



Iowa Department of Human Services

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GENERAL LETTER NO. 8-N-20

ISSUED BY: Bureau of Financial, Health and Work Supports
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 8, Chapter N, **HOME- AND COMMUNITY-BASED WAIVERS**, Contents (page 2), revised; and pages 4, 5, 6, 8, 12, 16, 17, 20, 26, 58, and 60 through 66, revised.

Summary

Chapter 8-N is revised to:

- ◆ Remove the age cap on the brain injury (BI) waiver.
- ◆ Update definitions with reference to current Diagnostic and Statistical Manual of Mental Disorders (DSM) edition and remove the ICD-9 V code references to comply with the ICD-10 implementation.
- ◆ Clarify that a child under age 18 is eligible for the children's mental health (CMH) waiver.
- ◆ Update references to the application needed to apply for the home- and community-based waiver program. Use form 470-5170, *Application for Health Coverage and Help Paying Costs*, to apply.
- ◆ Add a section on Integrated Health Homes (IHHs) under the children's mental health (CMH) waiver section. The coordination of CMH waiver services has transitioned from Targeted Case Management (TCM) to IHHs.

Effective Date

The age cap change for the brain injury (BI) waiver and transition from TCM to IHH for the children's mental health (CMH) waiver are effective July 1, 2014.

All other changes are effective upon receipt.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 8, Chapter N:

<u>Page</u>	<u>Date</u>
Contents (page 2)	November 15, 2013
4-6, 8, 12	November 15, 2013
16, 17, 20	March 2, 2012
26, 58, 60-66	November 15, 2013

Additional Information

Refer questions about this general letter to your area income maintenance administrator.

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- ◆ Health and disability waiver: 1983 Iowa Acts, Chapter 201, requested the Department establish a task force with providers and consumer groups to develop a proposal for a program of home- and community-based services under Medicaid.

The Department applied for four waivers at the recommendation of the task force. A model waiver for people who are ill or handicapped was the only waiver that was approved. It was effective August 1, 1984, with implementation October 1, 1984, as a model waiver for 50 eligible blind and disabled people. On February 1, 1996, this waiver was converted from a model waiver to a regular waiver. The waiver was renamed as the health and disability waiver effective December 1, 2012.

- ◆ Elderly and AIDS/HIV waivers: 1989 Iowa Acts, Chapter 318, directed the Department to seek federal approval of HCBS waivers to provide cost-effective alternative services for elderly people and for people with acquired immunodeficiency syndrome (AIDS). The target population was those who met criteria for placement in a medical institution.

The model waiver for the elderly was approved for implementation on August 1, 1990, and the AIDS waiver was approved for implementation on February 1, 1991. The model waiver for the elderly was converted to a regular waiver on August 1, 1993.

- ◆ Intellectual disability waiver: 1991 Iowa Acts, Chapter 267, Section 130, directed the Department to seek approval of HCBS waivers for people with an intellectual disability.

The waivers for people with an intellectual disability (ID) and people with an intellectual disability residing in nursing homes (ID/OBRA) were merged and then approved in November 1991 for implementation on March 1, 1992. The waiver was renamed as the intellectual disability waiver effective July 1, 2009.

- ◆ Brain injury waiver: 1994 Iowa Acts, Chapter 1160, directed the Department to seek approval of HCBS waivers for people with a brain injury. The waiver for people with a brain injury was approved on May 29, 1996, and implemented on October 1, 1996. Effective July 1, 2014, the age cap of 65 years old was removed.

- ◆ Physical disability waiver: 1999 Iowa Acts, Chapter 203, Section 7, directed the Department to seek approval of an HCBS waiver for people with a physical disability. The waiver for people with a physical disability was approved on July 30, 1999, for implementation on August 1, 1999.

- ◆ Children’s mental health waiver: 2005 Iowa Acts, House File 841, Section 66, directed the Department to seek approval of an HCBS waiver for children with serious emotional disturbance. The waiver for children with serious disturbance was approved on July 1, 2005, for implementation on October 1, 2005.

