Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

To: **The Governor's Advisory Council on Brain Injuries**

From: **DHS, IME, LeAnn Moskowitz, Brain Injury Waiver Program Manager**

Re: **Brain Injury Waiver and General Medicaid Quarterly Update April 2014**

I. Brain Injury Waiver Wait List as of

Waiver	Total Slots	Currently Enrolled (ISIS)	In process	On Wait List	Next App. Date
Brain Injury (Oct-Sept)	1339	1253	121	983	5/1/2012 23 months
Reserved Capacity	30	2	8	0	N/A

As of 4/07/17

I. BI Waiver Expenditures

Monthly Expenditure Comparison March 2013 and March 2014

Month to date comparison	Recip.	Claims	Units	Total Pmt	Avg. Unit Cost	Avg Elig Cost	Avg Unit Recip	Avg Cost Recip
3/31/2013	1,258	2,791	59,124	$2,733,883.83	$46.24	$5.33	47	$2,173.20
3/31/2014	1,215	2,567	206,127	$2,656,514.46	$12.89	$4.99	169.7	$2,186.43
Source Medicaid B-1 Monthly Report of Expenditures http://publications.iowa.gov								

The increase in average per unit cost and per member cost can be attributed to the 2% rate increase HCBS waiver providers received January 1, 2013 and the 3% upper rate limit increase July 1, 2014. The difference in units can be attributed to the atypical code conversion July 1, 2013 where many hourly units were converted to 15 min units resulting in overall more units per recipient.

Fiscal Year to Date Expenditure Comparison March 2013 and March 2014

SFY to date comparison	Recip.	Claims	Units	Total Pmt
03/31/2013	1,524	24,608	397,979	$19,805,120.84
03/31/2014	1,502	24,852	1,548,326	$22,994,674.51
Difference	22 1.4%	244 >1%	1,150,347 289%	$3,189,553.67 16 %
http://www.dhs.state.ia.us/Partners/Reports/PeriodicReports/Medicaid_B1/MedicaidB1Current.html				

HCBS BI Waiver Historical Expenditures

Fiscal Year	Total Costs	Avg. Served	Avg. Monthly Cost Per Recipient	Average Annual Cost Per Recipient	% Change in Total Costs	% Change in Recipients	% Change in Average Annual Cost Per Recipient
SFY 2007	$13,366,107	732	$1,522.68	$18,272.19			
SFY 2008	$17,631,128	959	$1,531.94	$18,383.31	31.91%	31.11%	0.61%
SFY 2009	$20,319,347	1,041	$1,625.94	$19,511.26	15.25%	8.58%	6.14%
SFY 2010	$21,211,921	1,041	$1,697.77	$20,373.22	4.39%	-0.02%	4.42%
SFY 2011	$22,244,413	1,056	$1,755.12	$21,061.46	4.87%	1.44%	3.38%
SFY 2012	$25,595,038	1,109	$1,923.28	$23,079.38	15.06%	5.00%	9.58%
SFY 2013	$30,532,172	1,244	$2,045.43	$24,545.19	19.29%	12.17%	6.35%

II. BI Waiver Utilization for 9/30/2013

- See attachment #1

III. BI Waiver Level of Care

Persons who qualify for the BI waiver have sustained a traumatic brain injury and meet intermediate care facility, skilled nursing facility, or intermediate care facility for the intellectually disabled level of care.

SFY 2014	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Year to Date
Admission LOC	**20**	**24**	**32**		**76**
Approvals	16 80%	24 100%	26 81%		66 87%
Denials	4 20%	0 0%	6 19%		10 13%
Annual LOC	**311**	**363**	**310**		**984**
Approvals	309 99%	363 100%	305 98%		977 99%
Denials	2 1%	0 0%	5 2%		7 1%

IV. BI Waiver Appeals

Members are provided appeal rights with every adverse decision

SFY 2014	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Year to Date
Number of Appeals	**0**	**0**	**3**		**0**

V. BI Waiver Exceptions to Policy

SFY 2014	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Year to Date
Number of Exceptions	**152**	**187**	**159**		**498**

ETPs completed to exceed the cap for services covered under the brain injury waiver has continued to be among the highest volume of ETPs

VI. BI Waiver Service Plan Authorization

Service plans for adult members on the Brain Injury waiver are completed when there is an increase in service unit amounts, service costs, or number of services to evaluate and confirm the medical need for the change in service level

SFY 2014	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Year to Date
Approvals	201 83%	134 79%	119 82%		454 82%
Modifications	40 17%	35 21%	26 18%		101 18%
Denials	0 0%	0 0%	0 0%		0 0%

VII. BI Waiver News

March 17, 2014 HCBS Setting Rules implemented see the final rule, state's transition toolkit and additional guidance at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html

See attachment #2 Residential Setting requirements
See attachment #3 Person Centered Planning and Service Plans

Web Enabled Training:
The BI Online Training Modules are now available at:
http://www.ime.state.ia.us/Providers/OnlineTools.html

BI Waiver Rules have been adopted for implementation July 1, 2014

- Removal of the upper age limit – Members will be able to continue to receive services through the BI Waiver after age 65
- Removal of the cost of BI Waiver Case Management (W0815) from the monthly service cost cap of $2,895.00 _ Members will have more dollars to spend on direct services
- Removal of the cost of Home and Vehicle Modifications from the monthly cap- Members will have more dollars to spend on direct services, Case Managers won't have to remember to encumber a portion of HVM costs each month

BI Waiver Level of Care Assessment Workgroup

- The core standardized assessment (CSA) tool is part of the Balancing Incentive Payment Program (BIPP) RFP. The winning bidder will begin vetting recommended CSAs with stakeholders following the award with a target of October or November for implementation of a CSA across all waiver populations.
- All BIPP information is posted at: http://www.ime.state.ia.us/Providers/BIPP.html

Community Based Neurobehavioral Rehabilitation Services Task Force

- Currently two providers operating through an exception to policy; Community NeuroRehab in Des Moines and NeuroRestorative Iowa in Iowa City.
- The IME continues to develop the reimbursement methodology rules.

