

**Home- and Community-Based Services
Children's Mental Health Waiver
Information Packet**

The intent of the Medicaid Home- and Community-Based Services Children's Mental Health Waiver (HCBS CMH) is to identify services and supports that are not available through other mental health programs and services that can be used in conjunction with traditional services to develop a comprehensive support system for children with serious emotional disturbance. These services will allow children in this targeted population to remain in their own homes and communities. Provision of these services must be cost effective.

In addition to home and community-based waiver services, the Children's Mental Health Waiver enrolled members have access to Medicaid covered services and benefits. Medicaid covers a broad array of health services, in addition to the services provided by the waiver, limits out-of-pocket costs. These include, but not limited to, primary care, behavioral health services, skilled nursing care, dental, vision, and emergency care. Most of Iowa's Medicaid members are served by the managed care program called IA Health Link. Managed care organizations coordinate your care.

If you need assistance, please contact Iowa Medicaid Member Services at **1-800-338-8366** or locally in the Des Moines area at **515-256-4606**, Monday through Friday, from 8 a.m. until 5 p.m.

*For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking, call Relay Iowa TTY at **1-800-735-2942**.*

General Parameters

- ◆ All HCBS waiver services must be provided in integrated community-based settings.
- ◆ The monthly total cost of CMH waiver services cannot exceed \$ 2,077.57
- ◆ The child and family must choose HCBS services as an alternative to institutional services.
- ◆ The child must receive Case Management, Community-based Case Management (CBCM) through a Managed Care Organization (MCO) or Integrated Health Home (IHH) coordination services when CMH waiver services begin.
- ◆ An interdisciplinary team (IDT) meets to plan the interventions and supports a child and family need to safely maintain the child's physical and mental health in the child's home. The team shall consist of the child, the child's parents or legal guardians, case manager, CBCM, IHH coordinator, integrated health home service providers, mental health professionals, and any other persons that the child and the child's family choose to include.
- ◆ Each child will have an individualized service plan (ISP) collaboratively developed with the IDT. This plan documents the agreed upon goals, objectives, and service activities. Also collaboratively developed with the IDT, is an individual crisis plan that is designed to enable the child and family to prevent, self-manage, alleviate or end a crisis.
- ◆ The ISP must be completed before implementation of services and must be reviewed and updated annually.
- ◆ In order to receive CMH waiver services, an approved CMH waiver service provider must be available to provide the waiver services agreed upon.
- ◆ A child, who is eligible for CMH waiver services, is also eligible to receive mental health services through Iowa Medicaid.
- ◆ Medicaid waiver services cannot be simultaneously reimbursed with another Medicaid waiver service or Medicaid service.
- ◆ CMH waiver services cannot be provided when a child is an inpatient of a medical institution.
- ◆ A child must need and use, at a minimum, one unit of waiver service during each calendar quarter of the calendar year.
- ◆ A child who does not reside at home for a period of 60 consecutive days shall forfeit CMH waiver eligibility.
- ◆ A child shall access all other services for which the child is eligible, and which is appropriate to meet the child's needs as a precondition of eligibility for the CMH waiver.
- ◆ Following is the hierarchy for accessing waiver services:
 1. Private insurance
 2. Medicare
 3. Medicaid and/or EPSDT (Care for Kids)
 4. CMH waiver services

Member Eligibility Criteria

Children may be eligible for HCBS CMH waiver services by meeting the following criteria:

- ◆ Be an Iowa resident.
- ◆ Be aged from birth to age 18 years of age.
- ◆ Be determined eligible for Medicaid (Title XIX). Members may be Medicaid-eligible before accessing waiver services or be determined eligible through the application process for the waiver program. Additional opportunities to access Medicaid may be available through the waiver program even if the child was previously been determined ineligible.
- ◆ Has a diagnosis of serious emotional disturbance as verified by a psychiatrist, psychologist or mental health professional within the past twelve months.

“Serious emotional disturbance” means a diagnosable mental, behavioral, or emotional disorder that:

- (1) Is of sufficient duration to meet diagnostic criteria for the disorder specified by the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association; and*
- (2) Has resulted in a functional impairment that substantially interferes with or limits a consumer’s role or functioning in family, school, or community activities.*

“Serious emotional disturbance” shall not include neurodevelopmental disorders, substance-related disorders, or conditions or problems classified in the current version of the DSM as “other conditions that may be a focus of clinical attention,” unless these conditions co-occur with another diagnosable serious emotional disturbance.

