Home and Community Based Services (HCBS) 101 Training

Supporting Members in the Community
Objectives

- At the end of this training, individuals will understand the following:
  - HCBS waiver basics
  - Waiver and Habilitation eligibility
  - HCBS programs
  - Allowable Services under HCBS programs
  - Income Maintenance, Service Worker, Case Manager, Iowa Medicaid Enterprise Medical Services and provider roles
What is a HCBS Waiver?

- The HCBS waiver program began in 1981 as a means to correct the “institutional bias” of Medicaid funding

- Federal funding was only available to support individuals living in institutions

- A waiver means the regular Medicaid rules are “waived” such as:
  - **Statewideness** allows States to target waivers to areas of the state where the need is the greatest
  - **Comparability of services** lets states make waiver services available to certain groups at risk of institutionalization
HCBS Waiver services versus State Plan Habilitation services

- Habilitation and waiver services have similar criteria
- Habilitation services do not have a wait list
- Habilitation services are determined by needs and risk based criteria versus level of care
Waiver Basics

- Support individualized services
- Draw down federal money to fund needed services
- Serve adults and children based on the specific waiver criteria
- HCBS programs provide Medicaid funding for community based services
- Requires a set of criteria be met in order to be eligible for HCBS enrollment
- Allow the state to furnish services to members in their communities and avoid institutionalization
Waivers are not...

- Daycare
- Academic education
- Replacement of parental responsibility
- Cadillac service
- The only funding source
Waiver Process and Eligibility

- Centers for Medicare and Medicaid Services (CMS) requires states to complete an application for each waiver.
- Individual states administer their own waiver programs.
- The state completes the application and submits to CMS for approval.
- Waiting lists for some waivers.
- Member must be Medicaid eligible and meet income guidelines.
- Member must meet institutional level of care.
Roles

- **Income Maintenance Worker** – reviews the members application and determines financial eligibility

- **Service Worker or Case Manager** – reviews the members need for services

- **Iowa Medicaid Enterprise Medical Services** – reviews the members level of care based on an assessment tool and accompanying information

- **Providers** – agencies or persons enrolled/certified to provide HCBS services
Iowa Medicaid Home and Community Services

- Health and Disability Waiver
- Physical Disability Waiver
- Children’s Mental Health Waiver
- Elderly Waiver
- Intellectual Disabilities Waiver
- AIDS/HIV Waiver
- Brain Injury Waiver
- Habilitation Services
Health and Disability Waiver Eligibility Requirements

- Under age 65
- Disabled, Supplemental Security Income (SSI), blind/disabled

- Level of Care
  - Nursing Facility
  - Skilled Nursing Facility
  - Intermediate Care Facility/Intellectual Disability
HD Waiver Allowable Services

- Homemaker
- Home Health Aide
- Adult Day Care
- Respite Care
- Consumer Directed Attendant Care (CDAC)
- Home and Vehicle Modification

- Home-delivered Meals
- Counseling
- Interim Medical Monitoring and Treatment
- Nursing
- Nutritional Counseling
- Personal Emergency Response
Physical Disability Eligibility Requirements

- Age 18 through 64
- Have a physical disability as determined by Disability Determination Services and not eligible for Intellectual Disability Waiver

- Level of Care
  - Nursing Facility
  - Skilled Nursing Facility
  - Intermediate Care Facility/Intellectual Disability
Physical Disability Waiver Allowable Services

- Home and Vehicle Modification
- Transportation
- Personal Emergency Response
- CDAC
- Specialized Medical Equipment
Children’s Mental Health Eligibility Requirements

- Under age 18
- A serious emotional disturbance diagnosis
- Level of Care
  - Psychiatric Hospital serving children under the age of 21
Children’s Mental Health Waiver
Allowable Services

- Environmental Modification, Assistive Devices and Therapeutic Resources
- Family and Community Support Services
- In-Home Family Therapy
- Respite
Elderly Waiver Eligibility Requirements

- Age 65 and older
- Level of Care
  - Nursing Facility
  - Skilled Nursing Facility
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Intellectual Disability Eligibility Requirements

- No age restriction
- Primary diagnosis of intellectual disability as determined by a psychologist or psychiatrist
- Level of Care
  - Intermediate Care Facility/Intellectual Disability
Intellectual Disability Waiver Allowable Services

