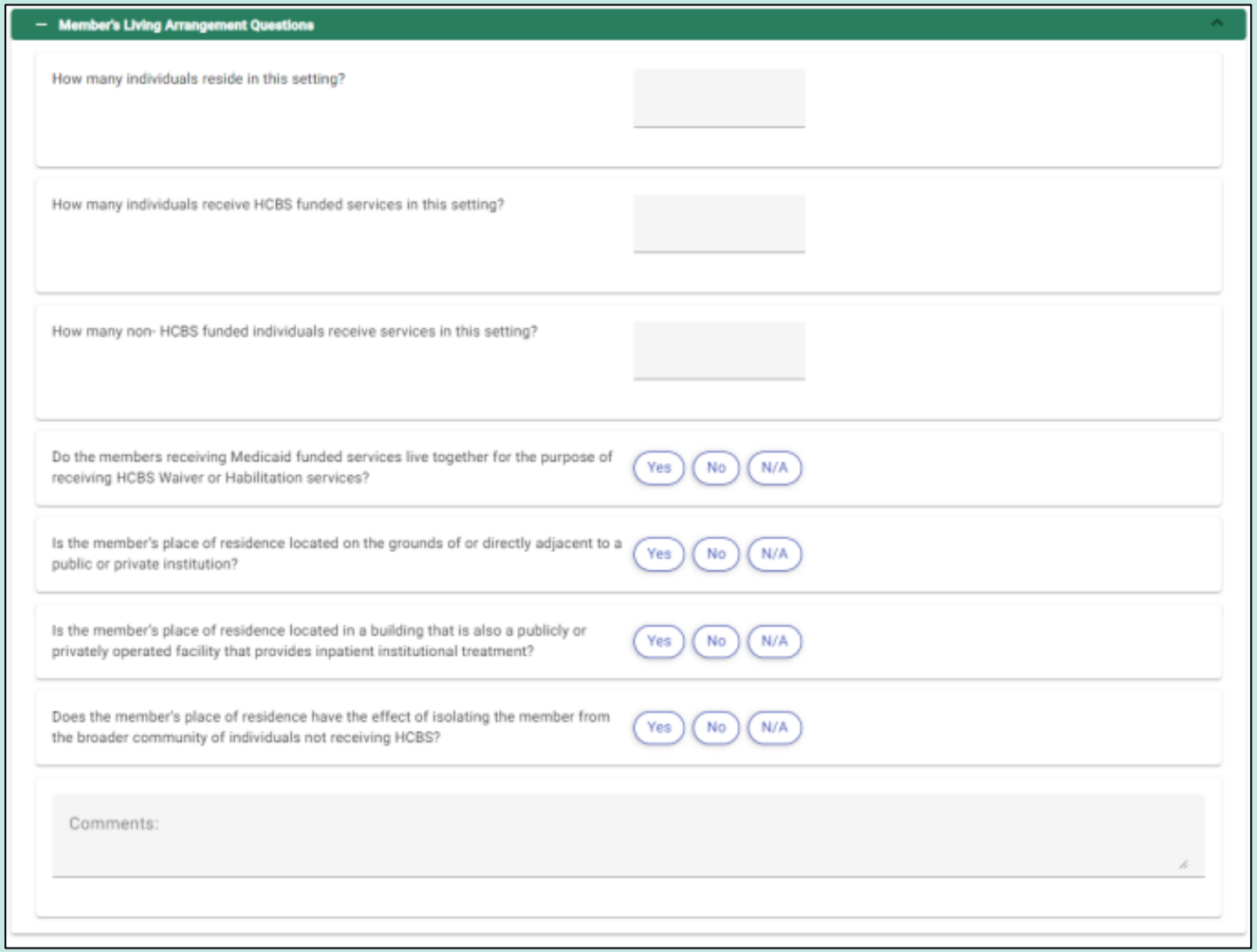
# Residential Settings Details



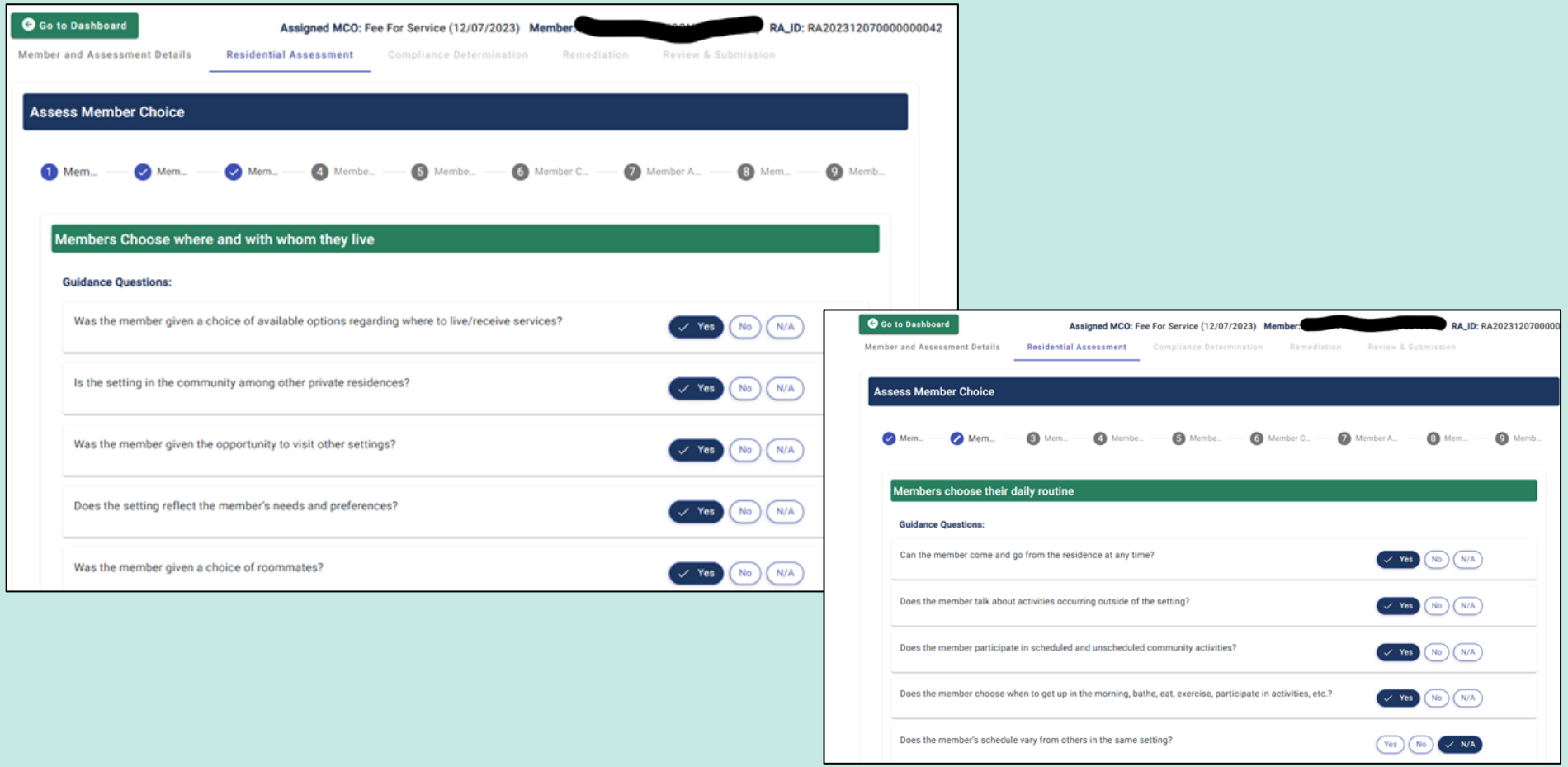
# Residential Setting Details



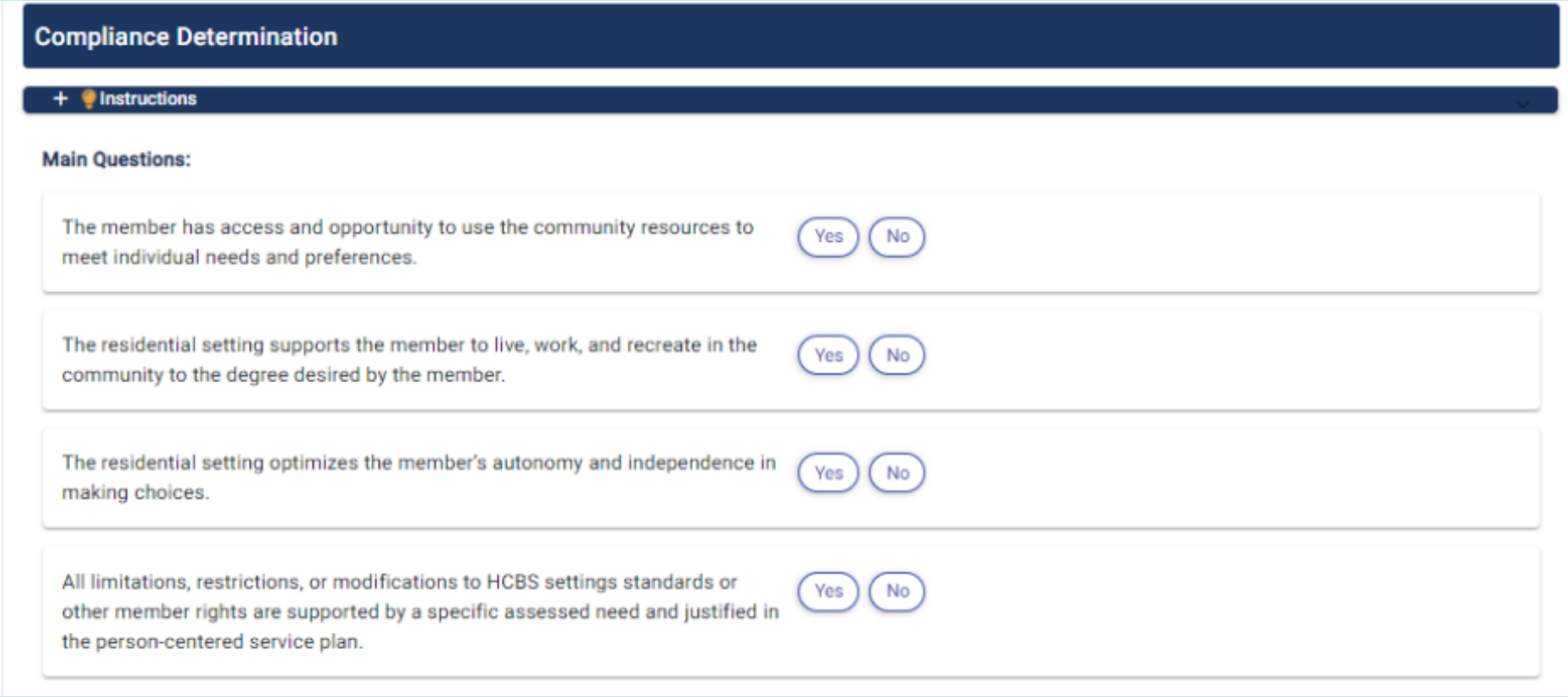
# Residential Setting Details



# Part 2: The Residential Assessment Questionnaire



# Part 3: Compliance Determination



# Part 4: Remediation

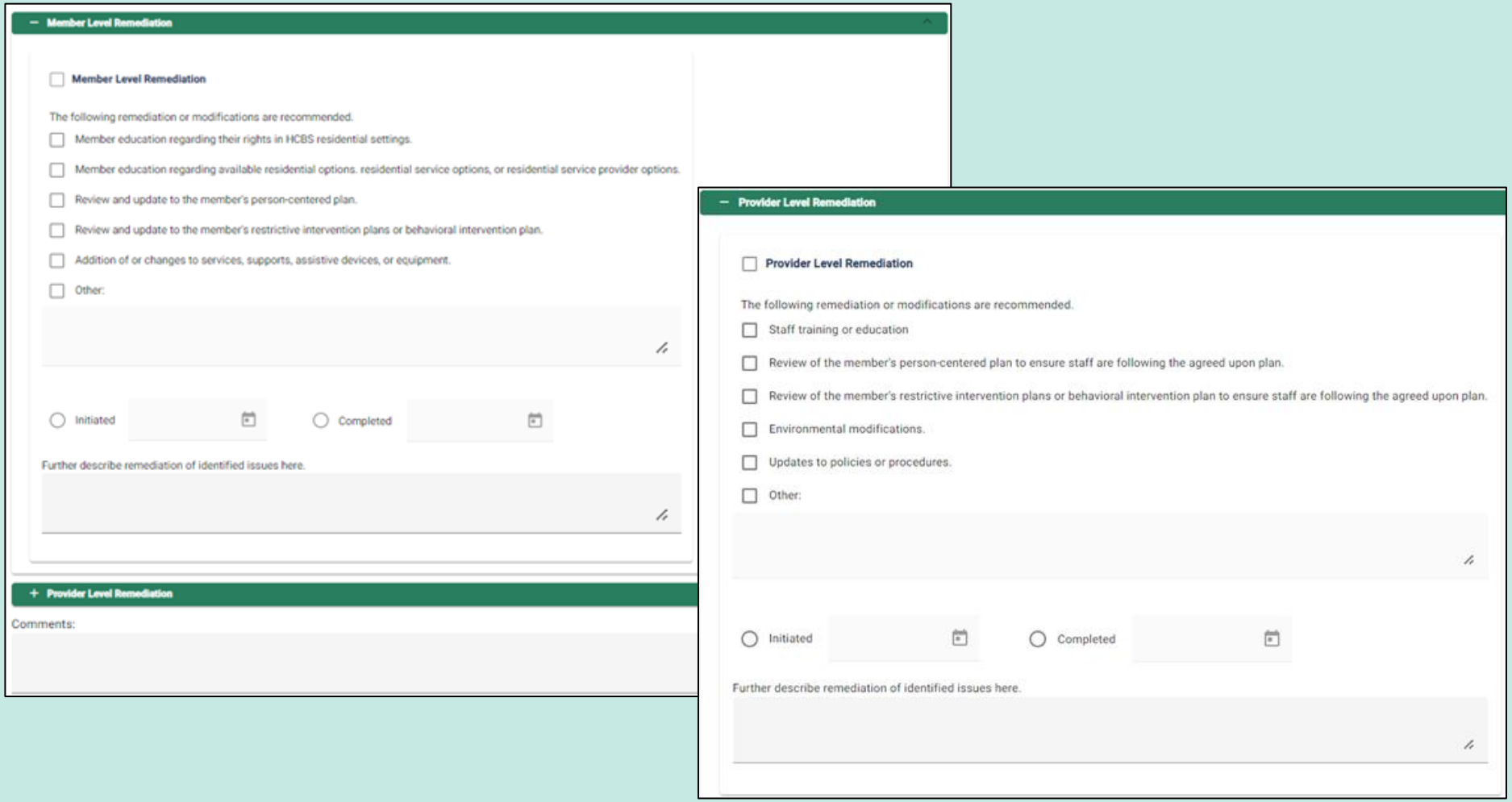
