

Appendix C: Participant Services

C-1: Summary of Services Covered (1 of 2)

a. **Waiver Services Summary.** List the services that are furnished under the waiver in the following table. If case management is not a service under the waiver, complete items C-1-b and C-1-c:

Service Type	Service		
Statutory Service	Family and Community Support service		
Statutory Service	Respite		
Other Service	Environmental modifications and adaptive devices,		
Other Service	In-home family therapy		

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service

Service:

Habilitation

Alternate Service Title (if any):

Family and Community Support service

HCBS Taxonomy:

Category 1:

Sub-Category 1:

Category 2:

Sub-Category 2:

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

Service Definition (Scope):

Services provided through Family and Community (F&C) Supports Service build upon the therapies provided by mental health professionals, including In Home Family Therapy under this waiver. F&C services are done in the home with the family or in the community with the child; practicing and implementing those coping strategies identified by mental health therapists. Whereas In Home Family Therapy is a skilled therapeutic service, F&C is the practical application of the skills and interventions that will allow the family and child to function more appropriately. An example of F&C: the provider teaches the child appropriate social behavior by taking the child to a fast food restaurant. The child practices not acting out, eating with manners, and thanking the food service workers. Another example: The mental health professional has indicated that the child should experiment with a variety of physical activities that could be used to de-escalate anxiety. The F&C provider

takes the child running, walking, or a driving range to find a good activity for the child; and then works with the child to initiate the activity when anxiety is triggered.

Family and community support services shall support the member and the member's family by the development and implementation of strategies and interventions that will result in the reduction of stress and depression and will increase the member's and the family's social and emotional strength. The emphasis in service shall focus on the member and the development of needed skills and improving behaviors that are impacting the family dynamics. Services may be provided in the family home or in the community.

Family and community support services shall be provided under the recommendation and direction of a mental health professional who is a member of the member's interdisciplinary team pursuant to 441—83.127(249A). Family and community support services shall incorporate recommended support interventions and activities, which may include the following:

- (1) Developing and maintaining a crisis support network for the member and for the member's family.
- (2) Modeling and coaching effective coping strategies for the member's family members.
- (3) Building resilience to the stigma of serious emotional disturbance for the member and the family.
- (4) Reducing the stigma of serious emotional disturbance by the development of relationships with peers and community members.
- (5) Modeling and coaching the strategies and interventions identified in the member's crisis intervention plan as defined in 441—24.1(225C) for life situations with the member's family and in the community.
- (6) Developing medication management skills.
- (7) Developing personal hygiene and grooming skills that contribute to the member's positive self-image.
- (8) Developing positive socialization and citizenship skills.

Therapeutic resources may include books, training materials, and visual or audio media. The therapeutic resources shall be identified as a need of the member in the member's authorized service plan and shall be used as part of the implementation and delivery of the family and community support service.

- (1) The interdisciplinary team must identify the transportation or therapeutic resource as a support need.
- (2) The annual amount available for transportation and therapeutic resources must be listed in the member's service plan.
- (3) The member's parent or legal guardian shall submit a signed statement that the transportation or therapeutic resource cannot be provided by the member or the member's family or legal guardian.
- (4) The member's Medicaid targeted case manager shall maintain a signed statement that potential community resources are unavailable and shall list the community resources contacted to fund the transportation or therapeutic resource.
- (5) The transportation or therapeutic resource must not be otherwise eligible for Medicaid reimbursement.

The following components are specifically excluded from family and community support services:

- (1) Vocational services.
- (2) Prevocational services.
- (3) Supported employment services.
- (4) Room and board.
- (5) Academic services.
- (6) General supervision and consumer care.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

A unit of service will be 15 minutes.

Family and community support services may include an amount not to exceed \$1500 per member per year for transportation within the community and the purchase of therapeutic resources. An amount of funds, up to \$1,500.00 annually, may be approved for use for transportation or identified therapeutic resources for the member. Transportation shall only be provided for the implementation of the approved family and community support services. Once approved in the member's service plan the amount of funds authorized for the needed transportation and therapeutic resources is incorporated into the enrolled provider's rate for service. The family and community support service is cost settled at the end of each fiscal year through a retrospectively limited prospective rate setting methodology identified in this application.

Services provided under IDEA or the Rehabilitation Act of 1973 are not available.

Service Delivery Method (*check each that applies*):

- Participant-directed as specified in Appendix E
 Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
 Relative
 Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Behavioral Health Intervention providers enrolled with the Iowa Plan for Behavioral Health
Agency	Community Mental Health Centers

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Family and Community Support service

Provider Category:

Agency

Provider Type:

Behavioral Health Intervention providers enrolled with the Iowa Plan for Behavioral Health

Provider Qualifications

License (specify):

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers' compensation insurance.

Certificate (specify):

Other Standard (specify):

Behavioral Health Intervention services providers qualified under 441—77.12(249A): A provider of behavioral health intervention is eligible to participate in the medical assistance program when the provider is enrolled in the Iowa Plan for Behavioral Health pursuant to 441—Chapter 88, Division IV.

The following enrollment criteria is applied to organizations enrolling as Behavioral Health Intervention providers under 441-77.12:

1. Mental Health Provider or Community Mental Health Provider as defined in IAC 441-24.

“Mental health service provider” means an organization whose services are established to specifically address mental health services to individuals or the administration of facilities in which these services are provided.

“Community mental health provider” means an organization providing mental health services that is established pursuant to Iowa Code chapters 225C and 230A.

2. A residential group care setting licensed under IAC441-114: a facility which provides care for children who are considered unable to live in a family situation due to social, emotional or physical disabilities but

are capable of interacting in a community environment with a minimum amount of supervision. Please note: children in foster care are not eligible for the CMH waiver and would not be receiving CM funded services while in foster care.

3. A Psychiatric Medical Institution for Children. Please note: children in a PMIC are not eligible for the CMH waiver and would not be receiving CM funded services while in a PMIC.

4. National accredited by COA, the Joint commission or CARF under the accreditation standard that apply to mental health rehabilitative services.

Staff within the enrolled organization must meet the following credentialing standards:

1. Bachelors degree in social sciences field plus additional experience or training or
2. Bachelors degree in non-social science field plus more additiona experience or training

Providers must complete child abuse, dependent adult abuse, and criminal background screenings pursuant to Iowa Code section 135C.33(5)"a"(1) before employment of a staff member who will provide direct care.

Behavioral Health Intervention Services employees must:

- 1) Have a Bachelor's degree in a social science field +
 - a) 1 year experience OR
 - b) 20 hours CMH training
- OR
- 2) Have a Bachelor's degree in a social science field +
 - a) 2 years experience OR
 - b) 30 hours CMH training

Providers must be:

- (1) At least 18 years of age.
- (2) Qualified by training (see above).
- (3) Subject to background checks prior to direct service delivery.

Verification of Provider Qualifications

Entity Responsible for Verification:

Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit

Frequency of Verification:

Every four years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Family and Community Support service

Provider Category:

Agency

Provider Type:

Community Mental Health Centers

Provider Qualifications

License (specify):

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers' compensation insurance.

Certificate (specify):

Community mental health centers accredited in good standing as providers of outpatient psychotherapy and counseling under 441—Chapter 24.

Other Standard (specify):

Behavioral Health Intervention Services employees must:

- 1) Have a Bachelor's degree in a social science field +
 - a) 1 year experience OR
 - b) 20 hours CMH training

OR

- 2) Have a Bachelor's degree in a social science field +
 - a) 2 years experience OR
 - b) 30 hours CMH training

Providers must be:

- (1) At least 18 years of age.

- (2) Qualified by training (see above).
- (3) Subject to background checks prior to direct service delivery.

Verification of Provider Qualifications

Entity Responsible for Verification:

Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit

Frequency of Verification:

Every four years

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service

Service:

Respite

Alternate Service Title (if any):

Respite

HCBS Taxonomy:

Category 1:

Sub-Category 1:

Category 2:

Sub-Category 2:

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

Service Definition (Scope):

Respite care services are services provided to the member that give temporary relief to the usual caregiver and provide all the necessary care that the usual caregiver would provide during that period. The purpose of respite care is to enable the member to remain in the member's current living situation.

