

Comments and Responses on
ARC 2114C
Medicaid Employment Services Redesign
Received September 8, 2015

The following person/organization provided written comments, which are included in the summary below:

1. Bob Bartles, Executive Director, Hope Haven Area Development Corp.
2. Marcy Davis, CEO, Candeo
3. Glenda Farrier, CEO, CASS Incorporated
4. Clint Sargent, Director of Employment Services, Crossroads of Western Iowa
5. Sheila Schulte, Community Resource Developer, TASC
6. Steve Hodapp, CEO, VODEC
7. Mark Stromer, Services Operations Director, VODEC
8. Tiffany Steenblock, Employment/Day Program Director, Link Associates
9. Renea Blume, Employment Development Manager, Ida, Sac, and Calhoun Counties Rolling Hills Region
10. Sherry Becker, Executive Director, NIVC Services, Inc.
11. Ann Trotter, Constituent
12. Ashlea Lantz, sibling of a person with a disability, Constituent
13. Maria Walker, Employment Program Planner, Polk County Health Services, Inc.
14. Robert Bacon, Director, Iowa's University Center for Excellence on Disabilities, Center for Disabilities and Development
15. Hope Agency, Des Moines
16. Carol Warren, Vice President, Goodwill Industries of Central Iowa
17. John Gish, Staff Attorney, Disability Rights Iowa
18. John Gish, on behalf of Board of Directors, Iowa Association of People Supporting Employment First (APSE)
19. Sue Ann Morrow, Ph.D., Constituent
20. Scott Witte, Director of Partnership & Service Development, Hope Haven Inc.
21. Lonny W. Morrow, Ed.D., Constituent
22. June Klein-Bacon, Chair, Olmstead Consumer Taskforce
23. Tammi Fenner, parent of a person with a disability, Constituent

The Department received 190 comments from 23 respondents on the proposed rules. The comments and corresponding responses from the Department are divided into four topic areas as follows: General Comments, Provider Qualifications, Service Definitions, and Reimbursement Methodologies and Rates.

A. General Comments. *There were 20 comments in this topic area.*

COMMENT: Seventeen respondents thanked the Department for moving these rules forward and commented in support of the rules generally and various components of the rules.

DEPARTMENT RESPONSE: Thank you for your advocacy for employment for all Iowans.

COMMENT: One respondent expressed concern about the timing of the rule changes with regard to the conversion to managed care.

DEPARTMENT RESPONSE: The Department is reviewing the implementation date of the rules in consideration of the effort required to make the necessary changes to member's service plans and the timing of the changes related to the transition to managed care.

COMMENT: One respondent wrote that Iowa's funding and management of employment services has been out of compliance with the Americans with Disabilities Act (ADA) and the U.S. Supreme Court decision of *Olmstead v. L.C.* [1] 527 U.S. 581 (1999)] and have perpetuated segregation for people with disabilities.

DEPARTMENT RESPONSE: While the Department does not necessarily agree with this assessment, movement of these rules forward at this time will assist in encouraging community inclusion in employment of people with disabilities.

COMMENT: One respondent wrote "The most effective measure of success would be for the State to enforce contractual compliance from each Managed Care Organization (MCO). ... DRI recommends DHS require MCOs to make records available for inspection each year" regarding employment services.

DEPARTMENT RESPONSE: The MCOs will be required to follow these rules. The contracting and performance measurement process and requirements are outside the scope of these rules.

B. Provider Qualifications. *There were 52 comments in this topic area.*

COMMENT: Eight respondents asked if College of Employment Supports (CES) certification meets the qualification required for Long Term Job Coaching, and if today's staff will be grandfathered in, and expressed concerns that the test is only offered once a year.

DEPARTMENT RESPONSE: Staff providing long-term job coaching today will be "grandfathered in" regarding the educational requirement and commensurate experience because they were hired under the current rules. They will, however, be expected to obtain the nationally recognized certification in job training and coaching, but the department is changing "within 12 months" to "within 24 months" as a result of comments received.

COMMENT: Eleven respondents suggested that the options for the 9.5 hours of staff credentialing be expanded to include training programs other than the College of Direct Supports- College of Employment Services (CES), as specifying CES is too narrow, and some providers feel they cannot afford it.