Case managers have an essential role in ensuring remediation of identified issues.

“Remediation” means the action that will be taken when something needs changed or “fixed”.

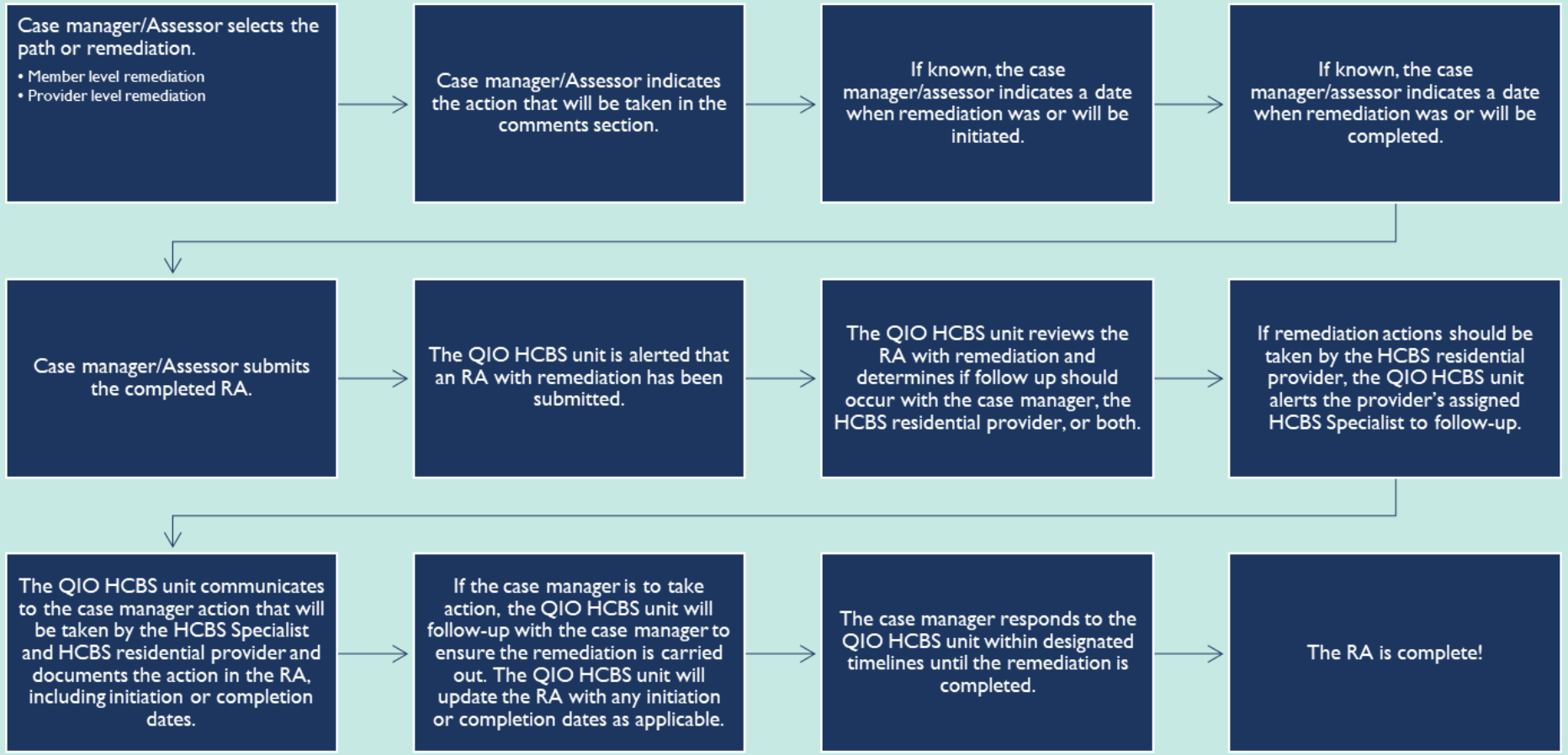
The goal is to resolve any immediate issues and to prevent or reduce the likelihood that the issue will reoccur.

