



October 22, 2002

**GENERAL LETTER NO. 16-K-4**

ISSUED BY: Bureau of Long Term Care

SUBJECT: Employees' Manual, Title 16, Chapter K, **MEDICAID WAIVER SERVICES**, Title page, revised; Contents (page 1), revised; Contents (pages 2 through 5), new; pages 1, 2, and 3, revised; and pages 4 through 222, new.

**Summary**

Policies for the six home- and community-based services waivers are revised and reissued in Chapter 16-K. The changes are broken down into two sections:

- ◆ Issues common to all the home- and community-based services waivers.
- ◆ Issues specific to each waiver.

Changes made to all or most waivers include:

- ◆ Removing references to “individual comprehensive plan” and “case plan” and replacing them with “service plan” throughout the manual.
- ◆ Incorporating the ISIS system and including information how the system interacts specifically with each waiver.
- ◆ Revising policies on consumer-directed attendant care (CDAC) to:
  - Add persons with durable power of attorney for medical care to the list of people who can agree to CDAC services on behalf of a consumer, in accordance with the Code of Iowa.
  - Allow assistance to consumers with job-related tasks, at the direction of the Health Care Financing Administration.
- ◆ Revising policies on home and vehicle modification to:
  - Make language in all waivers similar.
  - Redefine who may be a service provider under the brain injury, elderly, mental retardation, and physical disability waivers to add community businesses.
  - Add a policy to the ill and handicapped waiver and revised a policy under the brain injury, elderly, mental retardation, and physical disability waivers to define covered modifications.

Modifications that are necessary or desirable without regard to the consumer's medical or remedial need and that would be expected to increase the fair market value of the home or vehicle are excluded, except as specifically listed below. This affects modification such as furnaces, fencing, roof repair, or adding square footage to the residence. Repairs are also excluded.

Only the following modifications are covered:

- Kitchen counters, sink space, cabinets, special adaptations to refrigerators, stoves, and ovens.
- Bathtubs and toilets to accommodate transfer special handles and hoses for showerheads, water faucet controls, and accessible showers and sink areas.
- Grab bars and handrails.
- Turnaround space adaptations.
- Ramps, lifts, and door, hall and window widening.
- Fire safety alarm equipment specific for disability.
- Voice-activated, sound-activated, light-activated, motion-activated, and electronic devices directly related to the consumer's disability.
- Vehicle lifts, driver-specific adaptations, remote-start systems, including such modifications already installed in a vehicle.
- Keyless entry systems.
- Automatic opening device for home or vehicle door.
- Special door and window locks.
- Specialized doorknobs and handles.
- Plexiglas replacement for glass windows.
- Modification of existing stairs to widen, lower, raise, or enclose open stairs.
- Motion detectors.
- Low-pile carpeting or slip-resistant flooring.
- Telecommunications device for the deaf.
- Exterior hard-surface pathways.
- New door opening.
- Pocket doors.
- Installation or relocation of controls, outlets, switches.
- Air conditioning and air filtering, if medically necessary.
- Heightening of existing garage door opening to accommodate modified van.
- Bath chairs.

Changes made to the brain injury waiver include removing medically needy as an eligibility group for the waiver, as this policy did not receive federal approval. No consumers who qualify as being medically needy recipients have ever been on the BI waiver.

Changes made to the elderly waiver include:

- ◆ Revising policy to require usage of services in a calendar quarter, instead of monthly, to remain eligible for the waiver.
- ◆ Eliminating the monthly maximum on transportation for the waiver to make the waiver more functional for consumers and similar to other waivers that have transportation as a service.

