

**Appendix C: Participant Services**

**C-1: Summary of Services Covered (1 of 2)**

**a. Waiver Services Summary.** List the services that are furnished under the waiver in the following table. If case management is not a service under the waiver, complete items C-1-b and C-1-c:

Service Type	Service		
Statutory Service	Family and Community Support service		
Statutory Service	Respite		
Other Service	Environmental Modifications and Adaptive Devices		
Other Service	In-home family therapy		
Other Service	Medical Day Care for Children		

**Appendix C: Participant Services**

**C-1/C-3: Service Specification**

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

**Service Type:**

Statutory Service

**Service:**

Habilitation

**Alternate Service Title (if any):**

Family and Community Support service

**HCBS Taxonomy:**

**Category 1:**

10 Other Mental Health and Behavioral Services

**Sub-Category 1:**

10040 behavior support

**Category 2:**

**Sub-Category 2:**

**Category 3:**

**Sub-Category 3:**

**Category 4:**

**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

**Service is included in approved waiver. There is no change in service specifications.**

**Service is included in approved waiver. The service specifications have been modified.**

**Service is not included in the approved waiver.**

**Service Definition (Scope):**

Services provided through Family and Community (F&C) Supports Service build upon the therapies provided by mental health professionals, including In Home Family Therapy under this waiver. F&C services are done in the home with the family or in the community with the child; practicing and implementing those coping strategies identified by mental health therapists. Whereas In Home Family Therapy is a skilled therapeutic service, F&C is the practical application of the skills and interventions that will allow the family and child to function more appropriately. An example of F&C: the provider teaches the child appropriate social behavior by taking the child to a fast food restaurant. The child practices not acting out, eating with manners, and thanking the food service workers. Another example: The mental health professional has indicated that the child should experiment with a variety of physical activities that could be used to de-escalate anxiety. The F&C provider takes the child running, walking, or a driving range to find a good activity for the child; and then works with the child to initiate the activity when anxiety is triggered.

Family and community support services shall support the member and the member's family by the development and implementation of strategies and interventions that will result in the reduction of stress and depression and will increase the member's and the family's social and emotional strength. The emphasis in service shall focus on the member and the development of needed skills and improving behaviors that are impacting the family dynamics. Services may be provided in the family home, foster family home, or in the community.

Family and community support services shall be provided under the recommendation and direction of a mental health professional who is part of the member's interdisciplinary team pursuant to 441-83.127(249A). Family and community support services shall incorporate recommended support interventions and activities, which may include the following:

- (1) Developing and maintaining a crisis support network for the member and for the member's family.
- (2) Modeling and coaching effective coping strategies for the member's family members.
- (3) Building resilience to the stigma of serious emotional disturbance for the member and the family.
- (4) Reducing the stigma of serious emotional disturbance by the development of relationships with peers and community members.
- (5) Modeling and coaching the strategies and interventions identified in the member's crisis intervention plan as defined in 44124.1(225C) for life situations with the member's family and in the community.
- (6) Developing medication management skills.
- (7) Developing personal hygiene and grooming skills that contribute to the member's positive self-image.
- (8) Developing positive socialization and citizenship skills.

Therapeutic resources may include books, training materials, and visual or audio media. The therapeutic resources shall be identified as a need of the member in the member's authorized service plan and shall be used as part of the implementation and delivery of the family and community support service.

- (1) The interdisciplinary team must identify the transportation or therapeutic resource as a support need.
- (2) The annual amount available for transportation and therapeutic resources must be listed in the member's service plan.
- (3) The member's parent or legal guardian shall submit a signed statement that the transportation or therapeutic resource cannot be provided by the member or the member's family or legal guardian.
- (4) The member's IHH Care Coordinator shall maintain a signed statement that potential community resources are unavailable and shall list the community resources contacted to fund the transportation or therapeutic resource.
- (5) The transportation or therapeutic resource must not be otherwise eligible for Medicaid reimbursement.

The following components are specifically excluded from family and community support services:

- (1) Vocational services.
- (2) Prevocational services.
- (3) Supported employment services.
- (4) Room and board.
- (5) Academic services.
- (6) General supervision and consumer care.

These services are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

A unit of service will be 15 minutes.

Family and community support services may include an amount not to exceed \$1500 per member per year for transportation within the community and the purchase of therapeutic resources. An amount of funds, up to \$1,500.00 annually, may be approved for use for transportation or identified therapeutic resources for the member. Transportation shall only be provided for the implementation of the approved family and community support services. Once approved in the member's service plan the amount of funds authorized for the needed transportation and therapeutic resources is incorporated into the enrolled provider's rate for service.

Members enrolled in the CMH waiver have access to Iowa’s Medicaid Exception to Policy option. ETPs can be requested to Iowa Administrative Code (IAC) rules, but cannot be requested for Federal requirements or state law. Members needing additional transportation or therapeutic resources in order to ensure health, safety, or other issues can request ETPs. The request must substantiate the exceptional need and also address why no other Medicaid or waiver service can address the issue. Decisions regarding ETP requests are approved by the Department of Health and Human Services director.

The limitation is included in the IAC Chapter 78; citation is 78.52(3) Family and community support services. In addition, the limit is referenced in the CMH Waiver Information Packet that is available on the Department’s Medicaid Website. FFS Case Managers, Integrated Health Home Care Coordinators, and MCO Community Based Case Managers are responsible to educate members regarding all service limitations during the service planning process.

The family and community support service is cost settled at the end of each fiscal year through a retrospectively limited prospective rate setting methodology identified in this application.

Services provided under IDEA or the Rehabilitation Act of 1973 are not available.

**Service Delivery Method** *(check each that applies):*

**Participant-directed as specified in Appendix E**

**Provider managed**

**Specify whether the service may be provided by** *(check each that applies):*

**Legally Responsible Person**

**Relative**

**Legal Guardian**

**Provider Specifications:**

Provider Category	Provider Type Title
Agency	Community Mental Health Centers
Agency	Behavioral Health Intervention providers

**Appendix C: Participant Services**

**C-1/C-3: Provider Specifications for Service**

**Service Type: Statutory Service**

**Service Name: Family and Community Support service**

**Provider Category:**

Agency

**Provider Type:**

Community Mental Health Centers

**Provider Qualifications**

**License** *(specify):*

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers' compensation insurance.

**Certificate** *(specify):*

Community mental health centers accredited in good standing as providers of outpatient psychotherapy and counseling under 441 Chapter 24.

**Other Standard** *(specify):*

Behavioral Health Intervention Services employees must:

- 1) Have a Bachelor's degree in a social science field +
  - a) 1 year experience OR
  - b) 20 hours CMH training
- OR
- 2) Have a Bachelor's degree in a social science field +
  - a) 2 years experience OR
  - b) 30 hours CMH training

Providers must be:

- (1) At least 18 years of age.
- (2) Qualified by training (see above).
- (3) Subject to background checks prior to direct service delivery.

To the extent that a provider is unable to complete the desk or onsite review process required for recertification due to the burden of submitting additional documentation caused by resource capacity issues, Iowa Medicaid will extend the certification process in 90 day increments through the established exception to policy process. Iowa Medicaid will only extend certification for providers who are in good standing, do not have outstanding corrective action plans (CAPS) and/or CAPS that have not been met, and who are not under active investigation for reported noncompliance with HCBS quality standards. Providers seeking to have their certification extended due to resource capacity issues may request an exception to policy (ETP). Iowa Medicaid reviews each request on an individual basis and determines if the provider is in good standing and whether sufficient detail has been provided to determine that an ETP is warranted. If the provider's circumstances meet the criteria established the provider will be granted an ETP to extend their certification for 90 days. Should the provider require additional time, the provider may submit subsequent ETP requests and provide Iowa Medicaid with documentation detailing the circumstances that are preventing the provider from completing the recertification process, with a maximum allowance of two (2) 90-day extensions per provider. Iowa Medicaid assures extensions of recertifications due to the provider's inability to participate in the review process will not exceed 180 days.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

Iowa Department of Health and Human Services, Iowa Medicaid Enterprise, Provider Services Unit

**Frequency of Verification:**

Every five years

**Appendix C: Participant Services**

### C-1/C-3: Provider Specifications for Service

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**Service Type: Statutory Service**

**Service Name: Family and Community Support service**

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**Provider Category:**

Agency

**Provider Type:**

Behavioral Health Intervention providers

**Provider Qualifications**

**License** *(specify):*

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers' compensation insurance.

**Certificate** *(specify):*

**Other Standard** *(specify):*

Behavioral Health Intervention services providers qualified under 44177.12(249A): A provider of behavioral health intervention is eligible to participate in the medical assistance program when the provider is enrolled in the Iowa Plan for Behavioral Health pursuant to 441—Chapter 88, Division IV.

The following enrollment criteria is applied to organizations enrolling as Behavioral Health Intervention providers under 441-77.12:

1. Mental Health Provider or Community Mental Health Provider as defined in IAC 441-24.

“Mental health service provider” means an organization whose services are established to specifically address mental health services to individuals or the administration of facilities in which these services are provided.

“Community mental health provider” means an organization providing mental health services that is established pursuant to Iowa Code chapters 225C and 230A.

2. A residential group care setting licensed under IAC441-114: a facility which provides care for children who are considered unable to live in a family situation due to social, emotional or physical disabilities but are capable of interacting in a community environment with a minimum amount of supervision. Please note: children in foster care are not eligible for the CMH waiver and would not be receiving CMH funded services while in foster care.

3. A Psychiatric Medical Institution for Children. Please note: children in a PMIC are not eligible for the CMH waiver and would not be receiving CMH funded services while in a PMIC.

4. National accredited by COA, the Joint commission or CARF under the accreditation standard that apply to mental health rehabilitative services.

Staff within the enrolled organization must meet the following credentialing standards:

1. Bachelor’s degree in social sciences field plus additional experience or training or
2. Bachelor’s degree in non-social science field plus more additional experience or training

Providers must complete child abuse, dependent adult abuse, and criminal background screenings pursuant to Iowa Code section 135C.33(5)“a”(1) before employment of a staff member who will provide direct care.

Behavioral Health Intervention Services employees must:

- 1)Have a Bachelor's degree in a social science field +
  - a)1 year experience OR
  - b)20 hours CMH training

OR

- 2)Have a Bachelor's degree in a social science field +
  - a)2 years experience OR
  - b)30 hours CMH training

Providers must be:

- (1) At least 18 years of age.
- (2) Qualified by training (see above).
- (3) Subject to background checks prior to direct service delivery.

To the extent that a provider is unable to complete the desk or onsite review process required for recertification due to the burden of submitting additional documentation caused by resource capacity issues, Iowa Medicaid will extend the certification process in 90 day increments through the established exception to policy process. Iowa Medicaid will only extend certification for providers who are in good standing, do not have outstanding corrective action plans (CAPS) and/or CAPS that have not been met, and who are not under active investigation for reported noncompliance with HCBS quality standards. Providers seeking to have their certification extended due to resource capacity issues may request an exception to policy (ETP). Iowa Medicaid reviews each request on an individual basis and determines if the provider is in good standing and whether sufficient detail has been provided to determine that an ETP is warranted. If the provider’s circumstances meet the criteria established the provider will be granted an ETP to extend their certification for 90 days. Should the provider require additional time, the

provider may submit subsequent ETP requests and provide Iowa Medicaid with documentation detailing the circumstances that are preventing the provider from completing the recertification process, with a maximum allowance of two (2) 90-day extensions per provider. Iowa Medicaid assures extensions of recertifications due to the provider’s inability to participate in the review process will not exceed 180 days.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

Iowa Department of Health and Human Services, Iowa Medicaid Enterprise, Provider Services Unit

**Frequency of Verification:**

Every five years

**Appendix C: Participant Services**

**C-1/C-3: Service Specification**

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

**Service Type:**

Statutory Service

**Service:**

Respite

**Alternate Service Title (if any):**

Respite

**HCBS Taxonomy:**

**Category 1:**

09 Caregiver Support

**Sub-Category 1:**

09011 respite, out-of-home

**Category 2:**

09 Caregiver Support

**Sub-Category 2:**

09012 respite, in-home

**Category 3:**

**Sub-Category 3:**

**Category 4:**

**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

**Service is included in approved waiver. There is no change in service specifications.**

**Service is included in approved waiver. The service specifications have been modified.**

**Service is not included in the approved waiver.**

**Service Definition** *(Scope):*

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

Respite shall be provided in an environment (member's home, provider's home, camp, etc.) as approved by the interdisciplinary team.

FFP may be claimed for respite provided in a hospital or RCF/ID.

These services are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

1. Respite care shall not be provided to members during the hours in which the usual caregiver is employed, except when the member is attending a camp.
2. The usual caregiver cannot be absent from the home for more than 14 consecutive days during respite provision.
3. The interdisciplinary team shall determine if the member will receive basic individual respite, specialized respite, or group respite and defined in rule 441- Chapter 83.
4. Respite services provided for a period exceeding 24 consecutive hours to three or more members who require nursing care because of a mental or physical condition must be provided by a health care facility licensed under Iowa Code chapter 135C.
5. Respite services provided outside the member's home shall not be reimbursable if the living unit where respite care is provided is reserved for another person on a temporary leave of absence.
6. Respite services shall not be provided simultaneously with other residential, nursing, or home health aide services provided through the medical assistance program.
6. Effective 7/1/13, a unit of service is 15 minutes.

Services provided under IDEA or the Rehabilitation Act of 1973 are not available.