The Residential Assessment application remediation section provides a way to document the identified issues and the path for fixing them.

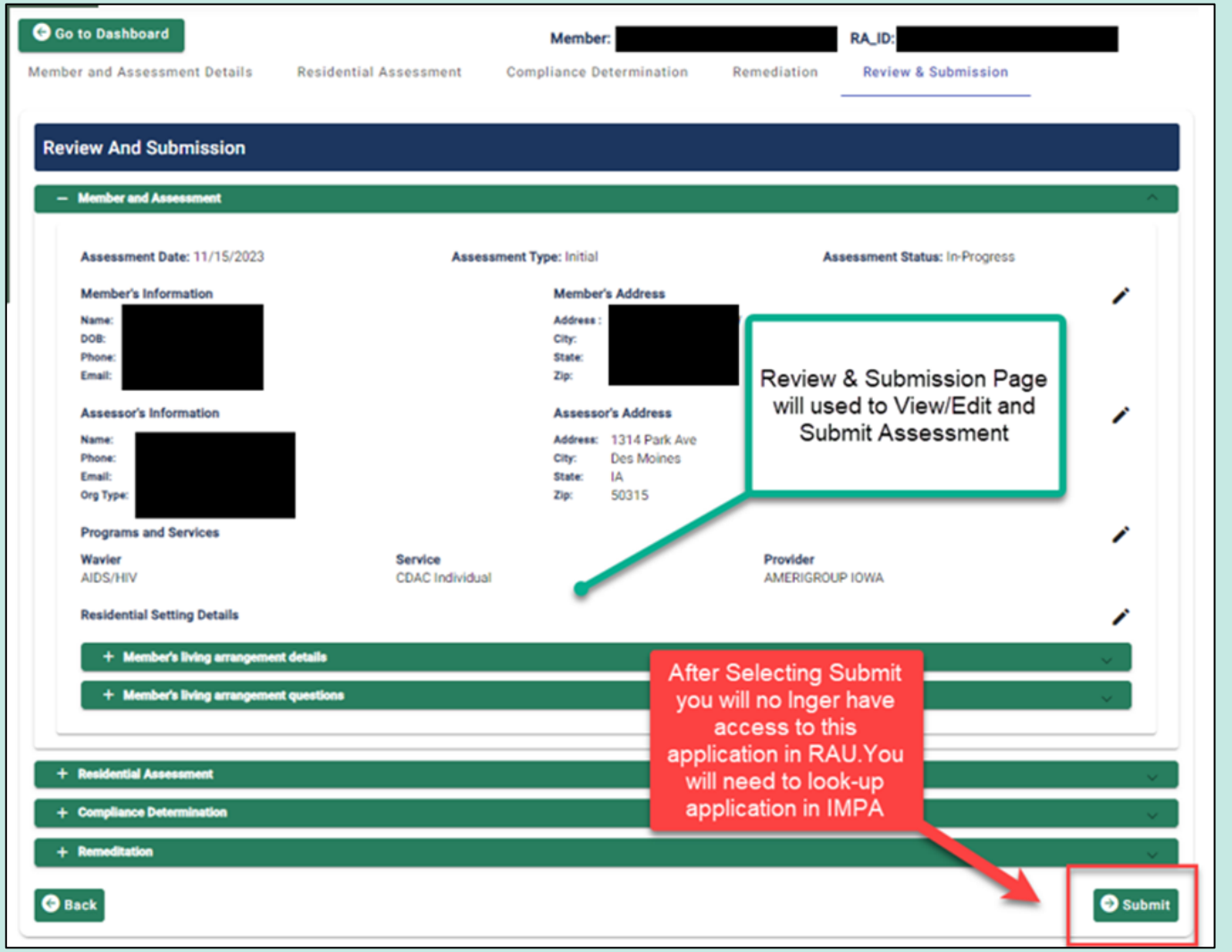
# Potential Remediation Paths



# Remediation Process



# Part 5: Review and Submission



# Current Concerns Identified with Completed Residential Assessments

Assessments not being completed when expected

Incomplete Assessments lingering in the system.

Case managers are entering a P.O. Box for the member address. It **MUST** be a physical address that is validated.

Incorrect services are selected – SCL Hourly or SCL Daily are not the same as Residential Based Supported Community Living (RBSCL).

*Important to remember: The purpose of Residential Assessments is to assess the member's residence.

# Support Needed:

For issues related to the IMPA Residential Assessment application access, please email IMPASupport@hhs.iowa.gov.

For policy or business-related questions please email HCBSwaivers@hhs.iowa.gov.

A Residential Assessment User Guide is available on the IMPA landing page.

# Questions

Brooke Watson brooke.watson@hhs.iowa.gov

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# HCBS Residential Services

LeAnn Moskowitz, LTSS Executive Officer

HHS, Iowa Medicaid

IOWA™ | Health and Human Services

# Topics

- Residential Services Overview
  - Supported Community Living (SCL)
  - Residential-Based Supported Community Living (RBSCL)
  - Home – Based Habilitation (HBH)
  - Intensive Residential Services (IRS)

- Residential Service Delivery Models
  - Host Homes
  - Remote Support
  - Telehealth

# HCBS Residential Services Overview

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# HCBS Residential Services

| | Residential Service Name | | | | | |
|---|---|---|---|---|---|---|
| **HCBS Program** | Supported Community Living (SCL) | | Residential Based SCL (RBSCL) *Age 18 and under | Home-Based Habilitation | | Intensive Residential Services (IRS) |
| | Daily 8 or more hours per day | 15 min | Daily 8 or more hours | Daily 9 or more hours per day | As Needed .25 to 8.75 hours | Daily 24 hours per day |
| Brain Injury Waiver | X | X | X – Waiver of the Admin Rules | | | |
| Habilitation Services | | | | X | X | X |
| Intellectual Disability Waiver | X | X | X - Variance | | | X |

# Residential Services

## Supported Community Living (SCL)

- Children and Adults
- Integrated Community-Based Settings
  - Member's own home
  - Member's family home
  - Provider Owned or Controlled home
  - Community
- Available as needed during any 24-hour period
- Meet the daily living needs of the member
- Skill Development and Support activities
  - Personal and home skills training,
  - Individual advocacy,
  - Community skills training,
  - Personal environment support,
  - Transportation, and
  - Treatment services

# Residential Services

## Residential – Based Supported Community Living (SCL )

Children under the age of 18

- Unable to remain in or return to the family home.
- Reside in a RBSCL certified/ licensed home in the community operated by the RBSCL service provider

The services eliminate barriers to family reunification and **develops skills** to maximize independence.

