

MCO/IME SUMMIT FOR HABILITATION

DECEMBER 6, 2016
10:00 AM TO 3:30 PM

FFA ENRICHMENT CENTER, DMACC
1055 SW PRAIRIE TRAIL PARKWAY
ANKENY

9:15 – 10:00	<i>REGISTRATION</i>
10:00 – 10:15	<i>WELCOME AND INTRODUCTIONS</i>
10:15 – 12:00	<i>REVIEW OF WORKFLOW AND TIERS</i>
12:00 – 1:00	<i>LUNCH PROVIDED</i>
1:00 – 3:00	<i>CONTINUED CONVERSATION REGARDING TIERS AND UTILIZATION REVIEW</i>
	<i>DISCUSSION OF SCOPE OF WORK AND DOCUMENTATION REQUIREMENTS FOR HABILITATION</i>
3:00 – 3:30	<i>GENERAL QUESTIONS</i>

Habilitation Summit



Presenters

Gayla Harken

LeAnn Moskowitz

Karen Walters-

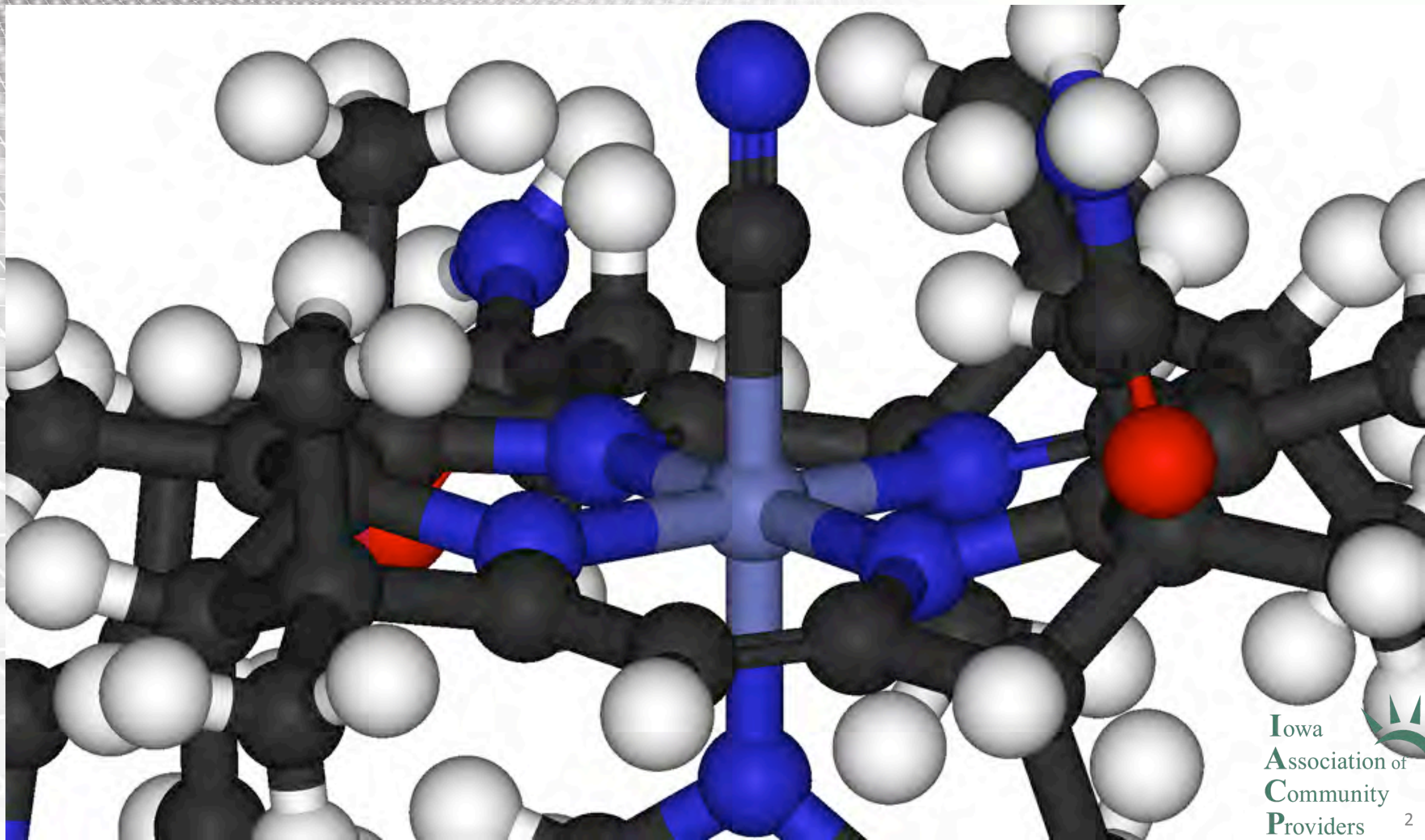
Crammond

Sara Hackbart

Kimberly Lochner

**Presented: December
2016**

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Objectives

At the end of this training participants will understand:

- The purpose and the goals of the HCBS Habilitation Program
- How we work together to provide quality Habilitation services for members—work flow for Hab members
- What criteria are used to describe/assign the various Habilitation tiers

Program Purpose

To provide state plan Home and Community Based Services (HCBS) to Iowans with functional limitations typically associated with chronic mental illness.

Person Centered Planning is a Must

Person Centered Planning is now a Federal Requirement

Needs and services are determined by the person and supported by the IDT.

Training is coming February 21 with Derrick Dufresne



Focus on RECOVERY

SAMHSA, 2012, established the definition of recovery as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.

Focus on RECOVERY

Hope, the belief that these challenges and conditions can be overcome, is the foundation of recovery. A person's recovery is built on his or her strengths, talents, coping abilities, resources, and inherent values. It is holistic, addresses the whole person and their community, and is supported by peers, friends, and family members.

Samsha.gov 2016

Focus on RECOVERY

The belief in recovery for persons who have Mental Illness is central to providing Habilitation.

