

1915(i) State Plan HCBS Habilitation Program Changes Overview



Objectives

At the end of this training participants will understand the following:

- The HCBS Habilitation Program Needs-based eligibility criteria
- The HCBS Habilitation Program Home-based Habilitation Provider Qualifications
- The HCBS Habilitation Home-based Habilitation service criteria

Agenda

- 1915(i) Overview
- 1915(i) Program Eligibility
 - Habilitation Needs Based Eligibility Criteria
 - Risk Factors
 - Need for Assistance
 - LOCUS/CALOCUS Domains
 - LOCUS Actual Disposition Score
 - LOCUS Process Flow
 - LOCUS/CASH Crosswalk
 - Annual Reassessments, reassessment based on change in the members needs
- Home-Based Habilitation
 - Intensive Residential Habilitation Services
 - Training Requirements for HBH and IRHBH
 - Home-Based Habilitation Service Description
 - HBH service criteria and LOCUS Actual Disposition Score
 - HBH services for minors and transition age youth residing outside the family home
- Logistics and Frequently Asked Questions

Program Purpose

To provide state plan Home and Community Based Services (HCBS) to Iowans with functional limitations typically associated with chronic mental illness.

General Parameters

- The program functions similar to HCBS waiver programs:
 - A conflict free entity completes the Core Standardized Assessment (CSA) to determine each individual's needs
 - An interdisciplinary team (IDT) led by the Case Manager(CM) or Integrated Health Home Care Coordinator (IHHCC) plans for the services based on the identified needs and the member's personal goals
 - The CM or IHHCC develops the Person Centered Service Plan (PCSP) based on the IDT service planning meeting

1915(i) State Plan HCBS -Habilitation Eligibility

- Must be eligible for Medicaid through an existing coverage group
- Household income cannot exceed 150% of Federal Poverty Level (FPL)
- LOCUS/CALOCUS Disposition Score of One or higher
- Meet needs-based eligibility criteria as determined by a Needs-Based Evaluation – Comprehensive Assessment and Social History (CASH) and Level of Care Utilization System (LOCUS)

Required Assessments

- Assessment is required initially at the time of application
- Assessment is required annually at the time of eligibility redetermination
- Assessment is required if the member's condition changes significantly
- Ages 4 to 18 – CALOCUS/ CASH
- Ages 19 and over – LOCUS/CASH
- HCBS Waiver and Hab – LOCUS/CALOCUS, CASH, and assessment tool used for the specific waiver LOC

1915(i) State Plan HCBS Habilitation Eligibility Changes

Current Need-based Eligibility Criteria

The person has a need for assistance typically demonstrated by meeting at least two of the following criteria on a continuing or intermittent basis for at least two years:

- Is unemployed, or employed in a sheltered setting, or have markedly limited skills and a poor work history.
- Requires financial assistance for out-of-hospital maintenance and may be unable to procure this assistance without help.

New Needs Based Eligibility Criteria

The individual needs assistance demonstrated by meeting at least two of the following criteria on a continuing or intermittent basis for at least twelve months:

- The individual needs assistance to obtain and/or maintain employment.
- The individual needs financial assistance to reside independently in the community.
- The individual needs significant assistance to establish or maintain a personal social support system.

1915(i) State Plan HCBS Habilitation Eligibility Changes

Current Need-based Eligibility Criteria	New Needs Based Eligibility Criteria Cont.
<ul style="list-style-type: none">• Shows severe inability to establish or maintain a personal social support system.• Requires help in basic living skills such as self-care, money management, housekeeping, cooking, or medication management.• Exhibits inappropriate social behavior that results in demand for intervention	<ul style="list-style-type: none">• The individual needs assistance with at least one activities of daily living (ADLs) or instrumental activities of daily living (IADLs) to reside independently in the community.• The individual needs assistance with management and intervention of maladaptive or anti-social behaviors to ensure the safety of the individual and/or others.

1915(i) State Plan HCBS Habilitation Eligibility Changes

Current Risk-based Eligibility Criteria

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

- Has undergone or currently undergoing psychiatric treatment more intensive than outpatient care, more than once in a lifetime (e.g. , emergency services, alternative home care, partial hospitalization or inpatient hospitalization. Individuals currently undergoing inpatient hospitalization demonstrate risk factors but can not receive 1915(i) HCBS State Plan Services while in an institution, including hospitals.

New Risk Based Eligibility Criteria Cont.

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

- A history of inpatient, partial hospitalization, or emergency psychiatric treatment more than once in the individual's life; or
- The individual has a history of continuous professional psychiatric supportive care other than hospitalization; or
- The individual has a history of involvement with the criminal justice system; or

1915(i) State Plan HCBS Habilitation Eligibility Changes

Current Risk-Based Eligibility Criteria	New Risk-Based Eligibility Criteria Cont.
<ul style="list-style-type: none">• Has a history of psychiatric illness resulting in at least one episode of continuous professional supportive care other than hospitalization.	<ul style="list-style-type: none">• Services available in the individual's community have not been able to meet the individual's needs; or• The individual has a history of unemployment or employment in a sheltered setting or poor work history; or• The individual has a history of homelessness or is at risk of homelessness if unable to access Habilitation services

Case Manager/ Community-Based Case Manager and IHH Care Coordinators

- The designated case manager or integrated health home care coordinator shall:
 - (1) Arrange for the completion of the LOCUS or CALOCUS, before services begin and annually thereafter, and more frequently if significant observable changes occur in the member's situation, condition, or circumstances.
 - (2) Use the information submission tool and other supporting documentation as relevant to develop a comprehensive service plan as specified in subrule 78.27(4) and 441—paragraph 90.4(1)“b” before services begin and annually thereafter, and when there is a significant observable change in the member's situation, condition, or circumstances.

