

Habilitation Services

Provider Manual




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CHAPTER III. PROVIDER-SPECIFIC POLICIES

A. PROVIDERS ELIGIBLE TO PARTICIPATE

Requirements for providers eligible to enroll under the category “home- and community-based habilitation services” vary depending on the service to be provided. Below is a list of services available and the requirements needed to provide services.

1. Case Management

Case management providers must be accredited under 441 Iowa Administrative Code (IAC) Chapter 24.

2. Home-Based Habilitation

Home-based habilitation providers must meet any of the following:

- ◆ Certified by the Department of Human Services (DHS or Department) to provide supported community living (SCL) under the HCBS intellectual disability (ID) waiver or the brain injury (BI) waiver.
- ◆ Certified under 441 IAC Chapter 24 to provide supported community living.
- ◆ Accredited by the Commission on Accreditation of Rehabilitation Facilities as a community housing or supported living service provider.
- ◆ Accredited by the Council on Accreditation of Services for Families and Children (COA).
- ◆ Accredited by the Council for Quality and Leadership in Supports for People with Disabilities (CQL).
- ◆ Accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).



3. Day Habilitation

Day habilitation providers must meet any of the following:

- ◆ Accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) to provide services that qualify as day habilitation.
- ◆ Accredited by CARF to provide a different service, but since the last accreditation survey has begun providing services that qualify as day habilitation. When the current accreditation runs out:
 - The new CARF accreditation must include services that qualify as day habilitation, or
 - The provider must become accredited under one of the other accreditation options.
- ◆ Not accredited by CARF, but has applied for CARF accreditation. The accreditation process must be completed within 12 months. An agency that has not received accreditation within 12 months after application to the Council is no longer a qualified provider.
- ◆ Accredited by the Council for Quality and Leadership in Supports for People with Disabilities (CQL).
- ◆ Not accredited by CQL, but has applied for CQL accreditation. The accreditation process must be completed within 12 months. An agency that has not received accreditation within 12 months after application to the Council is no longer a qualified provider.
- ◆ Certified under 441 IAC Chapter 24 to provide day treatment or supported community living services.
- ◆ Certified by DHS to provide day habilitation under the HCBS intellectual disability (ID) waiver.
- ◆ Accredited by the International Center for Clubhouse Development (ICCD).
- ◆ Accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).



4. Prevocational Habilitation

Prevocational habilitation providers must meet any of the following:

- ◆ Accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) as an organizational employment service provider or community employment service provider.
- ◆ Accredited by the Council for Quality and Leadership in Supports for People with Disabilities (CQL).
- ◆ Accredited by the International Center for Clubhouse Development (ICCD).
- ◆ Certified by the Department to provide prevocational services under the HCBS intellectual disability waiver or brain injury waiver.

5. Supported Employment Habilitation

Supported employment habilitation providers must meet any of the following:

- ◆ Certified by the Department to provide supported employment services under the HCBS intellectual disability waiver or brain injury waiver.
- ◆ Accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) as an organizational employment service provider or community employment service provider.
- ◆ Accredited by the Council on Accreditation of Services for Families and Children (COA).
- ◆ Accredited by the Council for Quality and Leadership in Supports for People with Disabilities (CQL).
- ◆ Accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).
- ◆ Accredited by the International Center for Clubhouse Development (ICCD).



B. PROVIDER ENROLLMENT

Providers eligible to participate must become enrolled with the Iowa Medicaid Enterprise (IME).

To obtain enrollment forms from the IME, contact the IME Provider Enrollment Unit at (800) 338-7909 (option 2), locally in Des Moines at (515) 256-4609, or by email at: imeproviderenrollment@dhs.state.ia.us. Enrollment forms are also available on the IME website at: <http://dhs.iowa.gov/ime/providers/enrollment>

Complete all of the following forms:

- ◆ *Iowa Medicaid Universal Provider Enrollment Application*, form 470-0254. Click [here](#) to view a sample of the form.
- ◆ Iowa Medicaid Provider Agreement General Terms, form 470-2965. Click [here](#) to view a sample of the form.
- ◆ IRS W9 form. Click [here](#) to view a sample of the form.

Attach documentation showing how the accreditation or certification requirements are met. Typically this can be in the form of a copy of an accreditation certificate or a letter from the accrediting body.

Applications for providers of home-based habilitation or day habilitation that are not yet accredited but have applied for accreditation with one of the listed accrediting bodies will have 12 months to complete the accreditation process.

Any time an accreditation or certification expires, the provider must renew the accreditation or become accredited through one of the other options for the service to be provided. A provider, whose certification lapses, will no longer be considered a qualified provider.

Each provider shall provide the IME Provider Services Unit with the current address of the provider's primary location and any satellite offices or other locations where habilitation services are provided. It is the responsibility of the provider to contact the IME Provider Services Unit and provide an update whenever:

- ◆ There is a change of address, or
- ◆ Other changes occur that affect the accuracy of the provider enrollment information.



1. Provider Requirements

As a condition of enrollment, providers of habilitation services must:

- ◆ Comply with requirements regarding organization and staff as set forth at 441 IAC 77.25(2). This includes:
 - Completing child abuse, dependent adult abuse, and criminal history record checks on all employees and applicants to whom an offer of employment is made, as required by Iowa Code section 249A.29.
 - Ensuring that direct care staff are at least 16 years of age.
 - Ensuring that direct care staff do not provide services to their immediate family members.
- ◆ Comply with requirements for incident management and reporting as set forth at 441 IAC 77.25(3).
- ◆ Comply with requirements for restraint, restrictions, and behavioral intervention as set forth at 441 IAC 77.25(4). This includes:
 - Providers that do not use restraint, restrictions or behavioral intervention must have a written policy stating this.
 - Members and their legal guardians must be informed about the provider's policy and procedures.
 - Restraint, restriction, and behavioral intervention may be used only for reducing or eliminating maladaptive target behaviors that are identified in the member's restraint, restriction, or behavioral intervention program.
 - Procedures shall be designed and implemented only for the benefit of the member and shall never be used as punishment, for the convenience of the staff, or as a substitute for a non-aversive program.
 - Restraint, restriction, and behavioral intervention programs shall be time-limited and shall be reviewed at least quarterly.
- ◆ Follow standards in 441 IAC 79.3(249A) for service documentation and maintenance of fiscal and clinical records. These standards pertain to **all** Medicaid providers. (See [Documentation](#).)



- ◆ Assure that any services delivered by an individual or agency, either through employment by or a contract with the enrolled provider, complies with the requirements that apply to the enrolled provider.
- ◆ Providers responsible for the payroll of members shall have policies that ensure compliance with state and federal labor laws and regulations, which include, but are not limited to:
 - Subminimum wage laws and regulations, including the Workforce Investment Opportunity Act.
 - Member vacation, sick leave, and holiday compensation.
 - Procedures for payment schedules and pay scale.
 - Procedures for provision of workers' compensation insurance.
 - Procedures for the determination and review of commensurate wages.
- ◆ Direct support staff providing prevocational services shall meet the following minimum qualifications in addition to other requirements outlined in administrative rule:
 - A person providing direct support without line-of-sight supervision shall be at least 18 years of age and possess a high school diploma or equivalent degree. A person providing direct support with line-of-sight supervision shall be 16 years of age or older.
 - A person providing direct support shall not be an immediate family member of the member.
 - A person providing direct support shall, within 6 months of hire or within 6 months of May 4, 2016, complete at least 9.5 hours of employment service training as offered through DirectCourse or through the Association of Community Rehabilitation Educators (ACRE) certified training program.
 - Prevocational direct support staff shall complete four hours of continuing education in employment services annually.



- ◆ Direct support staff providing individual or small-group supported employment or long-term job coaching services shall meet the following minimum qualifications in addition to other requirements outlined in administrative rule:
 - Individual supported employment: bachelor's degree or commensurate experience, preferably in human services, sociology, psychology, education, human resources, marketing, sales or business. The person must also hold nationally recognized certification (ACRE or College of Employment Services (CES) or similar) as an employment specialist or must earn this credential within 24 months of hire.
 - Long-term job coaching: associate degree, or high school diploma or equivalent, and six months relevant experience.