- Adult Daycare
- CDAC
- Day Habilitation
- Home and Vehicle Modification
- Home Health Aide
- Interim Medical Monitoring and Treatment
- Nursing
- Transportation

- Personal Emergency Response
- Prevocational Services
- Respite
- Supported Community Living
- Residential-Based Supported Community Living
- Supported Employment
AIDS/HIV Waiver Eligibility Requirements

- No age restriction
- AIDS/HIV diagnosis by a physician

Level of Care

- Nursing Facility
- Hospital
- Skilled Nursing Facility
AIDS/HIV Waiver Allowable Services

- Respite Care
- Home delivered meals
- Counseling Services
- Home Health Aide
- Nursing Care
- Adult Day Care
- CDAC
- Homemaker
Brain Injury Waiver Eligibility Requirements

- No age restriction (effective July 1, 2014)
- Brain Injury diagnosis as defined in Iowa Administrative Code (IAC) Chapter 83
- Level of Care
  - Nursing Facility
  - Skilled Nursing Facility
  - Intermediate Care Facility/Intellectual Disability
Brain Injury Waiver Allowable Services

- Adult Daycare
- Behavioral Programming
- Case Management
- CDAC
- Family Counseling and Training
- Home and Vehicle Modification
- Interim Medical Monitoring and Treatment
- Personal Emergency Response
- Prevocational Services
- Respite
- Specialized Medical Equipment
- Supported Community Living
- Supported Employment
- Transportation
HCBS Habilitation Member Eligibility Requirements

Iowa Administrative Code 441-78.27(2):

I. Member has at least one of the following **risk factors**:

- Has undergone or is currently undergoing psychiatric treatment more intensive than outpatient care, more than once in a lifetime
- Has a history of psychiatric illness resulting in at least one episode of continuous, professional supportive care other than hospitalization
HCBS Habilitation Member Eligibility Requirements (continued)

II. Member has a **need for assistance** demonstrated by meeting at least two of the following criteria on a continuing or intermittent basis for at least two years:
- Is unemployed, is employed in a sheltered setting, or has markedly limited skills and a poor work history
- Requires financial assistance for out-of-hospital maintenance and is unable to procure this assistance without help
- Shows severe inability to establish or maintain a personal social support system
- Requires help in basic skills such as self-care, money management, housekeeping, cooking and medication management
- Exhibits inappropriate social behavior that results in a demand for intervention
III. The countable *income* used in determining the member’s Medicaid eligibility does not exceed 150 percent of the federal poverty level

IV. The member’s case manager or integrated health home care coordinator has completed a *needs assessment* of the member’s need for service and IME Medical Services or the Iowa Plan for Behavioral Health contractor has determined that the member is in need of HCBS habilitation services
Habilitation Allowable Services

- Case Management
- Home-Based Habilitation
- Prevocational Services
- Supported Employment

More information available at:

http://dhs.iowa.gov/ime/members/medical-a-to-z/hcbs
The Case Manager’s Role

- Knowledge of Iowa Medicaid HCBS program requirements
- Iowa Administrative Code governing program and services
- Develop service plan based on member’s personal goals and assessed needs
- Communicate with all service providers
- Facilitate timely service plan changes with the interdisciplinary team as determined necessary
- Advocate for the member ensuring the appropriate amount of services are authorized, not too much and not too little
- Promote good stewardship and appropriate use of public funds
- Monitor service utilization and coordination
To access the waiver rules, go to the following website address:
  http://dhs.iowa.gov/administrative-rules

Scroll down to the appropriate chapter
  - Chapter 77 - Provider Qualifications
  - Chapter 78 - Service Description
  - Chapter 79 - Reimbursement
  - Chapter 83 - Consumer Choices
  - Chapter 90 - Case Management
Contacts and Links

- Visit HCBS home: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs
- Iowa Medicaid Enterprises: http://dhs.iowa.gov/ime/
- Department of Human Services: http://dhs.iowa.gov/
- HCBS Waiver Email: HCBSwaivers@dhs.state.ia.us
- HCBS Specialist by region or county at: http://www.dhs.state.ia.us/ime/members/medicaid-a-to-z/hcbs/hcbs-contacts