

HUMAN SERVICES DEPARTMENT[441]

Adopted and Filed

Pursuant to the authority of Iowa Code section 249A.4, the Department of Human Services amends Chapter 83, "Medicaid Waiver Services," Iowa Administrative Code.

In 2013 Iowa Acts, chapter 138, section 12(19)(a)(7), the Iowa Legislature mandated a functional assessment for recipients of intellectual disability (ID) waiver services using the Supports Intensity Scale® (SIS) developed and licensed by the American Association on Intellectual and Developmental Disabilities (AAIDD), to be administered by an independent entity under contract with the Department.

In the past, a variety of assessment tools, interview questions, and information-gathering processes have been used by case managers responsible for assessing the needs of individuals receiving ID waiver services. Conflicts of interest were possible, in that case managers performing needs assessments were also responsible for developing a care plan using services provided by the case manager's employer.

As noted, the Supports Intensity Scale® was developed and licensed by the American Association on Intellectual and Developmental Disabilities. AAIDD is a nonprofit organization of professionals who work with individuals with intellectual and developmental disabilities. The SIS has been in use since 2004 and, as of August 2014, was being used by 22 other states and three Canadian provinces to plan the services provided to individuals with intellectual or developmental disabilities. As administered by an independent contractor, the SIS will provide consistent information statewide about individuals receiving ID waiver services, to objectively assess their needs and match those needs with services, free from conflicts of interest.

In addition to the 2013 legislative mandate, use of the SIS, administered by an

independent contractor, is consistent with the recommendations of the stakeholder groups convened to advise the Department on implementation of the legislatively mandated redesign of Iowa's mental health and disability services system, pursuant to 2011 Iowa Acts, chapter 121 (Senate File 525), and 2012 Iowa Acts, chapter 1120 (Senate File 2315). And the SIS has also been specified in Iowa's application for enhanced federal Medicaid funding under the federal Balancing Incentive Program (BIP), established by Pub.L. No.111-148, § 10202), which application was submitted pursuant to the state Legislature's direction in 2012 Iowa Acts, chapter 1133 (Senate File 2336), section 14.

These amendments bring the Department's rules into compliance with the 2013 legislative mandate, the recommendations of the redesign stakeholder groups, Iowa's BIP application, and current practice regarding use of the SIS in the ID waiver program. People with intellectual disabilities who are receiving long-term services through Medicaid, as home and community-based services or in intermediate care facilities for the intellectually disabled, have been evaluated using the SIS beginning August 1, 2014, providing consistent information statewide to objectively assess needs and match those needs with services, free from conflicts of interest. When managed care entities (MCEs) begin operation, they will utilize the same core standardized assessment instrument as the existing contractor and will absorb responsibility for conducting core standardized assessments for all long-term services and supports (LTSS) waiver Medicaid members who are already enrolled for regular Medicaid benefits. MCEs' assessors will be required to comply with conflict-free standards for case management and qualifications for assessor staff to ensure quality and objectivity of assessment processes.

Notice of Intended Action was published in the Iowa Administrative Bulletin as **ARC 2095C** on August 5, 2015. The Department received no comments during the comment period.

These amendments are identical to those published as Notice of Intended Action.

The Council on Human Services adopted these amendments on September 9, 2015.

These amendments do not provide for waivers in specified situations because requests for the waiver of any rule may be submitted under the Department's general rule on exceptions at 441—1.8(17A,217).

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code section 249A.4 and 2013 Iowa Acts, chapter 138, section 12(19)(a)(7).

These amendments will become effective November 4, 2015.

The following amendments are adopted.

ITEM 1. Rescind the definition of "Assessment" in rule 441—83.60(249A).

ITEM 2. Adopt the following new definition of "SIS assessment" in rule 441—83.60(249A):

"SIS assessment" means the Supports Intensity Scale® assessment developed and licensed by the American Association on Intellectual and Developmental Disabilities for use in the assessment of the support and service needs of individuals.

ITEM 3. Amend paragraph 83.61(2)"a" as follows:

a. Applicants currently receiving Medicaid case management ~~or services of a department-qualified intellectual disability professional (QIDP)~~ shall have the applicable coordinating staff and other interdisciplinary team members complete Form 470-4694, Case Management Comprehensive Assessment, and identify the applicant's needs and desires as well as the availability and appropriateness of the services coordinate with the department to arrange an SIS assessment.