- Daily Living Skills
  - Daily Living Needs, safety , security, social functioning, and medical care
- Social Skills
- Family Support
- Counseling and Behavior Intervention

# Residential Services

## Home-Based Habilitation

- Transition Aged Youth (16 to 18) and Adults
- Demonstrated Need for HCBS and at risk of institutionalization, hospitalization, incarceration and homelessness due to their mental health
- Integrated Community-Based Settings
    - Member's own home
    - Member's family home
    - Provider Owned or Controlled home
    - Community
- Services are intended to provide for the daily living needs and support the member in their recovery
- Available as needed during any 24-hour period
- Skill Development and Support activities
    - Personal and home skills training
    - Individual advocacy
    - Community skills training
    - Personal environment support
    - Treatment services
    - Medication Management

# Residential Services

## Intensive Residential Services (IRS)

- Adults – Habilitation and ID Waiver
- Most severe and persistent mental health conditions who have functional impairments and may also have multi-occurring conditions.
- Demonstrated Need for IRS due to being at risk of institutionalization, hospitalization, incarceration and homelessness due to their mental health
- Provided in Certified Intensive Residential Service Home (IRSH) Integrated Community-Based Settings
- Daily living needs and support the member in managing their mental health and supporting their recovery
- Provides intensive 24-hour supervision, behavioral health services, and other supportive services
- Must have clinical oversight by a mental health professional. The mental health professional consults on all behavioral health services provided; reviews and consults on service plans, behavior intervention plans, crisis intervention plans; coordinates monthly interdisciplinary team meetings; and provides training to IRSH staff.
- Skill Development and Support activities

# Children and Transition Aged Youth

Habilitation :

- Transition-age youth 16 to 17.5 years of age may only receive daily HBH in the family home or in a licensed/ certified RBSCL setting unless a Waiver of the Administrative Rules has been granted to allow the child to receive daily HBH outside the family home in a Home-Based Habilitation setting.
- Transition-age youth 17.5 years to 18 years of age may receive HBH in a non-licensed setting when the requirements in 441-Iowa Administrative Code Rule 78.27(7) e. are met.

BI and ID Waivers:

- Children aged 15 and under may only receive RBSCL in a RBSCL certified/licensed setting when a variance has been granted by HHS for the child to receive more than intermittent SCL (52 hours per mo.).
- Transition-age youth 16 to 17.5 years of age may only receive daily SCL in a certified/licensed RBSCL setting unless a waiver of the administrative rules (BI) or a variance (ID) has been granted to allow the child to receive more than intermittent SCL and to reside in a provider owned or controlled SCL setting that is not an RBSCL setting.
- Transition-age youth 17.5 years to 18 years of age may receive SCL in a provider owned or controlled SCL setting when a variance has been approved by HHS to receive more than intermittent SCL (52 hours per mo.).

# Residential Service Models

Remote Support

TeleHealth

Host Home

IOWA Health and Human Services

# SCL & HBH delivered via Remote Support

**Remote Support** is the provision of SCL or HBH by a trained remote support professional who is in a remote location and is engaged with a person through enabling technology that utilizes live 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 of SCL and HBH services to meet an individual's health, safety and other support needs as needed when it:

- Is chosen and preferred as a service delivery method by the person or their guardian (if applicable)
- Appropriately meets the individual's assessed needs.
- Is provided within the scope of the service being delivered.
- Is provided as specified in the individual's support plan.

# SCL & HBH delivered via Remote Support

SCL or HBH is delivered remotely by awake; alert remote support professionals whose primary duties are to provide remote supports from the provider's secure remote location.

Assessment

- ✓ The member's ability to be supported safely through remote support is identified.
- ✓ The types of technology needed to be safely supported
- ✓ The location of the technology will be determined to best meet the individual's needs.

# SCL & HBH delivered via Remote Support

The remote supports system must:

- Have two-way audio communication capabilities to allow monitoring staff to effectively interact with and address the needs of individuals in each living site
- Have access to visual (video) oversight of areas in individual's residential living sites
- Have a dedicated Remote Support Professional located at a central location that is not the home of an individual receiving remote supports.
- Only provided with the Informed Consent of the individual , their guardian, or legal representative.

# The Service Plan Must Include....

The individual's and/or guardians informed consent.

The individual's assessed needs and identified goals for services that can be met using remote support.

How the services delivered remotely will support the person to live and work in the most integrated community settings.

The individual's needs that must be met with in-person services, and those that will be met with remote services.

The hours per day the member will receive in-person services and the hours per day that the member will receive services remotely.

The names, relationships and contact information for back-up support that will be available to the member.

The plan for providing services in-person or remotely based on the individual's needs to ensure their health and safety.

The training provided to the individual on the use of the technology and equipment.

The individual's control and use of the equipment

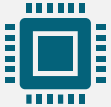
Whether the person or their guardian (if applicable) agrees to the use of video monitoring or cameras for service delivery and has provided informed consent for the use of video monitoring or cameras.

The amount, frequency, and duration that services can be delivered remotely.

How visitors are informed of the use of cameras and video monitors in the setting if video monitoring or cameras are being utilized under this service. Use of the system may be restricted to certain hours through the PCSPs of the individuals involved.

# HCBS via Telehealth

TELEHEALTH IS AN AVAILABLE SERVICE DELIVERY MODALITY WHEN THE MEMBER CHOOSES TO RECEIVE THEIR SERVICES VIA TELEHEALTH AND THE SERVICE MODALITY IS CLINICALLY APPROPRIATE TO THE MEMBER'S ASSESSED NEEDS.



“TELEHEALTH” MEANS THE DELIVERY OF SERVICES THROUGH THE USE OF REAL-TIME INTERACTIVE AUDIO AND VIDEO, OR OTHER REAL-TIME INTERACTIVE ELECTRONIC MEDIA, REGARDLESS OF WHERE THE HEALTH CARE PROFESSIONAL AND THE COVERED PERSON ARE EACH LOCATED.

“TELEHEALTH” **DOES NOT** INCLUDE THE DELIVERY OF HEALTH CARE SERVICES DELIVERED SOLELY THROUGH AN AUDIO-ONLY TELEPHONE, ELECTRONIC MAIL MESSAGE, OR FACSIMILE TRANSMISSION.

SERVICES DELIVERED VIA TELEHEALTH WILL BE DELIVERED IN A SETTING/LOCATION THAT PROTECTS THE WAIVER PARTICIPANTS PRIVACY AND THEREFORE NOT PERMITTED TO BE DELIVERED IN SETTINGS SUCH AS BATHROOMS.

# HCBS via Telehealth

| Service | Proc. Code | Modifier(s) |
|---|---|---|
| **Behavioral programming (i.e., health and behavioral intervention); first 30 minutes** | **96158** | |
| **Behavioral programming (i.e., health and behavioralintervention); each additional 15-minute unit** | 96159 | |
| **Behavioral programming (i.e., mental health plan development); 15-minute unit** | H0032 | |
| **Behavioral programming (mental health assessment); 15-minute unit** | H0031 | |
| **Case management (targeted or waiver); 15-minute unit** | T1016<br>T1017 | |
| **Counseling (individual); 15-minute unit** | H0004 | |
| **Counseling (group)(i.e. health and Behavior intervention); first 30 minutes** | 96164 | |
| **Counseling (group)(i.e. health and Behavior each additional 15 min** | 96165 | |
| **Home Based Habilitation** | H2016 | UA, UB, UC, UD, U8, U9, U7 |
| **In-home family therapy; 15-minute unit** | H0046 | |
| **Mental health outreach; 15-minute unit** | H0036 | |
| **Nutritional counseling (initial); 15-minute unit** | 97802 | |
| **Nutritional counseling (subsequent); 15-minute unit** | 97803 | |
| **Supported Community Living; daily** | H2016<br>S5136 | HI, U1-U6,<br>HI, U1-U6 |
| **Supported Community Living; 15-minute unit** | H2015 | HI |
| **Supported Employment (Individual Employment)** | T2018 | UC |
| **Supported Employment (Long Term Job Coaching) Tiers 1-4 Per Month Tier 5 Per Hour** | H2025 | U4, U3, U5, U7, UC |
| **Supported Employment (Individual Placement and Support (IPS)) Per Outcome** | T2018 | U3, U4, U5, U6 |

# HCBS via Telehealth

Providers delivering this service via the Telehealth service delivery option must demonstrate policies and procedures that include:

- HIPAA compliant platforms;
- Client support given when client needs include: accessibility, translation, or limited auditory or visual capacities are present;
- Have a contingency plan for provision of services if technology fails;
- Professionals do not practice outside of their respective scope; and
- Assessment of clients and caregivers that identifies a client's ability to participate in and outlines any accommodations needed while using Telehealth.
- In-person contact is not required as a prerequisite for payment."

# The Service Plan Must Include....

The individual's and/or guardians informed consent.

The individual's assessed needs and identified goals for services that can be met using telehealth.

How the services delivered via telehealth will support the person to live and work in the most integrated community settings.

The individual's needs that must be met with in-person services, and those that will be met with telehealth

The hours per day the member will receive in-person services and the hours per day that the member will receive services via telehealth.

The names, relationships and contact information for back-up support that will be available to the member.