- ◆ Be determined by Iowa Medicaid, Medical Services Unit, to need Psychiatric Medical Institution For Children (PMIC)level of care.

Service Descriptions

CMH waiver services are individualized to meet the needs of each child. Decisions regarding what services are appropriate, the number of units or the dollar amounts of the appropriate services are based on the child’s needs as determined by the child’s family and an interdisciplinary team.

The CMH waiver services include:

- ◆ Environmental modifications and adaptive devices
- ◆ Family and community support services
- ◆ In-home family therapy
- ◆ Respite

Environmental Modifications and Adaptive Devices

What: Environmental modifications and adaptive devices are items installed or used within the child’s home that address specific documented mental health, health or safety concerns. This service shall be provided under the recommendation and direction of the mental health professionals that are included on the child’s interdisciplinary team. Items may include, but are not limited to:

- ◆ Smoke alarms,
- ◆ Window or door alarms,
- ◆ Pager supports, and
- ◆ Motion sensors.

Where: In or on the child's home.

Does not include: The following items are excluded under this service:

- ◆ Items ordinarily covered by Medicaid
- ◆ Items funded by educational or vocational rehabilitation programs
- ◆ Items provided by voluntary means
- ◆ Repair and maintenance of items purchased through the waiver
- ◆ Fencing

Unit: A unit is the cost of a purchased or installed modification or adaptive device.

Maximum: The member is eligible for up to \$ 6,592.66per year. Any changes to this amount can be found in the 441 Iowa Administrative Code 79.1(2). The cost of approved environmental modifications and adaptive devices is not included in the total monthly cap for services.

Family and Community Supports Services

What: This service shall be provided under the recommendation and direction of the mental health professionals that are included in the child's interdisciplinary team. This service shall support the child and family by helping them with the development and implementation of strategies and interventions that will result in the reduction of stress and depression, and will increase the child's and family's social and emotional strength.

Depending on the needs of the child and family members (individually or collectively), family and community support services may be provided to the child, to the child's family members, or to the child and family members as a family unit. This service shall incorporate recommended support interventions and activities that may include the following:

- ◆ Developing and maintaining a crisis support network for the member and for the member's family.
- ◆ Modeling and coaching effective coping strategies for the member's family members.
- ◆ Building resilience to the stigma of serious emotional disturbance for the member and the family.
- ◆ Reducing the stigma of serious emotional disturbance by the development of relationships with peers and community members.
- ◆ Modeling and coaching the strategies and interventions identified in the member's crisis intervention plan as defined in 441 Iowa Administrative Code 24.1(225C) for life situations with the member's family and in the community.
- ◆ Developing medication management skills.
- ◆ Developing personal hygiene and grooming skills that contributes to the member's positive self-image.

- ◆ Developing positive socialization and citizenship skills.

Transportation and therapeutic resources: Family and community support services may include an amount not to exceed the upper limit per 441 Iowa Administrative Code 79.1(15)“b”(8) per member per year for transportation within the community and purchase of therapeutic resources. Therapeutic resources may include books, training materials, and visual or audio media.

- ◆ The interdisciplinary team must have identified the transportation or therapeutic resource as a support need and included it in the service plan.
- ◆ The annual amount available for transportation and therapeutic resources must be listed in the member’s service plan.
- ◆ The member’s parent or legal guardian shall submit a signed statement that the transportation or therapeutic resource cannot be provided by the member or the member’s family or legal guardian.
- ◆ The member’s Case Manager, CBCM or IHH Coordinator, shall maintain a signed statement that potential community resources are unavailable and shall list the community resources contacted to fund the transportation or therapeutic resource.
- ◆ The transportation or therapeutic resource must not be otherwise eligible for Medicaid reimbursement.

Where: In the child’s home or community.

Does not include: The following items are not included:

- ◆ Vocational and prevocational services
- ◆ Supported employment services
- ◆ Room and board
- ◆ Academic services
- ◆ General supervision
- ◆ Childcare
- ◆ Parenting
- ◆ Case management

Unit: A unit is 15 minutes.

In-Home Family Therapy

What: In-home family therapy services are skilled therapeutic services provided to the child and family. Services will increase the child and family’s ability to cope with the effects of the child’s serious emotional disturbances on the family relationships. The goal of in-home family therapy is to maintain a cohesive family unit. The service must support the family in developing coping strategies that will enable the child to continue living within the family environment.