A person providing direct support shall, within 6 months of hire or within 6 months of May 4, 2016, complete at least 9.5 hours of employment services training as offered through DirectCourse or through the ACRE certified training program. The person must also hold or obtain, within 24 months of hire, nationally recognized certification in job training and coaching.
 - Small-group supported employment: associate degree, or high school diploma or equivalent and six months' relevant experience. A person providing direct support shall, within 6 months of hire or within 6 months of May 4, 2016, complete at least 9.5 hours of employment services training as offered through DirectCourse or through the ACRE certified training program. The person must also hold or obtain, within 24 months of hire, nationally recognized certification in job training and coaching.
 - Supported employment direct support staff shall complete four hours of continuing education in employment services annually.



2. Setting Requirements

The state plan HCBS is furnished to members who reside in their home or in the community, not in an institution. Each member receiving state plan HCBS:

- ◆ Resides in a home or apartment not owned, leased or controlled by a provider of any health-related treatment or support services, or
- ◆ Resides in a home or apartment that is owned, leased or controlled by a provider of one or more health-related treatment or support services, if such residence meets standards for community living as defined by the state and approved by CMS.

All residential settings where habilitation services are provided must document the following in the member's person-centered service or treatment plan:

- ◆ The setting is integrated in, and facilitates the member's full access to, the greater community, including opportunities to:
 - Seek employment and work in competitive integrated settings,
 - Engage in community life,
 - Control personal resources, and
 - Receive services in the community, like individuals without disabilities;
- ◆ The setting is selected by the member among all available alternatives and identified in the person-centered service plan;
- ◆ A member's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected;
- ◆ Member initiative, autonomy, and independence in making major life choices, including but not limited to:
 - Daily activities,
 - Physical environment, and
 - With whom to interact are optimized and not regimented; and
- ◆ Member choice regarding services and supports, and who provides them, is facilitated.



Residential settings that are provider-owned or provider-controlled or operated including licensed residential care facilities (RCF) for 16 or fewer persons must document the following in the member's person-centered service or treatment plan:

- ◆ The setting is integrated in, and facilitates the member's full access to, the greater community, including opportunities to:
 - Seek employment and work in competitive integrated settings,
 - Engage in community life,
 - Control personal resources, and
 - Receive services in the community, like individuals without disabilities;
- ◆ The setting is selected by the member among all available alternatives and identified in the person-centered service plan;
- ◆ An member's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected;
- ◆ Member initiative, autonomy, and independence in making major life choices, including but not limited to:
 - Daily activities,
 - Physical environment, and
 - With whom to interact are optimized and not regimented;
- ◆ Member choice regarding services and supports, and who provides them, is facilitated;
- ◆ Any modifications of the conditions (for example to address the safety needs of a member with dementia) must be supported by a specific assessed need and documented in the person-centered service plan;
- ◆ The unit or room is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the member receiving services, and the member has, at a minimum, the same responsibilities and protections from eviction that the tenants have under the landlord and tenant laws of the state, county, city, or other designated entity;
- ◆ Each member has privacy in their sleeping or living unit;
- ◆ Units have entrance doors lockable by the member, with only appropriate staff having keys to doors;
- ◆ Members sharing units have a choice of roommates in that setting;
- ◆ Members have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement;



- ◆ Members have the freedom and support to control their own schedules and activities, and have access to food at any time;
- ◆ Members are able to have visitors of their choosing at any time; and
- ◆ The setting is physically accessible to the member.

C. MEMBERS ELIGIBLE TO RECEIVE SERVICES

Medicaid members may receive habilitation services when they meet the following requirements:

1. Financial Eligibility

The member's countable income used in determining Medicaid eligibility must not exceed 150 percent of the federal poverty level. The member's DHS income maintenance worker does the poverty-level calculation at the time Medicaid eligibility is determined.

The member must be eligible for Medicaid under one of the existing coverage groups (for example: SSI-disabled, CMAP, MEPD, etc.). Each coverage group may have its own rules for determining countable income. The income maintenance worker will apply those rules when determining Medicaid eligibility.

This income limit is set in federal law. Therefore, the Department cannot change the limit or grant an exception to it.

2. Member Enrollment for Members Not Eligible to Enroll with a Managed Care Organization

The enrollment process is initiated by the Integrated Health Home Care Coordinator (IHH CC), case manager or member and typically follows these steps:

- ◆ The IHH CC or case manager makes a request for habilitation services through ISIS by going to the "Add/Cancel Program" tab in ISIS, entering the required information, and clicking the "Initiate Program" button.
- ◆ ISIS then checks for Medicaid eligibility and that the member meets the income limit (see [Financial Eligibility](#)). If financial eligibility cannot be determined, ISIS sends a message to the income maintenance worker asking the worker to enter the correct poverty level for the person. If this happens, the IHH CC or case manager should wait a week before trying again.



- ◆ After Medicaid eligibility and financial eligibility are confirmed, the slot manager for IME checks for slot availability. If no slot is available, the member is placed on the waiting list.
- ◆ For adults, the county of legal settlement is determined.
- ◆ The IME Core Standardized Assessment Contractor completes an assessment of the members functioning and uploads the document to the IMPA. The IHH CC or CM submits the assessment to the IME Medical Services Unit (see [Assessment](#)). The IME will make the determination of whether or not the member meets the needs-based criteria (see [Need for Service](#)). In some cases, the reviewer may ask for more information.
- ◆ If the member is determined eligible, the case manager then uses the same assessment to develop the Individual Comprehensive Plan with the member's interdisciplinary team (see [Comprehensive Service Plan](#)).
- ◆ The case manager then enters the member's service plan information into ISIS.
- ◆ The IME Medical Services Unit reviews the service plan information for authorization (see [Service Authorization](#)).
- ◆ ISIS sends a notification to the case manager and the county CPC for an adult.
- ◆ The case manager sends a *Notice of Decision* to the member and the member's service providers to notify them of the approved services.

3. Need for Service

The member must be in need of habilitation services as demonstrated by meeting the following functional criteria.

The member meets at least one of the following risk factors:

- ◆ The member has undergone or is currently undergoing psychiatric treatment more intensive than outpatient care, more than once in a lifetime (e.g., emergency services, alternative home care, partial hospitalization or inpatient hospitalization).
- ◆ The member has a history of psychiatric illness resulting in at least one episode of continuous, professional supportive care other than hospitalization.



“Psychiatric treatment” and “history of psychiatric illness” refer to conditions where diagnosis is typically made and treatment is typically ordered by a psychiatrist, but do not include primary diagnoses of intellectual disability, developmental disability, dementias or substance abuse.

However, diagnoses of intellectual disability, developmental disability, dementia, or substance abuse are acceptable as co-occurring disorders. Substance-abuse-induced disorders are not considered psychiatric illness.

In addition, the member has a need for assistance typically demonstrated by meeting at least two of the following criteria on a continuing or intermittent basis for at least two years:

- ◆ The member is unemployed or employed in a sheltered setting or has markedly limited skills and a poor work history.
- ◆ The member requires financial assistance for out-of-hospital maintenance and may be unable to procure this assistance without help.
- ◆ The member shows severe inability to establish or maintain a personal social support system.
- ◆ The member requires help in basic living skills such as self-care, money management, housekeeping, cooking, or medication management.
- ◆ The member exhibits inappropriate social behavior that results in demand for intervention.

The IME Medical Services Unit determines the need for service based on an assessment done by the case manager or integrated health home coordinator. See [Assessment](#) for more information.

4. Assessment

The interRai–community mental health assessment tool is completed for applicants aged 19 and over and the interRAI-child and mental health assessment tool is completed for habilitation applicants 18 years of age and under.



For the fee-for-service population, IME Medical Services 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 Medical Services Unit 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 Medical Services Unit 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.



5. Comprehensive Service Plan

Services must be included in a comprehensive person-centered service plan. The comprehensive person-centered service plan must be developed through a person-centered planning process driven by the member in collaboration with the member's interdisciplinary team, as established with the case manager or integrated health home coordinator.

