



Iowa Department of Human Services

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HABILITATION SERVICES MANUAL TRANSMITTAL NO. 18-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **Habilitation Services Manual**, Chapter III, *Provider-Specific Policies*, Contents (pages 1 and 2), revised; pages 13, 17, 24, 26, 29, 36, 46 through 49, and 51, revised; and pages 24a through 24e, 50a, and 50b, new.

Summary

The **Habilitation Services Manual** is revised to align with current policies, procedures, and terminology.

Effective Date

Immediately.

Material Superseded

This material replaces the following page from the **Habilitation Services Manual**:

<u>Page</u>	<u>Date</u>
Chapter III	
Contents (pages 1 and 2)	July 1, 2017
13, 17	July 1, 2017
24	July 28, 2017
26, 29, 36, 46-49	July 1, 2017
51	July 28, 2017

Additional Information

The updated provider manual containing the revised pages can be found at:
<http://dhs.iowa.gov/sites/default/files/Habilitation.pdf>

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at imeproviderservices@dhs.state.ia.us.



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For the fee-for-service population, IME Medical Services Unit (MSU) contracted entity receives notice of the assessment need through the Individualized Services Information System (ISIS) workflow. The contracted entity will contact the member or the member's guardian and the Integrated Health Home Care Coordinator (IHH CC) or case manager (CM) (if identified in ISIS) to conduct the assessment. The contracted entity will provide the results of the assessment to the CM or IHH CC within five business days by posting the report in the Iowa Medicaid Portal Application (IMPA) system.

For members enrolled with an MCO, the interRAI-mental health is completed by the MCO or the MCO's subcontractor.

The IHH CC or CM submits the interRAI, and social history to the IME MSU for determination through the Iowa Medicaid Portal Access (IMPA) system in accordance with the instructions provided in [Informational Letter No. 1618](#) to the IME MSU.


To ensure timely review and Notice of Decision (NOD) receipt, please fill out all applicable information on the IMPA Upload cover sheet and provide current and accurate contact information:

- ◆ Contact name
- ◆ Direct telephone number
- ◆ Email address
- ◆ Submission rationale

Case managers and care coordinator must secure access to the IMPA assessment workflow by submitting the [Long Term Care File Upload IMPA Access](#) form. If you have questions regarding completion of the form, please contact IMPA support at IMPAsupport@dhs.state.ia.us.

Habilitation questions for the MSU may be sent by email to: habilitationervices@dhs.state.ia.us or by phone at (800) 383-1173, or locally in the Des Moines at (515) 256-4623.

The IME MSU will respond to initial assessments within two business days and will respond to annual reviews within five business days. In some cases, the reviewer may ask for additional information to be sent.

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6. Service Authorization

a. Members Enrolled with Managed Care Organizations

Following the IDT meeting and development of the comprehensive service plan, the case manager or integrated health home coordinator contacts the managed care organization to schedule a service authorization appointment.

b. Members Not Enrolled with a Managed Care Organization

Following the IDT meeting and when the comprehensive service plan is complete, the case manager is responsible for entering service plan information in ISIS, including the:

- ◆ Services selected,
- ◆ Effective dates of the services,
- ◆ Provider selected, and
- ◆ Number of units of each service needed per month.

The IME Medical Services Unit must authorize the habilitation services before services may be provided. The IME MSU will respond (authorize, deny, or request additional information) to the plan in ISIS.

A provider may bill only for dates of service on or after the effective date of the service plan and only for services authorized in the member's plan. Plans may be authorized only for a maximum of 12 months.

7. ISIS Instructions for Case Managers for Members Not Enrolled with a Managed Care Organization

a. Opening the Case

Habilitation cases should be started in "pending" status until the assessment is approved. To open a pending case in ISIS:

- ◆ Go to the "Add/Cancel Program" tab.
- ◆ Enter the member's state identification number (Medicaid number) in the "State ID" field.
- ◆ Do **not** enter a beginning date in the "Program Start Date" field. Leave this field blank.



