

**HCBS Habilitation Program Changes Effective July 1, 2022
Frequently Asked Questions (FAQ)**

Topic	Question	Response
LOCUS/ CALOCUS	The LOCUS only pertains to service authorization for H2016 HBH services and not T2015 Prevocational Services , T2020, T2021 Day Habilitation or other service codes. Just the H2016 correct?	Correct. The LOCUS / CALOCUS will be used to determine eligibility for the Habilitation program and for service authorization of the Home Based Habilitation (HBH) service (H2016 UA,UB,UC,UD,U8,U9 &U7) only.
	Are there circumstances the InterRAI would still be used as a supplement or in addition to the LOCUS?	Yes. If the member does not meet the habilitation eligibility criteria, the interRAI CMH / ChYMH would be completed.
	So if we have someone that the LOCUS says that they are a UD and they need a higher level of care within 5 months, do we have to update the CASH again and then have another locus or can we do the PCSP addendum and request the tier that the client is needing	The CASH will need to be updated and submitted for another LOCUS / CALOCUS review. The CASH would be marked as "change in status update" and all sections that need updated need to be updated. CASH then needs to be signed by the member and HH staff. Then submitted to MCO/FSS per their process. MCO/FSS will complete a new LOCUS/CALOCUS for determination.
	If the LOCUS/CALOCUS is being completed by Telligen or the MCO, how does the IHH Care Coordinator receive a copy in order to include the info in the PCSP? Or are the IHH Care Coordinators completing the LOCUS/CALOCUS?	The LOCUS / CALOCUS is completed by Telligen or the MCO. The IHH Care Coordinator will access the LOCUS / CALOCUS evaluation report from IMPA. Refer to Slide 55 of the PowerPoint Presentation.
	Can Hab providers, use the LOCUS as their assessment and not create an in house one themselves?	Habilitation service providers are not required to complete a separate standalone assessment. It is recommended that the provider use the CASH and LOCUS / CALOCUS along with the Person Centered Service Plan (PCSP) to develop the provider's service specific service plan for the member.
	I understand that if the LOCUS has an appearance of habilitation ineligibility that the interRAI-CMH needs to be done. Who will complete the assessment?	The interRAI-CMH will be completed by the MCO or Telligen if there an appearance of ineligibility.
LOCUS/ CALOCUS Domains	Risk of harm - is this past information and current or is there a timeframe that is looked at for risk of harm?	Historical information is taken into account. From the LOCUS / CALOCUS: When considering historical information, recent patterns of behavior should take precedence over patterns reported from the remote past.
	It was mentioned a person's engagement in recovery or therapy, and outcomes to previous treatment will be considered. Where would this be looked for in the CASH so I know where to include this information or is it expected this will be in the "by the assessor" section?	See https://dhs.iowa.gov/sites/default/files/Annotated_CASH_LOCUS_CALOCUS_Crosswalk.pdf for additional guidance
Comprehensive Assessment and Social History (CASH)	For CASH's that are held with the clients in June, but aren't submitted until after 6/30, how will these be treated? Should they be processed under the current process or will they be scored on the LOCUS?	For the CASH completed in June, the CASH interRAI process should be followed. For the CASH completed in July the CASH/ LOCUS/CALOCUS process must be followed.
	So, if the current CSR date is 7/15/22 and we complete the updated CASH on 6/3/22, the LOCUS/CALOCUS will not be completed then correct?	Correct