NOTE: The children’s mental health waiver was originally approved at the federal level as a demonstration waiver under Section 1115a of the Social Security Act, but became a Section 1915(c) waiver effective July 1, 2010. (This is the same authorization as the other six waivers.)

- ◆ 2012 Iowa Acts, Senate File 2336 removed the statutory requirements for county governments to pay the nonfederal share of medical assistance costs for services provided under the home- and community-based services intellectual disability waiver or brain injury waiver effective July 1, 2012.

Summary of Waiver Characteristics

Legal reference: 42 CFR 441.13, 441 IAC 83

The following chart compares the similarities and differences in eligibility factors among the waivers. At the end of this chapter are the specific eligibility requirements for each waiver. Click on the link below under “waiver” to be taken to the specific section.

Waiver	Basic Character	Medicaid Coverage Group	Disability Required?	Level of Care	Other Criteria
AIDS/HIV	Diagnosis of AIDS/HIV	SSI-related (including 300% group and MEPD) FMAP-related (including 300% group) Medically Needy meets hospital level of care	Yes, for SSI-related No, for FMAP-related	ICF SNF Hospital	Need services Choose waiver Assigned payment slot
Brain Injury (BI)	Diagnosis of brain injury	SSI-related (including 300% group and MEPD) FMAP-related (including 300% group)	Yes, for SSI-related No, for FMAP-related	ICF/ID ICF SNF	At least 1 month of age Need services Choose waiver Assigned payment slot

Waiver	Basic Character	Medicaid Coverage Group	Disability Required?	Level of Care	Other Criteria
Children's Mental Health (CMH)	Diagnosis of serious emotional disturbance	SSI-related (including 300% group and MEPD) FMAP-related (including 300% group)	Yes, for SSI-related No, for FMAP-related	Hospital	Children under age 18 and not in foster care Need services Choose waiver Assigned payment slot
Elderly (EW)	Age 65 or over	SSI-related (including 300% group)	No	ICF SNF	Need services Choose waiver Assigned payment slot
Health and Disability (HD)	Blind or disabled	SSI-related (including 300% group and MEPD)	Disabled according to SSI guidelines	ICF SNF ICF/ID	Under age 65 Ineligible for SSI if 21 or older Need services Choose waiver Assigned payment slot
Intellectual Disability (ID)	Diagnosis of intellectual disability	SSI-related (including 300% group and MEPD) FMAP-related (including 300% group) Foster care	Yes, for SSI-related No, for FMAP-related No, for foster care	ICF/ID	Need services Choose waiver Assigned payment slot
Physical Disability (PD)	Have a physical disability	SSI-related (including 300% group and MEPD) FMAP-related (including 300% group)	Disabled according to SSI guidelines	ICF SNF	Aged 18 to 64 Ineligible for ID waiver Need services Choose waiver Assigned payment slot

Waiver Services	AIDS	BI	CMH	EW	HD	ID	PD
Senior companion				✓			
Specialized medical equipment		✓					✓
Supported community living		✓				✓	
Supported residential-based community living						✓	
Supported employment		✓				✓	
Transportation		✓		✓		✓	✓

Waiver Forms

The following chart lists forms income maintenance workers use in the waiver programs. Directions for completion of these forms are found in [6-Appendix](#) and [16-K-Appendix](#).

Form	AIDS	BI	CMH	EW	HD	ID	PD
470-5170, <i>Application for Health Coverage and Help Paying Costs</i>	✓	✓	✓	✓	✓	✓	✓
470-4694, <i>Case Management Comprehensive Assessment</i>		✓	✓	✓		✓	
470-4833, <i>Waiver Slot Notice</i>	✓	✓	✓		✓	✓	✓
470-4392, <i>Level of Care Certification for HCBS Waiver Program</i>	✓			✓	✓		✓
470-3924, <i>Request for ISIS Changes</i>	✓	✓	✓	✓	✓	✓	✓

NOTE: See [8-C, Presence of Age, Blindness, or Disability](#), for further description of disability and blindness standards.

