

HOME AND COMMUNITY BASED SERVICES INTELLECTUAL DISABILITY WAIVER INFORMATION PACKET

The Medicaid Home and Community Based Intellectual Disability Waiver (HCBS ID) provides service funding and individualized supports to maintain eligible members in their own homes or communities who would otherwise require care in a medical institution. Provision of these services must be cost effective.

GENERAL PARAMETERS

- ID Waiver services are individualized to meet the needs of each member. The following services are available:
 - **Adult Day Care**
 - **Consumer Directed Attendant Care (CDAC)**
 - **Day Habilitation**
 - **Home and Vehicle Modifications**
 - **Home Health Aide**
 - **Interim Medical Monitoring and Treatment**
 - **Nursing**
 - **Personal Emergency Response System**
 - **Prevocational**
 - **Respite**
 - **Supported Community Living**
 - **Supported Community Living-Residential Based**
 - **Supported Employment**
 - **Transportation**
 - **Consumer Choices Option**
- The services that are considered necessary and appropriate for the member will be determined through an interdisciplinary team consisting of the member, Case Manager/ DHS Service Worker, service provider(s) and other persons the member chooses.
- All members will have a comprehensive service plan developed by a Case Manager/ DHS Service Worker in cooperation with the member. This plan must be completed prior to implementation of services. The comprehensive service plan for members ***aged 20 or under*** must be developed or reviewed taking into consideration those services that may be provided through the individual education plan (IEP) and EPSDT (Care For Kids) plan(s).
- Members shall access all other services for which they are eligible and which are appropriate to meet their needs as a precondition of eligibility for the ID Waiver.
- A comprehensive service plan must be developed and reviewed annually with the interdisciplinary team and signed by the D.H.S. service worker.
- The member must choose HCBS services as an alternative to institutional services.
- In order to receive ID Waiver services, an approved ID Waiver service provider must be available to provide those services.
- Medicaid waiver service cannot be simultaneously reimbursed with another Medicaid service.
- ID Waiver services cannot be provided when a member is an inpatient of a medical institution.

- Members must need and use, at a minimum, one unit of waiver service during each quarter of the calendar year.
- The State has designated the number of members (payment slots) that can be served under the HCBS ID program. A payment slot must be available and assigned to the individual at the time of application or after Disability Determination, whichever is later.
- Funding must be available either through the member's county of legal settlement or the State of Iowa.
- The member must receive Medicaid case management services when ID Waiver services begin.
- Following is the hierarchy for accessing waiver services:
 - Private insurance
 - Medicaid and/or EPSDT (Care For Kids)
 - Intellectual Disability Waiver services
- Assistance may be available through the In-Home Health Related Care program and the Rent Subsidy Program in addition to services available through the Intellectual Disability Waiver.

MEMBER ELIGIBILITY CRITERIA

Members may be eligible for HCBS ID Waiver services by meeting the following criteria:

- Be an Iowa resident and a United States citizen or a person of foreign birth with legal entry into the United States.
- Have a diagnosis of Intellectual Disability or a diagnosis of mental disability equivalent to Intellectual Disability as determined by a psychologist or psychiatrist.
- Be determined eligible for Medicaid (Title XIX). Members may be Medicaid eligible prior to accessing waiver services or be determined eligible through the application process for the waiver program. Additional opportunities to access Medicaid may be available through the waiver program even if the member has previously been determined ineligible.
- Be determined by the Iowa Medicaid Enterprise, Medical Services to need Intermediate Care Facility for the Mentally Retarded (ICF/ID) level of care

SERVICE DESCRIPTIONS

- **PLEASE NOTE:**

ID Waiver services are individualized to meet the needs of each member. However, decisions regarding what services are appropriate, the number of units, or the dollar amounts of the appropriate services are based on the member's needs as determined by the member and an interdisciplinary team.

ADULT DAY CARE

WHAT: Adult day care is an organized program of supportive care in a group environment. The care is provided to members who need a degree of supervision and assistance on a regular or intermittent basis in a day care setting.

WHERE: In an adult day program and not the provider's home.

UNITS: A unit is:
Half day - 1 to 4 hours
or
Full day - 4 to 8 hours
or
Extended day - 8 to 12 hours

CONSUMER DIRECTED ATTENDANT CARE (CDAC)

WHAT: Assistance to the member with self-care tasks, which the member would typically do independently if the member was otherwise able. An individual or agency, depending on the member's needs may provide the service. The member, parent, guardian, or attorney in fact under durable power of attorney for health care shall be responsible for selecting the individual or agency that will provide the components of the CDAC services to be provided.