Respite shall be provided in an environment (member's home, provider's home, camp, etc.) as approved by the interdisciplinary team.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

1. Respite care shall not be provided to members during the hours in which the usual caregiver is employed, except when the member is attending a camp.
2. The usual caregiver cannot be absent from the home for more than 14 consecutive days during respite provision.
3. The interdisciplinary team shall determine if the member will receive basic individual respite, specialized respite, or group respite and defined in rule 441- Chapter 83.
4. Respite services provided for a period exceeding 24 consecutive hours to three or more members who require

nursing care because of a mental or physical condition must be provided by a health care facility licensed under Iowa Code chapter 135C.

5. Respite services provided outside the member's home shall not be reimbursable if the living unit where respite care is provided is reserved for another person on a temporary leave of absence.
6. Respite services shall not be provided simultaneously with other residential, nursing, or home health aide services provided through the medical assistance program.
6. Effective 7/1/13, a unit of service is 15 minutes.

Services provided under IDEA or the Rehabilitation Act of 1973 are not available.

FFP may be claimed for respite provided in a hospital or RCF/ID.

Service Delivery Method (*check each that applies*):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (*check each that applies*):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Home Health Agencies
Agency	Residential Care Facilities for Persons with Intellectual Disability
Agency	Adult Day Care
Agency	Child Care Centers and Child Development Homes
Agency	Camps
Agency	Foster Care
Agency	HCBS respite provider
Agency	Nursing Facilities, ICF/ID, and Hospitals
Agency	Home Care Agencies
Agency	Assisted Living programs

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Respite

Provider Category:

Agency

Provider Type:

Home Health Agencies

Provider Qualifications

License (*specify*):

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers' compensation insurance.

Certificate (*specify*):

Home health agencies that are certified in good standing to participate in the Medicare program.

Other Standard (*specify*):

Providers must be:

- (1) At least 18 years of age.

- (2) Qualified by training.
- (3) Subject to background checks prior to direct service delivery.

Qualified Training includes:

- (1) Within one month of employment, staff members must receive the following training:
 1. Orientation regarding the agency's mission, policies, and procedures; and
 2. Orientation regarding HCBS philosophy and outcomes for rights and dignity for the children's mental health waiver in 77.46(1)"c."
- (2) Within four months of employment, staff members must receive training regarding the following:
 1. Serious emotional disturbance in children and provision of services to children with serious emotional disturbance;
 2. Confidentiality;
 3. Provision of medication according to agency policy and procedure;
 4. Identification and reporting of child abuse;
 5. Incident reporting;
 6. Documentation of service provision;
 7. Appropriate behavioral interventions; and
 8. Professional ethics.
- (3) Until a staff member receives the training identified in subparagraphs (1) and (2), the staff member shall not provide any direct service without the oversight of supervisory staff and shall obtain feedback from the family within 24 hours of service provision.
- (4) Within the first year of employment, staff members must complete 24 hours of training in children's mental health issues.
- (5) During each consecutive year of employment, staff members must complete 12 hours of training in children's mental health issues.

Verification of Provider Qualifications

Entity Responsible for Verification:

Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit

Frequency of Verification:

Every four years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Respite

Provider Category:

Agency

Provider Type:

Residential Care Facilities for Persons with Intellectual Disability

Provider Qualifications

License (specify):

Residential care facilities for persons with Intellectual Disability licensed in good standing by the department of inspections and appeals.

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers' compensation insurance.

Certificate (specify):

Other Standard (specify):

Providers must be:

- (1) At least 18 years of age.
- (2) Qualified by training.

(3) Subject to background checks prior to direct service delivery.

Qualified Training includes:

(1) Within one month of employment, staff members must receive the following training:

1. Orientation regarding the agency's mission, policies, and procedures; and
2. Orientation regarding HCBS philosophy and outcomes for rights and dignity for the children's mental health waiver in 77.46(1)"c."

(2) Within four months of employment, staff members must receive training regarding the following:

1. Serious emotional disturbance in children and provision of services to children with serious emotional disturbance;
2. Confidentiality;
3. Provision of medication according to agency policy and procedure;
4. Identification and reporting of child abuse;
5. Incident reporting;
6. Documentation of service provision;
7. Appropriate behavioral interventions; and
8. Professional ethics.

(3) Until a staff member receives the training identified in subparagraphs (1) and (2), the staff member shall not provide any direct service without the oversight of supervisory staff and shall obtain

feedback from the family within 24 hours of service provision.

(4) Within the first year of employment, staff members must complete 24 hours of training in children's mental health issues.

(5) During each consecutive year of employment, staff members must complete 12 hours of training in children's mental health issues.

Verification of Provider Qualifications

Entity Responsible for Verification:

Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit

Frequency of Verification:

Every four years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Respite

Provider Category:

Agency

Provider Type:

Adult Day Care

Provider Qualifications

License (specify):

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers' compensation insurance.

Certificate (specify):

Adult day care providers that are certified in good standing by the department of inspections and appeals as being in compliance with the standards for adult day services programs adopted by the department on aging at IAC 321—Chapter 24

Other Standard (specify):

Providers must be:

- (1) At least 18 years of age.
- (2) Qualified by training.
- (3) Subject to background checks prior to direct service delivery.

Qualified Training includes:

(1) Within one month of employment, staff members must receive the following training:

1. Orientation regarding the agency’s mission, policies, and procedures; and
 2. Orientation regarding HCBS philosophy and outcomes for rights and dignity for the children’s mental health waiver in 77.46(1)“c.”
- (2) Within four months of employment, staff members must receive training regarding the following:
1. Serious emotional disturbance in children and provision of services to children with serious emotional disturbance;
 2. Confidentiality;
 3. Provision of medication according to agency policy and procedure;
 4. Identification and reporting of child abuse;
 5. Incident reporting;
 6. Documentation of service provision;
 7. Appropriate behavioral interventions; and
 8. Professional ethics.
- (3) Until a staff member receives the training identified in subparagraphs (1) and (2), the staff member shall not provide any direct service without the oversight of supervisory staff and shall obtain feedback from the family within 24 hours of service provision.
- (4) Within the first year of employment, staff members must complete 24 hours of training in children’s mental health issues.
- (5) During each consecutive year of employment, staff members must complete 12 hours of training in children’s mental health issues.

Verification of Provider Qualifications

Entity Responsible for Verification:

Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit

Frequency of Verification:

Every four years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Respite

Provider Category:

Agency

Provider Type:

Child Care Centers and Child Development Homes

Provider Qualifications

License (specify):

Child care centers licensed in good standing by the department according to IAC 441—Chapter 109 and child development homes registered according to IAC 441—Chapter 110.

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers’ compensation insurance.

Certificate (specify):

Other Standard (specify):

Providers must be:

- (1) At least 18 years of age.
- (2) Qualified by training.
- (3) Subject to background checks prior to direct service delivery.

Qualified by training must include the following:

The provider shall receive two hours of Iowa’s training for mandatory reporting of child abuse:

- (1) During the first three months of registration as a child development home; and

(2) Every five years thereafter.

b. The provider shall obtain first-aid training within the first three months of registration as a child development home.

(1) First-aid training shall be provided by a nationally recognized training organization, such as the American Red Cross, the American Heart Association, the National Safety Council, or Emergency

Medical Planning (Medic First Aid) or by an equivalent trainer using curriculum approved by the department.

(2) First-aid training shall include certification in infant and child first aid that includes management of a blocked airway and mouth-to-mouth resuscitation.

(3) The provider shall maintain a valid certificate indicating the date of first-aid training and the expiration date.

c. During the first year of registration, the provider shall receive a minimum of 12 hours of training from one or more of the following content areas. The provider shall receive at least 6 of these hours in

a group setting as defined in subrule 110.5(12), and 2 of the hours must be from the content area in subparagraph 110.5(11)“c”(1). A provider shall not use a specific training or class to meet minimum continuing education requirements more than one time every five years.

(1) Planning a safe, healthy learning environment (includes nutrition).

(2) Steps to advance children’s physical and intellectual development.

(3) Positive ways to support children’s social and emotional development (includes guidance and discipline).

(4) Strategies to establish productive relationships with families (includes communication skills and cross-cultural competence).

(5) Strategies to manage an effective program operation (includes business practices).

(6) Maintaining a commitment to professionalism.

(7) Observing and recording children’s behavior.