DEPARTMENT RESPONSE: The Department contracts with the Iowa Association of Community Providers to make the College of Direct Supports-CES available to all HCBS providers free of charge regardless of their association membership status. Based on the comments received, subparagraph 77.25 (8)"c"(3), paragraph 77.37 (26)"d", and subparagraph 77.39(22)"c"(3) will be amended as follows:

"A person providing direct support shall, within six months of hire, or within six months of [the effective date of this rule], complete at least 9.5 hours of employment services training as offered through the Direct Course ~~online training program or~~ courses from Association of Community Rehabilitation Educators (ACRE) certified training programs."

COMMENT: Five respondents commented in support of the qualification requirements as this professionalizes employment services, and asked if MHDS Regions could assist in paying for CESP testing.

DEPARTMENT RESPONSE: The Department appreciates the Regions using their funds for this purpose but does not, however, direct how the Regions spend their funds.

COMMENT: Twenty-one respondents commented on the hiring qualifications of experience and degrees being too limiting.

DEPARTMENT RESPONSE: Based on the comments received 77.25(9)"c"(1)-(3), 77.37 (16)"d "(1)-(3), and 77.39(15)"d"(1)-(3) shall be amended as follows:

"(1) Individual supported employment: Bachelor's degree or commensurate experience, preferably in human services, sociology, psychology, education, human resources, marketing, sales or business. The person must also hold nationally recognized certification (ACRE or CESP or similar) as an employment specialist or must earn this credential within ~~42~~ 24 months of hire.

(2) Long-term job coaching: Associate degree, or high school diploma or equivalent and ~~two years'~~ six months relevant experience. ~~in delivering services and supports. A person providing direct support shall, within 6 months of hire or with 6 months of [the effective date of this subrule], complete at least 9.5 hours of employment services training through Direct Course or courses from Association of Community Rehabilitation Educators (ACRE) certified training programs.~~ The person must also hold or obtain, within ~~42~~ 24 months of hire, nationally recognized certification in job training and coaching.

(3) Small-group supported employment: Associate degree, or high school diploma or equivalent and ~~two years'~~ six months relevant experience ~~in delivering services and supports.~~ A person providing direct support shall, within 6 months of hire or with 6 months of [the effective date of this subrule], complete at least 9.5 hours of employment services training through Direct Course or courses from Association of Community Rehabilitation Educators (ACRE) certified training programs. The person must also

hold or obtain, within ~~12~~ 24 months of hire, nationally recognized certification in job training and coaching.”

COMMENT: Three respondents asked that the requirement of a bachelor's degree be dropped, as they think the rates do not support it or the cost of training.

DEPARTMENT RESPONSE: The rate model is built from a staff wage-and-qualifications perspective, using data gathered through the 2013 Workgroup and the industry standard salary for like positions performing like activities within the Vocational Rehabilitation and Workforce Development systems. Regarding the cost of staff training, the reimbursement model includes 40 hours annually for staff providing Individual Supported Employment, 32 hours annually for staff providing Job Coaching, and 24 hours annually for staff providing Direct Service (Career Exploration or facility based services). Recent HCBS rules changes allow providers to bill for reasonable staff training costs. In addition, the department or its partners will provide training regarding the implementation of these rules. The department is also amending the HCBS Waiver and HCBS Habilitation Provider manuals to reflect these changes, and writing an employment service planning Guidebook to assist stakeholders in the employment service planning processes. Providers, as they do today, will pay their employees based on the salary structure that their agency has developed and can support. Beginning January 1, 2016 all providers will begin being reimbursed at the rate negotiated between the individual provider and the four chosen managed care organizations. The new rates in this rule package are the ‘floor’ for those rates.

COMMENT: One respondent suggested adding a requirement of 4 hours per year employment training and allow providers flexibility in choosing those courses.

DEPARTMENT RESPONSE: Based on the comment received, the Department will amend paragraph 77.25(8)“c”, paragraph 77.25(9)“c”, paragraph 77.37(26)“c”, and paragraph 77.39(22)“c” by adding a new subparagraph as follows:

“(4) Supported employment direct support staff shall complete 4 hours of continuing education in employment services annually.”

COMMENT: Three respondents asked if the initial on the job training referenced at subparagraph 78.27(10)“a”(4) has to be done by the bachelor degreed staff for Individual Supported Employment, or can the job coach provide this service?