Changes made to the ill and handicapped waiver include:

- ◆ Adding the following new services:
  - Home-delivered meals (structured the same as the elderly waiver)
  - Nutritional counseling (structured the same as the elderly waiver)
  - Home and vehicle modifications (reimbursed the same as the brain injury waiver)
  - Personal emergency response

<b>Service</b>	<b>Procedure Code</b>	<b>Upper Limits/Maximum Units</b>
Home-delivered meals	W1030	\$7.19 per meal (maximum of 14 meals per week allowed)
Nutritional counseling	W1049	\$7.70 per 15 minutes
Home and vehicle modifications	W1417	\$500 per month, \$6,000 per year
Personal emergency response	W1408 for initial W1407 for monthly	Initial one-time fee of \$46.22 Ongoing monthly fee of \$35.95

- ◆ Removing the requirement that a child under the age of 21 has to be ineligible for SSI to be eligible for the waiver.
- ◆ Clarifying that in-home health-related services may be used in conjunction with the waiver.
- ◆ Adding that children in foster care and subsidized adoption are able to access the waiver.
- ◆ Adding that children with mental retardation may have other diagnoses besides pediatric skilled level of care under the waiver.
- ◆ Revising policy governing the 180-day process for accessing payment slots under waiver to allow quicker access to the waiver and to reduce the number of exceptions to policy. An applicant must first be determined disabled before a slot can be requested.
- ◆ Adding interim medical monitoring and treatment services to the list of alternative services a person must access per calendar quarter to remain eligible for the ill and handicapped waiver.

Changes made to the mental retardation waiver include:

- ◆ Revising policy governing the 180-day process for accessing payment slots under the waiver to allow quicker access to the waiver and to reduce the number of exceptions to policy.
- ◆ Redefining who may be a nursing provider under the waiver to include agencies that are certified to participate in the Medicare program as home health agencies.
- ◆ Revising eligibility policy to provide that consumers need only to have a diagnosis of mental retardation, rather than a primary diagnosis of mental retardation, to qualify for the waiver.
- ◆ Removing requirement that consumers need to have their names placed on a referral list.

Changes made to supported employment include redefining services under the MR and BI waivers to meet the needs of the consumers served. Policy regarding reimbursement rate and payment methodology has also revised. New procedure codes are as follows. (The previous procedure codes ended 4/30/01).

Component/Activities	Procedure Code	Upper Limits	Maximum Units
Activities to obtain a job	W1430	\$500 per job	\$1500 per calendar year
Support to maintain employment:			
Enclave	W1433	\$5.78 per hour	\$2772 per month and 40 units per week for any combination of the three activities.
Personal care	W1432	\$18.49 per hour	
Job coaching (all activities other than personal care or service in enclave setting)	W1431	\$32.64 per hour	

For procedure codes W1431, W1432, and W1433, the rate is based on a retrospectively limited prospective rate established through the financial and statistical cost reporting process. The rate cannot be changed until cost reporting is complete for FY 2001. **Note:** Any changes in rates must be ordered and approved in the consumers' service plans before billing.

**Effective Date**

May 1, 2001

**Material Superseded**

Remove the entire Chapter K from Employees' Manual Title16 and destroy it. This includes the Title page, Contents, and pages 1 through 3, all dated August 11, 1992.

**Additional Information**

Refer questions about this general letter to your service area manager or designee.



# STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR  
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

April 29, 2003

## **GENERAL LETTER NO. 16-K-5**

ISSUED BY: Bureau of Long Term Care

SUBJECT: Employees' Manual, Title 16, Chapter K, *MEDICAID WAIVER SERVICES*, page 206, revised.

### **Summary**

Page 206 is revised to correct a reference to the brain injury (BI) waiver. This should refer to the physical disability (PD), as it is in the PD section of this manual.

### **Effective Date**

May 1, 2003

### **Material Superseded**

Remove page 206, dated October 22, 2002, from Employees' Manual, Title 16, Chapter K, and destroy it.

### **Additional Information**

Refer questions about this general letter to your service area manager or designee.



# STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR  
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

September 30, 2003

## GENERAL LETTER NO. 16-K-6

ISSUED BY: Bureau of Long-Term Care, Division of Medical Services

SUBJECT: Employees' Manual, Title 16, Chapter K, **MEDICAID WAIVER SERVICES**, Contents (pages 1 through 5), revised; Contents (page 6), new; pages 5, 7, 8, 16, 35 through 47, 70, 105, 134, 165, 167, 168, 179, 180, 192, 199, and 200, revised; and pages 180a, 192a, and 198a, new.

### Summary

Employees' Manual 16-K has been revised to do the following:

- ◆ Clarify procedures for the persons under the HCBS waivers who need to be temporarily absent from the waiver.
- ◆ Change the billing codes for home health aide and nursing for the waivers. The Health Insurance Portability and Accountability Act of 1996 (HIPPA) mandated uniform national standards for health information. Consequently, Iowa Medicaid initiated a review of all local "W" HCPCS codes that are unique to Iowa Medicaid. These local codes are being replaced by HCPCS Level II codes.
- ◆ Incorporate a rule change as to who can access the rent subsidy program. Legislation now restricts eligibility for rent subsidy to people at risk of nursing facility placement, and eliminates the \$500 household assistance. The application and eligibility determination processes are also updated.
- ◆ Remove reference to the 180-day limit on accessing slots under the ill and handicapped and MR waivers.
- ◆ Add three new services to the MR waiver: transportation, prevocational services, and adult day care. The manual includes these services on the waiver summary chart, provides a description of the services, defines the procedure codes for the services, and describes who can be a provider of the services.
- ◆ Incorporate a rule change to the MR waiver that persons ages 16 to 18 can now access supported employment service.

### Effective Date

July 1, 2003

**Material Superseded**

Remove the following pages from Employees' Manual, Title 16, Chapter K, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (pages 1-5)	October 22, 2002
5, 7, 8, 16, 35-47, 70, 105, 134, 165, 167, 168, 179, 180, 192, 199, 200	October 22, 2002

**Additional Information**

Refer questions about this general letter to your service area manager.



# STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR  
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

August 27, 2004

## GENERAL LETTER NO. 16-K-7

ISSUED BY: Bureau of Long-Term Care, Division of Medical Services

SUBJECT: Employees' Manual, Title 16, Chapter K, **MEDICAID WAIVER SERVICES**, Contents (pages 1 and 5), revised; pages 5 through 8, 25, 26, 29, 30, 36, 53, 76, 139 through 145, 171 through 179, 186, 207, and 208, revised; and pages 30a and 186a, new.

### Summary

These changes clarify:

- ◆ That day habilitation service is available under the MR waiver.
- ◆ The procedure codes to bill for hourly adult day care, day habilitation, prevocational services, and transportation.
- ◆ That there is no longer a 180-period for use of a slot under the MR or IH waivers.
- ◆ Procedures for reconsideration upon denial of level of care in a continued stay review.
- ◆ Determination of a start date for waiver services.
- ◆ The role of the slot manager or CPC for slot approval.
- ◆ Deeming of parental income for children receiving waiver.
- ◆ That consumers can receive waiver services while living in an RCF.

The changes also update the manual to correct the workflow to show the changes to the process of managing slots due to changes in the ISIS system.

### Effective Date

July 1, 2004



**Material Superseded**

Remove the following pages from Employees' Manual, Title 16, Chapter K, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (pages 1 and 5)	September 30, 2003
5	September 30, 2003
6	October 22, 2002
7, 8	September 30, 2003
25, 26, 29, 30	October 22, 2002
36	September 30, 2003
53, 76, 139-145, 171-178	October 22, 2002
179	September 30, 2003
186, 207, 208	October 22, 2002

**Additional Information**

Refer questions about this general letter to your service area manager.



# STATE OF IOWA

TERRY E. BRANSTAD, GOVERNOR  
KIM REYNOLDS, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
CHARLES M. PALMER, DIRECTOR

March 18, 2011

## GENERAL LETTER NO. 16-K-8

ISSUED BY: Bureau of Long-Term Care, Iowa Medicaid Enterprise

SUBJECT: Employees' Manual, Title 16, Chapter K, **MEDICAID WAIVER SERVICES**, Title page, revised; Contents (pages 1 through 4), revised; and pages 1 through 205, revised.