“Financial participation” means client participation and medical payments from a third party, including veterans’ aid and attendance.

“Guardian” means a parent of a minor member or guardian appointed in juvenile or probate court.

“HCBS” means home- and community-based services, which are services intended to enable people to live in their own homes or communities instead of in a medical institution.

“HIV” means a medical diagnosis of human immunodeficiency virus infection based on a positive HIV-related test.

“IME” means the Iowa Medicaid Enterprise.

“IME Medical Services Unit” means the contracted entity in the Iowa Medicaid Enterprise that determines level of care for members initially applying or continuing to receive Medicaid waiver services.

“Intellectual disability” means a diagnosis of intellectual disability that shall be:

- ◆ Based on an assessment of the person’s intellectual functioning and level of adaptive skills.
- ◆ Made by a psychologist or a psychiatrist who is professionally trained to complete the following:
 - Administer the tests required to assess intellectual functioning.
 - Evaluate a person’s adaptive skills.
- ◆ Made in accordance with the criteria provided in the *Diagnostic and Statistical Manual of Mental Disorders*, Current Edition, published by the American Psychiatric Association.
- ◆ Made only when the onset of the person’s condition was before the age of 18 years.

“Interdisciplinary team” means a collection of people with varied professional backgrounds who develop one plan of care to meet a member’s needs for services.

“Serious emotional disturbance” means a diagnosable mental, behavioral, or emotional disorder that:

- ◆ Is of sufficient duration to meet diagnostic criteria for the disorder specified by the *Diagnostic and Statistical Manual of Mental Disorders, Current Edition* (DSM), published by the American Psychiatric Association; and
- ◆ Has resulted in a functional impairment that substantially interferes with or limits a child’s role or functioning in family, school, or community activities.

“Serious emotional disturbance” shall not include developmental disorders, substance-related disorders, or conditions or problems classified in DSM as “other conditions that may be a focus of clinical attention,” unless they co-occur with another diagnosable serious emotional disturbance.

- ◆ The following are developmental disorders as specified in the DSM and are not classified as a serious emotional disorder:
 - Asperger’s disorder
 - Autistic disorder
 - Childhood disintegrative disorder
 - Pervasive developmental disorder NOS
 - Rett’s disorder
- ◆ Substance-related disorders categories include the following as specified in the DSM and are not classified as a serious emotional disorder:
 - Alcohol-related disorders
 - Amphetamine-induced disorders
 - Caffeine-related disorders
 - Cannabis-related disorders
 - Cocaine-related disorders
 - Hallucinogen-related disorders
 - Inhalent-induced disorders
 - Nicotine-related disorders
 - Opioid-related disorders
 - Phencyclidine-related disorders
 - Polysubstance-related disorder
 - Sedative-induced, hypnotic-induced, or anxiolytic-induced disorders
 - Other (or unknown) substance-related disorders

- ◆ Other conditions that may be a focus of clinical attention are identified in the DSM as having one of following criteria:
 - The problem is the focus of diagnosis or treatment and the person has no mental disorder.
 - The person has a mental disorder but it is unrelated to the problem.
 - The person has a mental disorder that is related to the problem, but the problem is sufficiently severe to warrant independent clinical attention.

“Service plan” means a written member-centered outcome-based plan of services developed using an interdisciplinary process that addresses all relevant services and supports being provided. The service plan can involve more than one agency.

Sufficient details about the written service plan are entered into ISIS to enable tracking of the case and authorization for IME to make payments. This information in ISIS is also referenced as a “service plan.”

“Staff” means a person under the direction of the organization to perform duties and responsibilities of the organization.

“Substantial gainful activity (SGA)” means productive activities that add to the economic wealth, or produce goods or services to which the public attaches a monetary value.