Habilitation Service Descriptions

The Habilitation Process Integrated Health Homes

- Establishes the interdisciplinary team with the member
- Develops the HCBS Comprehensive Services Plan/ Treatment plan based on the member's identified needs and gaps in care
- Integrates service plan/treatment plans among medical and community based providers and the member
- Responsible for monitoring of treatment plan implementation and services
- Responsible for amending the service/treatment plan as identified by a change in the members needs or condition

Required Assessments

- Assessment is required initially at the time of application
 - Assessment is required annually at the time of eligibility redetermination
 - Assessment is required if the member's condition changes significantly
-
- Ages 4 to 18 - interRai – Child and Mental Health
 - Ages 19 and over - interRai – Community Mental Health

Eligibility

How Do You Enroll in Hab?

- Must be eligible for Medicaid through an existing coverage group
- Household income cannot exceed 150% of Federal Poverty Level (FPL)
- Meet needs-based eligibility criteria as determined by a Needs-Based Evaluation – Comprehensive Functional Assessment

How Do You Enroll in Hab?

- Meets 1 of 2 risk factors:
 - Has undergone or is currently undergoing psychiatric treatment more intensive than outpatient care, more than once in a lifetime (e.g., emergency services, alternative home care, partial hospitalization or inpatient hospitalization).
 - Has a history of psychiatric illness resulting in at least one episode of continuous, professional supportive care other than hospitalization. (e.g., residential placement)

How Do You Enroll in Hab?

- Meets at least 2 of 5 criteria showing a need for assistance for at least two years:
 - Is unemployed, or employed in a sheltered setting, or have markedly limited skills and a poor work history.
 - Requires financial assistance for out-of-hospital maintenance and may be unable to procure this assistance without help.
 - Shows severe inability to establish or maintain a personal social support system.
 - Requires help in basic living skills such as self-care, money management, housekeeping, cooking, or medication management.
 - Exhibits inappropriate social behavior that results in demand for intervention.

Workflow (Fee-for-service, Amerigroup, AmeriHealth, and United Healthcare)

Matrix of Hab Process per Funder

http://www.iowaproviders.org/assets/docs/habilitation_matrix.doc

Home-based Habilitation Tier Descriptions

Home-based Habilitation

Intensive III

H2016 U9 provides for 17-24 hours of service, per day, and is the highest level of service offered for Home-Based Habilitation. The comprehensive person-centered plan is developed with the goal of symptom stabilization. Intensive III should be supported by the member's psychiatrist or other appropriate clinician. Collaboration should be consistent and ongoing with IHH staff, habilitation supervisor, in-home nurse, psychiatrist, and additional team members. Criteria:

- Members demonstrating impairment of functioning as a result of a serious mental illness (SMI);
- The member has significant risk of harm to self or others or disturbances of mood, thought, or behavior which renders him/her incapable of appropriate self-care or self-regulation 17-24 hours a day;
- Lack of ability or capacity to participate in structured or meaningful activity in the community due to significant behaviors that could cause harm to self or others;
- This level of care includes significant intervention from staff for 17-24 hours a day;
- Member shows instability in his/her mental health needing significant assistance with mood, coping and other mental health systems.

Home-based Habilitation

Intensive II

H2016 U8 provides for 13-16.75 hours of service, per day, to support the member in order to gain proficiency and to increase independence. The comprehensive person-centered plan is developed with the goal of stabilizing the member's symptoms to maintain a daily routine. Criteria:

- Periods free from significant, ongoing self-harm or harm to others that puts self or others at risk for injury;
- Lack of ability or capacity to participate in structured and meaningful activity outside their residence (e.g. going to church with a staff member or attending a book club with a staff member);
- Member needs significant support to complete basic skills such as frequent interventions or support in their residence, day program, or work setting for 13-16.75 hours per day;
- Member needs significant intervention from staff to remain safe in the community and home for 13-16.75 hours per day;
- Member needs significant support from staff to stabilize daily routine and to manage mood, coping or other mental health symptoms.

Home-based Habilitation

Intensive I

H2016 U7 provides for 9-12.75 hours of service, per day, to assist the member in greater independence and community integration as reflected by the comprehensive person-centered plan. The member shows increased ability to participate in the community such as working, volunteering, participating in day habilitation, or other meaningful activities.

Criteria:

- Periods free from any significant, ongoing self-harm or harm to others;
- Without support in the following areas, the member would be at risk for hospitalization, loss of independent living, incarceration, or increase to harm to self:
 - Problem Solving;
 - Emotional management;
 - Coping skills;
 - Relaxation/self-regulation;
 - Crisis planning and implementation

Home-based Habilitation

Medium Need

H2016 U6 provides for 4.25-8.75 hours of service per day, every day with the goal of increasing participation in the community and regularly participating in meaningful activities. Criteria:

- The member is transitioning from a more intensive level of care and continues to show improvement in symptoms, OR the member needs more structure and support after being in a lower level of care;
- The member has a daily minimal need for support with skills in the following areas: managing the living environment, performing activities of daily living (ADL's), employing positive community and social skills, and implementing a schedule or daily routine.

Home-based Habilitation

Recovery Transitional

H2016 U5 provides for 2.25 – 4 hours of service per day, every day, with treatment goals focused on managing ADLs, interacting within the community, and personally defined goals. Criteria:

- Greater independence in navigating the community;
- Follows a schedule and is able to leave the home for purposeful activity OR engages in meaningful activities at home with assistance from staff members.

Home-based Habilitation

High Recovery

H2016 U4 provides for .25-2 hours of service per day, every day and is the lowest level of care offered under Home-Based Habilitation. Minimal intervention or staff member support is needed. This level of care would be considered a step above independent living. The member continues to show progress towards goals of managing ADLs, interacting within the community, and personally defined goals. There must be at least 15 minutes of service to bill one unit. Criteria:

- Navigates the community with little to no assistance;
- Follows a schedule and is able to leave home for purposeful activities or engages in meaningful activity at home independently.

Home-based Habilitation

The amount of time spent in HBH varies from day to day or week to week, we would expect to see the average number of hours of actual service provided in a month to fall within the range identified in the member's tier.

Additional Supports

There is a potential for duplication of service and coordination with Habilitation and some Medicaid services. Can you think of where the duplication might be?

