

**Appendix C: Participant Services**

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

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

Service Type	Service
Statutory Service	Adult Day
Statutory Service	Homemaker
Statutory Service	Respite
Extended State Plan Service	Home Health Aide
Extended State Plan Service	Nursing
Supports for Participant Direction	Financial Management Services
Supports for Participant Direction	Independent Support Broker
Other Service	Consumer Directed Attendant Care - Skilled
Other Service	Consumer-Directed Attendant Care - Unskilled
Other Service	Counseling Service
Other Service	Home and Vehicle Modification
Other Service	Home Delivered Meals
Other Service	Individual Directed Goods and Services
Other Service	Interim Medical Monitoring and Treatment
Other Service	Nutritional Counseling
Other Service	Personal Emergency Response
Other Service	Self-Directed Community Support and Employment
Other Service	Self-directed Personal Care

**Appendix C: Participant Services**

**C-1/C-3: Service Specification**

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

**Service Type:**

Statutory Service

**Service:**

Adult Day Health

**Alternate Service Title (if any):**

Adult Day

**HCBS Taxonomy:**

**Category 1:**

**Sub-Category 1:**

**Category 2:**

**Sub-Category 2:**

**Service Definition (Scope):**

**Category 3:**

**Sub-Category 3:**

**Category 4:**

**Sub-Category 4:**

Adult day care services are furnished four or more hours per days on a regularly scheduled basis for one or more days per week, in an outpatient setting, encompassing both health and social services needed to ensure the optimal functions of the individual. Meals provided as part of these services shall not constitute a full nutritional day. Transportation between the individual's place of residence and the adult day care center will be provided as a component part of adult day health services. The cost of this transportation is included in the rate paid to providers of adult day health services provide an organized program of supportive care in a group environment to persons who need a degree of supervision and assistance on regular or intermittent basis in a day care center.

Physical, occupational and/or speech/language therapies are not included as components of this service.

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

A unit of service is 15-minutes (up to 4 units per day), a half day (1.25 to 4 hours per day), a full day (4.25 to 8 hours per day) or an extended day (8.25 to 12 hours per day).

The individuals' plan of care will address how the member health care needs are being met. The Iowa Department of Human Services service worker will monitor the plan. Overlapping of services is avoided by the use of a service worker who manages all services and the entry into the ISIS system. The service worker is required to check to make sure that EPSDT is used whenever possible for children under the age of 21 before going to waiver services. Where there is a potential for overlap, services must first be exhausted under IDEA or the Rehabilitation Act of 1973.

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

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

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

- Legally Responsible Person
- Relative
- Legal Guardian

**Provider Specifications:**

Provider Category	Provider Type Title
Agency	Adult Day Care

**Appendix C: Participant Services**

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

**Service Type:** Statutory Service  
**Service Name:** Adult Day

**Provider Category:**

Agency

**Provider Type:**

Adult Day Care

**Provider Qualifications**

**License** (specify):

[Empty text box]

**Certificate (specify):**

Adult Day service providers certified by the Department of Inspections and Appeals as being in compliance with the standards for adult day services programs at IAC 481—Chapter 70.

**Other Standard (specify):**

Providers must be:

- (1) At least 18 years of age.
- (2) Qualified by training.
- (3) Not the spouse or guardian of the member or a parent or stepparent of a member aged 17 or under.
- (4) Not the recipient of respite services paid through home- and community-based services on behalf of a member who receives home- and community-based service.

The adult day service agency is responsible for ensuring that criminal background and abuse registry checks are conducted prior to direct service provision.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

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

**Frequency of Verification:**

Every four years

**Appendix C: Participant Services**

**C-1/C-3: Service Specification**

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

**Service Type:**

Statutory Service

**Service:**

Homemaker

**Alternate Service Title (if any):**

[Empty text box]

**HCBS Taxonomy:**

**Category 1:**

**Sub-Category 1:**

**Category 2:**

**Sub-Category 2:**

**Category 3:**

**Sub-Category 3:**

**Category 4:**

**Sub-Category 4:**

**Service Definition (Scope):**

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. A unit of service is one hour. Components of the service are directly related to the care of the member and include:

- a. Essential shopping: shopping for basic need items such as food, clothing or personal care items, or drugs.
- b. Limited housecleaning: 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 client, and dishes.
- c. Meal preparation planning and preparing balanced meals.

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

A unit of service is 15 minutes. The member's plan of care will address how the member's health care needs are being met. Authorization of this service must be made after assuring that there is no duplication or overlapping of services. Services provided under IDEA or the Rehabilitation Act of 1973 are not available. The Iowa Department of Human Services' service worker will monitor the plan.

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

- Participant-directed as specified in Appendix E  
 Provider managed

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

- Legally Responsible Person  
 Relative  
 Legal Guardian

**Provider Specifications:**

Provider Category	Provider Type Title
Agency	Home Care Agencies

**Appendix C: Participant Services****C-1/C-3: Provider Specifications for Service**

**Service Type: Statutory Service**  
**Service Name: Homemaker**

**Provider Category:**

Agency

**Provider Type:**

Home Care Agencies

**Provider Qualifications****License (specify):****Certificate (specify):**

In accordance with IAC 441-Chapter 77: Home health agencies are eligible to participate with Iowa Medicaid provided they are certified to participate with the Medicare program (Title XVIII of the Social Security Act sections 1861(o) and 1891). These sections establish the conditions that an HHA must meet in order to participate in Medicare.

**Other Standard (specify):**

Providers must be:

- (1) At least 18 years of age.
- (2) Qualified by training.
- (3) Not the spouse or guardian of the member or a parent or stepparent of a member aged 17 or under.
- (4) Not the recipient of respite services paid through home- and community-based services on behalf of a member who receives home- and community-based service.

The home health agency is responsible for ensuring that criminal background and abuse registry checks are conducted prior to direct service provision.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

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

**Frequency of Verification:**

Every four years

**Appendix C: Participant Services**

**C-1/C-3: Service Specification**

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

**Service Type:**

Statutory Service

**Service:**

Respite

**Alternate Service Title (if any):**

**HCBS Taxonomy:**

**Category 1:**

**Sub-Category 1:**

**Category 2:**

**Sub-Category 2:**

**Category 3:**

**Sub-Category 3:**

**Category 4:**

**Sub-Category 4:**

**Service Definition (Scope):**

Respite care services are services provided to the consumer that give temporary relief to the usual caregiver and provide all the necessary care that the usual caregiver would provide during that time period. The purpose of respite is to enable the consumer to remain in the consumer's current living situation. Services provided outside the consumer's home shall not be reimbursable if the living unit where respite is provided is reserved for another person on temporary leave of absence. Staff to consumer ratios shall be appropriate to the individual needs of the consumer as determined by the consumer's interdisciplinary team. The interdisciplinary team shall determine if the consumer will receive basic individual respite, specialized respite or group respite. Basic individual respite means respite provide on a staff-to consumer ratio to one or higher to individuals without specialized needs requiring the care of a licensed registered nurse or licensed practical nurse; group respite is respite provided on a staff to consumer ratio of less than one to one; specialized respite means respite provide on a staff to consumer ration of one to one or higher to individuals with specialized medical needs requiring the care, monitoring or supervision of a licensed registered nurse or licensed practical nurse. The payment for

respite is connected to the staff to consumer ratio. Respite care is not to be provided to persons during the hours in which the usual caregiver is employed expect when the provider is a camp.

Overlapping of services is avoided by the use of a service worker who manages all services and the entry into the ISIS system. The service worker is required to check to make sure that EPSDT is used whenever possible for children under the age of 21 before going to waiver services. Where there is a potential for overlap, services must first be exhausted under IDEA or the Rehabilitation Act of 1973.

Respite may be provided in the home, camp setting, foster care setting, child care facility, and nursing facility.

Federal Financial Participation is not claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.

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

A unit of service is 15 minutes. A maximum of 14 consecutive days of 24-hour respite care may be reimbursed. Respite services provided for a period exceeding 24 consecutive hours to three or more members who require nursing care because of a mental or physical condition must be provided by a health care facility licensed as described in Iowa Code chapter 135C.

The member's plan of care will address how the member's health care needs are being met. The Iowa Department of Human Services' service worker will monitor the plan. Authorization of this service must be made after assuring that there is no duplication or overlapping of state plan services. Services provided under IDEA or the Rehabilitation Act of 1973 is not available.

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

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

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

- Legally Responsible Person
- Relative
- Legal Guardian

**Provider Specifications:**

Provider Category	Provider Type Title
Agency	Camps
Agency	Home Care Agencies
Agency	Residential care facilities
Agency	Child Care Facilities
Agency	Respite care providers certified under the Intellectual Disability or Brain Injury waivers.
Agency	Nursing facilities, intermediate care facilities for the intellectually disabled, and hospitals
Agency	Group living foster care facilities for children
Agency	Adult Day Care Providers
Agency	Home Health Agencies
Agency	Assisted Living Programs

**Appendix C: Participant Services**

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

Service Type: Statutory Service  
 Service Name: Respite

**Provider Category:**

Agency

**Provider Type:**

## Camps

**Provider Qualifications****License (specify):**

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

**Certificate (specify):**

Camps certified by the American Camping Association. The ACA-Accreditation Program:

- Educates camp owners and directors in the administration of key aspects of camp operation, program quality, and the health and safety of campers and staff.
- Establishes guidelines for needed policies, procedures, and practices for which the camp is responsible for ongoing implementation.
- Assists the public in selecting camps that meet industry-accepted and government recognized standards. ACA's Find a Camp database provides the public with many ways to find the ideal ACA-accredited camp.

Mandatory standards include requirements for staff screening, emergency exits, first aid, aquatic-certified personnel, storage and use of flammables and firearms, emergency transportation, obtaining appropriate health information, among others.

[www.ACAcamps.org/accreditation](http://www.ACAcamps.org/accreditation)

**Other Standard (specify):**

Respite providers shall meet the following conditions:

Providers shall maintain the following information that shall be updated at least annually:

- The consumer's name, birth date, age, and address and the telephone number of the spouse, guardian or primary caregiver.
- An emergency medical care release.
- Emergency contact telephone numbers such as the number of the consumer's physician and the spouse, guardian, or primary caregiver.
- The consumer's medical issues, including allergies.
- The consumer's daily schedule which includes the consumer's preferences in activities or foods or any other special concerns.

Procedures shall be developed for the dispensing, storage, authorization, and recording of all prescription and nonprescription medications administered. Home health agencies must follow Medicare regulations for medication dispensing.

All medications shall be stored in their original containers, with the accompanying physician's or pharmacist's directions and label intact. Medications shall be stored so they are inaccessible to consumers and the public. Nonprescription medications shall be labeled with the consumer's name.

In the case of medications that are administered on an ongoing, long-term basis, authorization shall be obtained for a period not to exceed the duration of the prescription.

Policies shall be developed for:

- Notifying the spouse, guardian, or primary caregiver of any injuries or illnesses that occur during respite provision. A spouse's, guardian's or primary caregiver's signature is required to verify receipt of notification.
- Requiring the spouse, guardian or primary caregiver to notify the respite provider of any injuries or illnesses that occurred prior to respite provision.
- Documenting activities and times of respite. This documentation shall be made available to the spouse, guardian or primary caregiver upon request.
- Ensuring the safety and privacy of the individual. Policies shall at a minimum address threat of fire, tornado, or flood and bomb threats.

A facility providing respite under this subrule shall not exceed the facility's licensed capacity, and services shall be provided in locations consistent with licensure.

Respite provided outside the member's home or the facility covered by the licensure, certification, accreditation, or contract must be approved by the spouse, guardian or primary caregiver and the interdisciplinary team and must be consistent with the way the location is used by the general public. Respite in these locations shall not exceed 72 continuous hours.

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

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

**Frequency of Verification:**

Every four years

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

Agency

**Provider Type:**

Home Care Agencies

**Provider Qualifications****License (specify):****Certificate (specify):**

Home health agencies which are certified to participate in the Medicare program.

**Other Standard (specify):**

Providers must be:

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

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

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

**Frequency of Verification:**

Every four years

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

Agency

**Provider Type:**

Residential care facilities

**Provider Qualifications****License (specify):**

Residential care facilities for persons with intellectual disabilities licensed by the department of inspections and appeals.

