Case Management Training

Session 2 - July 28, 2026

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Pre-Test Link:
https://www.surveymonkey.com/r/HOME4CMs-2-Pre

Pre-Test Link:

IOWA Health and Human Services

HOME Transition

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Transition of Some Waiver Services to State Plan Services Under HOME

- In **HOME Phase 1**, members enrolled in the Children's Mental Health (CMH), Health and Disability (HD), AIDS/HIV and Physical Disability (PD) waivers will transition to the new HOME Children and Youth (CY) and Adults with Disabilities (AD) waivers.

- Several services that were previously offered through the CMH, HD, AIDS/HIV and PD waivers will no longer be offered under the waivers, and members will need to transition to services under the Medicaid State Plan or Early Periodic Screening Diagnosis and Treatment (EPSDT) services.

HOME Children & Youth Waiver (CY Waiver)

Ages covered: Birth through age 20

Acronym: CY = Children and Youth

- Will serve children and youth with disabilities, behavioral health needs, or chronic conditions who require ongoing supports to remain safely at home and in their communities.

- Because children are also entitled to comprehensive Medicaid benefits through **EPSDT (Care for Kids)**, the CY waiver is intentionally designed to avoid duplicating services the State Plan already covers for youth. For this reason, some services offered today to children under the waivers—listed in Table 1's crosswalk—will shift to EPSDT when youth transition to the CY waiver.

HOME Adults with Disabilities Waiver (AD Waiver)

Ages covered: 21 and older

Acronym: AD = Adults with Disabilities

- Serves adults with disabilities, chronic conditions, or long-term support needs who require HCBS services to live independently and avoid institutional placement.
- Because adults do not receive EPSDT benefits, the AD waiver continues to include some services—such as Attendant Care, Home Health Aide, and Nursing—on the waiver. These services help fill gaps in State Plan coverage for people who need ongoing or daily support, such as skilled nursing that goes beyond short-term or intermittent care.
- One service (Counseling) offered through the AIDS/HIV and HD waivers will no longer be available to adults on the AD waiver. Members can access comparable services through Iowa's State Plan service package.

Why Services are Transitioning

- Iowa HHS aligned HOME waiver service packages to avoid duplication with State Plan services
- To ensure children receive the full range of medically necessary services through EPSDT (Care for Kids).
- Federal Medicaid requirements require State Plan services to be accessed first when those services can meet a child's medical needs.
- Waiver services are intended to supplement, not replace, services available through the Medicaid State Plan. As a result, people must exhaust appropriate State Plan services before accessing comparable waiver services.

