



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

For Human Services use only:

**General Letter No. 8-AP-417**  
Employees' Manual, Title 8  
Medicaid Appendix

July 31, 2015

## **HOME- AND COMMUNITY-BASED SERVICES (HCBS) MANUAL TRANSMITTAL NO. 15-1**

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **HOME- AND COMMUNITY-BASED SERVICES (HCBS)**, Chapter III, *Provider-Specific Policies*, pages 1, 2, 5, 6, 7, 12, 16 through 19, 22 through 25, 27, 28, 31 through 34, 38, 39, 40, 44, 47, 51, 52, 54, 55, 57, 61, 62, 67, 69, 71, 99, 103 through 108, 111, 113, 114, 115, 119, 120, 138, 139, and 168 through 173, revised.

### **Summary**

The **HOME- AND COMMUNITY-BASED SERVICES (HCBS) MANUAL** is revised to:

- ◆ Align with current policies, procedures, and terminology.
- ◆ Change the HCBS waiver name from AIDS to AIDS/HIV.
- ◆ Update links due to the Department's new website.

### **Date Effective**

Immediately.

### **Material Superseded**

This material replaces the following pages from the **HOME- AND COMMUNITY-BASED SERVICES (HCBS) MANUAL**:

<u>Page</u>	<u>Date</u>
<b>Chapter III</b> 1, 2, 5-7, 12, 16-19, 22-25, 27, 28, 31-34, 38-40, 44, 47, 51, 52, 54, 55, 57, 61, 62, 67, 69, 71, 99, 103-108, 111, 113-115, 119, 120, 138, 139, 168-173	August 1, 2014

### **Additional Information**

The updated provider manual containing the revised pages can be found at:  
<http://dhs.iowa.gov/sites/default/files/HCBS.pdf>

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).



## **CHAPTER III. PROVIDER-SPECIFIC POLICIES**

### **A. HOME- AND COMMUNITY-BASED SERVICE WAIVERS**

Medicaid home- and community-based services (HCBS) are federally approved waiver programs available to individuals who meet the required Medicaid-covered level of care provided in a nursing facility, skilled nursing facility, and intermediate care facility for individuals with an intellectual disability, or hospital. The amount, scope, and duration of the waiver programs are limited to what has been approved by the federal government.

Individuals must have a need for assistance with activities of daily living or need assistance due to their inability to function independently in their home- or community-related to their disability or age. Once the applicant is approved for the HCBS waiver, an interdisciplinary team is assembled to assist in assessing the needs of the member, identify what services can meet the member's needs, identify who can provide the services, and the amount of services, and cost of services.

If a member selects home- and community-based services, the provision of these services must be based on the assessed service needs of the member and services must be available to meet their needs. The Department requires advance approval for services. The services must also be cost-effective and least costly to meet the needs of the member. Payment will only be made to eligible and enrolled Medicaid HCBS waiver providers. All services and providers must be identified in the service plan for each member accessing waiver services. The Department shall approve the service plan.

#### **1. Legal Basis**

Section 2176 of OBRA amended the Social Security Act to create the waiver program. The purpose and intent of a Medicaid waiver is stated in Section 1902(c) of the Social Security Act.

The legal basis for Medicaid home- and community-based service waivers is found in Section 1915(c) of the Social Security Act. Public Law 97-35, the Omnibus Budget Reconciliation Act (OBRA) of 1981, contained provisions allowing states to request waivers to provide cost-effective home- and community-based services to eligible people so they can avoid or leave institutionalization.



The OBRA of 1987 established that people residing in nursing homes who meet assessment criteria for specialized services can access waiver programs.

The portions of the Code of Federal Regulations specifically dealing with home- and community-based services are in Title 42, Parts 431.50, 435.3, 435.217, 435.726, 435.735, 440.1, 440.180, 440.250, 441.300 through 441.306, and 441.310. These regulations specify the requirements that the state must meet to be eligible for federal financial participation and, in addition to the Social Security Act, serve as the basis for state law and administrative rules.

All waivers are operated by the designated state Medicaid agency that is the Iowa Medicaid Enterprise (IME). The IME has the authority for the operation of the waiver programs including prior authorization of waiver services and determination of level of care.

There are currently seven HCBS waivers that include:

- ◆ AIDS/HIV
- ◆ Brain injury (BI)
- ◆ Children’s mental health (CMH)
- ◆ Elderly (EW)
- ◆ Health and disability (HD)
- ◆ Intellectual disability (ID)
- ◆ Physical disability (PD)

## 2. Definitions

### Legal reference:

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
AIDS/HIV	441 Iowa Administrative Code (IAC) 83.41(249A)
Brain injury	441 IAC 83.81(249A)
Children’s mental health	441 IAC 83.121(249A)
Elderly	441 IAC 83.21(249A)
Health and disability	441 IAC 83.1(249A)
Intellectual disability	441 IAC 83.60(249A)
Physical disability	441 IAC 83.101(249A)



- ◆ Subarachnoid hemorrhage
- ◆ Intracerebral hemorrhage
- ◆ Other and unspecified intracranial hemorrhage
- ◆ Occlusion and stenosis of precerebral arteries
- ◆ Occlusion of cerebral arteries
- ◆ Transient cerebral ischemia
- ◆ Acute, but ill-defined, cerebrovascular disease
- ◆ Other and ill-defined cerebrovascular diseases
- ◆ Fracture of vault of skull
- ◆ Fracture of base of skull
- ◆ Other and unqualified skull fractures
- ◆ Multiple fractures involving skull or face with other bones
- ◆ Concussion, chronic traumatic encephalopathy
- ◆ Cerebral laceration and contusion
- ◆ Subarachnoid, subdural, and extradural hemorrhage following injury
- ◆ Other and unspecified intracranial hemorrhage following injury
- ◆ Intracranial injury of other and unspecified nature
- ◆ Poisoning by drugs, medicinal, and biological substances
- ◆ Toxic effects of substances
- ◆ Effects of external causes
- ◆ Drowning and nonfatal submersion
- ◆ Asphyxiation and strangulation
- ◆ Child maltreatment syndrome
- ◆ Adult maltreatment syndrome

“**Case management**” means services provided according to rule 441 IAC 90.5(249A) and 441 IAC 90.8(249A).

“**Child**” means a person aged 17 or under.

“**Client participation**” means the amount of the member’s income that the person must contribute to the cost of waiver services, exclusive of medical vendor payments, before Medicaid will participate.

“**CMS**” means the Centers for Medicare and Medicaid Services, a division of the U.S. Department of Health and Human Services.

“**Community**” means a natural setting where people live, learn, work, and socialize.

“**Counseling**” means face-to-face mental health services provided to the member and caregiver by a qualified mental health professional as defined pursuant to rule 441 IAC 24.61(225C), to facilitate home management of the member and prevent institutionalization.



**“Deemed status”** means acceptance by the Department of Accreditation or Licensure of a program or service by another accrediting body in lieu of accreditation based on review and evaluation by the Department.

**“Deeming”** means the specified amount of parental or spousal income and resources considered in determining eligibility for a child or spouse according to current supplemental security income guidelines.

**“Department”** means the Iowa Department of Human Services.

**“Direct service”** means therapy, habilitation, rehabilitation activities or support services provided face-to-face to a member within their home or community.

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

**“Fiscal accountability”** means the development and maintenance of budgets and independent fiscal review.

**“Group respite”** is respite provided on a ratio of one staff-to-two or more members.

**“Guardian”** means a guardian appointed in court.

**“HCBS”** means home- and community-based services.

**“Health”** means a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. This includes the maintenance of one’s health including:

- ◆ Diet and nutrition;
- ◆ Illness identification, treatment and prevention;
- ◆ Basic first aid;
- ◆ Physical fitness;
- ◆ Regular health and wellness screenings; and
- ◆ Personal habits.

**“HIV”** means a medical diagnosis of human immunodeficiency virus infection that attacks the immune system, the body’s natural defense system, based on a positive HIV-related test.

**“IME”** means the Iowa Medicaid Enterprise.



**“Immediate jeopardy”** means circumstances where it has caused, or is likely to cause, serious injury, harm, impairment, or death to an individual if the circumstances are not immediately corrected.

**“Institution for mental disease”** means a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services. Whether an institution is an institution for mental diseases is determined by its overall character as that of a facility established and maintained primarily for the care and treatment of individuals with mental diseases, whether or not it is licensed as such.

**“Integrated health home”** means a designated provider of health home services that is a Medicaid-enrolled provider and that is determined through the provider enrollment process to have the qualifications, systems and infrastructure in place to provide integrated health home services pursuant to 441 IAC 77.47(240A). Integrated health home covered services and member eligibility for integrated health home enrollment is pursuant to 441 IAC 78.53(249A).

**“Intellectual disability”** means a diagnosis of an intellectual disability which shall be made only when the onset of the person’s condition was before the age of 18 years and shall be based on an assessment of the person’s intellectual functioning and level of adaptive skills. The diagnosis shall be made by a person who is a psychologist or psychiatrist who is professionally trained to administer the tests required to assess intellectual functioning and to evaluate a person’s adaptive skills.

A diagnosis of an intellectual disability shall be made in accordance with the criteria provided in the most current Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

**“Intermediate care facility for persons with an intellectual disability (ICF/ID)”** means an institution or distinct part of an institution with a primary purpose to provide health or rehabilitative services to three or more individuals, who primarily have an intellectual disability or a related condition and who are not related to the administrator or owner within the third degree of consanguinity, and which meets the requirements of this chapter and federal standards for intermediate care facilities for persons with an intellectual disability established pursuant to the federal Social Security Act, § 1905(c)(d), as codified in 42 U.S.C. § 1936d, which are contained in 42 C.F.R. pt. 483, subpart D, § 410 - 480.



