



# Navigating Iowa Administrative Rules for HCBS Services

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# With you today



JIM ABERG, MAE

# What we'll go over today

- Purposed of HCBS Program
- Iowa Statutory Law vs Iowa Administrative Code vs Policy Manuals
- Relevant Iowa Administrative Code Chapters and Contents
- Other Key Resources



# Purpose of the HCBS Waiver Program

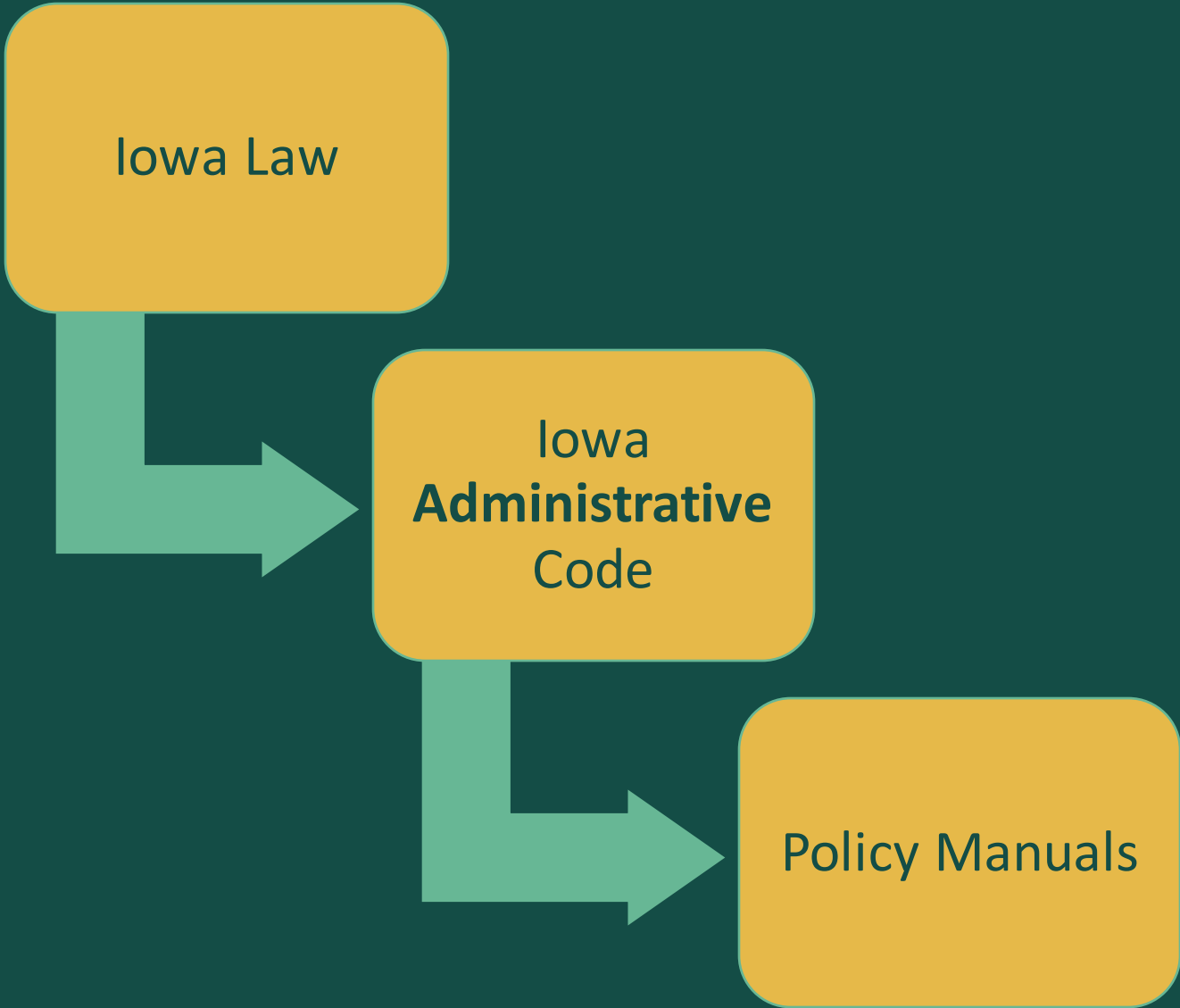
- The Iowa Department of Human Services Medicaid Home- and Community-Based Services provides service funding and individualized supports to maintain eligible persons in their own homes or communities who would otherwise require care in a medical institution, an ICF/ID, Nursing Facility, or Skilled Nursing Facility.