DEPARTMENT RESPONSE: The qualifications section delineates who can provide Individual Supported Employment, which may include initial job training and stabilization based on the individual needs. Long Term Job Coaching would begin after stabilization.

C. Service Definitions. *There were 74 comments in this topic area.*

COMMENT: Five respondents commented regarding the general definition section of chapter 78, asking for additional terms to be defined.

DEPARTMENT RESPONSE: Based on the comments the Department is amending subrule 78.27(1) to include the following **new** definitions:

“Benefits education” means providing basic information to understand and access appropriate resources to pursue employment and knowledge of work incentives and Medicaid for employed persons with disabilities (MEPD). Gathering information needed to pursue work incentives, and offering basic financial management information to members, families, guardians and legal representative.

“Supported employment” means the on-going supports to participants who, because of their disabilities, need intensive on-going support to obtain and maintain an individual job in competitive or customized employment, or self-employment, in an integrated work setting in the general workforce at or above the state’s minimum wage, at or above the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. The outcome of this service is sustained paid employment at or above the minimum wage in an integrated setting in the general workforce, in a job that meets personal and career goals. Supported employment services can be provided through many different service models.

“Sustained employment” is an individual employment situation that the member maintains over time but not for less than 90 calendar days following the receipt of employment services and supports.

In addition, the Department will replace the terms “benefits planning” and “benefits information” with “benefits education” throughout the chapter. The Department will not amend other definitions in this section as those currently stated comport to the CMS guidance and the intent of this rule.

COMMENT: Six respondents commented on Prevocational services, requesting clarification on the time limits for new and current members.

DEPARTMENT RESPONSE: The 90 day time limit for prevocational services applies only to members after the completion of the career exploration activity if the member chooses not to pursue individual community employment. In this situation the prevocational service is no longer appropriate to the persons’ goals and the 90 days are allowed to transition to other services.

The 24 month time limit applies to members who are new to the prevocational service after these rules take effect, and allows them time to participate in generalized skill building, Project Search, internships, and/or the career exploration activity. Neither the 90 day nor the 24 month time limit would apply if any one of the stated exceptions apply.

The Department agreed with the comments and will amend subparagraph 78.27 (9)“e”(1) to improve clarity on time limits for new and current members. The subparagraph will be amended as follows:

1. The member who is in Prevocational Services is also working in either individual or small group community employment for at least the number of hours per week desired by the member, as identified in the member’s current service plan; or

2. The member who is in Prevocational Services is also working in either individual or small group community employment for less than the number of hours per week the member wants, as identified in the member’s current service plan, but the member has services documented in his/her current service plan, or through another

identifiable funding source (e.g. IVRS), to increase the number of hours the member is working in either individual or small group community employment; or

3. The member is actively engaged in seeking individual or small group community employment or individual self-employment, and services for this are included in his/her current service plan, or services funded through another identifiable funding source (e.g. IVRS) are documented in the member's service plan; or

4. The member has requested supported employment services from Medicaid and IVRS in the past 24 months and has been denied and/or placed on a waiting list by both Medicaid and IVRS; or

5. The member has been receiving Individual Supported Employment service (or comparable services available through IVRS) for at least 18 months without obtaining individual or small group community employment or individual self-employment.

COMMENT: Eleven respondents requested clarification on the specifics of the career exploration activity in Prevocational service as it relates to similar services provided through other funding streams.

DEPARTMENT RESPONSE: The Career Exploration Service is not intended to replicate the Discovery Service funded through IVRS or Workforce Development or the Workplace Readiness Assessment. The Career Exploration Service is intended to be delivered one to one to assist the person in determining if they want to work and where their employment interests lie in order to develop a career plan that will assist with employment service planning. Under the basic prevocational service, members could receive activities in small groups such as business tours, benefit information classes or attending job fairs.

Career Exploration activity is also an option under all supported employment service categories and the specific activities would be based on the individual's needs. Career Exploration activities provided through supported employment services would be a part of those services and billed through those fee schedules. For example if a member in small group supported employment participates in a business tour during the day it would be billed as part of their small group supported employment service.