Where: In the child’s home.

Does not include: In-home family therapy is exclusive of, and cannot serve as, a substitute for individual therapy, family therapy, or other mental health therapy that may be obtained through other funding sources.

Unit: A unit is 15 minutes.

Respite

What: Respite care services are services provided to the member that gives temporary relief to the usual caregiver and provides all the necessary care that the usual caregiver would provide during that time period. The purpose of respite care is to enable the member to remain in the member's current living situation.

- ◆ **Specialized respite** means respite provided on a staff-to-member ratio of one-to-one or higher for individuals with specialized medical needs requiring monitoring or supervision provided by a licensed registered nurse or licensed practical nurse.
- ◆ **Group respite** means respite provided on a staff-to-member ratio of less than one-to-one. The member does not have specialized medical needs that require the direct services of a registered nurse or licensed practical nurse.
- ◆ **Basic individual respite** means respite provided on a staff-to-member ratio of one-to-one or higher for individuals without specialized medical needs that would require care by a licensed registered nurse or licensed practical nurse.

Where: Respite may be provided in:

- ◆ The member's home,
- ◆ Another family's home,
- ◆ Camps,
- ◆ Organized community programs (YMCA, recreation centers, senior citizens' centers, etc.),
- ◆ ICF/ID,
- ◆ RCF/ID,
- ◆ Hospital,
- ◆ Nursing facility,
- ◆ Skilled nursing facility,
- ◆ Assisted living program,
- ◆ Adult day care center,
- ◆ Foster group care,
- ◆ Foster family home, or
- ◆ DHS licensed daycare.

Respite provided outside the member's home or outside a facility in locations covered by the facility's licensure, certification, accreditation, or contract must be approved by the parent, guardian, or primary caregiver and interdisciplinary team, and must be consistent with the way the location is used by the general public. Respite in these locations may not exceed 72 continuous hours.

Does not include: Services shall not be reimbursable if the living unit is otherwise reserved for persons on a temporary leave of absence.

Respite **cannot** be provided to a member whose usual caregiver is a consumer-directed attendant care provider or an employee paid through the Consumer Choices Option for the member.

Respite **cannot** be provided to members residing in the family, guardian, or usual caregiver's home during the hours in which the usual caregiver is employed unless the member is in a residential camp program.

Respite shall not be provided simultaneously with other residential, nursing, or home health aide services provided through the medical assistance program.

Unit: A unit is 15 minutes.

Maximum: Up to the maximum per type of agency (home health agency, home care agency, nonfacility care, and facility) listed in 441 Iowa Administrative Code 79.1(2) and not to exceed Iowa Administrative Code limitations. A maximum of no more than 14 consecutive days of 24-hour respite may be reimbursed.

Respite services provided to 3 or more individuals for a period exceeding 24 consecutive hours for individuals who require nursing care because of a mental or physical condition must be provided by a licensed health care facility as described in the Iowa Code Chapter 135C.

Application Process

The application process for the CMH waiver requires a coordinated effort between the Department of Human Services (DHS) and non-department agencies on behalf of the prospective member. If you are currently working with DHS personnel, please contact that person regarding the application process.

Please respond immediately to correspondence from an income maintenance (IM) worker or case manager/CBCM/ IHH Care Coordinator. This will decrease the amount of time needed to complete the application process and assist in communication.

1. Application for Medicaid (Title XIX) and the CMH waiver is made with an IM worker at the local DHS office. Upon availability of a payment slot, the IM worker will process the application and refer the member to a Medicaid case manager or Community-Based Case Manager.

Telephone contact will be made to the family home. The documentation requested may include:

- ◆ Financial records
 - ◆ Title XIX card
 - ◆ Letter of Medicaid eligibility
 - ◆ Verification of Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI) or State Supplemental Assistance (SSA) eligibility, if applicable. If assistance is not currently being received, a request may be made to apply at the local Social Security office.
2. The applicant will be contacted to schedule an assessment. The interRAI assessment must be completed as one of the eligibility requirements for the waiver. The assessor will send the completed assessment to Iowa Medicaid, Medical Services unit. Iowa Medicaid Medical Services unit will review the submitted documentation and make a determination as to whether or not the applicant meets the level of care.

