



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

## INFORMATIONAL LETTER NO.1222

**DATE:** March 14, 2013

**TO:** Iowa Medicaid Case Managers, Targeted Case Managers, Department of Human Services (DHS) Service Workers, Service Supervisors, Service Area Administrators (SAMS), Home and Community Based Services (HCBS) Providers, Individual Consumer Directed Attendant Care, Child Health Specialty Clinics (CHCS) and Central Point of Coordination (CPCs)

**ISSUED BY:** Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

**RE:** Implementation of Atypical Conversion

**EFFECTIVE:** July 1, 2013

This letter is the third of several Informational Letters explaining all facets of the atypical conversion. The previous Informational Letters [1215](#) and [1216](#) explained the need for the conversion and outlined the highlights of the conversion. This letter will address how the conversion will be implemented. A subsequent letter will explain billing, documentation, and training.

### Implementation of the Atypical Conversion

New billing codes will become effective with services provided on or after July 1, 2013. The IME staff will begin converting Individualized Services Information System (ISIS) service plans beginning May 1, 2013, and will continue to convert plans through the end of June or until completion. Staff will convert service plans based upon a methodology that will spread the daily impact of this conversion over the widest possible number of case managers and service workers each day. Given that there are about 33,000 plans to be converted in 42 working days, about 800 plans will be converted by the IME staff each day during this time period.

The end date of June 30, 2013, will be set on all ISIS service lines that are approved in ISIS before May 1, 2015. New service lines using the new codes will be entered into ISIS with an effective date of July 1, 2013, and the end date that had been previously established for each member. For example: The member's service plan line authorized meals from December 1, 2012, through November 30, 2013. The existing line will be date ended on June 30, 2013, with a new service line entered for July 1, 2013, through November 30, 2013.

Service lines entered into ISIS or approved by a case manager/service worker after May 1, 2013, must be converted by the case manager/service worker. The case manager/service worker will enter into ISIS the "W" code for dates of service through June 30, 2013, and will

also enter service lines using the new conversion codes for service dates beginning July 1, 2013. The IME staff will not be converting ISIS plans or lines that are entered into or approved in ISIS after May 1, 2013.

## Code Conversions

The IME staff will change those services lines where the conversion code choice is discernible to IME staff. This would occur when the "W" code crosswalks to only one new code or for instances where the IME has made a decision to always choose a particular conversion code when more than one conversion option is available.

- Example 1: The chore service "W" code is W1029 and the new code is S5120. In this example there is no choice to be made so the IME will convert the line.
- Example 2: The consumer directed attendant care (CDAC) "W" code is W1265 agency hour, the new code choices are S5125 for unskilled CDAC or S5125 U3 for skilled CDAC. The IME will enter the line as unskilled CDAC S5125. If part of the CDAC service is skilled, then the case manager/service worker will need to alter the conversion by reducing the units on unskilled CDAC, and then adding a line for skilled CDAC S5125 U3 (consistent with the approved CDAC agreement).
- Example 3: The home and vehicle modification (HVM) "W" code is W1031. The new code choices are S5165 home modification or T2039 vehicle modification. The IME has chosen to convert to S5165 home modification. If the case manager/service worker does not agree with this choice, then the line can be revised by the case manager/service worker.

In some instances, the IME staff will not be able to discern the most likely conversion code from the available options. In these situations, the IME will end date the current "W" code line, but will not enter a new service line. Case managers and service workers will need to enter the new service line with the correct code choice.

- Example 1: Day habilitation, W1205 half day, will not be converted to another code with a half day definition. The service must be converted to a 15 minute or full day unit. Case managers must make this decision in conjunction with the provider and then enter the new service line into ISIS.
- Example 2: Behavior programming W1419 will have a choice of three conversion codes, each with a slightly different definition. Case managers must make this decision in conjunction with the provider and then enter the new service line into ISIS.
- Prior to May 2013, the IME will communicate to all providers, case managers and service workers those codes that the IME will not convert.

When the IME is converting an ISIS service line and the conversion code to be used has a unit definition different from the "W" code, then the necessary unit conversion function, as well as the necessary change in rate, will also be calculated and entered into the ISIS service plan.