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

Providers must be:

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

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

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

**Frequency of Verification:**

Every four years

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

Agency

**Provider Type:**

Child Care Facilities

**Provider Qualifications****License (specify):**

Child care facilities, which are defined as child care centers, preschools, or child development homes registered pursuant to 441—Chapter 110.

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

Providers must be:

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

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

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

**Frequency of Verification:**

Every four years

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

Agency

**Provider Type:**

Respite care providers certified under the Intellectual Disability or Brain Injury waivers.

**Provider Qualifications****License (specify):****Certificate (specify):**

Respite care providers certified under the Intellectual Disability or Brain Injury waivers.

**Other Standard (specify):**

Providers must be:

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

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

Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit  
**Frequency of Verification:**  
 Every four years

## Appendix C: Participant Services

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

**Service Type: Statutory Service**

**Service Name: Respite**

**Provider Category:**

Agency

**Provider Type:**

Nursing facilities, intermediate care facilities for the intellectually disabled, and hospitals

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

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

**Other Standard (specify):**

Providers must be:

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

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

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

**Frequency of Verification:**

Every four years

## Appendix C: Participant Services

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

**Service Type: Statutory Service**

**Service Name: Respite**

**Provider Category:**

Agency

**Provider Type:**

Group living foster care facilities for children

**Provider Qualifications**

**License (specify):**

Group living foster care facilities for children licensed by the department according to 441—Chapters 112 and 114 to 116 and child care centers licensed according to 441—Chapter 109.

**Certificate (specify):**

**Other Standard (specify):**

Providers must be:

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

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit  
**Frequency of Verification:**  
 Every four years

## Appendix C: Participant Services

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

**Service Type: Statutory Service**  
**Service Name: Respite**

**Provider Category:**

Agency

**Provider Type:**

Adult Day Care Providers

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

Adult Day service providers certified by the Department of Inspections and Appeals

**Other Standard (specify):**

Providers must be:

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

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

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

**Frequency of Verification:**

Every four years

## Appendix C: Participant Services

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

**Service Type: Statutory Service**  
**Service Name: Respite**

**Provider Category:**

Agency

**Provider Type:**

Home Health Agencies

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

Home health aide providers shall be agencies which are certified to participate in the Medicare program.

**Other Standard (specify):**

Providers must be:

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

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

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

**Frequency of Verification:**  
Every four years

**Appendix C: Participant Services**

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

**Service Type:** Statutory Service  
**Service Name:** Respite

**Provider Category:**

Agency

**Provider Type:**

Assisted Living Programs

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

Assisted living programs certified by the Department of Inspections and Appeals.

**Other Standard (specify):**

Providers must be:

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

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

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

**Frequency of Verification:**

Every four years

**Appendix C: Participant Services**

**C-1/C-3: Service Specification**

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

**Service Type:**

Extended State Plan Service

**Service Title:**

Home Health Aide

**HCBS Taxonomy:**

**Category 1:**

**Sub-Category 1:**

**Category 2:**

**Sub-Category 2:**

**Category 3:**

**Sub-Category 3:**

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

Home health aide services are an extension of the State Plan and personal or direct care services provided to the member, which are not payable under Medicaid as set forth in Iowa Administrative Code rule 441—78.9 (249A). This references to the fact that all state plan services must be accessed before seeking payment through the waiver. The scope and nature of waiver home health services do not differ from home health aid services furnished under the State Plan. Services are defined in the same manner as provided in the approved State Plan. Skilled nursing care is not covered. The provider qualifications in the State Plan apply.

Components of the waiver home health service include, but are not limited to:

- (1) Observation and reporting of physical or emotional needs.
- (2) Helping a client with bath, shampoo, or oral hygiene.
- (3) Helping a client with toileting.
- (4) Helping a client in and out of bed and with ambulation.
- (5) Helping a client reestablish activities of daily living.
- (6) Assisting with oral medications ordered by the physician which are ordinarily self-administered.
- (7) Performing incidental household services which are essential to the client's health care at home and are necessary to prevent or postpone institutionalization in order to complete a full unit of service.
- (8) Accompaniment to medical services or transport to and from school.

In some cases, a nurse may provide home health services if the health of the member is such that the agency is unable to place an aide in that situation due to limitations by state law or in the event that the agency's Medicare certification requirements prohibit the aide from providing the service. It is not permitted for the convenience of the provider.

Home health services are provided under the Medicaid State Plan services until the limitations have been reached. Where there is a potential for overlap, services must first be exhausted under IDEA or the Rehabilitation Act of 1973.

Overlapping of services is avoided by the use of a service worker who manages all services and the entry into the ISIS system. The service worker is required to check to make sure that EPSDT is used whenever possible for children under the age of 21 before going to waiver services.

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

Services must be authorized in the service plan. The Iowa Department of Human Services, service worker will monitor the plan. Home health services cannot be provided outside the home with the exception of accompanying a child to and from school.

- a. Services shall be included in the member's individual comprehensive plan.
- b. A unit is one hour.
- c. A maximum of 14 units are available per week.

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

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

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

- Legally Responsible Person
- Relative
- Legal Guardian

**Provider Specifications:**

Provider Category	Provider Type Title
Agency	Home Health Agencies

## Appendix C: Participant Services

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

**Service Type:** Extended State Plan Service

**Service Name:** Home Health Aide

**Provider Category:**

Agency

**Provider Type:**

Home Health Agencies

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

In accordance with IAC 441-Chapter 77: home health agencies are eligible to participate with Iowa Medicaid provided they are certified to participate in the Medicare program (Title XVII of the Social Security Act sections 1861(o) and 1891). These sections establish the conditions that an HHA must meet in order to participate in Medicare.

**Other Standard (specify):**

Providers must be:

- (1) At least 18 years of age.
- (2) Qualified by training.
- (3) Not the spouse or guardian of the member or a parent or stepparent of a member aged 17 or under.
- (4) Not the recipient of respite services paid through home- and community-based services on behalf of a member who receives home- and community-based service.

The home health agency is responsible for ensuring that criminal background and abuse registry checks are conducted prior to direct service provision.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

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

**Frequency of Verification:**

Every four years

## Appendix C: Participant Services

### C-1/C-3: Service Specification

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

**Service Type:**

Extended State Plan Service

**Service Title:**

Nursing

**HCBS Taxonomy:**

**Category 1:**

**Sub-Category 1:**

**Service Definition (Scope):**

Category 2:

Sub-Category 2:

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

Nursing care services are services which are included in the plan of treatment approved by the physician and which are provided by licensed nurses to consumers in the home and community. The services shall be reasonable and necessary to the treatment of an illness or injury and include all nursing tasks recognized by the Iowa board of nursing. Nursing services under the Medicaid State Plan must be exhausted first. Nursing Care Services differ only in duration of services from Medicaid State Plan. Nursing Care Services under the waiver do not need to show an attempt to have a predictable end.

Overlapping of services is avoided by the use of a service worker who manages all services and the entry into the ISIS system. The service worker is required to check to make sure that EPSDT is used whenever possible for children under the age of 21 before going to waiver services. Where there is a potential for overlap, services must first be exhausted under IDEA or the Rehabilitation Act of 1973.

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

Nursing services cannot exceed the maximum Medicare rate in effect. A unit of service is a visit. A maximum of ten units are available per week.

The individuals' plan of care will address how the member health care needs are being met. The Iowa Department of Human Services' service worker will monitor the plan. Authorization of this service must be made after assuring that there is no duplication or overlapping of state plan services. Services provided under IDEA or the Rehabilitation Act of 1973 are not available.

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

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

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

- Legally Responsible Person
- Relative
- Legal Guardian

**Provider Specifications:**

Provider Category	Provider Type Title
Agency	Home Health Agencies

**Appendix C: Participant Services**

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

**Service Type:** Extended State Plan Service  
**Service Name:** Nursing

**Provider Category:**

Agency

**Provider Type:**

Home Health Agencies

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

In accordance with IAC 441-Chapter 77: home health agencies are eligible to participate with Iowa Medicaid provided they are certified to participate in the Medicare program (Title XVII of the Social Security Act sections 1861(o) and 1891). These sections establish the conditions that an HHA must meet in order to participate in Medicare.

**Other Standard (specify):**

Providers must be:

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

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

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

**Frequency of Verification:**

Every four years

**Appendix C: Participant Services**

**C-1/C-3: Service Specification**

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

**Service Type:**

Supports for Participant Direction

The waiver provides for participant direction of services as specified in Appendix E. Indicate whether the waiver includes the following supports or other supports for participant direction.

**Support for Participant Direction:**

Financial Management Services

**Alternate Service Title (if any):**

Financial Management Services

**HCBS Taxonomy:**

**Category 1:**

**Sub-Category 1:**

**Category 2:**

**Sub-Category 2:**

**Category 3:**

**Sub-Category 3:**

**Category 4:**

**Sub-Category 4:**

**Service Definition (Scope):**

The Financial Management Service (FMS) is necessary for all members choosing the self-direction option, and will be available only to those who self direct. The FMS will enroll as a Medicaid Provider. The FMS will receive Medicaid funds in an electronic transfer and will pay all service providers and employees electing the self-direction option. The FMS services are provided to ensure that the individualized budgets are managed and distributed according to the budget developed by each member and to facilitate the employment of service workers by members. The Iowa Department of Human Services will designate the Financial Management Service entities as organized health care delivery system.

Responsibilities of the financial management service. The financial management service shall perform all of the following services:

- (1) Receive Medicaid funds in an electronic transfer.
- (2) Process and pay invoices for approved goods and services included in the individual budget.
- (3) Enter the individual budget into the web-based tracking system chosen by the department and enter expenditures as they are paid.
- (4) Provide real-time individual budget account balances for the member, the independent support broker, and the department, available at a minimum during normal business hours (9 a.m. to 5 p.m., Monday through Friday).
- (5) Conduct criminal background checks on potential employees pursuant to IAC 441—Chapter 119.
- (6) Verify for the member an employee's citizenship or alien status.
- (7) Assist the member with fiscal and payroll-related responsibilities including, but not limited to:
  1. Verifying that hourly wages comply with federal and state labor rules.
  2. Collecting and processing timecards.
  3. Withholding, filing, and paying federal, state and local income taxes, Medicare and Social Security (FICA) taxes, and federal (FUTA) and state (SUTA) unemployment and disability insurance taxes, as applicable.
  4. Computing and processing other withholdings, as applicable.
  5. Processing all judgments, garnishments, tax levies, or other withholding on an employee's pay as may be required by federal, state, or local laws.
  6. Preparing and issuing employee payroll checks.
  7. Preparing and disbursing IRS Forms W-2 and W-3 annually.
  8. Processing federal advance earned income tax credit for eligible employees.
  9. Refunding over-collected FICA, when appropriate.
  10. Refunding over-collected FUTA, when appropriate.
- (8) Assist the member in completing required federal, state, and local tax and insurance forms.
- (9) Establish and manage documents and files for the member and the member's employees.
- (10) Monitor timecards, receipts, and invoices to ensure that they are consistent with the individual budget. Keep records of all timecards and invoices for each member for a total of five years.
- (11) Provide to the department, the independent support broker, and the member monthly and quarterly status reports that include a summary of expenditures paid and amount of budget unused.
- (12) Establish an accessible customer service system and a method of communication for the member and the independent support broker that includes alternative communication formats.
- (13) Establish a customer services complaint reporting system.
- (14) Develop a policy and procedures manual that is current with state and federal regulations and update as necessary.
- (15) Develop a business continuity plan in the case of emergencies and natural disasters.
- (16) Provide to the department an annual independent audit of the financial management service.
- (17) Assist in implementing the state's quality management strategy related to the financial management service.

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

The FMS currently has an upper payment limit of \$66.95 a month. The upper limit may change periodically with Department approved provider rate increases.