**“Plan of care”** means the individualized goal oriented plan of services developed collaboratively with the member and the service provider. The plan of care is reflective of the service plan developed by the service worker or case manager with the member and the interdisciplinary team.

**“Policies”** means the principles and statements of intent of the organization.

**“Procedures”** means the steps taken to implement the policies of the organization.

**“Process”** means service or support provided by an agency to a member that will allow the member to achieve an outcome. This may include a written, formal, consistent or an informal method that is not written but is a verifiable method.

**“Program”** means a set of related resources and services directed to the accomplishment of a fixed set of goals for qualifying members.

**“Psychiatric medical institutions for children (PMIC)”** means a psychiatric medical institution for children that use a team of professionals to direct an organized program of diagnostic services, psychiatric services, nursing care, and rehabilitative services to meet the needs of residents in accordance with a medical care plan developed for each resident.

**“Qualified brain injury professional”** means one of the following who meets the educational and licensure or certification requirements for the profession as required in the state of Iowa and who has two years’ experience working with people living with a brain injury:

- ◆ Psychologist;
- ◆ Psychiatrist;
- ◆ Physician;
- ◆ Registered nurse;
- ◆ Certified teacher;
- ◆ Social worker;
- ◆ Mental health counselor;
- ◆ Physical, occupational, recreational, speech therapist; or
- ◆ A person with a Bachelor of Arts or science degree in psychology, sociology, or public health or rehabilitation services.



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

**“Targeted case management”** means services furnished to assist members who are part of a targeted population and who reside in a community setting or are transitioning to a community setting in gaining access to needed medical, social, educational, housing, transportation, vocational, and other services in order to ensure the health, safety, and welfare of the members. Case management is provided to a member on a one-to-one basis by one case manager.

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

**“Usual caregiver”** means an unpaid person or persons who reside with the member and are available on a 24-hour-per-day basis to assume responsibility for the care of the member.

### 3. Service Eligibility

**Legal reference:**

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
AIDS/HIV	441 IAC 83.42(249A)
Brain injury	441 IAC 83.82(249A)
Children’s mental health	441 IAC 83.122(249A)
Elderly	441 IAC 83.22(249A)
Health and disability	441 IAC 83.2(249A)
Intellectual disability	441 IAC 83.61(249A)
Physical disability	441 IAC 83.102(249A)

Services are available and reimbursable only for people who meet eligibility criteria, which include meeting the designated level of care for the waiver. A Department of Human Services income maintenance worker determines that the member meets Medicaid criteria for income and resources. The IME determines the member’s level of care.



The member must be certified as being in need of nursing facility, skilled nursing facility, or hospital level of care or as being in need of care in an intermediate care facility for the intellectually disabled. The IME Medical Services Unit shall be responsible for approval of the certification of the level of care.

Eligibility under the waivers is based on the following:

- ◆ Income and resource criteria
- ◆ Age, disability, or medical need
- ◆ Level of institutional care needed
- ◆ Need for waiver services
- ◆ A determination that the cost of the waiver program does not exceed the established cost limit for the member's level of care. Waiver services are beyond the scope of the Medicaid state plan. Services provided under waivers are not available to other Medicaid members. Provision of these services must be cost-neutral.

Waiver services will not be provided when the member is an inpatient in a medical institution.

#### **4. Slot Assignment**

##### **Legal reference:**

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
Brain injury	441 IAC 83.82(4)
Children's mental health	441 IAC 83.123(1)
Health and disability	441 IAC 83.3(2)
Intellectual disability	441 IAC 83.61(3)
Physical disability	441 IAC 83.102(3)

Each of the waivers has an allocated number of slots that applicants may access. The income maintenance worker (IMW) is responsible for securing the slot under each of the waivers.

When a payment slot is available, the IME assigns the slot to the applicant. Once assigned, the service worker, case manager or integrated health home care coordination staff undertake the level of care and service planning processes, unless the applicant is determined to be ineligible by either functional or financial assessment.

When there is no available slot, the Department will reject the application, but the person's name is maintained on the applicable waiting list.



## 5. Summary of Waiver Services

The following comparison chart identifies the services available under each HCBS waiver:

Services by Program	AIDS/HIV	BI	CMH	EW	HD	ID	PD
Adult day care	X	X		X	X	X	
Assisted living on-call				X			
Assistive devices				X			
Behavioral programming		X					
Case management services		X		X			
Chore				X			
Consumer choices option (CCO)	X	X		X	X	X	X
Consumer-directed attendant care (CDAC)	X	X		X	X	X	X
Counseling	X				X		
Day habilitation						X	
Environmental modification and adaptive devices			X				
Family and community support			X				
Family counseling and training		X					
Home-delivered meals	X			X	X		
Home health aide	X			X	X	X	
Homemaker	X			X	X		
Home/vehicle modification		X		X	X	X	X
In-home family therapy			X				
Interim medical monitoring and treatment (IMMT)		X			X	X	
Mental health outreach				X			
Nursing	X			X	X	X	
Nutritional counseling				X	X		



Services by Program	AIDS/HIV	BI	CMH	EW	HD	ID	PD
Personal emergency response		X		X	X	X	X
Prevocational services		X				X	
Respite services	X	X	X	X	X	X	
Senior companion				X			
Specialized medical equipment		X					X
Supported community living (SCL)		X				X	
Supported community living residential-based (RBSCCL)						X	
Supported employment (SE)		X				X	
Transportation		X		X		X	X

## 6. Waiver Prior Authorization

HCBS service requests that exceed the median cost (units) of each waiver service must be reviewed and approved by the Iowa Medicaid Enterprise (IME).

The IME Medical Services Unit may request additional information from the service worker or case manager via a *Certificate of Medical Necessity* form or other documents such as the service or treatment plan, itemized estimates, service schedules, etc. The Medical Services Unit will need to receive all requested materials before making a decision.

## 7. Person-Centered Service Planning

Persons receiving ID, elderly, and BI waiver services typically have service coordination through a case manager. Members under the AIDS/HIV and HD waivers require the use of a service worker but may use a case manager in certain circumstances. Members under the CMH waiver have service coordination through an integrated health home. Members under the PD waiver require the use of a service worker.

The member shall have a service plan approved by the Department which is developed by the interdisciplinary team. This must be completed before service provision and annually thereafter or more often if there is a change in the member's needs.



- ◆ Includes risk factors and plans to minimize them.
- ◆ Is signed by all individuals and providers responsible for its implementation and a copy of the plan must be provided to the member and the member's representative.

**The HCBS waiver written comprehensive service plan documentation:**

- ◆ Reflects the member's strengths and preferences
- ◆ Reflects clinical and support needs
- ◆ Includes observable and measureable goals and desired outcomes:
  - Identify interventions and supports needed to meet those goals with incremental action steps, as appropriate.
  - Identify the staff people, businesses, or organizations responsible for carrying out the interventions or supports.
- ◆ Identifies for a member receiving supported community living services:
  - The member's living environment at the time of enrollment,
  - The number of hours per day of direct staff supervision needed by the member, and
  - The number of other members who will live with the member in the living unit.
- ◆ Reflects providers of services and supports, including unpaid supports provided voluntarily in lieu of waiver or state plan HCBS, including:
  - Name of the provider
  - Service authorized
  - Units of service authorized
- ◆ Includes risk factors and measures in place to minimize risk
- ◆ Includes individualized backup plans and strategies when needed.
  - Identify any health and safety issues that apply to the member based on information gathered before the team meeting, including a risk assessment.
  - Identify an emergency backup support and crisis response system to address problems or issues arising when support services are interrupted or delayed or the member's needs change.
  - Providers of applicable services shall provide for emergency backup staff.



- ◆ Includes the names of the individuals responsible for monitoring the plan.
- ◆ Is written in plain language and understandable to the member.
- ◆ Documents who is responsible for monitoring the plan.
- ◆ Documents the informed consent of the member for any restrictions on the member’s rights, including maintenance of personal funds and self-administration of medications, the need for the restriction, and either a plan to restore those rights or written documentation that a plan is not necessary or appropriate.

Any rights restrictions must be implemented in accordance with 441 IAC 77.25(4).

- ◆ Includes the signatures of all individuals and providers responsible
- ◆ Is distributed to the member and others involved in the plan
- ◆ Includes purchase and control of self-directed services
- ◆ Excludes unnecessary or inappropriate services and supports

## 9. Adverse Service Actions

### Legal reference:

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
AIDS/HIV	441 IAC 83.48(249A)
Brain injury	441 IAC 83.88(249A)
Children’s mental health	441 IAC 83.128(249A)
Elderly	441 IAC 83.28(249A)
Health and disability	441 IAC 83.8(249A)
Intellectual disability	441 IAC 83.68(249A)
Physical disability	441 IAC 83.108(249A)

This section contains the conditions that will result in:

- ◆ [Denial of an individual’s application for waiver services,](#)
- ◆ [Reduction of the amount of waiver services provided,](#) or
- ◆ [Termination of waiver eligibility.](#)



**a. Denial of Application**

**Legal reference:**

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
AIDS/HIV	441 IAC 83.48(1)
Brain injury	441 IAC 83.88(1)
Children's mental health	441 IAC 83.128(1)
Elderly	441 IAC 83.28(1)
Health and disability	441 IAC 83.8(1)
Intellectual disability	441 IAC 83.68(1)
Physical disability	441 IAC 83.108(1)

The Department shall deny an application for services when it determines that:

- ◆ The member is not eligible for or in need of services.
- ◆ Service needs exceed the service unit or reimbursement maximums.
- ◆ Service needs are not met by the services provided.
- ◆ Needed services are not available or received from qualifying providers.
- ◆ The HCBS waiver service is not identified in the member's service plan.
- ◆ There is another community resource available to provide the service or a similar service free of charge to the member that will meet the member's needs.
- ◆ The Department has not received required documents for the member.
- ◆ The member receives services from other Medicaid waiver providers.
- ◆ The member or legal representative requests termination from the services.