“Third-party payments” means payments from an attorney, individual, institution, corporation, insurance company, or public or private agency that is liable to pay part or all of the medical costs incurred as a result of injury, disease, or disability by or on behalf of an applicant or a past or present recipient of Medicaid.

The following sections contain more information on:

- ◆ [Joint administration](#)
- ◆ [ISIS roles](#)
- ◆ [ISIS milestones](#)
- ◆ [ISIS entries](#)
- ◆ [ISIS change flows](#)

Joint Administration

Legal reference: 441 IAC 83.2(249A), 83.22(249A), 83.42(249A), 83.61(249A), 83.82(249A), 83.103(249A), 83.123(249A)

The HCBS waiver program requires joint administration between the Department and non-Department agencies. At certain points in the ISIS process contact with designated Department and non-Department agencies must be made in order for the ISIS to proceed. Following is the Internet address for the most current listing of these important contacts: <http://www.ime.state.ia.us/HCBS/HCBSContacts.html>

The income maintenance (IM) worker:

- ◆ Determines financial eligibility for Medicaid.
- ◆ Approves Medicaid benefits.

The Iowa Medicaid Enterprise (IME):

- ◆ Enrolls providers.
- ◆ Maintains the application and waiting list for waiver slots.
- ◆ Certifies waiver providers.
- ◆ Conducts quality assurance reviews required for certification.
- ◆ Approves the services ordered in the service plan.

The IME Medical Services Unit is responsible for:

- ◆ Determining the member's level of care.
- ◆ Assessing service necessity.
- ◆ Confirming the diagnosis.

The case manager, integrated health home, or service worker's responsibilities include:

- ◆ Completing appropriate level of care assessment form.
- ◆ Assisting, if necessary, with obtaining documentation for the IME Medical Services Unit to complete the level of care assessment.

Application Processing

Legal reference: 441 IAC 76.1(249A), 83.3(249A), 83.23(249A), 83.43(249A), 83.62(249A), 83.83(249A), 83.103(249A), 83.123(249A)

Policy:

The IM worker determines income and resource eligibility for the waiver programs based on a Medicaid application.

A person who is not currently eligible for Medicaid and chooses to apply for home and community based waiver program services must complete form 470-5170, *Application for Health Coverage and Help Paying Costs*.

A person who is currently Medicaid-eligible is not required to file a new application, unless the person is at the end of a Medically Needy certification period. The date of the waiver request will be one of the following:

- ◆ The date that the person or the person's authorized representative signs the section "Verification of HCBS Waiver Consumer Choice," on the designated waiver assessment.
- ◆ The date the IM worker receives a written statement from the person or the person's authorized representative requesting HCBS.

Procedure:

Obtain updated information for current Medicaid members as necessary. Request any additional information needed to determine whether the member meets the eligibility requirements for the waivers.

For persons under age 21 applying for the health and disability waiver notify the Child Health Specialty Clinic. The locations, addresses, and phone numbers of the regional centers are listed on Internet at:

<http://www.ime.state.ia.us/HCBS/HCBSContacts.html>

Follow the application process as stated in [8-B, Filing a Medicaid Application](#). See [8-B, Procedures for SSI Applicants or Potential SSI Eligibles](#), regarding when to make referrals to the Social Security Administration based on the applicant's income and SSI status.

- ◆ Have a written service plan that complies with the standards defined in [16-K, Service Plans](#). The service worker is responsible for developing the written service plan in consultation with the interdisciplinary team. The service plan includes the frequency of waiver services and the providers or types of providers that will deliver the services.

Sufficient details about the written service plan are entered into ISIS to enable tracking of the case and authorization for the IME to make payments. This information in ISIS is also referenced as a service plan.