The CDAC service may include assistance with non-skilled and skilled services. The skilled services must be done under the supervision of a professional registered nurse or licensed therapist working under the direction of a physician. The registered nurse or therapist shall retain accountability for actions that are delegated.

Skilled services may include: tube feedings, intravenous therapy, parenteral injections, catheterizations, respiratory care, care of decubiti & other ulcerated areas, rehabilitation services, colostomy care, care of medical conditions out of control, post-surgical nursing care, monitoring medications, preparing and monitoring response to therapeutic diets, and recording and reporting of changes in vital signs.

Non-skilled services may include: dressing, hygiene, grooming, bathing supports, wheelchair transfer, ambulation and mobility, toileting assistance, meal preparation, cooking, eating and feeding, housekeeping, medications ordinarily self-administered, minor wound care, employment support, cognitive assistance, fostering communication, and assisting with or accompanying during transportation. Employment support includes assistance needed to go to or return from place of employment and assistance with job-related tasks while the member is on the job site.

A determination must be made regarding what services will benefit and assist the member. Those services will be recorded in The HCBS Consumer Directed Attendant Care Agreement Form 470-3372. This Agreement becomes part of the comprehensive service plan developed for the member.

This service is only appropriate if the member, parent, guardian, or attorney in fact under a durable power of attorney for health care has the ability to and is willing to manage all aspects of the service.

WHERE:	In the member's home or community. Not in the provider's home.
DOES NOT INCLUDE:	Daycare, child care, respite, room and board, parenting, case management, cost of transportation, or assistance with understanding or performing essential job functions
	CDAC cannot replace a less expensive service.
	A CDAC provider may <i>not</i> be the spouse of the member or a parent or stepparent of a member aged 17 or under.
	An individual CDAC provider cannot be the recipient of respite services provided on behalf of a member receiving HCBS ID services.
	The cost of nurse supervision, if needed
UNITS:	A unit is: One hour or One 8 to 24 hour day
MAXIMUM UNITS:	The case manager, working with the member and the interdisciplinary team, establishes an amount of dollars that may be used for CDAC. The amount is then entered into the comprehensive service plan along with information about other HCBS services the member may receive. This monetary information is also entered into The HCBS Consumer Directed Attendant Care Agreement Form 470-3372 along with the responsibilities of the member and the provider, and the activities for which the provider will be reimbursed. The member and the provider come to agreement on the amount of service needed and the cost per unit. The agreement must be signed and dated by the member and the provider. A completed copy of the Agreement is distributed to the member, the provider and the case manager. The Agreement becomes part of the comprehensive service plan. These steps <u>must</u> be completed prior to service provision.
	When CDAC is provided by an assisted living facility, please note the following:
	<ul style="list-style-type: none"> • The service worker or case manager should be aware of and have knowledge of the specific services included in the assisted living facility contract to ensure the following: <ul style="list-style-type: none"> • That assisted living facility services are not duplicative of CDAC services • Knowledge of how member needs are being addressed • Awareness of member unmet needs that must be included in the care plan • CDAC payment does not include costs of room and board. • Each member must be determined by IFMC to meet ICF/ID level of care. • The CDAC fee is calculated based on the needs of the member and may differ from individual to individual.
PROVIDER ENROLL: and	The provider must be enrolled with the Department's fiscal agent and certified as a CDAC provider prior to the completion of the HCBS Consumer Directed Attendant Care Agreement. Services provided prior to certification and completion of this agreement will not be reimbursed.
	It may be important for the member to enlist more than one CDAC provider. Back up services may be necessary in case of an emergency.
BILLING:	The member as well as the provider must sign the Claim for Targeted Medical Care before it is submitted for payment. This verifies that the services were provided as shown on the billing form.

DAY HABILITATION

WHAT: Day habilitation services are services that assist or support the member in developing or maintaining life skills and community integration. Services must enable or enhance the member's intellectual functioning, physical and emotional health and development, language and communication development, cognitive functioning, socialization and community integration, functional skill development, behavior management, responsibility and self-direction, daily living activities, self-advocacy skills, or mobility.