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

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

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

- Legally Responsible Person

- Relative
- Legal Guardian

**Provider Specifications:**

Provider Category	Provider Type Title
Agency	Financial Institution

**Appendix C: Participant Services**

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

**Service Type: Supports for Participant Direction**  
**Service Name: Financial Management Services**

**Provider Category:**

Agency

**Provider Type:**

Financial Institution

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

**Other Standard (specify):**

As defined in IAC 441 Chapter 77.30(13), the financial institution shall either:

- (1) 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
  - (2) 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).
- b. The financial institution shall complete a financial management readiness review and certification conducted by the department or its designee.
  - c. The financial institution shall obtain an Internal Revenue Service federal employee identification number dedicated to the financial management service.
  - d. The financial institution shall enroll as a Medicaid provider.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

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

**Frequency of Verification:**

Every four years

**Appendix C: Participant Services**

**C-1/C-3: Service Specification**

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

**Service Type:**

Supports for Participant Direction

The waiver provides for participant direction of services as specified in Appendix E. Indicate whether the waiver includes the following supports or other supports for participant direction.

**Support for Participant Direction:**

## Information and Assistance in Support of Participant Direction

**Alternate Service Title (if any):**

Independent Support Broker

**HCBS Taxonomy:****Category 1:****Sub-Category 1:****Category 2:****Sub-Category 2:****Category 3:****Sub-Category 3:****Category 4:****Sub-Category 4:****Service Definition (Scope):**

Independent Support Brokerage service is necessary for all members who chose the self-direction option. This is a service that is included in the member's budget. The Independent Support Brokerage will be chosen and hired by the member. The ISB will work with the member to guide them through the person centered planning process and offer technical assistance and expertise for selecting and hiring employees and/or providers and purchasing supports.

The independent support broker shall perform the following services as directed by the member or the member's representative:

- (1) Assist the member with developing the member's initial and subsequent individual budgets and with making any changes to the individual budget.
- (2) Have monthly contact with the member for the first four months of implementation of the initial individual budget and have quarterly contact thereafter.
- (3) Complete the required employment packet with the financial management service.
- (4) Assist with interviewing potential employees and entities providing services and supports if requested by the member.
- (5) Assist the member with determining whether a potential employee meets the qualifications necessary to perform the job.
- (6) Assist the member with obtaining a signed consent from a potential employee to conduct background checks if requested by the member.
- (7) Assist the member with negotiating with entities providing services and supports if requested by the member.
- (8) Assist the member with contracts and payment methods for services and supports if requested by the member.
- (9) Assist the member with developing an emergency backup plan. The emergency backup plan shall address any health and safety concerns.
- (10) Review expenditure reports from the financial management service to ensure that services and supports in the individual budget are being provided.
- (11) Document in writing on the independent support broker timecard every contact the broker has with the member. Contact documentation shall include information on the extent to which the member's individual budget has addressed the member's needs and the satisfaction of the member.

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

The service is necessary for members who choose the self-direction option at a minimum of 26 hours a year. When a member first initiates the self-direction option, the Independent Support Broker will be required to meet with the member at least monthly for the first four months and quarterly after that. If a member needs additional support brokerage service, the member will need prior authorization from the state. There will be a maximum rate per hour limit.

Overlapping of services is avoided by the use of a service worker who manages all services and the entry into the ISIS system. The service worker is required to check to make sure that EPSDT is used whenever possible for children under the age of 21 before going to waiver services. Where there is a potential for overlap, services must first be exhausted under IDEA or the Rehabilitation Act of 1973.

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

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

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

- Legally Responsible Person
- Relative
- Legal Guardian

**Provider Specifications:**

Provider Category	Provider Type Title
Individual	Individual Support Broker

**Appendix C: Participant Services**

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

**Service Type: Supports for Participant Direction**  
**Service Name: Independent Support Broker**

**Provider Category:**

Individual

**Provider Type:**

Individual Support Broker

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

**Other Standard (specify):**

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

- a. The broker must be at least 18 years of age.
- b. The broker shall not be the 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.
- c. The broker shall not provide any other paid service to the member.
- d. The broker shall not work for an individual or entity that is providing services to the member.
- e. The broker must consent to a criminal background check and child and dependent adult abuse checks. The results shall be provided to the member.
- f. The broker must complete independent support brokerage training approved by the department.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

Financial Management System Provider, Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit

**Frequency of Verification:**

Once initially trained, the Individual Support Broker is placed on an Independent Support Brokerage registry that is maintained at the Iowa Department of Human Services Iowa Medicaid Enterprise. The Independent Support Broker will be responsible for attending one support broker

training a year held at the HCBS regional meetings.

Verification of qualifications occurs every four years.

## Appendix C: Participant Services

### C-1/C-3: Service Specification

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

**Service Type:**

Other Service

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

**Service Title:**

Consumer Directed Attendant Care - Skilled

**HCBS Taxonomy:**

**Category 1:**

**Sub-Category 1:**

**Category 2:**

**Sub-Category 2:**

**Category 3:**

**Sub-Category 3:**

**Category 4:**

**Sub-Category 4:**

**Service Definition (Scope):**

Consumer Directed Attendant Care skilled activities may include helping the member with any of the following skilled services while under the supervision of a licensed nurse or licensed therapist working under the direction of a physician. This service may be provided in the private residence or assisted living. Skilled CDAC is not skilled nursing care, but is care provided by a lay person who has been trained to provide the specific service needed by the member.

The licensed nurse or therapist shall retain accountability for actions that are delegated. The licensed nurse or therapist shall ensure appropriate assessment, planning, implementation, and evaluation. The licensed nurse or therapist shall make on-site supervisory visits every two weeks with the provider present. The nurse is responsible for overseeing the care of the Medicaid member but is not the service provider. The cost of the supervision provided under state plan funding and is not provided under the waiver.

**Covered skilled service activities:**

- (1) Tube feedings of members unable to eat solid foods.
- (2) Assistance with intravenous therapy which is administered by a registered nurse.
- (3) Parenteral injections required more than once a week.
- (4) Catheterizations, continuing care of indwelling catheters with supervision of irrigations, and changing of Foley catheters when required.
- (5) Respiratory care including inhalation therapy and tracheotomy care or tracheotomy care and ventilator.

- (6) Care of decubiti and other ulcerated areas, noting and reporting to the nurse or therapist.
- (7) Rehabilitation services including bowel and bladder training, range of motion exercises, ambulation training, restorative nursing services, re-teaching the activities of daily living, respiratory care and breathing programs, reality orientation, reminiscing therapy, re-motivation, and behavior modification.
- (8) Colostomy care.
- (9) Care of medical conditions such as brittle diabetes and comfort care of terminal conditions.
- (10) Postsurgical nurse-delegated activities under the supervision of the registered nurse.
- (11) Monitoring medication reactions requiring close supervision because of fluctuating physical or psychological conditions, e.g., antihypertensive, digitalis preparations, mood altering or psychotropic drugs or narcotics.
- (12) Preparing and monitoring response to therapeutic diets.
- (13) Recording and reporting of changes in vital signs to the nurse or therapist.

Skilled CDAC service is not a duplication of HHA or nursing. Overlapping of services is avoided by the use of a service worker who manages all services and the entry into the ISIS system. The service worker is required to check to make sure that EPSDT is used whenever possible for children under the age of 21 before going to waiver services. Where there is a potential for overlap, services must first be exhausted under IDEA or the Rehabilitation Act of 1973.

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

A unit of service is a 15 - minute unit provided by an individual or an agency. The member's plan of care will address how the member's health care needs are being met. The Iowa Department of Human Services' service worker will monitor the plan. Authorization of this service must be made after assuring that there is no duplication or overlapping of state plan services. Services provided under IDEA or the Rehabilitation Act of 1973 are not available.

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

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

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

- Legally Responsible Person
- Relative
- Legal Guardian

**Provider Specifications:**

Provider Category	Provider Type Title
Agency	Community Action Agencies
Individual	Any individual who contracts with the member
Agency	Assisted Living Program
Agency	Home Care Provider
Agency	Chore Provider
Agency	Supported Community Living Providers
Agency	Home Health Agency
Agency	Adult Day Services Provider

**Appendix C: Participant Services**

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

**Service Type:** Other Service  
**Service Name:** Consumer Directed Attendant Care - Skilled

**Provider Category:**

Agency

**Provider Type:**

Community Action Agencies

**Provider Qualifications**

**License (specify):****Certificate (specify):**

Community Action Agencies as designated in Iowa Code 216A.93.

**Other Standard (specify):**

Providers must be:

- (1) At least 18 years of age.
- (2) Qualified by training or experience to carry out the member's plan of care pursuant to the department-approved case plan or individual comprehensive plan.
- (3) Not the spouse or guardian of the member or a parent or stepparent of a member aged 17 or under.
- (4) Not the recipient of respite services paid through home- and community-based services on behalf of a member who receives home- and community-based services.

The community agency is responsible for ensuring that criminal background and abuse registry checks are conducted prior to direct service provision.

The CDAC provider must enter into an agreement with the member receiving services, such that there is a plan to provide medically necessary and approved CDAC services to the member on a recurring basis within the parameters of the service plan, CDAC agreement, and provider standards.

For skilled CDAC, the service activities may include helping the member with any of the following skilled services under the supervision of a licensed nurse or licensed therapist working under the direction of a physician. The licensed nurse or therapist shall retain accountability for actions that are delegated. The licensed nurse or therapist shall ensure appropriate assessment, planning, implementation, and evaluation. The licensed nurse or therapist shall make on-site supervisory visits every two weeks with the provider present. The consumer-directed attendant care provider shall complete Form 470-4389, Consumer-Directed Attendant Care (CDAC) Service Record, for each day of service. The service activities shall not include parenting or child care for or on behalf of the member or on behalf of the provider. The member, parent, guardian, or attorney in fact under a durable power of attorney for health care and the provider shall complete, sign, and date Form 470-3372, HCBS Consumer-Directed Attendant Care Agreement. A copy of the completed agreement shall be attached to the service plan and kept in the member's records. If the member has a guardian or attorney in fact under a durable power of attorney for health care, the care plan shall address how consumer-directed attendant care services will be monitored to ensure the member's needs are being adequately met. If the guardian or attorney in fact is the service provider, the service plan shall address how the service worker or case manager shall oversee service provision.

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

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

**Frequency of Verification:**

Every four years

**Appendix C: Participant Services****C-1/C-3: Provider Specifications for Service**

**Service Type:** Other Service

**Service Name:** Consumer Directed Attendant Care - Skilled

**Provider Category:**

Individual

**Provider Type:**

Any individual who contracts with the member

**Provider Qualifications**

**License (specify):**

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

An individual who contracts with the member to provide attendant care service and who is:

1. At least 18 years of age, and
2. Qualified or trained to carry out the member's plan of care pursuant to the department's approved plan.
3. Not the spouse of the member or a parent or stepparent of a member aged 17 or under.
4. Not the recipient of respite services paid through home- and community-based services on behalf of a member who receives home- and community-based services.
5. All CDAC provider applicants must go through a criminal and adult/child abuse background check prior to enrollment. A provider may be disenrolled if an individual is convicted of any criminal activity or has a founded abuse record.

For this service the department the specific standards for subcontracts or providers regarding training, age limitations, experience or education are indicated above. Contracting agencies are responsible to ensure that the contractor is qualified and reliable. Service workers are responsible to monitor service provision to ensure services are provided in a safe and effective manner.

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

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

**Frequency of Verification:**

Every four years

**Appendix C: Participant Services****C-1/C-3: Provider Specifications for Service**

**Service Type: Other Service**

**Service Name: Consumer Directed Attendant Care - Skilled**

**Provider Category:**

Agency

**Provider Type:**

Assisted Living Program

**Provider Qualifications****License (specify):****Certificate (specify):**

Assisted living programs that are certified by the Iowa department of inspections and appeals under 481—Chapter 69.

**Other Standard (specify):****Verification of Provider Qualifications****Entity Responsible for Verification:**

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

**Frequency of Verification:**

Every four years

**Appendix C: Participant Services****C-1/C-3: Provider Specifications for Service**

**Service Type: Other Service**

**Service Name: Consumer Directed Attendant Care - Skilled****Provider Category:**

Agency

**Provider Type:**

Home Care Provider

**Provider Qualifications****License (specify):**

**Certificate (specify):**

**Other Standard (specify):**

Home care providers that have a contract with the department of public health or have written certification from the department of public health stating they meet the home care standards and requirements set forth in Iowa Administrative Code 641—80.5(135), 641—80.6(135), and 641—80.7(135).