Eligibility for the Brain Injury Waiver

Legal reference: 441 IAC, Chapter 83, Division V

The brain injury (BI) waiver pays for services for people with a specific brain injury diagnosis to allow them to live in the community. To be eligible for the brain injury waiver, a person must meet all of the following requirements:

- ◆ Have a diagnosis of brain injury as verified by the case manager. See [Definitions: Brain Injury](#), for a list of qualifying diagnosis. The IME Medical Services Unit will verify the brain injury diagnosis.
- | ◆ Be at least one month of age.
- ◆ Be certified by the IME Medical Services Unit as in need of level of care that would, but for the HCBS program, otherwise be provided in either a:
 - Nursing facility
 - Skilled nursing facility
 - Intermediate care facility for persons with an intellectual disability
- ◆ Be eligible for Medicaid in one of the following coverage groups:
 - SSI-related
 - FMAP-related
 - MEPD
 - The 300% coverage group consistent with a level of care in a medical institution
- ◆ Choose home- and community-based services instead of institutional care.
- ◆ Require and use at least one HCBS service quarterly, as determined by the case manager, the member, and the interdisciplinary team.
- ◆ Have service needs that can be met within the scope of this waiver and that do not exceed the cap established for the HCBS BI program.

Integrated Health Homes

In 2014, case management of the CMH waivers transitioned from Targeted Case Management (TCM) to Integrated Health Homes (IHH).

An Integrated Health Home (IHH) is a team of professionals working together to provide whole-person, patient-centered, coordinated care for adults with serious mental illness (SMI) and children with a serious emotional disturbance (SED).

IHH is administered by Magellan Behavioral Care of Iowa and provided by community-based IHHs. IHHs are assigned regions to serve individuals on Medicaid. Individuals have a choice within the IHH on who delivers the care for community medical and behavioral health services.

Magellan Behavioral Care will identify and determine the appropriate IHH for each child.

The IHH assignment will be determined by Magellan Behavioral Care. The waiver slot manager will assign the IHH, as determined by Magellan, as the CM/SW in ISIS.

Eligibility for the Elderly Waiver

Legal reference: 441 IAC Chapter 83, Division II

The elderly waiver pays for services to elderly Iowa residents so they can stay in the home instead of entering a nursing facility.

To be eligible for elderly waiver services, a person must meet all of the following requirements:

- ◆ Be 65 years of age or older.
- ◆ Be certified by the IME Medical Services Unit as in need of a level of care that would, but for the HCBS program, otherwise be provided in either a:
 - Nursing facility
 - Skilled nursing facility
- ◆ Be eligible for Medicaid as if the person were in a medical institution. See 8-I, [MEDICAL INSTITUTIONS](#).
- ◆ Choose home- and community-based services over institutional care.

- ◆ Require and use at least one HCBS service quarterly, as determined by the case manager, the member, and the interdisciplinary team.
- ◆ Have service needs that can be met within the scope of this waiver and that do not exceed the cap established for the HBCS elderly waiver program.
- ◆ Have a written service plan that complies with the standards defined in [16-K, Service Plans](#). The case manager is responsible for developing the written service plan in consultation with the interdisciplinary team. The service plan includes the frequency of waiver services and the providers or types of providers that will deliver the services.

Sufficient details about the written service plan are entered into ISIS to enable tracking of the case and authorization for the IME to make payments. This information in ISIS is also referenced as a service plan.

- ◆ For the consumer choices option, be residing in a living arrangement other than a residential care facility.

Eligibility for the Health and Disability Waiver

Legal reference: 441 IAC Chapter 83, Division I

The health and disability (HD) waiver pays for services for people who are blind or disabled to allow them to live in the community. To be eligible for the health and disability waiver, all of the following requirements must be met:

- ◆ Be either blind or disabled, as determined by the receipt of social security disability benefits or through the Department's disability determination process. See [8-C, Presence of Age, Blindness, or Disability](#).

NOTE: People aged 65 or over are not eligible for the health and disability waiver. The elderly waiver is available statewide.