Family training option: Day habilitation services may include training families in treatment and support methodologies or in the care and use of equipment. Family training may be provided in the member's home.

WHERE: In a rehabilitation center or other type of community setting. Not in the member's home.

DOES NOT INCLUDE: Services shall not be provided in the member's home, except when utilizing the family training option. For this purpose, services provided in a residential care facility where the member lives are not considered to be provided in the member's home.

Services shall not include vocational or prevocational services and shall not involve paid work.

Services shall not duplicate or replace education or related services defined in the Education of the Handicapped Act.

UNIT: A unit is:

1 hour

or

Half day - 1 to 4 hours

or

Full day - 4 to 8 hours

When using the family training option, a unit is one hour.

The family training option is limited to a maximum of 10 hours per month.

HOME AND VEHICLE MODIFICATIONS (HVM)

WHAT: Physical modifications to the home and/or vehicle that directly address the members medical health or remedial need. Covered modifications must be necessary to provide for the health, welfare, and safety of the member and to increase or maintain independence. All modification requests are reviewed individually and a determination is made regarding the appropriateness of the modification request.

WHERE: In/on the member's home and/or vehicle. **Please note that only the following modifications are included:**

1. Kitchen counters, sink space, cabinets, special adaptations to refrigerators, stoves, and ovens.
2. Bathtubs and toilets to accommodate transfer, special handles and hoses for showerheads, water faucet controls, and accessible shower and sink areas.
3. Grab bars and handrails.
4. Turnaround space adaptations.
5. Ramps, lifts, and door, hall and window widening.
6. Fire safety alarm equipment specific for disability.
7. Voice activated, sound activated, light activated, motion activated and electronic devices directly related to member's disability.
8. Vehicle lifts, driver specific adaptations, remote start systems, including such modifications already installed in a vehicle.
9. Keyless entry systems.
10. Automatic opening device for home or vehicle door.
11. Special door and window locks.
12. Specialized doorknobs and handles.
13. Plexiglass replacement for glass windows.
14. Modification of existing stairs to widen, lower, raise, or enclose open stairs

15. Motion detectors.
16. Low pile carpeting or slip resistant flooring.
17. Telecommunications device for people who are deaf
18. Exterior hard surface pathway.
19. New door opening.
20. Pocket doors
21. Installation or relocation of controls, outlets, and switches.
22. Air conditioning and air filtering if medically necessary.
23. Heightening of existing garage door opening to accommodate modified van.
24. Bath chairs.

DOES NOT INCLUDE Modifications, which increase the square footage of the home, items for replacement which are the responsibility of the homeowner/landlord, vehicle purchase, fences, furnaces, repairs or any modifications or adaptations available through regular Medicaid

UNIT: A unit is the cost of the completed modification or adaptation.

MAXIMUM: The maximum lifetime benefit is \$5050.00.

HOME HEALTH AIDE (HHA)

WHAT: Unskilled medical services, which provide direct personal care. This service may include assistance with activities of daily living such as helping the recipient to bathe, get in and out of bed, care for hair and teeth, exercise, and take medications specifically ordered by the physician (but ordinarily self-administered). Certain household services may be performed by the aid in order to prevent or postpone the recipient’s institutionalization. Domestic or housekeeping services, which are not related to member care, are not covered services if personal care is not rendered during the visit.

Instruction, supervision (for adults), support or assistance in personal hygiene, bathing, and daily living shall be provided under supported community living.

Home health aide as a waiver service may be accessed *after* maximizing services under the Medicaid State plan.

WHERE: In the member’s home. Not in the provider’s home.

DOES NOT INCLUDE: Homemaker services such as cooking and cleaning or services which meet the intermittent guidelines or those provided under the EPSDT authority

May not duplicate any regular Medicaid or waiver services provided under the State plan

Medicaid intermittent coverage: Regular Medicaid provides for intermittent coverage of skilled nursing and home health aide services provided in the person’s home for both children and adults. Services are usually provided two to three hours per day for two to three days per week. Intermittent skilled nursing coverage includes visits up to five days per week and daily or multiple daily visits for wound care or insulin injections. Intermittent home health aide coverage includes visits twice per day up to seven days per week for persons attending school or working or when ordered by the physician and included in the plan of care, not to exceed 28 hours per week.

EPSDT (Care For Kids) program: EPSDT services for persons under age 21 only include private duty nursing and personal care services which meet the definition of medical necessity as provided by CMS for EPSDT. Services may be provided to a child outside of the child’s residence when normal life activities take the child outside the residence.