Members enrolled in the CMH waiver have access to Iowa’s Medicaid Exception to Policy option. ETPs can be requested to Iowa Administrative Code (IAC) rules but cannot be requested for Federal requirements or state law. Members needing additional Respite services in order to ensure health, safety, or other issues can request ETPs. The request must substantiate the exceptional need and also address why no other Medicaid or waiver service can address the issue. Decisions regarding ETP requests are approved by the Department of Human Services director.

**Service Delivery Method** *(check each that applies):*

**Participant-directed as specified in Appendix E**

**Provider managed**

**Specify whether the service may be provided by** *(check each that applies):*

**Legally Responsible Person**

**Relative**

**Legal Guardian**

**Provider Specifications:**

Provider Category	Provider Type Title
Agency	Home Health Agencies
Agency	HCBS respite provider
Agency	Adult Day Care
Agency	Camps
Agency	Nursing Facilities, ICF/ID, and Hospitals



Provider Category	Provider Type Title
Agency	Child Care Centers and Child Development Homes
Agency	Assisted Living programs
Agency	Residential Care Facilities for Persons with Intellectual Disability
Agency	Home Care Agencies
Agency	Foster Care

**Appendix C: Participant Services**

**C-1/C-3: Provider Specifications for Service**

**Service Type: Statutory Service**

**Service Name: Respite**

**Provider Category:**

Agency

**Provider Type:**

Home Health Agencies

**Provider Qualifications**

**License (specify):**

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers' compensation insurance.

**Certificate (specify):**

Home health agencies that are certified in good standing to participate in the Medicare program.

**Other Standard (specify):**

Providers must be:

- (1) At least 18 years of age.
- (2) Qualified by training.
- (3) Subject to background checks prior to direct service delivery.

Qualified Training includes:

- (1) Within one month of employment, staff members must receive the following training:
  1. Orientation regarding the agency's mission, policies, and procedures; and
  2. Orientation regarding HCBS philosophy and outcomes for rights and dignity for the children's mental health waiver in 77.46(1)"c."
- (2) Within four months of employment, staff members must receive training regarding the following:
  1. Serious emotional disturbance in children and provision of services to children with serious emotional disturbance;
  2. Confidentiality;
  3. Provision of medication according to agency policy and procedure;
  4. Identification and reporting of child abuse;
  5. Incident reporting;
  6. Documentation of service provision;
  7. Appropriate behavioral interventions; and
  8. Professional ethics.
- (3) Until a staff member receives the training identified in subparagraphs (1) and (2), the staff member shall not provide any direct service without the oversight of supervisory staff and shall obtain feedback from the family within 24 hours of service provision.
- (4) Within the first year of employment, staff members must complete 24 hours of training in children's mental health issues.
- (5) During each consecutive year of employment, staff members must complete 12 hours of training in children's mental health issues.

To the extent that a provider is unable to complete the desk or onsite review process required for recertification due to the burden of submitting additional documentation caused by resource capacity issues, Iowa Medicaid will extend the certification process in 90 day increments through the established exception to policy process. Iowa Medicaid will only extend certification for providers who are in good standing, do not have outstanding corrective action plans (CAPS) and/or CAPS that have not been met, and who are not under active investigation for reported noncompliance with HCBS quality standards. Providers seeking to have their certification extended due to resource capacity issues may request an exception to policy (ETP). Iowa Medicaid reviews each request on an individual basis and determines if the provider is in good standing and whether sufficient detail has been provided to determine that an ETP is warranted. If the provider's circumstances meet the criteria established the provider will be granted an ETP to extend their certification for 90 days. Should the provider require additional time, the provider may submit subsequent ETP requests and provide Iowa Medicaid with documentation detailing the circumstances that are preventing the provider from completing the recertification process, with a maximum allowance of two (2) 90-day extensions per provider. Iowa Medicaid assures extensions of recertifications due to the provider's inability to participate in the review process will not exceed 180 days.

#### **Verification of Provider Qualifications**

##### **Entity Responsible for Verification:**

Iowa Department of Health and Human Services, Iowa Medicaid Enterprise, Provider Services Unit

##### **Frequency of Verification:**

Every five years

### C-1/C-3: Provider Specifications for Service

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**Service Type: Statutory Service**

**Service Name: Respite**

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**Provider Category:**

Agency

**Provider Type:**

HCBS respite provider

**Provider Qualifications**

**License** (*specify*):

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers' compensation insurance.

**Certificate** (*specify*):

Providers certified or enrolled as respite providers under another Medicaid HCBS waiver.

**Other Standard** (*specify*):

Providers must be:

- (1) At least 18 years of age.
- (2) Qualified by training.
- (3) Subject to background checks prior to direct service delivery.

Qualified Training includes:

- (1) Within one month of employment, staff members must receive the following training:
  1. Orientation regarding the agency's mission, policies, and procedures; and
  2. Orientation regarding HCBS philosophy and outcomes for rights and dignity for the children's mental health waiver in 77.46(1)"c."
- (2) Within four months of employment, staff members must receive training regarding the following:
  1. Serious emotional disturbance in children and provision of services to children with serious emotional disturbance;
  2. Confidentiality;
  3. Provision of medication according to agency policy and procedure;
  4. Identification and reporting of child abuse;
  5. Incident reporting;
  6. Documentation of service provision;
  7. Appropriate behavioral interventions; and
  8. Professional ethics.
- (3) Until a staff member receives the training identified in subparagraphs (1) and (2), the staff member shall not provide any direct service without the oversight of supervisory staff and shall obtain feedback from the family within 24 hours of service provision.
- (4) Within the first year of employment, staff members must complete 24 hours of training in children's mental health issues.
- (5) During each consecutive year of employment, staff members must complete 12 hours of training in children's mental health issues.

To the extent that a provider is unable to complete the desk or onsite review process required for recertification due to the burden of submitting additional documentation caused by resource capacity issues, Iowa Medicaid will extend the certification process in 90 day increments through the established exception to policy process. Iowa Medicaid will only extend certification for providers who are in good standing, do not have outstanding corrective action plans (CAPS) and/or CAPS that have not been met, and who are not under active investigation for reported noncompliance with HCBS quality standards. Providers seeking to have their certification extended due to resource capacity issues may request an exception to policy (ETP). Iowa Medicaid reviews each request on an individual basis and determines if the provider is in good standing and whether sufficient detail has been provided to determine that an ETP is warranted. If the provider's circumstances meet the criteria established the provider will be granted an ETP to extend their certification for 90 days. Should the provider require additional time, the provider may submit subsequent ETP requests and provide Iowa Medicaid with documentation detailing the circumstances that are preventing the provider from completing the recertification process, with a maximum allowance of two (2) 90-day extensions per provider. Iowa Medicaid assures extensions of recertifications due to the provider's inability to participate in the review process will not exceed 180 days.

#### **Verification of Provider Qualifications**

##### **Entity Responsible for Verification:**

Iowa Department of Health and Human Services, Iowa Medicaid Enterprise, Provider Services Unit

##### **Frequency of Verification:**

Every five years

### C-1/C-3: Provider Specifications for Service

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**Service Type: Statutory Service**

**Service Name: Respite**

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**Provider Category:**

Agency

**Provider Type:**

Adult Day Care

**Provider Qualifications**

**License** *(specify):*

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers' compensation insurance.

**Certificate** *(specify):*

Adult day care providers that are certified in good standing by the department of inspections and appeals as being in compliance with the standards for adult day services programs adopted by the department on aging at IAC 321Chapter 24.

**Other Standard** *(specify):*

Providers must be:

- (1) At least 18 years of age.
- (2) Qualified by training.
- (3) Subject to background checks prior to direct service delivery.

Qualified Training includes:

- (1) Within one month of employment, staff members must receive the following training:
  1. Orientation regarding the agency's mission, policies, and procedures; and
  2. Orientation regarding HCBS philosophy and outcomes for rights and dignity for the children's mental health waiver in 77.46(1)"c."
- (2) Within four months of employment, staff members must receive training regarding the following:
  1. Serious emotional disturbance in children and provision of services to children with serious emotional disturbance;
  2. Confidentiality;
  3. Provision of medication according to agency policy and procedure;
  4. Identification and reporting of child abuse;
  5. Incident reporting;
  6. Documentation of service provision;
  7. Appropriate behavioral interventions; and
  8. Professional ethics.
- (3) Until a staff member receives the training identified in subparagraphs (1) and (2), the staff member shall not provide any direct service without the oversight of supervisory staff and shall obtain feedback from the family within 24 hours of service provision.
- (4) Within the first year of employment, staff members must complete 24 hours of training in children's mental health issues.
- (5) During each consecutive year of employment, staff members must complete 12 hours of training in children's mental health issues.

To the extent that a provider is unable to complete the desk or onsite review process required for recertification due to the burden of submitting additional documentation caused by resource capacity issues, Iowa Medicaid will extend the certification process in 90 day increments through the established exception to policy process. Iowa Medicaid will only extend certification for providers who are in good standing, do not have outstanding corrective action plans (CAPS) and/or CAPS that have not been met, and who are not under active investigation for reported noncompliance with HCBS quality standards. Providers seeking to have their certification extended due to resource capacity issues may request an exception to policy (ETP). Iowa Medicaid reviews each request on an individual basis and determines if the provider is in good standing and whether sufficient detail has been provided to determine that an ETP is warranted. If the provider's circumstances meet the criteria established the provider will be granted an ETP to extend their certification for 90 days. Should the provider require additional time, the provider may submit subsequent ETP requests and provide Iowa Medicaid with documentation detailing the circumstances that are preventing the provider from completing the recertification process, with a maximum allowance of two (2) 90-day extensions per provider. Iowa Medicaid assures extensions of recertifications due to the provider's inability to participate in the review process will not exceed 180 days.

#### **Verification of Provider Qualifications**

##### **Entity Responsible for Verification:**

Iowa Department of Health and Human Services, Iowa Medicaid Enterprise, Provider Services Unit

##### **Frequency of Verification:**

Every five years

### C-1/C-3: Provider Specifications for Service

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**Service Type: Statutory Service**

**Service Name: Respite**

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**Provider Category:**

Agency

**Provider Type:**

Camps

**Provider Qualifications**

**License** (*specify*):

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers' compensation insurance.

**Certificate** (*specify*):

Camps certified in good standing by the American Camping Association.

**Other Standard** (*specify*):

Providers must be:

- (1) At least 18 years of age.
- (2) Qualified by training.
- (3) Subject to background checks prior to direct service delivery.

Qualified Training includes:

- (1) Within one month of employment, staff members must receive the following training:
  1. Orientation regarding the agency's mission, policies, and procedures; and
  2. Orientation regarding HCBS philosophy and outcomes for rights and dignity for the children's mental health waiver in 77.46(1)"c."
- (2) Within four months of employment, staff members must receive training regarding the following:
  1. Serious emotional disturbance in children and provision of services to children with serious emotional disturbance;
  2. Confidentiality;
  3. Provision of medication according to agency policy and procedure;
  4. Identification and reporting of child abuse;
  5. Incident reporting;
  6. Documentation of service provision;
  7. Appropriate behavioral interventions; and
  8. Professional ethics.
- (3) Until a staff member receives the training identified in subparagraphs (1) and (2), the staff member shall not provide any direct service without the oversight of supervisory staff and shall obtain feedback from the family within 24 hours of service provision.
- (4) Within the first year of employment, staff members must complete 24 hours of training in children's mental health issues.
- (5) During each consecutive year of employment, staff members must complete 12 hours of training in children's mental health issues.

To the extent that a provider is unable to complete the desk or onsite review process required for recertification due to the burden of submitting additional documentation caused by resource capacity issues, Iowa Medicaid will extend the certification process in 90 day increments through the established exception to policy process. Iowa Medicaid will only extend certification for providers who are in good standing, do not have outstanding corrective action plans (CAPS) and/or CAPS that have not been met, and who are not under active investigation for reported noncompliance with HCBS quality standards. Providers seeking to have their certification extended due to resource capacity issues may request an exception to policy (ETP). Iowa Medicaid reviews each request on an individual basis and determines if the provider is in good standing and whether sufficient detail has been provided to determine that an ETP is warranted. If the provider's circumstances meet the criteria established the provider will be granted an ETP to extend their certification for 90 days. Should the provider require additional time, the provider may submit subsequent ETP requests and provide Iowa Medicaid with documentation detailing the circumstances that are preventing the provider from completing the recertification process, with a maximum allowance of two (2) 90-day extensions per provider. Iowa Medicaid assures extensions of recertifications due to the provider's inability to participate in the review process will not exceed 180 days.

#### **Verification of Provider Qualifications**

##### **Entity Responsible for Verification:**

Iowa Department of Health and Human Services, Iowa Medicaid Enterprise, Provider Services Unit

##### **Frequency of Verification:**

Every five years



### C-1/C-3: Provider Specifications for Service

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**Service Type: Statutory Service**

**Service Name: Respite**

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**Provider Category:**

Agency

**Provider Type:**

Nursing Facilities, ICF/ID, and Hospitals

**Provider Qualifications**

**License** (*specify*):

Nursing facilities, intermediate care facilities for the intellectually disabled, and hospitals enrolled as providers in the Iowa Medicaid program.

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers' compensation insurance.

**Certificate** (*specify*):

**Other Standard** (*specify*):

Providers must be:

- (1) At least 18 years of age.
- (2) Qualified by training.
- (3) Subject to background checks prior to direct service delivery.