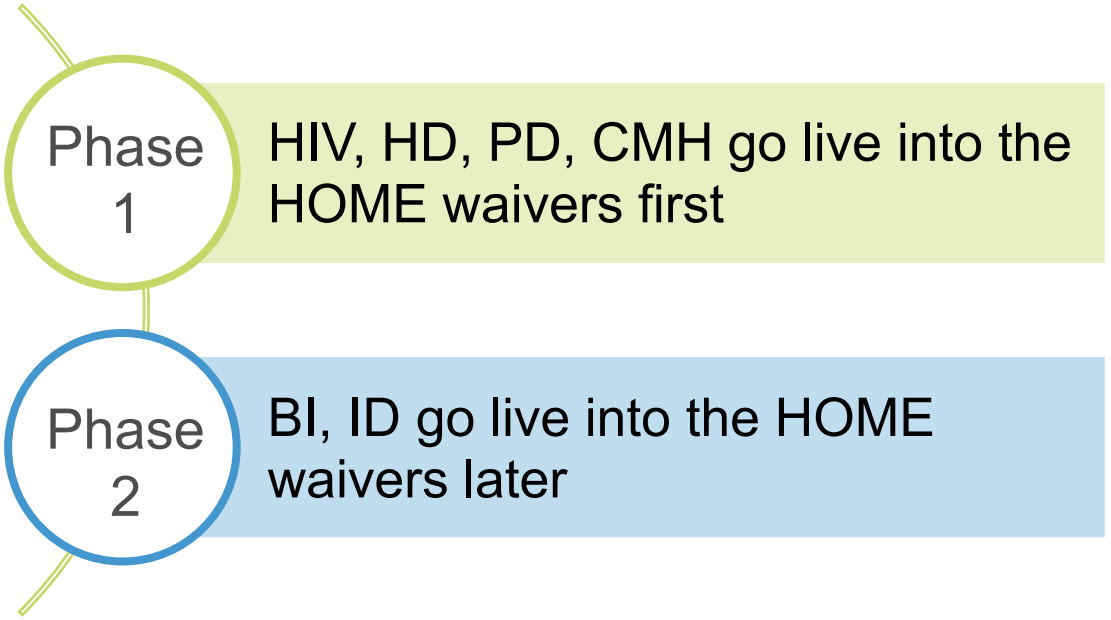
Services Not Added to the CY Waiver

Services which are available through EPSDT, were not added to the CY waiver and will instead be billed through the State Plan. These include:

- In-Home Family Therapy
- Counseling
- Nutritional Counseling
- Attendant Care (skilled and unskilled)
- Home Health Aide
- Nursing
- Interim Medical Monitoring & Treatment (IMMT)

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.

Case Manager Responsibilities: Step-by-Step

Step 1: Review the service plans for members on your caseload

Step 2: Identify members who will need to transition to a new service

- Iowa Medicaid and the MCOs will begin monthly data pulls to identify members who currently use one of the services that will be discontinued.
- You will receive lists of members on your caseload who are affected.
- If you work for an MCO, you will receive this list from your employer.
- If you are a fee-for-service (FFS) case manager, you will receive this list from HHS.

Case Manager Responsibilities: Step-by-Step

Step 3: Review the service crosswalk located here [HOME Project Provider Resources | Health & Human Services (iowa.gov)]

- Ensure there is a clear State Plan or EPSDT service that meets each need previously met by the waiver.
- Flag any gaps or risks for escalation.

Case Manager Responsibilities: Step-by-Step

Step 3 examples:

- If someone uses Attendant Care (unskilled), work with the Home Health Agency to get a referral to transition their services to Personal Cares (S9122 Revenue Code 572) under the State Plan.
- If someone uses skilled attendant care/Nursing/IMMT-RN or LPN, assess if you can transition their services to Private Duty Nursing (T1000 Revenue Code 559) under the State Plan.
- If someone uses Counseling under the AIDS/HIV waiver, plan to transition the service to Individual or Group Therapy (90832, 90834, 90836) through the State Plan.
- If a child uses In-Home Family Therapy through the CMH waiver, plan to transition them to use Family Training and Counseling (T1027) or Individual or Group Therapy (90832, 90834, 90836) through the State Plan

Case Manager Responsibilities: Step-by-Step

Step 4: Conduct member and family outreach and education

Once you are aware that a member will need to transition and have identified a recommended alternative, begin outreach to the member and their supports to:

- Explain which service(s) will change
- Review the crosswalk with families
- Clarify whether their provider can remain the same ("same provider, different code")
- Explain expectations for caregivers becoming agency employees (if applicable)
- Provide written transition materials, FAQs, and timelines

HHS has developed member handouts to explain the service transitions, available at Phase 1 Waiver Services Overview Guide.

Case Manager Responsibilities: Step-by-Step

Step 5: For each member, document in the case management service notes:

- Communication with the member and family
- Which waiver service is ending
- Which service will replace it
- Preliminary continuity-of-care considerations

Case Manager Responsibilities: Step-by-Step

Step 6: Update the person-centered service plan (PCSP)

As members' PCSPs are due for updates, update the PCSPs to reflect:

- New service spans, descriptions and codes
- Anticipated transition dates
- Provider type changes (e.g., type 62 for behavioral health; type 9 for home health agency services)
- Contingency plans if continuity of care is uncertain (e.g., if a child receives Attendant Care (skilled or unskilled) from an Attendant Care provider who is not affiliated with a Home Health Agency, and current provider has yet to be hired by a Home Health Agency).

If members do not have a PCSP due before HOME Phase 1, case managers should update the plan off-cycle to ensure continuity of services.

Case Manager Responsibilities: Step-by-Step

Step 7: Transition members to State Plan/EPSDT services

- In the 6 months leading up to HOME Phase 1, members should gradually move off the discontinued waiver services.
- Case managers should update their employers about the progress of facilitating transitions to the new services.
- All transitions must be finalized before HOME Phase 1.