The Department agreed to amend subparagraph 78.27(9)"a"(1) to clarify the Career Exploration activities as follows:

(1) Career exploration. Career exploration activities are designed to develop a an individual career plan and facilitate the member's experientially based, informed choice regarding the goal of individual employment. Career exploration may be authorized for up to 34 hours, to be completed over a-90 business days period in the member's local community or nearby communities and may include but is not limited to the following activities:

1. meeting with the member, and their family, guardian or legal representative to introduce them to supported employment and explore the member's employment goals and experiences.

2. Business tours,

3. Informational interviews,

4. Job shadows,

5. Benefits information and financial literacy.

6. Assistive technology assessment, and ~~attendance at career fairs~~ or other job exploration events.

COMMENT: Nine respondents commented on Prevocational services, requesting clarification on the specifics of the career exploration settings and community based settings versus facility based settings.

DEPARTMENT RESPONSE: Prevocational services may be furnished in a variety of locations in the community and are not limited to fixed-site facilities. Beginning March 17, 2019, any setting where prevocational services are provided must comply with the CMS HCB setting requirements. The regulation requires that all settings, including facility- or site-based settings, must demonstrate the qualities of HCB settings, ensure the individual's experience is HCB and not institutional in nature, and does not isolate the individual from the broader community. In particular, if the setting is designed specifically for people with disabilities, and/or individuals in the setting are primarily or exclusively people with disabilities and on-site staff provides many services to them, the setting may be isolating unless the setting facilitates people going out into the broader community. Please see guidance on settings that isolate at:

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/LongTerm-Services-and-Supports/Home-and-Community-Based-Services/Home-andCommunity-Based-Services.html>

COMMENT: Four respondents commented that volunteer opportunities and programs are limited by the proposed rules regarding prevocational services.

DEPARTMENT RESPONSE: Volunteer opportunities, consistent with labor laws, and paid or unpaid internships or similar opportunities can be offered as part of the prevocational service in accordance with CMS Informational Bulletin dated September 16, 2011 and the January 2015 CMS HCBS Waiver Technical Guidance. The Department agreed with the comments and will amend subparagraph 78.27(9)"d"(4) to clarify volunteer opportunities as follows:

“Support for members volunteering in for-profit organizations and business other than for-profit organizations, or businesses that have formal volunteer programs in place (e.g. hospitals, nursing homes), and support for members volunteering to benefit the service provider is prohibited.”

The Department will also amend subparagraph 78.27(10)"c"(1) as follows:

(1) Scope. Small-group supported employment services must be provided in a manner that promotes integration into the workplace and interaction between members and people without disabilities (e.g., customers, coworkers, natural supports) in those workplaces. Examples include but are not limited to mobile crews and other business-based workgroups employing small groups of workers with disabilities in employment in integrated business settings; and small-group activities focused on career exploration and ~~planning, discovery,~~ or development of strengths and skills that contribute to successful participation in individual community employment.

COMMENT: Eight respondents commented about 78.27(9)e(1) and 78.27(9)e(2), regarding the impact of time limitations under prevocational services on national models

that are six to nine months in length (such as Project Search), expressing concern that the national models don't fit within the time limits.

DEPARTMENT RESPONSE: For Project Search Medicaid only pays for the non-job specific classroom time (this is only done through Prevocational), while IVRS pays for the on the job specific training - internship. This will not change under the new model. The non-job specific classroom time related to Project Search is reimbursed as an activity under Prevocational services and the member can participate in Project Search as part of their prevocational employment training. The member does not have to participate in Career Exploration; however the member's participation in Project Search will have to be clearly defined in the service plan and during the prior authorization for prevocational services. The potential limitation will apply only to those currently enrolled and individual issues could be handled with exceptions if needed. New recipients of Project Search under prevocational service will be impacted by the 24 month time limit for new members. .

COMMENT: Four respondents suggested a maximum staff-to-client ratio for prevocational services.

DEPARTMENT RESPONSE: There is currently no federal upper limit on the ratio of staff to members receiving prevocational services. There is also little to no information available to the department regarding the current staff to member ratios that prevocational service providers manage. As such the department will not be specifying the staff to member ratios for prevocational services at this time.

COMMENT: Five respondents commented that 78.27(9) d. (1) and 78.27(10) f. and 83.61(2) excludes services to the individual under the Rehabilitation Act, and asked us to define the process of determination for whether or not IVRS will fund for an individual in order that it be documented in the service plan.