Qualified Training includes:

- (1) Within one month of employment, staff members must receive the following training:
  1. Orientation regarding the agency's mission, policies, and procedures; and
  2. Orientation regarding HCBS philosophy and outcomes for rights and dignity for the children's mental health waiver in 77.46(1)"c."
- (2) Within four months of employment, staff members must receive training regarding the following:
  1. Serious emotional disturbance in children and provision of services to children with serious emotional disturbance;
  2. Confidentiality;
  3. Provision of medication according to agency policy and procedure;
  4. Identification and reporting of child abuse;
  5. Incident reporting;
  6. Documentation of service provision;
  7. Appropriate behavioral interventions; and
  8. Professional ethics.
- (3) Until a staff member receives the training identified in subparagraphs (1) and (2), the staff member shall not provide any direct service without the oversight of supervisory staff and shall obtain feedback from the family within 24 hours of service provision.
- (4) Within the first year of employment, staff members must complete 24 hours of training in children's mental health issues.
- (5) During each consecutive year of employment, staff members must complete 12 hours of training in children's mental health issues.

To the extent that a provider is unable to complete the desk or onsite review process required for recertification due to the burden of submitting additional documentation caused by resource capacity issues, Iowa Medicaid will extend the certification process in 90 day increments through the established exception to policy process. Iowa Medicaid will only extend certification for providers who are in good standing, do not have outstanding corrective action plans (CAPS) and/or CAPS that have not been met, and who are not under active investigation for reported noncompliance with HCBS quality standards. Providers seeking to have their certification extended due to resource capacity issues may request an exception to policy (ETP). Iowa Medicaid reviews each request on an individual basis and determines if the provider is in good standing and whether sufficient detail has been provided to determine that an ETP is warranted. If the provider's circumstances meet the criteria established the provider will be granted an ETP to extend their certification for 90 days. Should the provider require additional time, the provider may submit subsequent ETP requests and provide Iowa Medicaid with documentation detailing the circumstances that are preventing the provider from completing the recertification process, with a maximum allowance of two (2) 90-day extensions per provider. Iowa Medicaid assures extensions of recertifications due to the provider's inability to participate in the review process will not exceed 180 days.

#### **Verification of Provider Qualifications**

##### **Entity Responsible for Verification:**

Iowa Department of Health and Human Services, Iowa Medicaid Enterprise, Provider Services Unit

##### **Frequency of Verification:**

Every five years

### C-1/C-3: Provider Specifications for Service

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**Service Type: Statutory Service**

**Service Name: Respite**

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**Provider Category:**

Agency

**Provider Type:**

Child Care Centers and Child Development Homes

**Provider Qualifications**

**License** (*specify*):

Child care centers licensed in good standing by the department according to IAC 441Chapter 109 and child development homes registered according to IAC 441Chapter 110.

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers' compensation insurance.

**Certificate** (*specify*):

**Other Standard** (*specify*):

Providers must be:

- (1) At least 18 years of age.
- (2) Qualified by training.
- (3) Subject to background checks prior to direct service delivery.

Qualified by training must include the following:

The provider shall receive two hours of Iowa's training for mandatory reporting of child abuse:

- (1) During the first three months of registration as a child development home; and
- (2) Every five years thereafter.

b. The provider shall obtain first-aid training within the first three months of registration as a child development home.

(1) First-aid training shall be provided by a nationally recognized training organization, such as the American Red Cross, the American Heart Association, the National Safety Council, or Emergency Medical Planning (Medic First Aid) or by an equivalent trainer using curriculum approved by the department.

(2) First-aid training shall include certification in infant and child first aid that includes management of a blocked airway and mouth-to-mouth resuscitation.

(3) The provider shall maintain a valid certificate indicating the date of first-aid training and the expiration date.

c. During the first year of registration, the provider shall receive a minimum of 12 hours of training from one or more of the following content areas. The provider shall receive at least 6 of these hours in a group setting as defined in subrule 110.5(12), and 2 of the hours must be from the content area in subparagraph 110.5(11)"c"(1). A provider shall not use a specific training or class to meet minimum continuing education requirements more than one time every five years.

- (1) Planning a safe, healthy learning environment (includes nutrition).
- (2) Steps to advance children's physical and intellectual development.
- (3) Positive ways to support children's social and emotional development (includes guidance and discipline).
- (4) Strategies to establish productive relationships with families (includes communication skills and cross-cultural competence).
- (5) Strategies to manage an effective program operation (includes business practices).
- (6) Maintaining a commitment to professionalism.
- (7) Observing and recording children's behavior.
- (8) Principles of child growth and development.

d. During the second year of registration and each succeeding year, the provider shall receive a minimum of 12 hours of training from one or more of the content areas as defined in paragraph "c." The provider shall receive at least 6 of these hours in a group setting as defined in subrule 110.5(12). The provider may receive the remaining hours in self-study as defined in subrule 110.5(13). A provider shall not use a specific training or class to meet minimum continuing education requirements more than one time every five years.

e. A provider who submits documentation from a child care resource and referral agency that the provider has completed the Iowa Program for Infant/Toddler Care (IA PITC), ChildNet, or Beyond Business Basics training series may use those hours to fulfill a maximum of two years' training requirements, not including first-aid and mandatory reporter training.

and

Staff training. The agency shall meet the following training requirements as a condition of providing respite care under the children's mental health waiver:

- (1) Within one month of employment, staff members must receive the following training:
  1. Orientation regarding the agency's mission, policies, and procedures; and
  2. Orientation regarding HCBS philosophy and outcomes for rights and dignity for the children's mental health waiver in 77.46(1)"c."
- (2) Within four months of employment, staff members must receive training regarding the following:
  1. Serious emotional disturbance in children and provision of services to children with serious emotional disturbance;
  2. Confidentiality;
  3. Provision of medication according to agency policy and procedure;

4. Identification and reporting of child abuse;  
 5. Incident reporting;  
 6. Documentation of service provision;  
 7. Appropriate behavioral interventions; and  
 8. Professional ethics.

(3) Until a staff member receives the training identified in subparagraphs (1) and (2), the staff member shall not provide any direct service without the oversight of supervisory staff and shall obtain feedback from the family within 24 hours of service provision.

(4) Within the first year of employment, staff members must complete 24 hours of training in children’s mental health issues.

(5) During each consecutive year of employment, staff members must complete 12 hours of training in children’s mental health issues.

To the extent that a provider is unable to complete the desk or onsite review process required for recertification due to the burden of submitting additional documentation caused by resource capacity issues, Iowa Medicaid will extend the certification process in 90 day increments through the established exception to policy process. Iowa Medicaid will only extend certification for providers who are in good standing, do not have outstanding corrective action plans (CAPS) and/or CAPS that have not been met, and who are not under active investigation for reported noncompliance with HCBS quality standards. Providers seeking to have their certification extended due to resource capacity issues may request an exception to policy (ETP). Iowa Medicaid reviews each request on an individual basis and determines if the provider is in good standing and whether sufficient detail has been provided to determine that an ETP is warranted. If the provider’s circumstances meet the criteria established the provider will be granted an ETP to extend their certification for 90 days. Should the provider require additional time, the provider may submit subsequent ETP requests and provide Iowa Medicaid with documentation detailing the circumstances that are preventing the provider from completing the recertification process, with a maximum allowance of two (2) 90-day extensions per provider. Iowa Medicaid assures extensions of recertifications due to the provider’s inability to participate in the review process will not exceed 180 days.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

Iowa Department of Health and Human Services, Iowa Medicaid Enterprise, Provider Services Unit

**Frequency of Verification:**

Every five years

**Appendix C: Participant Services**

**C-1/C-3: Provider Specifications for Service**

**Service Type: Statutory Service**

**Service Name: Respite**

**Provider Category:**

Agency

**Provider Type:**

Assisted Living programs

**Provider Qualifications**

**License (specify):**

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers’ compensation insurance.

**Certificate** (*specify*):

Assisted living programs certified in good standing by the Iowa department of inspections and appeals.
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**Other Standard** (*specify*):

<p>Providers must be:</p>
---------------------------

- |  |
|--|
| <p>(1) At least 18 years of age.<br/> (2) Qualified by training.<br/> (3) Subject to background checks prior to direct service delivery.</p> |
|--|

<p>Qualified Training includes:</p>
-------------------------------------

- |   |
|---|
| <p>(1) Within one month of employment, staff members must receive the following training:</p> <ol style="list-style-type: none"> <li>1. Orientation regarding the agency's mission, policies, and procedures; and</li> <li>2. Orientation regarding HCBS philosophy and outcomes for rights and dignity for the children's mental health waiver in 77.46(1)"c."</li> </ol> <p>(2) Within four months of employment, staff members must receive training regarding the following:</p> <ol style="list-style-type: none"> <li>1. Serious emotional disturbance in children and provision of services to children with serious emotional disturbance;</li> <li>2. Confidentiality;</li> <li>3. Provision of medication according to agency policy and procedure;</li> <li>4. Identification and reporting of child abuse;</li> <li>5. Incident reporting;</li> <li>6. Documentation of service provision;</li> <li>7. Appropriate behavioral interventions; and</li> <li>8. Professional ethics.</li> </ol> <p>(3) Until a staff member receives the training identified in subparagraphs (1) and (2), the staff member shall not provide any direct service without the oversight of supervisory staff and shall obtain feedback from the family within 24 hours of service provision.</p> <p>(4) Within the first year of employment, staff members must complete 24 hours of training in children's mental health issues.</p> <p>(5) During each consecutive year of employment, staff members must complete 12 hours of training in children's mental health issues.</p> |
|---|

<p>To the extent that a provider is unable to complete the desk or onsite review process required for recertification due to the burden of submitting additional documentation caused by resource capacity issues, Iowa Medicaid will extend the certification process in 90 day increments through the established exception to policy process. Iowa Medicaid will only extend certification for providers who are in good standing, do not have outstanding corrective action plans (CAPS) and/or CAPS that have not been met, and who are not under active investigation for reported noncompliance with HCBS quality standards. Providers seeking to have their certification extended due to resource capacity issues may request an exception to policy (ETP). Iowa Medicaid reviews each request on an individual basis and determines if the provider is in good standing and whether sufficient detail has been provided to determine that an ETP is warranted. If the provider's circumstances meet the criteria established the provider will be granted an ETP to extend their certification for 90 days. Should the provider require additional time, the provider may submit subsequent ETP requests and provide Iowa Medicaid with documentation detailing the circumstances that are preventing the provider from completing the recertification process, with a maximum allowance of two (2) 90-day extensions per provider. Iowa Medicaid assures extensions of recertifications due to the provider's inability to participate in the review process will not exceed 180 days.</p>
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**Verification of Provider Qualifications****Entity Responsible for Verification:**

Iowa Department of Health and Human Services, Iowa Medicaid Enterprise, Provider Services Unit
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**Frequency of Verification:**

Every five years

**Appendix C: Participant Services**

**C-1/C-3: Provider Specifications for Service**

**Service Type: Statutory Service**

**Service Name: Respite**

**Provider Category:**

Agency

**Provider Type:**

Residential Care Facilities for Persons with Intellectual Disability

**Provider Qualifications**

**License** *(specify):*

Residential care facilities for persons with Intellectual Disability licensed in good standing by the department of inspections and appeals.

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers' compensation insurance.

**Certificate** *(specify):*

**Other Standard** *(specify):*

Providers must be:

- (1) At least 18 years of age.
- (2) Qualified by training.
- (3) Subject to background checks prior to direct service delivery.

Qualified Training includes:

- (1) Within one month of employment, staff members must receive the following training:
  1. Orientation regarding the agency's mission, policies, and procedures; and
  2. Orientation regarding HCBS philosophy and outcomes for rights and dignity for the children's mental health waiver in 77.46(1)"c."
- (2) Within four months of employment, staff members must receive training regarding the following:
  1. Serious emotional disturbance in children and provision of services to children with serious emotional disturbance;
  2. Confidentiality;
  3. Provision of medication according to agency policy and procedure;
  4. Identification and reporting of child abuse;
  5. Incident reporting;
  6. Documentation of service provision;
  7. Appropriate behavioral interventions; and
  8. Professional ethics.
- (3) Until a staff member receives the training identified in subparagraphs (1) and (2), the staff member shall not provide any direct service without the oversight of supervisory staff and shall obtain feedback from the family within 24 hours of service provision.
- (4) Within the first year of employment, staff members must complete 24 hours of training in children's mental health issues.
- (5) During each consecutive year of employment, staff members must complete 12 hours of training in children's mental health issues.

To the extent that a provider is unable to complete the desk or onsite review process required for recertification due to the burden of submitting additional documentation caused by resource capacity issues, Iowa Medicaid will extend the certification process in 90 day increments through the established exception to policy process. Iowa Medicaid will only extend certification for providers who are in good standing, do not have outstanding corrective action plans (CAPS) and/or CAPS that have not been met, and who are not under active investigation for reported noncompliance with HCBS quality standards. Providers seeking to have their certification extended due to resource capacity issues may request an exception to policy (ETP). Iowa Medicaid reviews each request on an individual basis and determines if the provider is in good standing and whether sufficient detail has been provided to determine that an ETP is warranted. If the provider's circumstances meet the criteria established the provider will be granted an ETP to extend their certification for 90 days. Should the provider require additional time, the provider may submit subsequent ETP requests and provide Iowa Medicaid with documentation detailing the circumstances that are preventing the provider from completing the recertification process, with a maximum allowance of two (2) 90-day extensions per provider. Iowa Medicaid assures extensions of recertifications due to the provider's inability to participate in the review process will not exceed 180 days.

#### **Verification of Provider Qualifications**

##### **Entity Responsible for Verification:**

Iowa Department of Health and Human Services, Iowa Medicaid Enterprise, Provider Services Unit

##### **Frequency of Verification:**

Every five years



### C-1/C-3: Provider Specifications for Service

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**Service Type: Statutory Service**

**Service Name: Respite**

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**Provider Category:**

Agency

**Provider Type:**

Home Care Agencies

**Provider Qualifications**

**License** (*specify*):

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers' compensation insurance.