### Summary

Chapter 16-K has been revised to:

- ◆ Add new sections for the children's mental health (CMH) waiver describing eligibility, service definitions, waiver year, eligible providers, and the enrollment process, and update the policies applicable to all waivers to contain CMH legal references. The CMH waiver went into effect on October 1, 2005.
- ◆ Remove references to the Medicaid fiscal agent, which was replaced by the Iowa Medicaid Enterprise (IME), effective July 1, 2005.
- ◆ Reflect that the name of the Department of Elder Affairs was changed to the Department on Aging effective July 1, 2009.
- ◆ Update the **definitions** section by:
  - Adding definitions of "HCBS," "IME," "income maintenance worker," and "qualified brain injury professional."
  - Changing the definition for "case management" to make it applicable to all waivers.
  - Changing the definition of "guardian" to include a parent of a member or legal guardian.
  - Changing the definition of "medical institution."
  - Removing the definition of Iowa Foundation for Medical Care (IFMC), as most references to IFMC are changed to IME Medical Services Unit. IFMC now has the contract for the Medical Services Unit under the Iowa Medicaid Enterprise.
  - Removing the definition of "process" since the term was not used in the manual in the sense defined.

- ◆ Update the **procedure codes** chart by adding codes for:
  - CMH waiver services: environmental modifications and adoptive devices, family and community support services, in-home family therapy, and respite care.
  - Home-delivered meals, with separate procedure codes for billing morning, noon, evening, and supplemental meals.
  - Respite care in camps. Different codes are assigned to residential camps, group summer day camps, teen day camps, and weekend on-site respite for billing purposes.
  - New supported employment services (job development, employer development, enhanced job search, job coaching, personal care, and enclave).
- ◆ Include the use of form 470-4392, *Level of Care Certification for HCBS Waiver Program*, in the **level of care** section.
- ◆ Update the requirements for the **service plan** and clarify what the service worker or case manager is responsible for.
- ◆ Add information on the **consumer choices option** (budget development and services) which became available on October 1, 2006. This includes references to the following new forms:
  - 470-4289, *Consumer Choices Option Informed Consent and Risk Agreement*
  - 470-4427, *Employment Agreement*
  - 470-4428, *Financial Management Service Agreement*
  - 470-4429, *Consumer Choices Option Semi-Monthly Time Sheet*
  - 470-4430, *Delegation of Budget Authority*
  - 470-4431, *Consumer Choices Option Individual Budget*
  - 470-4492, *Independent Support Broker Agreement*
  - 470-5019, *Consumer Choices Option Non-Payroll Reimbursement Request*
  - Comm. 271, *Is the Consumer Choices Option Right for You?*
- ◆ Add procedures for **transferring** members in the ill and handicapped, brain injury, and physical disability waivers when they reach age 65.
- ◆ Remove the section on **rent subsidy**, since the Department no longer manages this program, and add references directing consumers who want rent subsidy to the Iowa Housing Authority, which has managed the rent subsidy program since November 1, 2005.
- ◆ Add a section on requesting **exceptions** to policy.
- ◆ Update the ISIS **change flow** for each waiver.
- ◆ Updated the list of Ryan White Part B **AIDS/HIV** Care and Support providers.
- ◆ Update references to case management under the **elderly waiver** to reflect that this function is no longer automatically assigned to the area agencies on aging.