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

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

**Frequency of Verification:**

Every four years

**Appendix C: Participant Services****C-1/C-3: Provider Specifications for Service****Service Type: Other Service****Service Name: Consumer Directed Attendant Care - Skilled****Provider Category:**

Agency

**Provider Type:**

Chore Provider

**Provider Qualifications****License (specify):**

**Certificate (specify):**

**Other Standard (specify):**

Chore providers subcontracting with area agencies on aging or with letters of approval from the area agencies on aging stating that the organization is qualified to provide chore services. Service workers are responsible to monitor service provision to ensure services are provided in a safe and effective manner.

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

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

**Frequency of Verification:**

Every four years

**Appendix C: Participant Services****C-1/C-3: Provider Specifications for Service**

---

**Service Type: Other Service**  
**Service Name: Consumer Directed Attendant Care - Skilled**

---

**Provider Category:**Agency **Provider Type:**

Supported Community Living Providers

**Provider Qualifications****License (specify):**


---

**Certificate (specify):**

Providers certified by the Department's Home and Community Based Services Quality Oversight Unit to provide Supported Community Living under the Intellectual Disability or Brain Injury Waiver as described in IAC 441 Chapters 77.37 and 77.39.

**Other Standard (specify):**


---

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

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

**Frequency of Verification:**

Every four years

---

## Appendix C: Participant Services

---

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

---

**Service Type: Other Service**  
**Service Name: Consumer Directed Attendant Care - Skilled**

---

**Provider Category:**Agency **Provider Type:**

Home Health Agency

**Provider Qualifications****License (specify):**


---

**Certificate (specify):**

In accordance with IAC 441-Chapter 77: home health agencies are eligible to participate with Iowa Medicaid provided they are certified to participate in the Medicare program (Title XVII of the Social Security Act sections 1861(o) and 1891). These sections establish the conditions that an HHA must meet in order to participate in Medicare.

**Other Standard (specify):**


---

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

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

**Frequency of Verification:**

Every four years

---

## Appendix C: Participant Services

---

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

---

**Service Type: Other Service**  
**Service Name: Consumer Directed Attendant Care - Skilled**

---

**Provider Category:**

Agency

**Provider Type:**

Adult Day Services Provider

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

Adult day service providers that are certified by the Department of Inspections and Appeals under 481—Chapter 70.

**Other Standard (specify):**

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

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

**Frequency of Verification:**

Every four years

---

## Appendix C: Participant Services

### C-1/C-3: Service Specification

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

**Service Type:**

Other Service

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

**Service Title:**

Consumer-Directed Attendant Care - Unskilled

**HCBS Taxonomy:**

**Category 1:**

**Sub-Category 1:**

**Category 2:**

**Sub-Category 2:**

**Category 3:**

**Sub-Category 3:**

**Category 4:**

**Sub-Category 4:**

**Service Definition (Scope):**

Consumer-directed attendant care services are service activities performed by a person to help a member with self-care tasks which the member would typically do independently if the member were otherwise able. This service may be provided in the private residence or assisted living. This service is not a duplication of Home Health Aide or Homemaker services; and is monitored by the service worker manager as part of inclusion in the member's plan. The service activities may include helping the member with any of the following non-skilled service activities:

- 1) Dressing.
- 2) Bath, shampoo, hygiene, and grooming.
- 3) Access to and from bed or a wheelchair, transferring, ambulation, and mobility in general.
- 4) Toilet assistance, including bowel, bladder, and catheter assistance.
- 5) Meal preparation, cooking, eating and feeding but not the cost of meals themselves.
- 6) Housekeeping services which are essential to the member's health care at home, includes shopping and laundry.
- 7) Medications ordinarily self-administered including those ordered by a physician or other qualified health care provider.
- 8) Wound care.
- 9) Assistance needed to go to or return from a place of employment and assistance with job related tasks while the member is on the job site. The cost of transportation for the member and assistance with understanding or performing the essential job functions are not included in member directed attendant care services.
- 10) Tasks such as financial management and scheduling that require cognitive or physical assistance.
- 11) Communication essential to the health and welfare of the member, through interpreting and reading services and use of assistive devices for communication.
- (12) Using transportation essential to the health and welfare of the member. The cost of the transportation is not included.

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

A unit of service is 15 minutes. The member's plan of care will address how the member's health care needs are being met. The service worker will monitor the plan.

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

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

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

- Legally Responsible Person
- Relative
- Legal Guardian

**Provider Specifications:**

Provider Category	Provider Type Title
Agency	Chore
Agency	Home Health Agency
Agency	Adult Day Service Providers
Agency	Supported Community Living
Agency	Community Action Agency
Agency	Home Care Provider
Individual	Any individual who contracts with the member
Agency	Assisted Living Programs

**Appendix C: Participant Services**

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

**Service Type: Other Service**

**Service Name: Consumer-Directed Attendant Care - Unskilled****Provider Category:**

Agency

**Provider Type:**

Chore

**Provider Qualifications****License (specify):**

**Certificate (specify):**

**Other Standard (specify):**

IAC 17—4.4(231)Area agencies on aging.

4.4(1)Designation. The department shall designate for each planning and service area an entity to serve as the area agency on aging in accordance with Older Americans Act requirements.

For this service the department does not have specific standards for subcontracts or providers regarding training, age limitations, experience or education. Contracting agencies are responsible to ensure that the contractor is qualified and reliable. Service workers are responsible to monitor service provision to ensure services are provided in a safe and effective manner.

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

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

**Frequency of Verification:**

Every four years

**Appendix C: Participant Services****C-1/C-3: Provider Specifications for Service****Service Type: Other Service****Service Name: Consumer-Directed Attendant Care - Unskilled****Provider Category:**

Agency

**Provider Type:**

Home Health Agency

**Provider Qualifications****License (specify):**

**Certificate (specify):**

**Other Standard (specify):**

In accordance with IAC 441-Chapter 77: home health agencies are eligible to participate with Iowa Medicaid provided they are certified to participate in the Medicare program (Title XVII of the Social Security Act sections 1861(o) and 1891). These sections establish the conditions that an HHA must meet in order to participate in Medicare.

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

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

**Frequency of Verification:**

Every four years

**Appendix C: Participant Services**

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

**Service Type: Other Service**

**Service Name: Consumer-Directed Attendant Care - Unskilled**

**Provider Category:**

Agency

**Provider Type:**

Adult Day Service Providers

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

Adult Day service providers certified by the Department of Inspections and Appeals under IAC 481 - Chapter 70.

**Other Standard (specify):**

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

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

**Frequency of Verification:**

Every four years

**Appendix C: Participant Services**

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

**Service Type: Other Service**

**Service Name: Consumer-Directed Attendant Care - Unskilled**

**Provider Category:**

Agency

**Provider Type:**

Supported Community Living

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

Providers certified by the Department's Home and Community Based Services Quality Oversight Unit to provide Supported Community Living under the Intellectual Disability or Brain Injury Waiver as described in IAC 441 Chapters 77.37 and 77.39.

**Other Standard (specify):**

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

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

**Frequency of Verification:**

Every four years

## Appendix C: Participant Services

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

**Service Type:** Other Service

**Service Name:** Consumer-Directed Attendant Care - Unskilled

**Provider Category:**

Agency

**Provider Type:**

Community Action Agency

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

**Other Standard (specify):**

Community action agencies as designated in Iowa Code section 216A.93.

216A.92 Division of community action agencies.

1. The division of community action agencies is established. The purpose of the division of community action agencies is to strengthen, supplement, and coordinate efforts to develop the full potential of each citizen by recognizing certain community action agencies and supporting certain community-based programs delivered by community action agencies.

2. The division shall do all of the following:

- a. Provide financial assistance for community action agencies to implement community action programs, as permitted by the community service block grant and subject to the funding made available for the program.
- b. Administer the community services block grant, the low-income energy assistance block grants, department of energy funds for weatherization, and other possible funding sources. If a political subdivision is the community action agency, the financial assistance shall be allocated to the political subdivision.
- c. Implement accountability measures for its programs and require regular reporting on the measures by the community action agencies.
- d. Issue an annual report to the governor and general assembly by July 1 of each year.

For this service the department does not have specific standards for subcontracts or providers regarding training, age limitations, experience or education. Contracting agencies are responsible to ensure that the contractor is qualified and reliable. Service workers are responsible to monitor service provision to ensure services are provided in a safe and effective manner.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

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

**Frequency of Verification:**

Every four years

## Appendix C: Participant Services

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

**Service Type:** Other Service

**Service Name:** Consumer-Directed Attendant Care - Unskilled

**Provider Category:**

Agency

**Provider Type:**

Home Care Provider

**Provider Qualifications****License (specify):**

	□
	□

**Certificate (specify):**

	□
	□

**Other Standard (specify):**

Home care providers that have a contract with the department of public health or have written certification from the department of public health stating they meet the home care standards and requirements set forth in Iowa Administrative Code 641—80.5(135), 641—80.6(135), and 641—80.7(135).

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

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

**Frequency of Verification:**

Every four years

**Appendix C: Participant Services****C-1/C-3: Provider Specifications for Service****Service Type: Other Service****Service Name: Consumer-Directed Attendant Care - Unskilled****Provider Category:**

Individual

**Provider Type:**

Any individual who contracts with the member

**Provider Qualifications****License (specify):**

	□
	□

**Certificate (specify):**

	□
	□

**Other Standard (specify):**

An individual who contracts with the member to provide attendant care service and who is:

1. At least 18 years of age, and
2. Qualified or trained to carry out the member's plan of care pursuant to the department's approved plan.
3. Not the spouse of the member or a parent or stepparent of a member aged 17 or under.
4. Not the recipient of respite services paid through home- and community-based services on behalf of a member who receives home- and community-based services.
5. All CDAC provider applicants must go through a criminal and adult/child abuse background check prior to enrollment. A provider may be disenrolled if an individual is convicted of any criminal activity or has a founded abuse record.

For this service the department the specific standards for subcontracts or providers regarding training, age limitations, experience or education are indicated above. Contracting agencies are responsible to ensure that the contractor is qualified and reliable. Service workers are responsible to monitor service provision to ensure services are provided in a safe and effective manner.

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

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

**Frequency of Verification:**

Every four years

## Appendix C: Participant Services

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

**Service Type:** Other Service

**Service Name:** Consumer-Directed Attendant Care - Unskilled

**Provider Category:**

Agency

**Provider Type:**

Assisted Living Programs

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

Assisted living programs that are certified by the Department of Inspections and Appeals under IAC 481—Chapter 69.

For this service the department does not have specific standards for subcontracts or providers regarding training, age limitations, experience or education. Contracting agencies are responsible to ensure that the contractor is qualified and reliable. Service3 workers are responsible to monitor service provision to ensure services are provided in a safe and effective manner.

**Other Standard (specify):**

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

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

**Frequency of Verification:**

Every four years

## Appendix C: Participant Services

### C-1/C-3: Service Specification

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

**Service Type:**

Other Service

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

**Service Title:**

Counseling Service

**HCBS Taxonomy:**

**Category 1:**

**Sub-Category 1:**

:

:

**Category 2:**

**Sub-Category 2:**

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

**Service Definition (Scope):**

Counseling services are face-to-face mental health services provided to the member and caregiver by a mental health professional as defined in rule 441 - 24.1(225C) to facilitate home management and prevent institutionalization. Counseling services are non-psychiatric services necessary for the management of depression, assistance with the grief process, alleviation of psychosocial isolation and support in coping with a disability or illness, including terminal illness. Counseling services may be provided both for the purpose of training the member's family or other caregiver to provide care and for the purpose of helping the member and those caring for the member to adjust to the member's disability or terminal condition. Counseling services may be provided to the member's caregiver only when included in the case plan for the member.

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

A unit of individual counseling for the waiver member or the waiver member and the member's caregiver is 15 minutes. A unit group counseling is 15 minutes. Payment for group counseling is based on the group rate divided by six, or if the number of persons who comprise the groups exceeds six, the actual number of persons who comprise the group. The individuals' plan of care will address how the consumer health care needs are being met. The services must be authorized in the service plan. The service worker will monitor the plan.

The individuals' plan of care will address how the member health care needs are being met. The Iowa Department of Human Services, service worker will monitor the plan. Authorization of this service must be made after assuring that there is no duplication or overlapping of state plan services. Services provided under IDEA or the Rehabilitation Act of 1973 are not available.