**Certificate** (*specify*):

**Other Standard** (*specify*):

Home care agencies that meet the requirements set forth in department of public health rule IAC 64180.7(135): Professional staff as providers of home care aide services. An individual who is in the process of receiving or who has completed the training required for LPN or RN licensure or who possesses an associate's degree or higher in social work, sociology, home economics or other health or human services field may be assigned to provide home care aide services if the following conditions are met:

- a. Services or tasks assigned are appropriate to the individual's prior training.
- b. Orientation to home care is conducted. Orientation includes adaptation of the individual's knowledge and skills from prior education to the home setting and to the role of the home care aide.

Providers must be:

- (1) At least 18 years of age.
- (2) Qualified by training.
- (3) Subject to background checks prior to direct service delivery.

Qualified Training includes:

- (1) Within one month of employment, staff members must receive the following training:
  1. Orientation regarding the agency's mission, policies, and procedures; and
  2. Orientation regarding HCBS philosophy and outcomes for rights and dignity for the children's mental health waiver in 77.46(1)"c."
- (2) Within four months of employment, staff members must receive training regarding the following:
  1. Serious emotional disturbance in children and provision of services to children with serious emotional disturbance;
  2. Confidentiality;
  3. Provision of medication according to agency policy and procedure;
  4. Identification and reporting of child abuse;
  5. Incident reporting;
  6. Documentation of service provision;
  7. Appropriate behavioral interventions; and
  8. Professional ethics.
- (3) Until a staff member receives the training identified in subparagraphs (1) and (2), the staff member shall not provide any direct service without the oversight of supervisory staff and shall obtain feedback from the family within 24 hours of service provision.
- (4) Within the first year of employment, staff members must complete 24 hours of training in children's mental health issues.
- (5) During each consecutive year of employment, staff members must complete 12 hours of training in children's mental health issues.

To the extent that a provider is unable to complete the desk or onsite review process required for recertification due to the burden of submitting additional documentation caused by resource capacity issues, Iowa Medicaid will extend the certification process in 90 day increments through the established exception to policy process. Iowa Medicaid will only extend certification for providers who are in good standing, do not have outstanding corrective action plans (CAPS) and/or CAPS that have not been met, and who are not under active investigation for reported noncompliance with HCBS quality standards. Providers seeking to have their certification extended due to resource capacity issues may request an exception to policy (ETP). Iowa Medicaid reviews each request on an individual basis and determines if the provider is in good standing and whether sufficient detail has been provided to determine that an ETP is warranted. If the provider's circumstances meet the criteria established the provider will be granted an ETP to extend their certification for 90 days. Should the provider require additional time, the provider may submit subsequent ETP requests and provide Iowa Medicaid with documentation detailing the circumstances that are preventing the provider from completing the recertification process, with a maximum allowance of two (2) 90-day extensions per provider. Iowa Medicaid assures extensions of recertifications due to the provider's inability to participate in the review process will not exceed 180 days.

**Verification of Provider Qualifications**  
**Entity Responsible for Verification:**

Iowa Department of Health and Human Services, Iowa Medicaid Enterprise, Provider Services Unit

**Frequency of Verification:**

Every Five years

**Appendix C: Participant Services**

**C-1/C-3: Provider Specifications for Service**

**Service Type: Statutory Service**

**Service Name: Respite**

**Provider Category:**

Agency

**Provider Type:**

Foster Care

**Provider Qualifications**

**License (specify):**

Group living foster care facilities for children licensed in good standing by the department according to Iowa Administrative Code (IAC) 441 Chapters 112 and 114 to 116.

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers' compensation insurance.

**Certificate (specify):**

**Other Standard (specify):**

Providers must be:

- (1) At least 18 years of age.
- (2) Qualified by training.
- (3) Subject to background checks prior to direct service delivery.

Qualified Training includes:

- (1) Within one month of employment, staff members must receive the following training:
  1. Orientation regarding the agency's mission, policies, and procedures; and
  2. Orientation regarding HCBS philosophy and outcomes for rights and dignity for the children's mental health waiver in 77.46(1)"c."
- (2) Within four months of employment, staff members must receive training regarding the following:
  1. Serious emotional disturbance in children and provision of services to children with serious emotional disturbance;
  2. Confidentiality;
  3. Provision of medication according to agency policy and procedure;
  4. Identification and reporting of child abuse;
  5. Incident reporting;
  6. Documentation of service provision;
  7. Appropriate behavioral interventions; and
  8. Professional ethics.
- (3) Until a staff member receives the training identified in subparagraphs (1) and (2), the staff member shall not provide any direct service without the oversight of supervisory staff and shall obtain feedback from the family within 24 hours of service provision.
- (4) Within the first year of employment, staff members must complete 24 hours of training in children's mental health issues.
- (5) During each consecutive year of employment, staff members must complete 12 hours of training in children's mental health issues.

To the extent that a provider is unable to complete the desk or onsite review process required for recertification due to the burden of submitting additional documentation caused by resource capacity issues, Iowa Medicaid will extend the certification process in 90 day increments through the established exception to policy process. Iowa Medicaid will only extend certification for providers who are in good standing, do not have outstanding corrective action plans (CAPS) and/or CAPS that have not been met, and who are not under active investigation for reported noncompliance with HCBS quality standards. Providers seeking to have their certification extended due to resource capacity issues may request an exception to policy (ETP). Iowa Medicaid reviews each request on an individual basis and determines if the provider is in good standing and whether sufficient detail has been provided to determine that an ETP is warranted. If the provider's circumstances meet the criteria established the provider will be granted an ETP to extend their certification for 90 days. Should the provider require additional time, the provider may submit subsequent ETP requests and provide Iowa Medicaid with documentation detailing the circumstances that are preventing the provider from completing the recertification process, with a maximum allowance of two (2) 90-day extensions per provider. Iowa Medicaid assures extensions of recertifications due to the provider's inability to participate in the review process will not exceed 180 days.

#### **Verification of Provider Qualifications**

##### **Entity Responsible for Verification:**

Iowa Department of Health and Human Services, Iowa Medicaid Enterprise, Provider Services Unit

##### **Frequency of Verification:**

Every five years

## Appendix C: Participant Services

### C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

**Service Type:**

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

**Service Title:**

Environmental Modifications and Adaptive Devices

**HCBS Taxonomy:**

**Category 1:**

14 Equipment, Technology, and Modifications

**Sub-Category 1:**

14020 home and/or vehicle accessibility adaptations

**Category 2:**

14 Equipment, Technology, and Modifications

**Sub-Category 2:**

14031 equipment and technology

**Category 3:**

**Sub-Category 3:**

**Category 4:**

**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

**Service is included in approved waiver. There is no change in service specifications.**

**Service is included in approved waiver. The service specifications have been modified.**

**Service is not included in the approved waiver.**

**Service Definition (Scope):**

Environmental modifications and adaptive devices includes items installed or used within the member's home that address specific, documented health, mental health, or safety concerns. Excluded are those adaptations or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the member.

The services under the Children's Mental Health Waiver are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization."

Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair). Home accessibility adaptations may not be furnished to adapt living arrangements that are owned or leased by providers of waiver services. The CMH waiver only provides services to members that live within the family or foster family home.

These services are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

1. A unit of service is one modification or device.
2. For each unit of service provided, the case manager, IHH Care Coordinator or CBCM shall maintain in the member's case file a signed statement from the mental health professional on the member's interdisciplinary team that the service has a direct relationship to the member's diagnosis of serious emotional disturbance.
3. Environmental modifications and adaptive devices are limited by the maximum contained in the Iowa Administrative Code Chapter 79. The department has a process for Exceptions to Policy that allow for a member to request funding that exceeds the annual limit for this service. The request for an ETP is evaluated based upon the member's situation and the availability of other more cost effective solutions to the need.
4. Payment for most items shall be based on a fee schedule. The amount of the fee shall be determined as directed in 441—subrule 79.1(17). This rule bases payment under the waiver to the same pricing methodologies used by state plan durable medical equipment.

There is an annual limit to the total amount of funds available for Environmental Modifications and Adaptive Devices which are subject to change on a yearly basis based upon action of the Iowa Legislature. This annual amount is available through the Iowa Administrative Code Chapter 79.

Members enrolled in the CMH waiver have access to Iowa's Medicaid Exception to Policy option. ETPs can be requested to Iowa Administrative Code (IAC) rules but cannot be requested for Federal requirements or state law. Members needing additional Environmental Modifications and Adaptive Devices in order to ensure health, safety, or other issues can request ETPs. The request must substantiate the exceptional need and also address why no other Medicaid or waiver service can address the issue. Decisions regarding ETP requests are approved by the Department of Health and Human Services director.

Services provided under IDEA or the Rehabilitation Act of 1973 are not available.

**Service Delivery Method** *(check each that applies):*

**Participant-directed as specified in Appendix E**

**Provider managed**

**Specify whether the service may be provided by** *(check each that applies):*

**Legally Responsible Person**

**Relative**

**Legal Guardian**

**Provider Specifications:**

Provider Category	Provider Type Title
Agency	HCBS Supported Community Living provider
Agency	Family and Community Support provider
Agency	Home and Vehicle Modification provider
Agency	retail/ wholesale business
Agency	community business

**Appendix C: Participant Services**

**C-1/C-3: Provider Specifications for Service**

**Service Type: Other Service**

**Service Name: Environmental Modifications and Adaptive Devices**

**Provider Category:**

Agency

**Provider Type:**

HCBS Supported Community Living provider

**Provider Qualifications**

**License (specify):**

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers' compensation insurance.

**Certificate (specify):**

**Other Standard (specify):**

A provider enrolled under the HCBS intellectual disabilities or brain injury waiver as a supported community living provider. Often there are no enrolled providers available in an area due to being rural and providers not willing to go through the enrollment process for a one time modification. The "Other Standard" criteria for the CMH waiver allows an enrolled HCBS waiver provider to be the provider in CMH waiver and subcontract out the modifications to local qualified providers. The CMH waiver provider acts in an administrative function for billing for the modification. An OHCDs arrangement must be in place when utilizing subcontractors.

Providers must be:

- (1) At least 18 years of age.
- (2) Qualified by training.
- (3) Subject to background checks prior to direct service delivery.

This training includes at a minimum:

- (1) Consumer rights.
- (2) Confidentiality.
- (3) Provision of consumer medication.
- (4) Identification and reporting of child and dependent adult abuse.
- (5) Individual consumer support needs.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

Iowa Department of Health and Human Services, Iowa Medicaid Enterprise, Provider Services Unit

**Frequency of Verification:**

Every five years

## Appendix C: Participant Services

### C-1/C-3: Provider Specifications for Service

**Service Type: Other Service**

**Service Name: Environmental Modifications and Adaptive Devices**

**Provider Category:**

Agency

**Provider Type:**

Family and Community Support provider

**Provider Qualifications**

**License (specify):**

Behavioral Health Intervention providers enrolled with the Iowa Plan for Behavioral Health

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers' compensation insurance.

**Certificate (specify):**

**Other Standard (specify):**

A provider enrolled under the HCBS CMH waiver as a family and community support services provider. Often there are no enrolled providers available in an area due to being rural and providers not willing to go through the enrollment process for a one time modification. The "Other Standard" criteria for CMH waiver providers allows an enrolled HCBS waiver provider to be the provider in CMH waiver and subcontract out the modifications to local qualified providers. The CMH waiver provider acts in an administrative function for billing for the modification.

An OHCDs arrangement must be in place when utilizing subcontractors.

Behavioral Health Intervention services providers qualified under 441—77.12(249A).

Providers must be:

(1) At least 18 years of age.

(2) Qualified by training

Behavioral Health Intervention Services employees must:

1) Have a Bachelor's degree in a social science field +

a) 1 year experience OR

b) 20 hours CMH training

OR

2) Have a Bachelor's degree in a social science field +

a) 2 years experience OR

b) 30 hours CMH training

(3) Subject to background checks prior to direct service delivery.

**Verification of Provider Qualifications**



**Entity Responsible for Verification:**

Iowa Department of Health and Human Services, Iowa Medicaid Enterprise, Provider Services Unit

**Frequency of Verification:**

Every five years

**Appendix C: Participant Services****C-1/C-3: Provider Specifications for Service****Service Type: Other Service****Service Name: Environmental Modifications and Adaptive Devices****Provider Category:**

Agency

**Provider Type:**

Home and Vehicle Modification provider

**Provider Qualifications****License (specify):**

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers' compensation insurance.

**Certificate (specify):****Other Standard (specify):**

A home and vehicle modification provider enrolled under another HCBS Medicaid waiver. Often there are no enrolled providers available in an area due to being rural and providers not willing to go through the enrollment process for a one time modification. The "Other Standard" criteria for CMH waiver providers allows an enrolled HCBS waiver provider to be the provider in CMH waiver and subcontract out the modifications to local qualified providers. The CMH waiver provider acts in an administrative function for billing for the modification.

An OHCDs arrangement must be in place when utilizing subcontractors.

Providers must be:

- (1) At least 18 years of age.
- (2) Subject to background checks prior to direct service delivery.

**Verification of Provider Qualifications****Entity Responsible for Verification:**

Iowa Department of Health and Human Services, Iowa Medicaid Enterprise, Provider Services Unit

**Frequency of Verification:**

Every five years

**Appendix C: Participant Services**

### C-1/C-3: Provider Specifications for Service

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**Service Type: Other Service**

**Service Name: Environmental Modifications and Adaptive Devices**

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**Provider Category:**

Agency

**Provider Type:**

retail/ wholesale business

**Provider Qualifications**

**License** (*specify*):

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers' compensation insurance.