## **b. Reduction of Service**

### **Legal reference:**

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
AIDS/HIV	441 IAC 83.48(3)
Brain injury	441 IAC 83.88(2)
Children's mental health	441 IAC 83.128(3)
Elderly	441 IAC 83.28(3)
Health and disability	441 IAC 83.8(3)
Intellectual disability	441 IAC 83.68(2)
Physical disability	441 IAC 83.108(2)

The Department may reduce a particular waiver service when it determines either of the following:

- ◆ Continued provision of service at its current level is not necessary. The Department must determine the level to which the service may be reduced without jeopardizing the member's continued progress toward achieving or maintaining the goal.
- ◆ Another community resource is available to provide the same or similar service to the member at no financial cost to the member that will meet the member's needs.

## **c. Termination of Service**

### **Legal reference:**

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
AIDS/HIV	441 IAC 83.48(2)
Brain injury	441 IAC 83.88(3)
Children's mental health	441 IAC 83.128(2)
Elderly	441 IAC 83.28(2)
Health and disability	441 IAC 83.8(2)
Intellectual disability	441 IAC 83.68(3)
Physical disability	441 IAC 83.108(3)



## **B. WAIVER SERVICE DESCRIPTIONS**

### **1. Adult Day Care**

#### **Legal reference:**

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
AIDS/HIV	441 IAC 78.38(7)
Brain injury	441 IAC 78.43(9)
Elderly	441 IAC 78.37(1)
Health and disability	441 IAC 78.34(3)
Intellectual disability	441 IAC 78.41(12)

Adult day care services provide an organized program of supportive care in a group environment to people who need a degree of supervision and assistance on a regular or intermittent basis in a day care center.

Components of this service may include:

- ◆ Health-related care
- ◆ Social services
- ◆ Other related support services

The cost of transportation to and from the day care site may be included in the provider's rate.

### **2. Assisted Living On-Call**

#### **Legal reference:**

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
Elderly	441 IAC 78.37(13)

The assisted living on-call service provides staff on call 24 hours per day to meet a member's needs in a manner that promotes maximum dignity and independence and provides safety and security.



### 3. Assistive Devices

#### Legal reference:

#### Waiver Type

Elderly

#### Corresponding Iowa Administrative Code

441 IAC 78.37(13)

Assistive devices means practical equipment to assist members with activities of daily living and instrumental activities of daily living to allow the member more independence. Effective July 1, 2014, the cost of approved assistive devices is not included in the monthly cap for services under the waiver.

Devices include, but are not limited to:

- ◆ Long-reach brush
- ◆ Extra-long shoe horn
- ◆ Non-slip grippers to pick up and reach items
- ◆ Dressing aids
- ◆ Transfer boards
- ◆ Shampoo rinse tray and inflatable shampoo tray
- ◆ Double-handled cup and sipper lid

### 4. Behavioral Programming

#### Legal reference:

#### Waiver Type

Brain injury

#### Corresponding Iowa Administrative Code

441 IAC 78.43(12)

Behavioral programming consists of individually designed strategies to increase the member's appropriate behaviors and decrease the member's maladaptive behaviors that have interfered with the member's ability to remain in the community. Behavioral programming includes:

- ◆ A complete assessment of both appropriate and maladaptive behaviors.
- ◆ Development of a structured behavioral plan, which should be identified in the member's individual treatment plan.
- ◆ Implementation of the behavioral intervention plan.
- ◆ Ongoing training and supervision to caregivers and behavioral aides.
- ◆ Periodic reassessment of the plan.



It is essential that the case manager develop a relationship with the member so that the abilities, needs and desires of the member can be clearly identified and communicated and the case manager can help to ensure that the system and specific services are responsive to the needs of the members.

Effective July 1, 2014, the cost of approved BI case management is not included in the total monthly cap for services under the waiver.

## 6. Elderly Waiver Case Management

### Legal reference:

Waiver Type	Corresponding Iowa Administrative Code
Elderly	441 IAC 77.33(21), 441 IAC 90.5(249A)

Payment for waiver case management shall not be made until the member is enrolled in the waiver. Payment shall be made only for case management services performed on behalf of the member during a month when the member is enrolled in the waiver. Members who are eligible for targeted case management through state plan Medicaid receive TCM in addition to waiver services and do not receive case management as a waiver service. Members who also receive state plan habilitation services (1915(i)) will receive case management through the habilitation program and not through the elderly waiver.

Under the elderly waiver, case management services are services that assist Medicaid members who reside in a community setting or are transitioning to a community setting in gaining access to needed medical, social, educational, housing, transportation, vocational, and other appropriate services in order to ensure the health, safety, and welfare of the member.

Case management is provided at the direction of the member and the interdisciplinary team according to the same standards as set for Medicaid targeted case management in relation to service provision and provider requirements. Covered services include:

- ◆ Assessment and reassessment of the member's needs,
- ◆ Development and review of the member's service plan,
- ◆ Service referral and related activities,
- ◆ Monitoring and follow-up to ensure:
  - The health, safety, and welfare of the member; and
  - Effective implementation of a service plan that adequately addresses the needs of the member.



- ◆ A face-to-face contact with the member every three months and at least one contact per month with the member or the member’s representative, family, service providers, or other entities or individuals involved in the member’s case.
- ◆ A person cannot be the first-line supervisor of both case managers and direct service staff who are providing services to elderly waiver members.

The cost of approved elderly waiver case management is not included in the total monthly cap for services under the waiver.

## 7. Chore Service

### Legal reference:

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
Elderly	441 IAC 77.37(249A)

Chore services provide assistance with the household maintenance activities as necessary to allow a member to remain in the member’s own home safely and independently.

Chore services include the following services:

- ◆ Window and door maintenance, such as hanging screen windows and doors, replacing windowpanes, and washing windows
- ◆ Minor repairs to walls, floors, stairs, railings, and handles
- ◆ Heavy cleaning which includes cleaning attics or basements to remove fire hazards, moving heavy furniture, extensive wall washing, floor care, painting, and trash removal
- ◆ Lawn mowing and removal of snow and ice from sidewalks and driveways

Chore services **do not** include leaf raking, bush and tree trimming, trash burning, stick removal, or tree removal.



## 8. Consumer-Directed Attendant Care (CDAC)

### Legal reference:

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
AIDS/HIV	441 IAC 78.38(8)
Brain injury	441 IAC 78.43(13)
Elderly	441 IAC 78.37(15)
Health and disability	441 IAC 78.34(7)
Intellectual disability	441 IAC 78.41(8)
Physical disability	441 IAC 78.46(1)

Consumer-directed attendant care services are service activities performed by a person to help a member with self-care tasks that the member would typically do independently if the member were otherwise able. Consumer-directed attendant care services must be cost-effective and necessary to prevent institutionalization.

Members who request consumer-directed attendant care (CDAC) and for whom the interdisciplinary team agrees that CDAC is an appropriate service shall have CDAC included in their service plan.

The member or the legal representative is responsible for:

- ◆ Selecting the person or agency that will provide the components of the attendant care services.
- ◆ Determining the components of the attendant care services to be provided with the person who is providing the services to the member.
- ◆ Completing form 470-3372, *HCBS Consumer-Directed Attendant Care Agreement*, with the provider and signing it. Form 470-3372 must be provided to and signed by the service worker or case manager before services begin. Click [here](#) to access the form online.

**NOTE:** Each provider that is providing the CDAC service must complete and sign a separate *HCBS Consumer-Directed Attendant Care Agreement*, form 470-3372.



Members will give direction and training for activities to maintain independence that are not medical in nature. Licensed nurses and therapists will provide on-the-job training and supervision for skilled activities described in form 470-3372. When CDAC is part of the member’s service plan, a copy of the completed form 470-3372 becomes an attachment to and part of the service plan.

Before the provision of services, the service worker or case manager must review and approve form 470-3372 for appropriateness of the services and the number of units of service identified as well as the provider’s training and experience. (As the state Medicaid agency, DHS has oversight responsibility for CDAC providers.)

Refer to the previous section on waiver prior authorization (see [Waiver Prior Authorization](#)). It is recommended that provisions be made for alternate providers to supplement service provision for emergencies that may arise. These alternate providers should be enrolled and designated in the written service plan. This will allow the alternate service providers to assume the service provision immediately whenever necessary.

**a. Covered Services**

**Legal reference:**

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
AIDS/HIV	441 IAC 78.38(8)
Brain injury	441 IAC 78.43(13)
Elderly	441 IAC 78.37(15)
Health and disability	441 IAC 78.34(7)
Intellectual disability	441 IAC 78.41(8)
Physical disability	441 IAC 78.46(1)

All consumer-directed attendant care services are supportive services.