Initial Review / Continuing Stay Review (MCO)

- The IHH/CM or CBCM completes the CASH
- MCO Assessment Teams will complete the initial LOCUS / CALOCUS for members new to Habilitation
 - The initial LOCUS / CALOCUS, CASH and other relevant documentation is submitted to Iowa Medicaid Medical Services Unit for initial eligibility determination
- MCO Assessment Teams will complete the LOCUS / CALOCUS for all members renewing Habilitation program eligibility
- The LOCUS / CALOCUS results will be available in IMPA for the IHHCC/CM/CBCM to share with the member, member's representative, and home-based habilitation provider

Initial Review / Continuing Stay Review Fee-For-Service (FFS)

- The IHH/CM or CBCM completes the CASH
- The Iowa Medicaid CSA Contractor will complete the initial LOCUS / CALOCUS for members new to Habilitation
 - The IHHCC/CM/CBCM initiates the Habilitation Workflow in IoWANS
 - The CASH and other relevant documentation is uploaded to IMPA for initial eligibility determination
- Iowa Medicaid CSA Contractor will complete the LOCUS / CALOCUS for all FFS members renewing Habilitation program eligibility
- The LOCUS / CALOCUS results will be available in IMPA for the IHHCC/CM/CBCM to share with the member, member's representative, and home-based habilitation provider

LOCUS / CALOCUS

LOCUS / CALOCUS

- Implementation date for the changes is 07/01/2022
- The LOCUS / CALOCUS will be completed by Telligen or the MCO assessment teams and will be based off of the CASH and other supporting documents submitted by the IHHCC/CM/CBCM
- The LOCUS / CALOCUS will assist in determining Habilitation eligibility and Home-based Habilitation tier

LOCUS / CALOCUS

- Level of Care Utilization System (LOCUS) and Child and Adolescent Level of Care Utilization System (CALOCUS)
- Addresses six key domains
 - Risk of harm
 - Functional status
 - Medical, addictive and psychiatric co-morbidity
 - Recovery environment
 - Treatment and recovery history
 - Engagement and recovery status



LOCUS
Parameters



LOCUS Levels of
Care



CALOCUS
Parameters



CALOCUS Levels
of Care

LOCUS / CALOCUS

- Defines six levels of care in the service continuum in terms of four variables:
 - Care Environment
 - Clinical Services
 - Support Services
 - Crisis Resolution and Prevention Services

LOCUS / CALOCUS

- At the individual level, is used to
 - Assess immediate service needs
 - Monitor the course of recovery and service needs over time
 - Provide valid, value driven guidance to payers for medical necessity criteria
 - Inform treatment planning processes

American Association of Community Psychiatrists, 2016, Level of Care Utilization System, [accessed online](#)

LOCUS / CALOCUS

- At the system or population level, is used to
 - Plan system level resource needs for complex populations over time and help identify deficits in the service array
 - Assist in development of case rates for episode of care
 - Provide a framework for a comprehensive system of clinical management and documentation
 - Facilitate communication between systems of care regarding service intensity needs

American Association of Community Psychiatrists, 2016, Level of Care Utilization System, [accessed online](#)

LOCUS / CALOCUS

- A rating in each dimension ranges from lowest to highest need - 1 to 5
- Each dimension is added together for a composite score that indicates a person's degree of need and the corresponding level of care required.
- Scores range from 7 as the lowest possible level of need and 35 as the highest

American Association of Community Psychiatrists, 2016, Level of Care Utilization System, [accessed online](#)

LOCUS Evaluation Report

LOCUS Evaluation Report



LOCUS
Evaluation- Sample

LOCUS / CASH Crosswalk

Crosswalk

- Comprehensive Assessment and Social History
- LOCUS / CALOCUS

LOCUS®: Evaluation Parameters, Deerfield Behavioral Health, Inc. (2020)

CALOCUS®: Evaluation Parameters, Deerfield Behavioral Health, Inc. (2020)

Crosswalk

DIMENSION	LOCUS Description (ages 19+)	CALOCUS Description (ages 18 and below)	Key Factors	CASH Section
<p>LOCUS: Risk of Harm</p> <p>CALOCUS: Risk of Harm</p>	<p>This dimension of the assessment considers a person's potential to cause significant harm to self or others. While this may most frequently be due to suicidal or homicidal thoughts or intentions, in many cases unintentional harm may result from misinterpretations of reality, from inability to adequately care for oneself, or from altered states of consciousness due to use of intoxicating substances in an uncontrolled manner. For the purposes of evaluation in this parameter, deficits in ability to care for oneself are considered only in the context of their potential to cause harm.</p>	<p>This dimension considers a child or adolescent's potential to be harmed by others or cause significant harm to self or others. Each category contains items that assess a child or adolescent's risk of harming him/herself and of harming others. While Risk of Harm most frequently is manifested by suicidal or homicidal behavior, it also may embody unintentional harm from misinterpretations of reality; inability to adequately care for oneself, temper impulses, use good judgment; or avoid gross mishandling of alcohol or drugs of abuse. Children of any age who have experienced severe and/or repeated abuse in a hostile environment may be unable to perceive threat or take adequate measures to increase their safety</p>	<ul style="list-style-type: none"> • Suicidal or homicidal thoughts or impulses • Ability for self-care/self-neglect • Substance use • Physical and environmental safety • Risk for victimization, abuse or neglect (CALOCUS) 	<ul style="list-style-type: none"> • Behavioral Health / Mental Health • Hospitalization and Emergency Room Visit History • Substance Use or Abuse • Self Care / ADLs / IADLs • Identified Risks and Needs by the Assessor

