

# Training your CCO Staff

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Program Manager**

February 16, 2026



# Agenda

- ▶ Employer Acknowledgments
- ▶ Employee Acknowledgments
- ▶ Training components

# Employer Acknowledgments

# Employer Acknowledgements

The employer understands and acknowledges that they are the employer of the support service worker.

The employer understands that they may not schedule their employee for more than 40 hours per week. The employer may not authorize overtime payment.

The employer agrees to orient and train the employee (directly hired support worker) in providing the services they are hired to perform along with documentation requirements.

The employer agrees to establish a list of tasks to be performed by the employee.

The employer agrees to establish a mutually agreeable work schedule for the employee.

The employer agrees to provide adequate notice of changes in the employee's work schedule in the event of unforeseen circumstances or emergencies.

The employer agrees to timely authorize and sign the employee's accurate time sheets.

The employer agrees that the employer is personally responsible for any employee wages or supports that exceed the individual budget.

The employer agrees that the employer is responsible for providing worker's compensation insurance, if required, and that if such insurance is not purchased, the employee will be notified. The employer understands that the cost of worker's compensation insurance can be paid from their individual budget.

# Employee Acknowledgments

# Employer Acknowledgements (p.1)

1. The employee understands and acknowledges that \_\_\_\_\_ is the employer. (Name of employer)
2. The employee understands and acknowledges that neither the Iowa Medicaid the State of Iowa nor the Financial Management Service organization is the employer and that they are not responsible for the actions of the employer.
3. The employee understands and acknowledges that funds available for payment are authorized in the employer's individual budget set by the Iowa Department of Human Services, Iowa Medicaid Enterprise in advance for work performed.

# Employer Acknowledgements (p.2)

4. The employee understands and acknowledges that work performed in excess of the authorized amount in the employer's individual budget will be paid for by the personal funds of the employer and not by the Iowa Department of Human Services, Iowa Medicaid Enterprise or the Financial Management Service organization.

5. The employee understands that they are not authorized to work in excess of 40 hours per week. Per the Iowa Division of Labor, Iowa law only requires overtime if overtime is included in the employment agreement or contract between employer and employee.

6. The employee acknowledges that the employee meets the necessary skills and requirements to be able to perform the services hired to perform.

# Employer Acknowledgements (p.3)

7. The employee acknowledges that the employee is able to successfully communicate with the employer and comply with all Medicaid service documentation requirements.

8. The employee acknowledges that if the employee is providing self-directed personal care services, that the employee is sixteen years of age or older. Employees under the age of eighteen must have a parent co-sign this agreement.

9. The employee acknowledges that if the employee is providing the independent support broker service or providing self-directed community supports and employment services, that the employee is eighteen years of age or older.

# Employer Acknowledgements (p.4)

10. The employee understands and acknowledges that employees without a valid driver's license may not transport individuals in connection with their employment responsibilities.

11. The employee understands and acknowledges that all documents required by the Employment Packet, including the request to obtain a criminal record check and adult and child abuse registry information, must be completed, submitted to and processed by the FMS prior to the employee performing work.

12. The employee understands and acknowledges that the results of the criminal record and adult and child abuse registry must be obtained prior to the employee performing work. The FMS will notify the employer when this has been obtained.

# Employer Acknowledgements (p.5)

13. The employee will sign and submit to the employer, or the guardian or designated personal representative, a bi-weekly accurate time sheet of all services rendered including the type of service rendered, the date, and the number of service hours delivered (to the nearest quarter hour). Time sheets must be signed by both the employer and employee (or the guardian or designated personal representative). The employee acknowledges that the employee is responsible for submitting time sheets to the FMS within five business days from the end of the payroll cycle. Time sheets received after five business days will be paid with the next payroll cycle. Time sheets received after 30 days of the last day of service provided will not be paid.

14. The employee acknowledges that the funds used to pay the employee are Medicaid funds and that the submission of false information on time sheets may subject the employee to criminal action, in addition to repayment of any funds.

# Employer Acknowledgements (p.6)

15. The employee acknowledges that federal income tax withholding, Medicare, social security and Iowa state income tax withholding (as applicable) shall be withdrawn from the employee's wages per state and federal laws.