The member's comprehensive service plan must be updated at least annually and when a change in the member's circumstances or needs change significantly, and at the request of the member.

The comprehensive person-centered service plan:

- ◆ Includes people chosen by the member.
- ◆ Provides necessary information and support to the member to ensure that the member directs the process to the maximum extent possible.
- ◆ Is timely and occurs at times and locations of convenience to the member.
- ◆ Reflects cultural considerations and uses plain language.
- ◆ Includes strategies for solving disagreements.
- ◆ Offers choices to the member regarding services and supports the member receives and from whom.
- ◆ Provides a method to request updates.
- ◆ Is conducted to reflect what is important to the member to ensure delivery of services in a manner reflecting personal preferences and ensuring health and welfare.
- ◆ Identifies the strengths, preferences, needs (clinical and support), and desired outcomes of the member.
- ◆ May include whether and what services are self-directed.
- ◆ Includes individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education, and others.
- ◆ Includes risk factors and plans to minimize them.
- ◆ Is signed by all individuals and providers responsible for its implementation and a copy of the plan must be provided to the member and the member's representative.



The HCBS-written, person-centered service plan documentation:

- ◆ Reflects the member's strengths and preferences.
- ◆ Reflects clinical and support needs.
- ◆ Includes observable and measureable goals and desired outcomes:
 - Identify interventions and supports needed to meet those goals with incremental action steps, as appropriate; and
 - Identify the staff people, businesses, or organizations responsible for carrying out the interventions or supports.
- ◆ Identifies for a member receiving home-based habilitation:
 - The member's living environment,
 - The number of hours per day of on-site staff supervision needed by the member, and
 - The number of other members who will live with the member in the living unit.
- ◆ Identifies for member's receiving prevocational or supported employment services:
 - The member's prevocational or supported employment setting
 - The number of hours per day of on-site staff support needed by the member, and
 - For prevocational services where the member is earning subminimum wages, documentation that counseling, information, and referral regarding integrated community employment has been provided.
 - For small group employment, the number of members working in the group with the member and the number of hours of work per week.
 - For individual supported employment, the number of hours of employment per week and the number of hours of on-site staff support needed by the member per week.
- ◆ Reflects providers of services and supports, including unpaid supports provided voluntarily in lieu of waiver or state plan HCBS including:
 - Name of the provider
 - Service authorized
 - Units of service authorized



- ◆ Includes risk factors and measures in place to minimize risk.
- ◆ Includes individualized backup plans and strategies when needed:
 - Identifying any health and safety issues applicable to the member based on information gathered before the team meeting, including a risk assessment.
 - Identifying an emergency backup support and crisis response system to address problems or issues arising when support services are interrupted or delayed or the member's needs change.
 - Including applicable services providers shall administer for emergency backup staff.
- ◆ Includes individuals important in supporting the member.
- ◆ Includes the names and signatures of the individuals and providers responsible for monitoring the service plan.
- ◆ Is written in plain language and understandable to the member.
- ◆ Documents the informed consent of the member for any restrictions on the member's rights, including:
 - Maintenance of personal funds and self-administration of medications,
 - The need for the restriction, and
 - Either a plan to restore those rights or written documentation that a plan is not necessary or appropriate.
- ◆ Any rights or restrictions must be implemented in accordance with 441 IAC 77.25(4).
- ◆ Is distributed to the member and others involved in the service plan.
- ◆ Includes purchase and control of self-directed services.
- ◆ Excludes unnecessary or inappropriate services and supports staff.

NOTE: The member's case manager or integrated health home coordinator prepares the comprehensive person-centered service plan. HCBS habilitation service providers must complete their own service plan that provides detailed information on how they will implement the services for the member. These plans must reflect the comprehensive person-centered service plan and comply with the provider's licensure and accreditation requirements as applicable.



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 Medical Services Unit 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. 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.



- ◆ Select habilitation services from the “Program” drop-down box.
- ◆ Click the “Initiate Program” button.
 - If the member is not Medicaid-eligible, ISIS displays a message stating, “Member is not Medicaid eligible. Refer member to apply for Medicaid.” Contact the member’s income maintenance worker if there are any questions about eligibility status.
 - If ISIS displays an error message stating, “The percent of poverty level is missing or is 000 or 999,” this means that the calculation of federal poverty level that the income maintenance worker enters is blank or is either 000 or 999. These are generic codes that don’t give the real poverty level.

When this occurs, ISIS sends a message to the income maintenance worker asking them to enter the correct poverty level calculation in the ABC system. It may take up to a week for this to be entered and be transferred over to ISIS. When the income maintenance worker receives this message, wait a week and try again.

Knowing the poverty level is necessary for ISIS to start the case, because the federal law that authorizes the habilitation services program limits eligibility to members at or below 150 percent of the federal poverty level (see [Financial Eligibility](#)).

- If the member is eligible for Medicaid and meets financial eligibility, ISIS begins the Program Request and initiates a milestone for the case manager asking, “You have requested Habilitation Services. Do you want to continue?”

b. Habilitation Services Workflow

This description of workflow is specific to habilitation services. For general instructions on how to respond to ISIS milestones, please see the ***ISIS User’s Guide*** ([DHS Employees’ Manual, Chapter 14-M](#)).

After the case manager confirms that the case should continue, ISIS generates a milestone to the IHH CC or CM asking, “Is this consumer a minor or an adult?” This milestone determines whether legal settlement determination milestones need to be completed.

- ◆ If the member is 18 years of age or older, the IHH CC or CM should choose the “Adult” response.



- ◆ For adults, legal settlement determination milestones are sent to the county central point of coordination administrator and, when necessary, to the legal settlement arbitrator for the Department. If the member is 17 years of age or younger, the IHH CC or CM should choose the "Minor" response.
- ◆ ISIS generates a milestone to the IHH CC or CM stating, "Complete assessment and send to IME Medical Services" (see [Assessment](#)). The IME Medical Services Unit contractor or the MCO will complete the Core Standardized Assessment and upload it through the Iowa Medicaid Portal Access (IMPA) system.
- ◆ Once the assessment has been uploaded into IMPA, the IHHCC or CM submits the completed assessment to the IME Medical Services Unit for needs-based eligibility determination using the IMPA system.
- ◆ When the assessment has been sent, the case manager should choose the "completed" response.
- ◆ ISIS generates a milestone for the IME Medical Services reviewer to enter the assessment decision. Possible responses include:
 - **OK.** This response indicates that the assessment shows that the member meets program eligibility criteria (see [Need for Service](#)).
 - **Denied.** This response indicates that the assessment shows that the member does not meet program eligibility criteria. It generates a milestone to the case manager stating, "Services have been denied. Send NOD. Check for other services."
 - **Physician Review.** This response indicates that it is not clear from the assessment information whether or not the member meets program eligibility criteria. An independent physician will review the information and make a recommendation. This option generates another "Enter Assessment Decision" milestone that can then be approved or denied.
 - **Assessment Not Received.** If the assessment has not been received after seven days, this response will generate a milestone for the case manager that states, "Assessment was not received. Please resend to Medical Services." This option also generates another "Enter Assessment Decision" milestone that can then be approved or denied.



- ◆ When the IME Medical Services Unit has approved program eligibility, ISIS sends the case manager a milestone stating, “Complete Individual Comprehensive Plan.” When the interdisciplinary team has met and developed the comprehensive service plan (see [Comprehensive Service Plan](#)), the case manager can select the “completed” response.
- ◆ ISIS generates a milestone for the IHH CC or CM stating “Complete Service Plan Entries.” The case manager should then enter the services from the comprehensive service plan in ISIS. The general procedure for entering service plans is outlined in the [ISIS User’s Guide](#), with the following exceptions:
 - When entering habilitation services, the IHH CC or CM does not enter the provider’s rate. When the provider number is added for the selected service, ISIS looks up that provider’s rate for the corresponding procedure code and enters it automatically.
 - If a rate is displayed as \$0.00, the provider does not have an established rate for that procedure code. Check with the provider to obtain the correct provider number for that service. If a provider’s rate has just been approved, it may take a week for it to be loaded into ISIS.
 - If a provider’s rate changes after a plan is already approved, the case manager does not need to change the rate in ISIS. When a new rate is loaded in ISIS, service plans are automatically updated with the new rate.
 - When a valid service plan has been entered, ISIS generates a milestone to the IME Medical Services Unit to authorize the plan. The Medical Services Unit checks the plan to see if the services are appropriate based on the assessment information previously submitted by the IHH CC or CM.

