



Medicaid Changes Related to Mental Health and Disability System Redesign

June 20, 2012

Redesign Overview

- Key Legislation

- SF2247 – Mental Retardation to Intellectual Disability
- SF2312 – Judicial Bill
- SF2315 – MHDS Redesign Policy Bill
 - Eligibility
 - Services
 - Regional Management – Local Service Delivery
 - Statewide Standards
 - Financing
- SF2336 – DHS Appropriations - Medicaid buyout July 1, 2012

www.dhs.state.ia.us/Partners/MHDSRedesign.html

CPC Role

- Current
 - Continue to approve plans as they have in the past. This will include approving service plans that have an effective date of July 1, 2012, or later.
- Beginning July 1, 2012
 - Continue to address disability service capacity building and service coordination within the local service delivery system
 - Continue to assist Case Managers in service coordination locally.

ISIS Workflow Changes

Process	Change	No Change	Details
County of Legal Settlement	X		•CPCs will no longer view ISIS
CPC Notification Milestones	X		•CPC notification Milestones removed
All Change Flows (LOC, Cancel, Reopen, Denied, etc.)	X		•CPC notification Milestones removed
Waiver Prior Authorization (ID and BI Waiver Only) Service Plan Changes	X		•The CPC acceptance of the plan has been changed to a Medical Services PA Reviewer role
Entire ISIS System	X		•Remove reference to mental retardation and replaced with intellectual disability

Service Plan Authorization and Waiver Prior Authorization

Process	Change	No Change	Details
Habilitation and Waiver Case Manager Service Plan Authorization (for adults only)	X		<ul style="list-style-type: none"> • IME Medical Services will be contacting CM's to review a service plan when: <ol style="list-style-type: none"> a. service rates increase b. service units increase c. a new service is added • The CM must be prepared to discuss all information to support the member's service needs as it pertains to services authorized.
Waiver Prior Authorization	X		<ul style="list-style-type: none"> • WPA Milestones will end for ID and BI Waiver and replaced with Service Plan Review Milestones • For the ID or BI Waiver, the CM does not need to submit the Waiver PA Certificate of Medical Necessity unless requested by the reviewer to support services authorized in the plan.

Service Plan Authorization and Waiver Prior Authorization

Process	Change	No Change	Details
Wavier Prior Authorization (WPA)		X	<ul style="list-style-type: none"> WPA continues for children on the ID & BI waivers, Aids/HIV, Elderly, Ill and Handicapped, Physical Disability and Children's Mental Health Waivers
Habilitation and Waiver Provider Service Plan Authorization		X	<ul style="list-style-type: none"> CM's will continue to coordinate service plan development in conjunction with the IDT and service providers
Habilitation and Waiver Provider Audits and Reviews		X	<ul style="list-style-type: none"> Providers will continue to participate in HCBS Quality Self Assessment, HCBS Service Utilization Reviews and Program Integrity Reviews
HCBS Habilitation and Waiver Rules	X		<ul style="list-style-type: none"> A future rule package will detail the service plan review and authorization

ICF/ID Process

Process	Change	No Change	Details
Referral through Targeted Case Management	X		Submit to IME rather than CPC
ICF/ID Placement Statement (Form 470-0375)	X		No longer used
ISIS CPC Milestones	X		CPC Milestones removed
Level of Care process		X	Continue to submit physician certification to IME for review.

Providers

- There is no change in billing policies, provider contracting, or rate setting processes.
- Will continue to work with counties to establish contract rates for county funded services if the county purchases or would purchase services from the provider.
- In the absence of a contract rate after July 1, 2012, the fee schedules for services in the IAC 441-79.1(2) will be used to determine the upper maximum rate that will be reimbursed for the provision of services.
- Changes in daily SCL site rates will need to be reviewed by the IME prior to the implementation of the rate change.

Providers

- All rate changes must be coordinated with the member's case manager.
- The Department is developing a process for the submission of D-4 schedules. Additional information will be forthcoming in Informational Letters.

Providers

- Additional information will be requested with the D-4 submission, including:
 - A schedule of the member's staffing for a representative week with each D-4 submitted.
 - an itemized accounting of any costs assigned to :
 - Line 3290 - Other related Transportation
 - Line 3520 - Other Consultation/ Instruction
 - Line 4320 - Other Equipment repair or purchase
- Any expenditures listed in line 3290, 3250 or 4320 are limited to \$1570 per person per year
- All expenditures for these line item must be detailed in the member's service plan.

Providers

- Changes in the HCBS Quality Assurance and Technical Assistance contract
- Informational Letter # 1143

Members

- Changes for members will be minimal
- Case managers will handle funding and authorization

Next Steps

- Recorded Webinar link
- Series of Informational Letters
- FAQ Document will be posted at:
http://www.ime.state.ia.us/HCBS/help_ownhome.html
- Send questions to:
HCBSwaivers@dhs.state.ia.us