2. Home-Based Habilitation

Home-based habilitation consists of individualized services and supports that assist with the acquisition, retention, or improvement in skills related to living in the community.

These services are provided in the member's home or community and assist the member to reside in the most integrated setting appropriate to the member's needs. Services are intended to provide for the daily living needs of the member and can be provided at any time of day or night that is necessary to meet the member's needs. This includes the following supports:

- ◆ Adaptive skill development
- ◆ Assistance with activities of daily living
- ◆ Community inclusion
- ◆ Transportation (except to and from a day program)
- ◆ Adult educational supports
- ◆ Social and leisure skill development
- ◆ Personal care
- ◆ Protective oversight and supervision

Home-based habilitation services are provide based on the number of hours of support a member needs each day as averaged over the course of a calendar month.

3. Home-Based Habilitation for Members Under the Age of 18

DHS policy is that any child living outside of the family home must reside in a licensed facility. A variance to residing in a licensed facility may be granted by the Administrators of the DHS Division of Adult, Children and Family Services when the following criterion is met.

Criteria for youth under the age of 18 to receive daily SCL or home-based habilitation:

- ◆ The proposed living environment must meet HCBS setting requirements.
- ◆ All providers of the service setting being requested must agree to meet the following additional safety and service requirements for serving youth under the age of 18:
 - Individuals age 17 ½ - 18 shall receive 24 hour site supervision and support.
 - Individuals age 17 ½ - their 18th birthday may not reside in settings with individuals over the age of 21.



- The service plan shall specifically identify educational services and supports for individuals who have not obtained a high school diploma or equivalent.
- For individuals who have obtained a high school diploma or equivalent, supported employment, additional training, or educational supports shall be included in the service plan.
- ◆ Verify that the youth is able to pay room and board costs. (Funding sources may include, but are not limited to, Supplemental Security Income (SSI), child support, adoptions subsidy, private funds).
- ◆ Verify that a licensed setting, such as those approved to provide Residential-Based Supported Community Living (RBSCCL), is not available.
- ◆ One of the following applies to the member:
 - The youth is currently placed outside their home and discharge is recommended. Returning to the parent or guardian's home is not an option due to the health and safety needs of the youth and other family members. All available community options have been exhausted as determined through the prior authorization process; or,
 - The youth is currently living in the parent or guardian's home and all available community options have been exhausted as determined through the prior authorization process. Remaining in the parent or guardian's home is not an option due to the health and safety needs of the youth and other family members.
- ◆ The youth's parent or guardian has provided written consent for use of daily SCL or home-based habilitation.
- ◆ All members of the youth's planning team (such as, but not limited to, the youth, parent, guardian, guardian ad litem (GAL), DHS, court, case manager, integrated health home) agrees with the proposed plan for the youth to receive daily SCL or home-based habilitation services.



4. Home-Based Habilitation Tier Utilization Criteria

Tier	Procedure Code and Modifier	Hours of Supervision and Support Needed Based on the Member's Comprehensive Functional Assessment	Home-Based Habilitation Member Utilization Criterion
Intensive III	H2016 U9	17 to 24 hours of service per day	<p>The highest level of service offered for home-based habilitation. The comprehensive person-centered plan is developed with the goal of symptom stabilization. Intensive III should be approved by the member's psychiatrist or other appropriate clinician. Collaboration should be consistent and ongoing with IHH staff, habilitation supervisor, in-home nurse, psychiatrist, and additional team members. Criteria:</p> <ul style="list-style-type: none">◆ For members who demonstrate an impairment of functioning as a result of a serious mental illness (SMI);◆ The member has significant risk of harm to self or others or disturbances of mood, thought, or behavior which renders the member incapable of appropriate self-care or self-regulation 17-24 hours a day;◆ Lack of ability or capacity to participate in structured or meaningful activity in the community due to significant behaviors that could cause harm to self or others;◆ This level of care includes significant intervention from staff for 17-24 hours a day;◆ More than one recent occurrence or isolated incident in the past three months that included a hospital stay, ER visit, use of emergency services, or police intervention.◆ Member shows instability in member's mental health needing significant assistance with mood, coping, and other mental health systems.