(8) Principles of child growth and development.

d. During the second year of registration and each succeeding year, the provider shall receive a minimum of 12 hours of training from one or more of the content areas as defined in paragraph “c.”

The provider shall receive at least 6 of these hours in a group setting as defined in subrule 110.5(12). The provider may receive the remaining hours in self-study as defined in subrule 110.5(13). A provider shall

not use a specific training or class to meet minimum continuing education requirements more than one

time every five years.

e. A provider who submits documentation from a child care resource and referral agency that the provider has completed the Iowa Program for Infant/Toddler Care (IA PITC), ChildNet, or Beyond

Business Basics training series may use those hours to fulfill a maximum of two years’ training requirements, not including first-aid and mandatory reporter training.

and

Staff training. The agency shall meet the following training requirements as a condition of providing respite care under the children’s mental health waiver:

(1) Within one month of employment, staff members must receive the following training:

1. Orientation regarding the agency’s mission, policies, and procedures; and

2. Orientation regarding HCBS philosophy and outcomes for rights and dignity for the children’s mental health waiver in 77.46(1)“c.”

(2) Within four months of employment, staff members must receive training regarding the following:

1. Serious emotional disturbance in children and provision of services to children with serious emotional disturbance;

2. Confidentiality;

3. Provision of medication according to agency policy and procedure;

4. Identification and reporting of child abuse;

5. Incident reporting;

6. Documentation of service provision;

7. Appropriate behavioral interventions; and

8. Professional ethics.

(3) Until a staff member receives the training identified in subparagraphs (1) and (2), the staff

member shall not provide any direct service without the oversight of supervisory staff and shall obtain

feedback from the family within 24 hours of service provision.

(4) Within the first year of employment, staff members must complete 24 hours of training in children's mental health issues.

(5) During each consecutive year of employment, staff members must complete 12 hours of training in children's mental health issues.

Verification of Provider Qualifications

Entity Responsible for Verification:

Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit

Frequency of Verification:

Every four years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Respite

Provider Category:

Agency

Provider Type:

Camps

Provider Qualifications

License (specify):

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers' compensation insurance.

Certificate (specify):

Camps certified in good standing by the American Camping Association.

Other Standard (specify):

Providers must be:

- (1) At least 18 years of age.
- (2) Qualified by training.
- (3) Subject to background checks prior to direct service delivery.

Qualified Training includes:

(1) Within one month of employment, staff members must receive the following training:

1. Orientation regarding the agency's mission, policies, and procedures; and
2. Orientation regarding HCBS philosophy and outcomes for rights and dignity for the children's mental health waiver in 77.46(1)"c."

(2) Within four months of employment, staff members must receive training regarding the following:

1. Serious emotional disturbance in children and provision of services to children with serious emotional disturbance;
2. Confidentiality;
3. Provision of medication according to agency policy and procedure;
4. Identification and reporting of child abuse;
5. Incident reporting;
6. Documentation of service provision;
7. Appropriate behavioral interventions; and
8. Professional ethics.

(3) Until a staff member receives the training identified in subparagraphs (1) and (2), the staff member shall not provide any direct service without the oversight of supervisory staff and shall obtain

feedback from the family within 24 hours of service provision.

(4) Within the first year of employment, staff members must complete 24 hours of training in children's mental health issues.

(5) During each consecutive year of employment, staff members must complete 12 hours of training in children's mental health issues.

Verification of Provider Qualifications

Entity Responsible for Verification:

Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit

Frequency of Verification:

Every four years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Respite

Provider Category:

Agency

Provider Type:

Foster Care

Provider Qualifications

License (specify):

Group living foster care facilities for children licensed in good standing by the department according to Iowa Administrative Code (IAC) 441—Chapters 112 and 114 to 116.

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers' compensation insurance.

Certificate (specify):

Other Standard (specify):

Providers must be:

- (1) At least 18 years of age.
- (2) Qualified by training.
- (3) Subject to background checks prior to direct service delivery.

Qualified Training includes:

- (1) Within one month of employment, staff members must receive the following training:
 1. Orientation regarding the agency's mission, policies, and procedures; and
 2. Orientation regarding HCBS philosophy and outcomes for rights and dignity for the children's mental health waiver in 77.46(1)"c."
- (2) Within four months of employment, staff members must receive training regarding the following:
 1. Serious emotional disturbance in children and provision of services to children with serious emotional disturbance;
 2. Confidentiality;
 3. Provision of medication according to agency policy and procedure;
 4. Identification and reporting of child abuse;
 5. Incident reporting;
 6. Documentation of service provision;
 7. Appropriate behavioral interventions; and
 8. Professional ethics.
- (3) Until a staff member receives the training identified in subparagraphs (1) and (2), the staff member shall not provide any direct service without the oversight of supervisory staff and shall obtain feedback from the family within 24 hours of service provision.
- (4) Within the first year of employment, staff members must complete 24 hours of training in children's mental health issues.

(5) During each consecutive year of employment, staff members must complete 12 hours of training in children's mental health issues.

Verification of Provider Qualifications

Entity Responsible for Verification:

Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit

Frequency of Verification:

Every four years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Respite

Provider Category:

Agency

Provider Type:

HCBS respite provider

Provider Qualifications

License (specify):

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers' compensation insurance.

Certificate (specify):

Providers certified or enrolled as respite providers under another Medicaid HCBS waiver.

Other Standard (specify):

Providers must be:

- (1) At least 18 years of age.
- (2) Qualified by training.
- (3) Subject to background checks prior to direct service delivery.

Qualified Training includes:

- (1) Within one month of employment, staff members must receive the following training:
 1. Orientation regarding the agency's mission, policies, and procedures; and
 2. Orientation regarding HCBS philosophy and outcomes for rights and dignity for the children's mental health waiver in 77.46(1)"c."
- (2) Within four months of employment, staff members must receive training regarding the following:
 1. Serious emotional disturbance in children and provision of services to children with serious emotional disturbance;
 2. Confidentiality;
 3. Provision of medication according to agency policy and procedure;
 4. Identification and reporting of child abuse;
 5. Incident reporting;
 6. Documentation of service provision;
 7. Appropriate behavioral interventions; and
 8. Professional ethics.
- (3) Until a staff member receives the training identified in subparagraphs (1) and (2), the staff member shall not provide any direct service without the oversight of supervisory staff and shall obtain feedback from the family within 24 hours of service provision.
- (4) Within the first year of employment, staff members must complete 24 hours of training in children's mental health issues.
- (5) During each consecutive year of employment, staff members must complete 12 hours of training in children's mental health issues.

Verification of Provider Qualifications

Entity Responsible for Verification:

Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit

Frequency of Verification:

Every four years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Respite

Provider Category:

Agency

Provider Type:

Nursing Facilities, ICF/ID, and Hospitals

Provider Qualifications

License (specify):

Nursing facilities, intermediate care facilities for the intellectually disabled, and hospitals enrolled as providers in the Iowa Medicaid program.

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers' compensation insurance.

Certificate (specify):

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Other Standard (specify):

Providers must be:

- (1) At least 18 years of age.
- (2) Qualified by training.
- (3) Subject to background checks prior to direct service delivery.

Qualified Training includes:

- (1) Within one month of employment, staff members must receive the following training:
 1. Orientation regarding the agency's mission, policies, and procedures; and
 2. Orientation regarding HCBS philosophy and outcomes for rights and dignity for the children's mental health waiver in 77.46(1)"c."
- (2) Within four months of employment, staff members must receive training regarding the following:
 1. Serious emotional disturbance in children and provision of services to children with serious emotional disturbance;
 2. Confidentiality;
 3. Provision of medication according to agency policy and procedure;
 4. Identification and reporting of child abuse;
 5. Incident reporting;
 6. Documentation of service provision;
 7. Appropriate behavioral interventions; and
 8. Professional ethics.
- (3) Until a staff member receives the training identified in subparagraphs (1) and (2), the staff member shall not provide any direct service without the oversight of supervisory staff and shall obtain feedback from the family within 24 hours of service provision.
- (4) Within the first year of employment, staff members must complete 24 hours of training in children's mental health issues.
- (5) During each consecutive year of employment, staff members must complete 12 hours of training in children's mental health issues.