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

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

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

- Legally Responsible Person
- Relative
- Legal Guardian

**Provider Specifications:**

Provider Category	Provider Type Title
Agency	Mental Health Service Providers
Agency	Licensed Hospice Agencies
Agency	Community Mental Health Centers

**Appendix C: Participant Services**

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

**Service Type: Other Service**  
**Service Name: Counseling Service**

**Provider Category:**

Agency

**Provider Type:**

Mental Health Service Providers

**Provider Qualifications****License (specify):**

--

**Certificate (specify):**

Accredited under the Mental Health Service provider standards set forth in Iowa Administrative Code 441

**Other Standard (specify):**

Providers must be:

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

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

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

**Frequency of Verification:**

Every four years

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

Agency

**Provider Type:**

Licensed Hospice Agencies

**Provider Qualifications****License (specify):**

Licensed by the Iowa Department of Inspection and Appeals

**Certificate (specify):**

--

**Other Standard (specify):**

Providers must be:

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

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

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

**Frequency of Verification:**

Every four years

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

Agency

**Provider Type:**

Community Mental Health Centers

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

Certified Community Health Center that meets the standards set in Iowa Code 249A.4

**Other Standard (specify):**

Providers must be:

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

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

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

**Frequency of Verification:**

Every four years

**Appendix C: Participant Services**

**C-1/C-3: Service Specification**

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

**Service Type:**

Other Service

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

**Service Title:**

Home and Vehicle Modification

**HCBS Taxonomy:**

**Category 1:**

**Sub-Category 1:**

**Category 2:**

**Sub-Category 2:**

**Category 3:**

**Sub-Category 3:**

**Category 4:**

**Sub-Category 4:**

**Service Definition (Scope):**

Covered home and vehicle modifications are physical modifications to the member's home or vehicle that directly address the member's medical or remedial need. Covered modifications must be necessary to provide for the health, welfare, or safety of the member and enable the member to function with greater independence in the home or vehicle.

a. Modifications that are necessary or desirable without regard to the member's medical or remedial need and that would be expected to increase the fair market value of the home or vehicle, such as furnaces, fencing, or

adding square footage to the residence, are excluded except as specifically included below. Purchasing or leasing of a motorized vehicle is excluded. Home and vehicle modifications are not furnished to adapt living arrangements that are owned or leased by providers of waiver services. Modifications may be made to privately owned rental properties. Home and vehicle repairs are also excluded. Purchase or lease of a vehicle and regularly scheduled upkeep and maintenance of a vehicle is not allowable.

b. Only the following modifications are covered:

- (1) Kitchen counters, sink space, cabinets, special adaptations to refrigerators, stoves, and ovens.
- (2) Bathtubs and toilets to accommodate transfer, special handles and hoses for shower heads, water faucet controls, and accessible showers and sink areas.
- (3) Grab bars and handrails.
- (4) Turnaround space adaptations.
- (5) Ramps, lifts, and door, hall and window widening.
- (6) Fire safety alarm equipment specific for disability.
- (7) Voice-activated, sound-activated, light-activated, motion-activated, and electronic devices directly related to the member's disability.
- (8) Vehicle lifts, driver-specific adaptations, remote-start systems, including such modifications already installed in a vehicle.
- (9) Keyless entry systems.
- (10) Automatic opening device for home or vehicle door.
- (11) Special door and window locks.
- (12) Specialized doorknobs and handles.
- (13) Plexiglas replacement for glass windows.
- (14) Modification of existing stairs to widen, lower, raise or enclose open stairs.
- (15) Motion detectors.
- (16) Low-pile carpeting or slip-resistant flooring.
- (17) Telecommunications device for the deaf.
- (18) Exterior hard-surface pathways.
- (19) New door opening.
- (20) Pocket doors.
- (21) Installation or relocation of controls, outlets, switches.
- (22) Air conditioning and air filtering if medically necessary.
- (23) Heightening of existing garage door opening to accommodate modified van.
- (24) Bath chairs.

All modifications and adaptations shall be provided in accordance with applicable federal, state, and local building and vehicle codes. Services shall be performed following prior department approval of the modification as specified in 441 - sub-rule 79.1(17) and a binding contract between the provider and the member. All contracts for home or vehicle modification shall be awarded through competitive bidding.

Home modifications will not be furnished to adapt living arrangements that are owned or leased by providers of waiver services including an assisted living facility.

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

A unit of service is the completion of needed modifications or adaptations. HVM within the HD waiver is limited to a \$6,366.64 per year. The member's plan of care will address how the member's health care needs are being met. Services must be authorized in the service plan by the service worker.

When the member has reached the upper limit of \$6,366.64 per year, the service worker may assist the member to seek out other funding streams that may be available to assist them such as grants or other volunteer agencies that may assist.

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

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

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

- Legally Responsible Person
- Relative
- Legal Guardian

**Provider Specifications:**

Provider Category	Provider Type Title
Agency	HVM Providers Enrolled under Other Waivers
Agency	Area Agencies on Aging
Agency	Community Business

**Appendix C: Participant Services****C-1/C-3: Provider Specifications for Service****Service Type: Other Service****Service Name: Home and Vehicle Modification****Provider Category:**

Agency

**Provider Type:**

HVM Providers Enrolled under Other Waivers

**Provider Qualifications****License (specify):**

**Certificate (specify):**

**Other Standard (specify):**

Providers enrolled to participate as HVM providers under the Health and Disability Waiver (formerly the Ill and Handicapped waiver) as described in IAC 441 Chapter 30:

- a. Area agencies on aging as designated in 17—4.4(231).
- b. Community action agencies as designated in Iowa Code section 216A.93.
- c. Providers eligible to participate as home and vehicle modification providers under the elderly waiver, enrolled as home and vehicle modification providers under the physical disability waiver, or certified as home and vehicle modification providers under the home- and community-based services intellectual disability or brain injury waiver.
- d. Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, and that submit verification of current liability and workers' compensation coverage.

Enrolled as HVM providers under the Physical Disability Waiver as described in IAC 441 41:

- a. Providers eligible to participate as home and vehicle modification providers under the elderly or health and disability waiver or certified as home and vehicle modification providers under the home- and community-based services intellectual disability or brain injury waiver.
- b. Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations and that submit verification of current liability and workers' compensation insurance.

Enrolled to provide HVM services under the Elderly Waiver described in IAC 441 Chapter 33:

- a. Area agencies on aging as designated in 17—4.4(231).
- b. Community action agencies as designated in Iowa Code section 216A.93.
- c. Providers eligible to participate as home and vehicle modification providers under the health and disability waiver, enrolled as home and vehicle modification providers under the physical disability waiver, or certified as home and vehicle modification providers under the home- and community-based services intellectual disability or brain injury waiver.
- d. Community businesses that have all necessary licenses and permits to operate in conformity with federal, state, and local laws and regulations, and that submit verification of current liability and workers' compensation coverage.

Enrolled to provide HVM services under the Brain Injury Waiver as described in IAC 441 Chapter 39:

a. Providers eligible to participate as home and vehicle modification providers under the elderly or health and disability waiver, enrolled as home and vehicle modification providers under the physical disability waiver, or certified as home and vehicle modification providers under the physical disability waiver.

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

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

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

**Frequency of Verification:**

Every four years

## Appendix C: Participant Services

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

**Service Type: Other Service**

**Service Name: Home and Vehicle Modification**

**Provider Category:**

Agency

**Provider Type:**

Area Agencies on Aging

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

**Other Standard (specify):**

Area agencies on aging as designated according to department on aging rules IAC 17—4.4(231)

IAC 17—4.4(231)Area agencies on aging.

4.4(1)Designation. The department shall designate for each planning and service area an entity to serve as the area agency on aging in accordance with Older Americans Act requirements. The department may, in its discretion, designate one area agency on aging to serve more than one planning and service area.4.4(2)Designation requirements for units of general purpose local government. Whenever the department designates a new area agency on aging after the date of enactment of the Older Americans Act Amendments of 1984 or designates an existing area agency on aging, the department shall give the right of first refusal to a unit of general purpose local government if:

- a. The unit of general purpose local government can meet the requirements established to serve as an area agency on aging pursuant to state and federal law; and
- b. The unit of general purpose local government's geographical boundaries and the geographical boundaries of the planning and service area are reasonably contiguous.

4.4(3)Qualifications to serve. Any entity applying for designation as an area agency on aging must have the capacity to perform all functions of an area agency on aging as outlined in the Older Americans Act and Iowa Code chapter 231. An area agency on aging shall be any one of the following:

- a. An established office of aging operating within a planning and service area;
- b. Any office or agency of a unit of general purpose local government, which is designated to function only for the purpose of serving as an area agency on aging by the chief elected official of such unit;
- c. Any office or agency designated by the appropriate chief elected officials of any combination of units of general purpose local government to act only on behalf of such combination for such purpose;

d. Any public or nonprofit private agency in a planning and service area, or any separate organizational unit within such agency, which for designation purposes is under the supervision or direction of the department and which can and will engage only in the planning or provision of a broad range of supportive services or nutrition services within such planning and service area; or  
 e. Any other entity authorized by the Older Americans Act.

4.4(8) Official designation. An entity shall be designated the area agency on aging upon the commission's acceptance of the department's proposed recommendation for designation, the commission's approval of the area agency on aging area plan, and execution of the associated contract between the department and the area agency on aging. Official designation of an area agency on aging shall not occur until final disposition of all appeals.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

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

**Frequency of Verification:**

Every four years

## Appendix C: Participant Services

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

**Service Type:** Other Service

**Service Name:** Home and Vehicle Modification

**Provider Category:**

Agency

**Provider Type:**

Community Business

**Provider Qualifications**

**License (specify):**

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

**Certificate (specify):**

**Other Standard (specify):**

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

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

**Frequency of Verification:**

Every four years

## Appendix C: Participant Services

### C-1/C-3: Service Specification

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

**Service Type:**

Other Service

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

**Service Title:**  
Home Delivered Meals

**HCBS Taxonomy:**

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

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

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

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

**Service Definition (Scope):**

Home delivered meals are meals prepared elsewhere and delivered to a waiver 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 of the National Research Council of the National Academy of Sciences. The meal may be a liquid supplement which meets the minimum one third standard.

When a restaurant provides the home delivered meal, the member is required to have nutritional consultation. The nutritional consultation includes contact with the restaurant to explain the dietary needs of the member and explain that constitutes the minimum one third daily dietary allowance.

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

A maximum of 14 meals is allowed per week. A unit of service is a meal. The members' plan of care will address how the member's health care needs are being met. Services must be authorized in the service plan. The service worker will monitor the plan.

Services will be monitored by the service worker through the service plan to avoid duplication with other services such as with homemaker and consumer-directed attendant care. While homemaker and CDAC may cover meal prep and clean up; home delivered meals covers the cost of food which is not covered under any other waiver service.

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

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

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

- Legally Responsible Person
- Relative
- Legal Guardian

**Provider Specifications:**

Provider Category	Provider Type Title
Agency	Home Health Agencies
Agency	Nursing Facilities
Agency	Subcontractor with Area Agencies on Aging
Agency	Hospitals

Provider Category	Provider Type Title
Individual	Assisted Living Facilities
Agency	Area Agencies on Aging
Agency	Medical Equipment and Supply Dealers
Agency	Home Care Agencies
Agency	Community Action Agencies
Agency	Restaurants

**Appendix C: Participant Services**

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

**Service Type: Other Service**  
**Service Name: Home Delivered Meals**

**Provider Category:**

Agency

**Provider Type:**

Home Health Agencies

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

Home care providers meeting the standards set forth in subrule 77.33(4):

- a. Certified as a home health agency under Medicare, or
- b. Authorized to provide similar services through a contract with the Iowa department of public health (IDPH) for local public health services. The agency must provide a current IDPH local public health services contract number.

**Other Standard (specify):**

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

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

**Frequency of Verification:**

Every four years

**Appendix C: Participant Services**

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

**Service Type: Other Service**  
**Service Name: Home Delivered Meals**

**Provider Category:**

Agency

**Provider Type:**

Nursing Facilities

**Provider Qualifications**

**License (specify):**

Licensed pursuant to Iowa Code Chapter 135C and qualifying for Medicaid enrollment as described in IAC 441 Chapter 81.