ITEM 4. Amend subparagraph **83.61(2)“b”(1)** as follows:

(1) ~~Complete Form 470-4694, Case Management Comprehensive Assessment, Arrange~~
an SIS assessment for the initial level of care determination;

ITEM 5. Amend paragraph **83.61(2)“f”** as follows:

f. ~~The service worker, department QMRP, or Medicaid case manager shall complete Form 470-4694, Case Management Comprehensive Assessment, coordinate with the department to arrange an SIS assessment~~ for the initial level of care determination within 30 days from the date of the HCBS application unless the worker can document difficulty in locating information necessary for completion of Form 470-4694 to arrange the SIS assessment or other circumstances beyond the worker’s control.

ITEM 6. Amend paragraph **83.61(2)“g”** as follows:

g. At initial enrollment, the ~~service worker, department QIDP, case manager or Medicaid case manager~~ shall establish an interdisciplinary team for each applicant and, with the team, identify the applicant’s need for service based on the applicant’s needs and desires as well as the availability and appropriateness of services. The Medicaid case manager shall complete an annual review thereafter. The following criteria shall be used for the initial and ongoing assessments identification of need for services:

(1) ~~The assessment shall be based, in part, on information on the completed Case Management Comprehensive Assessment, Form 470-4694. The assessment shall be based on the results of the most recent SIS assessment or of the SIS contractor’s off-year review.~~

(2) and (3) No change.

ITEM 7. Amend paragraph **83.62(3)“c”** as follows:

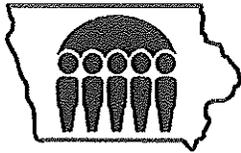
c. An applicant shall be given the choice between HCBS waiver services and ICF/ID

care. The case manager or worker shall have the consumer or legal representative ~~complete and sign Form 470-4694, Case Management Comprehensive Assessment, indicating~~ indicate the consumer's choice of care.

ITEM 8. Amend rule 441—83.64(249A) as follows:

441—83.64(249A) Redetermination. A redetermination of nonfinancial eligibility for HCBS intellectual disability waiver services shall be completed at least once every 12 months. In years in which an SIS assessment is not completed, the SIS contractor shall conduct a review in collaboration with the case manager, documenting any changes in the member's functional status since the previous SIS or other full assessment.

A redetermination of continuing eligibility factors shall be made when a change in circumstances occurs that affects eligibility in accordance with rule 441—83.61(249A).



Iowa Department of Human Services
Information on Proposed Rules

Name of Program Specialist	Telephone Number	Email Address
Pat Johnston	515-974-3071	pjohnst@dhs.state.ia.us

1. Give a brief summary of the rule changes:

Change to language in Iowa Administrative Code 441-Chapter 83 Administrative Rules on Eligibility to comply with implementation of the legislatively mandated eligibility tool, the Supports Intensity Scale (SIS).

2. What is the legal basis for the change? (Cite the authorizing state and federal statutes and federal regulations):

2013 Iowa Acts, ch. 138, §12(19)(a)(7) and 249A.4

3. What is the reason for the Department requesting these changes?

In 2013, the Iowa legislature mandated a functional assessment for recipients of Intellectual Disability (ID) waiver services using the Supports Intensity Scale® developed by the American Association on Intellectual and Development Disabilities, to be administered by an independent entity under contract with the Department. 2013 Iowa Acts, ch. 138, §12(19)(a)(7).

In the past, a variety of assessment tools, interview questions, and information gathering processes have been used by case managers responsible for assessing the needs of individuals receiving ID waiver services. Conflicts of interest were possible, in that case managers performing needs assessments were also responsible for developing a care plan using services provided by the case manager's employer.

As noted, the Supports Intensity Scale® (SIS) was developed by the American Association on Intellectual and Developmental Disabilities (AAIDD). AAIDD is a non-profit organization of professionals who work with individuals with intellectual and development disabilities. The SIS has been in use since 2004 and as of August 2014 was being used by 22 other states and three Canadian provinces to plan the services provided to individuals with intellectual or developmental disabilities. As administered by an independent contractor, it will provide consistent information, statewide, about individuals receiving ID waiver services, to objectively assess their needs and match those needs with services, free of conflicts of interest.