The plan for providing services in-person or via telehealth based on the individual's needs to ensure their health and safety.

The training provided to the individual on the use of the technology and equipment.

The individual's control and use of the equipment

The amount, frequency, and duration that services can be delivered via telehealth.

# Host Home Service Model Definition

Host Home is a service delivery option through the Home-Based Habilitation (HBH) or Supported Community Living (SCL) service to meet a member's health, safety, and other support needs as needed when it:

- Is chosen and preferred as a service delivery method by the person or their guardian (if applicable)
- Appropriately meets the member's assessed needs.
- Is provided within the scope of the service being delivered.
- Is provided as specified in the member's support plan.

# Host Home Definition

A community-based family home setting whose owner or renter provides home and community-based services (HCBS) Waiver Supported Community Living (SCL) or HCBS Habilitation Home-Based Habilitation (HBH) services to no more 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 or HBH service agency.

# Host Home Provider Definition

Host or Host Home provider means the owner or renter of a community-based family home setting that provides home and community-based services (HCBS) Waiver Supported Community Living (SCL) or HCBS Habilitation Home-Based Habilitation (HBH) services to individuals approved for those services as an independent contractor of an Iowa Medicaid enrolled community-based SCL or HBH service provider agency.

The member's family home is not a Host Home for the purposes of SCL.

# Benefits of Living in a Host Home

- Access to individualized supports in a home environment,
- Meaningful relationships,
- Access to community resources,
- Active participation in the community,
- Control, consistency and stability in the supports that are provided and who provides them.
- Reduced agency overhead. Does not require a provider-managed location for residential services.

# HCBS Member Rights and Responsibilities

- Choose the SCL or HBH provider to deliver the service
- Choose the Host Home model to receive the SCL or HBH services
- Choose the community where they wish to reside
- Interview and screen potential hosts
- Choose the Host
- Pay for room and board costs

  (Rent/ Groceries/ Utilities)
- Participate in the services and supports identified in the service plan
- Meet with and communicate regularly with the SCL or HBH Agency Provider
- Meet with and communicate regularly with the Case Manager

# Interdisciplinary Team (IDT) Role and Responsibilities

- Participate in the PCSP planning meeting(s)
- Contribute their knowledge, experience, and expertise to collaborate on behalf of the member
- Communicate openly with the member and the IDT
- Share information with the member and the IDT
- Support the member to identify their assessed needs
- Support the member with identification of their goals for services
- Support the member to identify the services and number of units of service that will meet their needs, goals and preferences
- Support the member to identify the service providers qualified to deliver the identified services
- Support the member in choosing their service providers

# Choosing a Host

Screening of Host Home applicants must include:

1) Background checks of the host and other adults residing in the proposed host home location including dependent adult abuse registry, child abuse registry, criminal history, and sex offender registry. Host Home contractors are subject to the requirements of Iowa Code 249A.29

2) Evaluation of the applicants' skills, training, and experience related to supporting individuals with BI, ID or SPMI.

3) Home safety checks to ensure the proposed host home meets minimum accessibility and safety requirements

# Choosing a Host

Matching Host Home Hosts with HCBS Members:

- Host and other person(s) residing in the home must not have a criminal record, record of founded child or dependent adult abuse

- Areas of focus during the matching process will include consideration of both the host home and the member in the following areas:
  - Room and Board Costs
  - Accessibility of the Home
  - HCBS Settings compliance
  - Transportation
  - Lifestyle
  - Personal preference
  - Cultural values
  - Religious beliefs
  - Involvement with family and friends
  - Compatibility with others in the home

# Choosing a Host

Matching Host Home Hosts with HCBS Members:

- Home visits/overnight stays
  - It is important for the member and host home to have time to get to know each other before a decision is made to move into Host Home arrangement.
  - Activities or opportunities like having lunch together, spending time together at the home and overnight visits are great ways to help make matches more successful.

# Service Requirements for SCL or HBH in a Host Home

**Assessment**

- Assessment of the member's ability to be supported safely in the Host Home model
- Assessment of the desired location of the Host Home that will best meet the member's needs
- Assessment of the Host for potential matching

**Informed Consent**

- 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 provider agency file.
- Includes education on the benefits and risks of services delivery in the Host Home.
- Ability to withdraw consent with advanced notice to allow for appropriate planning.

# Host Home Service Limitations

Only (2) HCBS funded individuals may reside in the same Host Home.

Only bill for services when the member received services and for which there is service documentation

Personal care, protective oversight and supervision may be a component of services but may not comprise the entirety of the service.

HBH or SCL may not be provided at the same time as other Habilitation or waiver services

Transportation to attend Behavioral Health, Medical, and Dental appointments is not allowed under HBH or SCL and must be provided through the State Plan Non-Emergency Medical Transportation (NEMT) benefit

- Documents **informed consent** to receive HBH or SCL in the Host Home. Includes a copy of the Informed Consent signed by member and their legal representative.
- Documents the assessed needs and goals that will be met by the SCL or HBH services provided by the Host.
- Documents the location of the Host Home, Host Home Provider and all adults and children residing in the home.
- Documents how the contracted Host Home provider will support the person to live and work in the most integrated community settings.
- Documents the member's needs that will be met by other Medicaid or Non-Medicaid funded services while residing in the Host Home.
- Documents how the Host Home provider will deliver services based on the member's needs to ensure their health and safety.
- Documents the cost of room and board, sources of income for those costs, method of payment to the host and the effective date of the residential agreement between the host and the member.

## The Person Centered Service Plan for member choosing this model…

# Resources

## HHS, Iowa Medicaid HCBS Webpage

https://hhs.iowa.gov/medicaid/services-care/home-and-community-based-services

- Critical Incident Reporting FAQ
- Prevocational and Supported Employment Services: Employment Matrix
- Prevocational and Supported Employment Services: Employment First Guidebook
- Supported Community Living (SCL)
- Legally Responsible Persons and Legal Representatives of Supported Community Living (SCL)
- Host Home Guidelines
- Host Home FAQ
- SCL delivered through the Remote Support Modality Policy
- Medical Day Care For Children and Adult Day Care in the Home FAQs

# HCBS contacts

| Issue | Contact |
| --- | --- |
| General HCBS questions | **hcbswaivers@hhs.iowa.gov** |
| Report an issue or voice a complaint related to an HCBS or CNRS provider | Incident and complaints: **hcbsir@hhs.iowa.go** |
| Waiver slot or waiting list questions | **waiverslot@hhs.iowa.gov** |
| Refer an HCBS setting for assessment, or report an issue | **hcbssettings@hhs.iowa.gov** |
| General CNRS questions | **cnrs@hhs.iowa.gov** |
| Intensive Residential Services | **irsproviders@hhs.iowa.gov** |

# Questions

LeAnn Moskowitz
LTSS Policy Program Manager
leann.moskowitz@hhs.state.iowa.us

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# Habilitation Services 101

**Mindy Williams**, LTSS Policy Program Manager

IOWA Health and Human Services

# Topics

- The purpose and the goals of the state plan HCBS Habilitation Program
- The HCBS Habilitation eligibility requirements
- The HCBS Person Centered Plan and Habilitation services

# Program Purpose

To provide state plan Home and Community-Based Services (HCBS) to Iowans with functional limitations typically associated with chronic mental illness.

# General Guidelines

- The program is similar to HCBS waiver programs:
  - Assessment to determine need for services
  - A team led by the member assisted by Case Manager(CM) plans for the services
  - The team develops the service plan during the service planning meeting
  - The CM writes the service plan
  - Iowa Medicaid or member's MCO approves the service plan

# State Plan HCBS: Habilitation Eligibility

- Must be eligible for Medicaid through an existing coverage group
- Household income cannot exceed 150% of Federal Poverty Level (FPL)
- Meet needs-based and risk-based eligibility criteria as determined by a Needs-Based Assessment

# Roles

- **Income Maintenance Worker** – Reviews the member's Medicaid application and determines financial eligibility for Medicaid.
- **Case Manager** – Requests the Habilitation program on behalf of the member, reviews the member's need for services and develops the Comprehensive Service Plan/ Treatment Plan. Monitors service plan implementation and service delivery.
- **Iowa Medicaid Medical Services** – Reviews the member's initial needs-based eligibility. Reviews the member's annual needs-based eligibility, and reviews and approves the service plan for Fee For Service (FFS) members.
- **Managed Care Organization** – Reviews the member's annual needs-based eligibility. Reviews and approves the service plan for enrolled members.
- **Providers** – Agencies or persons enrolled/certified to deliver Habilitation services.

# Habilitation Services and Supports

**Habilitation Comprehensive Functional Assessment**

Assesses an individual's need for Habilitation services

**Habilitation Interdisciplinary Team Meeting**

Develops the Individual Service Plan or Integrated Treatment Plan

**Individual Service Plan or Integrated Treatment Plan**

Defines the services and supports the member will receive

# Services and Supports

- To gain, keep, and improve skills that help the member live independently in the community.