The Medical Services Unit may respond by notifying the case manager that plan changes are needed. Information about these changes will be in the “notes” shown on the status page.

ISIS will generate another “Complete Service Plan Entries” milestone for the case manager to answer when the changes are complete.

- ◆ When the service plan is either authorized or denied, ISIS sends a notification milestone to the IHH CC or CM. The case manager then issues the appropriate *Notice of Decision* to the member, with a copy to the providers.



c. Making a Pending Case Active

After the assessment date has been added on a pending case, the provider must make the case active:

- ◆ Go to the "Add/Cancel program" tab.
- ◆ Enter the member's state identification number.
- ◆ Enter the begin date (making sure it is on or after the assessment date shown in the service plan).
- ◆ Pick "Habilitation Services" from the dropdown menu.
- ◆ Click the "Initiate Program" button.

ISIS will then add the begin date to the program request that has already been started.

d. Closing a Case

To close a habilitation services case in ISIS:

- ◆ Go to the "Add/Cancel Program" tab.
- ◆ Click on the "Cancel Consumer" link.
- ◆ Enter the member's state identification number (Medicaid number) in the "State ID" field.
- ◆ Enter the date services will end in the "Program End Date" field.
- ◆ Select "Habilitation Services" from the "Program" drop-down box.
- ◆ Click the "Cancel Program" button.

e. Reopening a Closed Habilitation Services Case

Losing Medicaid eligibility for brief periods of time is a common occurrence for some members who are eligible through the MEPD or Medically Needy eligibility groups. This typically happens when Medicaid eligibility is determined at the beginning of a month and the member becomes ineligible because the MEPD premium has not yet been paid or the Medically Needy spenddown has not been met.



When Medicaid eligibility is lost, ISIS automatically closes the case. If Medicaid eligibility for the month is regained when the premium is paid or the spenddown is met, the case must be reopened in ISIS in order for habilitation services to continue. To reopen the case:

- ◆ Go to the “Add/Cancel Program” tab in ISIS and start a new program request in the same manner as when opening a new case.
- ◆ When entering the beginning date in the “Program Start Date” field, make sure the date is one day after the date the original program request ended.
- ◆ ISIS then merges the new program request with the one that was previously closed and the program will continue uninterrupted.

Example: Mr. Doe is receiving habilitation services in April. On May 1, he has not yet paid his MEPD premium and he does not become eligible for Medicaid for the month of May. ISIS automatically closes the habilitation services program request with an end date of April 30.

On May 15, Mr. Doe’s premium is received and his Medicaid eligibility is granted retroactively to May 1. Mr. Doe’s case manager enters a habilitation services program request in ISIS with a beginning date of May 1. ISIS automatically reopens the previous program request and removes the end date.

D. COVERED SERVICES

For all habilitation services, the member must have a need for this type of support and the need must be identified in the member’s comprehensive service plan. The provider’s documentation needs to state how the service is related to the member’s goal as well as the member’s response to the service.

Habilitation services provided under Iowa Medicaid to members include the following.



1. Case Management

Case management assists members in gaining access to needed home- and community-based habilitation services, as well as medical, social, educational, and other services, regardless of the funding source for the services to which access is gained. This includes the following activities:

- ◆ Explaining the member's right to freedom of choice.
- ◆ Assuring that all unmet needs of the member are identified in the comprehensive service plan.
- ◆ Explaining to the member what abuse is and how to report abuse.
- ◆ Explaining to the member how to make a complaint about the member's services or providers.
- ◆ Monitoring the comprehensive service plan, with review occurring regularly.
- ◆ Assessing and monitoring the member and their situation following a major or critical incident.
- ◆ Meeting with the member face-to-face at least quarterly.
- ◆ Assessing and revising the comprehensive service plan at least annually to determine achievement, continued need, or change in goals or intervention methods. The review shall include the member and shall involve the interdisciplinary team as listed in the person-centered service planning section.
- ◆ Notifying the member of any changes in the service plan by sending the member a notice of decision. When the change is an adverse action such as a reduction in services, the notice shall be made 30 days before the change and shall include appeal rights.

Case management may only be provided as a service through the habilitation program to a member who is not enrolled in an integrated health home and is not authorized to receive Medicaid targeted case management under 441 IAC Chapter 90.



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.

Home-Based Habilitation Tier	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	U4
Tier 2 Recovery Transitional	2.25 to 4 hours per day as needed	H2016	U5
Tier 3 Medium Need	4.25 to 8.75 hours per day as needed	H2016	U6
Tier 4 Intensive I	9 to 12.75 hours per day	H2016	U7
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



The member must receive on average the minimum number of hours (units of service) identified in the service plan. The tiers recognize that there may be some days when more support is required and other days when less support is required or provided for various reasons. As long as the total number of hours provided over the course of the month average out to the minimum number of hours identified in the member's service plan (units of service) authorized, the tier remains appropriate. If the total number of hours provided over the course of the month do not average out to the minimum number of hours for the Tier authorized, then the member and their interdisciplinary team (IDT) should identify a more appropriate tier of service.

Example: Mr. Doe needs help with cooking and laundry skills. Provider staff come to his apartment for an hour in the daytime and an hour in the evening to assist him in gaining cooking skills. Staff also work with Mr. Doe on laundry skills for two hours every Saturday afternoon. These activities would be considered adaptive skill development and are reimbursable. The member is averaging 4 hours of support per day; therefore, authorization for Tier 2 H2016 U5 for 31 units per month would be appropriate.

Example: Jane Doe's symptom of paranoia keeps her from going grocery shopping because she feels like other people in the store are spying on her. Provider staff take her grocery shopping for two hours every Wednesday afternoon. Staff assist her in using coping skills and "reality checks" to allay her feelings of paranoia. This activity includes adaptive skill development, community inclusion, and transportation and is reimbursable. The member is receiving 2 hours of support per week; therefore, authorization for Tier 1 H2016 U4 for 4 units per month would be appropriate.

Transportation is acceptable if it supports the acquisition, retention, or improvement of another skill, such as grocery shopping, getting medical care, etc.

Personal care and protective oversight and supervision may be a component part of home-based habilitation services but may not comprise the entirety of the service.

Home-based habilitation cannot be provided to members who reside in a residential facility of more than 16 beds.



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.

3. 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.



- ◆ Members who receive day habilitation services may also receive educational, supported employment, and prevocational services. A member's person-centered services and supports plan may include two or more types of non-residential habilitation services. However, different types of non-residential habilitation services may not be billed during the same period of the day.
- ◆ Day habilitation services may be furnished to any member who requires and chooses them through a person-centered planning process.
- ◆ For members with degenerative conditions, day habilitation may include training and supports designed to maintain skills and functioning and to prevent or slow regression, rather than acquiring new skills or improving existing skills.
- ◆ Day habilitation services may also be used to provide supported retirement activities. As some people get older they may no longer desire to work and may need supports to assist them in meaningful retirement activities in their communities. This might involve altering schedules to allow for more rest time throughout the day, support to participate in hobbies, clubs or other senior-related activities in their communities.

Services must enhance or support the member's:

- ◆ Intellectual functioning.
- ◆ Physical and emotional health and development.
- ◆ Language and communication development.
- ◆ Cognitive functioning.
- ◆ Socialization and community integration.
- ◆ Functional skill development.
- ◆ Behavior management.
- ◆ Responsibility and self-direction.
- ◆ Daily living activities.
- ◆ Self-advocacy skills.
- ◆ Mobility.