Services not covered by EPSDT include:

- Services to children with Medicaid HMO coverage
- Mental health services to children enrolled in the Iowa Plan
- Well child care
- Respite
- Transportation
- Homework assistance

- Services to other household members

UNIT: A unit is one hour.

MAXIMUM: Fourteen (14) hours per week

INTERIM MEDICAL MONITORING AND TREATMENT (IMMT)

WHAT: Monitoring and treatment of a medical nature requiring specially trained caregivers beyond what is normally available in a day care setting for persons age 20 and under. Interim medical monitoring and treatment services shall provide experiences for each member's social, emotional, intellectual, and physical development. The service will include comprehensive development care and any special services for a member with special needs; and will include medical assessment, medical monitoring, and medical intervention as needed on a regular or emergency basis.

The service allows the member's usual caregivers to be employed. Interim medical monitoring and treatment may also be used after the death of a usual caregiver. Interim medical monitoring and treatment services may include supervision for the child during transportation to and from school when not available through school or other sources. Interim medical monitoring and treatment services may also be provided for a limited period of time when the usual caregiver is involved in the following circumstances:

- Attendance at academic or vocational training
- Employment search
- Hospitalization
- Treatment for physical or mental illness

WHERE: In the home, a registered group child care home, a registered family child care home, a licensed child care center, or during transportation to and from school. Providers of this service must be at least 18 years of age, not be the spouse of the member or parent or stepparent of a member age 17 or under. The provider cannot be the usual caregiver. As determined by the usual caregiver, the provider must be qualified by training or experience. A licensed medical professional on the member's interdisciplinary team must be able to provide medical intervention or intervention in a medical emergency.

DOES NOT INCLUDE: May not duplicate any regular Medicaid or waiver services provided under the state plan

Medicaid intermittent coverage: Regular Medicaid provides for intermittent coverage of skilled nursing and home health aide services provided in the person's home for both children and adults. Services are usually provided two to three hours per day for two to three days per week. Intermittent skilled nursing coverage includes visits up to five days per week and daily or multiple daily visits for wound care or insulin injections. Intermittent home health aide coverage includes visits twice per day up to seven days per week for persons attending school or working or when ordered by the physician and included in the plan of care, not to exceed 28 hours per week.

Day Care - This service must not be used to replace day care for children that do not require medical monitoring and treatment.

EPSDT (Care For Kids) program: EPSDT services for persons under age 21 only include private duty nursing and personal care services which meet the definition of medical necessity as provided by CMS for EPSDT. Services may be provided to a child outside of the child's residence when normal life activities take the child outside the residence.

Services not covered by EPSDT include:

- Services to children with Medicaid HMO coverage
- Mental health services to children enrolled in the Iowa Plan
- Well child care
- Respite
- Transportation
- Homework assistance
- Services to other household members

UNIT: A unit is one hour.

MAXIMUM: Twelve (12) one-hour units of service per day

NURSING

WHAT: Nursing services are provided by a licensed nurse. The services are ordered by and included in the plan of treatment established by the physician. The services shall be based on the medical necessity of the member and the Iowa Board of Nursing scope of practice guidelines.

WHERE: In the member's home. Not the provider's home.

DOES NOT INCLUDE: Nursing services provided outside of the home or services which meet the intermittent guidelines or those provided under the EPSDT authority.

Medicaid intermittent coverage: Regular Medicaid provides for intermittent coverage of skilled nursing and home health aide services provided in the person's home for both children and adults. Services are usually provided two to three hours per day for two to three days per week. Intermittent skilled nursing coverage includes visits up to five days per week and daily or multiple daily visits for wound care or insulin injections. Intermittent home health aide coverage includes visits twice per day up to seven days per week for persons attending school or working or when ordered by the physician and included in the plan of care, not to exceed 28 hours per week.

EPSDT (Care For Kids) program: EPSDT services for persons under age 21 only include private duty nursing and personal care services which meet the definition of medical necessity as provided by CMS for EPSDT. Services may be provided to a child outside of the child's residence when normal life activities take the child outside the residence.