Verification of Provider Qualifications

Entity Responsible for Verification:

Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit

Frequency of Verification:

Every four years

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Statutory Service****Service Name: Respite****Provider Category:**

Agency

Provider Type:

Home Care Agencies

Provider Qualifications**License (specify):**

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers' compensation insurance.

Certificate (specify):

--

Other Standard (specify):

Home care agencies that meet the requirements set forth in department of public health rule IAC 641—80.7(135): Professional staff as providers of home care aide services. An individual who is in the process of receiving or who has completed the training required for LPN or RN licensure or who possesses an associate's degree or higher in social work, sociology, home economics or other health or human services field may be assigned to provide home care aide services if the following conditions are met:

- a. Services or tasks assigned are appropriate to the individual's prior training.
- b. Orientation to home care is conducted. Orientation includes adaptation of the individual's knowledge and skills from prior education to the home setting and to the role of the home care aide.

Providers must be:

- (1) At least 18 years of age.
- (2) Qualified by training.
- (3) Subject to background checks prior to direct service delivery.

Qualified Training includes:

- (1) Within one month of employment, staff members must receive the following training:
 1. Orientation regarding the agency's mission, policies, and procedures; and
 2. Orientation regarding HCBS philosophy and outcomes for rights and dignity for the children's mental health waiver in 77.46(1)"c."
- (2) Within four months of employment, staff members must receive training regarding the following:
 1. Serious emotional disturbance in children and provision of services to children with serious emotional disturbance;
 2. Confidentiality;
 3. Provision of medication according to agency policy and procedure;
 4. Identification and reporting of child abuse;
 5. Incident reporting;
 6. Documentation of service provision;
 7. Appropriate behavioral interventions; and
 8. Professional ethics.
- (3) Until a staff member receives the training identified in subparagraphs (1) and (2), the staff member shall not provide any direct service without the oversight of supervisory staff and shall obtain feedback from the family within 24 hours of service provision.
- (4) Within the first year of employment, staff members must complete 24 hours of training in children's mental health issues.

(5) During each consecutive year of employment, staff members must complete 12 hours of training in children's mental health issues.

Verification of Provider Qualifications

Entity Responsible for Verification:

Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit

Frequency of Verification:

Every Four years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Respite

Provider Category:

Agency

Provider Type:

Assisted Living programs

Provider Qualifications

License (specify):

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers' compensation insurance.

Certificate (specify):

Assisted living programs certified in good standing by the Iowa department of inspections and appeals.

Other Standard (specify):

Providers must be:

- (1) At least 18 years of age.
- (2) Qualified by training.
- (3) Subject to background checks prior to direct service delivery.

Qualified Training includes:

- (1) Within one month of employment, staff members must receive the following training:
 1. Orientation regarding the agency's mission, policies, and procedures; and
 2. Orientation regarding HCBS philosophy and outcomes for rights and dignity for the children's mental health waiver in 77.46(1)"c."
- (2) Within four months of employment, staff members must receive training regarding the following:
 1. Serious emotional disturbance in children and provision of services to children with serious emotional disturbance;
 2. Confidentiality;
 3. Provision of medication according to agency policy and procedure;
 4. Identification and reporting of child abuse;
 5. Incident reporting;
 6. Documentation of service provision;
 7. Appropriate behavioral interventions; and
 8. Professional ethics.
- (3) Until a staff member receives the training identified in subparagraphs (1) and (2), the staff member shall not provide any direct service without the oversight of supervisory staff and shall obtain feedback from the family within 24 hours of service provision.
- (4) Within the first year of employment, staff members must complete 24 hours of training in children's mental health issues.
- (5) During each consecutive year of employment, staff members must complete 12 hours of training in children's mental health issues.

Verification of Provider Qualifications

Entity Responsible for Verification:

Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit

Frequency of Verification:
Every four years

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Environmental modifications and adaptive devices,

HCBS Taxonomy:

Category 1:

Sub-Category 1:

[Redacted]

Category 2:

Sub-Category 2:

[Redacted]

Category 3:

Sub-Category 3:

[Redacted]

Category 4:

Sub-Category 4:

[Redacted]

Service Definition (Scope):

Environmental modifications and adaptive devices include items installed or used within the member's home that address specific, documented health, mental health, or safety concerns. Excluded are those adaptations or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the participant. Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair. Home accessibility adaptations may not be furnished to adapt living arrangements that are owned or leased by providers of waiver services. The CMH waiver only provides services to members that live within the family home.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

1. A unit of service is one modification or device.
2. For each unit of service provided, the case manager shall maintain in the member's case file a signed statement from the mental health professional on the member's interdisciplinary team that the service has a direct relationship to the member's diagnosis of serious emotional disturbance.
3. Environmental modifications and adaptive devices are limited to \$6,181.20 per year.
4. Payment for most items shall be based on a fee schedule. The amount of the fee shall be determined as directed in 441—subrule 79.1(17). This rule bases payment under the waiver to the same pricing methodologies used by state plan durable medical equipment.

There is an annual limit to the total amount of funds available for Environmental Modifications and Adaptive Devices which are subject to change on a yearly basis. This annual amount is currently at \$6,181.20 per year.

Services provided under IDEA or the Rehabilitation Act of 1973 are not available.

Service Delivery Method (*check each that applies*):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (*check each that applies*):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Community Business
Agency	Family and Community Support provider
Agency	HCBS Supported Community Living provider
Agency	Retail/ wholesale business
Agency	Home and Vehicle Modification provider

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Environmental modifications and adaptive devices,

Provider Category:

Agency

Provider Type:

Community Business

Provider Qualifications

License (*specify*):

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers' compensation insurance.

Certificate (*specify*):

Other Standard (*specify*):

Providers must be:

- (1) At least 18 years of age.
- (2) Subject to background checks prior to direct service delivery.

An OHCDs arrangement must be in place when utilizing subcontractors.

Verification of Provider Qualifications

Entity Responsible for Verification:

Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit

Frequency of Verification:

Every four years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Environmental modifications and adaptive devices,

Provider Category:

Agency

Provider Type:

Family and Community Support provider

Provider Qualifications**License (specify):**

Behavioral Health Intervention providers enrolled with the Iowa Plan for Behavioral Health

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers' compensation insurance.

Certificate (specify):**Other Standard (specify):**

A provider enrolled under the HCBS children's mental health waiver as a family and community support services provider. Often there are no enrolled providers available in an area due to being rural and providers not willing to go through the enrollment process for a one time modification. The "Other Standard" criteria for CMH waiver providers allows an enrolled HCBS waiver provider to be the provider in CMH waiver and subcontract out the modifications to local qualified providers. The CMH waiver provider acts in an administrative function for billing for the modification.

An OHCDs arrangement must be in place when utilizing subcontractors.

Behavioral Health Intervention services providers qualified under 441—77.12(249A).

Providers must be:

- (1) At least 18 years of age.
- (2) Qualified by training
 - Behavioral Health Intervention Services employees must:
 - 1) Have a Bachelor's degree in a social science field +
 - a) 1 year experience OR
 - b) 20 hours CMH training
 - OR
 - 2) Have a Bachelor's degree in a social science field +
 - a) 2 years experience OR
 - b) 30 hours CMH training
- (3) Subject to background checks prior to direct service delivery.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit

Frequency of Verification:

Every four years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Environmental modifications and adaptive devices,

Provider Category:

Agency

Provider Type:

HCBS Supported Community Living provider

Provider Qualifications

License (specify):

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers' compensation insurance.

Certificate (specify):

--

Other Standard (specify):

A provider enrolled under the HCBS intellectual disabilities or brain injury waiver as a supported community living provider. Often there are no enrolled providers available in an area due to being rural and providers not willing to go through the enrollment process for a one time modification. The "Other Standard" criteria for the CMH waiver allows an enrolled HCBS waiver provider to be the provider in CMH waiver and subcontract out the modifications to local qualified providers. The CMH waiver provider acts in an administrative function for billing for the modification.

An OHCDs arrangement must be in place when utilizing subcontractors.

Providers must be:

- (1) At least 18 years of age.
- (2) Qualified by training.
- (3) Subject to background checks prior to direct service delivery.