Example: Jane Doe has difficulty in recognizing appropriate physical boundaries and often stands too close to others, violating their sense of personal space. Provider staff work with Jane to help her learn appropriate boundaries, and redirect her when this behavior occurs. This would be considered behavior management, and is a reimbursable service.



Example: John Doe tends to isolate himself and has very little interaction with other people. Provider staff at his day habilitation program help John with learning social skills assisting him with participating in activities in the community where he can practice using these skills with staff assistance. This would be considered socialization and community integration, and is a reimbursable service.

Example: A day habilitation provider takes a group of five members to a local festival. Two members have goals in their comprehensive service plans that involve increasing socialization and community inclusion; the other three do not have an identified need for this.

This activity would be considered socialization and community integration and would be reimbursable for the two members with a need for this support identified in their comprehensive service plan, but would not be reimbursable for the other three members.

Day habilitation may be furnished in any of a variety of settings in the community. Day habilitation services are not limited to fixed-site facilities, however, services cannot be provided in the member's residence. If the member lives in a residential facility of more than 16 persons, day habilitation can be provided in an area of the facility that is apart from the member's sleeping accommodations, such as a common room where residents normally congregate.

Transportation between the member's place of residence and the day habilitation site, or other community settings, in which the service is delivered, is provided as a component of day habilitation services and the cost of this transportation is included in the rate paid to providers of day habilitation services.

Day habilitation is:

- ◆ Delivered in accordance with an approved comprehensive person-centered service plan which identifies the specific skills training and assistance to be provided and the amount and frequency with which it will be provided.
- ◆ Coordinated with any needed therapies in the member's comprehensive service plan, such as physical therapy, occupational therapy, or speech therapy.



- ◆ 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.

4. 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.



Prevocational services are provided to persons who are expected to be able to join the general workforce with the assistance of supported employment. Prevocational services are intended to develop and teach general employability skills relevant to successful participation in individual employment. These skills include but are not limited to:

- ◆ The ability to communicate effectively with supervisors, coworkers, and customers.
- ◆ An understanding of generally accepted community workplace conduct and dress.
- ◆ The ability to follow directions.
- ◆ The ability to attend to tasks.
- ◆ Workplace problem-solving skills and strategies.
- ◆ General workplace safety and mobility training.
- ◆ The ability to navigate local transportation options.
- ◆ Financial literacy skills.
- ◆ Skills related to obtaining employment.

Prevocational services include career exploration activities to facilitate successful transition to individual employment in the community. Participation in prevocational services is not a prerequisite for individual or small-group supported employment services.

a. Career Exploration

Career exploration activities are designed to develop an individual career plan and facilitate the member's experientially-based informed choice regarding the goal of individual employment.

Career exploration may be provided in small groups of no more than four members to participate in career exploration activities that include:

- ◆ Business tours,
- ◆ Attending industry education events,
- ◆ Benefit information,
- ◆ Financial literacy classes, and
- ◆ Attending career fairs.



Career exploration may be authorized for up to 34 hours, to be completed over 90 days in the member's local community or nearby communities and may include, but is not limited to, the following activities:

- ◆ Meeting with the member and the member's family, guardian or legal representative to introduce them to supported employment and explore the member's employment goals and experiences,
- ◆ Business tours,
- ◆ Informational interviews,
- ◆ Job shadows,
- ◆ Benefits education and financial literacy,
- ◆ Assistive technology assessment, and
- ◆ Job exploration events.

b. Expected Outcome of Service

The expected outcome of prevocational services is individual employment in the general workforce, or self-employment, in a setting typically found in the community, where the member interacts with individuals without disabilities, other than those providing services to the member or other individuals with disabilities, to the same extent that individuals without disabilities in comparable positions interact with other persons; and for which the member is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

The expected outcome of the career exploration activity is a written career plan that will guide employment services which lead to community employment or self-employment for the member.

c. Setting

Prevocational services shall take place in community-based nonresidential settings.



d. Concurrent Services

A member's individual service plan may include two or more types of nonresidential habilitation services (e.g., individual supported employment, long-term job coaching, small-group supported employment, prevocational services, and day habilitation). However, more than one service may not be billed during the same period of time (e.g., the same hour).


e. Exclusions

Prevocational services payment 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 funding is not available to the individual for the service under these programs shall be maintained in the service plan of each member receiving prevocational services.


- ◆ Services available to the individual that duplicate or replace education or related services defined in the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).
- ◆ Compensation to members for participating in prevocational services.
- ◆ Support for members volunteering in for-profit organizations and businesses other than for-profit organizations, or businesses that have formal volunteer programs in place (e.g., hospitals, nursing homes), and support for members volunteering to benefit the service provider.
- ◆ The provision of vocational services delivered in facility-based settings where individuals are supervised for the primary purpose of producing goods or performing services or where services are aimed at teaching skills for specific types of jobs rather than general skills.
- ◆ A prevocational service plan with the goal or purpose of the service documented as maintaining or supporting the individual in continuing prevocational services or any employment situation similar to sheltered employment.

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f. Limitations

Time limitation for members starting prevocational services. For members starting prevocational services after May 4, 2016, participation in these services is limited to 24 calendar months. This time limit can be extended to continue beyond 24 months if one or more of the following conditions apply:

- ◆ The member who is in prevocational services is also working in either individual or small-group community employment for at least the number of hours per week desired by the member, as identified in the member's current service plan; or
- ◆ The member who is in prevocational services is also working in either individual or small-group community employment for less than the number of hours per week the member desires, as identified in the member's current service plan, but the member has services documented in the member's current service plan, or through another identifiable funding source (e.g., Iowa Vocational Rehabilitation Services (IVRS)), to increase the number of hours the member is working in either individual or small-group community employment; or
- ◆ The member is actively engaged in seeking individual or small-group community employment or individual self-employment, and services for this are included in the member's current service plan or services funded through another identifiable funding source (e.g., IVRS) are documented in the member's service plan; or
- ◆ The member has requested supported employment services from Medicaid and IVRS in the past 24 months, and the member's request has been denied or the member has been placed on a waiting list by both Medicaid and IVRS; or
- ◆ The member has been receiving individual supported employment services (or comparable services available through IVRS) for at least 18 months without obtaining individual or small-group community employment or individual self-employment; or
- ◆ The member is participating in career exploration activities.

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For members enrolled in prevocational services on or before May 4, 2016, participation in these services is limited to 90 business days beyond the completion of the career exploration activity including the development of the career plan. This time limit may be extended if one of the six listed criteria apply. If the criteria do not apply, the member will not be authorized to continue in prevocational services.

g. Unit of Service

Prevocational services are an hourly unit of service. Career exploration is an hourly unit of service.

- ◆ Prevocational services: T2015: Hourly unit of service.
- ◆ Career exploration: T2015 U3: Hourly unit of service.

The current HCBS Prevocational and Supported Employment fee schedule may be located at:

<http://dhs.iowa.gov/ime/providers/csrp/fee-schedule>

Participation in prevocational services is not a required pre-requisite for member or small group supported employment services provided under the waiver. Many members, particularly those transitioning from school to adult activities, are likely to choose to go directly into supported employment. Similarly, the evidence-based Individual Placement and Support (IPS) model of supported employment for members with behavioral health conditions emphasizes rapid job placement in lieu of prevocational services.

The distinction between vocational and prevocational services is that prevocational services, regardless of setting, are delivered for the purpose of furthering habilitation goals that will lead to greater opportunities for competitive and integrated employment and career advancement at or above minimum wage. These goals are described in the member's person-centered services and supports plan and are designed to teach skills that will lead to integrated competitive employment.

A member receiving prevocational services may pursue employment opportunities at any time to enter the general work force. Prevocational services are intended to assist members to enter the general workforce.



Members participating in prevocational services may be compensated in accordance with applicable federal laws and regulations. The optimal outcome of the provision of prevocational services is permanent integrated employment at or above the minimum wage in the community.

All prevocational and supported employment service options should be reviewed and considered as a component of an member's person-centered services and supports plan no less than annually, more frequently as necessary or as requested by the member. These services and supports should be designed to support successful employment outcomes consistent with the member's goals.