Services not covered by EPSDT include:

- Services to children with Medicaid HMO coverage
- Mental health services to children enrolled in the Iowa Plan
- Well child care
- Respite
- Transportation
- Homework assistance
- Services to other household members

This nursing service shall not be simultaneously reimbursed with other Medicaid services. Exception: Payment may be made for supervisory visits when a registered nurse, acting in a supervisory capacity, provides supervisory visits of services provided by a home health aide under a home health agency plan of treatment.

UNIT: A unit is one hour.

MAXIMUM: Ten (10) hours per week

PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)

WHAT: An electronic device connected to a 24-hour staffed system which allows the member to access assistance in the event of an emergency.

WHERE: The PERS is connected to the member's home phone and includes a portable emergency button carried by the member.

UNITS: A unit is:
One time installation fee
and/or
One month of service

MAXIMUM UNITS: 12 months of service per State fiscal year (July 1-June 30)

PREVOCATIONAL SERVICES

- WHAT:** Prevocational services prepare a member for paid or unpaid employment. It includes teaching the member job readiness skills that may include the following: following directions, attending to tasks, task completion, problem solving, and safety and mobility training. Members must not earn more than 50% of the Iowa minimum wage.
- WHERE:** In a rehabilitation center, community setting, or members' home. Not in the provider's home.
- DOES NOT INCLUDE:** Assisting a member in learning tasks or skills for a specific job
- Similar services that are available from the Division of Vocational Rehabilitation Services or from an educational system. The service worker/case manager must first contact DVR to see if member would qualify for Division of Vocational Rehabilitation Services funding. These services must be explored and utilized whenever possible before using prevocational services under the waiver.
- UNIT:** A unit is one day, half day, or hourly.
- MAXIMUM:** County contract rate or, in the absence of a contract rate, \$48.22 per day. Prevocational services should not generally go beyond one year. If they do, close monitoring of this service should be done.

RESPIRE

- WHAT:** Respite care services are services provided to the member that gives temporary relief to the usual caregiver and provides all the necessary care that the usual caregiver would provide during that time period. The purpose of respite care is to enable the member to remain in the member's current living situation.
- **Specialized respite** means respite provided on a staff to member ratio of one to one or higher for individuals with specialized medical needs requiring monitoring or supervision provided by a licensed registered nurse or licensed practical nurse.
 - **Group respite** means respite provided on a staff to member ratio of less than one to one.
 - **Basic individual respite** means respite provided on a staff to member ratio of one to one or higher for individuals without specialized medical needs that would require care by a licensed registered nurse or licensed practical nurse.
- WHERE:** Respite may be provided in the member's home, another family's home, camps, organized community programs (YMCA, recreation centers, senior citizens centers, etc.), ICF/ID, RCF/ID, hospital, nursing facility, skilled nursing facility, assisted living program, adult day care center, foster group care, foster family home or DHS licensed daycare.
- Respite provided outside the member's home or outside a facility in locations covered by the facility's licensure, certification, accreditation, or contract must be approved by the parent, guardian, or primary caregiver and interdisciplinary team, and must be consistent with the way the location is used by the general public. Respite in these locations may not exceed seventy-two (72) continuous hours.
- DOES NOT INCLUDE:** Services shall not be reimbursable if the living unit is otherwise reserved for persons on a temporary leave of absence.
- Respite cannot be provided to members residing in the family, guardian or usual caregiver's home during the hours in which the usual caregiver is employed unless it is in a camp setting.
- Respite shall not be simultaneously reimbursed or provided with duplicative services under the waiver.
- UNITS:** A unit is one hour. Payment for respite services shall not exceed \$7050 per member's waiver year.
- MAXIMUM UNITS:** Fourteen consecutive days of 24-hour respite care may be reimbursed
and
Respite services provided to three or more individuals for a period exceeding 24 consecutive hours for individuals who require nursing care because of a mental or physical condition must be provided by a licensed health care

facility as described in the Iowa Code chapter 135C.

SUPPORTED COMMUNITY LIVING (SCL) 1-5 Persons

WHAT: SCL provides one to twenty-four hours of support per day based on the member's needs.

This service is designed to assist the member with daily living needs. Assistance may include, but is not limited to: personal and home skills, community skills, personal needs, transportation and treatment services.

For members who are age 20 or under and who require more than 52 hours of SCL per month, the comprehensive service plan must be developed taking into consideration of services that will be provided through the EPSDT (Care For Kids) program. To go above 52 hours of SCL for children, the case manager must document reason in service file. The duration of services shall be based on age appropriateness and individual attention span.