**Certificate** (*specify*):

**Other Standard** (*specify*):

A retail or wholesale business that otherwise participates as a provider in the Medicaid program. Often there are no enrolled providers available in an area due to being rural and providers not willing to go through the enrollment process for a one time modification. The "Other Standard" criteria for CMH waiver providers allows an enrolled HCBS waiver provider to be the provider in CMH waiver and subcontract out the modifications to local qualified providers. The CMH waiver provider acts in an administrative function for billing for the modification. The retail/wholesale business allows for the purchase of adaptive devices that do not require a home modification. An OHCDs arrangement must be in place when utilizing subcontractors.

Providers must be:

- (1) At least 18 years of age.
- (2) Subject to background checks prior to direct service delivery.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

Iowa Department of Health and Human Services, Iowa Medicaid Enterprise, Provider Services Unit

**Frequency of Verification:**

Every five years

### Appendix C: Participant Services

#### C-1/C-3: Provider Specifications for Service

---

**Service Type: Other Service**

**Service Name: Environmental Modifications and Adaptive Devices**

---

**Provider Category:**

Agency

**Provider Type:**

community business

**Provider Qualifications**

**License** *(specify):*

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers' compensation insurance.

**Certificate** *(specify):*

**Other Standard** *(specify):*

Providers must be:  
 (1) At least 18 years of age.  
 (2) Subject to background checks prior to direct service delivery.  
  
 An OHCDs arrangement must be in place when utilizing subcontractors.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

Iowa Department of Health and Human Services, Iowa Medicaid Enterprise, Provider Services Unit

**Frequency of Verification:**

Every five years

**Appendix C: Participant Services**

**C-1/C-3: Service Specification**

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

**Service Type:**

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

**Service Title:**

In-home family therapy

**HCBS Taxonomy:**

**Category 1:**

10 Other Mental Health and Behavioral Services

**Sub-Category 1:**

10060 counseling

**Category 2:**

**Sub-Category 2:**

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

**Service is included in approved waiver. There is no change in service specifications.**

**Service is included in approved waiver. The service specifications have been modified.**

**Service is not included in the approved waiver.**

**Service Definition (Scope):**

In-home family therapy provides skilled therapeutic services to the member and family that will increase their ability to cope with the effects of serious emotional disturbance on the family unit and the familial relationships. The service must support the family by the development of coping strategies that will enable the member to continue living within the family environment. The goal of in-home family therapy is to maintain a cohesive family unit.

In-home family therapy uses clinically trained therapists to develop the coping strategies. The in-home family therapy service is different from the family and community supports service in that the family and community supports implements and teaches the skills to the member and the family, while in-home therapy does not. The in-home family service must be provided within the family home.

Contrasting Family and Community Supports (F&C) services and In Home Family Therapy through the CMH waiver: Services provided through Family and Community(F&C)Supports Service build upon the therapies provided by mental health professionals, including In Home Family Therapy under this waiver. F&C services are done in the home with the family or in the community with the child; practicing and implementing those coping strategies identified by mental health therapists. Whereas In Home Family Therapy is a skilled therapeutic service, F&C is the practical application of the skills and interventions that will allow the family and child to function more appropriately. An example of F&C: the provider teaches the child appropriate social behavior by taking the child to a fast food restaurant. The child practices not acting out, eating with manners, and thanking the food service workers. Another example: The mental health professional has indicated that the child should experiment with a variety of physical activities that could be used to de-escalate anxiety. The F&C provider takes the child running, walking, or a driving range to find a good activity for the child; and then works with the child to initiate the activity when anxiety is triggered.

The services under the Children’s Mental Health Waiver are limited to additional services not otherwise covered under the state plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

In-home family therapy is exclusive of, and cannot serve as, a substitute for individual therapy, family therapy, or other mental health therapy that may be obtained through the Medicaid or other funding sources and will not be duplicative of any waiver services.

A unit of in-home family therapy service is 15 minutes.

Services provided under IDEA or the Rehabilitation Act of 1973 are not available.

Providers delivering this service via the Telehealth service delivery option must demonstrate policies and procedures that include:

- HIPAA compliant platforms;
- Client support given when client needs include: accessibility, translation, or limited auditory or visual capacities are present;
- Have a contingency plan for provision of services if technology fails;
- Professionals do not practice outside of their respective scope; and
- Assessment of clients and caregivers that identifies a client's ability to participate in and outlines any accommodations needed while using Telehealth.

Members enrolled in the CMH waiver have access to Iowa’s Medicaid Exception to Policy option. ETPs can be requested to Iowa Administrative Code (IAC) rules but cannot be requested for Federal requirements or state law. Members needing additional In-home family therapy services in order to ensure health, safety, or other issues can request ETPs. The request must substantiate the exceptional need and address why no other Medicaid or waiver service can address the issue. Decisions regarding ETP requests are approved by the Department of Human Services director.

**Service Delivery Method** *(check each that applies):*

**Participant-directed as specified in Appendix E**

**Provider managed**

**Specify whether the service may be provided by** *(check each that applies):*

**Legally Responsible Person**

**Relative**

**Legal Guardian**

**Provider Specifications:**

Provider Category	Provider Type Title
Individual	Mental health professionals
Agency	Community mental health centers

**Appendix C: Participant Services**

**C-1/C-3: Provider Specifications for Service**

**Service Type: Other Service**

**Service Name: In-home family therapy**

**Provider Category:**

Individual

**Provider Type:**

Mental health professionals

**Provider Qualifications**

**License** *(specify):*

Mental health professionals licensed pursuant to 645Chapter 31, 240, or 280 or possessing an equivalent license in another state.

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers' compensation insurance.

**Certificate** (*specify*):

**Other Standard** (*specify*):

Providers must be:

- (1) At least 18 years of age.
- (2) Qualified by training.
- (3) Subject to background checks prior to direct service delivery.

Training shall include:

- (1) Within one month of employment, staff members must receive the following training:
  1. Orientation regarding the agency's mission, policies, and procedures; and
  2. Orientation regarding HCBS philosophy and outcomes for rights and dignity found in 77.46(1)"c" for the children's mental health waiver.

(2) Within four months of employment, staff members must receive training regarding the following:

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[http://search.legis.state.ia.us/nxt/gateway.dll/ar/iac/4410\\_\\_\\_human%20services%20departm...](http://search.legis.state.ia.us/nxt/gateway.dll/ar/iac/4410___human%20services%20departm...) 8/8/2012

1. Serious emotional disturbance in children and service provision to children with serious emotional disturbance;
2. Confidentiality;
3. Provision of medication according to agency policy and procedure;
4. Identification and reporting of child abuse;
5. Incident reporting;
6. Documentation of service provision;
7. Appropriate behavioral interventions; and
8. Professional ethics.

(3) Until a staff member receives the training identified in subparagraphs (1) and (2), the staff member shall not provide any direct service without the presence of experienced staff.

(4) Within the first year of employment, staff members must complete 24 hours of training in children's mental health issues.

(5) During each consecutive year of employment, staff members must complete 12 hours of training in children's mental health issues.

To the extent that a provider is unable to complete the desk or onsite review process required for recertification due to the burden of submitting additional documentation caused by resource capacity issues, Iowa Medicaid will extend the certification process in 90 day increments through the established exception to policy process. Iowa Medicaid will only extend certification for providers who are in good standing, do not have outstanding corrective action plans (CAPS) and/or CAPS that have not been met, and who are not under active investigation for reported noncompliance with HCBS quality standards. Providers seeking to have their certification extended due to resource capacity issues may request an exception to policy (ETP). Iowa Medicaid reviews each request on an individual basis and determines if the provider is in good standing and whether sufficient detail has been provided to determine that an ETP is warranted. If the provider's circumstances meet the criteria established the provider will be granted an ETP to extend their certification for 90 days. Should the provider require additional time, the provider may submit subsequent ETP requests and provide Iowa Medicaid with documentation detailing the circumstances that are preventing the provider from completing the recertification process, with a maximum allowance of two (2) 90-day extensions per provider. Iowa Medicaid assures extensions of recertifications due to the provider's inability to participate in the review process will not exceed 180 days.

#### Verification of Provider Qualifications

##### Entity Responsible for Verification:

Iowa Department of Health and Human Services, Iowa Medicaid Enterprise, Provider Services Unit

##### Frequency of Verification:

every five years

## Appendix C: Participant Services

### C-1/C-3: Provider Specifications for Service

**Service Type: Other Service**

**Service Name: In-home family therapy**

**Provider Category:**

Agency

**Provider Type:**

Community mental health centers

**Provider Qualifications**

**License** (*specify*):

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers' compensation insurance.

**Certificate** (*specify*):

Community mental health centers accredited in good standing as providers of outpatient psychotherapy and counseling under 441Chapter 24.

**Other Standard** (*specify*):



Providers must be:

- (1) At least 18 years of age.
- (2) Qualified by training.
- (3) Subject to background checks prior to direct service delivery.

Training shall include:

- (1) Within one month of employment, staff members must receive the following training:
  1. Orientation regarding the agency's mission, policies, and procedures; and
  2. Orientation regarding HCBS philosophy and outcomes for rights and dignity found in 77.46 (1)"c" for the children's mental health waiver.

(2) Within four months of employment, staff members must receive training regarding the following:

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[http://search.legis.state.ia.us/nxt/gateway.dll/ar/iac/4410\\_\\_\\_human%20services%20departm...](http://search.legis.state.ia.us/nxt/gateway.dll/ar/iac/4410___human%20services%20departm...) 8/8/2012

1. Serious emotional disturbance in children and service provision to children with serious emotional disturbance;
2. Confidentiality;
3. Provision of medication according to agency policy and procedure;
4. Identification and reporting of child abuse;
5. Incident reporting;
6. Documentation of service provision;
7. Appropriate behavioral interventions; and
8. Professional ethics.

(3) Until a staff member receives the training identified in subparagraphs (1) and (2), the staff member shall not provide any direct service without the presence of experienced staff.

(4) Within the first year of employment, staff members must complete 24 hours of training in children's mental health issues.

(5) During each consecutive year of employment, staff members must complete 12 hours of training in children's mental health issues.

To the extent that a provider is unable to complete the desk or onsite review process required for recertification due to the burden of submitting additional documentation caused by resource capacity issues, Iowa Medicaid will extend the certification process in 90 day increments through the established exception to policy process. Iowa Medicaid will only extend certification for providers who are in good standing, do not have outstanding corrective action plans (CAPS) and/or CAPS that have not been met, and who are not under active investigation for reported noncompliance with HCBS quality standards. Providers seeking to have their certification extended due to resource capacity issues may request an exception to policy (ETP). Iowa Medicaid reviews each request on an individual basis and determines if the provider is in good standing and whether sufficient detail has been provided to determine that an ETP is warranted. If the provider's circumstances meet the criteria established the provider will be granted an ETP to extend their certification for 90 days. Should the provider require additional time, the provider may submit subsequent ETP requests and provide Iowa Medicaid with documentation detailing the circumstances that are preventing the provider from completing the recertification process, with a maximum allowance of two (2) 90-day extensions per provider. Iowa Medicaid assures extensions of recertifications due to the provider's inability to participate in the review process will not exceed 180 days.

#### **Verification of Provider Qualifications**

##### **Entity Responsible for Verification:**

Iowa Department of Health and Human Services, Iowa Medicaid Enterprise, Provider Services Unit

##### **Frequency of Verification:**

Every five years

## Appendix C: Participant Services

### C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

**Service Type:**

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

**Service Title:**

Medical Day Care for Children

**HCBS Taxonomy:**

**Category 1:**

04 Day Services

**Sub-Category 1:**

04080 medical day care for children

**Category 2:**

**Sub-Category 2:**

**Category 3:**

**Sub-Category 3:**

**Category 4:**

**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

**Service is included in approved waiver. There is no change in service specifications.**

**Service is included in approved waiver. The service specifications have been modified.**

**Service is not included in the approved waiver.**

**Service Definition (Scope):**

This service provides supervision and support of children (aged 0-18) residing in their family home who, because of their complex medical or complex behavioral needs, require specialized exceptional care that cannot be served in traditional childcare settings. The need for the service must be medically necessary and verified in writing by the child's healthcare professional and documented in the child's service plan.

Specialized exceptional care means that the child has complex medical or behavioral health needs that require intensive assistance for monitoring and intervention including, but not limited to:

- The child has emotional or behavioral needs such as hyperactivity; chronic depression or withdrawal; bizarre or severely disturbed behavior; significant acting out behaviors; or the child otherwise demonstrates the need for intense supervision or care to ensure the safety of the child and those around him/her.
- The child has medical needs, such as ostomy care or catheterization; tube feeding or supervision during feeding to prevent complications such as choking, aspiration or excess intake; monitoring of seizure activity, frequent care to prevent or remedy serious conditions such as pressure sores; suctioning; assistance in transferring and positioning throughout the day; assistance with multiple personal care needs including dressing, bathing, and toileting; complex medical treatment throughout the day. OR
- The child has a complex and unstable medical condition that requires constant and direct supervision.
- The child has care needs exceeding the range of activities that a legally responsible individual would ordinarily perform in the household on behalf of a person without a disability or chronic illness of the same age, and which are necessary to assure the health and welfare of the child and avoid institutionalization.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

The service shall be identified in the member's individual comprehensive plan.

This service is limited to medically fragile children and children with complex behavioral health needs and may not be used to provide services that are the responsibility of the parent or guardian.

The services are provided outside periods when the child is in school.

Medical Day Care for Children when provided outside the member's home must be approved by the parent, guardian or primary caregiver, and the interdisciplinary team, and must be consistent with the way the location is used by the public.