**Certificate (specify):**

**Other Standard (specify):**

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

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

**Frequency of Verification:**

Every four years

**Appendix C: Participant Services****C-1/C-3: Provider Specifications for Service****Service Type: Other Service****Service Name: Home Delivered Meals****Provider Category:**

Agency

**Provider Type:**

Subcontractor with Area Agencies on Aging

**Provider Qualifications****License (specify):****Certificate (specify):****Other Standard (specify):**

Home-delivered meals providers subcontracting with area agencies on aging or with letters of approval from the Area Agencies on Aging stating the organization is qualified to provide home-delivered meals services.

IAC 17—4.4(231)Area agencies on aging.

4.4(1)Designation. The department shall designate for each planning and service area an entity to serve as the area agency on aging in accordance with Older Americans Act requirements. The department may, in its discretion, designate one area agency on aging to serve more than one planning and service area.

4.4(2)Designation requirements for units of general purpose local government. Whenever the department designates a new area agency on aging after the date of enactment of the Older Americans Act Amendments of 1984 or designates an existing area agency on aging, the department shall give the right of first refusal to a unit of general purpose local government if:

- a. The unit of general purpose local government can meet the requirements established to serve as an area agency on aging pursuant to state and federal law; and
- b. The unit of general purpose local government's geographical boundaries and the geographical boundaries of the planning and service area are reasonably contiguous.

4.4(3)Qualifications to serve. Any entity applying for designation as an area agency on aging must have the capacity to perform all functions of an area agency on aging as outlined in the Older Americans Act and Iowa Code chapter 231. An area agency on aging shall be any one of the following:

- a. An established office of aging operating within a planning and service area;
- b. Any office or agency of a unit of general purpose local government, which is designated to function only for the purpose of serving as an area agency on aging by the chief elected official of such unit;
- c. Any office or agency designated by the appropriate chief elected officials of any combination of units of general purpose local government to act only on behalf of such combination for such purpose;
- d. Any public or nonprofit private agency in a planning and service area, or any separate organizational unit within such

agency, which for designation purposes is under the supervision or direction of the department and which can and will engage only in the planning or provision of a broad range of supportive services or nutrition services within such planning and service area; or  
 e. Any other entity authorized by the Older Americans Act.

4.4(8)Official designation. An entity shall be designated the area agency on aging upon the commission’s acceptance of the department’s proposed recommendation for designation, the commission’s approval of the area agency on aging area plan, and execution of the associated contract between the department and the area agency on aging. Official designation of an area agency on aging shall not occur until final disposition of all appeals.

For this service the department does not have specific standards for subcontracts or providers regarding training, age limitations, experience or education, other than what would be contained in statute or administrative rules for this provider. Contracting agencies are responsible to ensure that the contractor is qualified and reliable. Service workers are responsible to monitor service provision to ensure services are provided in a safe and effective manner.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

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

**Frequency of Verification:**

Every four years

**Appendix C: Participant Services**

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

**Service Type: Other Service**

**Service Name: Home Delivered Meals**

**Provider Category:**

Agency

**Provider Type:**

Hospitals

**Provider Qualifications**

**License (specify):**

Enrolled as a Medicaid Provider as described in IAC 441 Chapter 77.3: All hospitals licensed in the state of Iowa or in another state and certified as eligible to participate in Part A of the Medicare program (Title XVIII of the Social Security Act) are eligible to participate in the medical assistance program, subject to the additional requirements of this rule.

**Certificate (specify):**

**Other Standard (specify):**

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

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

**Frequency of Verification:**

Every four years

**Appendix C: Participant Services**

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

**Service Type: Other Service**

**Service Name: Home Delivered Meals****Provider Category:**

Individual

**Provider Type:**

Assisted Living Facilities

**Provider Qualifications****License (specify):**

**Certificate (specify):**

Assisted living programs that are certified by the Department of Inspections and Appeals under 481—Chapter 69.

**Other Standard (specify):**

For this service the department does not have specific standards for subcontracts or providers regarding training, age limitations, experience or education than what would be contained in IAC 481-chapter 69. Contracting agencies are responsible to ensure that the contractor is qualified and reliable. Service workers are responsible to monitor service provision to ensure services are provided in a safe and effective manner.

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

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

**Frequency of Verification:**

Every four years

**Appendix C: Participant Services****C-1/C-3: Provider Specifications for Service****Service Type: Other Service****Service Name: Home Delivered Meals****Provider Category:**

Agency

**Provider Type:**

Area Agencies on Aging

**Provider Qualifications****License (specify):**

**Certificate (specify):**

**Other Standard (specify):**

Area agencies on aging as designated according to department on aging rules IAC 17—4.4(231)

IAC 17—4.4(231)Area agencies on aging.

4.4(1)Designation. The department shall designate for each planning and service area an entity to serve as the area agency on aging in accordance with Older Americans Act requirements. The department may, in its discretion, designate one area agency on aging to serve more than one planning and service area.

4.4(2)Designation requirements for units of general purpose local government. Whenever the department designates a new area agency on aging after the date of enactment of the Older Americans Act Amendments of 1984 or designates an existing area agency on aging, the department shall give the right of first refusal to a unit of general purpose local government if:

- a. The unit of general purpose local government can meet the requirements established to serve as an area agency on aging pursuant to state and federal law; and
- b. The unit of general purpose local government's geographical boundaries and the geographical

boundaries of the planning

and service area are reasonably contiguous.

4.4(3)Qualifications to serve. Any entity applying for designation as an area agency on aging must have the capacity to perform all functions of an area agency on aging as outlined in the Older Americans Act and Iowa Code chapter 231. An area agency on aging shall be any one of the following:

- a. An established office of aging operating within a planning and service area;
- b. Any office or agency of a unit of general purpose local government, which is designated to function only for the purpose of serving as an area agency on aging by the chief elected official of such unit;
- c. Any office or agency designated by the appropriate chief elected officials of any combination of units of general purpose local government to act only on behalf of such combination for such purpose;
- d. Any public or nonprofit private agency in a planning and service area, or any separate organizational unit within such agency, which for designation purposes is under the supervision or direction of the department and which can and will engage only in the planning or provision of a broad range of supportive services or nutrition services within such planning and service area; or
- e. Any other entity authorized by the Older Americans Act.

4.4(8)Official designation. An entity shall be designated the area agency on aging upon the commission's acceptance of the department's proposed recommendation for designation, the commission's approval of the area agency on aging area plan, and execution of the associated contract between the department and the area agency on aging. Official designation of an area agency on aging shall not occur until final disposition of all appeals.

For this service the department does not have specific standards for subcontracts or providers regarding training, age limitations, experience or education, other than what would be contained in statute or administrative rules for this provider. Contracting agencies are responsible to ensure that the contractor is qualified and reliable. Service workers are responsible to monitor service provision to ensure services are provided in a safe and effective manner.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

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

**Frequency of Verification:**

Every four years

## Appendix C: Participant Services

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

**Service Type:** Other Service

**Service Name:** Home Delivered Meals

**Provider Category:**

Agency

**Provider Type:**

Medical Equipment and Supply Dealers

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

Medical equipment and supply dealer certified to participate in the Medicaid program as defined by IAC 441 Chapter 77.10. All dealers in medical equipment and appliances, prosthetic devices and medical supplies in Iowa or in other states are eligible to participate in the program.

**Other Standard (specify):**

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

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

**Frequency of Verification:**

Every four years

**Appendix C: Participant Services**

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

**Service Type: Other Service**

**Service Name: Home Delivered Meals**

**Provider Category:**

Agency

**Provider Type:**

Home Care Agencies

**Provider Qualifications**

**License (specify):**

[Empty text box for license specification]

**Certificate (specify):**

Home care providers meeting the standards set forth in subrule 77.33(4):

- a. Certified as a home health agency under Medicare, or
- b. Authorized to provide similar services through a contract with the Iowa department of public health (IDPH) for local public health services. The agency must provide a current IDPH local public health services contract number.

**Other Standard (specify):**

[Empty text box for other standard specification]

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

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

**Frequency of Verification:**

Every four years

**Appendix C: Participant Services**

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

**Service Type: Other Service**

**Service Name: Home Delivered Meals**

**Provider Category:**

Agency

**Provider Type:**

Community Action Agencies

**Provider Qualifications**

**License (specify):**

[Empty text box for license specification]

**Certificate (specify):**

[Empty text box for certificate specification]

**Other Standard (specify):**

[Empty text box for other standard specification]

Community action agencies as designated in Iowa Code section 216A.93:

216A.92 Division of community action agencies.

1. The division of community action agencies is established. The purpose of the division of community action agencies is to strengthen, supplement, and coordinate efforts to develop the full potential of each citizen by recognizing certain community action agencies and supporting certain community-based programs delivered by community action agencies.
2. The division shall do all of the following:
  - a. Provide financial assistance for community action agencies to implement community action programs, as permitted by the community service block grant and subject to the funding made available for the program.
  - b. Administer the community services block grant, the low-income energy assistance block grants, department of energy funds for weatherization, and other possible funding sources. If a political subdivision is the community action agency, the financial assistance shall be allocated to the political subdivision.
  - c. Implement accountability measures for its programs and require regular reporting on the measures by the community action agencies.
  - d. Issue an annual report to the governor and general assembly by July 1 of each year.

For this service the department does not have specific standards for subcontracts or providers regarding training, age limitations, experience or education, other than what would be contained in statute or administrative rules for this provider. Contracting agencies are responsible to ensure that the contractor is qualified and reliable. Service workers are responsible to monitor service provision to ensure services are provided in a safe and effective manner.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

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

**Frequency of Verification:**

Every four years

## Appendix C: Participant Services

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

**Service Type: Other Service**

**Service Name: Home Delivered Meals**

**Provider Category:**

Agency

**Provider Type:**

Restaurants

**Provider Qualifications**

**License (specify):**

Licensed and inspected under Iowa Code Chapter 137F:

137F.3 Authority to enforce.

1. The director shall regulate, license, and inspect food establishments and food processing plants and enforce this chapter pursuant to rules adopted by the department in accordance with chapter 17A. Municipal corporations shall not regulate, license, inspect, or collect license fees from food establishments and food processing plants, except as provided in this section.

137F.4 License required.

A person shall not operate a food establishment or food processing plant to provide goods or services to the general public, or open a food establishment to the general public, until the appropriate license has been obtained from the regulatory authority. Sale of products at wholesale to outlets not owned by a commissary owner requires a food processing plant license. A license shall expire one year from the date of issue. A license is renewable. All licenses issued under this chapter that are not renewed by the licensee on or before the expiration date shall be subject to a penalty of ten percent per month of the license fee if the license is renewed at a later date.

137F.10 Regular inspections.

The appropriate regulatory authority shall provide for the inspection of each food establishment and food processing plant in this state in accordance with this chapter and with rules adopted pursuant to this chapter in accordance with chapter 17A. A regulatory authority may enter a food establishment or food processing plant at any reasonable hour to conduct an inspection. The manager or person in charge of the food establishment or food processing plant shall afford free access to every part of the premises and render all aid and assistance necessary to enable the regulatory authority to make a thorough and complete inspection. As part of the inspection process, the regulatory authority shall provide an explanation of the violation or violations cited and provide guidance as to actions for correction and elimination of the violation or violations.

**Certificate (specify):**

[Redacted area]

**Other Standard (specify):**

[Redacted area]

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

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

**Frequency of Verification:**

Every four years

**Appendix C: Participant Services**

**C-1/C-3: Service Specification**

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

**Service Type:**

Other Service

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

**Service Title:**

Individual Directed Goods and Services

**HCBS Taxonomy:**

**Category 1:**

**Sub-Category 1:**

[Redacted area]

**Category 2:**

**Sub-Category 2:**

[Redacted area]

**Category 3:**

**Sub-Category 3:**

[Redacted area]

**Category 4:**

**Sub-Category 4:**

[Redacted area]

**Service Definition (Scope):**

Individual-directed goods and services are services, equipment, or supplies not otherwise provided through the Medicaid program that address an assessed need or goal identified in the member's service plan. The item or service shall meet the following requirements:

1. Promote opportunities for community living and inclusion.
2. Increase independence or substitute for human assistance, to the extent the expenditures would otherwise be made for that human assistance.
3. Be accommodated within the member's budget without compromising the member's health and safety.
4. Be provided to the member or directed exclusively toward the benefit of the member.
5. Be the least costly to meet the member's needs.
6. Not be available through another source.