**Non-skilled service activities** may include helping the member with any of the following activities:

- ◆ Bathing, shampooing, hygiene, and grooming.
- ◆ Tasks, such as handling money and scheduling, that require cognitive or physical assistance.



## 9. Consumer Choices Option Services

### Legal reference:

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
AIDS/HIV	441 IAC 78.38(9)
Brain injury	441 IAC 78.43(15)
Elderly	441 IAC 78.37(16)
Health and disability	441 IAC 78.34(13)
Intellectual disability	441 IAC 78.41(15)
Physical disability	441 IAC 78.46(6)

The consumer choices option provides a member with a flexible monthly individual budget that is based on the member's service needs.

Within the individual budget amount, the member shall have the authority to purchase goods and services and may choose to employ providers of service and supports. Components of this service are set forth below:

- ◆ **Required service components.** To participate in the consumer choices option, a member must:
  - Hire an independent support broker, and
  - Work with a financial management service provider that is enrolled as a Medicaid HCBS waiver service provider.
- ◆ **Optional service components.** A member who elects the consumer choices option may purchase the following services and supports, which shall be provided in the member's home or at an integrated community setting:
  - Self-directed personal care services
  - Self-directed community supports and employment
  - Individual-directed goods and services

A monthly individual budget amount is established for each member based on the assessed needs of the member and the waiver services authorized in the member's service plan. Once authorized, a member may convert a waiver service to create a CCO budget.



The waiver services that may be converted to a CCO budget:

<b>Services by Program</b>	<b>AIDS/HIV</b>	<b>BI</b>	<b>EW</b>	<b>HD</b>	<b>ID</b>	<b>PD</b>
Adult day care		X				
Assisted living on-call			X			
Assistive devices			X			
Chore			X			
Consumer-directed attendant care, unskilled	X	X	X	X	X	X
Day habilitation					X	
Home-delivered meals	X		X	X		
Homemaker	X		X	X		
Home/vehicle modification		X	X	X	X	X
Prevocational services		X			X	
Respite services, basic individual	X	X	X	X	X	
Senior companion			X			
Specialized medical equipment		X				X
Supported community living (SCL)		X			X	
Supported employment (SE)		X			X	
Transportation		X	X		X	X

Once selected, the waiver services are entered into the member’s service plan for use in CCO. ISIS will automatically calculate a monthly “cap amount” and a “budget amount” based on the type and amount of waiver service entered into the service plan.

The cap amount is used to ensure the member stays within the program dollar limits such as the monthly level of care cap or the annual respite cap in the ID waiver. The budget amount is the amount of funds available to the member to purchase goods and services to meet the member’s assessed needs. The member is notified by the CM/SW of the initial budget amount and any change to the monthly budget amount.



The member will use the monthly budget amount to purchase goods and services to meet their assessed needs. The member’s assessed needs are considered the type and amount of waiver services that were authorized in the service plan to create the CCO budget. For example, if consumer-directed attendant care services are authorized in the plan and converted to a CCO budget, the budget must be used to meet CDAC needs that have been assessed as needed by the member.

The member using CCO is self-directing their services. This means they have both budget and employer authority. A member has the authority to hire and fire employees, establish wages and purchase goods and services to get their needs met. If a member is efficient in using the monthly budget to get all their assessed needs met and there are additional budget funds remaining, they can use the funds to purchase additional goods and services in the current month or put the funds into a saving account for use in future months.

## 10. Counseling

### Legal reference:

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
AIDS/HIV	441 IAC 78.38(1)
Health and disability	441 IAC 78.34(6)

Counseling services are face-to-face non-psychiatric mental health services necessary for:

- ◆ The management of depression,
- ◆ Assistance with the grief process,
- ◆ Alleviation of psychosocial isolation, and
- ◆ Support to cope with a disability or illness, including terminal illness.

Counseling services can be provided to the member and caregiver to facilitate home management of the member and prevent institutionalization. **NOTE:** Counseling services may be provided to the member’s caregiver only when included in the member’s approved service plan documented in ISIS.

Counseling services may be provided both for the purposes of:

- ◆ Training the member’s family or other caregiver to provide care, and
- ◆ Helping the member and those caring for the member to adjust to the member’s disability or terminal condition.



For each unit of service provided, the case manager or integrated health home shall maintain in the member's case file a signed statement from a 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. Effective July 1, 2014, the cost of approved environmental modification and adaptive devices is not included in the total monthly cap for services under the waiver.

### **13. Family and Community Support Services**

#### **Legal reference:**

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
Children's mental health	441 IAC 78.52(3)

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.

Dependent on the needs of the member and the member's family members individually or collectively, family and community support services may be provided to the member, to the member's family members, or to the member and the family members as a family unit.

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.

Family and community support services shall incorporate recommended support interventions, which may include the following:

- ◆ Developing and maintaining a crisis support network for the member and for the member's family
- ◆ Modeling and coaching effective coping strategies for the member's family
- ◆ Building resilience to the stigma of serious emotional disturbance for the member and the family
- ◆ Reducing the stigma of serious emotional disturbance by the development of relationships with peers and community members
- ◆ Modeling and coaching the strategies and interventions identified in the member's crisis intervention plan as defined in 441 IAC 24.1(225C) for life situations with the member's family and in the community



## 15. Financial Management Service

### Legal reference:

Waiver Type	Corresponding Iowa Administrative Code
AIDS/HIV	441 IAC 78.38(9)"I"
Brain injury	441 IAC 78.43(15)"I"
Elderly	441 IAC 78.37(16)"I"
Health and disability	441 IAC 78.34(13)"I"
Intellectual disability	441 IAC 78.41(15)"I"
Physical disability	441 IAC 78.46(6)"I"

Members who elect the consumer choices option shall work with a financial institution that meets the following qualifications.

The financial institution shall either:

- ◆ Be cooperative, nonprofit, member-owned and member-controlled, and federally insured through and chartered by either the National Credit Union Administration (NCUA) or the Credit Union Division of the Iowa Department of Commerce; or
- ◆ Be chartered by the Office of the Comptroller of the Currency, a bureau of the U.S. Department of the Treasury, and insured by the Federal Deposit Insurance Corporation (FDIC).

The financial institution shall complete a financial management readiness review and certification conducted by the Department or its designee.

The financial institution shall obtain an Internal Revenue Service federal employee identification number dedicated to the financial management service.

The financial institution shall enroll as a Medicaid provider.

Before initiation of a consumer choices option service, the member and the employee must enter the designated financial institution on form 470-4428, *Financial Management Service Agreement*. Click [here](#) to view the form online.



Services shall be included in the member's service plan and shall exceed the Medicaid state plan services. Services shall be performed following prior Department approval of the modification as specified in 441 IAC 79.1(17) and a binding contract between the provider and the member. Service payment is made to the provider following the completion of the approved modifications. All modifications and adaptations must be in accordance with applicable federal, state, and local building and vehicle codes.

Annual limits for home and vehicle modifications may be located in 441 IAC 79.1(2).

All contracts for home or vehicle modification shall be awarded through competitive bidding. The contract shall include:

- ◆ The scope of work to be performed,
- ◆ The time involved,
- ◆ Supplies needed,
- ◆ The cost,
- ◆ Diagrams of the project whenever applicable, and
- ◆ An assurance that the provider has liability and workers' compensation coverage and the applicable permit and license.

The case manager shall submit the certificate of medical necessity, the service plan and the contract, invoice or quotations from the providers to the Iowa Medicaid Enterprise for prior approval before the modification is initiated or the equipment is purchased. Payment shall not be approved for duplicate items.

Whenever possible, three itemized bids for the modification or quotations for equipment purchase shall be presented for review. The amount payable shall be based on the least expensive item that meets the member's medical needs.

Service payment shall be made to the enrolled home or vehicle modification provider. If applicable, payment will be forwarded to the subcontracting agency by the enrolled home or vehicle modification provider following completion of the approved modifications. Payment may be made to certified providers upon satisfactory completion of the service.

Effective July 1, 2014, neither the cost of approved home and vehicle modification nor the cost of approved environmental modification and adaptive devices is included in the total monthly cap for services under the waiver. Encumberment no longer applies.



## 17.Home-Delivered Meals

### Legal reference:

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
AIDS/HIV	441 IAC 78.38(6)
Elderly	441 IAC 78.37(8)
Health and disability	441 IAC 78.34(11)

Home-delivered meals means meals prepared elsewhere and delivered to a member at the member's residence.

Each meal shall ensure the member receives a minimum of one-third of the daily-recommended dietary allowance, as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences. The meal may also be a liquid supplement that meets the minimum one-third standard. A maximum of 2 meals per day or 14 meals per week is allowed.

For billing purposes, meals are broken down as follows:

- ◆ Morning meal
- ◆ Noon meal
- ◆ Evening meal
- ◆ Liquid supplement

## 18.Home Health Aide

### Legal reference:

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
AIDS/HIV	441 IAC 78.38(2)
Elderly	441 IAC 78.37(3)
Health and disability	441 IAC 78.34(2)
Intellectual disability	441 IAC 78.41(6)

Home health aide services are unskilled medical services that provide direct personal care. This service may include:

- ◆ Observation and reporting of physical or emotional needs.
- ◆ Assistance with bathing, shampooing (including pediculosis shampooing), or oral hygiene.
- ◆ Assistance with toileting.



For the **HD** waiver, a nurse may provide home health services in some cases if the health of the member is such that either:

- ◆ The agency is unable to place an aide in that situation due to limitations by state law, or
- ◆ The agency's Medicare certification requirements prohibit the aide from providing the service.