Habilitation Services:

- Day Habilitation
- Home-Based Habilitation
- Prevocational Habilitation
  - Career Exploration
- Supported Employment Habilitation

# Services and Supports

- Home-Based Habilitation Services
  - Services provided in the home and community.
  - Provide for the daily living needs of the member
    - Help with managing mental health
    - Help with scheduling and attending appointments
    - Help with taking medication
    - Help with budgeting
    - Help with grocery shopping
    - Help with personal hygiene skills
    - Help with maintaining the home

# Day Habilitation

- Provided in a community-based setting outside the home.
- Help with gaining, keeping and improving skills related to active participation in the community
- Focuses on areas such as social skills, communication skills, behavior management, functional skill development, daily living activities, self advocacy skills, etc.

# Supported Employment

Supports to obtain and keep a job in the community

- Individual Supported Employment helps job seekers to obtain a job
- Long-term job coaching services provides ongoing support to workers to enable them to keep a job
- Small-group supported employment services (2 to 8) workers receiving ongoing supports developing work-related skills needed to secure an individual job
- Individual Placement and Support (IPS) helps job seekers with chronic mental illness to obtain and keep a job. (Habilitation only)

# Prevocational Services

- Provide career exploration, learning and work experiences, including volunteer opportunities, where the member can develop non-job-task-specific strengths and skills that lead to paid employment in individual community settings.

- Are provided to persons who are expected to be able to join the general workforce with the assistance of supported employment.

# Prevocational Services

Supports to help develop skills to successfully transition to a job in the community

- ✓ Working on goals that will lead to greater opportunities for a job in the community
- ✓ Developing soft skills for work
- ✓ Personal care and assistance may be a component of prevocational services
- ✓ Includes volunteer work, such as learning and training activities that prepare a member for entry into a job in the community

# Prevocational Services - Career Exploration

Supports to develop a career plan and identify goals for obtaining a job in the community

- Provided in small groups of 4 or less.
- Provides experiences and information to help identify job interests and goals.
- Provides a written Career Plan.

Career exploration activities might include:

- Business tours,
- Informational interviews,
- Job shadows,
- Benefits education and financial literacy,
- Assistive technology assessment, and
- Job exploration events.

# Resources

- Habilitation Services website:
  - https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-medicaid-programs/habilitation-services
- Member Services website:
  - https://hhs.iowa.gov/programs/welcome-iowa-medicaid/member-services

# Questions

**Mindy Williams**
LTSS Policy Program Manager
(515) 805-8048
mindy.williams@hhs.iowa.gov

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# Employment First

**Mindy Williams**, LTSS Policy Program Manager

IOWA Health and Human Services

# Topics

- Employment First – Iowa's Employment Vision
- Home and Community Based Services (HCBS) Funded Employment Services
- Resource Sharing Iowa Medicaid and Iowa Vocational Rehabilitation Services (IVRS)
- Resources

# Iowa's Employment Vision

**Employment in the general workforce is the first priority and the expected and preferred outcome in the provision of publicly funded services for all working age Iowans with disabilities.**

# Why Focus on Employment?

- Employment is an essential part of recovery
- Most people want to work
- A typical role for adults in our society
- Cost-effective alternative to day treatment

# HCBS Funded Employment Services

HCBS Brain Injury (BI) and Intellectual Disability (ID) Waivers; State Plan HCBS Habilitation services

- Prevocational Services
  - * Career Exploration

- Supported Employment Services
  - * Individual Supported Employment
  - * Small Group Supported Employment
  - * Long Term Job Coaching
  - * Individual Placement and Support (IPS) SE
    - (Habilitation Only)

# Prevocational Services

Prevocational services (T2015) include career exploration activities to facilitate successful transition to individual employment in the community.

Participation in prevocational services is not a required prerequisite for individual or small-group supported employment services.

The distinction between vocational and prevocational services is that prevocational services, regardless of setting, are delivered for the purpose of furthering goals that will lead to greater opportunities for competitive and integrated employment and career advancement at or above minimum wage.

A member receiving prevocational services may pursue employment opportunities at any time to enter the general work force. Prevocational services are intended to assist members to enter the general workforce.

# Prevocational Services

Members participating in prevocational services may be compensated for work performed in accordance with applicable federal laws and regulations. If a provider chooses to compensate a member for such work, the provider must use non-Medicaid funding such as revenues from a third-party contract to pay the member.

Personal care and assistance may be a component of prevocational services but may not comprise the entirety of the service.

Prevocational services may include volunteer work, such as learning and training activities that prepare a member for entry into the paid workforce.

Prevocational services may be furnished to any member who requires and chooses them through a person-centered planning process.

# Prevocational Services – Career Exploration (T2015 U3)

- Career exploration activities are designed to develop an individual career plan and facilitate the member's experientially-based informed choice regarding the goal of individual employment.

- Career exploration may be provided in small groups of no more than four members to participate in career exploration activities that include:
  - Business tours
  - Attending industry education events
  - Benefit information
  - Financial literacy classes
  - Attending career fairs

# Prevocational Services – Career Exploration (T2015 U3)

- Career exploration may be authorized for up to 34 hours, to be completed over 90 days in the member's local community or nearby communities and may include, but is not limited to, the following activities:
  - Meeting with the member and the member's family, guardian or legal representative to introduce them to supported employment and explore the member's employment goals and experiences,
  - Business tours,
  - Informational interviews,
  - Job shadows,
  - Benefits education and financial literacy,
  - Assistive technology assessment, and
  - Job exploration events.

# Supported Employment
## Individual Supported Employment

- Individual Supported Employment (T2018UC) are services provided to, or on behalf of, the member that enable the member to obtain and maintain an individual job in competitive employment, customized employment or self-employment in an integrated work setting in the general workforce.
  - Unit of Service: One Hour
  - Individual supported employment is limited to 60 units per calendar year. The member may be initially authorized for 40 units and an extended authorization for an additional 20 units as needed by the member. Total monthly cost of all supported employment services may not exceed $3,167.89 per month.

# Supported Employment

## Long-Term Job Coaching

- Long-term job coaching services (H2025) are provided to or on behalf of members 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.
  - Unit of Service:
    - Tier 1 = 1 contact/month H2025 U4
    - Tier 2 = 2-8 hours/month H2025 U3
    - Tier 3 = 9-16 hours/month H2025 U5
    - Tier 4 = 17-25 hours/month H2025 U7
    - Tier 5 = 26 or more hours/month H2025 UC
  - Long-term job coaching is limited to 40 hours per week and must be reauthorized every 90 days. Total monthly cost of all supported employment services may not exceed $3,167.89 per month.

# Supported Employment

## Small-Group Supported Employment

- Small-group supported employment services (H2023) are training and support activities provided in regular business or industry settings for groups of two to eight workers with disabilities.
  - Unit of Service:
    - Tier 1 Groups of 2-4  H2023 U3
    - Tier 2 Groups of 5-6  H2023 U5
    - Tier 3 Groups of 7-8  H2023 U7
  - Small-group supported employment is limited to 160 (15 minute) units per week. Total monthly cost of all supported employment services may not exceed $3,167.89 per month.

# Supported Employment
## Individual Placement and Support (IPS)

- 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 member earns income that is equal to or exceeds the average income for the chosen business within a reasonable period.
    - Unit of service is One Outcome
        - Outcome #1 Completed Employment Plan T2018 U3
        - Outcome #2 1st Day Successful Placement T2018 U4
        - Outcome #3 45 Days Successful Job Retention T2018 U5
        - Outcome #4 90 Days Successful Job Retention T2018 U6
    - In absence of a monthly cap on the cost of waiver services, the total monthly cost of all supported employment services may not exceed $3,167.89 per month.

# Resource Sharing Iowa Medicaid and Iowa Vocational Rehabilitation Services (IVRS)

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- Job candidates over age 24 who are eligible for both IVRS and state plan HCBS habilitation or HCBS BI or ID waivers and who require Supported Employment Services.
  - HCBS pays for individual supported employment and long-term job coaching. IVRS funds may pay for customized employment and other employment services (discovery, workplace readiness assessment, etc.).
- A job candidate eligible for IVRS who is waiting for services from the HCBS programs can be served by IVRS.
  - Until waiver funds are available, IVRS may fund all employment services which may include job development, customized employment, and job coaching.
- For IVRS-eligible job candidates who do not qualify for state plan HCBS habilitation or HCBS BI or ID waivers, IVRS may fund all supported employment services which can include job development, customized employment, and job coaching.