Tier	Procedure Code and Modifier	Hours of Supervision and Support Needed Based on the Member's Comprehensive Functional Assessment	Home-Based Habilitation Member Utilization Criterion
Intensive II	H 2016 U8	13 to 16.75 hours of service per day	<p>Supports the member in completing activities of daily living (ADLs) in order to gain proficiency and to increase independence. The comprehensive person-centered plan is developed with the goal of stabilizing the member's symptoms to maintain a daily routine. Criteria:</p> <ul style="list-style-type: none">◆ Periods free from significant, ongoing self-harm or harm to others that puts self or others at risk for injury;◆ Lack of ability or capacity to participate in structured and meaningful activity outside their residence (e.g., going to church with a staff member or attending a book club with a staff member);◆ Member needs significant support to complete basic living skills such as frequent interventions or hand over hand support for 13-16.75 hours per day;◆ Member needs significant intervention from staff to remain safe in the community and home for 13-16.75 hours per day;◆ Member needs significant support from staff to stabilize daily routine and to manage mood, coping or other mental health symptoms.



Tier	Procedure Code and Modifier	Hours of Supervision and Support Needed Based on the Member's Comprehensive Functional Assessment	Home-Based Habilitation Member Utilization Criterion
Intensive I	H2016 UD	9 to 12.75 hours of service per day	<p>Assists the member in greater independence and community integration as reflected by the comprehensive person-centered plan. The member shows increased participation in the community such as working, volunteering, participating in day habilitation or other meaningful activities. Criteria:</p> <ul style="list-style-type: none">◆ Periods free from any significant, ongoing self-harm or harm to others;◆ Without support in the following areas, the member would be at risk for hospitalization, loss of independent living, incarceration, or increase to harm to self:<ul style="list-style-type: none">• Problem solving;• Emotional management;• Coping skills;• Relaxation/self-regulation;• Crisis planning and implementation
Medium Need	H2016 UC	4.25 to 8.75 hours of service per day as needed	<p>The goal of this service is to increase participation in the community and regularly participating in meaningful activities. Criteria:</p> <ul style="list-style-type: none">◆ The member is transitioning from a more intensive level of care and continues to show improvement in symptoms OR the member needs more structure and support after being in a lower level of care;◆ The member has a daily minimal need for support with skills in the following areas: managing the living environment, performing activities of daily living (ADL's), employing positive community and social skills, and implementing a schedule or daily routine.



Tier	Procedure Code and Modifier	Hours of Supervision and Support Needed Based on the Member's Comprehensive Functional Assessment	Home-Based Habilitation Member Utilization Criterion
Recovery Transitional	H2016 UB	2.25 to 4 hours of service per day as needed	Focuses on treatment goals of managing ADLs, interacting within the community, and personally defined goals. Criteria: <ul style="list-style-type: none">◆ Greater independence in navigating the community;◆ Follows a schedule and is able to leave the home for purposeful activity OR engages in meaningful activities at home with assistance from staff members.
High Recovery	H2016 UA	.25 to 2 hours of service as needed	The lowest level of care offered under home-based habilitation. Minimal intervention or staff member support is needed. This level of care would be considered a step above independent living. The member continues to show progress towards goals of managing ADLs, interacting within the community, and personally defined goals. There must be at least 15 minutes of service to bill one unit. Criteria: <ul style="list-style-type: none">◆ Navigates the community with little to no assistance;◆ Follows a schedule and is able to leave home for purposeful activities or engages in meaningful activity at home independently.



Even when home-based habilitation is provided using a daily rate, it does not include room and board or maintenance costs.

Activities associated with vocational services, day care, medical services, or case management cannot be included in home-based habilitation.

Example: Even when done in a member's home, providing assistance in completing a job application would be a vocational service, not a home-based habilitation service, and would not be allowed.