Habilitation with IHH & CSS

Community Support Services (CSS)	Integrated Health Home (IHH) + Habilitation
<p>Monitoring of mental health symptoms and functioning / reality orientation.</p>	<p>Serve as active team member, <u>monitoring and intervening on progress of member treatment goals</u> using holistic clinical expertise.</p>
<p>Supportive relationships</p>	<p>Advocacy for participants, <u>developing social support networks.</u></p>
<p>Communication with other providers.</p>	<p><u>Serve as a communication hub</u>, facilitating the timely sharing of information across providers 24 hours per day, 7 days per week. Care coordination (e.g. assessments, scheduling appointments, making referrals, <u>collaboration with providers</u>).</p>
<p>Assistance in attending appointments and obtaining medications.</p>	<p>Promoting self-direction and skill development in the area of <u>independent administering of medication and medication adherence.</u> Scheduling appointments. Assistance with <u>medication and treatment management and adherence.</u></p>

Habilitation with IHH & CSS, cont'd

Community Support Services (CSS)	Integrated Health Home (IHH) + Habilitation
<p>Crisis intervention and development of a crisis plan.</p>	<p>Facilitate <u>development of crisis plans</u>, monitor for potential crisis escalation / need for intervention.</p>
<p>Development and coordination of natural mental health support systems.</p>	<p>Develop a person-centered care plan for each individual that <u>coordinates and integrates all of his or her clinical and non-clinical health care-needs and services</u>. Referral to <u>community and social support services</u>. <u>Connection to peer advocacy groups</u>, family support networks, wellness centers, NAMI and family psychoeducational programs.</p>
<p>Transportation</p>	<p><u>Transportation</u> is included with:</p> <ul style="list-style-type: none"> • Home-based habilitation • Day habilitation • Supported employment individual employment <p>Non-emergency medical <u>transportation</u> (NEMT) can be used for:</p> <ul style="list-style-type: none"> • Transportation to and from other Medicaid services (non HCBS habilitation services)

Source: Community Mental Health Center Block Grant, 1915(i) State plan HCBS, IA-14-009 IA SPMI Health Home – Managed Care Implementation (Health Home State Plan Amendment)

Documentation Requirements

Habilitation Comprehensive Service Plan

- Federally required for each individual receiving State Plan HCBS Habilitation Services (1915 (i))
- The IHH may call the document a “Treatment Plan” or “Care Coordination Plan”, the Centers for Medicaid and Medicare Services (CMS) refers to the document as a Comprehensive Service Plan

Habilitation Comprehensive Service Plan

- Must identify the services and supports the member receives from all funding sources including Medicaid, Region, IVRS, Private insurance etc.
- Must be developed through a **person-centered planning process**
- Is established with the IDT led by the Integrated Health Home Coordinator or Case Manager.

Habilitation Comprehensive Service Plan

- Must be updated at least annually and when a change in the individual's circumstances or needs change significantly, and at the request of the individual.
- Includes people chosen by the individual
- Provides necessary information and support to the individual to ensure that the individual directs the process to the maximum extent possible

Habilitation Comprehensive Service Plan and the HCBS Setting Requirements

Services and the settings in which services are delivered must:

- Ensure that people receiving services and supports have full access to community living to same extent as individuals not receiving Medicaid HCBS Individual choice in living arrangements, service providers, and life choices
- Ensure that individual rights are not restricted.
- Avoid regimentation in daily activities, schedules, and personal interactions

Service Plan Documentation

- Reflects individual's strengths and preferences
- Reflects clinical and support needs
- Includes observable and measurable goals and desired outcomes
- Identify interventions and supports needed to meet those goals with incremental action steps, as appropriate.
- Identify the staff people, businesses, or organizations responsible for carrying out the interventions or supports.

Service Plan Documentation

Identifies for a member receiving Home Based Habilitation:

- a) The member's living environment at the time of enrollment;
- b) The number of hours per day of on-site staff supervision needed by the member; and
- c) The number of other members who will live with the member in the living unit.

Service Plan Documentation

Identifies for a member receiving Supported Employment services

- a) The member's place of employment at the time of enrollment;
- b) The number of hours per day of on-site staff supervision needed by the member; and
- c) The number of other workers who work with the member and also receive publicly funded employment supports at their place of employment.
- d) Status of referral to Iowa Vocational Rehabilitation Services

Service Plan Documentation

Identifies for a member receiving Prevocational services

- a) The location where Prevocational services are being delivered at the time of enrollment;
- b) The number of hours per day of on-site staff supervision needed by the member;
- c) The plan for when the member will participate in Career Exploration activities.
- d) The status of providing the member with information regarding Supported Employment and the benefits of work, and referral to supported employment services
- e) Status of referral to Iowa Vocational Rehabilitation Services

Service Plan Documentation

Identifies for a member receiving Prevocational services

- a) The location where Prevocational services are being delivered at the time of enrollment;
- b) The number of hours per day of on-site staff supervision needed by the member;
- c) The plan for when the member will participate in Career Exploration activities.
- d) The status of providing the member with information regarding Supported Employment and the benefits of work, and referral to supported employment services
- e) Status of referral to Iowa Vocational Rehabilitation Services

Service Plan Documentation

- Reflects providers of services/supports, including unpaid supports provided voluntarily in lieu of waiver or state plan HCBS including:
 - a) Name of the provider
 - b) Service authorized
 - c) Units of service authorized
 - d) Period of service authorization
- Includes risk factors and measures in place to minimize risk

Service Plan Documentation

- Includes individualized backup plans and strategies when needed
- Identify any health and safety issues applicable to the individual member based on information gathered before the team meeting, including a risk assessment.
- Identify an emergency backup support and crisis response system to address problems or issues arising when support services are interrupted or delayed or the member's needs change.
- Providers of applicable services shall provide for emergency backup staff.

Service Plan Documentation

- Documents the informed consent of the individual for any restrictions on the member's rights, including maintenance of personal funds and self-administration of medications, the need for the restriction, and either a plan to restore those rights or written documentation that a plan is not necessary or appropriate.
- Any rights restrictions must be implemented in accordance with [441 IAC 77.25\(4\)](#).