Participants (or guardians) who have chosen the self-direction program must be willing to take on the responsibility of employee supervision and training. Participants or their guardians must review all time cards to ensure accuracy and work with their case manager and ISB to budget services. If a participant is not satisfied with the work of their employee, they have full authority to terminate them as a provider of services.

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

Individual directed goods and services must be documented on the individual budget. The individual budget limit will be based on the service plan and the need for the services available to be converted. A utilization adjustment rate will be applied to the individual budget amount.

The following goods and services may not be purchased using self-directed budget:

1. Child care services.
2. Clothing not related to an assessed medical need.
3. Conference, meeting or similar venue expenses other than the costs of approved services the member needs while attending the conference, meeting or similar venue.
4. Costs associated with shipping items to the member.
5. Experimental and non-FDA-approved medications, therapies, or treatments.
6. Goods or services covered by other Medicaid programs.
7. Home furnishings.
8. Home repairs or home maintenance.
9. Homeopathic treatments.
10. Insurance premiums or copayments.
11. Items purchased on installment payments.
12. Motorized vehicles.
13. Nutritional supplements.
14. Personal entertainment items.
15. Repairs and maintenance of motor vehicles.
16. Room and board, including rent or mortgage payments.
17. School tuition.
18. Service animals.
19. Services covered by third parties or services that are the responsibility of a non-Medicaid program.
20. Sheltered workshop services.
21. Social or recreational purchases not related to an assessed need or goal identified in the member's service plan.
22. Vacation expenses, other than the costs of approved services the member needs while on vacation.

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

- Participant-directed as specified in Appendix E  
 Provider managed

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

- Legally Responsible Person  
 Relative  
 Legal Guardian

**Provider Specifications:**

Provider Category	Provider Type Title
Individual	Individual or businesses

**Appendix C: Participant Services**

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

**Service Type:** Other Service

**Service Name:** Individual Directed Goods and Services

**Provider Category:**

Individual

**Provider Type:**

Individual or businesses

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

**Other Standard (specify):**

All persons providing these services must be at least 18 years of age. All persons must be able to demonstrate to the member the ability to successfully communicate with the member. Individuals and businesses providing services and supports shall have all the necessary licenses required by federal, state and local laws and regulations.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

The member, independant support broker, and the financial management service

**Frequency of Verification:**

Every four years

**Appendix C: Participant Services**

**C-1/C-3: Service Specification**

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

**Service Type:**

Other Service

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

**Service Title:**

Interim Medical Monitoring and Treatment

**HCBS Taxonomy:**

**Category 1:**

**Sub-Category 1:**

**Category 2:**

**Sub-Category 2:**

**Service Definition (Scope):**

**Category 3:**

**Sub-Category 3:**

**Category 4:**

**Sub-Category 4:**

Interim medical monitoring and treatment services are monitoring and treatment of a medical nature requiring specially trained caregivers beyond what is normally available in a day care setting. The services must be needed to allow the member's usual caregivers to be employed or, for a limited period of time, for academic or vocational training of a usual caregiver; due to the hospitalization, treatment for physical or mental illness, or death of a usual caregiver; or during a search for employment by a usual caregiver.

a. Service requirements. Interim medical monitoring and treatment services shall:

- (1) Provide experiences for each member's social, emotional, intellectual, and physical development;
- (2) Include comprehensive developmental care and any special services for a member with special needs; and
- (3) Include medical assessment, medical monitoring, and medical intervention as needed on a regular or emergency basis.

(4) Be in need as ordered by a physician.

(5) Be monitored to assure it is not used as childcare.

b. Interim medical monitoring and treatment services may include supervision to and from school, but not the cost of the transportation.

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

Limitations.

(1) A maximum of 12 one-hour units of service is available per day.

(2) Covered services do not include a complete nutritional regimen.

(3) Interim medical monitoring and treatment services may not duplicate any regular Medicaid or waiver services, including EPSDT services, provided under the state plan.

(4) Interim medical monitoring and treatment services may be provided only in the member's home, in a registered group child care home, in a registered family child care home, in a licensed child care center, or during transportation to and from school.

(5) The staff-to-member ratio shall not be greater than one to six.

d. A unit of service is 15 minutes.

Overlapping of services is avoided by the use of a service worker who manages all services and the entry into the ISIS system. The service worker is required to check to make sure that EPSDT is used whenever possible for children under the age of 21 before going to waiver services. Where there is a potential for overlap, services must first be exhausted under IDEA or the Rehabilitation Act of 1973.

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

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

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

- Legally Responsible Person
- Relative
- Legal Guardian

**Provider Specifications:**

Provider Category	Provider Type Title
Agency	Home Health Agencies
Agency	Child Care Facilities
Agency	Supported Community Living Providers

## Appendix C: Participant Services

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

**Service Type:** Other Service

**Service Name:** Interim Medical Monitoring and Treatment

**Provider Category:**

Agency

**Provider Type:**

Home Health Agencies

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

Home health agencies which are certified to participate in the Medicare program.

**Other Standard (specify):**

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

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

**Frequency of Verification:**

Every four years

## Appendix C: Participant Services

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

**Service Type:** Other Service

**Service Name:** Interim Medical Monitoring and Treatment

**Provider Category:**

Agency

**Provider Type:**

Child Care Facilities

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

**Other Standard (specify):**

Child care facilities, which are defined as child care centers, preschools, or child development homes registered pursuant to 441 —Chapter 110.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

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

**Frequency of Verification:**

Every four years

**Appendix C: Participant Services**

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

**Service Type:** Other Service

**Service Name:** Interim Medical Monitoring and Treatment

**Provider Category:**

Agency

**Provider Type:**

Supported Community Living Providers

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

Supported community living providers certified according to subrule 77.37(14) or 77.39(13).

**Other Standard (specify):**

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

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

**Frequency of Verification:**

Every four years

**Appendix C: Participant Services**

**C-1/C-3: Service Specification**

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

**Service Type:**

Other Service

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

**Service Title:**

Nutritional Counseling

**HCBS Taxonomy:**

**Category 1:**

**Sub-Category 1:**

**Category 2:**

**Sub-Category 2:**

**Category 3:**

**Sub-Category 3:**

**Category 4:**

**Sub-Category 4:**

**Service Definition (Scope):**

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. Standard medical management practices can diagnose the need for nutritional counseling, but may not be equipped by either staff or training to provide the long term, high intensity service provided by a nutritional counselor. Nutritional counseling can be medically necessary for chronic disease management as well as when a member is experiencing problematic weight gain or loss. Members experiencing eating disorders or chemical dependencies, taking certain prescription drugs (IE treating depression or anxiety), and with dietary restrictions benefit from the additional education and experience available with a nutritional counselor.

Nutritional counseling service must be face to face contact and specified in the service plan based on recommendations from a licensed dietitian.

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

A unit of services is 15 minutes. The member's service plan will show if the member's health care needs are being met. The service must be authorized in the service plan and the service worker will monitor the plan.

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

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

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

- Legally Responsible Person
- Relative
- Legal Guardian

**Provider Specifications:**

Provider Category	Provider Type Title
Agency	Community Action Agency
Agency	Nursing Facilities
Agency	Home Health Agencies
Individual	Licensed Dietitians
Agency	Hospitals

**Appendix C: Participant Services**

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

**Service Type: Other Service**  
**Service Name: Nutritional Counseling**

**Provider Category:**

Agency

**Provider Type:**

Community Action Agency

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

Community action agencies as designated in Iowa Code section 216A.93.

**Other Standard (specify):**

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

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

**Frequency of Verification:**

Every four years

**Appendix C: Participant Services**

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

**Service Type: Other Service**

**Service Name: Nutritional Counseling**

**Provider Category:**

Agency

**Provider Type:**

Nursing Facilities

**Provider Qualifications**

**License (specify):**

Licensed pursuant to Iowa code chapter 135C and enrolled with Medicaid as described in IAC 441 Chapter 81

**Certificate (specify):**

**Other Standard (specify):**

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

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

**Frequency of Verification:**

Every four years

**Appendix C: Participant Services**

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

**Service Type: Other Service**

**Service Name: Nutritional Counseling**

**Provider Category:**

Agency

**Provider Type:**

Home Health Agencies

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

In accordance with IAC 441-Chapter 77: home health agencies are eligible to participate with Iowa Medicaid provided they are certified to participate in the Medicare program (Title XVII of the Social Security Act sections 1861(o) and 1891). These sections establish the conditions that an HHA must meet in order to participate in Medicare.

**Other Standard (specify):**

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

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

**Frequency of Verification:**

Every four years

**Appendix C: Participant Services**

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

**Service Type: Other Service**

**Service Name: Nutritional Counseling**

**Provider Category:**

Individual

**Provider Type:**

Licensed Dietitians

**Provider Qualifications**

**License (specify):**

Independent licensed dietitians under IAC 645—Chapter 81.

**Certificate (specify):**

**Other Standard (specify):**

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

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

**Frequency of Verification:**

Every four years

**Appendix C: Participant Services**

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

**Service Type: Other Service**

**Service Name: Nutritional Counseling**

**Provider Category:**

Agency

**Provider Type:**

Hospitals

**Provider Qualifications**

**License (specify):**

Hospitals enrolled as Medicaid providers employing a dietitian licensed under 645—Chapter 81. The hospital must be an enrolled Medicaid provider as described in IAC 441 Chapter 77.3.

**Certificate (specify):**

**Other Standard (specify):**

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

Iowa Department of Human Services, Iowa Medicaid Enterprise, Provider Services Unit  
**Frequency of Verification:**  
 Every four years

## Appendix C: Participant Services

### C-1/C-3: Service Specification

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

**Service Type:**

Other Service

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

**Service Title:**

Personal Emergency Response

**HCBS Taxonomy:**

**Category 1:**

**Sub-Category 1:**

**Category 2:**

**Sub-Category 2:**

**Category 3:**

**Sub-Category 3:**

**Category 4:**

**Sub-Category 4:**

**Service Definition (Scope):**

A personal emergency response system is an electronic device that transmits a signal to a central monitoring station to summon assistance in the event of an emergency. The necessary components of a system are:

1. An in-home medical communications transceiver.
2. A remote, portable activator.
3. A central monitoring station with backup systems staffed by trained attendants at all times.
4. Current data files at the central monitoring station containing response protocols and personal, medical, and emergency information for each member.

A portable locator system is an electronic device that transmits a signal to a monitoring device. The system allows a member to access assistance in the event of an emergency and allows law enforcement or the monitoring system provider to locate a member who is unable to request help or to activate a system independently. The member must be unable to access assistance in an emergency situation due to the member's age or disability. The required components of the portable locator system are:

1. A portable communications transceiver or transmitter to be worn or carried by the member.
2. Monitoring by the provider at a central location with response protocols and personal, medical, and emergency information for each member as applicable.

Provider staff are responsible for training members regarding the use of the system; the cost of this service is

included in the charges for installation or monthly fee, depending upon how the provider structures their fee schedule. If necessary, case managers would also assist members in understanding how to utilize the system.

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

A unit of service is a one time installation fee or month of service. Maximum units per state fiscal year shall be one initial installation and 12 months of service. The member's plan of care will address how the member's health care needs are met. Services must be authorized in the service plan. The service worker will monitor the plan.

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

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

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

- Legally Responsible Person
- Relative
- Legal Guardian

**Provider Specifications:**

Provider Category	Provider Type Title
Agency	Emergency Response System Providers

## Appendix C: Participant Services

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

**Service Type:** Other Service  
**Service Name:** Personal Emergency Response

**Provider Category:**

Agency

**Provider Type:**

Emergency Response System Providers

**Provider Qualifications**

**License** (specify):

**Certificate** (specify):

**Other Standard** (specify):

Agencies which meet the conditions of participation for Emergency Response System Providers as set forth in Iowa Administrative Code 77.33(2).