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	What are some examples of supplemental documentation that can be submitted with the CASH?	Examples may include a recent psychological evaluation and/or recent hospitalization history and physical / medical documentation.
	For the FFS individuals, who would be responsible in completing the CASH?	The IHH or CM/TCM is responsible to complete the CASH
	Will there be an updated CASH with prompts about where to input info for LOCUS? If so, when will this be available?	The CASH will be updated to include the updated habilitation eligibility on the last page. See https://dhs.iowa.gov/sites/default/files/Annotated_CASH-LOCUS_CALOCUS_Crosswalk.pdf for additional guidance on the CASH / LOCUS/CALOCUS crosswalk
Home Based Habilitation Staff Requirements	Has the DSP age always been 18?	Yes. If an existing staff member does not meet the age requirement in rule, the provider may request an Exception To Policy (ETP) to allow that individual staff person to continue to provide HBH.
	Do we need proof of HS diploma or equivalent for existing staff that have already been employed?	Yes- you will want proof of HS diploma or equivalent in the employee's file. This could include a copy of the diploma / certificate or an employment application that indicates a high school diploma or equivalent. A provider may request an Exception to Policy (ETP) to the educational requirement to allow an employee to who does not have a HS Diploma or its equivalent to provide HBH services.
Home-Based Habilitation (HBH) Training Requirements	Could you talk about the requirements for providers to get their existing staff up to par regarding their training requirements? For example, must they take all the 24 hours of training between 7/1/2022 and 11/1/2022? Would any training fall under the requirements established that was provided between 11/1/2021 and 6/30/2022 count towards this 24 hours?	The time frame for completion of the HBH training requirements is 12 months from the July 1, 2022 implementation date. Any training that meets the requirements in rule and was completed by the employee prior to July 1, 2022 will count towards the initial 24 hour (HBH) or 48 hour (IRSH) training requirements.
	Does the initial 24 hrs for new hires start 7/1/2022?	Yes.
	When does the annual requirements start for the 12 hrs annual training?	July 1, 2023.
	For the training requirements for home based hab if the staff person is not with us for that full year maybe they only worked for us for 3 months and have 2 hours of training will that be okay versus the full 24 hours?	Yes.
	What if we started staff doing training before now?	This is fine as long as the training content is in accordance with the rules. We will be looking at July 1st, 2022 – June 30th, 2023, but if the appropriate training was completed in 2020 / 2021, those hours will count.
	So how far back will you accept training related to the criteria?	The initial training, if in accordance with the rules, may include any training dates. We will want to see the 12 hours of training provided annually after 7/1/2023.
	For the new training requirements - for staff hired before 7/1/2022 - will they be grandfathered in, or do they also need to obtain 24 hours of training?	No, staff will not be grandfathered in.

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	Current/ existing staff will need 12hrs of training from 7/1/22-6/30/23. Or will you be looking for 24hrs for them as well this 1st year of implementation? Will you look back at previous trainings for the 12hrs or the 24hr rule?	Will include a review of the training that has been provided and received by that employee and completed by July 1, 2023- 24 hours for home-based habilitation employees and 48 hours for intensive residential services homes (IRSH) employees Then the following year beginning July 1, 2024, we will be looking for the 12 hours for HBH and 24 hours for IRSH of continuing education.
	Since Day Hab already has required training.....do they need the additional training required for Hab?	Yes- it is possible that the training may be appropriate for both day hab and home-based hab employees. In that event, the training would count to meet the Day Hab and the HBH requirements.
	Will DSPs be able to get credit for applicable training they completed between January 2022 through June 2022 towards the 24 hours required effective 7/1/22?	Yes.
	Will job coaches need to have the 12 hours of training?	No, Job Coaches are required, within 6 months of hire or within 6 months of May 4, 2016, complete at least 9.5 hours of employment services training as offered through Direct Course or through the ACRE certified training program. The person must also hold or obtain, within 24 months of hire, nationally recognized certification in job training and coaching
	What "required" topics....it's pretty open...	Refer to Slide 38 of the PowerPoint presentation.
	Is there a continuing education requirement as well	Yes.
Home Based Habilitation (HBH)	Will H2016 approvals go for the length of the CSR dates?	Yes. If a higher or lower tier is needed during the authorization period, follow the process outlined in the training / workflows to request this.
	Will funding be stopped for T2020 and T2021 Day Habilitation and all figured into H2016 Home Based Habilitation?	No. Day Habilitation remains a stand alone service under the Habilitation program.
	If the member needs 21-24 hours of support, do they require awake staff at the home while they are sleeping or do we not count the time the member is sleeping?	The hours of staff support are the number of hours the member requires the staff to be there. Typically if a staff is needed overnight to support the member, it would be an awake staff.
	If the member is approved for H2016 U8 and meets that criteria from the Locus. Will we receive a NOD of H2016 U8 from the Start Date and End Date of the CSR or will we only receive a NOD for a shorter funding period?	The NOD will be through the end date of the CSR.
Intensive Residential Habilitation Services (IRHS)	Is IRSH for 24-hour HAB home/group home or residential care facility?	IRSH may be provided in an HCBS provider owned or controlled setting including a home that is approved to serve up to 5 individuals under HCBS or in an RCF licensed for 16 beds or less. In accordance with 441 25.6(8)"b"(12) if IRSH is funded through HCBS and not licensed as a residential care facility, serve no more than five individuals at a site.
Assessment and Reassessment Processes	How long will it take someone from Telligen to come out and do the locus when a client needs immediate assistance?	The LOCUS / CALOCUS is an online tool that is completed during a review of the CASH and if applicable other supporting documentation. For FFS the IHH would need to submit the CASH and initiate the IOWANS workflow to alert Telligen to complete the LOCUS.
	How long does the MCO have to review the CASH and complete the LOCUS scoring tool, i.e. within a week for example?	14 days from the date the CASH is submitted.
	If the CASH has to be done by the CSR date when does the LOCUS have to be completed by the MCO or Telligen?	See prior response.