3. Iowa Medicaid Medical Services will review the assessment tool and supporting documentation to determine if the member's needs require intermediate or skilled level of care.
If the member does not meet level of care, the IM worker will send a *Notice of Decision (NOD)* notifying the member of the denial. The member has the right to appeal the decision. The appeal process is explained on the *NOD*.
4. An assessment must be completed annually. If the member is enrolled with an MCO, then the MCO will make the annual level of care determination after the assessment is completed. If the member is FFS, then Iowa Medicaid will make the annual level of care determination after the assessment is completed.
5. An interdisciplinary team meeting is conducted to determine the services that are needed, the amount of service to be provided, and the providers of the services. The interdisciplinary team meeting will be attended by the member, the Case Manager, CBCM or IHH Care Coordinator and other support persons the member may choose to attend. The end result of the interdisciplinary team decisions will be a comprehensive service plan developed, signed and dated by the Case Manager, CBCM or IHH Care Coordinator.
6. The Individualized Services Information System (IoWANS) process must be completed with the culmination of an approved comprehensive service plan before the implementation of services. An approved comprehensive service plan recorded in the IoWANS system authorizes payment for BI waiver services.
7. For MCO enrolled members, the MCO must approve the comprehensive service plan and authorize services

Estate Recovery

Estate recovery legal reference: 441 IAC 75.28(7)

Estate recovery applies to all persons who have received Medicaid on or after July 1, 1994, and are age 55 or older, or who live in a medical facility and cannot reasonably be expected to return home. This includes members on waiver programs such as the Elderly Waiver Program and Medically Needy Program.

When a Medicaid member dies, assets from their estate are used to reimburse the state for costs paid for medical assistance. This includes the full amount of capitation payments made to a Managed Care Organization (MCO) for medical and dental coverage, regardless of service use or how much the managed care entity paid for services.

Additional information may also be found at the website:

<https://dhs.iowa.gov/ime/members/members-rights-and-responsibilities/estate-recovery>

or contact:

**Medicaid Member Services Toll Free: 800-338-8366
515-256-4606 (Des Moines area)**

or

Iowa Estate Recovery Program Toll Free: 1-877-463-7887

8:00 a.m. – 5:00 p.m., Monday – Friday

Discrimination is Against the Law

The Iowa Department of Human Services (DHS) complies with applicable federal civil rights laws to provide equal treatment in employment and provision of services to applicants, employees, and clients and does not discriminate on the basis of race, color, national origin, age, disability or sex. DHS does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

DHS:

- ◆ Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- ◆ Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Iowa Medicaid Member Services at 1-800-338-8366.

If you believe that DHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: DHS, Office of Human Resources, by emailing contactdhs@dhs.state.ia.us or in writing to:

DHS Office of Human Resources
Hoover State Office Building, 1st floor
1305 East Walnut Street
Des Moines, IA 50319-0114

You can file a grievance in person, by mail, or email. If you need help filing a grievance, the DHS Office of Human Resources is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue
SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-338-8366 (TTY: 1-800-735-2942)**.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-338-8366 (TTY: 1-800-735-2942)**。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-338-8366 (TTY: 1-800-735-2942)**.

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite **1-800-338-8366 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-735-2942)**.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-338-8366 (TTY: 1-800-735-2942)**.

مصلا مكبلو: (**1-800-735-2942**) . فظوالم: اذا تنك نذحتت ركذا غللا ، نإف تامدخ ددعاسملا فبو غللا رفارنت كل ناجملا ب . لصتا مقرب **1-800-338-8366** (مقر فتاه

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ **1-800-338-8366 (TTY: 1-800-735-2942)**.

주의: 한국어를 사용하지는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-338-8366 (TTY: 1-800-735-2942)** 전화해 주십시오.

ध्यान द : य द आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह।
1-800-338-8366 (TTY: 1-800-735-2942) पर कॉल कर ।

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-338-8366 (ATS: 1-800-735-2942)**.

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call **1-800-338-8366 (TTY: 1-800-735-2942)**.

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-800-338-8366 (TTY: 1-800-735-2942)**.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-338-8366 (TTY: 1-800-735-2942)**.

ບົນຈູນບົນດະ- ສຸມຳກວົນ ກວຼີ ກຼີນໂອລີ, ສຸມຳກຸ ກຼີນໂອລີເມເລເລ ຕວລາງຈູນລາງໂອ ສື່ຕອ່ເວງດຸຈຸນລີເ. ກີ່:
1-800-338-8366 (TTY: 1-800-735-2942).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-338-8366 (телетайп: 1-800-735-2942)**.