It is not permitted for the convenience of the provider.

For the **ID and BI** waiver, waiver home health aide services must exceed those activities provided under supported community living. Instruction, supervision, support, or assistance in personal hygiene, bathing, and daily living are activities provided under supported community living.

## **19. Homemaker Service**

### **Legal reference:**

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
AIDS/HIV	441 IAC 78.38(3)
Elderly	441 IAC 78.37(4)
Health and disability	441 IAC 78.34(1)

Homemaker services are those services provided when the member lives alone or when the person who usually performs these functions for the member needs assistance with performing the functions. (The person who usually performs these functions for the member may be incapacitated or be occupied providing direct care to the member.)

Components of the service are directly related to the care of the member and include only the following:

- ◆ Shopping for basic needs items such as food, clothing or personal care items, or drugs
- ◆ Maintenance cleaning such as vacuuming, dusting, scrubbing floors, defrosting refrigerators, cleaning stoves, cleaning medical equipment, washing and mending clothes, washing personal items used by the member, and washing dishes
- ◆ Planning and preparing balanced meals



## 20. Independent Support Broker

### Legal reference:

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
AIDS/HIV	441 IAC 78.38(9)"k"
Brain injury	441 IAC 78.43(15)"k"
Elderly	441 IAC 78.37(16)"k"
Health and disability	441 IAC 78.34(13)"k"
Intellectual disability	441 IAC 78.41(15)"k"
Physical disability	441 IAC 78.46(6)"k"

To participate in the consumer choices option, a member must select an independent support broker who meets the following qualifications:

- ◆ The broker must be at least 18 years of age.
- ◆ The broker shall not be the:
  - Member's legal representative;
  - Member's guardian, conservator, attorney-in-fact under a durable power of attorney for health care;
  - Power of attorney for financial matters, trustee, or representative payee.
- ◆ The broker shall not provide any other paid service to the member.
- ◆ The broker shall not work for an individual or entity that is providing services to the member.
- ◆ The broker must consent to a criminal background check and child and dependent adult abuse checks. The results shall be provided to the member.
- ◆ The broker must complete an independent support brokerage certification approved by the Department.
- ◆ The member (and the member's personal representative, if any) and the independent support broker must complete form 470-4492, *Independent Support Broker Agreement*, to formalize the terms of the relationship. Click [here](#) to access the form online.



## 21. Individual-Directed Goods and Services

### Legal reference:

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
AIDS/HIV	441 IAC 78.38(9)"d"
Brain injury	441 IAC 78.43(15)"d"
Elderly	441 IAC 78.37(16)"d"
Health and disability	441 IAC 78.34(13)"d"
Intellectual disability	441 IAC 78.41(15)"d"
Physical disability	441 IAC 78.46(6)"d"

Covered individual directed goods and services are services, equipment or supplies that meet the following requirements:

- ◆ The item or service addresses an assessed need or goal identified in the member's service plan.
- ◆ The item or service is not otherwise provided through the Medicaid program and is not available through another source.
- ◆ The item or service is provided to the member or is directed exclusively toward the benefit of the member.
- ◆ The item or service can be accommodated within the member's budget without compromising the member's health and safety.
- ◆ The item or service increases the member's independence or substitutes for human assistance, to the extent the expenditures would otherwise be made for that human assistance.
- ◆ The item or service promotes opportunities for community living and inclusion.
- ◆ The item or service is the least costly to meet the member's needs.

These items or services would primarily be purchased from a community business.



Services can be used only during the following circumstances for the usual caregiver:

- ◆ Employment
- ◆ Search for employment
- ◆ Academic or vocational training
- ◆ Hospitalization for physical or mental illness
- ◆ Death

When the usual caregiver is experiencing physical or mental illness, document in the case file whether the usual caregiver is unable to care for the child. Base this determination on the usual caregiver’s plan of care and on the risk factors to the member if the parent were supervising the member during this time.

The staff-to-member ratio shall not be less than one to six. A maximum of 12 hours of service is available per day.

#### **24.Mental Health Outreach**

**Legal reference:**

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
Elderly	441 IAC 78.37(10)

Mental health outreach services are services provided in a member’s home to identify, evaluate, and provide treatment and psychosocial support. The services can be provided only on the basis of a referral from the member’s interdisciplinary team.

**NOTE:** Members enrolled in the Iowa Plan for Behavioral Health should access these services through the Iowa Plan and not the waiver.

#### **25.Nursing Care**

**Legal reference:**

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
AIDS/HIV	441 IAC 78.38(4)
Elderly	441 IAC 78.37(5)
Health and disability	441 IAC 78.34(4)
Intellectual disability	441 IAC 78.41(5)



Nursing care services are services provided by licensed agency nurses to members in the home that are ordered by and included in the plan of treatment established by the physician.

The services must be reasonable and necessary to the treatment of an illness or injury. Services should be based on medical necessity of the member and included in the Iowa Board of Nursing scope of practice guidelines. Providers must be home health agencies certified under Medicare. "Intermittent" nursing services are available under the state Medicaid plan when services are medically necessary.

**NOTE:** State plan intermittent nursing services must be accessed before waiver nursing services.

### **Service Limitations**

- ◆ **AIDS/HIV** and **HD**. There is no limit on the maximum visits for members at the skilled level of care.
- ◆ **Elderly**. A maximum of eight nursing visits per month can be provided for members at the intermediate level of care. There is no limit on the maximum visits for members at the skilled level of care.
- ◆ **ID**. A maximum of 10 hours of service per week is covered.

## **26.Nutritional Counseling**

### **Legal reference:**

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
Elderly	441 IAC 78.37(12)
Health and disability	441 IAC 78.34(12)

Nutritional counseling services may be provided for a nutritional problem or condition of such a degree of severity that nutritional counseling beyond that normally expected as part of the standard medical management is warranted.



RBSCL do not include services associated with vocational needs, academics, day care, Medicaid case management, other case management, or any other services that the child can otherwise obtain through Medicaid. Room and board costs are not reimbursable as RBSCL.

The maximum number of units of RBSCL available per child is 365 daily units per state fiscal year, except in a leap year when 366 daily units are available.

### 30. Respite Care

#### Legal reference:

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
AIDS/HIV	441 IAC 78.38(5)
Brain injury	441 IAC 78.43(3)
Children's mental health	441 IAC 78.52(5)
Elderly	441 IAC 78.37(6)
Health and disability	441 IAC 78.34(5)
Intellectual disability	441 IAC 78.41(2)

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

Respite care is not to be provided to members during the hours in which the usual caregiver is employed except when the member is attending a 24-hour residential camp. Respite cannot be provided to a member whose usual caregiver is a consumer-directed attendant care provider or an employee paid through the Consumer Choices Option for the member.

Respite services that are not provided in a facility are divided into three types. These types have separate rates of payment based on staff-to-member ratios and member needs, as follows:

- ◆ **Basic individual respite** is respite provided on a ratio of one staff-to-one member. The member does not have specialized medical needs that require the direct services of a registered nurse or licensed practical nurse.
- ◆ **Group respite** is respite provided on a ratio of one staff-to-two or more members receiving respite. These members do not have specialized medical needs that require the direct services of a registered nurse or licensed practical nurse.



### **31. Self-Directed Community Supports and Employment**

#### **Legal reference:**

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
AIDS/HIV	441 IAC 78.38(9)"d"(2)
Brain injury	441 IAC 78.43(15)"d"(2)
Elderly	441 IAC 78.37(16)"d"(2)
Health and disability	441 IAC 78.34(13)"d"(2)
Intellectual disability	441 IAC 78.41(15)"d"(2)
Physical disability	441 IAC 78.46(6)"d"(2)

Self-directed community supports and employment are services that support the member in developing and maintaining independence and community integration. The following are examples of supports a member can purchase to help the member live and work in the community:

- ◆ Career counseling
- ◆ Career preparation skills development
- ◆ Cleaning skills development
- ◆ Cooking skills development
- ◆ Grooming skills development
- ◆ Job hunting and career placement
- ◆ Personal and home skills development
- ◆ Safety and emergency preparedness skills development
- ◆ Self-direction and self-advocacy skills development
- ◆ Social skills development training
- ◆ Supports to attend social activities
- ◆ Supports to maintain a job
- ◆ Time and money management
- ◆ Training on use of medical equipment
- ◆ Use of public transportation skills development
- ◆ Work place personal assistance

See [Excluded Services](#) for a list of items that may **not** be purchased as self-directed community supports and employment.



- ◆ Document the services provided and the time and days when services were provided. Prepare form 470-4429, *Consumer Choices Option Semi-Monthly Time Sheet*, and have it approved by the member. Documentation must detail the amount, duration, and scope of services provided. Click [here](#) to access the form online.
- ◆ Submit the approved form 470-4429 to the financial management service within 30 days from the date when the service was provided.

### 32. Self-Directed Personal Care

#### Legal reference:

Waiver Type	Corresponding Iowa Administrative Code
AIDS/HIV	441 IAC 78.38(9)"d"(1)
Brain injury	441 IAC 78.43(15)"d"(1)
Elderly	441 IAC 78.37(16)"d"(1)
Health and disability	441 IAC 78.34(13)"d"(1)
Intellectual disability	441 IAC 78.41(15)"d"(1)
Physical disability	441 IAC 78.46(6)"d"(1)

Self-directed personal care services are services or goods that provide a range of assistance in activities of daily living and incidental activities of daily living that help the member remain in the home and community. The following are examples of services that a member may hire under self-directed personal care:

- ◆ Assistance with mobility transfers, dressing, personal grooming, and showering or bathing
- ◆ Companionship, supervision, and respite care
- ◆ Homemaking tasks, such as maintenance cleaning, laundry, meal preparation, and shopping
- ◆ Medication management
- ◆ Transportation

See [Excluded Services](#) for a list of items that may not be purchased as self-directed personal care services.