# Purpose of the HCBS Habilitation Program

- The Medicaid Home- and Community-Based Services Habilitation program provides service funding and individualized supports to maintain eligible members in their own homes or communities who require assistance due to the functional limitations typically associated with chronic mental illness.





# **IOWA CODE 17A: IOWA ADMINISTRATIVE PROCEDURE ACT**



# Chapter 17A

- The Act specifies that "Rule" means each agency statement of general applicability that implements, interprets, or prescribes law or policy, or that describes the organization, procedure, or practice requirements of any agency. Iowa Administrative Code (IAC) rule is **the standard of care for HCBS services**.
- DHS is required to publish their rules in the Iowa Administrative Bulletin (IAB).
- Notice must be published in the IAB 35 days before the rule can be adopted in final form



# Chapter 17A

- The notice must contain either the terms or the substance of the proposal or set out a description of the matters involved.
- There must be enough information for the average person to understand the nature and scope of the proposal.
- The public must be allowed a minimum of 20 days to submit written comments on the agency's proposed rules.
- The notice must also identify the process to request an opportunity for oral presentation.



# Chapter 17A

- DHS is required to fully consider all written and oral submissions.
- DHS decision makers must be fully and adequately informed as to the content of the public comments.
- The DHS uses a comment/summary decision format to explain each of the comments received on a proposed rule and explain why they did or did not make the suggested change. Once the rules are adopted the comments are posted to the DHS's website as part of the public notice process.
- DHS has 180 days to either adopt the proposed rulemaking in final form or terminate the rulemaking.



# Chapter 17A

- The DHS has 180 days to either adopt the proposed rulemaking in final form or terminate the rulemaking.
- The adopted rules identify the date of Board or Commission review of the rules. The effective date of the rules is listed.
- Oversight of rules process include an administrative rules coordinator, attorney general office, council/board/commission, and administrative rules review committee.



# IAC 441-3: DHS Procedure for Rule Making



# IAC CHAPTER 3 DEPARTMENT (DHS) PROCEDURE FOR RULE MAKING

Except to the extent otherwise expressly provided by statute, all rules adopted by the department are subject to the provisions of Iowa Code chapter 17A, the Iowa administrative procedure Act, and the provisions of this chapter



# **IAC 441-77: Conditions of Participation for Providers of Medical and Remedial Services**



# Chapter 77 HCBS Rules

- Chapter 77 are the Conditions of Participation for all Medicaid Providers
- All approved Medicaid Providers must comply with the Chapter 77 Conditions of Participation rules for the respective Medicaid services they provide
- Chapter 79.2 rules include Sanctions that may be imposed by the department for a providers failure to comply with the Chapter 77 Conditions of Participation
- Chapter 77 rules include CMS requirements specific to each Medicaid service



# Chapter 77 HCBS Rules

- HCBS Habilitation (State Plan): 77.25
- HCBS Health and Disability Waiver: 77.30
- Elderly Waiver: 77.33
- Aids/HIV Waiver: 77.34
- Intellectual Disability Waiver: 77.37
- Brain Injury Waiver: 77.39
- Physical Disability Waiver: 77.41
- Children's Mental Health Waiver: 77.46





**IAC 441-78: AMOUNT,  
DURATION AND SCOPE  
OF MEDICAL AND  
REMEDIAL SERVICES**



# Chapter 78 HCBS Rules

- Chapter 78 are the service provision specific Rules for all Medicaid Providers
- All approved Medicaid Providers must comply with the Chapter 78 service provision specific rules for the respective Medicaid services they provide
- Chapter 79.2 rules include Sanctions that may be imposed by the department for a providers failure to comply with the Chapter 78 Program Specific Rules
- Chapter 78 rules include CMS requirements specific to each Medicaid service