Crosswalk

DIMENSION	LOCUS Description (ages 19+)	CALOCUS Description (ages 18 and below)	Key Factors	CASH Section
<p>LOCUS: Functional Status</p> <p>CALOCUS: Functional Status</p>	<p>This dimension of the assessment measures the degree to which a person is able to fulfill social responsibilities, to interact with others, maintain their physical functioning (such as sleep, appetite, energy, etc.), as well as a person's capacity for self-care. This ability should be compared against an ideal level of functioning given an individual's limitations, or may be compared to a baseline functional level as determined for an adequate period of time prior to onset of this episode of illness.</p>	<p>This dimension measures changes in the degree to which a child or adolescent is able to fulfill responsibilities for a given developmental level. This may include interactions with others in school, at home and in social situations with peers as well as changes in self-care. For the purposes of this dimension, only sources of impairment directly related to developmental, psychiatric, and/or substance use problems should be considered.</p>	<ul style="list-style-type: none"> • Functional impairments • Interpersonal / relationship problems • Self-care disruptions, including appearance and hygiene • Social role function and ability to meet obligations (e.g. parental responsibilities, performing at work or school, etc.). • Disturbances in physical functioning (e.g. sleep, eating habits, activity level, etc.) • Maintaining personal responsibility (occupational, educational, or parental roles) • Social interaction 	<ul style="list-style-type: none"> • Social, Cultural & Spiritual • Behavioral Health / Mental Health • Hospitalization & Emergency Room Visit History • Medications • Substance Use or Abuse • Self-Care / ADLs / IADLs • Transportation • Employment & Volunteering • Educational History • Financial • Identified Risk and Needs by the Assessor

Crosswalk

DIMENSION	LOCUS Description (ages 19+)	CALOCUS Description (ages 18 and below)	Key Factors	CASH Section
<p>LOCUS: Medical, Addictive and Psychiatric Co-Morbidity</p> <p>CALOCUS: Co-Morbidity: Developmental, Medical, Substance Use & Psychiatric</p>	<p>This dimension measures potential complications in the course of illness due to level of acuity or disability related to co-occurring medical illness, substance use disorder, or psychiatric disorder in addition to the condition first identified or most readily apparent (here referred to as the presenting disorder). The presence of co-occurring conditions, when sufficiently unstable or severe, may prolong the course of illness in some cases, or may necessitate more intensive or more closely monitored services in other cases.</p>	<p>This dimension measures the coexistence of disorders across four domains (psychiatric, substance use, medical and developmental): but does not consider co-occurring disturbances within each domain. It is crucial to include a broad range of developmental problems into the domain of developmental disabilities.</p>	<ul style="list-style-type: none"> • Additional medical illness, substance use disorders, or psychiatric disturbances • Co-occurring illnesses, past and present • Developmental concerns (CALOCUS) 	<ul style="list-style-type: none"> • Medical & Mental Health History • Substance Use and Abuse • Identified Risk and Needs by the Assessor

Crosswalk

DIMENSION	LOCUS Description (ages 19+)	CALOCUS Description (ages 18 and below)	Key Factors	CASH Section
<p>LOCUS: Recovery Environment (Level of Stress, Levels of Support)</p> <p>CALOCUS: Recovery Environment (Environmental Stress Sub-Scale, Environmental Support Sub-Scale)</p>	<p>This dimension considers factors in the environment, social, and interpersonal determinants of health and well being, that may contribute to the onset or maintenance of addiction or mental illness, and/or may support efforts to achieve or maintain mental health and/or abstinence. Stressful circumstances may originate from multiple sources and include interpersonal conflict or torment, life transitions, losses, worries relating to health and safety, and ability to maintain role responsibilities. Supportive elements in the environment are resources which enable persons to maintain health and role functioning in the face of stressful circumstances, such as availability of adequate material resources and relationships with family members. The availability of friends, employers or teachers, clergy and professionals, and other community members that provide caring attention and emotional comfort, are also sources of support.</p>	<p>This dimension considers factors in the environment that may contribute to the onset or maintenance of illness or disability, and factors that may support a child or adolescent’s efforts to achieve or maintain recovery. Supportive elements in the environment include, first and foremost, the presence of stable, supportive, and ongoing relationships with family (biological or adoptive) members. Other important supportive factors include the availability of adequate housing and material resources, stable and supportive relationships with friends, employers or teachers, clergy, professionals, and other community members. Clinicians must be alert to underestimation of family, cultural, and community strengths, where such strengths/resources may not be evident or may not be readily mobilized. Stressful circumstances may include interpersonal conflict or trauma, life transitions, losses, worries relating to health and safety, and difficulty in maintaining role responsibilities.</p>	<ul style="list-style-type: none"> • Interpersonal interactions • Material needs • Life transitions (e.g. change in household members, a new job or school, job loss, illness, etc.) and stressors • Living environment • Pressures on social role • Potential for substance exposure • Sources of support and level of support • Professional support available and engaged • Resources available 	<ul style="list-style-type: none"> • Social, Cultural & Spiritual Preferences • Behavioral Health / Mental Health • Domestic Violence, Physical, Emotional, Sexual Abuse & Trauma • My Current Medical Support Team • Substance Use and Abuse • Self-Care / ADLs / IADLs • Housing Situation • Financial • Legal Information • Identified Risks and Needs by the Assessor