- ◆ Outcome 11: Members make informed choices about where and with whom they live.
- ◆ Outcome 12: Members choose their daily routine.
- ◆ Outcome 13: Members are a part of community life and perform varied social roles.
- ◆ Outcome 14: Members have a social network and varied relationships.
- ◆ Outcome 15: Members develop and accomplish personal goals.
- ◆ Outcome 16: Management of member's money is addressed on an individualized basis.
- ◆ Outcome 17: Members maintain good health.
- ◆ Outcome 18: The member's living environment is reasonably safe in the member's home and community.
- ◆ Outcome 19: The member's desire for intimacy is respected and supported.
- ◆ Outcome 20: Members have an impact on the services they receive.

Provider standards for each service under the HCBS waivers are listed in the following pages.

## **2. Adult Day Care Providers**

### **Legal reference:**

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
AIDS/HIV	441 IAC 77.34(7)
Brain injury	441 IAC 77.39(20)
Elderly	441 IAC 77.33(1)
Health and disability	441 IAC 77.30(3)
Intellectual disability	441 IAC 77.37(25)

Adult day care providers shall be agencies that are certified by the Department of Inspections and Appeals as being in compliance with the standards for adult day services programs at 481 IAC Chapter 70.



- ◆ Nursing facilities licensed pursuant to Iowa Code chapter 135C.
- ◆ Providers that were enrolled as chore providers as of June 30, 2010, based on a subcontract with or letter of approval from an area agency on aging.
- ◆ Community businesses that are engaged in the provision of chore services and that:
  - Have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, and
  - Submit verification of current liability and workers' compensation coverage, as required by law.

## 7. Consumer Choices Option Providers

Providers under the consumer choices option fall under the following categories of providers listed below.

### a. Financial Management Service

#### Legal reference:

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
AIDS/HIV	441 IAC 77.34(9)
Brain injury	441 IAC 77.39(26)
Elderly	441 IAC 77.33(16)
Health and disability	441 IAC 77.30(13)
Intellectual disability	441 IAC 77.37(28)
Physical disability	441 IAC 77.41(7)

Members who elect the consumer choices option shall work with a financial institution that meets the following qualifications.

The financial institution shall either:

- ◆ Be cooperative, nonprofit, member-owned and member-controlled, and federally insured through and chartered by either the National Credit Union Administration, or by the credit union division of the Iowa Department of Commerce; or



- ◆ Be chartered by the Office of the Comptroller of the Currency, a bureau of the U.S. Department of the Treasury, and insured by the Federal Deposit Insurance Corporation (FDIC).
  - The financial institution shall complete a financial management readiness review and certification conducted by the Department or its designee.
  - The financial institution shall obtain an Internal Revenue Service federal employee identification member dedicated to the financial management service.
  - The financial institution shall enroll as a Medicaid provider.

#### **b. Independent Support Brokerage**

##### **Legal reference:**

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
AIDS/HIV	441 IAC 77.34(10)
Brain injury	441 IAC 77.39(27)
Elderly	441 IAC 77.33(17)
Health and disability	441 IAC 77.30(14)
Intellectual disability	441 IAC 77.37(29)
Physical disability	441 IAC 77.41(8)

Members who elect this consumer choices option shall work with an independent support broker who meets the following qualifications:

- ◆ The broker must be at least 18 years of age.
- ◆ The broker shall not be the legal representative under a durable power of attorney for health care, power of attorney for financial matters, trustee, or representative payee.
- ◆ The broker shall not provide any other paid service to the member.
- ◆ The broker shall not work for an individual or entity that is providing services to the member.
- ◆ The broker must consent to a criminal background check and child and dependent adult abuse checks. The results shall be provided to the member.
- ◆ The broker must complete an independent support brokerage training approved by the Department.



### c. Self-Directed Personal Care

#### Legal reference:

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
AIDS/HIV	441 IAC 77.34(11)
Brain injury	441 IAC 77.39(28)
Elderly	441 IAC 77.33(18)
Health and disability	441 IAC 77.30(15)
Intellectual disability	441 IAC 77.37(30)
Physical disability	441 IAC 77.41(9)

Members who elect the consumer choices option may choose to purchase self-directed personal care services from an individual or business.

A business providing self-directed personal care services shall:

- ◆ Have all the necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations;
- ◆ Have current liability and workers' compensation coverage; and
- ◆ An individual providing self-directed personal care services shall have all the necessary licenses required by federal, state, and local laws, including a valid driver's license if providing transportation.

All personnel providing self-directed personal care services shall:

- ◆ Be at least 16 years of age, and
- ◆ Be able to communicate successfully with the member, and
- ◆ Not be the recipient of respite services paid through home- and community-based services on behalf of a member who receives home- and community-based services, and
- ◆ Not be the recipient of respite services paid through the consumer choices option on behalf of a member who receives the consumer choices option, and
- ◆ Not be the parent or stepparent of a minor child member or the spouse of a member.



The provider of self-directed personal care services shall:

- ◆ Prepare timecards or invoices approved by the Department that identify what services were provided and the time when services were provided.
- ◆ Submit invoices and timesheets to the financial management service no later than 30 calendar days from the date when the last service in the billing period was provided. Payment shall not be made if invoices and timesheets are received after this 30-day period

#### **d. Individual-Directed Goods and Services**

##### **Legal reference:**

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
AIDS/HIV	441 IAC 77.34(12)
Brain injury	441 IAC 77.39(29)
Elderly	441 IAC 77.33(19)
Health and disability	441 IAC 77.30(16)
Intellectual disability	441 IAC 77.37(31)
Physical disability	441 IAC 77.41(10)

Members who elect the consumer choices option may choose to purchase individual-directed goods and services from an individual or business.

A business providing individual-directed goods and services shall:

- ◆ Have all the necessary licenses and permits to operate in conformity with federal, state, and local laws and regulation; and
- ◆ Have current liability and workers' compensation coverage; and
- ◆ Have all the necessary licenses required by federal, state, and local laws, including a valid driver's license if providing transportation.

All personnel providing individual-directed goods and services shall:

- ◆ Be at least 18 years of age, and
- ◆ Be able to communicate successfully with the member, and



- ◆ Not be the recipient of respite services paid through home- and community-based services on behalf of a member who receives home- and community-based services, and
- ◆ Not be the recipient of respite services paid through the consumer choices option on behalf of a member who receives the consumer choices option, and
- ◆ Not be the parent or stepparent of a minor child member or the spouse of the spouse of a member.

The provider of individual-directed goods and services shall:

- ◆ Prepare timecards or invoices approved by the Department that identify what services were provided and the time when services were provided.
- ◆ Submit invoices and timesheets to the financial management service no later than 30 calendar days from the date when the last service in the billing period was provided. Payment shall not be made if invoices and timesheets are received after this 30-day period.

#### **e. Self-Directed Community Supports and Employment**

##### **Legal reference:**

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
AIDS/HIV	441 IAC 77.34(13)
Brain injury	441 IAC 77.39(30)
Elderly	441 IAC 77.33(20)
Health and disability	441 IAC 77.30(17)
Intellectual disability	441 IAC 77.37(32)
Physical disability	441 IAC 77.41(11)

Members who elect the consumer choices option may choose to purchase self-directed community supports and employment from an individual or business.

A business providing community supports and employment shall:

- ◆ Have all the necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations; and
- ◆ Have current liability and workers' compensation coverage; and



- ◆ A person providing self-directed community supports and employment shall have all the necessary licenses required by federal, state, and local laws, including a valid driver's license if providing transportation.

All personnel providing self-directed community supports and employment shall:

- ◆ Be at least 18 years of age, and
- ◆ Be able to communicate successfully with the member, and
- ◆ Not be the recipient of respite services paid through home- and community-based services on behalf of a member who receives home- and community-based services, and
- ◆ Not be the recipient of respite services paid through the consumer choices option on behalf of a member who receives the consumer choices option, and
- ◆ Not be the parent or stepparent of a minor child member or the spouse of a member the spouse of a member.

The provider of self-directed community supports and employment shall:

- ◆ Prepare time sheet or invoices approved by the Department that identify what services were provided and the time when services were provided.
- ◆ Submit invoices and time sheets to the financial management service within 30 days from the date when the service was provided.

## **8. Consumer-Directed Attendant Care Providers**

### **Legal reference:**

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
AIDS/HIV	441 IAC 77.34(8)
Brain injury	441 IAC 77.39(24)
Elderly	441 IAC 77.33(15)
Health and disability	441 IAC 77.30(7)
Intellectual disability	441 IAC 77.37(21)
Physical disability	441 IAC 77.41(2)



## 9. Counseling Providers

### Legal reference:

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
AIDS/HIV	441 IAC 77.34(1)
Health and disability	441 IAC 77.30(6)

Counseling providers shall be:

- ◆ Agencies certified under the community mental health center standards established by the Mental Health and Developmental Disabilities Commission set forth in Department of Human Services rules 441 IAC 24, Divisions I and III.
- ◆ Agencies that are either:
  - Licensed as meeting the hospice requirements set forth in Department of Inspections and Appeals rule 481 IAC 53, or
  - Certified to meet the standards under the Medicare program for hospice programs.
- ◆ Agencies accredited under the mental health service provider standards established by the Mental Health and Developmental Disabilities Commission set forth in 441 IAC 24, Divisions I and IV.