This training includes at a minimum:

- (1) Consumer rights.
- (2) Confidentiality.
- (3) Provision of consumer medication.
- (4) Identification and reporting of child and dependent adult abuse.
- (5) Individual consumer support needs.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit

Frequency of Verification:

Every four years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Environmental modifications and adaptive devices,

Provider Category:

Agency

Provider Type:

Retail/ wholesale business

Provider Qualifications**License (specify):**

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers' compensation insurance.

Certificate (specify):

--

Other Standard (specify):

A retail or wholesale business that otherwise participates as a provider in the Medicaid program. Often there are no enrolled providers available in an area due to being rural and providers not willing to go through the enrollment process for a one time modification. The "Other Standard" criteria for CMH waiver providers allows an enrolled HCBS waiver provider to be the provider in

CMH waiver and subcontract out the modifications to local qualified providers. The CMH waiver provider acts in an administrative function for billing for the modification. The retail/wholesale business allows for the purchase of adaptive devices that do not require a home modification. An OHCDs arrangement must be in place when utilizing subcontractors.

Providers must be:

- (1) At least 18 years of age.
- (2) Subject to background checks prior to direct service delivery.

Verification of Provider Qualifications

Entity Responsible for Verification:

Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit

Frequency of Verification:

Every four years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Environmental modifications and adaptive devices,

Provider Category:

Agency

Provider Type:

Home and Vehicle Modification provider

Provider Qualifications

License (specify):

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers' compensation insurance.

Certificate (specify):

--

Other Standard (specify):

A home and vehicle modification provider enrolled under another HCBS Medicaid waiver. Often there are no enrolled providers available in an area due to being rural and providers not willing to go through the enrollment process for a one time modification. The "Other Standard" criteria for CMH waiver providers allows an enrolled HCBS waiver provider to be the provider in CMH waiver and subcontract out the modifications to local qualified providers. The CMH waiver provider acts in an administrative function for billing for the modification.

An OHCDs arrangement must be in place when utilizing subcontractors.

Providers must be:

- (1) At least 18 years of age.
- (2) Subject to background checks prior to direct service delivery.

Verification of Provider Qualifications

Entity Responsible for Verification:

Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit

Frequency of Verification:

Every four years

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

In-home family therapy

HCBS Taxonomy:**Category 1:**

Sub-Category 1:**Category 2:**

Sub-Category 2:**Category 3:**

Sub-Category 3:**Category 4:**

Sub-Category 4:**Service Definition (Scope):**

In-home family therapy provides skilled therapeutic services to the member and family that will increase their ability to cope with the effects of serious emotional disturbance on the family unit and the familial relationships. The service must support the family by the development of coping strategies that will enable the member to continue living within the family environment. The goal of in-home family therapy is to maintain a cohesive family unit. In-home family therapy uses clinically trained therapists to develop the coping strategies. The in-home family therapy service is different from the family and community supports service in that the family and community supports implements and teaches the skills to the member and the family, while in-home therapy does not. The in-home family service must be provided within the family home.

Contrasting Family and Community Supports (F&C) services and In Home Family Therapy through the CMH waiver: Services provided through Family and Community (F&C) Supports Service build upon the therapies provided by mental health professionals, including In Home Family Therapy under this waiver. F&C services are done in the home with the family or in the community with the child; practicing and implementing those coping strategies identified by mental health therapists. Whereas In Home Family Therapy is a skilled therapeutic service, F&C is the practical application of the skills and interventions that will allow the family and child to function more appropriately. An example of F&C: the provider teaches the child appropriate social behavior by taking the child to a fast food restaurant. The child practices not acting out, eating with manners, and thanking the food service workers. Another example: The mental health professional has indicated that the child should experiment with a variety of physical activities that could be used to de-escalate anxiety. The F&C provider takes the child running, walking, or a driving range to find a good activity for the child; and then works with the child to initiate the activity when anxiety is triggered.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

In-home family therapy is exclusive of and cannot serve as a substitute for individual therapy, family therapy, or other mental health therapy that may be obtained through the Iowa Plan or other funding sources and will not be duplicative of any waiver services.

A unit of in-home family therapy service is 15 minutes.

Services provided under IDEA or the Rehabilitation Act of 1973 are not available.

This service shall not be duplicative of and does not take the place of services provided under the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program.

Service Delivery Method (*check each that applies*):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (*check each that applies*):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	Mental health professionals
Agency	Community mental health centers

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: In-home family therapy

Provider Category:

Individual

Provider Type:

Mental health professionals

Provider Qualifications

License (*specify*):

Mental health professionals licensed pursuant to 645—Chapter 31, 240, or 280 or possessing an equivalent license in another state.

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers' compensation insurance.

Certificate (*specify*):

Other Standard (*specify*):

Providers must be:

- (1) At least 18 years of age.
- (2) Qualified by training.
- (3) Subject to background checks prior to direct service delivery.

Training shall include:

- (1) Within one month of employment, staff members must receive the following training:
 1. Orientation regarding the agency's mission, policies, and procedures; and
 2. Orientation regarding HCBS philosophy and outcomes for rights and dignity found in 77.46 (1)"c" for the children's mental health waiver.
- (2) Within four months of employment, staff members must receive training regarding the following:

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1. Serious emotional disturbance in children and service provision to children with serious emotional disturbance;

2. Confidentiality;
 3. Provision of medication according to agency policy and procedure;
 4. Identification and reporting of child abuse;
 5. Incident reporting;
 6. Documentation of service provision;
 7. Appropriate behavioral interventions; and
 8. Professional ethics.
- (3) Until a staff member receives the training identified in subparagraphs (1) and (2), the staff member shall not provide any direct service without the presence of experienced staff.
- (4) Within the first year of employment, staff members must complete 24 hours of training in children's mental health issues.
- (5) During each consecutive year of employment, staff members must complete 12 hours of training in children's mental health issues.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Iowa Department of Human Services, the Iowa Medicaid Enterprise

Frequency of Verification:

every four years

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Other Service****Service Name: In-home family therapy****Provider Category:**

Agency

Provider Type:

Community mental health centers

Provider Qualifications**License (specify):**

Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, including Iowa Code Chapter 490, and that submit verification of current liability and workers' compensation insurance.

Certificate (specify):

Community mental health centers accredited in good standing as providers of outpatient psychotherapy and counseling under 441—Chapter 24.

Other Standard (specify):

Providers must be:

- (1) At least 18 years of age.
- (2) Qualified by training.
- (3) Subject to background checks prior to direct service delivery.

Training shall include:

- (1) Within one month of employment, staff members must receive the following training:
 1. Orientation regarding the agency's mission, policies, and procedures; and
 2. Orientation regarding HCBS philosophy and outcomes for rights and dignity found in 77.46 (1)"c" for the children's mental health waiver.
- (2) Within four months of employment, staff members must receive training regarding the following:

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8/8/2012

1. Serious emotional disturbance in children and service provision to children with serious emotional disturbance;
2. Confidentiality;
3. Provision of medication according to agency policy and procedure;
4. Identification and reporting of child abuse;
5. Incident reporting;

6. Documentation of service provision;
7. Appropriate behavioral interventions; and
8. Professional ethics.

(3) Until a staff member receives the training identified in subparagraphs (1) and (2), the staff member shall not provide any direct service without the presence of experienced staff.

(4) Within the first year of employment, staff members must complete 24 hours of training in children's mental health issues.

(5) During each consecutive year of employment, staff members must complete 12 hours of training in children's mental health issues.

Verification of Provider Qualifications

Entity Responsible for Verification:

Iowa Department of Human Services, the Iowa Medicaid Enterprise

Frequency of Verification:

Every four years

Appendix C: Participant Services

C-1: Summary of Services Covered (2 of 2)

b. **Provision of Case Management Services to Waiver Participants.** Indicate how case management is furnished to waiver participants (*select one*):

Not applicable - Case management is not furnished as a distinct activity to waiver participants.

Applicable - Case management is furnished as a distinct activity to waiver participants.

Check each that applies:

As a waiver service defined in Appendix C-3. Do not complete item C-1-c.

As a Medicaid State plan service under §1915(i) of the Act (HCBS as a State Plan Option). Complete item C-1-c.

As a Medicaid State plan service under §1915(g)(1) of the Act (Targeted Case Management). Complete item C-1-c.