In addition to the 2013 legislative mandate, use of the SIS, administered by an independent contractor, is consistent with the recommendations of the stakeholder groups convened to advise the Department on implementation of the legislatively mandated redesign of Iowa's mental health and disability services system, pursuant to 2011 Iowa Acts ch. 121 (S.F. 525) and 2012 Iowa Acts ch. 1120 (S.F. 2315). And it has also been specified in Iowa's application for enhanced federal Medicaid funding under the federal Balancing Incentive Program (BIP), established by Pub. L. No. 111-148, § 10202) which was submitted pursuant to the state legislature's direction in 2012 Iowa Acts, ch. 1133 (S.F. 2336), § 14.

These rules provide for use of the SIS in the ID waiver program, bringing the Department's rules into compliance with the 2013 legislative mandate, the recommendations of the redesign stakeholder groups, Iowa's BIP application, and current practice.

4. What will be the effect of this rule making (who, what, when, how)?

As discussed above, these changes bring the Department's rules into compliance with the 2013 legislative mandate, the recommendations of the redesign stakeholder groups, Iowa's BIP application, and current practice regarding use of the SIS in the ID waiver program. People with intellectual disabilities who are receiving long term services through Medicaid, as home and community-based services or in Intermediate Care Facilities for the Intellectually Disabled, have been evaluated using the SIS beginning 8-1-2014, providing consistent information, statewide to objectively assess needs and match those needs with services, free of conflicts of interest. When Managed Care Entities begin operation, they will utilize the same core standardized assessment instrument as the existing contractor and will absorb responsibility for conducting core standardized assessments for all LTSS waiver Medicaid members who are already enrolled for regular Medicaid benefits. MCE's assessors will be required to comply with conflict free standards for case management and qualifications for assessor staff to ensure quality and objectivity of assessment processes.

5. Is the change mandated by State or Federal Law?

Yes, by 2013 Iowa Acts, ch. 138, §12(19)(a)(7).

6. Will anyone be affected by this rule change? If yes, who will be affected and will it be to the person's (organization's) benefit or detriment?

Individuals with intellectual disabilities will benefit from continued use of the SIS, providing for consistent information, statewide, objective assessment of their needs and matching of those needs with services, free of conflicts of interest. Some individuals may receive more services and some may receive less than previously authorized.

Iowa Department of Human Services will benefit from a uniform, objective evaluation of the needs of individuals with intellectual disabilities, allowing for the matching of those needs with appropriate services, free of conflicts of interest

7. What are the potential benefits of this rule?

Medicaid members will benefit from more expeditious, uniform, and objective evaluation of their needs by independent evaluators who are solely responsible for administering assessments.

When Managed Care Entities begin operation, they will utilize the same core standardized assessment instrument as the existing contractor and will absorb responsibility for conducting core standardized assessments for all LTSS waiver Medicaid members for whom they already have responsibility.

Iowa Medicaid members will benefit from a statewide standardized assessment such that they will be authorized for an amount of services more consistent with their medical need.

Case managers who have been responsible for assessment of this population will benefit from the elimination of this function from their workload.

8. What are the potential costs, to the regulated community or the state of Iowa as a whole, of this rule?

There are administrative costs associated with SIS implementation. They include licensing, training, and per-assessment costs which are estimated to total approximately \$125,000 annually.

9. Do any other agencies regulate in this area? If so, what agencies and what Administrative Code sections apply?

No other agencies regulate Medicaid waiver eligibility for this group of people.

10. What alternatives to direct regulation in this area are available to the agency? Why were other alternatives not used?

The alternative of continuing to allow a variety of assessment tools, interview questions, and information gathering processes to be used by case managers responsible for assessing the needs of individuals receiving ID waiver services was not used because it does not provide consistent, objective information to assess the needs of individuals receiving ID waiver services and match those needs with services, free of conflicts of interest, and because of the legislative mandate.

11. Does this rule contain a waiver provision? If not, why?

This rule does not contain a waiver provision because all individuals receiving ID waiver services should receive a consistent, uniform assessment. Waivers may be requested pursuant to the Department's general rule on waivers or "exceptions to policy" at 441 IAC 1.8.

12. What are the likely areas of public comment?

Case managers may have relied on the reimbursement for assessments in their organizational structure. They may also feel that the assessment component of their work is necessary to understanding the member. However, case managers are still involved in the SIS assessments.

Medicaid members and families of Medicaid members may have concerns related to potential changes to funding for services.