DEPARTMENT RESPONSE: This is not new language and does not change the process that is currently used to determine who funds the service at what point in time. The current process will continue to be used. When a state covers prevocational and/or supported employment services in a waiver, the waiver service definition of each service must specifically provide that the services do not include services that are available under the Rehabilitation Act (or, in the case of youth, under the provisions of the IDEA) as well as describe how the state will determine that such services are not available to the participant before authorizing their provision as a waiver service. This determination occurs today through the HCB service authorization processes in place at Medicaid for waiver members and Magellan for Habilitation members. In the future the MCOs will also review this requirement prior to service authorization.

COMMENT: The supported employment services generated 11 overall comments. Five comments related to the need for a period of job stabilization following placement and a concern about were that is covered.

DEPARTMENT RESPONSE Job stabilization is part of the initial Individual Supported Employment training per the CMCS Informational Bulletin dated September 16, 2011

and the January 2015 CMS HCBS Waiver Technical Guidance. The Department agreed to address the respondent's concerns by amending subparagraph 78.27(10)"a"(4) by adding a **new** subpart "20" as follows:

20. Initial on-the-job training to stabilization activity.

COMMENT: Five respondents commented on Self-employment imposed time limit recommending that "reasonable amount of time" replace "36 months".

DEPARTMENT RESPONSE The Department agreed with the comment and will amend subparagraph 78.27(10)"a"(2) as follows:

(2) Expected outcome of service. The expected outcome of this service is sustained employment, or self-employment, paid at or above the minimum wage or the customary wage and level of benefits paid by an employer, in an integrated setting in the general workforce, in a job that meets personal and career goals. Successful transition to long-term job coaching, if needed, is also an expected outcome of this service. An expected outcome of supported self-employment is that the member earns income that is equal to or exceeds the average income for the chosen business within a reasonable period of time, ~~not to exceed 36 months.~~

COMMENT: One respondent commented Item 9, e Limitations (3) Individual supported employment is limited to 240 units per calendar year, this could have unintended consequences.

DEPARTMENT RESPONSE: The activities to maintain employment are incorporated into the Long term Job Coaching service and do not have a 240 unit limit. In cases where the 240 units are insufficient to stabilize a member in employment thus preparing the member for movement into the Long- term Job Coaching service the exception to policy process may be considered. Additionally the LTJC service provides for an hourly Tier which may be appropriate early in a member's employment.

COMMENT: Four respondents commented regarding changes to subparagraphs (3) and (4) of paragraph 83.61(1)"h" for Small Group Supported Employment by suggesting changes and deletions, and the same changes to paragraphs 83.61(1)"i". 83.82(1)"o", and 83.82(1)"p".

DEPARTMENT RESPONSE: CMS requires the language in (3) and (4) and therefore the Department will not amend these paragraphs at this time.

COMMENT: Six respondents commented that subparagraph 78.27(10)"d"(4) allows for concurrent services in a person's service plan, and often services are provided by more than one service provider, which makes it difficult to make sure the services aren't billed during the same time period. They request language allowing for additional units for such circumstances.

DEPARTMENT RESPONSE: It is unlikely two separate service providers will provide a face to face service for the same hour. The authorization process establishes the overall approved services.

COMMENT: One respondent pointed out there are no monthly limitations on prevocational or habilitation services; which doesn't seem consistent with federal guidance.

DEPARTMENT RESPONSE: There is no monthly limitation in the federal or state guidelines for prevocational services at this time. For the state to implement a monthly cap on prevocational services would require additional public input.

D. Reimbursement Methodologies and Rates. *There were 43 comments on this topic.*

COMMENT: Six respondents commented in favor of allowing reimbursement for job development, benefits information, employer development and job search activities, and allowing providers to bill for time on behalf of members. Other "positives" pointed out are consumer transportation funded separately, and rates being built from staff costs.

DEPARTMENT RESPONSE: These elements are integral pieces of the new rate model.

COMMENT: Two respondents stated the Fee Schedule is not in the rules; please put it in the rules.