Example: Assisting a member in making a medical appointment or calling in a refill for a prescription would be providing assistance with accessing medical services, but are **not** medical services themselves, and would be allowed.

5. Day Habilitation

Provision of regularly scheduled activities in a non-residential setting, separate from the member's private residence or other residential living arrangement, such as assistance with acquisition, retention, or improvement in self-help; socialization and adaptive skills that enhance social development; and development of skills in performing activities of daily living and community living.

Activities and environments are designed to foster the acquisition of skills, building positive social behavior and interpersonal competence, greater independence and personal choice. Services are furnished consistent with the member's person-centered plan. Meals provided as part of these services shall not constitute a "full nutritional regimen" (three meals per day).

Day habilitation services focus on enabling the member to attain or maintain the member's maximum potential and shall be coordinated with any needed therapies in the member's person-centered services and supports plan, such as physical, occupational, or speech therapy.

- ◆ Personal care and assistance may be a component part of day habilitation services as necessary to meet the needs of a member, but may not comprise the entirety of the service.



- ◆ The provision of regularly scheduled activities in a non-residential setting, separate from the member's private residence, sleeping accommodations or other residential living arrangement.
- ◆ Face-to-face skill development training and supports, such as:
 - Assistance with the acquisition, retention, or improvement of self-help,
 - Socialization and adaptive skills that enhance activities of daily living, and
 - Social development and community participation.
- ◆ An organized program of activities designed to foster the acquisition of skills, building positive social behavior and interpersonal competence, greater independence, and personal choice.
- ◆ Designed and delivered in a manner that is individualized and focused on enabling the member to attain or maintain the member's maximum potential.
- ◆ Provided and documented in accordance with 441 IAC Chapters 77, 78, and 79.

Day habilitation **is not**:

- ◆ Supervision or protective oversight.
- ◆ Indirect services such as meetings, documentation or collateral contacts.
- ◆ Payment of services that are vocational in nature (i.e., for the primary purpose of producing goods or performing services).
- ◆ Payment for services provided in a residential care facility (RCF) that the RCF is required to provide as a condition of licensure.
- ◆ Payment for services that duplicates services which are provided by the Department of Education.
- ◆ Available to Intellectual Disability Waiver members under the age of 16.

6. **Prevocational Habilitation**

"Prevocational services" means services that 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.



Example: Jane Doe attends a sheltered workshop where she works assembling widgets four hours per day. For two of those hours, provider staff work with her on maintaining concentration and task completion. For the other two hours, she works under staff supervision, but is not involved in any prevocational skills training activity.

The two hours that staff assist her are acceptable as a prevocational service and are reimbursable. The remaining time is not prevocational and not reimbursable.

The member cannot be paid from Medicaid funds for work performed while receiving prevocational services. 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. The provider of prevocational services must be able to document the funding source of the member's wages from work performed.

7. Supported Employment Individual Employment (SEIE) Habilitation

a. Supported Employment – Individual Employment Support

Individual supported employment involves supports provided to, or on behalf of, the member that enable the member to obtain and maintain individual employment. Services are provided to members who need support because of their disabilities.

Individual supported employment services 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.



- ◆ Individual supported employment is limited to 60 hourly units per calendar year. The member may be initially authorized for 40 hourly units and an extended authorization for an additional 20 units as needed by the member.
- ◆ Long-term job coaching is limited to 40 hours per week, and must be reauthorized every 90 days.
- ◆ Small-group supported employment is limited to 160 (15 minute) units per week.

(3) Exclusions

Supported employment services payments shall not be made for the following:

- ◆ Services that are available to the individual under a program funded under Section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).

Documentation that the service is not available to the individual under these programs shall be maintained in the service plan of each member receiving individual supported employment or long-term job coaching services.