# Chapter 78 HCBS Rules

- HCBS Habilitation (State Plan): 78.27
- HCBS Health and Disability Waiver: 77.34
- Elderly Waiver: 77.37
- Aids/HIV Waiver: 77.38
- Intellectual Disability Waiver: 77.41
- Brain Injury Waiver: 77.43
- Physical Disability Waiver: 77.46
- Children's Mental Health Waiver: 77.52



**IAC 441-79 Rules: OTHER  
POLICIES RELATING TO  
PROVIDERS OF  
MEDICAL AND  
REMEDIAL CARE**



# Chapter 79 HCBS Rules

- All approved Medicaid Providers must comply with the Chapter 79 specific rules for the respective Medicaid services they provide
- Chapter 79.2 rules include Sanctions that may be imposed by the department for a providers failure to comply with the Chapter 79 specific rules
- Chapter 79 rules include CMS requirements specific to each Medicaid service



# Chapter 79 HCBS Rules

- 79.1(1) Types of reimbursement; cost reported, fee schedules, contractual rates
- 79.1(2) Basis of reimbursement of specific provider categories
- 79.1(15) HCBS retrospectively limited prospective rates
- 79.1(17) Reimbursement for home- and community-based services home and vehicle modification and equipment
- 79.1(24) Reimbursement for home- and community-based habilitation services



# Chapter 79 HCBS Rules

- 79.1(30) Tiered rates. For supported community living services, residential-based supported community living services, day habilitation services, and adult day care services provided under the intellectual disability waiver
- 79.2 Sanctions
- 79.3 Maintenance of records by providers of service
- 79.4 Reviews and audits
- 79.15 Education about false claims recovery. The provisions in this rule apply to any entity that has received medical assistance payments totaling at least \$5 million during a federal fiscal year (ending on September 30).



# IAC 441-83: Medicaid Waiver Services





- **IAC Chapter 83: Medicaid waiver services are services provided to maintain persons in their own homes or communities who would otherwise require care in a medical institution, including support for persons to seek and maintain employment in the community. Provision of these services must be cost-effective. Services are limited to certain targeted client groups for whom a federal waiver has been requested and approved. Services provided through the waivers are not available to other Medicaid recipients as the services are beyond the scope of the Medicaid state plan.**



# Chapter 83 HCBS Waiver Rules

- Chapter 83 are Iowa Medicaid Waiver specific rules for each approved waiver service
- All approved Medicaid Providers must comply with the Chapter 83 specific rules for the respective waiver services they provide
- Chapter 79.2 rules include Sanctions that may be imposed by the department for a providers failure to comply with the Chapter 83 waiver specific rules
- Chapter 83 rules include CMS requirements specific to each Medicaid service



# Chapter 83 HCBS Waiver Rules

- DIVISION I—HCBS HEALTH AND DISABILITY WAIVER SERVICES
- DIVISION II—HCBS ELDERLY WAIVER SERVICES
- DIVISION III—HCBS AIDS/HIV WAIVER SERVICES
- DIVISION IV—HCBS INTELLECTUAL DISABILITY WAIVER SERVICES
- DIVISION V—BRAIN INJURY WAIVER SERVICES
- DIVISION VI—PHYSICAL DISABILITY WAIVER SERVICES
- DIVISION VII—HCBS CHILDREN’S MENTAL HEALTH WAIVER SERVICES



# IAC 441-90: Case Management Services



# IAC CHAPTER 90 – Case Management Services:

Case management services are designed to ensure the health, safety, and welfare of members by assisting them in gaining access to appropriate and necessary medical services and interrelated social, educational, housing, transportation, vocational, and other services. The term “case management” encompasses all categories of case management: targeted case management, case management and administrative case management provided to members enrolled in a 1915(c) waiver, community-based case management provided through managed care, and integrated health home (IHH) care coordination provided to the habilitation and children’s mental health waiver populations. If a part of these rules does not apply to all categories of case management, then the rule will clarify the affected category(ies).



**IAC 441-119:  
Dependent Adult and  
Child Abuse**



**IAC Chapter 119: These rules establish procedures for the performance of record check evaluations by the department of human services for personnel employed by health care facilities and other programs and for students in educational training programs for nurses and certified nurse aides.**



# IAC 441-175: ABUSE OF CHILDREN

**IAC 441-175: ABUSE OF CHILDREN.** The purpose of this division is to implement requirements established in the Iowa Code which charge the department of human services with accepting reports of child abuse, assessing those reports and taking necessary steps to ensure a reported child's safety.