Crosswalk

DIMENSION	LOCUS Description (ages 19+)	CALOCUS Description (ages 18 and below)	Key Factors	CASH Section
<p>LOCUS: Treatment and Recovery History</p> <p>CALOCUS: Resiliency & Treatment History</p>	<p>This dimension of the assessment recognizes that a person's past experience provides some indication of how that person is likely to respond to similar circumstances in the future. While it is not possible to codify or predict how an individual person may respond to any given situation, this scale uses past trends in responsiveness to treatment exposure and past experience in managing recovery as its primary indicators. Although the recovery process is a complex concept, for the purposes of rating in this parameter, recovery is defined as a period of stability with good control or management of symptoms. It is important to recognize that some clients will respond well to some treatment situations and poorly to others. This may, in some cases, be unrelated to level of intensity of care, but rather to the characteristics and quality of the treatment provided. Nonetheless, past experience is one predictor of future response to treatment and must be taken into account in determining service needs and the recovery plan. Most recent experiences in treatment and recovery should take precedence over more remote experiences in determining the proper rating.</p>	<p>It is well known that children are born with widely varying levels of resilience in the face of stress. Resilience can be enhanced through a therapeutic process and/or the provision of supports as in a wraparound process. This section addresses a child's or youth's success or failure to make use of treatment and natural supports that foster resilience and help them get back on track developmentally. This section aims to measure how well a child or adolescent copes with all types of adversity and uses treatment and/or natural and formal community supports. Natural responses to stressors and life changes with no professional involvement or other specific supports should be considered as well.</p>	<ul style="list-style-type: none"> • Prior experience and exposure to treatment • Historical responses to treatment • Effort and/or motivation in treatment and recovery • Stressors / resiliency (CALOCUS) 	<ul style="list-style-type: none"> • Behavioral Health / Mental Health • Medications • My Current Medical Support Team • Identified risks and needs by the assessor

Crosswalk

DIMENSION	LOCUS Description (ages 19+)	CALOCUS Description (ages 18 and below)	Key Factors	CASH Section
LOCUS: Engagement and Recovery Status	This dimension of the assessment considers a person's understanding of illness and treatment and ability or willingness to engage in the treatment and recovery process. This is sometimes referred to as "patient activation".	The Treatment Acceptance and Engagement dimension measures the child or adolescent's, as well as the parent and/or primary caretaker's, acceptance of and engagement in treatment. For the purpose of this document, treatment includes an array of therapeutic interventions to address the child's, adolescent's, and parent's and/or primary caretaker's needs. The subscales reflect the importance of the child/youth's willingness to be involved in an intake, care planning, implementation and maintenance phases of treatment and/or wraparound process, as well as the parent and/or primary caretaker's willingness and ability to participate pro-actively in the same elements of a treatment/care plan. It also is critical to note that a youth and their parent or primary caretaker's cultural background influences understanding and acceptance of a problem, as well as choice of care options for solving it.	<ul style="list-style-type: none"> • Understanding of diagnosis • Stages of change • Engagement in recovery • Utilization of available resources • Relationships with care providers (CALOCUS) • Parent/ primary caregiver's engagement (CALOCUS) 	<ul style="list-style-type: none"> • Behavioral Health / Mental Health • Physical Health • Medications • My Current Medical Support Team • Future Identified Goals & Needs • Identified risks and needs by the assessor
CALOCUS: Treatment Acceptance & Engagement (Child or Adolescent Acceptance and Engagement Sub-Scale, Parental and/or Primary Caretaker Acceptance and Engagement Sub-Scale)	Factors such as acceptance of disabilities, stage in the change process, ability to trust others and accept assistance, interaction with treatment opportunities, and ability to take responsibility for recovery should be considered in selecting the rating for this dimension. These factors will likewise impact a person's ability to be successful at a given level of care.			

Habilitation Comprehensive Service Plan

- Federally required for each individual receiving State Plan HCBS Habilitation Services (1915 (i))
- The IHHCC/CM/CBCM may call the document a “Person-Centered Service Plan”, “Treatment Plan” or “Care Coordination Plan”, the Centers for Medicaid and Medicare Services (CMS) refers to the document as a Comprehensive Service Plan

Service Plan

- For members receiving home-based habilitation, the service plan will include the member's LOCUS / CALOCUS information:
 - Actual disposition (e.g. Tier 5 Intensive II Services),
 - Composite score (e.g. CALOCUS composite score 23), and
 - Individual domain score for each of the six LOCUS / CALOCUS domains, for example:
 - Risk of Harm dimension score 3
 - Functional Status dimension score 3
 - Co-Morbidity: Developmental, Medical, Substance Use and Psychiatric dimension score 4
 - Recovery Environment (Environmental Stress) dimension score 3
 - Recovery Environment (Environmental Support) dimension score 3
 - Resiliency and Treatment History dimension score 3

Habilitation Services and Supports

Habilitation Comprehensive Functional Assessment

Assesses an individual's "need" for Habilitation services



Habilitation Interdisciplinary Team Meeting

Develops the Individual Service Plan / Integrated Treatment Plan



Individual Service Plan/ Integrated Treatment Plan

Defines the services and supports the member will receive

Home Based Habilitation

Intensive Residential Habilitation Services (IRSH)

- “Intensive residential service homes” or “intensive residential services” means intensive, community-based services provided 24 hours a day, 7 days a week, 365 days a year to individuals with a severe and persistent mental illness who have functional impairments and may also have multi-occurring conditions.
- Providers of intensive residential service homes are enrolled with Medicaid as providers of HCBS habilitation or HCBS intellectual disability waiver supported community living and meet additional criteria specified in 441—subrule 25.6(8).

Direct Support Staff Requirements

Home-Based Habilitation

- (1) A person providing direct support shall be at least 18 years old and have a high school diploma or its equivalent.
- (2) A person providing direct support shall not be an immediate family member of the member receiving services.
- (3) A person providing direct support to members receiving **intensive residential habilitation services** shall complete 48 hours of training within the first year of employment in mental health and multi-occurring conditions pursuant to 441—subrule 25.6(8).