WHERE: Members can receive SCL in the family home, the guardian home or community settings. This does not include the provider's home.

All living arrangements must be integrated into the community.

The typical and preferred living unit may include one to four persons. Special certification may be available that allow five person living arrangements.

DOES NOT INCLUDE: Transportation to work or a day program, room and board costs, academics, medical services, vocational services, daycare or case management, daycare, baby-sitting, or parenting.

UNITS: A unit is:

One hour

or

One day

A daily rate applies to members who live outside of their family, legal representative or foster family home and for whom a provider has primary responsibility for supervision or structure during the month.

A daily rate applies to members who receive on-site staff supervision for 14 or more hours per day as an average over a seven-day week.

SUPPORTED COMMUNITY LIVING-RESIDENTIAL BASED

WHAT: SCL-Residential Based provides twenty-four hours daily support based on the member's needs.

This service targets children age 18 and under.

A separate slot must be requested under this category before members can be determined eligible for the HCBS residential based supported living under the ID waiver.

Allowable service components include the following:

- Daily living skills development.

These are services to develop the child's ability to function independently in the community on a daily basis, including training in food preparation, maintenance of living environment, time and money management, personal hygiene, and self care.

- Social skills development.

These are services to develop a child's communication and socialization skills, including interventions to develop a child's ability to solve problems, resolve conflicts, develop appropriate relationships with others, and develop techniques for controlling behavior.

- Family support development.

These are services necessary to allow a child to return to the child's family or another less restrictive service environment. These services must include counseling and therapy sessions that involve both the child and the child's family at least 50 percent of the time and that focus on techniques for dealing with the special care needs of the child and interventions needed to alleviate behaviors that are disruptive to the family or other group living unit.

- Counseling and behavior intervention services.

These are services to halt, control, or reverse stress and social, emotional, or behavioral problems that threaten or have negatively affected the child's stability. Activities under these services include counseling and behavior interventions with the child, including interventions to ameliorate problem behaviors.

WHERE: Members must reside outside the home in a residential-based supported community living environment. The residential-based living service provider monitors the home and may assist member and their family in locating furniture and necessary household items.

DOES NOT INCLUDE: Room and board costs

UNITS: A unit is one day.

SUPPORTED EMPLOYMENT (SE)

WHAT: Individualized services associated with obtaining and maintaining competitive paid employment for individuals, because of disability, require intense and ongoing support to perform in a work setting

The three components of this service are:

- Activities To Obtain A Job. These are services provided to obtain competitive employment. Any of the following activities may be included:
 - Job development services
 - Employer development services
 - Enhanced Job search activities
- Supports To Maintain Employment. These are services provided to maintain competitive employment. Any of the following activities may be included:
 - Work-related behavioral management
 - Job coaching
 - On-the-job or work-related crisis intervention
 - Assisting with skills related to paid employment including communication, problem solving and safety
 - Consumer directed attendant care
 - Time management
 - Grooming
 - Employment-related supportive contacts
 - Transportation between work or between activities related to employment. Other forms of transportation must be attempted first.
 - On-site vocational assessment after employment
 - Employer consultation
- Enclave. Maintaining employment may include services associated with sustaining members in a team of no more than 8 individuals with disabilities in a teamwork or enclave setting.

WHERE: Job placements shall be made in integrated settings with the majority of co-workers being persons without disabilities.

DOES NOT INCLUDE: Members who are eligible for similar services from the Division of Vocational Rehabilitation Services
Members who are eligible for similar services from educational services

Services involved in placing or maintaining members in day activity, work activity or sheltered workshop programs

Supports for volunteer work or unpaid internships

Tuition for educational or vocational training

Individual advocacy that is not member specific

UNITS:

Activities To Obtain A Job:

Job development services - a unit of service a job placement of 30 consecutive calendar days. Providers are paid when the service is entered into the member's plan of care.