- ◆ Be **ineligible** for SSI if age 21 or older. EXCEPTION: People who are receiving HD waiver services upon reaching age 21 may continue to be eligible regardless of SSI eligibility until they reach age 37. See [Ineligibility for SSI](#).
- ◆ Be certified by the IME Medical Services Unit as in need of level of care that would, but for the HBCS program, otherwise be provided in either a:
 - Nursing facility
 - Skilled nursing facility
 - Intermediate care facility for persons with an intellectual disability

- ◆ Be eligible for Medicaid in one of the following coverage groups:
 - SSI-related
 - MEPD
 - The 300% coverage group consistent with a level of care in a medical institution
- ◆ Choose home- and community-based services instead of institutional care.
- ◆ Require and use at least one HBCS service quarterly, as determined by the service worker, the member, and the interdisciplinary team.
- ◆ Have service needs that can be met within the scope of the waiver and that do not exceed the cap established for the HCBS HD program.
- ◆ Have a written service plan that complies with the standards defined in [16-K, Service Plans](#). The service worker is responsible for developing the written service plan in consultation with the interdisciplinary team. The service plan includes the frequency of waiver services and the providers or types of providers that will deliver the services.

Sufficient details about the written service plan are entered into ISIS to enable tracking of the case and authorization for the IME to make payments. This information in ISIS is also referenced as a service plan.

Child Health Specialty Clinics

The Child Health Specialty Clinics (CHSC) is Iowa's statewide program for children and youth with special health care needs. The program's mission is to improve the health status of young people with known or suspected chronic illness or disability from birth to the twenty-first birthday. The program generally does not provide services for acute illness or primary well-child care.

The Department and the CHSC have entered into a written agreement that defines responsibilities of each party in the assessment, planning, and care coordination activities related to applicants and members of the health and disability (HD) waiver who are age 21 or under. Specialized child health services offered by CHSC include:

- ◆ Expert diagnosis and evaluation
- ◆ Consultation and training for primary care providers
- ◆ Care coordination and related family support services

Clinics and services bring together experts from several agencies and many disciplines, including:

- ◆ Audiology
- ◆ Cardiology
- ◆ Hematology
- ◆ Nursing
- ◆ Nutrition
- ◆ Occupational therapy
- ◆ Orthopedics
- ◆ Otolaryngology
- ◆ Pediatrics
- ◆ Physical therapy
- ◆ Psychology
- ◆ Pulmonology
- ◆ Respiratory therapy
- ◆ Speech/language
- ◆ Other subspecialties

The services of CHSC are made available through 13 regional child health centers and through the CHSC central office, located in Iowa City. The locations, addresses, and phone numbers of the regional centers are listed on the HCBS waiver Internet site: <http://www.ime.state.ia.us/HCBS/HCBSContacts.html>

For questions about these services, you may contact the CHSC central office by phone at 866-219-9119. For questions when enrolling a person age 21 or under in the HD waiver, contact the CHSC central office or a CHSC regional center.

Address correspondence to Health Service Coordinator, Child Health Specialty Clinics at the regional address.

Ineligibility for SSI

Legal reference: 441 IAC 83.2(1)“b”

People age 21 or older who are eligible for SSI cannot be eligible for the HD waiver. However, HD waiver eligibility can continue for an SSI recipient up to age 25 when the person has been receiving SSI and HD waiver services before reaching age 37. Refer an applicant aged 21 or older that may be eligible for SSI to the Social Security Administration.

Eligibility for the Intellectual Disability Waiver

Legal reference: 441 IAC Chapter 83, Division IV

The intellectual disability (ID) waiver pays for services to people with a primary diagnosis of an intellectual disability who would otherwise require care in a medical institution. To be eligible for the ID waiver, a person must meet all of the following requirements:

- ◆ Have a primary diagnosis of an intellectual disability, as verified by the service worker or case manager. The IME Medical Services Unit uses the required assessment tool and support documentation to determine level of care.

