



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

INFORMATIONAL LETTER NO.1678-MC

DATE: June 6, 2016

TO: Iowa Medicaid Targeted Case Managers (TCM), Case Managers (CM), Integrated Health Homes (IHH), and Department of Human Services (DHS) Service Workers and Supervisors, Service Area Managers and Managed Care Organizations (MCOs)

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Home- and Community-Based Services (HCBS) Waiver Funding and Service Planning

EFFECTIVE: Immediately

The purpose of this Informational Letter is to clarify the changes that have occurred with the HCBS services. These changes have been approved by the Centers for Medicare and Medicaid Services (CMS) and were implemented earlier this year.

The department has revised the Iowa Administrative Code (IAC) rules to no longer require approval of a service plan as an element of the HCBS waiver approval process. Historically, to be determined eligible for a waiver, an applicant had to be granted Level of Care (LOC) and financial eligibility, plus have an authorized service plan. For many applicants, establishing provider relationships delayed service plan development which in turn delayed waiver eligibility. For applicants who were granted Medicaid eligibility based upon waiver eligibility, this also delayed access to the full spectrum of Medicaid services.

With the recent changes, once an applicant is granted both LOC and financial eligibility, the member will immediately receive access to the full spectrum of Medicaid State Plan services. Eligibility for Medicaid services is now granted about 30 days earlier than under the prior process. Because of this change, members have access to all Medicaid covered services including home health, medical equipment, vision, and dental. Medicaid will also pay the co-pays and deductibles left from Medicare, which decreases the amount a member must pay for covered services.

With the above change, the department has determined that waiver funding will begin on either:

- The date of managed care enrollment for those members who are MCO eligible. The MCO is responsible for the service planning and waiver funding for these members, in addition to all community-based case management activities. The Individualized Services Information System (ISIS) will show a new MCO program request line that does not have milestones. All waiver services, including case management, will be

funded through the MCO. Members will participate in the person centered planning process for HCBS Waiver services once they are actively enrolled with the MCO. Case Managers should coordinate service planning and case management activities with the member's assigned MCO.

Enrollment with an MCO will occur between 21 to 50 days after waiver eligibility has been determined; which is a similar time frame to create and approve a service plan as noted above for our prior process. During the time before MCO enrollment, the member does not have full access to Medicaid services as well as Medicaid coverage for coinsurance and deductibles, which, as explained above was not previously available.

- The date of an approved ISIS service plan for members that remain Fee-for-Service (FFS). The case manager is responsible for service planning and all case management activities. After the waiver eligibility decision, ISIS will trigger a new service planning workflow that will allow entry of a service plan into ISIS. Case managers should not enter a service plan into ISIS unless ISIS triggers milestones directing the case manager to enter a plan; any plan that is entered for an MCO eligible member will be deleted.

The ISIS system is the tool to be used by case managers to determine the MCO enrollment status for each member. The ISIS Details tab includes MCO tentative assignment or current MCO enrollment information. Providers with questions can verify this information through the ELVS line at 515-323-9639 or 800-338-7752, or by calling the IME Provider Services Unit at 1-800-338-7909.

If you have any questions, please contact Program Manager Le Howland at lhowlan@dhs.state.ia.us. Questions regarding IA Health Link members should be directed to the member's MCO.