Direct Support Staff Providing Home-Based Habilitation

- 4) A person providing direct support to members receiving home-based habilitation services shall complete a minimum of 24 hours of training within the first year of employment in mental health and multi-occurring conditions, including but not limited to the following topics:
1. Mental health diagnoses, symptomology, and treatment;
 2. Intervention strategies that may include applied behavioral analysis, motivational interviewing, or other evidence-based practices;
 3. Crisis management, intervention, and de-escalation;
 4. Psychiatric medications, common medications, and potential side effects;
 5. Member-specific medication protocols, supervision of self-administration of medication, and documentation;
 6. Substance use disorders and treatment;
 7. Other diagnoses or conditions present in the population served; and
 8. Individual-person-centered service plan, crisis plan, and behavioral support plan implementation.

Direct Support Staff Providing Home-Based Habilitation

(5) A person providing direct support to members receiving home-based habilitation services shall complete a minimum of 12 hours of training annually on the topics listed in subparagraph 77.25(8)“b”(4), or other topics related to serving individuals with severe and persistent mental illness.

Home-Based Habilitation Services

- Individualized supportive services provided in the member's home and community that assist the member to reside in the most integrated setting appropriate to the member's needs.
- Services are intended to provide for the daily living needs of the member and shall be available as needed during any 24-hour period.
- The specific support needs for each member shall be determined necessary by the interdisciplinary team and shall be identified in the member's comprehensive service plan.

Home-Based Habilitation Covered Supports

- (1) Adaptive skill development;
- (2) Assistance with activities of daily living to address daily living needs,
- (3) Assistance with symptom management and participation in mental health treatment;
- (4) Assistance with accessing physical and mental health care treatment, communication, and implementation of health care recommendations and treatment;
- (5) Assistance with accessing and participating in substance use disorder treatment and services;
- (6) Assistance with medication administration and medication management;
- (7) Assistance with understanding communication whether verbal or written;
- (8) Community inclusion and active participation in the community;
- (9) Transportation;

Home-Based Habilitation Covered Supports

- (10) Adult educational supports which may include assistance and support with enrolling in educational opportunities and participation in education and training;
- (11) Social and leisure skill development;
- (12) Personal care; and
- (13) Protective oversight and supervision.

Home-based Habilitation Level of Service Criteria

Home-based habilitation services are available to members based on the member's most current LOCUS / CALOCUS actual disposition score

Dimension	Level 1	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Level of Care	High Recovery	Recovery Transitional	Medium Need	Intensive I	Intensive II	Intensive III	Intensive IV Residential Habilitation (IRSH)
CPT	H2016 UA	H2016 UB	H2016 UC	H2016 UD	H2016 U8	H2016 U9	H2016 U7
Hours of Staff Supervision and Support per day	.25 – 2	2.25 – 4	4.25 – 8.75	9 – 12.75	13 – 16.75	17 – 24	24
LOCUS / CALOCUS Composite Score	7 to 9	10 to 13	14 to 16	17 to 19	20 to 22	23 to 27	28 or more
LOCUS/ CALOCUS Actual Disposition Recommended Level of Care	Level 0* Basic Services	Level 1 Recovery maintenance and health management	Level 2 Low Intensity Community-Based	Level 3 High Intensity Community-Based	Level 4 Medically monitored non-residential	Level 5 Medically monitored residential	Level 6 Medically managed residential

* The Actual LOCUS/CALOCUS Disposition will show Level 0, however the state recognizes a score of 7-9 as Level 1 and eligible for Habilitation services.

Criteria for youth 16-17.5 years of age

- If residing outside the family home the member must:
 - Reside in a residential facility licensed by DIA, or
 - Receive approval from Iowa Medicaid to be served in a non-licensed provider owned or controlled setting

Additional Criteria for transition age youth 17.5 to 18 years of age

- (1) Members residing in the family home may receive home-based habilitation services as needed, subject to the criteria in rule.
- (2) Members residing outside of the family home may receive daily home-based habilitation in a licensed setting.
- (3) Members residing outside of the family home may receive daily home-based habilitation in a provider-owned or controlled setting when the following criteria are met:

Additional Criteria for transition age youth 17.5 to 18 years of age cont.

1. The proposed living environment must meet HCBS setting requirements in accordance with 441—subrule 77.25(5).
2. All providers of the service setting being requested must meet the following additional safety and service requirements for serving youth under the age of 18:
 - (a) Individuals 17.5-18 years of age shall receive 24-hour site supervision and support.
 - (b) Individuals under age 18 may not reside in settings with individuals over the age of 21.
 - (c) The comprehensive service plan shall specifically identify educational services and supports for individuals who have not obtained a high school diploma or equivalent.
 - (d) For individuals who have obtained a high school diploma or equivalent, the comprehensive service plan shall include supported employment, additional training, or educational supports.

Additional Criteria for transition age youth 17.5 to 18 years of age cont.

3. The member's parent or guardian has consented to home-based habilitation services.
4. The member is able to pay room and board costs (funding sources may include, but are not limited to, supplemental security income, child support, adoptions subsidy, or private funds).
5. A licensed setting, such as those approved to provide residential based supported community living, is not available.

Logistics / FAQs

Training and Oversight of Assessors

- Assessors will be trained by Deerfield Solutions
- Assessors will use the LOCUS / CALOCUS Online System
- MCO assessment oversight completed by Telligen

Requesting a Re-Review

- Appeal rights specific to habilitation are included in IAC 78.27(11)“d”
 - The member is entitled to have a review of the determination of needs-based eligibility or of the LOCUS / CALOCUS actual disposition score by the Iowa Medicaid Enterprise Medical Services Unit by sending a letter requesting a review to the medical services unit.
 - Iowa Medicaid Enterprise Medical Services Unit, 1305 East Walnut Street, Des Moines, IA 50319-0114
 - If dissatisfied with that decision, the member may file an appeal with the department.