DEPARTMENT RESPONSE: The Fee schedule with rates will be posted to the IME Fee Schedule website and not listed in the administrative rules to enable the Department to make changes to fees change due to legislation, cost of living increases or other reasons without engaging in the rule promulgation process. Posting rates to the IME Fee schedule website is consistent with the way the department publishes fee schedule rates today.

COMMENT: Five respondents requested more hours for nonbillable activities (such as progress notes and drive time) in the rate development model, pointing out a significant inequity that exists between rural and metro service providers. Conversely, two respondents praised the model for inclusion of these elements to the extent that it allows providers to support a qualified workforce to deliver individualized services.

DEPARTMENT RESPONSE: The new rate structure allows billing of activities "on behalf of" the client, and the model from which the rates were built does include the nonbillable activities at the levels the Workgroup members agreed upon. The model is built on the foundation of being provided by a qualified workforce, and the necessary ability for providers to pay adequately to attract and retain this workforce. In addition, Iowa Medicaid annually considers a cost of living adjustment to its rates for providers. The department will not amend the individual supported employment proposed rates at this time.

COMMENT: Three respondents commented on the \$3,029.00 monthly cap for Individual Supported Employment, expressing that, for those with the greatest impairments and the highest need the cap will act as a barrier to getting and maintaining jobs in the community. In addition the tiers appear to encourage employment specialists to only assist individuals with the less severe disabilities or only search for jobs that are fewer hours per week.

DEPARTMENT RESPONSE: The \$3,029.00 monthly cap on the cost of employment services is in rule today, this is not a new service limitation. In addition, the monthly cap represents the total average number of hours per week that most members work based on a full year of past utilization (average 17 hours/week).

COMMENT: One respondent said the long term job coaching rates are well below their current exception to policy rate.

DEPARTMENT RESPONSE: The rates set by the Medicaid Fee schedule will be the rates paid for members that are excluded from MCO enrollment, and are the base for payment by the Managed Care Organizations, whom may pay no less than the Medicaid base; but may pay providers more if they choose to do so. Providers will need to negotiate reimbursement with the MCOs.

COMMENT: Five respondents commented that group employment should be an acceptable employment outcome, as a step between the workshop and individual supported employment, and suggested Tiered rates for small group employment to incentivize smaller groups.

DEPARTMENT RESPONSE: The Department will change the fee schedule area, "Group Supported Employment" to a tiered rate structure as follows:

Group Supported Employment:

Tier 1, groups of 2-4, \$11.24/hour/person, \$2.81 per 15 minute unit;

Tier 2, groups of 5-6, \$7.00/hour/person, \$1.75 per 15 minute unit;

Tier 3, groups of 7-8, \$5.00/hour/person, \$1.25 per 15 minute unit.

The rates set by the Medicaid Fee schedule will be the rates paid for members that are excluded from MCO enrollment, and are the base for payment by the MCOs, they may pay no less than the Medicaid floor; however the MCOs may pay providers more if they choose to do so. Providers will need to negotiate reimbursement with the MCOs.

COMMENT: One respondent commented that a 15 minute unit for prevocational services based would provide a more accurate measurement of services provided.

DEPARTMENT RESPONSE: The Federal Health Care Common Procedure Coding System (HCPCS) does not provide for a 15 minute unit of service for prevocational services and as such prevocational will remain an hourly unit of service.

COMMENT: One respondent said that the proposed prevocational rate may cause them to terminate their Project Search; and asked if the department could have two separate rates for "traditional" prevocational and or "community based" prevocational, and another respondent suggested tiered rates for prevocational services.

DEPARTMENT RESPONSE: The Department does not have the utilization data necessary to model tiers for prevocational services. The rates set by the Medicaid Fee schedule will be the rates paid for members that are excluded from MCO enrollment, and are the floor for payment by the MCOs, they may pay no less than the Medicaid floor; however the MCOs may pay providers more if they choose to do so. Providers will need to negotiate reimbursement with the MCOs.

COMMENT: One respondent commented regarding subparagraph 78.27(10)“e”(3) - limitations for caps on units, case managers only authorize the service they don't track how many units service providers utilize so how will a service provider know how many units an individual has remaining?

DEPARTMENT RESPONSE: This does not change from the current practice. Today service providers are expected to monitor the delivery of services to ensure that services are being provided within the scope amount and duration authorized in the members service plan.

