

HCBS Expanded Services Update

Medicaid Town Halls
September 7, 2023

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State Response to COVID-19

- 1915(C) HCBS Waivers
 - Appendix K Disaster Waiver
 - Flexibilities extended for 6-months post public health emergency (PHE) end November 11, 2023.
 - The state submitted the HCBS Waivers to CMS September 6, 2023.

- 1915(i) State Plan HCBS Habilitation
 - Disaster State Plan Amendment (SPA)
 - Most flexibilities are extended for 6 months post PHE through the Temporary extension of the Disaster SPA granted and November 11, 2023
 - The state submitted the SPA to CMS September 7, 2023

Flexibilities to continue beyond November 11, 2023

- Paid Family Caregivers
 - Allow parents of minors, spouses, and family members to provide direct services (HCBS Waiver population) for supported community living, consumer directed attendant care. This includes legally responsible person, relative or legal guardian.
- Medical Day Care for Children
 - This **new** service provides for the supervision and support of children residing in their family home who, because of their complex medical or complex behavioral needs require specialized exceptional care that cannot be served in the traditional childcare settings.
- Adult Day Care
 - Has been newly **expanded** to be delivered in the member's home to persons who need a degree of supervision and assistance on regular or intermittent basis in the home due to the absence of the primary caregiver.
- Electronic signatures will continue to be appropriate when a pen and ink signature is not possible.

Medical Day Care for Children

CMS approved this flexibility April 7, 2023, to replace Respite while the parents are working outside the home.

- Temporarily added this service under the Brain Injury (BI), Health and Disability (HD) Intellectual Disability (ID) and Children's Mental Health (CMH) Waivers.
 - Coverage under the 1915(k) ends November 11, 2023
 - The state submitted the HCBS Waivers to CMS September 6, 2023
 - What does this mean?
 - If CMS approves the waiver amendments, children with complex medical or behavioral needs that require specialized exceptional care that cannot be served in the traditional childcare settings will be able to access this service in their own homes.
 - Parents and Primary Caregivers should be working with the Case Manager or Care Coordinator to evaluate the need for the Medical Day Care for Children service and request the service authorization when appropriate.

Medical Day Care for Children

For service authorization the following criteria must be met:

1. The child is under the age of 18 and eligible for the HCBS Brain Injury, Children's, Mental Health, Health and Disability, or Intellectual Disability Waiver **AND**
2. The service is medically necessary and verified in writing by the child's healthcare professional and documented in the child's service plan **AND**
3. Documentation in the service plan confirms that State Plan Medical Childcare services and EPSDT services have been exhausted or are not available to the child **AND**
4. Documentation in the service plan confirms that there is no other State Plan or HCB services to meet the need **AND...**

Medical Day Care for Children

For service authorization the following criteria must be met (Continued):

5. The child has care needs exceeding the range of activities that a legally responsible individual would ordinarily perform in the household on behalf of a person without a disability or chronic illness of the same age, and which are necessary to assure the health and welfare of the child and avoid institutionalization. **AND**
6. The child has emotional or behavioral needs such as hyperactivity; chronic depression or withdrawal; bizarre or severely disturbed behavior; significant acting out behaviors; or the child otherwise demonstrates the need for intense supervision or care to ensure the safety of the child and those around him/her. **OR**

Medical Day Care for Children

For service authorization the following criteria must be met (Continued):

7. The child has medical needs, such as ostomy care or catheterization; tube feeding or supervision during feeding to prevent complications such as choking, aspiration or excess intake; monitoring of seizure activity, frequent care to prevent or remedy serious conditions such as pressure sores; suctioning; assistance in transferring and positioning throughout the day; assistance with multiple personal care needs including dressing, bathing, and toileting; complex medical treatment throughout the day **OR**
8. The child has a complex and unstable medical condition that requires constant and direct supervision.

Medical Day Care for Children

Limitations:

1. This service is limited to medically fragile children and children with complex behavioral health needs and may not be used to provide services that are the responsibility of the parent or guardian.
2. The services are provided outside periods when the child is in school.
3. Specialized childcare services shall not be simultaneously reimbursed with other residential or respite services, HCBS BI or ID Waiver Supported Community Living (SCL) services, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), HCBS nursing, or Medicaid or HCBS home health aide services.
4. The services under Medical Day Care for Children are limited to additional services not otherwise covered under the state plan, including Childcare Medical Services and EPSDT, but consistent with waiver objectives of avoiding institutionalization.
5. The cost of Medical Day for Children may not exceed \$9.67 per 15-minute unit, not to exceed the daily limit of \$340.15 per day

Medical Day Care for Children

The following do not support Medical Day Care for Children and cannot be approved:

1. Activities that a legally responsible individual would ordinarily perform in the household on behalf of a person without a disability or chronic illness of the same age.
2. Supplanting a legally responsible individual's financial responsibility to provide for childcare on behalf of a person without a disability or chronic illness of the same age.

Adult Day Care in the Home

CMS approved this flexibility April 7, 2023, to replace Respite while the primary caregiver is working outside the home and no other service exists to provide the support, supervision or protective oversight needed by the member.