LOCUS / CALOCUS Process Flow

MCO Process for Initial Request of Habilitation and Approval

IHHCC/CM/CBCM completes the CASH with the member and has member sign

IHHCC submits CASH & supplemental documentation to MCO per their process

MCO reviews CASH and completes LOCUS / CALOCUS

MCO submits CASH, supplemental documentation and LOCUS / CALOCUS to Iowa Medicaid for determination

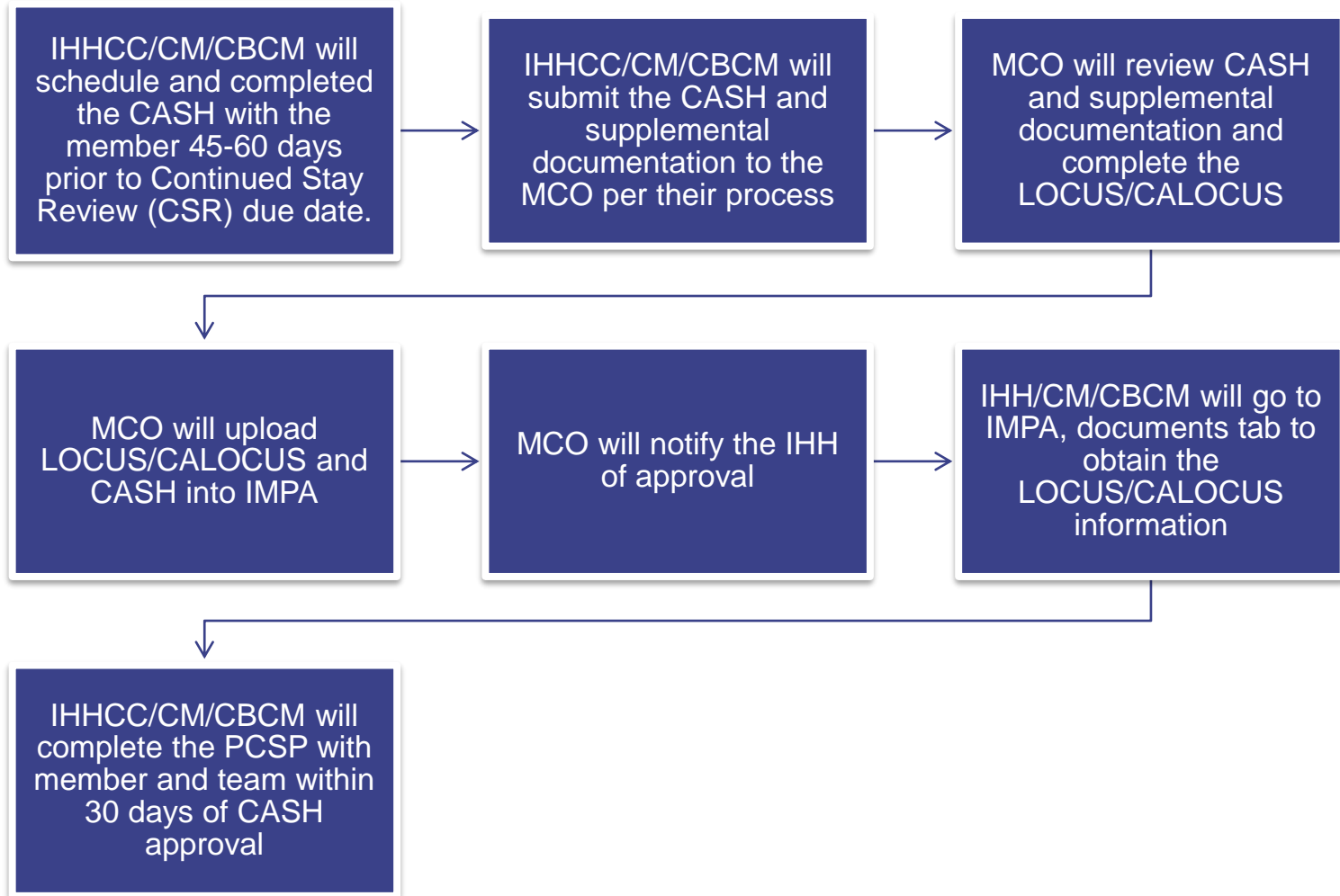
Iowa Medicaid notifies MCO of determination