As an administrative activity. Complete item C-1-c.

c. **Delivery of Case Management Services.** Specify the entity or entities that conduct case management functions on behalf of waiver participants:

SPA IA-13-002 implemented an Integrated Health Home (IHH) model for integration of medical, social and behavioral health care for children with SED. Through this model, children enrolled with an IHH will receive all case management-like services through an IHH Care Coordination team. Integrated Health Homes must follow all guidelines and functions established for targeted case management in the Iowa Administrative Code Chapter 90. Applicants are assigned to an IHH in their county of residence at the time a waiver slot is released to the applicant. Applicants can choose another IHH or a different Care coordination team within an IHH.

In accordance with the SPA, children/family can choose between IHH and TCM services. Targeted case management (TCM) may be provided to waiver participants by four different provider types. The individual counties within the state establish contracts for providing targeted case management within the county. The TCM provider options include TCM provided by: Department of Human Services, County Case Management, private case management entities, or providers that are accredited for case management by national accrediting bodies (e.g., CARF). All TCM organizations are required to be accredited by the state of Iowa Mental Health and Disabilities Services for Chapter 24 case management services.

Appendix C: Participant Services

C-2: General Service Specifications (1 of 3)

a. **Criminal History and/or Background Investigations.** Specify the State's policies concerning the conduct of criminal history and/or background investigations of individuals who provide waiver services (*select one*):

- No. Criminal history and/or background investigations are not required.
- Yes. Criminal history and/or background investigations are required.

Specify: (a) the types of positions (e.g., personal assistants, attendants) for which such investigations must be conducted; (b) the scope of such investigations (e.g., state, national); and, (c) the process for ensuring that mandatory investigations have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid or the operating agency (if applicable):

Any staff or individual provider that provides direct services to a waiver member is required to pass a criminal history background check prior to employment. The criminal history checks are required within the state of Iowa only. Providers are required to complete the background checks of all staff prior to employment. Providers are required to have written policies and procedures for the screening of personnel for criminal history checks prior to employment. As part of the provider's self assessment process, they are required to have a quality improvement process in place to monitor their compliance with the criminal background checks. The data and other information developed by the provider in the areas of discovery, remediation, and improvement of criminal background checks are available to the department upon request. The department will assure that the criminal history checks have been completed through the department's quality improvement activities of random sampling of providers, focused onsite reviews, and during the full on-site reviews conducted every 5 years.

- b. **Abuse Registry Screening.** Specify whether the State requires the screening of individuals who provide waiver services through a State-maintained abuse registry (select one):

- No. The State does not conduct abuse registry screening.
- Yes. The State maintains an abuse registry and requires the screening of individuals through this registry.

Specify: (a) the entity (entities) responsible for maintaining the abuse registry; (b) the types of positions for which abuse registry screenings must be conducted; and, (c) the process for ensuring that mandatory screenings have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

Any staff or individual provider that provides direct services to a waiver member is required to pass a child and dependent adult abuse background check prior to employment. The child and dependant adult abuse checks are required within the state of Iowa only. All child and dependant adult abuse checks are conducted by the Department of Human Services, Children and Family Services unit that is responsible for the intake, investigation, and finding of child and dependant adult abuse. This unit is responsible for maintaining the child and dependent adult abuse registry.

Providers are required to complete the child and dependant adult abuse background checks of all staff that provides direct services to CMH waiver members prior to employment. Providers are required to have written policies and procedures for the screening of personnel for child and dependant adult abuse checks prior to employment. As part of the provider's self assessment process, they are required to have a quality improvement process in place to monitor their compliance with the child and dependant adult abuse checks. The data and other information developed by the provider in the areas of discovery, remediation, and improvement of child and dependant adult abuse checks are available to the department upon request. The department will assure that the child and dependant adult abuse checks have been completed through the department's quality improvement activities of random sampling of providers, focused onsite reviews, and during the full on-site reviews conducted every 5 years.

Appendix C: Participant Services

C-2: General Service Specifications (2 of 3)

- c. **Services in Facilities Subject to §1616(e) of the Social Security Act.** *Select one:*

- No. Home and community-based services under this waiver are not provided in facilities subject to §1616(e) of the Act.

Ⓢ Yes. Home and community-based services are provided in facilities subject to §1616(e) of the Act. The standards that apply to each type of facility where waiver services are provided are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

i. **Types of Facilities Subject to §1616(e).** Complete the following table for each type of facility subject to §1616(e) of the Act:

Facility Type
Residential care facility for persons with intellectual disabilities
Intermediate Care Facility for persons with Intellectual Disabilities (ICF/ID)

ii. **Larger Facilities:** In the case of residential facilities subject to §1616(e) that serve four or more individuals unrelated to the proprietor, describe how a home and community character is maintained in these settings.

In the CMH waiver, respite is the only service that is available to be provided in a residential facility for persons with an intellectual disability or intermediate care facility for persons with intellectual disability. The CMH waiver does not allow members to permanently reside in an ICF/ID or RCF/ID facility. By rule, if a family chooses to use respite services outside of the family home, the family must approve the location where the respite will be provided. This process allows the family to make an informed choice about the location prior to using respite services in the facility.

Appendix C: Participant Services

C-2: Facility Specifications

Facility Type:

Residential care facility for persons with intellectual disabilities

Waiver Service(s) Provided in Facility:

Waiver Service	Provided in Facility
Respite	<input checked="" type="checkbox"/>
Environmental modifications and adaptive devices,	<input type="checkbox"/>
Family and Community Support service	<input type="checkbox"/>
In-home family therapy	<input type="checkbox"/>

Facility Capacity Limit:

Capacity is limited to the number of persons identified on the license. The average bed capacity is 8 with the largest at 35 beds.

Scope of Facility Standards. For this facility type, please specify whether the State's standards address the following topics (*check each that applies*):

Scope of State Facility Standards	
Standard	Topic Addressed
Admission policies	<input checked="" type="checkbox"/>
Physical environment	<input checked="" type="checkbox"/>
Sanitation	<input checked="" type="checkbox"/>
Safety	<input checked="" type="checkbox"/>
Staff : resident ratios	<input checked="" type="checkbox"/>
Staff training and qualifications	<input checked="" type="checkbox"/>

Standard	Topic Addressed
Staff supervision	<input checked="" type="checkbox"/>
Resident rights	<input checked="" type="checkbox"/>
Medication administration	<input checked="" type="checkbox"/>
Use of restrictive interventions	<input checked="" type="checkbox"/>
Incident reporting	<input checked="" type="checkbox"/>
Provision of or arrangement for necessary health services	<input checked="" type="checkbox"/>

When facility standards do not address one or more of the topics listed, explain why the standard is not included or is not relevant to the facility type or population. Explain how the health and welfare of participants is assured in the standard area(s) not addressed:

The use of residential care facilities for persons with intellectual disabilities is limited to respite services. The service is designed to give the usual caregiver a break for the care needed for the member. Use of the RCF/ID is a temporary stay, not a permanent placement. All rules and regulation of the RCF/ID license is applicable to the respite service provided. In addition, all rules and regulations for HCBS waiver providers are applicable to respite facility providers.

Appendix C: Participant Services

C-2: Facility Specifications

Facility Type:

Intermediate Care Facility for persons with Intellectual Disabilities (ICF/ID)

Waiver Service(s) Provided in Facility:

Waiver Service	Provided in Facility
Respite	<input checked="" type="checkbox"/>
Environmental modifications and adaptive devices,	<input type="checkbox"/>
Family and Community Support service	<input type="checkbox"/>
In-home family therapy	<input type="checkbox"/>

Facility Capacity Limit:

Most ICF's/ID in Iowa are licensed small 3-5 bed facilities. There are larger facilities including the State Resource Centers that serve 300+ persons.