BI Waiver Renewal due to CMS July 30, 2014, will reflect the Finalized HCBS rules that were implemented March 17, 2014 and the state's transition plan to fully comply with the HCBS setting rules. The rules, guidance and state toolkit can be found at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html

VIII. HCBS Communication from IME

http://www.ime.state.ia.us/Providers/Bulletins/Bulletins2013.html

INFORMATIONAL LETTER NO.1342
HCBS Transportation Reimbursement Rates

IX. General Information

- **The Iowa Health and Wellness Plan**
  Beginning January 1, 2014, the Iowa Health and Wellness Plan will cover all Iowans age 19-64 with income up to and including 133 percent of the Federal Poverty Level.
  http://www.ime.state.ia.us/iowa-health-and-wellness-plan.html

- **The DHS Budget Submission for SFY 2014 and 2015 may be found here:**
  http://www.dhs.state.ia.us/Partners/Reports/BudgetReports/Budgets.html

- **See the Medicaid Newsletter for all the latest news from the IME**
  http://www.ime.state.ia.us/newsletter.html#search='Medicaid%20newsletter

- **DHS Initiatives**
  http://www.ime.state.ia.us/Initiatives.html

  - Medicaid Value Management Data
  - State Innovation Models (SIM)
  - Balancing Incentive Payment Program (BIPP)
  - Health Home
  - Health Information Technology
  - ICD-10
  - Affordable Care Act

X. DHS Employment Initiatives

- DHS Employment Service Redesign workgroup has met since July. All Employment Service Redesign reports, documents, webinars and workgroup activities can be found at:
  http://www.dhs.state.ia.us/mhdd/2012/Employment.htm

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Program	Service	# of Consumers
Brain Injury	H2015 Comp Community Support - home based hab or SCL 15 min	390
Brain Injury	H2016 Comp Comm Support - home based hab or SCL PER DIEM	145
Brain Injury	H2021 Comm-Based Wrap-Around - family counseling	18
Brain Injury	H2023 Supported Employment - - enclave	28
Brain Injury	H2024 Supported Employment - employer development	1
Brain Injury	H2025 Support to Maintain Employment -	58
Brain Injury	S0215 Non-Emergency Transportation per Mile	101
Brain Injury	S5101 Adult Day Care Services - 1/2 Day	21
Brain Injury	S5102 Day Care Services- full day	64
Brain Injury	S5105 Adult Day Care- extended day	4
Brain Injury	S5125 Attendant Care Services - Agency non-skilled	143
Brain Injury	S5125 Attendant Care Services - Agency skilled	2
Brain Injury	S5150 Respite Care - specialized	37
Brain Injury	S5150 Respite Care - individual basic, home care agency	264
Brain Injury	S5150 Unskilled Respite Care - basic individual	50
Brain Injury	S5160 Emergency Response System, Install and Test	8
Brain Injury	S5161 Emergency Response System - Monthly Fee	143
Brain Injury	S5165 Home Modification	6
Brain Injury	T1002 RN Services - IMMT	1
Brain Injury	T1003 LPN/LVN Services-IMMT	5
Brain Injury	T1004 Nursing/Home Health Aide- IMMT, SCL & chld care	1
Brain Injury	T1004 Nursing/Home Health Aide- IMMT, HH agency	2
Brain Injury	T1005 Respite Care Services - group	61
Brain Injury	T1005 Respite Care Services - facility	3
Brain Injury	T1016 Case Management	880
Brain Injury	T1019 Personal Care Services - CDAC individual non-skilled	138
Brain Injury	T1019 Personal Care Services - CDAC individual skilled	9
Brain Injury	T2003 Non-Emergency Transportation per Trip (One Way)	109
Brain Injury	T2014 Habilitation, Prevocational per Diem	24
Brain Injury	T2015 Habilitation, Prevocational per Hour	29
Brain Injury	T2018 Hab, Supp Emp- - job development	4
Brain Injury	T2025 Waiver Services NOS- FMS payment	263
Brain Injury	T2029 Specialized Medical Equipment NOS	5
Brain Injury	T2036 Therapy Camping Overnight	2
Brain Injury	T2037 Therapy Camping per Day	1
Brain Injury	T2039 Vehicle Modification	1
Brain Injury	W0815 Case Management BI Waiver	1
Brain Injury	W1010 Consumer Choices Option	3
Brain Injury	W1267 CDAC-Individual (Hourly)	1

Total number of members eligible as of 03/31/2014 = 1281

Residential Setting Requirements for

State Plan HCBS Habilitation services and HCBS Waiver service

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.

State Plan HCBS and HCBS Waiver 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 and HCBS Waiver Written Comprehensive Service Plan Documentation

- Reflects individual's strengths and preferences
- Reflects clinical and support needs
- Includes observable and measureable 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.

- 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