Service Plan Documentation

- Includes individuals important in supporting individual
- Includes the names of the individuals responsible for monitoring plan
- Is written in plain language and understandable to the individual
- Documents who is responsible for monitoring the plan

Service Plan Documentation

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

Services & Supports

Services designed to assist in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in the community.

- Case Management
 - (members that also receive HCBS Waiver Services)
- Habilitation
 - Day Habilitation
 - Home-Based Habilitation
 - Prevocational Habilitation
 - Supported Employment Habilitation

Services & Supports

Home-Based Habilitation

- Services provided in the person's home and community.
- Assists the member to reside in the most integrated setting appropriate to the member's needs.
- Provide for the daily living needs of the member
- Typical examples would be assistance with medication management, budgeting, grocery shopping, personal hygiene skills, etc.

Home Based Habilitation

Home Based Habilitation includes the following supports:

- Adaptive skill development
- Assistance with activities of daily living
- Community inclusion
- Transportation (except to and from a day program)
- Adult educational supports
- Social and leisure skill development
- Personal care
- Protective oversight and supervision

Home Based Habilitation

- Transportation is acceptable if it supports the acquisition, retention, or improvement of another skill, such as grocery shopping, getting medical care, etc.
- Personal care and protective oversight and supervision may be a component of home-based habilitation services but may not comprise the entirety of the service.
- Home-based habilitation cannot be provided to members who reside in a residential facility of more than 16 beds.

Home Based Habilitation

Home Based Habilitation Tier	Hours of supervision and support needed based on the member's Comprehensive Functional Assessment	Procedure code	Modifier
Intensive III	17- 24 hours per day	H2016	U9
Intensive II	13 to 16.75 hours per day	H2016	U8
Intensive I	9 to 12.75 hours per day	H2016	U7
Medium Need	4.25 to 8.75 hours per day as needed	H2016	U6
Recovery Transitional	2.25 to 4 hours per day as needed	H2016	U5
High Recovery	.25 to 2 hours per day as needed	H2016	U4

Day Habilitation

- Provided in a community based day program setting outside the home.
- Assistance with acquisition, retention, or improvement in self-help, socialization, and adaptive skills to attain or maintain the member's maximum functional level.
- Focuses on areas such as social skills, communication skills, behavior management, functional skill development, daily living activities, self advocacy skills, etc.

Day Habilitation

- Day habilitation services focus on enabling the member to attain or maintain his or her maximum potential and shall be coordinated with any needed therapies in the individual's person-centered services and supports plan, such as physical, occupational, or speech therapy.
- Personal care/assistance may be a component part of day habilitation services as necessary to meet the needs of a member, but may not comprise the entirety of the service.

Day Habilitation

- Members who receive day habilitation services may also receive educational, supported employment and prevocational services.
- A member's person-centered services and supports plan may include two or more types of non-residential habilitation services. However, different types of non-residential habilitation services may not be billed during the same period of the day.

Day Habilitation

- Day habilitation may be furnished in any of a variety of settings in the community other than the member's private residence. Day habilitation services are not limited to fixed-site facilities
- Transportation between the member's place of residence and the day habilitation site, or other community settings, in which the service is delivered, is provided as a component of day habilitation services and the cost of this transportation is included in the rate paid to providers of day habilitation services.

Day Habilitation

Habilitation Habilitation Service	Level of support and support needed based on the member's Comprehensive Functional Assessment and employment situation	Procedure code
Day Habilitation	Daily	T2021
Day Habilitation	15 min	T2020
A unit of day habilitation is 15 minutes (up to 16 units per day) or a full day (4.25 to 8 hours).		

Prevocational Services

- Provide career exploration, learning and work experiences, including volunteer opportunities, where the member can develop non-job-task-specific strengths and skills that lead to paid employment in individual community settings.
- Are provided to persons who are expected to be able to join the general workforce with the assistance of supported employment

Prevocational Services

Prevocational services are intended to develop and teach general employability skills relevant to successful participation in individual employment. These skills include but are not limited to:

- the ability to communicate effectively with supervisors, coworkers and customers,
- an understanding of generally accepted community workplace conduct and dress;
- the ability to follow directions; the ability to attend to tasks,
- workplace problem-solving skills and strategies;
- general workplace safety and mobility training,
- the ability to navigate local transportation options;
- financial literacy skills;
- skills related to obtaining employment.

Prevocational Services

- Prevocational services include career exploration activities to facilitate successful transition to individual employment in the community. Participation in prevocational services is not a prerequisite for individual or small-group supported employment services.

Career exploration

- Career exploration activities are designed to develop an individual career plan and facilitate the member's experientially based informed choice regarding the goal of individual employment.

Prevocational Services

The expected outcome of prevocational services is individual employment in the general workforce, or self-employment, in a setting typically found in the community, where the member interacts with individuals without disabilities, other than those providing services to the member or other individuals with disabilities, to the same extent that individuals without disabilities in comparable positions interact with other persons; and for which the member is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

Supported Employment Services

Individual supported employment involves supports provided to, or on behalf of, the member that enable the member to obtain and maintain an individual job in competitive employment, customized employment or self-employment in an integrated work setting in the general workforce.

Services are provided to members who need support because of their disabilities.

Supported Employment Services

Long-term job coaching is support provided to, or on behalf of, the member that enables the member to maintain an individual job in competitive employment, customized employment or self-employment in an integrated work setting in the general workforce.

Long-term job coaching services are provided to or on behalf of members who need support because of their disabilities and who are unlikely to maintain and advance in individual employment absent the provision of supports.

Supported Employment Services

Small-group supported employment services are training and support activities provided in regular business or industry settings for groups of two to eight workers with disabilities.

Small-group supported employment services must be provided in a manner that promotes integration into the workplace and interaction between members and people without disabilities (e.g., customers, coworkers, natural supports) in those workplaces.

Supported Employment Services

The expected outcome of Supported Employment services is sustained employment, or self-employment, paid at or above the minimum wage or the customary wage and level of benefits paid by an employer, in an integrated setting in the general workforce, in a job that meets personal and career goals.

An expected outcome of supported self-employment is that the member earns income that is equal to or exceeds the average income for the chosen business within a reasonable period of time.