# Resources

Employment Service Matrix
https://hhs.iowa.gov/media/11207/download?inline=

Employment First Guidebook
https://hhs.iowa.gov/media/11208/download?inline=

FAQ HCBS and Prevocational Services
https://hhs.iowa.gov/media/10677/download?inline=

IVRS & HHS MOU
https://public.powerdms.com/IVRS/documents/1248997

IVRS and HHS Resource Sharing Guide
https://public.powerdms.com/IVRS/documents/1257380

Fee Schedule
https://hhs.iowa.gov/media/13836/download?inline

# Questions

**Mindy Williams**
LTSS Policy Program Manager
(515) 805-8048
mindy.williams@hhs.iowa.gov

Lin Nibbelink, MSW, LISW
Employment Policy Planner, Division of Aging and Disability Services
lin.nibbelink@hhs.iowa.gov

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# HCBS Waivers and HOME Update

IOWA Health and Human Services

# Agenda

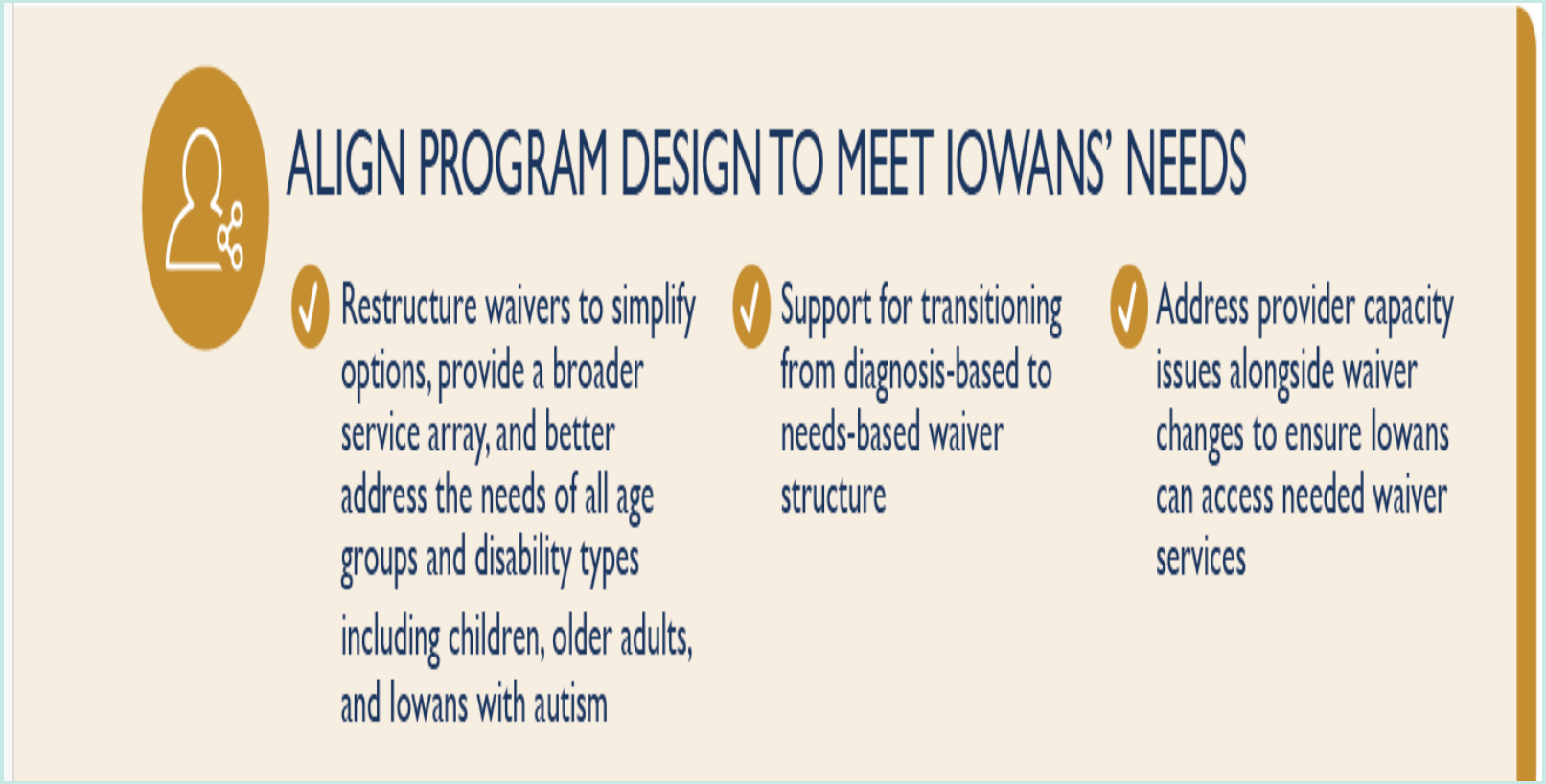
- ❑HOME – Hope and Opportunity in Many Environments
- ❑Proposed Home and Community Based Services (HCBS) Waiver Amendments and Public Comment Period
- ❑Anticipated January 2026 Changes
- ❑HOME Providers and Services Workgroup
- ❑HOME Next Steps

# Hope and Opportunity in Many Environment (HOME)

# Hope and Opportunity in Many Environments (**HOME**) Overview

Hope and Opportunity in Many Environments (HOME) is a project in Iowa that is working to improve and ensure that everyone has access to high-quality behavioral health, disability and aging services in their communities.

# Hope and Opportunity in Many Environments (**HOME**) Overview



# Proposed New Waiver Structure

**ELIGIBILITY & ENROLLMENT** | To be eligible, individuals must meet two criteria: **(1)** they need the level of care that would be provided in an institution, and **(2)** their disability fits into one of the categories below.

## CURRENT HCBS WAIVERS (2023)

| WAIVER | GROUPS SERVED | AGES SERVED |
|---|---|---|
| Elderly | Aging | 65+ |
| Intellectual Disability | Intellectual Disability | 0+ |
| Brain Injury | Brain Injury | 0+ |
| AIDS/HIV | AIDS/HIV | 0+ |
| Health & Disability | Physical disability; blind or disabled | 0-64 |
| Physical Disability | Physical disability; blind or disabled | 18-64 |
| Children's Mental Health | Serious emotional disturbance (SED) | 0-17 |

## PROPOSED WAIVER REDESIGN (2025/2026)

| WAIVER | GROUPS SERVED | AGES SERVED |
|---|---|---|
| Children & Youth | • Intellectual disability<br>• Brain injury<br>• AIDS/HIV<br>• Physical disability, including blindness<br>• SED<br>• Developmental Disabilities NEW | 0-20 |
| Adult & Aging | • Intellectual disability<br>• Brain injury<br>• AIDS/HIV<br>• Physical disability, including blindness<br>• Aging<br>• Developmental Disabilities NEW | 21+ |

# Proposed Waiver Amendments and Public Comment Period

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# Proposed Waiver Amendments


HHS released proposed waiver amendments to the current HCBS waivers for public comment on Aug. 20, 2025


HHS intends to request CMS approval for proposed waiver amendments to go-live on January 1, 2026

The goal of making these changes now rather than waiting for the new HOME waiver go-live is to set up structures to ease the transition from the current to new waivers in the future

# Summary of Proposed Waiver Changes

- Transition Individual Consumer Directed Attendant Care (I-CDAC)
- Implement and collect data on core set of interRAI items
- Use of InterRAI-Early Years for 0-3
- Implement amended Waiver Prioritization Needs Assessment (WPNA)
- Align service definitions (see slide 8)
- Make technical changes, such as:
  - Move to a single assessment entity
  - Update Independent Support Broker (ISB) to optional
  - Minor language updates (e.g., “exception to policy” verbiage)

For details on updates to the Waiver Priority Needs Assessment (WPNA), please see the slide deck from the 05.30.2025 HOME MCO Check-In Meeting

# Public Comment Period

- 30-day public comment period started on August 20, 2025, and will close on September 19, 2025, at 4:30 PM
- The public notice is link is below:

  PUBLIC NOTICE: 1915(c) Home and Community Based Services (HCBS) AIDS/HIV, Brain Injury (BI), Children's Mental Health (CMH), Elderly, Health and Disability (HD), Intellectual Disabilities (ID), and Physical Disability (PD) Waivers | Health & Human Services
- Please see more information here: https://hhs.iowa.gov/newsroom/public-notices
- Invite all to comment and share information about this opportunity

# Anticipated January 2026 Service Code Changes

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# Anticipated January 2026 Service Code Changes (1 of 2)

Pending CMS waiver amendment approval, HHS will modify the following waiver service names and codes for Jan. 1, 2026:

| Current Service Name | Current Code | Anticipated New Service Name | Anticipated New Code and Service Name |
|---|---|---|---|
| ICDAC | • T1019<br>• T1019 U3 | • Self-directed personal care<br>• Skilled self-directed personal care | • T1019 Self-directed personal care unskilled<br>• T1019 U3 Skilled self-directed personal care |
| Agency Consumer-Directed Attendant Care (unskilled and skilled) | • S5125<br>• S5125 U3 | • Attendant Care<br>• Skilled Attendant Care | • S5125 Attendant Care<br>• S5125 U3 Skilled Attendant Care |
| Senior Companion | • S5135 | • Companion Care | • S5135 Companion Care |
| Homemaker | • S5130 | • Home Maintenance Support | • S5130 Home Maintenance Support |
| Chore | • S5120 | • Home Maintenance Support | • S5130 Home Maintenance Support |

# Anticipated January 2026 Service Code Changes (2 of 2)

HHS is starting the process of updating the service codes in MMIS.