MCO notifies IHH/CM/CBCM of determination

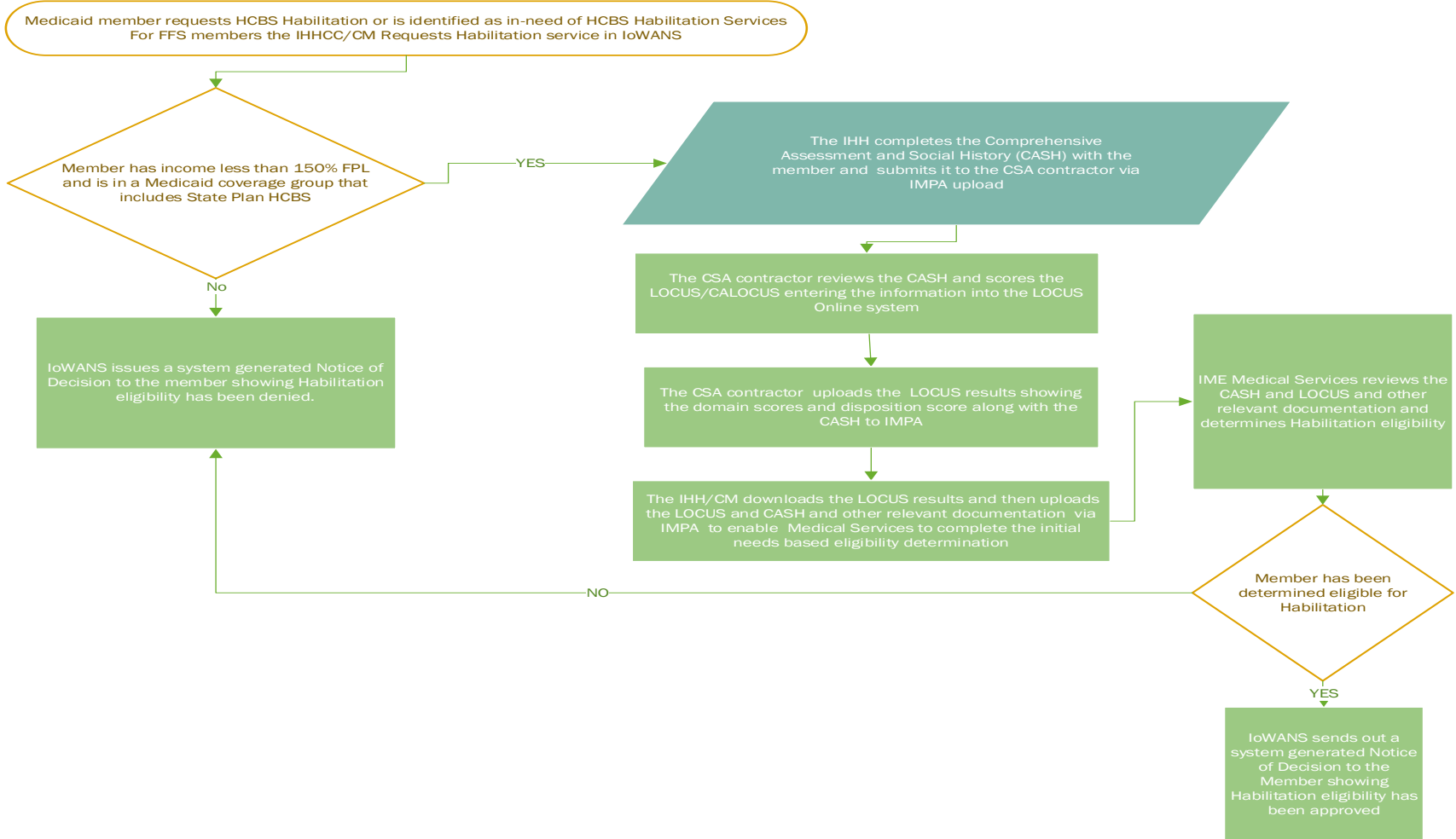
IHH/CM/CBCM completes Person Centered Service Plan (PCSP) within 30 days of CASH approval

MCO completes Habilitation authorizations per their process

MCO Process for Renewal of Habilitation and Approval



FFS Process for Habilitation Initial Request and Annual Redetermination



Where to Look In IMPA

- Continue Stay Review (CSR) Due Date

Member	Demographics	Programs/Services	Fostercare	Documents			
Medicaid Program							
Program Code	Program Description	Program Status	Program Effective Date	Elig Review Date			
640	Ssi Related Medical (D Mandatory Supplement)	Active	07/01/2018	08/31/2021			
Long Term Care/Enhanced Services							
Program Description	Tier	Program Status	Program Begin Date	Program End Date	Application Date	CSR Due Date	LTC Case Record
Habilitation Services	--	Approved	06/01/2016		06/01/2016	11/10/2022	

- LOCUS / CALOCUS Documents

Member	Demographics	Programs/Services	Fostercare	Documents
Upload Document				
Select	Document Type	Document Uploaded		
Select	Social History	11/15/2021 02:32 PM		
Select	interRAI Community Mental Health	11/15/2021 02:31 PM		
Select	HCBS Residential Member Assessment	02/10/2021 09:08 AM		
Select	Social History	12/28/2020 07:16 PM		
Select	Social History	12/28/2020 07:12 PM		
Select	interRAI Community Mental Health	12/28/2020 02:52 PM		
Select	HCBS Residential Member Assessment	06/11/2020 10:58 AM		
Select	interRAI Community Mental Health	01/09/2020 01:11 PM		
Select	HCBS Residential Member Assessment	10/21/2019 12:00 AM		
Select	Service Plan	05/28/2019 12:00 AM		

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Habilitation Eligibility and Continuing Stay Review Dates

- LOC dates will be based off the CASH vs the LOCUS
- The Habilitation eligibility date is the date that the review was completed (LOCUS/CALOCUS date) and eligibility was approved.
- The CSR date is 12 months from the date of the initial CASH assessment was.
- Initial Eligibility Example:
 - Initial CASH was completed 05/01/2022 – submitted to Iowa Medicaid for review on 05/15/22. Reviewer approves member for Hab effective 05/15/2022. This is the date of approval for Habilitation and the CSR end date would be 05/01/2023.
- Renewal CSR Example:
 - Renewal CASH was completed 05/01/2022 – submitted to the Iowa Medicaid /MCO for review 05/15/22. Reviewer approves member based on the CASH assessment date, with approval date of 05/01/2022. The CSR renewal date will be 05/01/2023.

Updates and Renewals

- To update the Comprehensive Assessment and Social History...

Scenarios

#1 - What if member is assessed at a higher tier but they are receiving a lower tier?

- The member and the member's interdisciplinary team will review the LOCUS/CALOCUS actual disposition score to determine if the member's needs can be safely met at a lower tier than that recommended by the LOCUS online tool.
- The IHHCC/CM/CBCM will document the discussion in the member's PCSP and will communicate this information through the MCO portal or IoWANS for FFS.
 - For IHH you will document this in this in Section 2: My Information

My LOCUS / CALOCUS scores (for members with Habilitation eligibility)

Date of LOCUS / CALOCUS: Actual Disposition: Composite Score:



Dimension	Score	Dimension	Score
Risk of Harm	<input type="text"/>	Functional Status	<input type="text"/>
Medical, Addictive and Psychiatric Co-Morbidity	<input type="text"/>	Recovery Environment (Stress)	<input type="text"/>
Recovery Environment (Support)	<input type="text"/>	Treatment and Recovery History	<input type="text"/>
Engagement and Recovery Status	<input type="text"/>		<input type="text"/>

Corresponding home-based habilitation tier:

If requesting a lower tier, rationale and how member's needs will be met at the lower tier:

- IHHCC/CM/CBCM will request the Home-based Habilitation (HBH) tier that the team agreed upon in the Service section of the PCSP.