Prevocational and SE Service Codes

New Rates effective July 1, 2016 and Procedure Codes/ Modifiers Effective Sept 1, 2016				
Service/Activity	New Code	Basis	Unit	Rate
Prevocational Hourly	T2015	Fee Schedule	Hourly	\$10.00
Career Exploration (New Service)	T2015 U3	Fee Schedule	Hourly	\$38.27
Supported Employment Individual Long term Job Coaching:				
Tier 1 = 1 Contact / Month	H2025 U4	Fee Schedule	Month	\$67.67
Tier 2 = 2-8 Hrs./Month	H2025 U3	Fee Schedule	Month	\$361.58
Tier 3 = 9-16 Hrs./Month	H2025 U5	Fee Schedule	Month	\$722.15
Tier 4 = 17-25 Hrs./Month	H2025 U7	Fee Schedule	Month	\$1,129.18
Tier 5 = 26+ Hrs./Month \$44.71/hr	H2025 UC	Fee Schedule	Hour	\$45.16
Supported Employment - Small Group				
Tier 1 = Groups of 2-4	H2023 U3	Fee Schedule	Per person, 15-min unit	\$2.84
Tier 2 = Groups of 5-6	H2023 U5	Fee Schedule	Per person, 15-min unit	\$1.77
Tier 3 = Groups of 7-8	H2023 U7	Fee Schedule	Per person, 15-min unit	\$1.26
Supported Employment Individual Supported Employment	T2018 UC	Fee Schedule	Hourly	\$66.13

Additional Supports

The Person Centered Plan will help guide the type and amount of support that is appropriate.

There are two attachments sent to you that also can help guide the development of the Habilitation Plan

Questions



Next IHH Summit

April 20, 2017

Iowa State Center—Scheman Building

HABILITATION PROCESSES*

Enrollment in Habilitation

Topic	Fee-for-Service	AmeriHealth Caritas Iowa	Amerigroup	United Healthcare
Notification of Interest to Apply for Habilitation	The IHH logs into the IME Individual Services Information System (ISIS) to initiate Habilitation services using the add program tab. Complete instruction are located in the Habilitation manual at: http://dhs.iowa.gov/sites/default/files/Habilitation.pdf	The IHH or CBCM enters an Activity into Jiva, requesting an initial InterRAI for Habilitation.	The IHH provider or CBCM determines if member has a need for and meets qualifications for Habilitation services. The IHH provider initiates Habilitation assessment.	The IHH provider or CBCM determines if member has a need for and meets qualifications for Hab services. The IHH provider initiates Hab assessment.
Initial Assessment-completion of the Core Standardized Assessment (InterRAI)	When Habilitation has been initiated for a FFS member in ISIS and the member is financially eligible a workflow is kicked off to the IME Core Standardized Assessment (CSA) Contractor to schedule the interRAI assessment interview. The CSA contractor contacts the member or the member’s guardian and the IHH Care Coordinator (if identified in ISIS) to schedule the interRAI. The CSA contractor provides the results of the assessment to the IHH CC within five business days by posting the report in the Iowa Medicaid Portal Application (IMPA) system. The member must be enrolled with the IHH in IMPA and the IHH must have access to the IMPA assessment workflow. IMPA instructions are located on Informational Letter.	AmeriHealth Caritas Iowa (ACIA) sends to the ACIA Core Standardized Assessment (CSA) contractor a notice to complete the InterRAI. The CSA contractor contacts the IHH/CBCM to assist in scheduling the InterRAI.	The Integrated Health Home (IHH) Care Coordinator (CC) (non-waiver Habilitation) or Community Based Case Manager (CBCM) (waiver Habilitation) contacts the member to schedule a time to complete the comprehensive standardized assessment (CSA). For non-waiver Habilitation, the CSA is the interRAI.	Currently UnitedHealthcare (UHC) is not using the InterRAI assessment tool. IHH Providers are responsible for completing CSA assessments on their own assessment tool and submitting to UHC prior to annual due date.

Topic	Fee-for-Service	AmeriHealth Caritas Iowa	Amerigroup	United Healthcare
Social History	The IHH is responsible for documenting the Social History of the FFS member and uploading the document to IMPA.	The IHH/CBCM completes the social history and uploads it to the Documents section of Jiva.	The IHH CC or CBCM submits the interRAI and social history to Amerigroup via fax with the Mental Health Outpatient Treatment Form-IA Health Link (1-866-877-5229) or through the provider portal (www.availity.com). IHH indicates on the fax cover sheet or in the “notes section” of the portal that it is an initial request.	IHH completes the social history. For initial assessments, the IMPA cover sheet is included and submitted to UnitedHealthcare. For renewals, include summary sheet and submit to UnitedHealthcare. Submit forms per email: uhc_iowa_integratedhealthhomes@uhc.com or Fax to 877-960-5516.
Eligibility Determination & Communication of Decision	<p>All initial needs based eligibility determinations are made by the IME Medical Services Unit for all Medicaid members, regardless if enrolled in managed care or Fee-For-Service (FFS).</p> <p>IHH CC receives a milestone in ISIS notifying them when additional information is required and when the FFS member has been approved or denied for Habilitation.</p> <p>The IHH is responsible to provide the Notice of Decision to the member.</p>	IME Level of Care reviewer determines eligibility based on InterRAI and Social History and sends a file to ACIA. ACIA sends a secure email to the IHH/CBCM, who then notifies the member and providers.	<p>AGP forwards the social history and interRAI to IME for level-of-care determination. IME Level of Care reviewer determines eligibility based on interRAI and social history and notifies AGP by State file transfer. AGP completes the request in the AGP system and faxes the notification to the IHH.</p> <p>The IHH is responsible to provide the Notice of Decision to the member and if needed, IME appeal information.</p>	IME Level of Care Medical Reviewer determines initial assessments’ determination and issues notice of decision. UnitedHealthcare will send email notification of decision to IHH. For renewal/annual assessment determinations, UnitedHealthcare will send an email notification to the IHH with a decision.