Scope of Facility Standards. For this facility type, please specify whether the State's standards address the following topics (*check each that applies*):

Scope of State Facility Standards	
Standard	Topic Addressed
Admission policies	<input checked="" type="checkbox"/>
Physical environment	<input checked="" type="checkbox"/>
Sanitation	<input checked="" type="checkbox"/>
Safety	<input checked="" type="checkbox"/>
Staff : resident ratios	<input checked="" type="checkbox"/>
Staff training and qualifications	<input checked="" type="checkbox"/>
Staff supervision	<input checked="" type="checkbox"/>
Resident rights	<input checked="" type="checkbox"/>

Standard	Topic Addressed
Medication administration	<input checked="" type="checkbox"/>
Use of restrictive interventions	<input checked="" type="checkbox"/>
Incident reporting	<input checked="" type="checkbox"/>
Provision of or arrangement for necessary health services	<input checked="" type="checkbox"/>

When facility standards do not address one or more of the topics listed, explain why the standard is not included or is not relevant to the facility type or population. Explain how the health and welfare of participants is assured in the standard area(s) not addressed:

The use of intermediate care facilities for persons with intellectual disabilities is limited to respite services. The service is designed to give the usual caregiver a break from the care needed for the member. Use on the ICF/ID is a temporary stay, not a permanent placement. All rules and regulation of the ICF/ID license is applicable to the respite service provided. All rules and regulations for HCBS waiver providers are applicable to respite facility providers.

Appendix C: Participant Services

C-2: General Service Specifications (3 of 3)

d. **Provision of Personal Care or Similar Services by Legally Responsible Individuals.** A legally responsible individual is any person who has a duty under State law to care for another person and typically includes: (a) the parent (biological or adoptive) of a minor child or the guardian of a minor child who must provide care to the child or (b) a spouse of a waiver participant. Except at the option of the State and under extraordinary circumstances specified by the State, payment may not be made to a legally responsible individual for the provision of personal care or similar services that the legally responsible individual would ordinarily perform or be responsible to perform on behalf of a waiver participant. *Select one:*

- No. The State does not make payment to legally responsible individuals for furnishing personal care or similar services.**
- Yes. The State makes payment to legally responsible individuals for furnishing personal care or similar services when they are qualified to provide the services.**

Specify: (a) the legally responsible individuals who may be paid to furnish such services and the services they may provide; (b) State policies that specify the circumstances when payment may be authorized for the provision of *extraordinary care* by a legally responsible individual and how the State ensures that the provision of services by a legally responsible individual is in the best interest of the participant; and, (c) the controls that are employed to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 the personal care or similar services for which payment may be made to legally responsible individuals under the State policies specified here.*

e. **Other State Policies Concerning Payment for Waiver Services Furnished by Relatives/Legal Guardians.** Specify State policies concerning making payment to relatives/legal guardians for the provision of waiver services over and above the policies addressed in Item C-2-d. *Select one:*

- The State does not make payment to relatives/legal guardians for furnishing waiver services.**
- The State makes payment to relatives/legal guardians under specific circumstances and only when the relative/guardian is qualified to furnish services.**

Specify the specific circumstances under which payment is made, the types of relatives/legal guardians to whom payment may be made, and the services for which payment may be made. Specify the controls that are employed to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 each waiver service for which payment may be made to relatives/legal guardians.*

- Relatives/legal guardians may be paid for providing waiver services whenever the relative/legal guardian is qualified to provide services as specified in Appendix C-1/C-3.**

Specify the controls that are employed to ensure that payments are made only for services rendered.

A member's legal guardian may not provide services to a member on the CMH waiver, but relatives may be paid for providing services. The relative would be an employee of a provider agency and the provider has the responsibility to assure the relative has the skills needed to provide the services to the member. In many situations, the Medicaid member requests the relative to provide services, as they may know the member and their needs best. In other circumstances, there are no other qualified providers available when the service is needed or a lack of staff in the area to provide the service. The rate of pay and the care provided by the relative is identified and authorized in the member's plan of care that is authorized and monitored by the member's case manager.

The case manager is responsible to monitor service plans and to assure that the services authorized in the member's plan are received. In addition, information on paid claims for the individual member is available in ISIS for the case manager to review. The MMIS System compares the submitted claim to the services authorized in the plan of care prior to payment. The claim will not be paid if there is a discrepancy between the rate or unit billed compared to the rate or units authorized in the plan.

The state also completes post utilization audits on CMH Waiver providers verifying that services rendered match the service plan and claim process.

- Other policy.**

Specify:

- f. Open Enrollment of Providers.** Specify the processes that are employed to assure that all willing and qualified providers have the opportunity to enroll as waiver service providers as provided in 42 CFR §431.51:

Iowa Medicaid provides outreach services through the Iowa Medicaid Provider Services Department that markets enrollment. Potential providers may access an application on line through the website or by calling the IME Provider Services toll free phone number. Iowa Medicaid Enterprise Provider Services Department must respond in writing within five working days once a provider enrollment application is received to either accept the enrollment application, approve the provider as a Medicaid provider, or request more information. In addition, waiver quality assurance staff and waiver program managers, as well as county and state case managers and service workers, market qualified providers to enroll in Medicaid.

Appendix C: Participant Services

Quality Improvement: Qualified Providers

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

- a. Methods for Discovery: Qualified Providers**

The state demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

- i. Sub-Assurances:**

- a. Sub-Assurance:** *The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

QP-1a: Number and percent of waiver provider enrollment applications verified against the appropriate licensing and/or certification entity. Numerator = # of enrollment applications verified Denominator = # of enrollment applications.

Data Source (Select one):

Other

If 'Other' is selected, specify:

OnBase (workflow management) reports are used to retrieve data associated with the number of enrollment applications that are verified and approved. Data is inductively analyzed at 100% level.

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input checked="" type="checkbox"/> Other Specify: Contracted Entity	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

QP-2a: Number and percent of licensed / certified provider enrollments indicating that abuse and criminal background checks were completed prior to direct service delivery. Numerator = # of background checks conducted on licensed/certified enrolling providers prior to service delivery Denominator = # of licensed/certified enrolling providers.

Data Source (Select one):

Other

If 'Other' is selected, specify:

OnBase (workflow management) reports are used to retrieve data associated with the number of enrollment applications that are verified and approved. Data is inductively analyzed at 100% level.

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input checked="" type="checkbox"/> Other Specify: Contracted Entity	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:

	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

QP-3a: Number and percent of currently enrolled licensed / certified providers verified against the appropriate licensing and/or certification entity. Numerator = # of licensed/certified providers verified at reenrollment Denominator = # of licensed/certified providers reenrolling.

Data Source (Select one):

Other

If 'Other' is selected, specify:

OnBase (workflow management) reports are used to retrieve data associated with the number of enrollment applications that are verified and approved. Data is inductively analyzed at 100% level.

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review

<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input checked="" type="checkbox"/> Other Specify: Contracted Entity	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

QP-4a: Number and percent of current licensed / certified providers who indicates that abuse and criminal background checks were completed prior to direct service delivery. Numerator = # of re-enrolling licensed/certified providers who indicate that abuse and criminal background checks were completed prior to

direct service delivery Denominator = # of licensed/certified providers reenrolling.

Data Source (Select one):

Other

If 'Other' is selected, specify:

OnBase (workflow management) reports are used to retrieve data associated with the number of enrollment applications that are verified and approved. Data is inductively analyzed at 100% level.

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input checked="" type="checkbox"/> Other Specify: Contracted Entity	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

b. *Sub-Assurance: The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.*

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

QP-1b: Number and percent of non-licensed / non-certified applicants who met the required provider standards. Numerator = # of applicants who met the required provider standards Denominator = # of non-licensed/non-certified applicants.

Data Source (Select one):

Other

If 'Other' is selected, specify:

OnBase reports are used to retrieve data associated with the number of enrollment applications with approved standards. Data is inductively analyzed at a 100% level.

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>

<input checked="" type="checkbox"/> Other Specify: Contracted Entity	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

QP-2b: Number and percent of currently enrolled non-licensed/non-certified providers who meet the required provider standards upon reenrollment.
 Numerator = # of currently enrolled non-licensed/non-certified providers who met provider standards at reenrollment
 Denominator = # of reenrolling non-licensed/non-certified providers.

Data Source (Select one):

Other

If 'Other' is selected, specify:

OnBase reports are used to retrieve data associated with the number of reenrollment applications with approved standards. Data is inductively analyzed at a 100% level.

Responsible Party for data	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):

collection/generation (check each that applies):		
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input checked="" type="checkbox"/> Other Specify: Contracted Entity	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

- c. **Sub-Assurance: The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.**

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

QP-1c: Number and percent of providers, specific by waiver, that meet training requirements as outlined in state regulations. Numerator = # of providers meeting training requirements Denominator = # of providers.