Temporarily add adult day care to provide protective oversight and supervision for individuals in the home due to the absence of the primary caregiver

HCBS AIDS/HIV, BI, Elderly, HD and ID Waivers,

- Coverage ends November 11, 2023
- The state submitted the HCBS Waivers to CMS September 6, 2023, to permanently adopt the expanded service definition.

What does this mean?

- If CMS approves the waiver amendments, adults who need a degree of supervision and assistance on regular or intermittent basis in the home due to the absence of the primary caregiver will be able to access this service. Supports provided during day care would be protective oversight, supervision, ADLs and IADLs.
- Members and their Primary Caregivers should begin working with the Case Manager to evaluate the need for the Adult Day Care in the home and request the service authorization when appropriate.

Adult Day Care in the Home

- Adult Day Care services provide an organized program of supportive care in a group or individual environment to persons aged 18 and above, who need a degree of supervision and assistance on regular or intermittent basis in the home due to the absence of the primary caregiver.
- Supports provided during day care include protective oversight, supervision, activities of daily living (ADL) and instrumental activities of daily living (IADL). Included are personal cares (e.g., ambulation, toileting, feeding, medications), behavioral support, or intermittent health-related cares, not otherwise paid under other waiver or state plan programs.

Adult Day Care in the Home

- Adult Day Care services delivered to HCBS Waiver individuals in their own home may include activities that occur in the community including activities that prevent social isolation and improve physical and mental well-being by providing opportunities for social engagement, relationship building, recreation, and therapeutic support.
- Waiver Prior Authorization is required.
- Procedure Code S5100 Unit of Service is 15-minute unit
- Limited to up to 8.75 hours per day.

Adult Day Care in the Home

- The person-centered service plan must document:
 - The medical necessity for Adult Day Care services provided in the home
 - How member healthcare needs are being met
 - The reasons why the member can not participate in services in the community such as Employment, Day Habilitation or attending an Adult Day Care center.
 - The days and hours of support that Adult Day Care is needed in the member's home.
 - The supervision and supports that member will receive during service provision.
 - The number of individuals that will receive the service if more than one will receive ADC in the home.

Parents of Minors, Spouses and Family Members

- Allow parents of minors, spouses, and family members to provide direct services.
 - This includes legally responsible person, relative, or legal guardian
 - This includes parents of minors, spouses, and family members hired by an SCL or CDAC agency and/or working under Consumer Choices Option (CCO).
- HCBS Waivers AIDS/HIV, BI, Elderly, HD, ID, and PD
 - Coverage ends November 11, 2023
 - Iowa Medicaid submitted the waiver amendments to CMS September 6, 2023.
- What does this mean?
 - If CMS approves the waiver amendments parents of minors and spouses will be allowed to continue to deliver services in **extraordinary circumstances** as defined by the state.

Parents of Minors, Spouses and Family Members

- The service planning team determines the need for and the types of activities to be provided by the legally responsible individual (LRI).
- This includes reviewing if the needed services are “extraordinary.”
- Any services which are activities that a legally responsible individual would ordinarily perform in the household on behalf of a person without a disability or chronic illness of the same age and are not necessary to assure the health and welfare of the member and to avoid institutionalization **would not** be considered extraordinary.
- A legally responsible person may also be paid for services that are not considered extraordinary.

Parents of Minors, Spouses and Family Members

1. The LRI must have the skills needed to provide the services to the member.
2. The service plan must address how the case manager will oversee the service provision to ensure care is delivered in the best interest of the member.
3. The rate of pay and the care provided by the LRI is identified and authorized in the member's service plan that is authorized and monitored by a case manager.
4. Service plans are monitored to assure that authorized services are received.
5. CCO excludes 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.
6. When the member's guardian or legal representative is a paid CCO employee, payment authorization for optional service components must be delegated to a representative.

Parents of Minors, Spouses and Family Members

Oversight

- Case Managers are responsible for ensuring the provision of services by a legally responsible individual is in the best interest of the member
- Post utilization audits on waiver services verify that payments are made only for services rendered and that services rendered match the service plan
- The waiver authorization system compares the submitted claims to the services authorized in the plan of care prior to payment. The claim will not be paid if there is a discrepancy between the amount billed and the rate of pay and units authorized in the plan.

Consumer Choices Option (CCO)

- Due to the nature of the budgeting process, CCO members will transition mid-month to Pre-PHE service amounts and policies.
- The Financial Management Service must receive the individual budget by October 25, 2023, for the services to begin November 1, 2023.
- Case Managers should be working with the member and their team to make changes to the service plan and budget that will be implemented November 1, 2023.

Questions?

Resources

[Informational Letter 2468-MC-FFS](#) HCBS Waiver Expanded Services – Medical Day Care For Children And Adult Day Care

April 27, 2023

[Provider Recording](#) (Passcode: 7ZHGavT.) -- [Member Recording](#) (Passcode: m7wfXC?u) -- [Provider Agenda](#) -- [Member Agenda](#) -- [COVID-19 Public Health Emergency Flexibilities Presentation](#)