<p>Annual Redetermination</p>	<p>30 days prior to the annual redetermination date the IHH receives a milestone notifying them that the annual redetermination is due and the IHH CC responds to the assessment milestone kicking off the workflow to the CSA contractor to complete the annual assessment following the same steps noted above for the initial authorization.</p>	<p>ACIA sends to the CSA contractor on a monthly basis all Waiver and Habilitation members with renewal assessment due dates. CSA contractor completes the InterRAI, which is uploaded to Jiva.</p>	<p>Four to six weeks prior to the annual redetermination date, the IHH CC or CBCM contacts the member to schedule a time to complete the interRAI. The IHH CC or CBCM submits the interRAI and social history to Amerigroup via fax with the Mental Health Outpatient Treatment Form- IA Health Link (1-866-877-5229) or through the provider portal (www.availity.com). IHH indicates on the fax cover sheet or in the “notes section” of the portal that it is a renewal request.</p>	<p>IHH Care Coordinator completes the assessment and submits to UnitedHealthcare per email to uhc_iowa_integratedhealthhomes@uhc.com or Fax to 877-960-5516.</p>
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Topic	Fee-for-Service	AmeriHealth Caritas Iowa	Amerigroup	United Healthcare
Continued Eligibility Determination & Communication of Decision	<p>All annual redeterminations of needs based eligibility are made by the IME Medical Services Unit for Fee-For-Service (FFS) members.</p> <p>IHH CC receives a milestone in ISIS notifying them when additional information is required and when the FFS member has been approved or denied for Habilitation.</p> <p>The IHH is responsible to provide the Notice of Decision to the member.</p>	<p>ACIA Level of Care Reviewer determines continued eligibility based on InterRAI. If approved, they email the IHH/CBCM. If denied, the InterRAI is uploaded to IMPA with request for review by IME.</p>	<p>An AGP Utilization Review Care Manager determines continued eligibility based on the interRAI and social history. If approved, AGP completes the request in the AGP system and faxes the notification to the IHH. If it appears the member does not meet eligibility, the interRAI and social history are forwarded to IME for final level of care determination.</p> <p>The IHH is responsible to provide the Notice of Decision to the member, and if needed, IME appeal information.</p>	<p>UnitedHealthcare will notify the IHH per email of the Level of care decision. If Level of Care is denied, the assessment is uploaded to IMPA for IME review.</p>
Timeframes for Review and Determination	<p>The assessment is uploaded to IMPA within 5 business days and the IME Medical Services unit makes the determination within 7 business days of receiving the milestone to review the assessment.</p>	<p>Expected timeframe if all documentation is complete and received is 7 days for both Initial and Renewal determinations. If there are concerns that the determination of a member's eligibility is delayed, IHH or CBCM should send an email with member's Medicaid ID to ACIA_LTSS_LOC@amerihealthcaritasa.com</p>	<p>Expected timeframe if all documentation is complete and received is 7 calendar days for both initial and renewal determinations. The IHH or CBCM can check status of the request in the provider portal under "precertification" and then "check status" (www.availity.com). To inquire about an eligibility request that was submitted 8+ days prior, an email with member's name and DOB can be sent to chelcie.badgley@anthem.com.</p>	<p>Expected timeframe if all documentation is complete and received- Initial: 2-5 days submitted to IME. Renewal: 2-5 days reviewed and determination done by UnitedHealthcare.</p> <p>For concerns or questions regarding a member's determination or delay of notification, an email may be sent to uhc_iowa_integratedhealthhomes@uhc.com</p>

<p>Disenrollment from Habilitation - member initiated</p>	<p>Member communicates their desire to disenroll from Habilitation to the IHH and the IHH enters an end date into the Habilitation Program Request in ISIS. Complete instructions for closing a Habilitation case are located in the Habilitation Manual at : http://dhs.iowa.gov/sites/default/files/Habilitation.pdf</p>	<p>Member communicates their desire to disenroll from Habilitation to the IHH CC or CBCM and the IHH CC/CBCM enters a note in the member's OP Episode in Jiva. IHH CC submits a Health Home MCO Notification Form with Disenrollment or Change in Tier, as appropriate. ACIA notifies IME of the member's disenrollment (method to be determined).</p>	<p>Member communicates desire to disenroll from Habilitation to the IHH CC and CBCM. The IHH CC /CBCM notifies Amerigroup of the change from ICM to non-ICM status. IHH CC's can email this information to sara.hackbart@amerigroup.com. AGP notifies IME of the member's disenrollment from Habilitation.</p>	<p>Member communicates desire to discontinue Hab services and informs the IHH. The IHH reflects tier change on the next monthly claim.</p>
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Topic	Fee-for-Service	AmeriHealth Caritas Iowa	Amerigroup	United Healthcare
Loss of Medicaid Eligibility	<p>If a member loses Medicaid eligibility temporarily and it is reinstated back to the date it is initially lost, Habilitation is reinstated as follows:</p> <ul style="list-style-type: none"> • If the eligibility has been lost for 60 days or less, Habilitation eligibility is reinstated back to the date eligibility was initially lost. Habilitation providers may bill for services provided after eligibility is restored for dates of service when the member is eligible for both Medicaid and Habilitation. • If the eligibility has been lost for more than 60 days, and: <ul style="list-style-type: none"> ○ the most recent Habilitation assessment was completed within the past year, Habilitation eligibility will be reinstated back to the date the decision to reinstate Medicaid eligibility was made. For example, a member loses Medicaid eligibility on July 31 and on October 15 it is determined that Medicaid will be reinstated back to August 1. The member’s Habilitation assessment was completed on April 22. Habilitation eligibility will be reinstated back to October 15. ○ the most recent Habilitation assessment was completed more than a year ago, Habilitation eligibility needs to be redetermined. For example, a member loses Medicaid eligibility on July 31 and on October 15 it is determined that Medicaid will be reinstated back to August 1. The member’s Habilitation assessment was completed on August 8 of the previous year. A new assessment and Social History will need to be completed and submitted as if it is a new Habilitation application 			