Personal care and assistance may be a component of prevocational services, but may not comprise the entirety of the service.

Members who receive prevocational services may also receive educational, supported employment, and day habilitation services. A member's person-centered services and supports plan may include two or more types of non-residential habilitation services. However, different types of non-residential habilitation services may not be billed during the same period of the day.

Prevocational services may include volunteer work, such as learning and training activities that prepare a member for entry into the paid workforce.

Prevocational services may be furnished to any member who requires and chooses them through a person-centered planning process.

Example: Due to his chronic schizophrenia, John Doe has never been employed. He has difficulty getting up on time and dressing appropriately for a work setting. Provider staff come to his home for an hour each morning on Monday through Friday to help him in acquiring these skills. He then attends a sheltered workshop where he assembles widgets for four hours per day.

The hour of staff assistance each morning is an acceptable prevocational service and is reimbursable. Assembling widgets at the workshop is vocational, not prevocational, and is not reimbursable.



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.

5. 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.



(1) Expected Outcome of Service

The expected outcome of this service is sustained employment, or self-employment, paid at or above the minimum wage or the customary wage and level of benefits paid by an employer, in an integrated setting in the general workforce, in a job that meets personal and career goals. Successful transition to long-term job coaching, if needed, is also an expected outcome of this service. An expected outcome of supported self-employment is that the member earns income that is equal to or exceeds the average income for the chosen business within a reasonable period of time.

(2) Setting

Individual supported employment services shall take place in integrated work settings.

For self-employment, the member's home can be considered an integrated work setting. Employment in the service provider's organization (not including a sheltered workshop or similar type of work setting where members are paid for the production of goods or services) can be considered employment in an integrated work setting in the general workforce if the employment occurs in a work setting where interactions are predominantly with coworkers or business associates who do not have disabilities or with the general public.

Individual employment strategies include, but are not limited to:

- ◆ Customized employment,
- ◆ Individual placement and support, and
- ◆ Supported self-employment.

Service activities are individualized and may include any combination of the following:

- ◆ Benefits education
- ◆ Career exploration (e.g., tours, informational interviews, job shadows)
- ◆ Employment assessment
- ◆ Assistive technology assessment



- ◆ Trial work experience
- ◆ Person-centered employment planning
- ◆ Development of visual/traditional résumés
- ◆ Job-seeking skills training and support
- ◆ Outreach to prospective employers on behalf of the member (e.g., job development; negotiation with prospective employers to customize, create or carve out a position for the member; employer needs analysis)
- ◆ Job analysis (e.g., work site assessment or job accommodations evaluation)
- ◆ Identifying and arranging transportation
- ◆ Career advancement services (e.g., assisting a member in making an upward career move or seeking promotion from an existing employer)
- ◆ Reemployment services (if necessary due to job loss)
- ◆ Financial literacy and asset development
- ◆ Other employment support services deemed necessary to enable the member to obtain employment
- ◆ Systematic instruction and support during initial on-the-job training including initial on-the-job training to stabilization
- ◆ Engagement of natural supports during initial period of employment
- ◆ Implementation of assistive technology solutions during initial period of employment
- ◆ Transportation of the member during service hours
- ◆ Initial on-the-job training to stabilization activity



b. Supported Self-Employment

Individual employment may also include support to establish a viable self-employment opportunity, including home-based self-employment.

An expected outcome of supported self-employment is that the member earns income that is equal to or exceeds the average income for the chosen business within a reasonable period of time. In addition to the activities listed under Individual Supported Employment, assistance to establish self-employment may include:

- ◆ Aid to the member in identifying potential business opportunities.
- ◆ Assistance in the development of a business plan, including identifying potential sources of business financing and other assistance in developing and launching a business.
- ◆ Identification of the long-term supports necessary for the individual to operate the business.

(1) Long-Term Job Coaching

Long-term job coaching is support provided to, or on behalf of, the member that enables the member to maintain an individual job in competitive employment, customized employment or self-employment in an integrated work setting in the general workforce.

Long-term job coaching services are provided to or on behalf of members who need support because of their disabilities and who are unlikely to maintain and advance in individual employment absent the provision of supports. Long-term job coaching services shall provide individualized and ongoing support contacts at intervals necessary to promote successful job retention and advancement.

(2) Expected Outcome of Service

The expected outcome of this service is sustained employment paid at or above the minimum wage in an integrated setting in the general workforce, in a job that meets the member's personal and career goals.

An expected outcome of supported self-employment is that the member earns income that is equal to or exceeds the average income for the chosen business within a reasonable period of time.



(3) Setting

Long-term job coaching services shall take place in integrated work settings.

For self-employment, the member's home can be considered an integrated work setting.

Employment in the service provider's organization (not including a sheltered workshop or similar type of work setting) can be considered employment in an integrated work setting in the general workforce if the employment occurs in a work setting where interactions are predominantly with coworkers or business associates who do not have disabilities, or with the general public, and if the position would exist within the provider's organization were the provider not being paid to provide the job coaching to the member.

(4) Service Activities

Long-term job coaching services are designed to assist the member with learning and retaining individual employment, resulting in workplace integration, and which allows for the reduction of long-term job coaching over time. Services are individualized, and service plans are adjusted as support needs change and may include any combination of the following activities with or on behalf of the member:

- ◆ Job analysis
- ◆ Job training and systematic instruction
- ◆ Training and support for use of assistive technology/adaptive aids
- ◆ Engagement of natural supports
- ◆ Transportation coordination
- ◆ Job retention training and support
- ◆ Benefits education and ongoing support
- ◆ Supports for career advancement



- ◆ Financial literacy and asset development
- ◆ Employer consultation and support
- ◆ Negotiation with employer on behalf of the member (e.g., accommodations; employment conditions; access to natural supports; and wage and benefits)
- ◆ Other workplace support services may include services not specifically related to job skill training that enable the waiver member to be successful in integrating into the job setting
- ◆ Transportation of the member during service hours
- ◆ Career exploration services leading to increased hours or career advancement

(5) Self-Employment Long-Term Job Coaching

Self-employment long-term job coaching may include support to maintain a self-employment opportunity, including home-based self-employment.

In addition to the activities listed under 441 IAC 78.27(10)“b”(4), assistance to maintain self-employment may include:

- ◆ Ongoing identification of the supports necessary for the individual to operate the business;
- ◆ Ongoing assistance, counseling and guidance to maintain and grow the business; and
- ◆ Ongoing benefits education and support.

(6) Units of Service

Long-term job coaching services are based on the identified needs of the member as documented in the member’s comprehensive service plan. The member is authorized for a monthly tier of service based on the number of hours of direct support and activities on behalf of the member that the member requires each month to maintain their employment.



Long Term Job Coaching Tiers		
Tier 1	1 contact/month, monthly unit of service	H2025 U4
Tier 2	2-8 hours/month, monthly unit of service	H2025 U3
Tier 3	9-16 hours/month, monthly unit of service	H2025 U5
Tier 4	17-25 hours/month, monthly unit of service	H2025 U7
Tier 5	26 or more hours per month, hourly unit of service	H2025 UC

Each long-term job coaching tier is billed as one monthly unit of service with the exception of Tier 5. When a member requires 26 or more hours of long-term job coaching during the month, the units of service entered into the service plan are the total number of hours of support required for the month.

The current HCBS Prevocational and Supported Employment fee schedule may be located at:

<http://dhs.iowa.gov/ime/providers/csrp/fee-schedule>

c. Small Group Employment (2 to 8 Individuals)

Small-group supported employment services are training and support activities provided in regular business or industry settings for groups of two to eight workers with disabilities. The outcome of this service is sustained paid employment experience, skill development, career exploration and planning leading to referral for services to obtain individual integrated employment or self-employment for which an individual is compensated at or above the minimum wage, but not less than, the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

Small-group supported employment services must be provided in a manner that promotes integration into the workplace and interaction between members and people without disabilities (e.g., customers, coworkers, natural supports) in those workplaces. Examples include, but are not limited to:

- ◆ Mobile crews and other business-based workgroups employing small groups of workers with disabilities in employment in integrated business settings;



- ◆ Small-group activities focused on career exploration and development of strengths and skills that contribute to successful participation in individual community employment.