Data Source (Select one):

Other

If 'Other' is selected, specify:

OnBase reports are used to retrieve data associated with the number reviewed providers who meet training requirements. Data is inductively analyzed of 100% sample spread over 5 years.

Responsible Party for data	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
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collection/generation <i>(check each that applies):</i>		
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input checked="" type="checkbox"/> Other Specify: Contracted Entity	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

The Provider Services Unit is responsible for review of provider licensing, certification, background checks of relevant providers, and determining compliance with provider service and business requirements prior to initial enrollment and reenrollment.

The Home and Community Based Services (HCBS) Quality Assurance Oversight Unit is responsible for reviewing provider records at a 100% level over a three to five year cycle, depending on certification or accreditation. If it is discovered that providers are not adhering to provider training requirements, a corrective action plan is implemented. If corrective action attempts do not correct noncompliance, the provider is sanctioned for noncompliance and eventually disenrolled or terminated if noncompliance persists.

b. Methods for Remediation/Fixing Individual Problems

- i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

If it is discovered by Provider Services during the review that the provider is not compliant in one of the enrollment and reenrollment state or federal provider requirements, they are required to correct deficiency prior to enrollment or reenrollment approval. Until they make these corrections, they are ineligible to provide services to waiver members.

If it is discovered during HCBS review that providers are not adhering to provider training requirements, a corrective action plan is implemented. If corrective action attempts do not correct noncompliance, the provider is sanctioned for noncompliance and eventually disenrolled or terminated if noncompliance persists.

General methods for problem correction at a systemic level include informational letters, provider trainings, collaboration with stakeholders and changes in policy.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Qualified Providers that are currently non-operational.

- No
- Yes

Please provide a detailed strategy for assuring Qualified Providers, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix C: Participant Services

C-3: Waiver Services Specifications

Section C-3 'Service Specifications' is incorporated into Section C-1 'Waiver Services.'

Appendix C: Participant Services

C-4: Additional Limits on Amount of Waiver Services

a. **Additional Limits on Amount of Waiver Services.** Indicate whether the waiver employs any of the following additional limits on the amount of waiver services (*select one*).

- Not applicable-** The State does not impose a limit on the amount of waiver services except as provided in Appendix C-3.
- Applicable -** The State imposes additional limits on the amount of waiver services.

When a limit is employed, specify: (a) the waiver services to which the limit applies; (b) the basis of the limit, including its basis in historical expenditure/utilization patterns and, as applicable, the processes and methodologies that are used to determine the amount of the limit to which a participant's services are subject; (c) how the limit will be adjusted over the course of the waiver period; (d) provisions for adjusting or making exceptions to the limit based on participant health and welfare needs or other factors specified by the state; (e) the safeguards that are in effect when the amount of the limit is insufficient to meet a participant's needs; (f) how participants are notified of the amount of the limit. (*check each that applies*)

- Limit(s) on Set(s) of Services.** There is a limit on the maximum dollar amount of waiver services that is authorized for one or more sets of services offered under the waiver.
Furnish the information specified above.

Each member is subject to a maximum monthly dollar amount for all services received under the Children's Mental Health Waiver- Respite, Environmental Modification, In Home Family Therapy, and Family and Community Support Services. This cap applies to the four services that are available through the CMH waiver. The monthly amount is \$1,967.00 for all services combined. This cap is based on the initial and historical cost of providing CMH waiver services to assure cost neutrality. The methodology used as part of the original waiver calculated the costs of children placed in a psychiatric medical institution for children compared to existing rates for comparable children's services available at that time (as part of the former RTS program and other therapeutic services with enhancements). Subsequent limit changes from those set as part of the original waiver must be legislated by the state. Over the years, the state legislature has mandated an increase across all waivers, raising the limit for the Children's Mental Health Waiver from \$1,65 per month to \$1,910 per month. The monthly cap limit is subject to change on a yearly basis based on the actions of the Iowa Legislature and appropriation of funds for the CMH waiver.

Any member that has service needs that require more service than the \$1,910 monthly cap covers may request an exception to policy for additional funds. The exception to policy would identify the assessed medical need for the additional supports as well as the cost appropriateness for the support. IME Medical Services staff, in conjunction with the IME Medical Director, determines the medical necessity for the requested service. If medical necessity is not proven, or if the requested service does not meet the definition of the waiver service, the request is denied. When an exception is denied, case managers are encouraged to direct the member's family to other supports available through Medicaid State Plan or outside resources. If the child is eligible for another waiver with more services or a higher monthly funding level, the case managers encourage the family to apply for the waiver more aligned to their level of need. Iowa Medicaid members cannot be simultaneously enrolled in more than one 1915(c) waiver but, if the member meets the criteria for more than one waiver, the member has a choice between those waivers for which they are eligible.

If the amount of funding available under the waiver limit is insufficient to meet that participant's needs and all other options have been exhausted (community resources, State Plan, Exceptions to Policy), the case manager will identify gaps in need as part of the service plan and discuss with the Medicaid member/guardian and Interdisciplinary Team. A plan will be established to mitigate each risk that has not been specifically addressed by an available service or support such that emergency plans will ensure the member's welfare at all times.

Members are notified of the monthly funds available to them when they meet initially with their case manager to develop their service plan. Annually thereafter, the member is made aware of any changes that may have occurred to the monthly cap. Additionally, information about the monthly cap is available on the IME and DHS websites and at the local DHS county office.

- Prospective Individual Budget Amount.** There is a limit on the maximum dollar amount of waiver services authorized for each specific participant.
Furnish the information specified above.

- Budget Limits by Level of Support.** Based on an assessment process and/or other factors, participants are assigned to funding levels that are limits on the maximum dollar amount of waiver services.
Furnish the information specified above.

- Other Type of Limit.** The State employs another type of limit.
Describe the limit and furnish the information specified above.

Appendix C: Participant Services

C-5: Home and Community-Based Settings

Explain how residential and non-residential settings in this waiver comply with federal HCB Settings requirements at 42 CFR 441.301(c)(4)-(5) and associated CMS guidance. Include:

1. Description of the settings and how they meet federal HCB Settings requirements, at the time of submission and in the future.
2. Description of the means by which the state Medicaid agency ascertains that all waiver settings meet federal HCB Setting requirements, at the time of this submission and ongoing.

Note instructions at Module 1, Attachment #2, HCBS Settings Waiver Transition Plan for description of settings that do not meet requirements at the time of submission. Do not duplicate that information here.

Currently, the state has assumptions about the status of sites of service and compliance with the newly finalized regulations on the HCB setting requirements. The state feels that a large proportion of our HCBS members are served in settings that fully comport with the HCB setting requirements as the state has pushed community integration for a number of years. The state believes that the most difficult setting transitions will involve agencies providing services in RCFs and groupings of properties in close proximity. We have received commitments from our provider agencies and stakeholders to cooperate and collaborate in the HCBS settings transition process.

2. The state is working furiously to begin the assessment process for all types of service sites. The state will use the resulting information to work with individual providers on remediation to comply fully with the HCB setting requirements as outlined in 42 CFR 441.30(c)(4)-(5). Moving forward, the state will utilize existing and modified operational processes to ensure that all waiver setting meet federal HCB setting requirements on an ongoing basis.

- Provider pre-enrollment and screening processes developed, in accordance with requirements outlined in PPACA, shall incorporate HCB setting assessment when applicable.

- Newly enrolled HCBS providers will be distributed information about the importance and qualities of member integration into the community as well as the HCB setting requirements outlined in 42 CFR 441.30(c)(4)-(5). Providers will additionally be expected to certify understanding and intent to adhere to the HCB setting requirements outlined in CFR.

- All HCBS providers will be monitored for compliance with HCB setting requirements as part of continuing onsite and desk reviews performed by the HCBS Quality Oversight Unit.

- The Program Integrity Unit shall report to LTC Policy and HCBS Quality Oversight Unit any settings discovered while onsite when it is determined that they are non-compliant with the HCB setting requirement outlined in 42 CFR 441.30(c)(4)-(5).

- The Provider Cost Audit and Rate Setting Unit shall report to LTC Policy and HCBS Quality Oversight Unit any settings

discovered while onsite or reviewing site cost information when it appears that sites are non-compliant with the HCB setting requirement outlined in 42 CFR 441.30(c)(4)-(5).