- ◆ Remove the reference under the **ill and handicapped waiver** to a time limit of 180 days to process a waiver slot before it is assigned to another applicant. Effective January 1, 2003, the applicant has 30 days after the waiver slot is assigned to file a new application, but there is no limit on how fast waiver services must begin.
- ◆ Update ill and handicapped waiver eligibility policy (effective October 1, 2004) to:
  - Allow SSI recipients who were receiving waiver services on their 21st birthday to continue on the waiver until they reach the age of 25 and
  - Allow the cap on their waiver costs to increase by the amount needed to cover the services that were formerly available to them under Care for Kids (EPSDT).
- ◆ Change the name of HCBS mental retardation (MR) waiver to the **intellectual disability (ID) waiver**. This change was effective with the waiver renewal in July 2010.
- ◆ Consolidate **service descriptions** across the waivers.
- ◆ Change the requirements for providers of **adult day care** to be certification by the Department of Inspections and Appeals as an adult day services program in compliance with standards adopted under Iowa Code Chapter 231D, effective November 1, 2004.
- ◆ Update the description of **consumer-directed attendant care** by:
  - Add references to a new form 470-4389, *Consumer Directed Attendant Care (CDAC) Daily Service Record*.
  - Add instructions about the process when CDAC is provided by an assisted living facility.
- ◆ Add a description of **elderly waiver case management**, which was added as covered service the effective October 1, 2006. References to the use of the *Functional Abilities Screening Evaluation* (FASE Intake form) and the *I-OASIS* plan are removed. The case plan is now referenced as the service plan.
- ◆ Add information about what documentation **respite** providers should maintain.
- ◆ Add **home and vehicle modification** services notations about state and building codes, requiring three bids, and case management viewing completion of acceptable completion. This also clarifies that maintenance and repairs not covered under this service.
- ◆ Add a statement for **nursing** services that services must be reasonable and necessary to the treatment of an illness or injury. Services should be based on medical necessity of the member and included in the Iowa Board of Nursing scope of practice.
- ◆ Add a statement under **prevocational services** that members shall have a clearly identified employment goal for prevocational services.
- ◆ Add a description of **residential-based supported community living services** available under the intellectual disability waiver. This service helps children to move from ICF/MR placement to residential settings.

- ◆ Update descriptions of **supported employment**, activities to obtain a job, to include new components of job development, employer development, and enhanced job search implemented with rules effective June 1, 2008.

### **Effective Date**

Upon receipt.

### **Material Superseded**

This material replaces the entire Chapter K, from Employees' Manual, Title 16, which contains the following pages:

<u>Page</u>	<u>Date</u>
Title page	October 22, 2002
Contents (p. 1)	August 27, 2004
Contents (pp. 2-4)	September 30, 2003
Contents (p. 5)	August, 27, 2004
Contents (p. 6)	September 30, 2003
1, 2, 3	October 22, 2002
4-8	August 27, 2004
9-15	October 22, 2002
16	September 30, 2003
17-24	October 22, 2002
25, 26	August 27, 2004
27-28	October 22, 2002
29, 30, 30a	August 27, 2004
31-34	October 22, 2002
35	September 30, 2003
36	August 27, 2004
37, 38-47	September 30, 2003
48-52	October 22, 2002
53	August 27, 2004
54-69	October 22, 2002
70	September 30, 2003
71-75	October 22, 2002
76	August 27, 2004
77-104	October 22, 2002
105	September 30, 2003
106-133	October 22, 2002
134	September 30, 2003
135-138	October 22, 2002
139-145	August 27, 2004
146-164	October 22, 2002
165	September 30, 2003
166	October 22, 2002
167, 168	September 30, 2003

169, 170	October 22, 2002
171-179	August 27, 2004
180, 180a	September 30, 2003
181-185	October 22, 2002
186, 186a	August 27, 2004
187-191	October 22, 2002
192, 192a	September 30, 2003
193-198	October 22, 2002
198a, 199, 200	September 30, 2003
201-205	October 22, 2002
206	April 29, 2003
207, 208	August 27, 2004
209-222	October 22, 2002

**Additional Information**

Refer questions about this general letter to your area service administrator.