Employer development services – a unit of services is one job placement that the member holds for 30 consecutive days. Providers may bill after the member has been employed for 30 days

Enhanced job search activities – a unit is one hour

Supports To Maintain Employment – a unit is one hour

MAXIMUM UNITS:

Job development services – two job placements per 12-month period

Employer development services – one job placement of 30 or more consecutive days

Enhanced job search activities - 26 units per 12 month time period

Supports To Maintain Employment
40 hours per week

TRANSPORTATION

WHAT:

Transportation services for members to conduct business errands, essential shopping, to receive medical services, to travel to and from work or day programs, and to reduce social isolation

WHERE:

In the community as identified in the comprehensive service plan

DOES NOT INCLUDE:

Transportation simultaneously reimbursed with transportation costs that may be included in an SCL rate or Medical Transportation that is reimbursable through medical transportation funding

UNIT:

The units are as follows:

County contract rate

or, in absence of a county contract rate,

State per mile rate for individual providers

or

Rate established by an Area Agency on Aging for all others

CONSUMER CHOICES OPTION

WHAT:

The **Consumer Choices Option** is an option that is available under most of the HCBS waivers. This option will give you more control over a targeted amount of Medicaid dollars. You will use these dollars to develop an individual budget plan to meet your needs by directly hiring employees and/or purchasing other goods and services.

The **Consumer Choices Option** offers more choice, control and flexibility over your services as well as more responsibility. Additional assistance is available if you choose this option. You will choose an Independent Support

Broker who will help you develop your individual budget and help you recruit employees. You will also work with a Financial Management Service that will manage your budget for you and pay your workers on your behalf. Contact your case manager/DHS service worker/service worker for more information. Additional information may also be found at the website: www.ime.state.ia.us/HCBS/HCBSConsumerOptions.html

Services that may be included in the individual budget under the Consumer Choices Option are:

- Consumer Directed Attendant Care Attendant (unskilled)
- Day habilitation
- Home and Vehicle modification
- Prevocational Services
- Basic Individual Respite Care
- Supported Community Living
- Supported Employment
- Transportation

WHERE: In the member's home or community. Not the provider's home.

DOES NOT

INCLUDE: Consumer Choices option cannot be used to pay for room and board, workshop services, E other childcare and personal entertainment items. Goods and services provided. Consumer Choices option cannot otherwise be provided through Medicaid state plan services. Goods and services would decrease the need for other Medicaid services; and/or promote inclusion in the community; and/or increases your safety in your home and community.

UNITS: A monthly budget amount is set for each member

APPLICATION PROCESS

The application process for the ID Waiver requires a coordinated effort between the Department of Human Services and non-Department agencies on behalf of the prospective member. If you are currently working with Department of Human Services personnel, please contact that person regarding the application process.

Please respond immediately to correspondence from an income maintenance worker, a service worker or a Medicaid case manager. This will decrease the amount of time needed to complete the application process and assist in communication.

1. Application for Medicaid (Title XIX) and the ID Waiver is made with an income maintenance worker (IM) at the local DHS office. The IM Worker will secure a payment slot or put the member's name on a waiting list. Upon availability of a payment slot, the IM will process the application and refer the member to a DHS service worker or a Medicaid case manager.
 - For adults applying for the ID Waiver, an appointment will be scheduled with the IM worker. For children applying for this waiver, telephone contact will be made to the family home. Documentation necessary to complete this contact may include:
 - Financial records
 - Title XIX card
 - Letter of Medicaid Eligibility
 - Verification of Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI) or State Supplemental Assistance (SSA) eligibility, if applicable. If assistance is not currently being received, a request may be made to apply at the local Social Security office.

Please note: Applicants for the residential based supported community living service for children requires a separate slot.

2. An assessment tool, the ID Functional Assessment Tool Form 470-3073, is completed by a service worker or a Medicaid case manager.
3. The Iowa Medicaid Enterprise, Medical Services will review the ID Functional Assessment Tool to determine if member needs require ICF/ID ICF level of care.
 - If the member does not meet level of care, the IM will send a Notice of Decision (NOD) notifying the member of the denial. The member has the right to appeal the decision. The appeal process is explained on the NOD.
4. An interdisciplinary team meeting is conducted to determine the services that are needed, the amount of service to be provided and the provider(s) of the services. The interdisciplinary team meeting will be attended by the member/family, Medicaid case manager, ID Waiver service provider(s), and may also include other professional or support persons. The end result of the interdisciplinary team decisions will be a comprehensive service plan developed by the service worker or the Medicaid case manager.
5. The Individualized Services Information System (ISIS) process must be completed with the culmination of an approved comprehensive service plan prior to the implementation of services. An approved comprehensive service plan entered into the ISIS system authorizes payment for ID Waiver services.
6. The service worker or the Medicaid case manager will issue a Notice of Decision if the member is approved to receive ID Waiver services.