- Example 1: The original plan called for 10 hourly units @ \$16.00/hour. The new code is for a 15-minute unit.
  - The conversion would be to 40 units (10 hourly units X 4 = 40) at \$4.00 per 15-minute unit (\$16 divided by 4 = \$4.00).
  - The total service time remains the same (10 hours = 40 15-minute units).

- The total charge remains the same (10 X \$16= \$160 and 40 X \$4 = \$160).
- Example 2: The plan calls for 10 hourly units @ \$16.00/hour. The new code is also an hourly code. There would be no change in units or rate for this conversion.

For those instances when the case manager/service worker is converting the line, then the case manager/service worker will need to make the necessary conversions. The IME will be emailing all case managers/service workers a tool that will assist in determining the unit and rate conversions.

### **Special Notice Regarding Consumer-Directed Attendant Care with Daily or Monthly Unit Rates**

With the implementation of the atypical conversion, Consumer Directed Attendant Care (CDAC) provided by all CDAC providers will be billed using a code defined as 15 minutes with a 15-minute rate. No longer will assisted living facility (ALF) CDAC be billed as one unit per month for a set fee. No longer will a daily rate be available for individual or agency CDAC. Because of this conversion, case managers will need to work with members and providers to create new CDAC agreements when the prior agreement was for a daily or monthly rate. These agreements must adhere to all of the IME requirements for agreement completion and covered services. The IME suggests that these new agreements be undertaken timely in order to reduce confusion regarding services rendered beginning July 1, 2013.

### **Special Notice Regarding Day Habilitation and Prevocational Services**

The IME will not be converting half-day Day Habilitation or half-day Prevocational Services. The ISIS plan does not indicate how many hours of service each member may be receiving under the half-day unit, which means the IME cannot make a realistic conversion. Case managers and providers will need to work together to convert the half day services to either hourly or daily codes for Prevocational Services and to convert half day services to either 15-minute or daily codes for Day Habilitation. The IME suggests that these discussions be undertaken timely in order to reduce confusion regarding services rendered beginning July 1, 2013.

### **Service Plan Approval**

The IME staff will approve the converted plans. No milestones or workflows will be triggered by these conversions. The IME will frequently email case manager/service workers the last names of members that have been converted. Case managers/service workers will need to review each converted plan to:

- Ensure each service was correctly converted,
- Ensure the IME made the correct conversion choice when there were options,
- Enter a service line where the IME ended a service but did not enter a new line because a correct choice could not be discerned, and

The IME will also send a report to each provider listing the information that is normally included in a Notice of Decision (NOD). This report will resemble a spreadsheet and is in

place of a NOD. Case managers/service workers must send new NODs for any conversions or changes they do to ISIS plans after June 30, 2013. The IME will mail these reports until the IME has finished converting plans.

### **Webinar Information**

The IME will be hosting a webinar to explain the implementation process involved with the Atypical Conversion. Providers, case managers, and service workers are invited to participate in this webinar. If you have specific issues that you would like to see included in this webinar, please send your issues to [lhowlan@dhs.state.ia.us](mailto:lhowlan@dhs.state.ia.us). The webinar is scheduled for the following time:

Date: March 27, 2013

Time: 1:00-3:00 PM

Reserve your Webinar seat now at: <https://www2.gotomeeting.com/register/563026946>.

After registering you will receive a confirmation email containing information about joining the webinar.

### **Contacts for the Atypical Conversion**

For questions relating to the codes and modifiers to be used for the conversion please refer to the IME website <http://www.ime.state.ia.us/Providers/AtypicalCode.html>.

For questions regarding the conversion process please contact HCBS specialists at [HCBSwaivers@dhs.state.ia.us](mailto:HCBSwaivers@dhs.state.ia.us) or Le Howland @ [lhowlan@dhs.state.ia.us](mailto:lhowlan@dhs.state.ia.us).

For questions regarding claim form completion please contact the IME Provider Services Unit at 1- 800-338-7909 or locally in Des Moines at 515-256-4609.