(1) Expected Outcome of Service

Small-group supported employment services are expected to enable the member to make reasonable and continued progress toward individual employment.

Participation in small-group supported employment services is not a prerequisite for individual supported employment services. The expected outcome of the service is sustained paid employment and skill development which leads to individual employment in the community.

(2) Setting

Small-group supported employment services shall take place in integrated, community-based nonresidential settings separate from the member's residence.

(3) Service Activities

Small-group supported employment services may include any combination of the following activities:

- ◆ Employment assessment
- ◆ Person-centered employment planning
- ◆ Job placement (limited to service necessary to facilitate hire into individual employment paid at minimum wage or higher for a member in small-group supported employment who receives an otherwise unsolicited offer of a job from a business where the member has been working in a mobile crew or enclave)
- ◆ Job analysis
- ◆ On-the-job training and systematic instruction
- ◆ Job coaching
- ◆ Transportation planning and training
- ◆ Benefits education



- ◆ Career exploration services leading to career advancement outcomes
- ◆ Other workplace support services may include services not specifically related to job skill training that enable the waiver member to be successful in integrating into the individual or community setting.
- ◆ Transportation of the member during service hours

(4) Units of Service

Small Group Supported Employment services are authorized for the number of units of service the member requires based on the number of individual in the small group.

Small Group Employment Tiers		
Tier 1	Groups of 2 to 4	H2023 U3
Tier 2	Groups of 5 or 6	H2023 U5
Tier 3	Groups of 7 or 8	H2023 U7

The current HCBS Prevocational and Supported Employment fee schedule may be located at:

<http://dhs.iowa.gov/ime/providers/csrp/fee-schedule>

d. Service Requirements for All Supported Employment Services

Community transportation options (e.g., transportation provided by family, coworkers, carpools, volunteers, self or public transportation) shall be identified by the member's interdisciplinary team and utilized before the service provider provides the transportation to and from work for the member. If none of these options are available to a member, transportation between the member's place of residence and the employment or service location may be included as a component part of supported employment services.

Personal care or personal assistance and protective oversight may be a component part of supported employment services, but may not comprise the entirety of the service.



Activities performed on behalf of a member receiving long-term job coaching or individual or small-group supported employment shall not comprise the entirety of the service.

Concurrent services. A member's individual service plan may include two or more types of nonresidential services (e.g., individual supported employment, long-term job coaching, small-group supported employment, prevocational services, and day habilitation). However, more than one service may not be billed during the same period of time (e.g., the same hour).

Integration requirements. In the performance of job duties, the member shall have regular contact with other employees or members of the general public who do not have disabilities, unless the absence of regular contact with other employees or the general public is typical for the job as performed by persons without disabilities.

(1) Compensation

Members receiving these services are compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

For supported self-employment, the member earns income that is equal to or exceeds the average income for the chosen business within a reasonable period of time.

For small-group supported employment, if the member is not compensated at or above minimum wage, the compensation to the member shall be in accordance with all applicable state and federal labor laws and regulations.

(2) Limitations

Supported employment services are limited as follows:

- ◆ Total monthly costs of supported employment may not exceed the monthly cap on the cost of waiver services set for the individual waiver program.
- ◆ In absence of a monthly cap on the cost of waiver services, the total monthly cost of all supported employment services may not exceed \$3,029 per month.



- ◆ Individual supported employment is limited to 60 units per calendar year. The member may be initially authorized for 40 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 minutes) 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.

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- ◆ 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

6. 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.

7. 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

8. 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.



9. 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.

10. 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.

11. 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.



Providers must maintain the medical records for five years from the date of service as evidence that the services provided were:

- ◆ Medically necessary,
- ◆ Consistent with the diagnosis of the member's condition, and
- ◆ Consistent with professionally recognized standards of care.

Each page of the medical record shall contain the member's first and last name. As part of the medical record, the member's medical assistance identification number and date of birth must be identified and associated with the member's first and last name.

The provider's file for each Medicaid member **must** include progress notes for **each** date of service that detail specific services rendered related to the covered habilitation service for which a claim is submitted to the Iowa Medicaid program.

The following items must be included in **each** progress note entry, for **each** Medicaid member, and for **each** date of service:

- ◆ The date and amount of time services were delivered, including the beginning and ending time of service delivery.
- ◆ The first and last name and title of provider staff actually rendering service, as well as that person's signature.
- ◆ The place of service (i.e., location where service was actually rendered).
- ◆ A description of the specific components of the Medicaid-payable habilitation service being provided (using service description terminology from the covered services section of this manual).
- ◆ The nature, extent, and number of units of the habilitation service that was rendered. The progress note **must** describe what specifically was done, and include the progress and barriers to achieving the goals and objectives as stated in the member's comprehensive service plan.
- ◆ The name, dosage, and route of administration of any medication administered, when it is a part of the service.

At the conclusion of services, the member's record shall include a discharge summary that identifies:

- ◆ The reason for discharge,
- ◆ The date of discharge,
- ◆ The recommended action or referrals upon discharge, and
- ◆ The treatment progress and outcomes.



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	U4
Tier 2 Recovery Transitional	2.25 to 4 hours per day as needed	H2016	U5
Tier 3 Medium Need	4.25 to 8.75 hours per day as needed	H2016	U6
Tier 4 Intensive I	9 to 12.75 hours per day	H2016	U7
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



Prevocational and Supported Employment Services	Unit of Service	Procedure Code	Modifier
Supported Employment – Small Group			
Tier 1 – Groups of 2 to 4	Per person, 15-minute unit	H2023	U3
Tier 2 – Groups of 5 or 6	Per person, 15-minute unit	H2023	U5
Tier 3 – Groups of 7 or 8	Per person, 15-minute unit	H2023	U7
Supported Employment – Individual Supported Employment	Hour	T2018	UC
Day Habilitation	Daily (4.25 to 8 hours)	T2020	
Day Habilitation	15 minutes (up to 16 units per day)	T2021	
Case Management	15 minutes	T1016	

Units of Service

The following rules are to be followed when applying units of services to a procedure code:

- ◆ The member’s comprehensive service plan must identify and reflect the need for the amount of supervision and skills training requested. The provider’s documentation must support the number of direct support hours identified in the comprehensive service plan.
- ◆ A unit of day habilitation is 15 minutes (up to 16 units per day) or a full day (4.25 to 8 hours).

Submit bills for whole units of service only. Hourly services should be rounded as follows:

- ◆ Add all the minutes provided for a day.
- ◆ When the total minutes for the day is less than 60, round up to 1 whole unit.
- ◆ When the total minutes for the day is more than 60, divide the total by 60 to get the number of hours for the day. This should be rounded to the nearest whole unit, by rounding down for 1 through 30 minutes, and rounding up for 31 through 59 minutes.



F. BASIS OF PAYMENT

Providers shall be reimbursed for services provided to members enrolled with a managed care organization (MCO) at the rate negotiated by the provider and the MCO.

Providers shall be reimbursed for members not enrolled with an MCO by the IME at the rate fee set by the IME.

The current fee schedule may be found at:

<http://dhs.iowa.gov/ime/providers/csrp/fee-schedule>

G. BILLING POLICIES AND CLAIM FORM INSTRUCTIONS

Claims for Habilitation Services are billed on federal form CMS-1500, *Health Insurance Claim Form*.

Click [here](#) to view a sample of the CMS-1500.

Click [here](#) to view billing instructions for the CMS-1500.

Refer to Chapter IV. *Billing Iowa Medicaid* for claim form instructions, all billing procedures, and a guide to reading the Iowa Medicaid Remittance Advice statement.

The Billing Manual can be located online at:

<http://dhs.iowa.gov/sites/default/files/All-IV.pdf>

NOTE: Claims for habilitation services submitted to a managed care organization must be submitted in accordance with the instructions provided by the managed care organization.