- ◆ Incentive payments, not including payments for coworker supports, made to an employer to encourage or subsidize the employer's participation in a supported employment program.
- ◆ Subsidies or payments that are passed through to users of supported employment programs.
- ◆ Training that is not directly related to a member's supported employment program.
- ◆ Services involved in placing and stabilizing members in day activity programs, work activity programs, sheltered workshop programs or other similar types of vocational or prevocational services furnished in specialized facilities that are not a part of the general workplace.
- ◆ Supports for placement and stabilization in volunteer positions or unpaid internships. Such volunteer learning and unpaid training activities that prepare a person for entry into the general workforce are addressed through prevocational services and career exploration activities.



- ◆ Tuition for education or vocational training.
- ◆ Individual advocacy that is not related to integrated individual employment participation or is not member-specific.
- ◆ Medicaid funds may not be used to defray the expenses associated with starting up or operating a business

8. Resource Sharing Between Iowa Medicaid and Iowa Vocational Rehabilitation Services

People are more likely to succeed in employment when funding and services available through both IVRS and Medicaid are shared. Each program has limitations but together they can provide holistic support for someone with a disability who wants to find and keep community-integrated employment. Please refer to [Section H](#) of this manual; IVRS and DHS/IME have outlined our respective funding obligations when paying for Supported Employment Services (SES) for a mutual client served by both agencies.

9. Employment Resources for Case Managers, Care Managers, Service Coordinators, and Integrated Health Home Coordinators

The Iowa Department of Human Services and our Employment 1st partners are committed to ensuring all people with disabilities have the opportunity to work in the general workforce, and to enjoy the many benefits that are associated with having employment. We recognize that case managers, care managers, service coordinators, and integrated health home coordinators have a critical role to play in enabling more Iowans with disabilities to find and keep employment in the general workforce. In recognition of the critical role these professionals play, the Iowa Employment 1st Guidebook was created.

This Guidebook was created to provide case managers, care managers, service coordinators, and integrated health home care coordinators with critical information, resources and tools to help them do the best possible job of assisting transition-age youth and working-age adults with disabilities they support to work. The guidebook may be accessed online at:

https://dhs.iowa.gov/sites/default/files/Iowa_Employment_First_Guidebook_2nd_edition.pdf



The Department has developed a frequently asked questions document to provide additional policy clarification and guidance pertaining to HCBS Prevocational and Supported Employment Service. This document is updated periodically. The FAQ may be accessed online at: https://dhs.iowa.gov/sites/default/files/FAQ_HCBS_Prevocational_and_Supported_Employment_Services_01.06.17.pdf

10. Exclusions Under State Plan HCBS

State plan HCBS habilitation services do not include any of the following:

- ◆ Respite services
- ◆ Room and board
- ◆ Family support services
- ◆ Inpatient hospital services
- ◆ Services that are solely educational in nature
- ◆ Services that are not in the member's comprehensive person-centered service plan
- ◆ Services provided before the approval of a member's plan by the IME or the managed care organization
- ◆ Services to persons under 65 years of age who reside in institutions for mental diseases
- ◆ Services directed at a parent or family member to meet the protective, supportive, or preventive needs of a child. Services that are otherwise covered by the Iowa Medicaid program or that are an integral and inseparable part of another Medicaid-reimbursable service, including but not limited to:
 - Institutional services, such as in a nursing facility or ICF/ID.
 - Services under a behavioral health managed care program, such as Assertive Community Treatment (ACT).
- ◆ Non-emergency medical transportation (NEMT) services cannot be used for transportation to state plan HCBS habilitation services as that service is not included in the state plan approved for the transportation service.



11. Duplication

Members may be enrolled for state plan HCBS habilitation services while also enrolled in an HCBS waiver program under the following conditions:

- ◆ The member must meet all eligibility requirements for both programs.
- ◆ Services may not be duplicated between the two programs. When a needed service is available under both programs, it should be accessed through habilitation services rather than the waiver.
- ◆ Only one case manager is permitted per member. Case management is only available for those not enrolled in an integrated health home. When a member is enrolled in both a HCBS waiver and the HCBS habilitation program, care coordination may be provided by an integrated health home or case management entity. Whichever the member chooses, the responsible entity must oversee both programs.