- a. The agency shall provide an electronic component to transmit a coded signal via digital equipment over telephone lines to a central monitoring station. The central monitoring station must operate receiving equipment and be fully staffed by trained attendants, 24 hours a day, seven days per week. The attendants must process emergency calls and ensure the timely notification of appropriate emergency resources to be dispatched to the person in need.
- b. The agency, parent agency, institution or corporation shall have the necessary legal authority to operate in conformity with federal, state and local laws and regulations.
- c. There shall be a governing authority which is responsible for establishing policy and ensuring effective control of services and finances. The governing authority shall employ or contract for an agency administrator to whom authority and responsibility for overall agency administration are delegated.
- d. The agency or institution shall be in compliance with all legislation relating to prohibition of discriminatory practices.

e. There shall be written policies and procedures established to explain how the service operates, agency responsibilities, client responsibilities and cost information.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

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

**Frequency of Verification:**

Every four years

**Appendix C: Participant Services**

**C-1/C-3: Service Specification**

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

**Service Type:**

Other Service

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

**Service Title:**

Self-Directed Community Support and Employment

**HCBS Taxonomy:**

**Category 1:**

**Sub-Category 1:**

**Category 2:**

**Sub-Category 2:**

**Category 3:**

**Sub-Category 3:**

**Category 4:**

**Sub-Category 4:**

**Service Definition (Scope):**

Self-directed community supports and employment are services that support the member in developing and maintaining independence and community integration. These services must be identified in the member's service plan developed by the member's service worker. Services may include payment for social skills development, career placement, vocational planning, and independent daily living activity skill development. The outcome of this service is to maintain integrated living in the community or to sustain competitive employment at or above the minimum wage in an integrated setting in the general workforce, in a job that meets personal and career goals.

Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following: 1) incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment; or 2) payments that are passed through to users of supported employment services.

Transportation may be covered for members from their place of residence and the employment site as a component of this service and the cost may be included in the rate.

The following are examples of supports a member can purchase to help the member live and work in the community:

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

Participants (or guardians) who have chosen the self-direction program must be willing to take on the responsibility of employee supervision and training. Participants or their guardians must review all time cards to ensure accuracy and work with their case manager and ISB to budget services. If a participant is not satisfied with the work of their employee, they have full authority to terminate them as a provider of services.

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

Community support and employment services must be identified on the individual budget plan. The individual budget limit will be based on the member's authorized service plan and the need for the services available to be converted to the CCO budget. The HD waiver allows for the following five waiver services to be converted to create a CCO budget:

1. Consumer-directed attendant care (unskilled).
2. Home and vehicle modification.
3. Basic individual respite care.
4. Home delivered meals.
5. Homemaker services.

A utilization adjustment rate is applied to the individual budget amount. Please see Section E- 2- b ii for details on how the CCO budget is created. Authorization of this service must be made after assuring that there is no duplication or overlapping of state plan services.

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

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

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

- Legally Responsible Person
- Relative
- Legal Guardian

**Provider Specifications:**

Provider Category	Provider Type Title
Individual	Individual or businesses

**Appendix C: Participant Services**

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

**Service Type: Other Service**

**Service Name: Self-Directed Community Support and Employment****Provider Category:**

Individual

**Provider Type:**

Individual or businesses

**Provider Qualifications****License (specify):**

--

**Certificate (specify):**

--

**Other Standard (specify):**

Members who elect the consumer choices option may choose to purchase self-directed community supports and employment from an Have current liability and workers' compensation coverage as required by law.

All personnel providing individual-directed goods and services shall:

- (1) Be at least 18 years of age.
- (2) Be able to communicate successfully with the member.
- (3) 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.
- (4) Not be the recipient of respite services paid through the consumer choices option on behalf of a member who receives the consumer choices option.
- (5) Not be the parent or stepparent of a minor child member or the spouse of a member.

d. The provider of individual-directed goods and services shall:

- (1) Prepare timecards or invoices approved by the department that identify what services were provided and the time when services were provided.
- (2) Submit invoices and time sheets 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 time sheets are received after this 30-day period.

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

the member, the independent support broker, and the financial management service

**Frequency of Verification:**

Every four years

**Appendix C: Participant Services****C-1/C-3: Service Specification**

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

**Service Type:**

Other Service

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

**Service Title:**

Self-directed Personal Care

**HCBS Taxonomy:****Category 1:****Sub-Category 1:**

Category 2:

Sub-Category 2:

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

**Service Definition (Scope):**

Self-directed personal care services are services and/or goods that provide a range of assistance in the member's home or community; activities of daily living and incidental activities of daily living that help the person remain in the home and in their community. Self-directed personal care services are services and/or goods that provide a range of assistance in the member's home or community that they would normally do themselves if they did not have a disability; activities of daily living and incidental activities of daily living that help the person remaining the home and in their community. This assistance may take the form of hands-on assistance (actually performing a task for a person) or cuing to prompt the participant to perform a task. Personal care may be provided on an episodic or on a continuing basis.

Health-related services that are provided may include skilled or nursing care and medication administration to the extent permitted by State law. These services are only available for those that self-direct. The member will have budget authority over self-directed personal care services. The dollar amount available for this service will be based on the needs identified on the service plan. Overlapping of services is avoided by the use of a service worker who manages all services and the entry into the ISIS system. The service worker and interdisciplinary team determine which service is necessary and authorize transportation for both HCBS and self-directed services.

Participants (or guardians) who have chosen the self-direction program must be willing to take on the responsibility of employee supervision and training. Participants or their guardians must review all time cards to ensure accuracy and work with their case manager and ISB to budget services. If a participant is not satisfied with the work of their employee, they have full authority to terminate them as a provider of services.

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

Self-directed personal care services need to be identified on the individual budget plan. The individual budget limit will be based on the service plan and the need for the services available to be converted. A utilization adjustment rate will be applied to the individual budget amount. Transportation costs within this service is billed separately and not included in the scope of personal care. Please see Section E-2- b ii. Authorization of this service must be made after assuring that there is no duplication or overlapping of state plan services.

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

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

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

- Legally Responsible Person
- Relative
- Legal Guardian

**Provider Specifications:**

Provider Category	Provider Type Title
Individual	Individual or businesses

## Appendix C: Participant Services

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

**Service Type:** Other Service

**Service Name:** Self-directed Personal Care

**Provider Category:**

Individual

**Provider Type:**

Individual or businesses

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

**Other Standard (specify):**

All persons providing these services must be at least 16 years of age. All persons must be able to demonstrate to the consumer the ability to successfully communicate with the consumer. Individuals and businesses providing services shall have all the necessary licenses required by federal, state and local laws and regulations. The member and the independent support broker are responsible for determining provider qualifications for the individual employees identified on the individual budget.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

The member, the independent support broker, and the financial management service

**Frequency of Verification:**

Every four years

## Appendix C: Participant Services

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

- b. Provision of Case Management Services to Waiver Participants.** Indicate how case management is furnished to waiver participants (*select one*):
- Not applicable** - Case management is not furnished as a distinct activity to waiver participants.
  - Applicable** - Case management is furnished as a distinct activity to waiver participants.
- Check each that applies:*
- As a waiver service defined in Appendix C-3. *Do not complete item C-1-c.*
  - As a Medicaid State plan service under §1915(i) of the Act (HCBS as a State Plan Option). *Complete item C-1-c.*
  - As a Medicaid State plan service under §1915(g)(1) of the Act (Targeted Case Management). *Complete item C-1-c.*
  - As an administrative activity. *Complete item C-1-c.*
- c. Delivery of Case Management Services.** Specify the entity or entities that conduct case management functions on behalf of waiver participants:

The case management function is performed by Department of Human Services (DHS) Service Workers and the Iowa Child Health Speciality Clinics. The service workers and Iowa Child Health Speciality Clinics are reimbursed through an administrative function of the Department.

## Appendix C: Participant Services

---

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

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

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

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

Iowa code requires that any individual or employee of an agency who provides direct services to members under Home and Community Based Services is required to have a state and national criminal background check.

Agency personal records are reviewed during provider site visits by the HCBS Quality Oversight Unit to ensure checks have been completed. The provider agency is responsible for completing the required waiver to perform the criminal background check and submitting to the Department of Public Safety who conducts the check.

Background checks are rerun anytime there is a complaint related to additional criminal charges against a provider and the Program Integrity Unit runs all individual providers against a Department of Corrections file on a quarterly basis.

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

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

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

Iowa code requires that any employee of an agency who provides direct services to member under Home and Community Based Services is required to be screened for both child and adult abuse. The Department of Human Services maintains this registry. Personnel records are reviewed during provider site visits to ensure screenings have been conducted. The provider agency is responsible for completing the required abuse screening form and submitting it to the Department of Human Service to conduct the screening.

Individual providers are also being screened as explained in C-2a.

## Appendix C: Participant Services

---

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

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

- No. Home and community-based services under this waiver are not provided in facilities subject to §1616(e) of the Act.
- Yes. Home and community-based services are provided in facilities subject to §1616(e) of the Act. The standards that apply to each type of facility where waiver services are provided are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

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

Facility Type	
Residential Care Facility	

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

The following settings criteria apply to residential facilities:

- The setting is integrated in, and facilitates the individual’s full access to, the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, like individuals without disabilities;
- The setting is selected by the individual among all available alternatives and identified in the person-centered service plan;
- An individual’s essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected;
- Individual initiative, autonomy, and independence in making major life choices, including but not limited to, daily activities, physical environment, and with whom to interact are optimized and not regimented; and
- Individual choice regarding services and supports, and who provides them, is facilitated.

In a provider-owned or controlled residential setting, the following additional conditions must be met. Any modifications of the conditions (for example to address the safety needs of an individual with dementia) must be supported by a specific assessed need and documented in the person-centered service plan:

- The unit or room is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that the tenants have under the landlord/tenant laws of the State, county, city, or other designated entity.
- Each individual has privacy in their sleeping or living unit:
  - o Units have lockable entrance doors, with appropriate staff having keys to doors;
  - o Individuals share units only at the individual’s choice; and
  - o Individuals have the freedom to furnish and decorate their sleeping or living units;
- Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time;
- Individuals are able to have visitors of their choosing at any time; and
- The setting is physically accessible to the individual.

Case managers are responsible to ensure that members, regardless of their place of residence, have the full rights and choices available to all waiver members. These rights and choices are not limited when a member chooses to reside in a residential facility. These rights and choices are not dependent upon rules or codes in place to regulate those residences, but the rights and choices are detailed in the IAC rules affecting waiver members. The HCBS QA Oversight Unit reviews providers of waiver services to ensure that the member’s rights and choices are protected.

The department will work with CMS to develop and implement a settings transition plan to meet the new rules for HCBS settings.

## Appendix C: Participant Services

### C-2: Facility Specifications

**Facility Type:**

Residential Care Facility

**Waiver Service(s) Provided in Facility:**

Waiver Service	Provided in Facility
Self-Directed Community Support and Employment	<input type="checkbox"/>
Homemaker	<input type="checkbox"/>
Home Delivered Meals	<input type="checkbox"/>
Consumer Directed Attendant Care - Skilled	<input checked="" type="checkbox"/>
Respite	<input type="checkbox"/>
Nursing	<input checked="" type="checkbox"/>
Independent Support Broker	<input type="checkbox"/>
Individual Directed Goods and Services	<input type="checkbox"/>
Financial Management Services	<input type="checkbox"/>
Adult Day	<input checked="" type="checkbox"/>
Personal Emergency Response	<input checked="" type="checkbox"/>
Nutritional Counseling	<input type="checkbox"/>
Counseling Service	<input type="checkbox"/>
Home and Vehicle Modification	<input type="checkbox"/>
Consumer-Directed Attendant Care - Unskilled	<input checked="" type="checkbox"/>
Self-directed Personal Care	<input type="checkbox"/>
Interim Medical Monitoring and Treatment	<input type="checkbox"/>
Home Health Aide	<input checked="" type="checkbox"/>

**Facility Capacity Limit:**

NA The state does not limit the capacity. The RCF range from five to eighty people

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

Scope of State Facility Standards	
Standard	Topic Addressed
Admission policies	<input checked="" type="checkbox"/>
Physical environment	<input checked="" type="checkbox"/>
Sanitation	<input checked="" type="checkbox"/>
Safety	<input checked="" type="checkbox"/>
Staff : resident ratios	<input checked="" type="checkbox"/>
Staff training and qualifications	<input checked="" type="checkbox"/>
Staff supervision	<input checked="" type="checkbox"/>
Resident rights	<input checked="" type="checkbox"/>
Medication administration	<input checked="" type="checkbox"/>
Use of restrictive interventions	<input checked="" type="checkbox"/>
Incident reporting	<input checked="" type="checkbox"/>
Provision of or arrangement for necessary health services	