Impact on Attendant Care Providers who Must Enroll with a Home Health Agency (HHA)

- Children currently receiving Attendant Care (skilled or unskilled) from providers who are not employed with a Home Health Agency (HHA), must transition to State Plan HHA Personal Care and/or Private Duty Nursing services.
  - Federal regulations do not allow legally responsible caregivers to provide personal care under the State Plan.
  - Legally responsible persons will no longer be reimbursed for personal care services.
- Children currently receiving Attendant Care from a legally responsible person who is a licensed RN or LPN may receive Private Duty Nursing from the legally responsible person when that licensed person is employed by an HHA.
- Families may ask for guidance from case managers if they plan to seek employment with an HHA. Please contact your employer for additional information on how to best guide caregivers in this transition.

Key Steps for Case Managers

- Identify all affected children
- Review current waiver hours and determine whether adjustments are needed
- Ensure all allowable, medically necessary services are authorized through EPSDT
- Contact the HHA and care team to confirm the HHA plan of care and that authorized hours are accurate
- Work with families to explain possible service scenarios and transition planning
- Monitor for gaps in coverage or service delivery during the transition period
- Case managers who need additional assistance should contact their supervisors for guidance and support

Member Messaging: What Case Managers Should Emphasize

Change can be overwhelming for members and their families. As a case manager, you are responsible for helping them navigate these changes. Below are a few key messages to emphasize when interacting with members:

- Members will still get the help they need.
- Members should be proactive and work with their case manager if they have questions or concerns.
- The State Plan and EPSDT provide coverage and ensure no medically necessary services will be lost.
- Many changes are billing or provider-type changes—and do not affect the services you receive.
- Case managers are here to support members with these transitions.
- Some caregivers may need to become health home agency employees to continue providing paid care.

Provider Enrollment

Some providers currently delivering services through the waiver may not be enrolled to bill the Medicaid State Plan for those same services. Case managers should encourage providers to review their enrollment status and begin the Medicaid provider enrollment process if needed to avoid gaps in service delivery or billing once services transition to EPSDT (Care for Kids).

Case managers should:

- Confirm if current IMMT, Nursing, Home Health Aide, or Attendant Care agency providers are enrolled as State Plan HHA providers.
- Encourage providers to submit a Medicaid provider enrollment application if they are qualified and are not already enrolled as a State Plan provider.
- Providers can access Iowa Medicaid provider enrollment information and applications here:
  Iowa Medicaid Provider Enrollment
- Additional provider resources and portal access information are available here:
  Medicaid Provider Services
- Providers should note that Medicaid reimbursement cannot begin until enrollment is approved.

- HOME Project | Health & Human Services (iowa.gov)
- Case Manager Resources Coming Soon
  - Case Manager Service Planning guide
  - Off-Year Assessment guide
  - Guides to transition from CMH, PD, AIDS/HIV, HD
  - Case Management Policy Playbook
  - And more!

Attendant Care

Updates to the Agreement

- Changed CDAC(Consumer Directed Attendant Care) to AC (Attendant Care)
- Separated out Essential housekeeping to 3 Non-Skilled services (housekeeping, grocery shopping, and laundry)
- Added statement about EVV (Electronic Visit Verification)

Things to Remember

- Services are divided by the number of individuals living in the home (if cleaning takes 3 hours and there are 3 people living in the home then the member would be authorized 1 hour).
- AC is do for not teach
- AC agreement should be based off of member assessed need, utilize the LOC assessment to build this agreement.

Things to Remember Cont.

- It is the CM's responsibility to document the Nurse/Doctor oversite quarterly(skilled AC).

- For CCO there is no longer a need for a Waiver of Administrative Rule to utilize Skilled Services, again it is the CM's responsibility to ensure the oversite is documented at least quarterly.

Consumer Choices Option

What's New?

- ISBs are optional as of January 1, 2026
- If the member choses not to use an ISB
  - The person who is building the budget (budget authority, guardian, neighbor…this is not a paid position, and it can NOT be a paid staff) must complete the budget training, this can be found on the Trualta website to register go to Learning Management System (LMS) | Health & Human Services (iowa.gov) it is free to register and use.
  - Remember when looking for CCO trainings you must type in Consumer Choices Options not the acronym CCO.