13. Do these rules have an impact on private-sector jobs and employment opportunities in Iowa? (If yes, describe nature of impact, categories and number of jobs affected, state regions affected, costs to employer per employee)

No

ADMINISTRATIVE RULE FISCAL IMPACT STATEMENT

Date: March 2015

Agency: Human Services IAC citation: 441 – 83.60; 83.61(2)a; 83.61(2)b(1); 83.61(2)f; 83.61(2)g(1); 83.62(); 83.64 Agency contact: Pat Johnston
Summary of the rule: Change to language in Iowa Administrative Code 441-Chapter 83 Administrative Rules on Eligibility to comply with implementation of the new legislatively mandated eligibility tool, the Support Intensity Scale (SIS).
<i>Fill in this box if the impact meets these criteria:</i> <input type="checkbox"/> No fiscal impact to the state. <input type="checkbox"/> Fiscal impact of less than \$100,000 annually or \$500,000 over 5 years. <input type="checkbox"/> Fiscal impact cannot be determined.
Brief explanation:
<i>Fill in the form below if the impact does not fit the criteria above:</i> <input checked="" type="checkbox"/> Fiscal impact of \$100,000 annually or \$500,000 over 5 years.
Assumptions: There will be administrative costs associated with SIS implementation. This will include licensing, training, and per assessment costs which are estimated to be approximately \$125,000 annually. In addition, there will be separate vendor costs to perform the assessments. The administrative costs estimated to be \$3,505,624 in SFY15 and \$4,161,732 in SFY16, includes all assessments associated with HCBS and ICF/ID (Only a portion of the total costs are associated with the SIS implementation). This includes costs associated with implementation, planning, training of assessors, and completion of the SIS assessments themselves. Funding has already been provided for these administrative costs. Administrative costs will be offset by the savings that result from resource allocation. The SIS tool will be used to set a tiered resource allocation methodology for service plans for persons with an intellectual disability. This will allow for reimbursed services to be most reflective of the member need. This is expected to reduce the risk of overutilization as well as the risk for unnecessary acute care or facility placement that may result from under-assessed needs. The resource allocation methodology has not yet been developed which makes it difficult to calculate precise estimates. Although additional work is still needed to finalize the savings, the Department estimates the resource allocation activities could reduce ID Waiver expenditures by 1 to 1.5 percent. Total ID Waiver spending is approximately \$500 million. Assuming the midpoint expenditure reduction of 1.25 percent results in savings of \$6,250,000. The federal match rate for administrative expenditures is 50%. The resource allocation savings will not be realized until SFY16. The FMAP applied to anticipated savings is 44.93%.
Describe how estimates were derived: SFY15 administrative costs: \$3,630,624 (total); \$1,815,312 (state). SFY15 savings: \$0. SFY16 administrative costs: \$4,286,732 (total); \$2,143,366 (state).

SFY16 savings: \$6,250,000 (total); \$2,808,125 (state).

Estimated Impact to the State by Fiscal Year

	Year 1 (SFY15)	Year 2 (SFY16)
Revenue by each source:		
General fund	\$1,815,312	\$2,143,366
Federal funds	\$1,815,312	(\$1,298,509)
Other (specify):		
TOTAL REVENUE	\$3,630,624	\$844,857
Expenditures:		
General fund	\$1,815,312	(\$664,759)
Federal funds	\$1,815,312	(\$1,298,509)
Other (specify):		
TOTAL EXPENDITURES	\$3,630,624	(\$1,963,268)
NET IMPACT (Revenue – Expenditures)	\$0	\$2,808,125

This rule is required by state law or federal mandate.

Please identify the state or federal law:

2013 Iowa Acts, Ch. 138, §12(19)(a)(7).

Funding has been provided for the rule change.

Please identify the amount provided and the funding source:

The Medical Assistance appropriation has been adjusted to account for the SIS administrative activities. In addition, the SFY16 Governor's budget recommendation includes the resource allocation savings.

Funding has not been provided for the rule.

Please explain how the agency will pay for the rule change:

Fiscal impact to persons affected by the rule:

Medicaid members will benefit from more expeditious, uniform, and objective evaluation by independent evaluators who are solely responsible for administering assessments. Iowa Medicaid members will benefit from a statewide standardized assessment such that they will be authorized for an amount of services more consistent with their medical need. Case managers who are currently responsible for assessment of this population will benefit from the elimination of this function from their current workload.

Fiscal impact to counties or other local governments (required by Iowa Code 25B.6):

Counties and local governments could be impacted if they are also case management providers affected by this change.

Agency representative preparing estimate: Joe Havig

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