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	In what way does the MCO notify the IHH/CM/CBCM of the level of care determination-by email?	For Amerigroup- same process as now- by the 99490-authorization approval. For ITC- same process, notice that the LOC is approved with approval dates via email. For FFS- will receive a milestone in lowans (reminder to IHHs to update the tier in IMPA).
	Just to clarify--the CASH date will be used to determine the 30 days timeframe?	Yes.
	Several of our members have preferred to do their assessment and pcsp meeting on the same day. Based on this new process, will we always have to wait and do the pcsp meeting later?	The Comprehensive Assessment and Social History (CASH) will need to be completed face-to-face with the member and whomever the member chooses to be present at the meeting. The CASH and other supporting documentation as needed will be submitted to the MCO / FFS for review and scoring of the LOCUS / CALOCUS which will determine the home-based habilitation tier. The interdisciplinary team will need to meet to review the results of the LOCUS / CALCOUS and to plan for services and supports as needed by the member.
	I've heard that ITC wants CASH submitted differently? Will it still be "Medically Necessary" ? then "Other"?	You will continue to submit as usual through the client portal, however you will select "long term services & supports" and "701B" instead of "medical necessity/other."
	For Amerigroup are we uploading only the CASH for 99490 U1? and ITC we continue to upload the CASH in the Document Manger in the Envolve System when the 99490 U1 is due? And you want this done 45 - 60 Days done prior to when it is due? Correct	AGP: This is correct. ITC: This is correct. IHHs should work ahead of time to complete the CASH and submit for renewal / continuing stay review. MCOs recommend this is completed 45 to 60 days ahead of the due date.
	Will you please clarify. Will the CSR date be based on the CASH or LOCUS?	The CSR date is based on the date the Comprehensive Assessment and Social History (CASH) date was completed with the member.
Claims and Billing	Are agencies able to bill for, say, a UD and UC in the same month for a single member? In short, if a member does not meet the full UD hours a few times during the month, how is a provider to capture costs for all services provided?	If you are getting to the 15th of the month and the member is not using the average units per day to reach that tier, the IDT can come together and request a lower tier / update care plan and submit the service request.
	Is there an updated fee schedule with the new tier (U7) included?	Here is a link to the fee schedule with the new tier (U7) included: https://dhs.iowa.gov/sites/default/files/HCBS_Habilitation_Home_Based_Habilitation_Fee_Schedule_July_2021.pdf?071920211342
General Questions	Is this a training that all service providers and service coordinators will have to ensure that they know and understand the new process and how the tiers are going to be determined?	This training is recorded and is strongly recommended that all service providers, health homes and case managers complete it. The training is located on the DHS Provider Training Website: https://dhs.iowa.gov/ime/Providers/tools-trainings-and-services/ATRegistration
	What if a member is eligible for both ID waiver and Hab, those dates can be likely different. Would they ever align?	It is possible that the dates may not align.
	When will the recorded training be available so that our staff can view?	The recorded webinar, PowerPoint presentation and handouts are available on the Provider Training Sessions Webpage at: https://dhs.iowa.gov/ime/Providers/tools-trainings-and-services/ATRegistration

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	For new referrals, what do you see as an expected time before the provider is aware of the approved tier rate?	IHH/CM/CBCM will be able to access the LOCUS / CALOCUS evaluation report once habilitation eligibility is approved. The LOCUS / CALOCUS establishes the home-based habilitation tier.
	Is there a way to request expedited review for members in hospital or requiring an increase in care for safety?	Yes – please follow the current process.
	What will be the appeal process if the MCO and provider are disagreeing?	<p>There is no adverse action with the completion of the LOCUS / CALOCUS and therefore the score cannot be appealed.</p> <p>If there is a change in member need since the completion of a LOCUS / CALOCUS, and a higher tier is needed, the CASH should be updated and submitted for a new LOCUS / CALOCUS review.</p>
	What would be the appeal process is the member is determined not to be eligible for Habilitation based on the eligibility criteria and/or LOCUS / CALCOUS actual disposition score?	The department shall give notice of any adverse action and the right to appeal in accordance with 441—Chapter 7. 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. If dissatisfied with that decision, the member may file an appeal with the department