

# TOWN HALL MEMBER QUESTIONS

## QUESTIONS ASKED DURING TOWN HALL

### AUGUST 26, 2021

1. **Will the 3.5 percent rate increase effective July 1, 2021, be available to Consumer Choices Option (CCO) providers in the Home- and Community-Based Services (HCBS) waiver program, specifically to increase funds for direct services (Supported Community Living/Respite) and the providers who deliver those services? If yes, should consumers contact their case manager or their Independent Service Broker (ISB) to revise their budget accordingly? If no, why not?**

Answer: It is available to CCO providers as well. The rate increase for all HCBS. See [Informational Letter 2267-MC-FFS](#) for more details.

2. **Can members of the CCO program have transportation included in their benefits?**

Answer: Yes.

3. **Did I understand you to say there will be provider town halls also? If so, when will those be?**

Answer: Iowa Medicaid is holding virtual town halls meetings with providers and members each month. The scheduled is posted on the Department's [website](#).

4. **Why does the Physical Disability (PD) waiver not include chore services? Somewhere along the line, people with physical disabilities need work done such as snow removal to safely go to doctor's appointment. This was overlooked in the program.**

Answer: Individual HCBS waiver programs are designed to meet the needs of the specific population in the waiver program, i.e., the Brain Injury Waiver provides services to members with a brain injury diagnosis, the Intellectual Disability provides services to members that have an intellectual disability diagnosis, etc.

The state must apply to the Centers for Medicare and Medicaid services (CMS) for waiver program approval. The application process requires the state to spell out in detail the types of services that will be included in each waiver. The included services are a point-in-time decision based on the needs of the members served. The initial application identifies each service that will be included in the waiver. The decision to include a service in a specific waiver is made at the time of the application. Most of the seven HCBS Waivers began in the 1980s and 1990s. There are some services included in most of the seven HCBS waiver programs (like Consumer Directed Attendant Care) and other services are only available in one waiver (e.g., senior companion in the Elderly Waiver).

Each waiver must be renewed every five years after the initial approval. The initial and renew application process requires public input. Renewal applications are posted to the DHS website for 30 days for input. New services may be added to existing waiver programs and must get CMS approval. In adding services to a waiver program, the state must conduct a fiscal impact review and get Department approval to assure that funding is available to support the new service.

The state is using the American Rescue Plan Act (ARPA) funding to conduct a statewide systems analysis of service availability to lowans who are aging, or have physical, mental, or behavioral disabilities. It is anticipated that the analysis will identify gaps in services delivery and availability.

- 5. Amerigroup and Iowa Total Care both tell CCO members they are not allowed to have transportation services with other services like SCL or Consumer Directed Attendant Care (CDAC) is this true? They tell the member the employee must clock out during the time they are transporting if they want to have transportation service through CCO.**

Answer: This is not true. Iowa Medicaid has clarified this with the MCOs.

- 6. Why isn't SCL on all waivers? Many children with intellectual disabilities are on Health and Disability (HD) waiver until they become an adult for SCL.**

Answer: Individual HCBS waiver programs are designed to meet the needs of the specific population in the waiver program, i.e., the Brain Injury Waiver provides services to members with a brain injury diagnosis, the Intellectual Disability provides services to members that have an intellectual disability diagnosis, etc.

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**7. Why isn't there a 24/7 care option for HD waiver, like there is for ID and Brain Injury (BI) waivers?**

Answer: Individual HCBS waiver programs are designed to meet the needs of the specific population in the waiver program, i.e., the Brain Injury Waiver provides services to members with a brain injury diagnosis, the Intellectual Disability provides services to members that have an intellectual disability diagnosis, etc.

The state must apply to the Centers for Medicare and Medicaid services (CMS) for waiver program approval. The application process requires the state to spell out in detail the types of services that will be included in each waiver. The included services are a point-in-time decision based on the needs of the members served. The initial application identifies each service that will be included in the waiver. The decision to include a service in a specific waiver is made at the time of the application. Most of the seven HCBS Waivers began in the 1980s and 1990s. There are some services included in most of the seven HCBS waiver programs (like Consumer Directed Attendant Care) and other services are only available in one waiver (e.g., senior companion in the Elderly Waiver).