COMMENT: Four respondents commented the long term job coaching tiered system dis-incentivizes those wanting to work higher hours per week or those with higher support needs; they recommend the tiered system expand the number of hours available; and also put in rules the language that states the tiers are assigned according to the service plan and adjusted when higher support needs are determined.

DEPARTMENT RESPONSE: The long term job coaching hours of support were arrived at based on a full year of utilization data and national recommendations, which indicated data that only 7% of members received 17 to 25 hours of long term job coaching and 10% of members used greater than 25 hours/month.

The Department will amend the rule to include language that states the hours that are assigned according to the service plan and adjusted when higher support needs are determined. In order to address the respondents' concerns, paragraph 78.27(10)“b” will be amended by adding a **new** subparagraph 78.27(10)“b”(6) as follows:

(6) The hours of support for long-term job coaching is based on the identified needs of the member as documented in the member's comprehensive service plan.

COMMENT: Three respondents asked regarding Items 19 & 20 if they are not able to support individuals aged 16-17 as well as people over the age of 65? Additionally, subrule 83.61(1) lists no upper age restriction. Please clarify.

DEPARTMENT RESPONSE: Persons aged 16-17 should be served first with IDEA funds; persons aged 65+ who are eligible for the Brain Injury Waiver, Intellectual Disability Waiver or Habilitation services program will be able to continue to receive employment supports as they do today. The current language in rule is not intended to exclude anyone, only to define a "working age adult". The Department agreed to amend 441--Chapter 83 preamble to address the respondents' concerns as follows:

“Medicaid waiver services are services provided to maintain persons ~~who would otherwise require care in a medical institution~~ in their own homes or communities who

would otherwise require care in a medical institution, including support for working-age persons (aged 18 to 65) to seek and maintain employment in the community. ...”

COMMENT: Five respondents pointed out the tiered system for job coaching gives providers flexibility, however they expressed concerns about the requirement for re-authorization every 90 days in the highest level, and that the term “exception” could suggest that 25 hours of support per month is intended to be short-term.

DEPARTMENT RESPONSE: Based on comments received, the Tiers will be adjusted slightly and renamed as follows:

Supported Employment: Long Term Job Coaching

Tier 1= 1 contact/month \$67

Tier 2 = 2-8 hours/month \$358

Tier 3 = 9-16 hours/month \$715

Tier 4 = 17-25 hours/month \$1,118

Tier 5 = 26 or more hours per month \$44.71/hour converted to a 15 min unit \$11.18.

Tier 5 must be reauthorized every 90 days.

Total monthly cost for all supported employment services not to exceed \$3,029.00.

COMMENT: Three respondents asked how job coaching tiers will be assigned, noted that the member and their family and support team should always be included, and recommended that authorizations should be able to be changed and implemented quickly based on the member’s needs.

DEPARTMENT RESPONSE: Tiers assignments will be based on the Individual Comprehensive Service Plan or Treatment plan which is a result of the person centered planning that occurs with the member, their family and support team. The department will adhere to our specific contractual timelines for issuing a notice of decision.

COMMENT: One respondent expressed concern about oversight and quality assurance, and pointed out there are no clear rewards for service providers to meet the expectations; nor are there clear repercussions for service providers that fail to meet the expectations.

DEPARTMENT RESPONSE: Oversight and quality assurance are beyond the scope of these rules.

COMMENT: One respondent commented that while the proposed rules include time limits on how long an individual can remain in prevocational services, there is no monthly spending cap on prevocational services. In contrast, supported employment services have a monthly cap of \$3,029.

DEPARTMENT RESPONSE: The Department is confident that the time limitations and the expected outcome of the prevocational services will serve to limit the amount and duration of prevocational services. In addition there are limits in place today such as with the Brain Injury Waiver monthly cap for all services. The Habilitation program is

managed by the Iowa Plan contractor who may limit the services in accordance with administrative rule. Please see the response to comment number 4 in this section.

COMMENT: One respondent commented that Exceptions to Policy should promote competitive integrated employment, and the department should liberally grant exceptions when providers aim to provide community-based services beyond the proposed caps.

DEPARTMENT RESPONSE: The exception to policy process in 441-1.8 remains unchanged by these amendments. The decision on whether to grant an exception is at the complete discretion of the director after consideration of all relevant factors.