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

July 12, 2013

## GENERAL LETTER NO. 16-K-9

ISSUED BY: Bureau of Long Term Care, Iowa Medicaid Enterprise

SUBJECT: Employees' Manual, Title 16, Chapter K, **MEDICAID WAIVER SERVICES**, Title page, revised; Contents (pages 1 through 4), revised; pages 1 through 205, revised; and pages 206 through 219, new.

### Summary

Chapter 16-K has been revised to:

- ◆ Add definitions for the following:
  - Community
  - Counseling
  - Department
  - Fiscal accountability
  - Immediate jeopardy
  - Living unit
  - Local office
  - Licensed practical nurse (LPN)
  - Medical assessment
  - Medical intervention
  - Medical monitoring
  - Member
  - Natural supports
  - Nursing facility
  - Physical disability
  - Plan of care
  - Policies
  - Process
  - Psychiatric Medical Institutions for Children (PMIC)
  - Registered nurse (RN)
  - Rehabilitation services
  - Related condition
  - Serious emotional disturbance
  - Service coordination
  - Skill development
  - Skilled nursing facility
  - Targeted case management
  - Usual caregiver
- ◆ Change references of mental retardation to intellectual disability. The definition of intellectual disability has been updated to match current rules.
- ◆ Revise the waiver procedure codes chart to reflect the change to atypical codes mandated by the Centers for Medicare and Medicaid Services. Procedure codes that currently start with a "W" have been changed.
- ◆ Add references to form 470-5044, *Service Worker Comprehensive Assessment*, for use by Department service workers to assess applicants for the AIDS, HD, and PD waivers.
- ◆ Add instructions on using form 470-3923 *Medicaid Services Data Change and Verifications*, to transmit requests to add, change, or terminate service plan/service span requests information in ISIS.

- ◆ Remove the reference to reconsiderations on level of care determinations as this is no longer a policy.
- ◆ Change the word "consumer" to "member" or "applicant" throughout the manual.
- ◆ Clarify that form 470-3372, *HCBS Consumer-Directed Attendant Care Agreement*, must be provided to the service worker or case manager before CDAC services begin.
- ◆ Remove references to the Services Reporting System. Case weight data now comes from ISIS.
- ◆ Remove references to Central Point of Coordination (CPC). Counties will no longer be reimbursing for the nonfederal share of HCBS services under the BI and ID waivers. The ISIS workflows for the BI and ID waivers have also been updated.
- ◆ Add information on service plan authorization and rate changes under the HCBS BI and ID waivers to aid case managers.
- ◆ Remove references to the service plan being completed jointly by the case manager and service worker.
- ◆ Increase the nursing facility level of care cost under the HCBS elderly waiver from \$1,117 to \$1,300.
- ◆ Clarify that Child Health Specialty Clinics do not require a release of information on waiver members.
- ◆ Update the payment slot process for the ID waiver to match current rules.
- ◆ Add descriptions of elderly waiver case management service and providers.
- ◆ Add a new service under the elderly waiver called assisted living on-call services.
- ◆ Add approved items to home and vehicle modification services to match current rules.
- ◆ Specify what is required from providers in bids for home and vehicle modification services.
- ◆ Updated language for respite services has been added. Current rules state, "Respite care is not to be provided to members during the hours in which the member's usual caregiver is employed, except when the provider is a camp. Respite care is not to be provided to members during the hours in which the usual caregiver is employed except when the member is attending a 24-hour residential camp. Respite care shall not be used as a substitute for a child's day care. Respite cannot be provided to a member whose usual caregiver is a consumer-directed attendant care provider for the member."
- ◆ Update language for transportation under supported community living. This service no longer restricts the member from using this service from going to and from employment.

### **Effective Date**

Immediately.



**Material Superseded**

This material replaces the entire Chapter K from Employees' Manual, Title 16, which includes the following pages:

<u>Page</u>	<u>Date</u>
Title page	March 18, 2011
Contents (pages 1 through 4)	March 18, 2011
1-205	March 18, 2011

**Additional Information**

Refer questions about this general letter to your area service administrator or HCBS Specialist.