

Council on Human Services

THURSDAY, FEBRUARY 9, 2023
10 A.M. – 12:00 P.M.

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Join by Phone: 1-551-285-1373

Meeting ID: 1611885061 Passcode: 754052

AGENDA

10:00 a.m. Call to Order

10:05 a.m. Approval of January 12, 2023, meeting minutes

10:05 a.m. Rules

R-1. Amendments to Chapter 74, “Iowa Health and Wellness Plan,” Iowa Administrative Code. (Align rules with current practice and Iowa Code).

Chapter 74 defines and structures the Iowa Health and Wellness Plan. This chapter has been rescinded and replaced to eliminate rules that are outdated, redundant and inconsistent. Terminology has been updated. The references to marketplace are removed as they no longer exist. Retroactive enrollment is updated to include nursing facilities. The website has been added as a payment method for contributions. Members are no longer required to pay premiums when no services were provided. This review is part of the department’s five-year rules review process.

R-2. Amendments to Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” Chapter 79, “Other Policies Relating to Providers of Medical and Remedial Care,” and Chapter 83, “Medicaid Waiver Service,” Iowa Administrative Code. (Implements HF 2578). Previously filed emergency; this is the noticed version now being adopted and filed.

2022 HF 2578 appropriated funds to increase specific Home and Community Based Services (HCBS) for waiver providers and HCBS habilitation providers reimbursement rates over the rates in effect June 30, 2022.

Those changes are:

- Increase rates for Behavioral Health Intervention (BHIS) services by 20.6 percent.
- Increase rates for Applied Behavior Analysis (ABA) by 8.9 percent.
- Increase rates for Home Health Agency providers located in rural areas. These are the providers covered under the Low Utilization Payment Adjustment (LUPA) methodology whose rates may vary depending on the type of provider. LUPA is a standard per-visit payment for episodes of care with a low number of visits. Currently LUPA occurs when there are four or fewer visits during a 60-day episode of care.

As part of the American Rescue Plan Act (ARPA), Section 9817 of HCBS implementation plan, the Department has designated \$14.6 million in state funds to increase HCBS waiver and habilitation reimbursement rates by 4.25 percent. The following rates are updated:

- Increase the reimbursement rates and upper rate limits for providers of HCBS waiver and habilitation services beginning July 1, 2022, by 4.25 percent over the rates that are in effect on June 30, 2022.
- Increase the monthly caps on the total monthly cost of HCBS waiver and Habilitation services.
- Increase the monthly cap on HCBS Support Employment and Intellectual Disabilities (ID) Waiver respite services.
- Increase the annual or lifetime limitations for Home and Vehicle Modifications and Specialized Medical Equipment.
- Technical errors were also corrected as part of the rule filing.

R-3. Amendments to Chapter 81, “Nursing Facilities,” Iowa Administrative Code. (Implements a department initiative)

This rulemaking provides for a quality incentive payment program (QIPP) for non-state government owned nursing facilities (NSGO) to promote, maintain and improve quality of care and health outcomes. The rules identify the criteria the NSGO facility shall meet to qualify for participation in the program. The goal is to issue additional payments for quality of care above what is required by the Centers for Medicaid and Medicare. There is no fiscal impact anticipated as the provider/nursing facility will be paying the state share of the add-on rate, like other inter-governmental transfer programs.

R-4. Amendments to Chapter 81, “Nursing Facilities.” Iowa Administrative Code. (Implements 2022, HF 2578).

Legislation passed in 2022, Iowa Acts, House File 2578 updated the law to reduce the cost of an improvement project for an existing licensed and certified nursing facility in which the total depreciable asset value of the new construction or facility improvements exceeds \$750,000. The previous amount was \$1.5 million dollars. This rulemaking identifies the lower threshold of the \$750,000 amount. This amendment also includes HVAC projects as a qualifying project. How to calculate Medicaid utilization rates are also defined as part of this rulemaking.

R-5. Amendments to Chapter 172, “Family-Centered Services,” (Align rules with current practice and the Iowa Code)

Chapter 172 provides the rules for family-centered services and describes procedures for delivery of services for the child, parent, or kinship caregiver when the needs of any one of these individuals are directly related to the safety, permanency, or well-being of the child, or to prevent the child from entering foster care. The outcome of the services may be to maintain the child with a parent or in the home of the kinship caregiver, to reunify the child safely with a parent or kinship caregiver, or to achieve permanent family connections for the child. These rules add and update definitions of services. These rules remove Solution Based Casework® as a requirement for non-agency cases. In addition, the purpose and scope are clarified. This review is part of the department’s five-year rules review process.

There are no Noticed rules to review currently.

- 10:15 a.m. MCO Quarterly Report – Medicaid Analyst Kurt Behrens**
- 10:30 a.m. Governor’s Red Tape Review – HHS Deputy Director Sarah Reisetter**
- 10:45 a.m. Community Based Services Evaluation – Medicaid Director Liz Matney**
- 11:15 a.m. Child Care Update – Family Well Being and Protection Director Janee Harvey**
- 11:35 a.m. Directors Report – HHS Director Kelly Garcia**
- 11:50 a.m. Council Update**
- 12:00 p.m. Adjourn**

This meeting is accessible to persons with disabilities. (If you have special needs, please contact the Department of Human Services (515) 281-5452 two days prior to the meeting.) Note: Times listed on agenda for specific items are approximate and may vary depending on the length of discussion for preceding items. Please plan accordingly.