<https://www.legis.iowa.gov/docs/ACO/chapter/441.175.pdf>

[16-E\(1\) Child Abuse Information](#)

[Child Abuse: A Guide for Mandatory Reporters, Comm. 164](#)

[Child Abuse: A Guide for Mandatory Reporters \(Spanish\), Comm. 164\(S\)](#)





# IAC 441-176: DEPENDENT ADULT ABUSE

**IAC 441-176: DEPENDENT ADULT ABUSE.** The purpose of this division is to implement requirements established in the Iowa Code which charge the department of human services with accepting reports of dependent adult abuse, assessing those reports and taking necessary steps to ensure a reported dependent adult's safety.

<https://www.legis.iowa.gov/docs/ACO/chapter/441.176.pdf>

[Dependent Adult Abuse: A Guide for Mandatory Reporters, Comm. 118](#)



# TITLE VIII MEDICAL ASSISTANCE IAC CHAPTER 73 MANAGED CARE.

This chapter provides that most Iowa medical assistance program benefits will be provided through managed care.



# Chapter 73

- 73.5(1) Required services: A managed care organization shall provide for enrollees other than Iowa Health and Wellness Plan enrollees and HAWK-I program enrollees, services as set forth in 441—Chapters 78 (HCBS), 81 (nursing facilities), 82 (ICF/ID), 83 (Medicaid wavier), 84, 85, and 87, with some exceptions.
- 73.5(2) Community-based case management service. The managed care organization is required to provide services that meet requirements specified in the contract and in 441—Chapter 90.
- 73.5(4) Value-added services. A managed care organization may develop optional services and supports to address the needs of enrollees. These services and supports shall be implemented only after approval by the department.



# Chapter 73

- 73.23(1) The managed care organizations shall pay or deny: a. Ninety percent of all clean claims within 14 calendar days of receipt, b. Ninety-nine point five percent of all clean claims within 21 calendar days of receipt, and c. One hundred percent of all claims within 90 calendar days of receipt.
- 73.23(2) Limits on payment responsibility for services. a. The managed care organization is not required to reimburse providers for the provision of services that do not meet the criteria of medical necessity. b. The managed care organization has the right to require prior authorization of covered services and to deny reimbursement to providers that do not comply with such requirements



# Chapter 73

- 73.24(249A) Quality assurance. The managed care organization shall have in effect an internal quality assurance and performance improvement system that meets the requirements of any or all applicable state and federal laws.
- 73.12(249A) Appeal of managed care organization actions. The managed care organization shall have written appeal policies and procedures for an enrollee, or an enrollee's authorized representative, to appeal a managed care organization action.
- 73.13(249A) Appeal to department. If the enrollee is not satisfied with the final decision rendered by the managed care organization through the managed care organization's appeal process, the enrollee may appeal an action in accordance with the appeal process available to all persons receiving Medicaid-funded services as set forth in 441—Chapter 7.



# Chapter 7: Appeals and Hearings



# IAC CHAPTER 7 APPEALS AND HEARINGS:

This chapter applies to contested case proceedings conducted by or on behalf of the department. For appeals pertaining to medical services coverage under Medicaid managed care, the appellant must appeal on or before the one hundred twentieth day following the date of exhaustion, actual or deemed, of the managed care organization appeal process outlined in rule 441—73.12(249A)



**DIA**





# Department of Inspections and Appeals Rules

- In some cases, HCBS Home Based Habilitation and possibly Supported Community Living services may be provided in a RCF licensed facility, as long as the facility meets the HCBS services rules and community standards.
- In this case, the agency must meet all DIA and DHS rules regarding the services provided in the facility.
- DIA RCF rules are located at:  
<https://www.legis.iowa.gov/law/administrativeRules/chapters?agency=481>



# Department of Inspections and Appeals Rules - 481

- 481-50: Health Care Facilities Administration
- 481-52 dependent adult abuse in facilities and programs
- 481-56 FINING AND CITATIONS
- 481-57 RESIDENTIAL CARE FACILITIES
- 481-59 TUBERCULOSIS (TB) SCREENING