What's New? Cont.

- You no longer need to request a Waiver to the Administrative Rule to use Skilled Attendant Care.
  - The CM is responsible to document the medical oversite at a minimum of quarterly.

Case Management Responsibilities

- Identify the services needed utilizing the LOC assessment and writing a plan with the family.
- Giving the ISB or individual writing the budget the authorized units, rate and monthly budget.
- Ensuring the budget is correct before it is sent to the FMS (budget should include Code and service name).
- Monitoring the plan/budget monthly to ensure services remain appropriate
- Review documentation at least quarterly, provider and ISB.

Case Management Responsibilities Cont.

- The CM is responsible to determine if the member is appropriate for CCO.
  - Does the member understand the responsibilities of utilizing CCO?
  - If the member can not manage their own CCO do they have someone who can manage it?

Meet Joe He Lives Alone in the Community

- Joe is authorized
  - 4 hours a day of SCL: 496 units H2015 per month
    124 hours = $1,669.04/month
  - 8 trips a month of transportation: 8 units T2003
    = $77.22/month
    - **Total budget: $1,746.26/month**

21	Code)											
22	**Total Independent Broker Fees:**											**$ -**
23												
24	**REQUIRED FEES SUBTOTAL**											**$ 75.24**
25												
26	**SERVICE OPTION Self Directed Personal Care**	**Name**	**Description**	**Hourly pay**	**X**	**Total Hours month**	**X**	**9.25**		**Monthly Cost**		
27	Employee #1	Cathy	SCL H2015	$ 12.00		42		$ 46.62		$ 550.62		
28	Employee #2	Ben	SCL H2015	$ 12.00		41		$ 45.51		$ 537.51		
29	Employee #3	Kayse	SCL H2015	$ 12.00		40		$ 44.40		$ 524.40		
30	Employee #4	Ben	Transportation T2003	$ 10.00		8		$ 7.40		$ 87.40		
31	Employee #5							$ -		$ -		
32	Employee #6							$ -		$ -		
33	Employee #7							$ -		$ -		
34	Employee #8							$ -		$ -		
35	Other Services							$ -		$ -		
36	Other Services							$ -		$ -		
37	**Total Self Directed Personal Care costs:**									**$ 1,699.93**		
38												
39	**SERVICE OPTION Self Directed Community Supports and Employment**	**Name**	**Description**	**Hourly pay**	**X**	**Total Hours month**	**X**	**9.25**		**Monthly Cost**		
40	Employee #1							$ -		$ -		
41	Employee #2							$ -		$ -		
42	Employee #3							$ -		$ -		
43	Employee #4							$ -		$ -		
44	Employee #5							$ -		$ -		
45	Employee #6							$ -		$ -		
46	Employee #7							$ -		$ -		
47	Employee #8							$ -		$ -		
48	Other Services							$ -		$ -		
49	Other Services							$ -		$ -		
50	**Total Self Directed Community Supports and Employment**									**$ -**		
51												
52	**SERVICE OPTION Individual Directed Goods and Services**	**Description of Item or services**		**Cost per item/service**		**Frequency**		**Monthly Costs**		**Total per month**		
53								$ -		$ -		
54								$ -		$ -		
55								$ -		$ -		

124 hours **8 units**

Things to Look For

- Ensure all hours are accounted for if you authorized 23 hours in the plan make sure the budget reflects 23 hours.
- There should be a new signature sheet for each new budget.
- Code and Description to avoid rejection from FMS.
- Pay rate is assigned to all employees

STOP 

- CCO Should never be used as a “Place Holder” if someone is not using CCO then it needs to be ended. ($75.24 FMS, Workman's Comp average $25.00, ISB $45.15=$145.39)
- CCO is based on need not rate of pay for the employee.
- CCO is not used to maintain eligibility
- When assessing services “natural supports” should be taken into consideration.

Additional Information

- Fee Schedule Medicaid Fee Schedules | Health & Human Services (iowa.gov)
- HOME HOME Project | Health & Human Services (iowa.gov)
- HHS CCO Consumer Choice Option (CCO) | Health & Human Services (iowa.gov)
- VFS Welcome to CCO (veridianfiscalsolutions.org)
- CareBridge Homepage (carebridgehealth.com)

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Questions

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