Specialized childcare services shall not be simultaneously reimbursed with other residential or respite services, HCBS BI or ID Waiver Supported Community Living (SCL) services, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), HCBS nursing, or Medicaid or HCBS home health aide services.

The services under Medical Day Care for Children are limited to additional services not otherwise covered under the state plan, including childcare medical services and EPSDT, but consistent with waiver objectives of avoiding institutionalization.

A unit of service is 15 minutes.

Members enrolled in the CMH waiver have access to Iowa's Medicaid Exception to Policy option. ETPs can be requested to Iowa Administrative Code (IAC) rules but cannot be requested for Federal requirements or state law. Members needing additional Environmental Modifications and Adaptive Devices in order to ensure health, safety, or other issues can request ETPs. The request must substantiate the exceptional need and also address why no other Medicaid or waiver service can address the issue. Decisions regarding ETP requests are approved by the Department of Human Services director.

**Service Delivery Method** (*check each that applies*):

**Participant-directed as specified in Appendix E**

**Provider managed**

**Specify whether the service may be provided by** (*check each that applies*):

**Legally Responsible Person**

Relative

Legal Guardian

**Provider Specifications:**

Provider Category	Provider Type Title
Agency	Respite Providers Certified Under the BI or ID Waivers
Agency	Child Care Facility
Agency	Supported Community Living Providers Certified under the BI or ID Waivers
Agency	Home Care Agency
Agency	Home Health Agency

**Appendix C: Participant Services**

**C-1/C-3: Provider Specifications for Service**

**Service Type: Other Service**

**Service Name: Medical Day Care for Children**

**Provider Category:**

Agency

**Provider Type:**

Respite Providers Certified Under the BI or ID Waivers

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

Respite care providers certified by the department HCBS Quality Oversight Unit under the Intellectual Disability or Brain Injury waivers as part of Iowa Administrative Code 447-77.37 and 77.39.

Other Standard (specify):  
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**Other Standard (specify):**

Medical Day Care for Children providers shall meet the following conditions:  
 Providers shall maintain the following information that shall be updated at least annually:

- The member’s name, birth date, age, and address and the telephone number of the guardian or primary caregiver.
- An emergency medical care release.
- Emergency contact telephone numbers such as the number of the member’s physician and the guardian, or primary caregiver.
- The member’s medical issues, including allergies.
- The member’s daily schedule which includes the member’s preferences in activities or foods or any other special concerns.
- Procedures shall be developed for the dispensing, storage, authorization, and recording of all prescription and nonprescription medications administered.
- Home health agencies must follow Medicare regulations for medication dispensing. All medications shall be stored in their original containers, with the accompanying physician’s or pharmacist’s directions and label intact.

Policies shall be developed for:

- Notifying the parent, guardian, or primary caregiver of any injuries or illnesses that occur during service provision.
- A guardian’s or primary caregiver’s signature is required to verify receipt of notification.
- Requiring the parent, guardian, or primary caregiver to notify the service provider of any injuries or illnesses that occurred prior to service provision.
- Documenting of service provision. This documentation shall be made available to the parent, guardian, or primary caregiver upon request.
- Ensuring the safety and privacy of the individual.
- Policies shall at a minimum address threat of fire, tornado, or flood, and bomb threats.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

Iowa Department of Health and Human Services, Iowa Medicaid Enterprise, Provider Services Unit

**Frequency of Verification:**

Every five years

**Appendix C: Participant Services**

**C-1/C-3: Provider Specifications for Service**

**Service Type: Other Service**

**Service Name: Medical Day Care for Children**

**Provider Category:**

Agency

**Provider Type:**

Child Care Facility

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

Child Care Facilities that are defined as child care centers, preschools, or child development homes registered pursuant to 441 IAC chapter 110.

**Other Standard** (*specify*):

Medical Day Care for Children providers shall meet the following conditions:  
 Providers shall maintain the following information that shall be updated at least annually:

- The member’s name, birth date, age, and address and the telephone number of the guardian or primary caregiver.
- An emergency medical care release.
- Emergency contact telephone numbers such as the number of the member’s physician and the guardian, or primary caregiver.
- The member’s medical issues, including allergies.
- The member’s daily schedule which includes the member’s preferences in activities or foods or any other special concerns.
- Procedures shall be developed for the dispensing, storage, authorization, and recording of all prescription and nonprescription medications administered.
- Home health agencies must follow Medicare regulations for medication dispensing. All medications shall be stored in their original containers, with the accompanying physician’s or pharmacist’s directions and label intact.

Policies shall be developed for:

- Notifying the parent, guardian, or primary caregiver of any injuries or illnesses that occur during service provision.
- A guardian’s or primary caregiver’s signature is required to verify receipt of notification.
- Requiring the parent, guardian, or primary caregiver to notify the service provider of any injuries or illnesses that occurred prior to service provision.
- Documenting of service provision. This documentation shall be made available to the parent, guardian, or primary caregiver upon request.
- Ensuring the safety and privacy of the individual.
- Policies shall at a minimum address threat of fire, tornado, or flood, and bomb threats.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

Iowa Department of Health and Human Services, Iowa Medicaid Enterprise, Provider Services Unit

**Frequency of Verification:**

Every five years

**Appendix C: Participant Services**

**C-1/C-3: Provider Specifications for Service**

**Service Type: Other Service**

**Service Name: Medical Day Care for Children**

**Provider Category:**

Agency

**Provider Type:**

Supported Community Living Providers Certified under the BI or ID Waivers

**Provider Qualifications**

**License** (*specify*):

--

**Certificate** (*specify*):

Providers certified by the Department's Home and Community Based Services Quality Oversight Unit to provide Supported Community Living under the Intellectual Disability or Brain Injury Waiver as described in IAC 441 Chapters 77.37 and 77.39.
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**Other Standard** (*specify*):

<p>Medical Day Care for Children providers shall meet the following conditions:  Providers shall maintain the following information that shall be updated at least annually:</p> <ul style="list-style-type: none"> <li>• The member's name, birth date, age, and address and the telephone number of the guardian or primary caregiver.</li> <li>• An emergency medical care release.</li> <li>• Emergency contact telephone numbers such as the number of the member's physician and the guardian, or primary caregiver.</li> <li>• The member's medical issues, including allergies.</li> <li>• The member's daily schedule which includes the member's preferences in activities or foods or any other special concerns.</li> <li>• Procedures shall be developed for the dispensing, storage, authorization, and recording of all prescription and nonprescription medications administered.</li> <li>• Home health agencies must follow Medicare regulations for medication dispensing. All medications shall be stored in their original containers, with the accompanying physician's or pharmacist's directions and label intact.</li> </ul> <p>Policies shall be developed for:</p> <ul style="list-style-type: none"> <li>• Notifying the parent, guardian, or primary caregiver of any injuries or illnesses that occur during service provision.</li> <li>• A guardian's or primary caregiver's signature is required to verify receipt of notification.</li> <li>• Requiring the parent, guardian, or primary caregiver to notify the service provider of any injuries or illnesses that occurred prior to service provision.</li> <li>• Documenting of service provision. This documentation shall be made available to the parent, guardian, or primary caregiver upon request.</li> <li>• Ensuring the safety and privacy of the individual.</li> <li>• Policies shall at a minimum address threat of fire, tornado, or flood, and bomb threats.</li> </ul>
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**Verification of Provider Qualifications****Entity Responsible for Verification:**

Iowa Department of Health and Human Services, Iowa Medicaid Enterprise, Provider Services Unit
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**Frequency of Verification:**

Every five years
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**Appendix C: Participant Services****C-1/C-3: Provider Specifications for Service****Service Type: Other Service****Service Name: Medical Day Care for Children****Provider Category:**

Agency
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**Provider Type:**

Home Care Agency

**Provider Qualifications**

**License** *(specify):*

**Certificate** *(specify):*

Eligible Home Care agencies are those that meet the conditions set forth in Iowa Administrative Code 441--77.33(4). a. Certified as a home health agency under Medicare, or b. Authorized to provide similar services through a contract with the department of public health (IDPH) for local public health services. The agency must provide a current IDPH local public health services contract number. (at this time, the IDPH is no longer contracting for homemaker services.)

**Other Standard** *(specify):*

Medical Day Care for Children providers shall meet the following conditions:  
 Providers shall maintain the following information that shall be updated at least annually:

- The member’s name, birth date, age, and address and the telephone number of the guardian or primary caregiver.
- An emergency medical care release.
- Emergency contact telephone numbers such as the number of the member’s physician and the guardian, or primary caregiver.
- The member’s medical issues, including allergies.
- The member’s daily schedule which includes the member’s preferences in activities or foods or any other special concerns.
- Procedures shall be developed for the dispensing, storage, authorization, and recording of all prescription and nonprescription medications administered.
- Home health agencies must follow Medicare regulations for medication dispensing. All medications shall be stored in their original containers, with the accompanying physician’s or pharmacist’s directions and label intact.

Policies shall be developed for:

- Notifying the parent, guardian, or primary caregiver of any injuries or illnesses that occur during service provision.
- A guardian’s or primary caregiver’s signature is required to verify receipt of notification.
- Requiring the parent, guardian, or primary caregiver to notify the service provider of any injuries or illnesses that occurred prior to service provision.
- Documenting of service provision. This documentation shall be made available to the parent, guardian, or primary caregiver upon request.
- Ensuring the safety and privacy of the individual.
- Policies shall at a minimum address threat of fire, tornado, or flood, and bomb threats.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

Iowa Department of Health and Human Services, Iowa Medicaid Enterprise, Provider Services Unit

**Frequency of Verification:**

Every five years

**Appendix C: Participant Services**

**C-1/C-3: Provider Specifications for Service**



---

**Service Type: Other Service**

**Service Name: Medical Day Care for Children**

---

**Provider Category:**

Agency

**Provider Type:**

Home Health Agency

**Provider Qualifications****License (specify):****Certificate (specify):**

In accordance with IAC 441-Chapter 77: home health agencies are eligible to participate with Iowa Medicaid provided they are certified to participate in the Medicare program (Title XVII of the Social Security Act sections 1861(o) and 1891). These sections establish the conditions that an HHA must meet in order to participate in Medicare.

**Other Standard (specify):**

Medical Day Care for Children providers shall meet the following conditions:  
 Providers shall maintain the following information that shall be updated at least annually:

- The member's name, birth date, age, and address and the telephone number of the guardian or primary caregiver.
- An emergency medical care release.
- Emergency contact telephone numbers such as the number of the member's physician and the guardian, or primary caregiver.
- The member's medical issues, including allergies.
- The member's daily schedule which includes the member's preferences in activities or foods or any other special concerns.
- Procedures shall be developed for the dispensing, storage, authorization, and recording of all prescription and nonprescription medications administered.
- Home health agencies must follow Medicare regulations for medication dispensing. All medications shall be stored in their original containers, with the accompanying physician's or pharmacist's directions and label intact.

Policies shall be developed for:

- Notifying the parent, guardian, or primary caregiver of any injuries or illnesses that occur during service provision.
- A guardian's or primary caregiver's signature is required to verify receipt of notification.
- Requiring the parent, guardian, or primary caregiver to notify the service provider of any injuries or illnesses that occurred prior to service provision.
- Documenting of service provision. This documentation shall be made available to the parent, guardian, or primary caregiver upon request.
- Ensuring the safety and privacy of the individual.
- Policies shall at a minimum address threat of fire, tornado, or flood, and bomb threats.

**Verification of Provider Qualifications****Entity Responsible for Verification:**

Iowa Department of Health and Human Services, Iowa Medicaid Enterprise, Provider Services Unit

**Frequency of Verification:**

Every five years

## Appendix C: Participant Services

### C-1: Summary of Services Covered (2 of 2)

**b. Provision of Case Management Services to Waiver Participants.** Indicate how case management is furnished to waiver participants (*select one*):

**Not applicable** - Case management is not furnished as a distinct activity to waiver participants.

**Applicable** - Case management is furnished as a distinct activity to waiver participants.

*Check each that applies:*

**As a waiver service defined in Appendix C-3.** Do not complete item C-1-c.

**As a Medicaid state plan service under §1915(i) of the Act (HCBS as a State Plan Option).** Complete item C-1-c.

**As a Medicaid state plan service under §1915(g)(1) of the Act (Targeted Case Management).** Complete item C-1-c.

**As an administrative activity.** Complete item C-1-c.

**As a primary care case management system service under a concurrent managed care authority.** Complete item C-1-c.

**c. Delivery of Case Management Services.** Specify the entity or entities that conduct case management functions on behalf of waiver participants:

FFS:

Targeted case managers or integrated health home coordinators provide case management services to those fee-for-service members enrolled in the State's §1915(c) Children's Mental Health Waiver. Services are reimbursed through an administrative function of DHS.

All individuals providing case management services have knowledge of community alternatives for the target populations and the full range of long-term care resources, as well as specialized knowledge of the conditions and functional limitations of the target populations served, and of the individual members to whom they are assigned.

MCO community-based case managers provide case management services to all members receiving HCBS. MCOs ensure ease of access and responsiveness for each member to their community-based case manager during regular business hours and, at a minimum, the community-based case manager contacts members at least monthly, either in person or by phone, with an interval of at least fourteen calendar days between contacts.