# Department of Inspections and Appeals Rules

- 481-60 MINIMUM PHYSICAL STANDARDS FOR RESIDENTIAL CARE FACILITIES
- 481-62 RESIDENTIAL CARE FACILITIES FOR PERSONS WITH MENTAL ILLNESS (RCFs/PMI)
- 481-63 RESIDENTIAL CARE FACILITY—  
THREE- TO FIVE-BED SPECIALIZED LICENSE



# DHS Administrative Rules Website



# DHS Administrative Rules Website

- The DHS Administrative Rules section outlines current rules, the docket of proposed rule changes in process, a list of upcoming public hearings on proposed rules, and summaries of public comments on rules. Iowa Administrative Codes (IAC) outlines the rules and addresses how the Iowa code and Iowa laws are managed by various agencies.
- The IAC are how state agencies and departments implement the administrative rules every day.



# DHS Administrative Rules Website

- DHS Administrative codes and rules:  
<https://dhs.iowa.gov/administrative-rules>
- DHS Rules in process:  
[https://dhs.iowa.gov/sites/default/files/rules\\_in\\_process.pdf?010620212200](https://dhs.iowa.gov/sites/default/files/rules_in_process.pdf?010620212200)
- DHS Administrative Rules Comments and Responses:  
<https://dhs.iowa.gov/administrative-rules/comments-and-responses>
- DHS regulatory plan for 2020:  
<https://dhs.iowa.gov/sites/default/files/FY%202020%20Regulatory%20Plan.pdf?010620212159>



# Policy Manuals

**Further Interpret Rules in IAC**



# DHS Policy Manuals

- Each of the provider manual is specific to a service offered by the IME and is designed to guide an IME Provider with clear and concise outlines of what services are covered or not covered under that service. Additionally, the manuals also provide instructions on how to read and complete the various forms required by the IME for each offered service.
- HCBS Waiver Policy Manual:  
<https://dhs.iowa.gov/sites/default/files/HCBS.pdf?010720210012>
- HCBS Habilitation Policy Manual:  
<https://dhs.iowa.gov/sites/default/files/Habilitation.pdf?010720210013>





# DHS Informational Letters

iowa.gov Services Agencies Social

**IOWA** Department of HUMAN SERVICES

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## PROVIDER SERVICES

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- About Iowa Medicaid
- Member Services

## Informational Letters

The Iowa Medicaid Enterprise publishes provider bulletins called Informational Letters that are necessary to clarify and explain new and existing program and policy. All Informational Letters published after Aug. 15, 2016, include a modifier after the Informational Letter number that designates which program(s) the Informational Letter applies to. The modifiers are: MC for Managed Care, FFS for Fee-for-Service and D for Dental. To see all Informational Letters access the links below which are sorted by year of publication. For more information see [IL 1710](#).

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Letter #	Name	Issue Date	Effective Date	Keywords Count
IL 2210-MC-FFS	Iowa Case Mix Roster	01/14/2021	Immediately	1



# DHS Informational Letters

- <https://dhs.iowa.gov/ime/providers/rulesandpolicies/bulletins>
- Agencies and individuals may sign up to receive specific types of informational letters. For help subscribing to Informational Letters, contact [Provider Services](#).
- It would be a good practice for agencies and leadership to subscribe to receive informational letters specific to the services provided.
- The Informational Letters are an important cross reference for any new policy changes that have been implemented but are not yet reflected in the published Provider Manual.



# HCBS Waiver Program Information Packet

- <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/waivers>
- This website has waiver program packets for all seven waivers.
- The information packets provide a simple breakdown and explanation for each waiver and the services under each waiver.
- The information packet could be used for staff training to better understand waiver services.
- The information packet could also be used to help family and guardians better understand each waiver service.



# HCBS Habilitation Program Information Packet

- <https://dhs.iowa.gov/sites/default/files/Comm531.pdf?010720210027>
- The information packet provides a simple breakdown and explanation for each habilitation service.
- The information packet could be used for staff training to better understand each habilitation services.
- The information packet could also be used to help family and guardians better understand each habilitation service.





Questions?

Have an HCBS technical assistance question?

Email us!

[techassistance@iowaproviders.org](mailto:techassistance@iowaproviders.org)