<p>Process for Reinstating Habilitation if Medicaid is Lost 60 Days or Less (PROCESS IS DIFFERENT FROM WHAT IS IDENTIFIED ABOVE IN THE 1ST BULLET)</p>	<p>When Medicaid eligibility is lost, ISIS automatically closes the case. If Medicaid eligibility for the month is regained when the premium is paid or the spenddown is met, the case must be reopened in ISIS in order for habilitation services to continue. To reopen the case:</p> <ul style="list-style-type: none"> ◆ Go to the “Add/Cancel Program” tab in ISIS and start a new program request in the same manner as when opening a new case. ◆ When entering the beginning date in the “Program Start Date” field, make sure the date is one day after the date the original program request ended. ◆ ISIS then merges the new program request with the one that was previously closed and the program will continue uninterrupted <p>Instructions for reopening a Habilitation case are located in the Habilitation Manual at: https://dhs.iowa.gov/policy-manuals/medicaid-provider</p>	<p>No action required</p>	<p>No action required</p>	<p>No action required</p>
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Person-Centered Planning Process

Topic	Fee-for-Service	AmeriHealth Caritas Iowa	Amerigroup	United Healthcare
Person Centered Service Plan Coordination	The IHH Care Coordinator develops the interdisciplinary team (IDT) , schedules and facilitates the person centered service plan meeting on behalf of the member with the member and their IDT.	The IHH Care Coordinator or CBCM schedules and facilitates the person centered service plan meeting on behalf of the member with the member and their interdisciplinary team. (IDT)	The IHH CC or CBCM schedules and facilitates the person centered plan (PCP) service meeting on behalf of the member with the member and his/her interdisciplinary team (IDT).	UnitedHealthcare has a designated <i>Person Centered Treatment Plan</i> (PCTP) tool. The tool can be downloaded from UHCCommunityplan.com under Provider Forms.
Person Centered Service Plan Development	The IHH Care Coordinator or Community Based Case Manager is responsible for developing the service plan based on the CSA and PCP planning meeting.	The IHH Care Coordinator or CBCM is responsible for developing the service plan based on the CSA and PCP planning meeting.	The IHH CC or CBCM is responsible for developing the service plan based on the interRAI and PCP planning meeting. AGP does not have a designated template for the person-centered plan.	The IHH Care Coordinator with the collaborative effort of the team is responsible for developing the PCTP.
Person Centered Service Plan Distribution	The IHH Care Coordinator or Community Based Case Manager is responsible for distributing the plan to the member and providers	The IHH Care Coordinator or CBCM is responsible for distributing the plan to the member and providers	The IHH CC or CBCM is responsible for distributing the plan to the member and providers.	The IHH Care Coordinator provides the member and providers with a copy of the PCTP.
Person Centered Service Plan Monitoring	The IHH Care Coordinator or Community Based Case Manager is responsible for making monthly contact to monitor the plan and quarterly face to face meeting with the member.	The IHH Care Coordinator or CBCM is responsible for monitoring the plan with at least monthly contacts and at least quarterly face to face meetings with the member.	The IHH CC or CBCM is responsible for monitoring the plan with at least monthly contact and, at minimum, a quarterly face to face meeting with the member.	UnitedHealthcare requires monthly member contact and at least quarterly face to face member meeting. Documentation must show that IHH is meeting this requirement.
Person Centered Service Plan Review	The IHH Care Coordinator or Community Based Case Manager is responsible for ongoing review and monitoring.	The IHH Care Coordinator or CBCM is responsible for reviewing progress and the need for changes to the plan as part of the monitoring process.	The IHH CC or CBCM is responsible for ongoing review and monitoring.	The IHH Care Coordinator is responsible for submitting PCTP changes per an addendum. This addendum will need to be submitted to UnitedHealthcare per email at uhc_iowa_integratedhealthhomes@uhc.com or Fax to 877-960-5516.

Topic	Fee-for-Service	AmeriHealth Caritas Iowa	Amerigroup	United Healthcare
Discharge Planning	Discharge planning occurs at the time of the person centered service plan meeting and is documented in the person centered service plan. The discharge plan should identify what should occur in order to reduce the need for services.	Discharge planning occurs at the time of the person centered service plan meeting and is documented in the person centered service plan. The discharge plan should identify what should occur in order to reduce the need for services.	Discharge planning occurs at the time of the person centered service plan meeting and is documented in the person centered service plan. The discharge plan should identify what should occur in order to reduce the need for services.	The IHH Care Coordinator with the team develops the PCTP including discharge planning.
Habilitation Provider Service Plan	The Habilitation service provider is responsible for the development of a service specific service plan which identifies the member's services goals and the provider's objectives to assist the member to meet their goal	The Habilitation service provider is responsible for the development of a service specific service plan which identifies the member's services goals and the provider's objectives/interventions to assist the member to meet their goals.	The Habilitation service provider is responsible for the development of a service specific service plan which identifies the member's services goals and the provider's objectives to assist the member to meet their goals.	The IHH is responsible for coordinating the services of the member including the development of a provider service plan.

Habilitation Service Authorizations

Topic	Fee-for-Service	AmeriHealth Caritas Iowa	Amerigroup	United Healthcare
Service Authorization Process	<p>The IHH Care Coordinator or Community Based Case Manager is responsible for entering the service spans in the program request in ISIS. IME Medical Services approves the service plan.</p> <p>Once the service plan has been approved the IHH is responsible for sending the NODs to the Habilitation providers.</p>	<p>The IHH Care Coordinator or CBCM is responsible for entering the service requests into Jiva.</p>	<p>The IHH CC or CBCM is responsible for submitting a service request with the person-centered plan to Amerigroup for review. This can be done via fax with the Mental Health Outpatient Treatment Form- IA Healthlink (1-866-877-5229) or through the provider portal (www.availability.com). Prior authorization is required for Habilitation services.</p>	<p>UnitedHealthcare does not require prior authorization for Hab services.</p>
Service Reauthorization	<p>The IHH Care Coordinator or Community Based Case Manager is responsible for entering the service spans in the program request in ISIS. IME Medical Services approves the service plan.</p> <p>Once the service plan has been approved the IHH is responsible for sending the NODs to the Habilitation providers</p>	<p>The IHH Care Coordinator or CBCM is responsible for entering the service requests into Jiva.</p>	<p>The IHH CC or CBCM is responsible for submitting a service request with the person-centered plan to Amerigroup for review. This can be done via fax with the Mental Health Outpatient Treatment Form- IA Healthlink (1-866-877-5229) or through the provider portal (www.availability.com).</p>	<p>UnitedHealthcare does not require prior authorization for Prevocational and Supported Employment services</p>
Service Changes	<p>If the Habilitation service provider or member requests changes they contact the IHH CC or CBCM to request the changes. The IHH Care Coordinator or Community Based Case Manager is responsible for entering the service spans in the program request in ISIS.</p> <p>Once the service plan has been approved the IHH is responsible for sending the NODs to the Habilitation providers</p>	<p>If the Habilitation service provider or member requests changes they contact the IHH CC or CBCM to request the changes.</p>	<p>If the Habilitation service provider or member requests changes they contact the IHH CC or CBCM to request the changes. The IHH CC or CBCM is responsible for submitting the requested changes including the amended person-centered plan, via fax with the Mental Health Outpatient Treatment Form- IA Healthlink (1-866-877-5229) or through the provider portal (www.availability.com).</p>	<p>If the Habilitation service provider or member requests changes they contact the IHH CC. The IHH CC is responsible for submitting, via fax or email, the requested changes including the amended person-centered plan.</p>