Special Instructions for Habilitation Services Providers Billing the IME

A diagnosis code is required to be entered in field 21. In the event that a provider may not have documentation of the diagnosis code for a member, contact the member's case manager. The case manager or care coordinator should have the member's diagnosis on file. If the diagnosis code is not available from the case manager or care coordinator, the provider may ask the member to contact the member's primary mental health care physician and request the member's primary diagnosis code.

Providers interested in billing electronically can contact EDISS (Electronic Data Interchange Support Services) at (800) 967-7902 or by email at edi@noridian.com.

H. RESOURCE SHARING BETWEEN IOWA MEDICAID AND IOWA VOCATIONAL REHABILITATION SERVICES

1. Resource Sharing for Employment 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.

The following *Resource Sharing* document was developed between IVRS and the DHS/Iowa Medicaid Enterprise in January of 2015. This "cheat sheet" is the result of a collaborative effort by both agencies to satisfy the requirement each had to explore "comparable benefits and services" and address the "payer of last resort" issue.

By establishing this *Resource Sharing* document, IVRS and DHS/IME have outlined their respective funding obligations when paying for Supported Employment Services (SES) for a mutual client served by both agencies. The document has been updated to reflect the new (2014) IVRS policy to fund the necessary employment services (including Supported Employment Services when needed) to help an eligible individual with a disability **under the age of 24** to get a community-integrated job paying at least minimum wage.



The *Resource Sharing* document also outlines procedural information for individuals on a DHS/IME waiver waiting list who are eligible to be served by IVRS, including options for long-term follow-up services if waiver services are not immediately available.

Some additional items to be aware of:

- ◆ Individuals can receive state plan habilitation or waiver funded services (including employment services) during the same time period that IVRS is also providing services to them as long as the services provided through state plan habilitation or waiver do not duplicate the services provided by IVRS.
- ◆ When IVRS closes a case for someone enrolled in state plan habilitation or a waiver, the person may have a need for ongoing supports to maintain their competitive integrated employment. The IVRS counselor is expected to inform you in advance of the case closure date so that you can submit a timely request for prior authorization for the services that may be needed. **There should be no gap in the availability of supports.** A gap could jeopardize the person's ability to maintain the person's job; therefore, this should be avoided at all costs.

2. Resource Sharing Between DHS and IVRS for Supported Employment Services

This section explains how Supported Employment Services (SES) are funded for mutual job candidates who are eligible for both IVRS services and DHS state plan habilitation or waiver services. Funding braided between IVRS and DHS habilitation or waiver for SES depends on whether an individual is on or off a waiting list, their age, and the service responsibilities agreed to by each agency.

a. SES for Individuals Under Age 24 (IVRS)

Effective November 13, 2014, for job candidates under age 24 who are eligible for both IVRS and DHS state plan habilitation or waiver and who require Supported Employment Services, IVRS implemented a *Memorandum of Agreement* with DHS to establish IVRS as the payer of first resort for individualized services necessary to obtain and stabilize in competitive integrated employment. Services can include any of the following:



Job Development	Customized Employment	Job Coaching**
<p>IVRS</p> <p>15 minute units: \$16.53/unit</p> <p>Initial authorization: 160 units with one extension of 80 units, not to exceed 240 units</p> <p>\$66.12/hour</p> <p>Up to 40 hours with one extension of 20 hours, not to exceed 60 hours total</p>	<p>IVRS</p> <p>15 minute units: \$16.53/unit as part of SES to negotiate with employer up to 40 units</p> <p>\$66.12/hour</p> <p>Up to ten hours</p>	<p>IVRS</p> <p>15 minute units: \$11.29/unit based on the number of hours a job candidate works - to be negotiated between IVRS and team for up to a two month period of time</p> <p>\$45.16/hour</p> <p>Up to 120 hours</p>

There is no requirement that people must get a job of at least 10 hours a week in order to receive services to obtain a job from IVRS. IVRS cases in which a job candidate works less than 10 hours a week require an explanation of why this individual cannot work more than 10 hours and supervisory review/approval prior to closure.

The MOA between DHS and IVRS is found on this link:
http://www.ivrs.iowa.gov/PolicyManual/MOA_IVRS_DHS.pdf

** **NOTE:** The agreement between IVRS and the Department of Education takes precedence over this DHS agreement for students in transition receiving SES under an IEP!

b. SES for Individuals Age 24 and Above (DHS/IVRS)

Effective November 13, 2014, for job candidates age 24 and above, the waiver pays for job development and job coaching. IVRS funds may pay for customized employment and employment services not listed (discovery, workplace readiness assessment, etc.). IVRS also supplements waiver funds providing job development as deemed necessary, such as when waiver funds end. This is in accordance with the *Memorandum of Agreement* with DHS and IVRS.



Job Development	Customized Employment	Job Coaching
<p>State Plan Habilitation or Waiver (T2018)</p> <p>15 minute units: \$16.53/unit</p> <p>Initial authorization: 160 units</p> <p>Limit 240 units per calendar year</p>	<p>IVRS</p> <p>15 minute units: \$16.53/unit as part of SES to negotiate with employer up to 40 units</p> <p>\$66.12/hour</p> <p>Up to ten hours</p>	<p>State Plan Habilitation or Waiver (H2025)</p> <p>Unit = One month</p> <p>Payment varies depending on amount of support needed:</p> <p>Tier 0: Minimum 1 contact/month Payment: \$67.67/month</p> <p>Tier 1: 2-8 hours support/month Payment: \$361.58/month</p> <p>Tier 2: 9-16 hours support/month Payment: \$722.15/month</p> <p>Tier 3: 17-24 hours support/month Payment: \$1,129.18/month</p> <p>Exception: 25 or more hours support/month Payment: Hourly at \$45.16/hour</p>

There is no requirement that people must get a job of at least 10 hours a week in order to receive services to obtain a job from IVRS. IVRS cases in which a job candidate works less than 10 hours a week require an explanation of why this individual cannot work more than 10 hours and supervisory review/approval prior to closure.

Additional SES information can be found in the 2015 *Menu of Services Manual* on this link:

<http://www.ivrs.iowa.gov/partners/CRP/CRPmanualDec24.docx>



c. SES for IVRS-Eligible Individuals Waiting for Waiver

A job candidate eligible for IVRS who is waiting for services from waiver can be served by IVRS.

Until waiver funds are available, IVRS may fund all SES employment services which may include job development, customized employment and job coaching. (See table below.) Services for SES are authorized by IVRS until the time waiver funds become available. If or when that occurs, IVRS would cancel any unused authorizations for remaining services so that waiver funding could begin, except in IVRS cases involving SES for individuals under age 24.

d. SES for IVRS-Eligible Individuals Ineligible for State Plan Habilitation or Waiver

For IVRS-eligible job candidates who do not qualify for state plan habilitation or waiver, IVRS may fund all SES employment services which can include job development, customized employment and job coaching. (See table below.)

Job Development	Customized Employment	Job Coaching
IVRS 15 minute units: \$16.53/unit Initial authorization: 160 units with one extension of 80 units, not to exceed 240 units	IVRS 15 minute units: \$16.53/unit as part of SES to negotiate with employer up to 40 units	IVRS 15 minute units: \$11.29/unit based on the number of hours a job candidate works - to be negotiated between IVRS and team for up to a two month period of time
\$66.28/hour Up to 40 hours with one extension of 20 hours, not to exceed 60 hours	\$66.28/hour Up to ten hours	\$45.16/hour Up to 120 hours



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Identified source for long-term job coaching services, to the extent needed by the individual, is required for IVRS Supported Employment Services. Funding (or sources) to provide these services can include county funding, natural supports, PASS, IRWE, MH worker, independent living, or other no-cost resources.

The source providing long-term job coaching, to the extent needed by the individual, is identified on the IVRS Plan for Employment (IPE) and SES Placement Agreement (Section IV. of Employment Analysis form). A plan for natural supports requires a detailed description of how the natural support will be trained and the agreement on how to connect with the long-term provider when difficulties arise requiring more continued involvement by the CRP.