#2 - What if member is accessing a lower tier but needs a higher tier?

LOCUS / CALOCUS identifies Member already meets a higher tier than currently receiving:

- The IHHCC/CM/CBCM will review the LOCUS / CALOCUS score to see if they are able to increase their tier based on the disposition score.
- If the current assessment identifies a higher tier is able to be accessed, the IDT will meet to complete an addendum PCSP identifying reason for meeting, what needs/risks have changed, update service package, ensuring to follow the termination/reduction process for HBH services, obtain signatures.
- IHHCC/CM/CBCM will submit request to MCO/Iowa Medicaid per their identified process.

LOCUS / CALOCUS identifies member is lower than the tier they are currently needing:

- The IHHCC/CM/CBCM will need to meet with the member and team to review the CASH and update the CASH, as applicable. This would be identified as a change in need assessment.
- This would be submitted to the MCO / Iowa Medicaid for review and scoring of the LOCUS / CALOCUS.
- IHHCC/CM/CBCM will review the LOCUS / CALOCUS to determine if a higher tier is needed.
- If approved, IHHCC/CM/CBCM will have an IDT meeting to complete an addendum to the PCSP.
- Please note CSR expire date will not change.

#3 – What if member is in hospital/facility and is needing habilitation?

IHHCC/CM/CBCM will check member record including IMPA to see if a current LOCUS / CALOCUS is on file

No current LOCUS / CALOCUS on record

- IHHCC/CM/CBCM will complete an initial CASH and submit to Iowa Medicaid / MCO per their process.

Current LOCUS / CALOCUS on record

- IHHCC/CM/CBCM will review the LOCUS / CALOCUS to see if the disposition score would meet the members needs.
 - If not, the IHHCC/CM/CBCM will complete the CASH and submit to Iowa Medicaid / MCO per their process as a change in need.
 - If tier will meet members need, IHHCC/CM/CBCM will assist with completing referrals to habilitation providers and complete PCSP once provider and admission date has been determined.

#4 – What if member is needing more units within the same tier?

Example: Member is receiving H2016 UB with 10 units a month but is requesting additional units of H2016 UB of 20 units per month.

The IHHCC/CM/CBCM will

- Schedule an IDT meeting and review the need/request.
- Complete an addendum PCSP to update required sections
- IDT will sign addendum PCSP
- IHHCC/CM/CBCM will submit authorization request per MCO / Iowa Medicaid process.

#5 – What if member is needing less units within the same tier?

Example: Member is currently receiving H2016 UA 20 units a month, they are requesting H2016 UA 10 units a month.

The IHHCC/CM/CBCM will

- Schedule an IDT meeting and review the need/request.
- Complete an addendum PCSP to update required sections
 - Service package section will identify the higher units
 - Termination/Reduction section will be completed to show the reduction in units, following the MCO / Iowa Medicaid termination and reduction process.
- IDT will sign addendum PCSP
- IHHCC/CM/CBCM will submit authorization request per MCO / Iowa Medicaid process.

#6 – How does LOCUS effect, Day Habilitation or Supported Employment Services through Habilitation?

LOCUS / CALOCUS is used to determine

1. If member is eligible for Habilitation services and
2. Determines the Home Based Habilitation (HBH) tier i.e. H2016

If member is currently utilizing the service(s)

- The member and their team would review the service(s) and determine what the need is
- IHHCC/CM/CBCM will include service(s) in the PCSP service package and request per MCO / Iowa Medicaid process.

If member is not currently utilizing the service(s)

- The member and their team would review the service(s) and determine what the need is
- IHHCC/CM/CBCM will complete an addendum PCSP, include service(s) in the PCSP service package and request per MCO / Iowa Medicaid process.

#7 – What if member is receiving H2016 U9 and accessing Day Habilitation, Prevocational, and/or Supportive Employment services?

- If the LOCUS/CALOCUS shows the member needs the U9 Tier or 17 to 24 hours of staff support per day, the IDT team will take in consideration the number of hours the member receives support from other HCBS or non-HCBS services outside the home to determine if their residential needs for staff support can be met at a lower tier. i.e., Mary attends Day Habilitation 3 days per week for 5 hours per day.
 - Actual Disposition Score is 23-27 which equals H2016 U9
 - H2016 U9 = 17 – 24 hours per day
 - That is 744 hours per month for a 31-day month
 - Mary attends day habilitation 12 days per month = 70 hours spent outside the home.
 - 744 Hours per month minus 70 hours per month in Day Habilitation = 674 hours per month of staff support needed through HBH
 - 21.74 hours per day as averaged over the course of a 31-day month
 - H2016 U9 17-24 hours per day remains the correct HBH Tier.

Questions?

Rules, Manual and Guidance

Habilitation Services website:

<http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/habilitation>

Iowa Administrative Rules

<http://dhs.iowa.gov/administrative-rules>

Provider Manual:

<http://dhs.iowa.gov/policy-manuals/medicaid-provider>

Informational Letters can be found at:

<http://dhs.iowa.gov/ime/providers/rulesandpolicies/bulletins>

This Training is a Collaborative Effort Between the Managed Care Organizations and Iowa Medicaid Enterprise

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Thank you!