Topic	Fee-for-Service	AmeriHealth Caritas Iowa	Amerigroup	United Healthcare
Utilization Management Process	The IME Medical Services Unit reviews and approves those services that require Prior Authorization – Prevocational and Supported Employment services	The LTSS UM Department reviews and approves or denies the service requests. UM staff may contact IHH/CBCM staff if there are questions about the amount, duration, and scope of services requested or to propose alternatives if denial is anticipated.	The Behavioral Health Utilization Management Department reviews service requests. UM staff may contact the IHH CC or CBCM if additional information is needed, for example, scope of services or frequency of mental health symptoms.	UnitedHealthcare Alert team completes claim reviews to identify triggers regarding utilization of services.
Communication to Habilitation Providers (additional information presented in June 2016 is available at https://theiacp.memberclicks.net/assets/docs/accessing_mco_authorizations.pdf)	The IHH CC and CBCM is responsible for providing the comprehensive service plan and providing a notice of decision for the provider for services authorized.	The IHH CC or CBCM is responsible for providing the comprehensive service plan. Providers access the Service Plan, which includes current approved services, through the Provider Portal.	The IHH CC or the CBCM is responsible for providing the comprehensive service plan to the service provider. Service providers may access eligibility and service authorizations through the provider portal / Patient360 (www.availity.com).	UHC will communicate to the IHH approvals for level of care (LOC) determination via email. LOC guidelines are available at: https://ubhweb.uhc.com/ubh/clinical_policy_standards/gls/state_specific/Integrated%20Health%20Home%20(IA%202-Final).pdf

Contacts for Questions about Habilitation Services

Topic	Fee-for-Service	AmeriHealth Caritas Iowa	Amerigroup	United Healthcare
Questions about Habilitation Services in General	IME Provider Services 1-800-338-7909	Karen Walters Crammond 515-330-3802 kcrammond@amerihealthcaritasia.com	Provider Relations Department (see handout of map)	IHH inquiries go through UnitedHealthcare HH RN Program Manager. Hab Provider go through the IHH
Questions about Specific Members' Services	IME Member Services 1-800-338-8366	Work through the Member's IHH or CBCM	Work through the Member's IHH or CBCM Member Services: 1-800-600-4441	Member services: 800-464-9484
Questions about Claims	IME Provider Services 1-800-338-7909	Provider's Account Executive	Provider Relations Department (see handout of map)	Provider services: 888-650-3462

*information provided is subject to change and is contingent on the interpretation of each individual health plan

Residential Setting Requirement for
State Plan HCBS Habilitation services and HCBS Waiver services

All residential settings where Habilitation services are provided must document the following in the member's person-centered service or treatment plan:

- a. 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;
- b. The setting is selected by the individual among all available alternatives and identified in the person-centered service plan;
- c. An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected;
- d. 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
- e. Individual choice regarding services and supports, and who provides them, is facilitated.

Residential settings that are provider owned or provider controlled or operated including licensed Residential Care Facilities (RCF) for 16 or fewer persons must document the following in the member's person-centered service or treatment plan:

- a) 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;
- b) The setting is selected by the individual among all available alternatives and identified in the person-centered service plan;
- c) An individual's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint are protected;
- d) 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
- e) Individual choice regarding services and supports, and who provides them, is facilitated.
- f) 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;
- g) 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.
- h) 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.
- i) Each individual has privacy in their sleeping or living unit
- j) Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.
- k) Individuals sharing units have a choice of roommates in that setting.
- l) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.
- m) Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.
- n) Individuals are able to have visitors of their choosing at any time.
- o) The setting is physically accessible to the individual.

Residential Setting Requirement for
State Plan HCBS Habilitation services and HCBS Waiver services

State Plan HCBS Habilitation Comprehensive Service Plan

Services must be included in a comprehensive person-centered service plan. The comprehensive person-centered service plan must be developed through a person-centered planning process driven by the member in collaboration with the member's interdisciplinary team, as established with the case manager or Integrated Health Home Coordinator.

The member's comprehensive service plan must be updated at least annually and when a change in the individual's circumstances or needs change significantly, and at the request of the individual.

The comprehensive person centered service plan:

- Includes people chosen by the individual
- Provides necessary information and support to the individual to ensure that the individual directs the process to the maximum extent possible
- Is timely and occurs at times/locations of convenience to the individual
- Reflects cultural considerations/uses plain language
- Includes strategies for solving disagreement
- Offers choices to the individual regarding services and supports the individual receives and from whom
- Provides method to request updates
- Conducted to reflect what is important to the individual to ensure delivery of services in a manner reflecting personal preferences and ensuring health and welfare
- Identifies the strengths, preferences, needs (clinical and support), and desired outcomes of the individual
- May include whether and what services are self-directed
- Includes individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education and others
- Includes risk factors and plans to minimize them
- Is signed by all individuals and providers responsible for its implementation and a copy of the plan must be provided to the individual and his/her representative

State Plan HCBS Habilitation Written Comprehensive Service Plan Documentation

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

State Plan HCBS Federal Requirements

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

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

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