Targeted case management (TCM) may be provided to CMH waiver members by four different provider types. The individual counties within the state establish contracts for providing targeted case management within the county. The TCM provider options include TCM provided by: (1) Department of Human Services; (2) County Case Management; (3) private case management entities; or (4) providers that are accredited for case management by national accrediting bodies (e.g., CARF). All TCM units are required to be accredited by the state of Iowa Mental Health and Disabilities Services for 441 Iowa Administrative Code Chapter 24 case management services. All individuals providing case management services have knowledge of community alternatives for the target populations and the full range of long-term care resources, as well as specialized knowledge of the conditions and functional limitations of the target populations served, and of the individual members to whom they are assigned. MCOs are contractually required to ensure the delivery of services in a conflict free manner consistent with Balancing Incentive Program requirements. The Contractor shall ensure CBCM is provided in a conflict free manner that administratively separates the final approval of 1915(c) and 1915(i) HCBS program plans of care from the approval of funding amount determined by the Contractor. CBCM efforts made by the Contractor, or its designee, shall avoid duplication of other coordination efforts provided within the Enrolled Members' systems of care

## Appendix C: Participant Services

### C-2: General Service Specifications (1 of 3)

**a. Criminal History and/or Background Investigations.** Specify the state's policies concerning the conduct of criminal

history and/or background investigations of individuals who provide waiver services (select one):

**No. Criminal history and/or background investigations are not required.**

**Yes. Criminal history and/or background investigations are required.**

Specify: (a) the types of positions (e.g., personal assistants, attendants) for which such investigations must be conducted; (b) the scope of such investigations (e.g., state, national); and, (c) the process for ensuring that mandatory investigations have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid or the operating agency (if applicable):

Pursuant to Iowa Code 135C. 33(5)(a)(1) and (5)(a)(3), prospective employees of all of the following, if the provider is regulated by the state or receives any state or federal funding must complete child abuse, dependent adult abuse and criminal background screenings before employment of a prospective staff member who will provide care for a member:

1. An employee of a homemaker-home health aide, home care aide, adult day services, or other provider of in-home services if the employee provides direct services to consumers; and
2. An employee who provides direct services to consumers under a federal home and community-based services waiver.

Pursuant to Iowa Code 135C. 33(5)(a)(1) and (5)(a)(3), prospective employees of all of the following, if the provider is regulated by the state or receives any state or federal funding must complete child abuse, dependent adult abuse and criminal background screenings before employment of a prospective staff member who will provide care for a member:

1. An employee of a homemaker-home health aide, home care aide, adult day services, or other provider of in-home services if the employee provides direct services to consumers; and
2. An employee who provides direct services to consumers under a federal home and community-based services waiver.

Iowa Code 249A.29 provides the scope of the above provider background screening:

1. For purposes of this section and section 249A.30 unless the context otherwise requires:

- a. "Consumer" means an individual approved by the department to receive services under a waiver.
- b. "Provider" means an agency certified by the department to provide services under a waiver.
- c. "Waiver" means a home and community-based services waiver approved by the federal government and implemented under the medical assistance program.

2. If a person is being considered by a provider for employment involving direct responsibility for a consumer (individual approved by the department to receive services under a waiver) or with access to a consumer when the consumer is alone, and if the person has been convicted of a crime or has a record of founded child or dependent adult abuse, the department shall perform an evaluation to determine whether the crime or founded abuse warrants prohibition of employment by the provider. The department (Department of Health and Human Services) shall conduct criminal and child and dependent adult abuse records checks of the person in this state and may conduct these checks in other states. The records checks and evaluations required by this section shall be performed in accordance with procedures adopted for this purpose by the department.

3. If the department determines that a person employed by a provider has committed a crime or has a record of founded abuse, the department shall perform an evaluation to determine whether prohibition of the person's employment is warranted. In an evaluation, the department shall consider the nature and seriousness of the crime or founded abuse in relation to the position sought or held, the time elapsed since the commission of the crime or founded abuse, the circumstances under which the crime or founded abuse was committed, the degree of rehabilitation, the likelihood that the person will commit the crime or founded abuse again, and the number of crimes or founded abuses committed by the person involved. The department may permit a person who is evaluated to be employed or to continue to be employed by the provider if the person complies with the department's conditions relating to the employment, which may include completion of additional training.

4. If the department determines that the person has committed a crime or has a record of founded abuse that warrants prohibition of employment, the person shall not be employed by a provider.

As part of the provider's self-assessment process, they are required to have a quality improvement process in place to monitor their compliance with the criminal background checks. The provider agency is responsible for completing the required waiver to perform the criminal background check and submitting to the Department of Public Safety who conducts the check. The data and other information developed by the provider in the areas of discovery, remediation, and improvement of criminal background checks are available to the Department upon request. Iowa Medicaid will assure that criminal background checks have been completed through quality improvement activities on a random sampling of providers, focused onsite reviews, and during the full on-site reviews conducted every 5 years.

The State HCBS QIO reviews agency personnel records during provider site visits to ensure screenings have been completed. Screenings are rerun anytime there is a complaint related to additional criminal charges against a provider and the Program Integrity Unit verifies that providers are not excluded from participation from the Medicaid program. DHHS also completes any evaluation needed for screenings returned with records or charges.

Background checks only include Iowa unless the applicant is a resident of another state providing services in Iowa, or has been known to have lived in another state.

MCOs are contractually required to assure that all persons, whether they are employees, agents, subcontractors, or anyone acting for or on behalf of the MCO, are properly licensed, certified, or accredited as required under applicable state law and the Iowa Administrative Code. The Contractor shall provide standards for service providers who are not otherwise licensed, certified, or accredited under state law or the Iowa Administrative Code.

**b. Abuse Registry Screening.** Specify whether the state requires the screening of individuals who provide waiver services through a state-maintained abuse registry (select one):

**No. The state does not conduct abuse registry screening.**

**Yes. The state maintains an abuse registry and requires the screening of individuals through this registry.**

Specify: (a) the entity (entities) responsible for maintaining the abuse registry; (b) the types of positions for which abuse registry screenings must be conducted; and, (c) the process for ensuring that mandatory screenings have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

Pursuant to Iowa Code 135C. 33(5)(a)(1) and (5)(a)(3), prospective employees of all of the following, if the provider is regulated by the state or receives any state or federal funding must complete child abuse, dependent adult abuse and criminal background screenings before employment of a prospective staff member who will provide care for a member:

1. An employee of a homemaker-home health aide, home care aide, adult day services, or other provider of in-home services if the employee provides direct services to consumers; and
2. An employee who provides direct services to consumers under a federal home and community-based services waiver.

Iowa Code 249A.29 provides the scope of the above provider background screening:

1. For purposes of this section and section 249A.30 unless the context otherwise requires:
  - a. "Consumer" means an individual approved by the department to receive services under a waiver.
  - b. "Provider" means an agency certified by the department to provide services under a waiver.
  - c. "Waiver" means a home and community-based services waiver approved by the federal government and implemented under the medical assistance program.
2. If a person is being considered by a provider for employment involving direct responsibility for a consumer (individual approved by the department to receive services under a waiver) or with access to a consumer when the consumer is alone, and if the person has been convicted of a crime or has a record of founded child or dependent adult abuse, the department shall perform an evaluation to determine whether the crime or founded abuse warrants prohibition of employment by the provider. The department shall conduct criminal and child and dependent adult abuse records checks of the person in this state and may conduct these checks in other states. The records checks and evaluations required by this section shall be performed in accordance with procedures adopted for this purpose by the department.
3. If the department determines that a person employed by a provider has committed a crime or has a record of founded abuse, the department shall perform an evaluation to determine whether prohibition of the person's employment is warranted. In an evaluation, the department shall consider the nature and seriousness of the crime or founded abuse in relation to the position sought or held, the time elapsed since the commission of the crime or founded abuse, the circumstances under which the crime or founded abuse was committed, the degree of rehabilitation, the likelihood that the person will commit the crime or founded abuse again, and the number of crimes or founded abuses committed by the person involved. The department may permit a person who is evaluated to be employed or to continue to be employed by the provider if the person complies with the department's conditions relating to the employment, which may include completion of additional training.
4. If the department determines that the person has committed a crime or has a record of founded abuse that warrants prohibition of employment, the person shall not be employed by a provider.

The Iowa Department of Health and Human Services (HHS) maintains the Central Abuse Registry. All child and dependent adult abuse checks are conducted by the HHS unit responsible for the intake, investigation, and finding of child and dependent adult abuse. The provider agency is responsible for completing the required abuse screening form and submitting it to HHS to conduct the screening. Providers are required to complete the child and dependent adult abuse background checks of all staff that provides direct services to waiver members prior to employment. Providers are required to have written policies and procedures for the screening of personnel for child and dependent adult abuse checks prior to employment. As part of the provider's self-assessment process, they are required to have a quality improvement process in place to monitor their compliance with the child and dependent adult abuse checks. The data and other information developed by the provider in the areas of discovery, remediation, and improvement of child and dependent adult abuse checks are available to the Department upon request. The Department will assure that the child and dependent adult abuse checks have been completed through the Department's quality improvement activities of random sampling of providers, focused onsite reviews, initial certification and periodic reviews and during the full on-site reviews conducted every 5 years.

## Appendix C: Participant Services

### C-2: General Service Specifications (2 of 3)

**Note: Required information from this page (Appendix C-2-c) is contained in response to C-5.**

## Appendix C: Participant Services

**d. Provision of Personal Care or Similar Services by Legally Responsible Individuals.** A legally responsible individual is any person who has a duty under state law to care for another person and typically includes: (a) the parent (biological or adoptive) of a minor child or the guardian of a minor child who must provide care to the child or (b) a spouse of a waiver participant. Except at the option of the State and under extraordinary circumstances specified by the state, payment may not be made to a legally responsible individual for the provision of personal care or similar services that the legally responsible individual would ordinarily perform or be responsible to perform on behalf of a waiver participant. *Select one:*

**No. The state does not make payment to legally responsible individuals for furnishing personal care or similar services.**

**Yes. The state makes payment to legally responsible individuals for furnishing personal care or similar services when they are qualified to provide the services.**

Specify: (a) the legally responsible individuals who may be paid to furnish such services and the services they may provide; (b) state policies that specify the circumstances when payment may be authorized for the provision of **extraordinary care** by a legally responsible individual and how the state ensures that the provision of services by a legally responsible individual is in the best interest of the participant; and, (c) the controls that are employed to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 the personal care or similar services for which payment may be made to legally responsible individuals under the state policies specified here.*

**Self-directed**

**Agency-operated**

**e. Other State Policies Concerning Payment for Waiver Services Furnished by Relatives/Legal Guardians.** Specify state policies concerning making payment to relatives/legal guardians for the provision of waiver services over and above the policies addressed in Item C-2-d. *Select one:*

**The state does not make payment to relatives/legal guardians for furnishing waiver services.**

**The state makes payment to relatives/legal guardians under specific circumstances and only when the relative/guardian is qualified to furnish services.**

Specify the specific circumstances under which payment is made, the types of relatives/legal guardians to whom payment may be made, and the services for which payment may be made. Specify the controls that are employed to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 each waiver service for which payment may be made to relatives/legal guardians.*

**Relatives/legal guardians may be paid for providing waiver services whenever the relative/legal guardian is qualified to provide services as specified in Appendix C-1/C-3.**

Specify the controls that are employed to ensure that payments are made only for services rendered.

A member's legal guardian may not provide services to a member on the CMH waiver, but relatives may be paid providers of service. The relative would be an employee of a provider agency and the provider has the responsibility to assure the relative has the skills needed to provide the services to the member. In many situations, the Medicaid member requests the relative to provide services, as they may know the member and their needs best. In other circumstances, there are no other qualified providers available when the service is needed or a lack of staff in the area to provide the service. The rate of pay and the care provided by the relative is identified and authorized in the member's plan of care that is authorized and monitored by the member's case manager, IHH Care Coordinator or community-based case manager.

The case manager, IHH Care Coordinator, or community-based case manager is responsible to monitor service plans and to assure that the services authorized in the member's plan are received. In addition, information on paid claims for fee-for-service members is available in ISIS for the case manager and IHH Care Coordinator to review. The MMIS System compares the submitted claim to the services authorized in the plan of care prior to payment. The claim will be paid if the amount billed is lower than what is authorized in the plan.

The state also completes post utilization audits on CMH Waiver providers verifying that services rendered match the service plan and claim process. MCOs are required to adhere to all state policies, procedures and regulations regarding payment to legal guardians, as outlined in this section.

**Other policy.**

Specify:

**f. Open Enrollment of Providers.** Specify the processes that are employed to assure that all willing and qualified providers have the opportunity to enroll as waiver service providers as provided in 42 CFR §431.51:

Iowa Medicaid providers will be responsible for providing services to fee-for-service members. The Iowa Medicaid Provider Services Department markets provider enrollment for Iowa Medicaid. Potential providers may access an application on line through the website or by calling the provider services' phone number. The Iowa Medicaid Provider Services Unit must respond in writing within five working days once a provider enrollment application is received, and must either accept the enrollment application and approve the provider as a Medicaid provider or request more information. In addition, waiver quality assurance staff and waiver program managers, as well as county and State service workers, case managers, health home coordinators, market to qualified providers to enroll in Medicaid.

MCOs are responsible for oversight of their provider networks. State ensures that LTSS providers are given the opportunity for continued participation in the managed care networks by regularly monitoring the managed care organization provider network and evaluating rationales for not having providers in their networks.

While the number of providers not contracted with all managed care organizations is small, the rationale includes providers not accepting the "floor" rates determined by the State and wanting enhanced rates. The State additionally tracks on provider inquiries and complaints which includes complaints related to network access and credentialing.