## 10. Family Counseling and Training Providers

### Legal reference:

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
Brain injury	441 IAC 77.39(21)

Family counseling and training providers shall be one of the following:

- ◆ Providers that are certified under the community mental health center standards established by the Mental Health and Developmental Disabilities Commission set forth in 441 IAC 24, Divisions I and III, and that employ staff to provide family counseling and training who meet the definition of qualified brain injury professional as set forth in rule 441 IAC 83.81(249A).
- ◆ Providers licensed as meeting the hospice standards and requirements set forth in Department of Inspections and Appeals rules in 481 IAC 53 or certified to meet the standards under the Medicare program for hospice programs, and that employ staff who meet the definition of qualified brain injury professional as set forth in rule 441 IAC 83.81(249A).



## 12.Home-Delivered Meals Providers

### Legal reference:

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
AIDS/HIV	441 IAC 77.34(6)
Elderly	441 IAC 77.33(8)
Health and disability	441 IAC 77.30(11)

The following providers qualify to provide home-delivered meals:

- ◆ Area agencies on aging as designated in 17 IAC 4.4(231). Home-delivered meals providers subcontracting with area agencies on aging.
- ◆ Community action agencies as designated in Iowa Code section 216A.93.
- ◆ Nursing facilities licensed pursuant to Iowa Code chapter 135C.
- ◆ Restaurants licensed and inspected under Iowa Code chapter 137F.
- ◆ Hospitals enrolled as Medicaid providers.
- ◆ Home health aide providers meeting the standards set forth in 441 IAC 77.33(3).
- ◆ Medical equipment and supply dealers certified to participate in the Medicaid program.
- ◆ Home care providers meeting the standards set forth in 441 IAC 77.33(4).

## 13.Home Health Aide Providers

### Legal reference:

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
AIDS/HIV	441 IAC 77.34(2)
Elderly	441 IAC 77.33(3)
Health and disability	441 IAC 77.30(2)
Intellectual disability	441 IAC 77.37(20)

Home health aide providers shall be home health agencies that are certified to participate in the Medicare program as home health agencies and which have an HCBS agreement with the Department.



## 14. Homemaker Providers

### Legal reference:

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
AIDS/HIV	441 IAC 77.34(3)
Elderly	441 IAC 77.33(4)
Health and disability	441 IAC 77.30(1)

Homemaker providers are agencies that meet one of the following two criteria:

- ◆ Authorized to provide similar services through a contract with the IDPH for local public health services. The agency must provide a current IDPH local public health services contract number.
- ◆ Agencies that are certified to participate in the Medicare program.

## 15. Interim Medical Monitoring and Treatment (IMMT) Providers

### Legal reference:

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
AIDS/HIV	441 IAC 77.39(25)
Health and disability	441 IAC 77.30(8)
Intellectual disability	441 IAC 77.37(22)

The following providers may provide interim medical monitoring and treatment services:

- ◆ Child care facilities, which are defined as child care centers licensed pursuant to 441 IAC Chapter 109, preschools, or child development homes registered pursuant to 441 IAC Chapter 110.
- ◆ Home health agencies certified to participate in the Medicare program.
- ◆ Supported community living providers certified according to 441 IAC 77.37(14) or 441 IAC 77.39(13).

Staff members providing interim medical monitoring and treatment services to members shall meet all of the following requirements:

- ◆ Be at least 18 years of age, and
- ◆ Not be the spouse of the member or a parent or stepparent of the member if the member is aged 17 or under, and



- ◆ Not be a usual caregiver of the member, and
- ◆ Be qualified by training or experience to provide medical intervention or intervention in a medical emergency necessary to carry out the member’s plan of care. The training or experience required must be determined by the member’s usual caregivers and a licensed medical professional on the member’s interdisciplinary team and must be documented in the member’s service plan.

### 16.Nursing Care Providers

**Legal reference:**

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
AIDS/HIV	441 IAC 77.34(4)
Elderly	441 IAC 77.33(5)
Health and disability	441 IAC 77.30(4)
Intellectual disability	441 IAC 77.37(19)

Nursing care providers shall be agencies that are certified to participate in the Medicare program as home health agencies.

### 17.Nutritional Counseling Providers

**Legal reference:**

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
Elderly	441 IAC 77.33(12)
Health and disability	441 IAC 77.30(12)

The following providers may provide nutritional counseling by a licensed dietitian under 645 IAC Chapter 81:

- ◆ Hospitals enrolled as Medicaid providers
- ◆ Community action agencies as designated in Iowa Code section 216A.93.ed in Iowa Code section 216A.93
- ◆ Nursing facilities licensed pursuant to Iowa Code chapter 135C
- ◆ Home health agencies certified by Medicare
- ◆ Independently licensed dietitians approved by the Department on Aging



Individuals qualified to provide all services identified in the service plan shall review the services identified in the service plan to ensure that the services are necessary, appropriate, and consistent with the identified needs of the child, as listed on form 470-4694, *Case Management Comprehensive Assessment*, or as indicated by the Supports Intensity Scale Core Standardized Assessment. Click [here](#) to access form 470-4694 online.

The service worker or case manager shall review all service plans to determine progress toward goals and objectives 90 calendar days from the initiation of services and every 90 calendar days thereafter for the duration of the services.

At a minimum, the provider shall submit written reports to the service worker or case manager at six-month intervals and when changes to the service plan are needed.

The person-centered service plan shall be revised when any of the following occur:

- ◆ Service goals or objectives have been achieved.
- ◆ Progress toward goals and objectives is not being made.
- ◆ Changes have occurred in the identified service needs of the child, as listed on form 470-4694, *Case Management Comprehensive Assessment*, or as indicated by the Supports Intensity Scale Core Standardized Assessment.
- ◆ The service plan is not consistent with the identified service needs of the child, as listed in the service plan.

The service plan shall be signed and dated by qualified staff of each reviewing provider after each review and revision.

Any revisions of the service plan shall be made in collaboration with the child, family, case manager, and, if applicable, the foster parents and shall reflect the needs of the child. The service provider shall provide a copy of the revised service plan to the family and case manager, unless otherwise ordered by a court of competent jurisdiction.

The RBSCL service provider shall also furnish residential-based living units for all recipients of the RBSCL. Living units provided may be of no more than four beds.



## 20. Respite Care Providers

### Legal reference:

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
AIDS/HIV	441 IAC 77.34(5)
Brain injury	441 IAC 77.39(14)
Children's mental health	441 IAC 77.46(5)
Elderly	441 IAC 77.33(6)
Health and disability	441 IAC 77.30(5)
Intellectual disability	441 IAC 77.37(15)

The following agencies may provide respite services:

- ◆ Home health agencies that are certified to participate in the Medicare program
- ◆ Respite providers certified under the HCBS ID or BI waiver
- ◆ Nursing facilities, intermediate care facilities for the intellectually disabled, and hospitals enrolled as providers in the Iowa Medicaid program
- ◆ Group living foster care facilities for children licensed by the Department according to:
  - 441 IAC Chapter 112, and
  - 441 IAC Chapter 114, and
  - 441 IAC Chapter 115, and
  - 441 IAC Chapter 116
- ◆ Camps certified by the American Camping Association
- ◆ Home care agencies that meet the conditions of participation set forth in 441 IAC 77.30(1)
- ◆ Adult day care providers that meet the conditions of participation set forth in 441 IAC 77.30(3)
- ◆ Residential care facilities for persons with an intellectual disability licensed by the Department of Inspections and Appeals
- ◆ Assisted living programs certified by the Department of Inspections and Appeals



## 1. Client Participation and Financial Participation

### Legal reference:

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
All waiver types	441 IAC 75.16(249A)
AIDS/HIV	441 IAC 83.44(1)
Brain injury	441 IAC 83.84(1)
Children's mental health	441 IAC 83.124(249A)
Elderly	441 IAC 83.24(1)
Health and disability	441 IAC 83.4(1)
Intellectual disability	441 IAC 83.63(1)
Physical disability	441 IAC 83.104(1)

When determining eligibility, the income maintenance worker gives the member maintenance needs allowance which is 300 percent of the maximum SSI grant for a member. If the member's income exceeds this amount, the member is not eligible for HCBS services.

The case manager or service worker must assign client participation to one or more of the waiver services listed in the ISIS service plan. The notice of decision sent to the member and the provider must show the amount of client participation that the member must pay to the provider for services rendered.

If a member has client participation (veteran's aid and attendance or a medical assistance income trust) which covers all or part of the cost of a service, the provider must bill the member for their portion of the client participation. After client participation has been met, then the provider bills Medicaid the difference in this amount by subtracting off the amount of client participation.

The case manager or service worker makes an entry on the member's *Notice of Decision: Services*, form 470-0602, in the section entitled "Fees" when the member has client participation. In addition, the case manager or service worker should show the amount or source of client participation in the case plan.

**NOTE:** Under the **CMH** waiver, client participation is identified as financial participation. A member must contribute to the cost of children's mental health waiver services to the extent of the member's total income less 300 percent of the maximum monthly payment for one person under the federal Supplemental Security Income (SSI) program.