16. The employee agrees to provide the service as specified by the employer on a schedule mutually agreed upon between the employer and employee. Occasional variations in tasks and in the schedule may occur, based on mutual agreement of the parties.

17. In the event of illness, emergency or incident preventing the employee from providing scheduled services to the employer, the employee agrees to notify the employer as soon as possible so that the common law employer can obtain their services from someone else.

18. The employee agrees to participate in training if required by the common law employer.

# Employer Acknowledgements (p.7)

18. The employee agrees to participate in training if required by the common law employer.

19. The employee agrees to maintain all information regarding the program participant and the common law employer, if they are not one in the same, in a confidential manner and to respect the employer's privacy at all times. 470-4427 (04/25)

20. The employee acknowledges and understands if the employee is injured in the course of employment, neither the Iowa Medicaid Enterprise, state of Iowa, nor the Financial Management Service is responsible for paying for the injury. I also understand that it is the employer's responsibility to notify the employee if they do not have worker's compensation insurance.

# Training Components

# Training Components (p.1)

## ▶ Job expectations

- All parties involved should know exactly what expectations come with the job from the start.
  - Being on time
  - Being prepared to work
  - Completing documentation or EVV as required

# Training Components (p.2)

## ► What are their job duties?

- What are the Person-Centered Service Plan Goals?
  - Service: Supported Community Living
    - Goal: I want to learn to cook a healthy meal 2 times a week.
    - What does this look like for your staff? Is staff helping grocery shop? Find the recipe? Help write the recipe so the member can understand it better?
      - You should ensure you are hiring staff that know how to cook if you have a goal like this.
      - How does the staff document this goal? Do you have a spreadsheet, notebook?

# Training Components (p.3)

## ► Service: Self Directed Person Cares

- Goal: I need help bathing 3 times a week.
  - What does this look like? What skills would you need to train this individual on to help you safely bathe?
    - Something to consider, when hiring is the employee physically able to help you with the skill you are hiring them to do?
    - This staff will need trained to use EVV.

# HOME Project Updates

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- ▶ Public comment ended on Friday, Feb. 13 at 11:59 P.M.
- ▶ Policy is working their way through public comment and will submit to leadership once we have reviewed all comments.
- ▶ Once leadership has reviewed and approved, it will be submitted to CMS for approval
- ▶ CMS will most likely respond with questions and there will be some back and forth before final approval.

## Acknowledgements

**Thank you for your  
support and hard work  
on HOME!**

**There is much more  
work to do!**



# HCBS Residential Services

**LeAnn Moskowitz,**  
LTSS Executive Officer,  
Iowa Medicaid



Health and  
Human Services

# Residential Services - Supported Community Living (SCL)

- Children – limited to 52 hours per month unless granted a variance or waiver to the administrative rules for RBSCL or daily SCL. State plan services must first be accessed.
- 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
- Daily SCL provides supervision or structure in identified periods when another resource is not available.

# HCBS Supported Community Living Services

Residential Service Name			
HCBS Program	Supported Community Living (SCL)		Residential Based SCL (RBSCL) *Age 18 and under
	<ul style="list-style-type: none"> <li>Member's own home</li> <li>Community</li> <li>Provider owned/controlled residential homes in the community</li> </ul>		<ul style="list-style-type: none"> <li>RBSCL certified setting</li> </ul>
	Daily (8 or more hours per day)	15-minutes	One Day (24 hours)
Brain Injury Waiver	365 units available per calendar year Waiver of the Admin Rules for children under the age of 16 to receive more than 52 hours per month	up to 11,315 15-minute units per state fiscal year except a leap year when 11,336 units are available, which equates 7.75 hours per day	
Intellectual Disability Waiver	365 units available per calendar year Variance for children under the age of 16 to receive more than 52 hours per month	up to 20,440 15-minute units per state fiscal year except a leap year when 20,496 units are available, which equates 14 hours per day	365 units available per calendar year Waiver of the Admin Rules for children under the age of 16

# Children and Transition Aged Youth

## BI and ID Waivers:

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