## Appendix C: Participant Services

### Quality Improvement: Qualified Providers

*As a distinct component of the States quality improvement strategy, provide information in the following fields to detail the States methods for discovery and remediation.*

**a. Methods for Discovery: Qualified Providers**

*The state demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.*



**i. Sub-Assurances:**

- a. Sub-Assurance:** *The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.*

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

**Performance Measure:**

**QP-a1: Number and percent of newly enrolled waiver providers verified against the appropriate licensing or certification standards prior to furnishing services.**

**Numerator=#of newly enrolled waiver providers verified against appropriate licensing or certification standards prior to furnishing services; Denominator=#of newly enrolled licensed or certified waiver providers**

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:

**Enrollment information out of IoWANS. All MCO HCBS providers must be enrolled as verified by the Iowa Medicaid PS.**

<b>Responsible Party for data collection/generation</b> <i>(check each that applies):</i>	<b>Frequency of data collection/generation</b> <i>(check each that applies):</i>	<b>Sampling Approach</b> <i>(check each that applies):</i>
<b>State Medicaid Agency</b>	<b>Weekly</b>	<b>100% Review</b>
<b>Operating Agency</b>	<b>Monthly</b>	<b>Less than 100% Review</b>
<b>Sub-State Entity</b>	<b>Quarterly</b>	<b>Representative Sample</b> Confidence Interval = <input type="text"/>
<b>Other</b> Specify:  <input type="text" value="Contracted Entity including MCO"/>	<b>Annually</b>	<b>Stratified</b> Describe Group:  <input type="text"/>
	<b>Continuously and Ongoing</b>	<b>Other</b> Specify:

		<input type="text"/>
	<p><b>Other</b> Specify:</p> <input type="text"/>	

**Data Aggregation and Analysis:**

<b>Responsible Party for data aggregation and analysis</b> <i>(check each that applies):</i>	<b>Frequency of data aggregation and analysis</b> <i>(check each that applies):</i>
State Medicaid Agency	Weekly
Operating Agency	Monthly
Sub-State Entity	Quarterly
<p><b>Other</b> Specify:</p> <input type="text"/>	Annually
	Continuously and Ongoing
	<p><b>Other</b> Specify:</p> <input type="text"/>

**Performance Measure:**

**QP-a2: Number and percent of licensed/certified waiver provider re-enrollments verified against the appropriate licensing/certification standards prior to continuing to furnish services. See Main B. Optional section for full description of PM, including the numerator and denominator.**

**Data Source** (Select one):

**Reports to State Medicaid Agency on delegated**

If 'Other' is selected, specify:

**re-enrollment information out of IoWANS. All MCO HCBS providers must be re-enrolled as verified by the Iowa Medicaid Provider Services unit every 5 years**

<b>Responsible Party for data collection/generation</b>	<b>Frequency of data collection/generation</b> <i>(check each that applies):</i>	<b>Sampling Approach</b> <i>(check each that applies):</i>
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<i>(check each that applies):</i>		
<b>State Medicaid Agency</b>	<b>Weekly</b>	<b>100% Review</b>
<b>Operating Agency</b>	<b>Monthly</b>	<b>Less than 100% Review</b>
<b>Sub-State Entity</b>	<b>Quarterly</b>	<b>Representative Sample</b> Confidence Interval = <input type="text"/>
<b>Other</b> Specify: <input type="text" value="contracted entity"/>	<b>Annually</b>	<b>Stratified</b> Describe Group: <input type="text"/>
	<b>Continuously and Ongoing</b>	<b>Other</b> Specify: <input type="text"/>
	<b>Other</b> Specify: <input type="text"/>	

**Data Aggregation and Analysis:**

<b>Responsible Party for data aggregation and analysis</b> <i>(check each that applies):</i>	<b>Frequency of data aggregation and analysis</b> <i>(check each that applies):</i>
<b>State Medicaid Agency</b>	<b>Weekly</b>
<b>Operating Agency</b>	<b>Monthly</b>
<b>Sub-State Entity</b>	<b>Quarterly</b>
<b>Other</b> Specify: <input type="text"/>	<b>Annually</b>

<b>Responsible Party for data aggregation and analysis</b> ( <i>check each that applies</i> ):	<b>Frequency of data aggregation and analysis</b> ( <i>check each that applies</i> ):
	<b>Continuously and Ongoing</b>
	<b>Other</b> Specify: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>

**b. Sub-Assurance: The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.**

*For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

**Performance Measure:**

**QP-b1: Number and percent of non-licensed/noncertified providers that met waiver requirements prior to direct service delivery. Numerator = # of non-licensed/noncertified providers who met waiver requirements prior to direct service delivery; Denominator = # of non-licensed/noncertified providers.**

**Data Source** (Select one):

**Other**

If 'Other' is selected, specify:

**Provider Enrollment records, Institutional and Waiver Authorization and Narrative System (IoWANS), claims**

<b>Responsible Party for data collection/generation</b> ( <i>check each that applies</i> ):	<b>Frequency of data collection/generation</b> ( <i>check each that applies</i> ):	<b>Sampling Approach</b> ( <i>check each that applies</i> ):
<b>State Medicaid Agency</b>	<b>Weekly</b>	<b>100% Review</b>
<b>Operating Agency</b>	<b>Monthly</b>	<b>Less than 100% Review</b>
<b>Sub-State Entity</b>	<b>Quarterly</b>	<b>Representative Sample</b> Confidence Interval = <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>

<p><b>Other</b> Specify:</p> <input type="text" value="contracted entity"/>	<p><b>Annually</b></p>	<p><b>Stratified</b> Describe Group:</p> <input type="text"/>
	<p><b>Continuously and Ongoing</b></p>	<p><b>Other</b> Specify:</p> <input type="text"/>
	<p><b>Other</b> Specify:</p> <input type="text"/>	

**Data Aggregation and Analysis:**

Responsible Party for data aggregation and analysis ( <i>check each that applies</i> ):	Frequency of data aggregation and analysis( <i>check each that applies</i> ):
<b>State Medicaid Agency</b>	<b>Weekly</b>
<b>Operating Agency</b>	<b>Monthly</b>
<b>Sub-State Entity</b>	<b>Quarterly</b>
<p><b>Other</b> Specify:</p> <input type="text"/>	<b>Annually</b>
	<b>Continuously and Ongoing</b>
	<p><b>Other</b> Specify:</p> <input type="text"/>

**c. Sub-Assurance: The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.**

*For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.*

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

**Performance Measure:**

**QP-c1: Number and percent of HCBS providers, specific by waiver, that meet training requirements as outlined in State regulations and the approved waiver. Numerator = # of HCBS providers that meet training requirements as outlined in State regulations and the approved waiver; Denominator = # of HCBS providers that had a certification or periodic quality assurance review.**

**Data Source (Select one):**

**Record reviews, off-site**

If 'Other' is selected, specify:

**Provider's evidence of staff training and provider training policies. All certified and periodic reviews are conducted on a 5 year cycle; at the end of the cycle all providers are reviewed.**

<b>Responsible Party for data collection/generation</b> <i>(check each that applies):</i>	<b>Frequency of data collection/generation</b> <i>(check each that applies):</i>	<b>Sampling Approach</b> <i>(check each that applies):</i>
<b>State Medicaid Agency</b>	<b>Weekly</b>	<b>100% Review</b>
<b>Operating Agency</b>	<b>Monthly</b>	<b>Less than 100% Review</b>
<b>Sub-State Entity</b>	<b>Quarterly</b>	<b>Representative Sample</b> Confidence Interval = <input type="text"/>
<b>Other</b> Specify: <input type="text" value="Contracted Entity"/>	<b>Annually</b>	<b>Stratified</b> Describe Group: <input type="text"/>
	<b>Continuously and Ongoing</b>	<b>Other</b> Specify: <input type="text"/>
	<b>Other</b> Specify:	

	<input style="width: 80%; height: 20px;" type="text"/>	
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**Data Aggregation and Analysis:**

<b>Responsible Party for data aggregation and analysis (check each that applies):</b>	<b>Frequency of data aggregation and analysis (check each that applies):</b>
<b>State Medicaid Agency</b>	<b>Weekly</b>
<b>Operating Agency</b>	<b>Monthly</b>
<b>Sub-State Entity</b>	<b>Quarterly</b>
<b>Other</b> Specify: <input style="width: 100%; height: 20px;" type="text"/>	<b>Annually</b>
	<b>Continuously and Ongoing</b>
	<b>Other</b> Specify: <input style="width: 100%; height: 20px;" type="text"/>

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

The Iowa Medicaid Provider Services unit is responsible for review of provider licensing, certification, background checks of relevant providers, and determining compliance with provider service and business requirements prior to initial enrollment and reenrollment.  
 All MCO providers must be enrolled as verified by Iowa Medicaid Provider Services.

The Home and Community Based Services (HCBS) quality oversight unit is responsible for reviewing provider records at a 100% level over a three-to-five-year cycle, depending on certification or accreditation. If it is discovered that providers are not adhering to provider training requirements, a corrective action plan is implemented. If corrective action attempts do not correct noncompliance, the provider is sanctioned for noncompliance and eventually disenrolled or terminated if noncompliance persists.

**b. Methods for Remediation/Fixing Individual Problems**

- i. Describe the States method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the state to document these items.

If it is discovered by Provider Services Unit during the review that the provider is not compliant in one of the enrollment and reenrollment state or federal provider requirements, the provider is required to correct deficiency prior to enrollment or reenrollment approval. Until the provider makes these corrections, they are ineligible to provide services to waiver members. All MCO providers must be enrolled as verified by Iowa Medicaid Provider Services, so if the provider is no longer enrolled by Iowa Medicaid, then that provider is no longer eligible to enroll with an MCO.

If it is discovered during a HCBS Quality Oversight Unit review that providers are not adhering to provider training requirements, a corrective action plan is implemented. If corrective action attempts do not correct noncompliance, the provider is sanctioned for noncompliance and eventually disenrolled or terminated if noncompliance persists.

General methods for problem correction at a systemic level include informational letters, provider trainings, collaboration with stakeholders and required changes in individual provider policy.

PMs QP-a1, QP-a2, QP-b1, discovery process includes reviewing the provider’s qualifications prior to enrollment and upon reenrollment. Provider qualifications include ensuring that the provider is performing child and dependent adult abuse checks and criminal record checks in accordance with Code of Iowa 135C.33 <https://www.legis.iowa.gov/docs/code/2019/135C.33.pdf>, 441 Iowa Administrative Code 79.14 <https://www.legis.iowa.gov/docs/iac/chapter/441.79.pdf> and 441 IAC 119 <https://www.legis.iowa.gov/docs/iac/chapter/09-25-2019.441.119.pdf>

**ii. Remediation Data Aggregation**

**Remediation-related Data Aggregation and Analysis (including trend identification)**

<b>Responsible Party</b> <i>(check each that applies):</i>	<b>Frequency of data aggregation and analysis</b> <i>(check each that applies):</i>
<b>State Medicaid Agency</b>	<b>Weekly</b>
<b>Operating Agency</b>	<b>Monthly</b>
<b>Sub-State Entity</b>	<b>Quarterly</b>
<b>Other</b> Specify:  <input type="text" value="Contracted Entity and MCOs"/>	<b>Annually</b>
	<b>Continuously and Ongoing</b>
	<b>Other</b> Specify:  <input type="text"/>

**c. Timelines**

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Qualified Providers that are currently non-operational.

**No**

**Yes**

Please provide a detailed strategy for assuring Qualified Providers, the specific timeline for implementing identified strategies, and the parties responsible for its operation.



Appendix C: Participant Services

C-3: Waiver Services Specifications

Section C-3 'Service Specifications' is incorporated into Section C-1 'Waiver Services.'

Appendix C: Participant Services

C-4: Additional Limits on Amount of Waiver Services

a. Additional Limits on Amount of Waiver Services. Indicate whether the waiver employs any of the following additional limits on the amount of waiver services (select one).

Not applicable- The state does not impose a limit on the amount of waiver services except as provided in Appendix C-3.

Applicable - The state imposes additional limits on the amount of waiver services.

When a limit is employed, specify: (a) the waiver services to which the limit applies; (b) the basis of the limit, including its basis in historical expenditure/utilization patterns and, as applicable, the processes and methodologies that are used to determine the amount of the limit to which a participant's services are subject; (c) how the limit will be adjusted over the course of the waiver period; (d) provisions for adjusting or making exceptions to the limit based on participant health and welfare needs or other factors specified by the state; (e) the safeguards that are in effect when the amount of the limit is insufficient to meet a participant's needs; (f) how participants are notified of the amount of the limit. (check each that applies)

Limit(s) on Set(s) of Services. There is a limit on the maximum dollar amount of waiver services that is authorized for one or more sets of services offered under the waiver.

Furnish the information specified above.

[Empty text box for providing information on limits on sets of services]

Prospective Individual Budget Amount. There is a limit on the maximum dollar amount of waiver services authorized for each specific participant.

Furnish the information specified above.

[Empty text box for providing information on prospective individual budget amount]

Budget Limits by Level of Support. Based on an assessment process and/or other factors, participants are assigned to funding levels that are limits on the maximum dollar amount of waiver services.

Furnish the information specified above.

[Empty text box for providing information on budget limits by level of support]

Other Type of Limit. The state employs another type of limit.

Describe the limit and furnish the information specified above.

[Empty text box for providing information on other type of limit]

Appendix C: Participant Services

Explain how residential and non-residential settings in this waiver comply with federal HCB Settings requirements at 42 CFR 441.301(c)(4)-(5) and associated CMS guidance. Include:

1. Description of the settings and how they meet federal HCB Settings requirements, at the time of submission and in the future.
2. Description of the means by which the state Medicaid agency ascertains that all waiver settings meet federal HCB Setting requirements, at the time of this submission and ongoing.

*Note instructions at Module 1, Attachment #2, HCB Settings Waiver Transition Plan for description of settings that do not meet requirements at the time of submission. Do not duplicate that information here.*

see attachment #2