## 2. Limit on Payment

### Legal reference:

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
AIDS/HIV	441 IAC 83.44(2)
Brain injury	441 IAC 83.84(2)
Elderly	441 IAC 83.24(2)
Health and disability	441 IAC 83.4(2)
Intellectual disability	441 IAC 83.63(2)
Physical disability	441 IAC 83.104(2)

If for any month, the sum of the third-party payment and client participation equals or exceeds the reimbursement established by the service worker, Medicaid will make no payments to waiver service providers. However, Medicaid will make payments to other medical vendors as applicable.

## 3. Third-Party Payments

### Legal reference:

<b>Waiver Type</b>	<b>Corresponding Iowa Administrative Code</b>
All waiver types	441 IAC 75.2(2)
AIDS/HIV	441 IAC 83.44(2)
Brain injury	441 IAC 83.84(2)
Elderly	441 IAC 83.24(2)
Health and disability	441 IAC 83.4(2)
Intellectual disability	441 IAC 83.63(2)
Physical disability	441 IAC 83.104(2)

Payment will be approved only for those services or for that part of a given service for which no medical resources exist. The provider must inform the Department by a notation on the claim form that other coverage exists but did not cover the service being billed, or that payment was denied.

If a member has insurance that covers all or part of a service, the insurance company must be billed before billing Medicaid for the service.



- ◆ **Daily rates** are based on the actual cost per unit of the current period reported on *Schedule D-3* of form 470-0664 for each site, the calculated base rate from the previous year, or the maximum reimbursement rate.
  - An inflation factor will be added to the cost per unit of the current and previous reporting period, not to exceed the maximum reimbursement rate.
  - The IME Medical Services Unit may grant variations when cost-effective and in accordance with the service plan.
  - No actual cost per unit rates will be set based on the annual cost report if the period reported is less than six months.

Projected rates will continue to be effective for providers with less than six months of actual cost data. Supported community living daily site rates that have been revised since the initial rate projection continue to be in effect if so noted on the submitted form 470-3449, *HCBS Supplemental Schedule D-4*.

### K. PROCEDURE CODES AND NOMENCLATURE

Providers must use procedure codes to bill for waiver services. Use the following procedure codes to identify waiver services in the waiver service plan.

Service	AIDS/HIV	BI	CMH	Elderly	HD	ID	PD	Modifier
Adult day care; half day	S5101	S5101		S5101	S5101	S5101		None
Adult day care; full day	S5102	S5102		S5102	S5102	S5102		None
Adult day care; extended day	S5105	S5105		S5105	S5105	S5105		None
Adult day care; hourly	S5100	S5100		S5100	S5100	S5100		None
Assisted living on-call services				T2031				None
Assistive devices per item				S5199				None
Behavioral programming (i.e., health and behavioral intervention); 15 minute unit		96152						None



Service	AIDS/ HIV	BI	CMH	Elderly	HD	ID	PD	Modifier
Behavioral programming (i.e., mental health plan development); 15 minute unit		H0032						None
Behavioral programming (mental health assessment); 15 minute unit		H0031						None
Case management (targeted or waiver); 15 minute unit		T1016	T1017	T1016		T1017		None
CDAC (agency); 15 minute unit	S5125	S5125		S5125	S5125	S5125	S5125	No modifier = unskilled Modifier U3 = skilled
CDAC (individual); 15 minute unit	T1019	T1019		T1019	T1019	T1019	T1019	No modifier = unskilled Modifier U3 = skilled
Chore; 15 minute unit				S5120				None
Counseling (individual); 15 minute unit	H0004				H0004			None
Counseling (group); 15 minute unit	96153				96153			None
Day habilitation; per day						T2020		None
Day habilitation; 15 minute unit						T2021		None
Environmental modifications and adaptive devices (home modification); per item				S5165				None
Environmental modifications and adaptive devices (personal care items); per item				S5199				None
Environmental modifications and adaptive devices (specialized supply); per item				T2028				None



Service	AIDS/ HIV	BI	CMH	Elderly	HD	ID	PD	Modifier
Family and community support; 15 minute unit			H2021					None
Family counseling and training; 15 minute unit		H2021						None
Financial management services; per month	T2025	T2025		T2025	T2025	T2025	T2025	None
Home-delivered morning meals; per meal	S5170			S5170	S5170			UF required
Home-delivered liquid supplemental meal; two cans per meal	S5170			S5170	S5170			UJ required
Home-delivered noon meals; per meal	S5170			S5170	S5170			UG required
Home-delivered evening meals; per meal	S5170			S5170	S5170			UH required
Home health aide; 15 minute unit	T1021			T1021	T1021	S9122		None
Homemaker; 15 minute unit	S5130			S5130	S5130			None
Home and vehicle modification (home modifications only); per service		S5165		S5165	S5165	S5165	S5165	None
Home and vehicle modification (vehicle modifications only); per service		T2039	T2039	T2039	T2039	T2039	T2039	None
IMMT (HH agency home health aide); 15 minute unit		T1004				T1004	T1004	None
IMMT (HH agency RN); 15 minute unit		T1002				T1002	T1002	None
IMMT (HH agency LPN); 15 minute unit		T1003				T1003	T1003	None
IMMT (SCL and child care center); 15 minute unit		T1004				T1004	T1004	Requires use of U3



Service	AIDS/ HIV	BI	CMH	Elderly	HD	ID	PD	Modifier
IMMT (group); 15 minute unit		T1004						
In-home family therapy; 15 minute unit			H0046					None
Mental health outreach; 15 minute unit				H0036				None
Nursing (RN); 15 minute unit	T1030			T1030	T1030	T1030	S9123 hour	
Nursing (LPN); 15 minute unit	T1031			T1031	T1031	T1031	S9124 hour	
Nutritional counseling (initial); 15 minute unit				97802	97802			None
Nutritional counseling (subsequent); 15 minute unit				97803	97803			None
Personal emergency response (initial fee for install)		S5160		S5160	S5160	S5160	S5160	None
Personal emergency response (monthly)		S5161		S5161	S5161	S5161	S5161	None
Prevocational services (daily)		T2014				T2014		None
Prevocational services; per hour		T2015				T2015		None
Respite (HH agency, specialized); 15 minute unit	S5150	S5150	S5150	S5150	S5150	S5150		Specialized requires use of U3; individual must not have a modifier
Respite (HH agency, basic individual); 15 minute unit	S5150	S5150	S5150	S5150	S5150	S5150		Specialized requires use of U3; individual must not have a modifier
Respite (HH agency group); 15 minute unit	T1005	T1005	T1005	T1005	T1005	T1005		None
Respite (home/non- facility, specialized); 15 minute unit	S5150	S5150	S5150	S5150	S5150	S5150		Specialized requires use of U3; individual must not have a modifier



Service	AIDS/ HIV	BI	CMH	Elderly	HD	ID	PD	Modifier
Respite (home/non-facility basic individual); 15 minute unit	S5150	S5150	S5150	S5150	S5150	S5150		Specialized requires use of U3; individual must not have a modifier
Respite (home non-facility, group); 15 minute unit	T1005	T1005	S5150	T1005	T1005	T1005		None
Respite (hospital or NF) <ul style="list-style-type: none"> <li>• RCF</li> <li>• Adult day care</li> <li>• Child care facility</li> <li>• ICF/ID</li> <li>• Foster group care</li> </ul> 15 minute unit	T1005	T1005	T1005	T1005	T1005	T1005		U3 required
Respite (resident camp); 15 minute unit	T2036	T2036	T2036	T2036	T2036	T2036		None
Respite (group day camp)	T2037	T2037	T2037	T2037	T2037	T2037		
Senior companion; 15 minute unit				S5135				None
Specialized medical equipment; per item		T2029					T2029	None
Supported community living; daily		H2016				H2016		ID waiver requires use of HI; BI waiver must not have a modifier
Supported community living; 15 minute unit		H2015				H2015		ID waiver requires use of HI; BI waiver must not have a modifier
Supported community living (residential-based); daily						H2016		Requires use of U3 for RBCSL
Supported employment (job development)		T2018				T2018		UC required (limit to one unit)
Supported employment (employer development)		H2024				H2024		UC required (limit to one unit)



Service	AIDS/ HIV	BI	CMH	Elderly	HD	ID	PD	Modifier
Supported employment (enhanced job search); 15 minute unit		H2019				H2019		None
Supported employment (job coaching); 15 minute unit		H2025				H2025		None
Supported employment (enclave); 15 minute unit		H2023				H2023		None
Transportation; per mile		S0215		S0215		S0215	S0215	None
Transportation; 1-way trip		T2003		T2003		T2003	T2003	None
Workman's compensation	T2025	T2025		T2025	T2025	T2025	T2025	UC required

## L. BILLING POLICIES AND CLAIM FORM INSTRUCTIONS

Claims for waiver providers are billed on the *Claim for Targeted Medical Care*, form 470-2486. Click [here](#) to view the form online.

Copies of this form may be obtained from IME Provider Services at (800) 338-7909 or, in the Des Moines area at (515) 256-4609, or at the bottom of the IME Provider Services webpage at <http://dhs.iowa.gov/ime/Providers/claims-and-billing/ClaimsPage>. Claims submitted electronically shall be filed on the Accredited Standards (ASC) X12N 837 transaction, Health Care Claim.

Refer to Chapter IV. *Billing Iowa Medicaid* for claim form instructions, all billing procedures, and a guide to reading the Iowa Medicaid Remittance Advice statement.

The Billing Manual can be located online at:  
<http://dhs.iowa.gov/sites/default/files/All-IV.pdf>