- ◆ Be certified by the IME Medical Services Unit as in need of the level of care that would, but for the HCBS program, would otherwise be provided in an intermediate care facility for persons with an intellectual disability (ICF/ID).
- ◆ Be eligible for Medicaid in one of the following coverage groups:
 - SSI-related
 - FMAP-related
 - MEPD
 - The 300% coverage group consistent with a level of care in a medical institution
 - Foster care
- ◆ Choose home- and community-based services instead of institutional care.
- ◆ Be receiving Medicaid case management services or be identified to receive case management services immediately following waiver enrollment.
- ◆ Require and use at least one HCBS service quarterly, as determined by the case manager or service worker, the member, and the interdisciplinary team.
- ◆ Have service needs that can be met within the scope of the waiver and that do not exceed the cap established by the HCBS ID waiver.
- ◆ Have a written service plan that complies with the standards defined in [16-K, Service Plans](#). The case manager or service worker is responsible for developing the written service plan in consultation with the interdisciplinary team. The service plan includes the frequency of waiver services and the providers or types of providers that will deliver the services.

Sufficient details about the written service plan are entered into ISIS to enable tracking of the case and authorization for the IME to make payments. This information in ISIS is also referenced as a service plan.

Residential-Based Supported Community Living Waiver Slot

Residential-based supported community living (RBSCL) is a separate service under the ID waiver which requires a specific slot separate from the ID waiver slot. The RBSCL slot does not transfer.

The case manager or service worker requests a residential-based support community living slot through ISIS. After the ID waiver is approved in ISIS, the case manager or social worker will have a button on the program request line to request the RBSCL slot. A milestone is generated for the slot manager.

If a RBSCL slot is available, a milestone goes back to the case manager or social worker to send in paperwork to the ID waiver program manager at IME to be approved.

If the member then leaves the waiver program, the slot **cannot** be reassigned to another applicant (unduplicated count) until the beginning of the next federal waiver year. If the member is not canceled or terminated, the slot remains available to that member.

When the limit on the number of payment slots has been reached, send a *Notice of Decision* denying services based on the limit and stating that the person's name will be put on a waiting list.

Eligibility for the Physical Disability Waiver

Legal reference: 441 IAC, Chapter 83, Division VI

The physical disability (PD) waiver pays for services for people with a physical disability who would otherwise require care in a medical institution. To be eligible for the PD waiver, a person must meet all of the following requirements:

- ◆ Have a physical disability.
- ◆ Be blind or disabled as determined by the receipt of Social Security disability benefits or through the Department's disability determination process. See [8-C, Presence of Age, Blindness, or Disability](#).
- ◆ Be aged 18 through 64 years.
- ◆ Be certified by the IME Medical Services Unit as in need of level of care that would, but for the HCBS program, otherwise be provided in either a:
 - Nursing facility
 - Skilled nursing facility.
- ◆ Be eligible for Medicaid in one of the following coverage groups:
 - SSI-related
 - FMAP-related
 - MEPD
 - The 300% coverage group consistent with a level of care in a medical institution
- ◆ Be ineligible for the HCBS intellectual disability (ID) waiver.
- ◆ Choose home- and community-based services instead of institutional care.
- ◆ Have service needs that can be met within the scope of the waiver, and with the state supplementary assistance in-home health-related care program, if necessary, and that do not exceed the cap established for the HCBS PD program.

- ◆ Have the ability to hire, supervise, and fire the provider as determined by the service worker, and is willing to do so; or have a guardian named by probate court that will take this responsibility on behalf of the member.
- ◆ Have a written service plan that complies with the standards defined in [16-K, Service Plans](#). The case manager is responsible for developing the written service plan in consultation with the interdisciplinary team. The service plan includes the frequency of waiver services and the providers or types of providers that will deliver the services.

Sufficient details about the written service plan are entered into ISIS to enable tracking of the case and authorization for the IME to make payments. This information in ISIS is also referenced as a service plan.