12. Medical Necessity

To be payable by Medicaid as a habilitation service, a service must:

- ◆ Be reasonable and necessary.
- ◆ Be based on the member's needs as identified in the member's comprehensive service plan.
- ◆ Be delivered in the least restrictive environment appropriate to the needs of the member.
- ◆ Be provided at the most appropriate level for the member.
- ◆ Include the applicable and necessary instruction, supervision, assistance, and support required by the member to achieve the member's life goals.
- ◆ Be consistent with professionally accepted guidelines and standards of practice for the service being provided.

13. Documentation

Providers must meet the documentation requirements set forth in 441 IAC 79.3(249A).

The medical record shall indicate the member's progress in response to the services rendered, including any changes in treatment, alteration of the plan of care, or revision of the diagnosis.



14. Interpretive Services

Interpretative services may be covered, whether done orally or through sign language. Providers may employ or contract the services of an interpreter. Interpreters must provide only interpretation services for the agency. The services must facilitate access to Medicaid covered services

In order for interpretation services to be covered by Iowa Medicaid, the services must meet the following criteria:

- ◆ Provided by interpreters who provide only interpretive services.
- ◆ Interpreters may be employed or contracted by the billing provider.
- ◆ The interpretive services must facilitate access to Medicaid covered services. Providers may only bill for these services if offered in conjunction with an otherwise Medicaid covered service. Medical staff that are bilingual are not reimbursed for the interpretation but only for their medical services.

a. Documentation of the Service

The billing provider must document in the member's record the:

- ◆ Interpreter's name or company,
- ◆ Date and time of the interpretation,
- ◆ Service duration (time in and time out), and
- ◆ Cost of providing the service.

b. Qualifications

It is the responsibility of the billing provider to determine the interpreter's competency. Sign language interpreters should be licensed pursuant to 645 Iowa Administrative Code (IAC) Chapter 361. Oral interpreters should be guided by the standards developed by the National Council on Interpreting in Health Care.

The following is the instruction for billing interpretive services when that service is provided by an outside commercial translation service:



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Bill Code T1013:

- ◆ For telephonic interpretive services use modifier "UC" to indicate that the payment should be made at a per-minute unit.
- ◆ The lack of the UC modifier will indicate that the charge is being made for the 15 minute face-to-face unit.
- ◆ Enter the number of minutes actually used for the provision of the service. The 15-minute unit should be rounded up if the service is provided for 8 minutes or more.

NOTE: Because the same code is being used but a conditional modifier may be necessary, any claim where the UC modifier is NOT used and the units exceed 24 will be paid at 24 units.



E. PROCEDURE CODES AND NOMENCLATURE

These procedure codes may be used in submitting bills for habilitation services to IME:

Home-Based Habilitation	Hours of supervision and support needed based on the member's Comprehensive Functional Assessment	Procedure Code	Modifier
Tier 1 High Recovery	.25 to 2 hours per day as needed	H2016	UA
Tier 2 Recovery Transitional	2.25 to 4 hours per day as needed	H2016	UB
Tier 3 Medium Need	4.25 to 8.75 hours per day as needed	H2016	UC
Tier 4 Intensive I	9 to 12.75 hours per day	H2016	UD
Tier 5 Intensive II	13 to 16.75 hours per day	H2016	U8
Tier 6 Intensive III	17 to 24 hours per day	H2016	U9

Prevocational and Supported Employment Services	Unit of Service	Procedure Code	Modifier
Prevocational (hourly)	Hour	T2015	
Career Exploration	Hour	T2015	U3
Supported Employment – Individual and Long-Term Job Coaching			
Tier 1 – 1 contact/month	Month	H2025	U4
Tier 2 – 2-8 hours/month	Month	H2025	U3
Tier 3 – 9-16 hours/month	Month	H2025	U5
Tier 4 – 17-25 hours/month	Month	H2025	U7
Tier 5 – 26+ hours/month	Hour	H2025	UC