MCOs will receive official notification of the changes in advance of the service code update to allow time for system updates.

*Fee schedule files will be posted on HHS website at:* https://hhs.iowa.gov/medicaid/provider-services/covered-services-rates-and-payments/fee-schedules

# HOME Services and Provider Workgroup Update

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# HOME Services and Provider Workgroup Topic Calendar

| | |
|---|---|
| April 10, 2025 | • Workgroup kickoff<br>• Provider qualifications in the waiver applications |
| May 8, 2025 | • Provider qualifications in the waiver applications (continued)<br>• Provider communications and engagement plan |
| June 5, 2025 | • Discuss strategies for provider retention and increased capacity |
| July 10, 2025 | • HOME waiver transition: Provider transition and enrollment |
| August 7, 2025 | • Provider communications and engagement plan |
| Sept. 4, 2025 | • Proposed: Review and provide input on strategies for enhancing provider capacity |

*Tentative calendar that may be modified based on HHS request and emerging needs*

# HOME Next Steps

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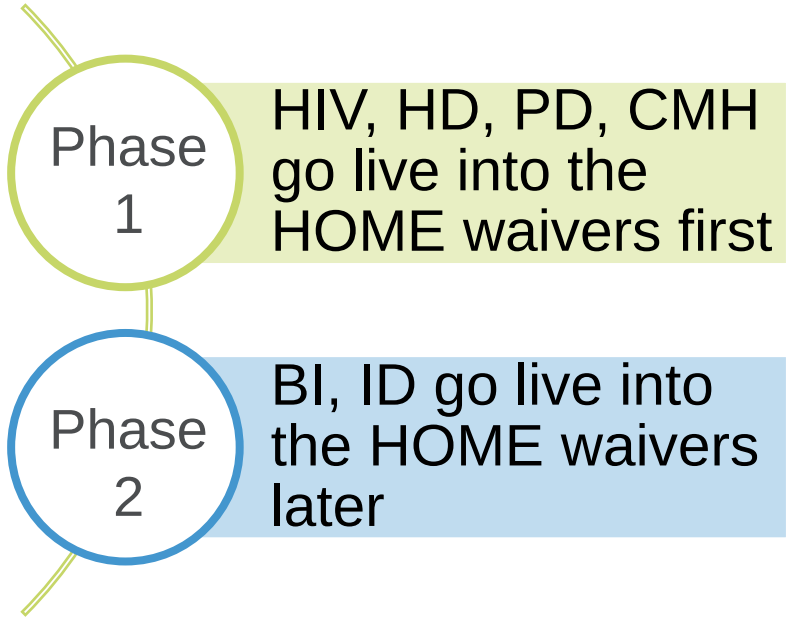
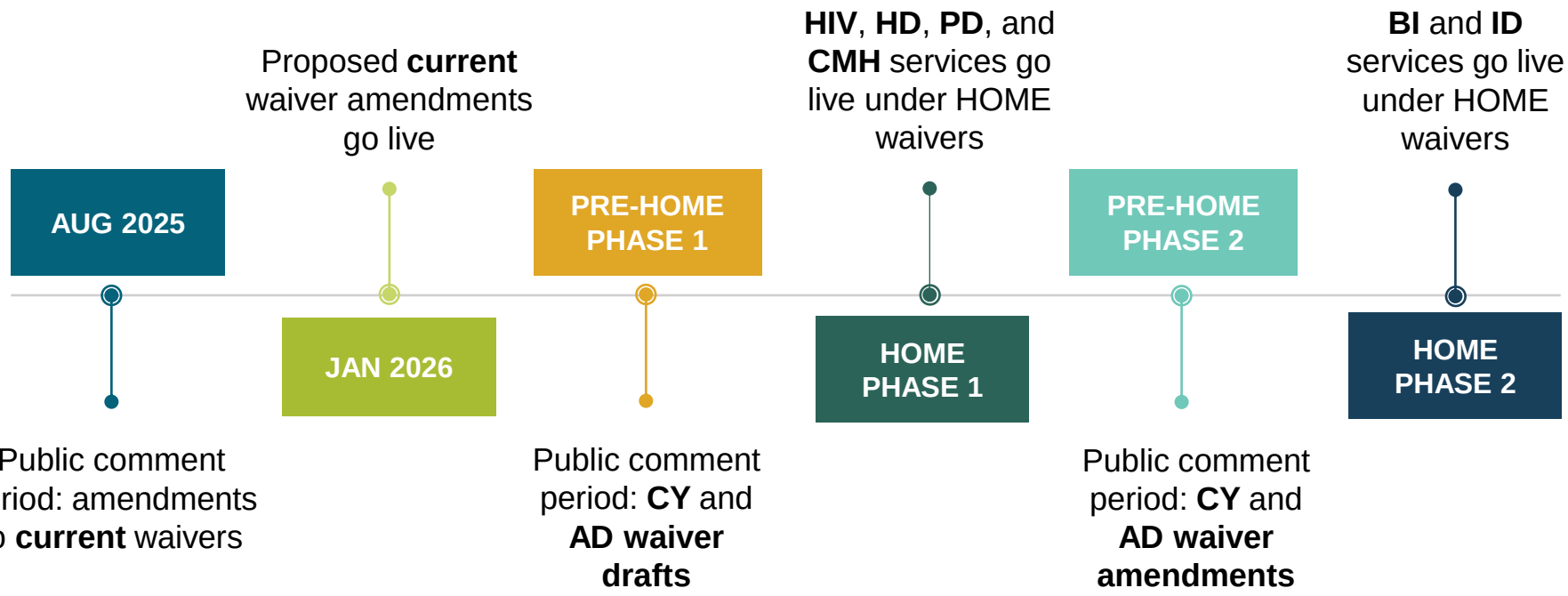
# HOME Waiver Implementation Phasing

**The implementation of HOME waivers will be phased; not all services will be transitioned in initially.**




Note: Elderly waiver is not currently part of the phasing plan and will remain in place after HOME waiver implementation.

# HOME Implementation Overview



# HOME Activities

## Individual Budgets

- Year 1 implementation approach
- Budget review process
- Systems impacts

## Continue drafting the HOME Waiver Applications

- Child and Youth Waiver
- Adults with Disabilities Waiver
- Targeting Public Comment for December 1, 2025, through January 8, 2026
- Targeting submission in the WMS by February 01, 2026

## Uniform Assessment

- Continue planning for implementation of the collection of the core supplemental questions to be added to the interRAI tools

# HOME Activities

## Continue HOME Domain IT and HHS Systems Work – Requirements mapping

- Waiver Redesign
- Waitlist Management
- Case Management

## Ongoing Public Engagement

- Steering Committee
- Medicaid Townhalls
- Website updates - Drafting informational pages
- Updating HOME FAQs Documents
- Home Newsletter
- Provider Communication Plan
- Member Communication Plan

# HOME Resources

- **Hope and Opportunity in Many Environments (HOME)**

  https://hhs.iowa.gov/medicaid/about-medicaid/medicaid-projects/home

- **Home Milestones**

  https://hhs.iowa.gov/medicaid/about-medicaid/medicaid-projects/home/home-milestones

- **Stakeholder Engagement**

  https://hhs.iowa.gov/medicaid/about-medicaid/medicaid-projects/home/stakeholder-engagement

- **Wavier Redesign FAQ**

  https://hhs.iowa.gov/medicaid/about-medicaid/medicaid-projects/home/waiver-redesign-faq

- **Medicaid Townhalls**

  https://hhs.iowa.gov/programs/welcome-iowa-medicaid/public-meetings/medicaid-town-halls

If you have questions about HOME, please send us a line at **HOMEwaivers@hhs.iowa.gov**

# Questions

**LeAnn Moskowitz, BS, MPA**
**Long Term Services and Supports Policy Program Manager**
Division of Iowa Medicaid
Iowa Department of Health and Human Services
515-321-8922 mobile
Email: leann.moskowitz@hhs.iowa.gov
HHS.iowa.gov

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