

**HUMAN SERVICES DEPARTMENT[441]**

**Notice of Intended Action**

**Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”**

**Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.**

Pursuant to the authority of Iowa Code section 249A.4, the Department of Human Services proposes to amend Chapter 83, “Medicaid Waiver Services,” Iowa Administrative Code.

In 2013 Iowa Acts, chapter 138, section 12(19)(a)(7), the Iowa Legislature mandated a functional assessment for recipients of intellectual disability (ID) waiver services using the Supports Intensity Scale® (SIS) developed and licensed by the American Association on Intellectual and Developmental Disabilities (AAIDD), to be administered by an independent entity under contract with the Department.

In the past, a variety of assessment tools, interview questions, and information-gathering processes have been used by case managers responsible for assessing the needs of individuals receiving ID waiver services. Conflicts of interest were possible, in that case managers performing needs assessments were also responsible for developing a care plan using services provided by the case manager’s employer.

As noted, the Supports Intensity Scale® was developed and licensed by the American Association on Intellectual and Developmental Disabilities. AAIDD is a nonprofit organization of professionals who work with individuals with intellectual and developmental disabilities. The SIS has been in use since 2004 and, as of August 2014, was being used by 22 other states and three Canadian provinces to plan the services provided to individuals with intellectual or developmental disabilities. As administered by an independent contractor, the SIS will provide consistent information statewide about individuals receiving ID waiver services, to objectively assess their needs and match those needs with services, free from conflicts of interest.

In addition to the 2013 legislative mandate, use of the SIS, administered by an independent contractor, is consistent with the recommendations of the stakeholder groups convened to advise the Department on implementation of the legislatively mandated redesign of Iowa’s mental health and disability services system, pursuant to 2011 Iowa Acts, chapter 121 (Senate File 525), and 2012 Iowa Acts, chapter 1120 (Senate File 2315). And the SIS has also been specified in Iowa’s application for enhanced federal Medicaid funding under the federal Balancing Incentive Program (BIP), established by Pub. L. No. 111-148, § 10202), which application was submitted pursuant to the state Legislature’s direction in 2012 Iowa Acts, chapter 1133 (Senate File 2336), section 14.

These amendments bring the Department’s rules into compliance with the 2013 legislative mandate, the recommendations of the redesign stakeholder groups, Iowa’s BIP application, and current practice regarding use of the SIS in the ID waiver program. People with intellectual disabilities who are receiving long-term services through Medicaid, as home and community-based services or in intermediate care facilities for the intellectually disabled, have been evaluated using the SIS beginning August 1, 2014, providing consistent information statewide to objectively assess needs and match those needs with services, free from conflicts of interest. When managed care entities (MCEs) begin operation, they will utilize the same core standardized assessment instrument as the existing contractor and will absorb responsibility for conducting core standardized assessments for all long-term services and supports (LTSS) waiver Medicaid members who are already enrolled for regular Medicaid benefits. MCEs’ assessors will be required to comply with conflict-free standards for case management and qualifications for assessor staff to ensure quality and objectivity of assessment processes.

Any interested person may make written comments on the proposed amendments on or before August 25, 2015. Comments should be directed to Harry Rossander, Bureau of Policy Coordination, Department of Human Services, Hoover State Office Building, Fifth Floor, 1305 East Walnut Street,

Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980 or by e-mail to [policyanalysis@dhs.state.ia.us](mailto:policyanalysis@dhs.state.ia.us).

These amendments do not provide for waivers in specified situations because requests for the waiver of any rule may be submitted under the Department's general rule on exceptions at 441—1.8(17A,217).

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code section 249A.4 and 2013 Iowa Acts, chapter 138, section 12(19)(a)(7).

The following amendments are proposed.

ITEM 1. Rescind the definition of "Assessment" in rule **441—83.60(249A)**.

ITEM 2. Adopt the following new definition of "SIS assessment" in rule **441—83.60(249A)**:

"SIS assessment" means the Supports Intensity Scale® assessment developed and licensed by the American Association on Intellectual and Developmental Disabilities for use in the assessment of the support and service needs of individuals.

ITEM 3. Amend paragraph **83.61(2)"a"** as follows:

a. Applicants currently receiving Medicaid case management or services of a department-qualified intellectual disability professional (QIDP) shall have the applicable coordinating staff and other interdisciplinary team members complete Form 470-4694, Case Management Comprehensive Assessment, and identify the applicant's needs and desires as well as the availability and appropriateness of the services coordinate with the department to arrange an SIS assessment.

ITEM 4. Amend subparagraph **83.61(2)"b"(1)** as follows:

(1) Complete Form 470-4694, Case Management Comprehensive Assessment, Arrange an SIS assessment for the initial level of care determination;

ITEM 5. Amend paragraph **83.61(2)"f"** as follows:

f. The service worker, department QMRP, or Medicaid case manager shall complete Form 470-4694, Case Management Comprehensive Assessment, coordinate with the department to arrange an SIS assessment for the initial level of care determination within 30 days from the date of the HCBS application unless the worker can document difficulty in locating information necessary for completion of Form 470-4694 to arrange the SIS assessment or other circumstances beyond the worker's control.

ITEM 6. Amend paragraph **83.61(2)"g"** as follows:

g. At initial enrollment, the service worker, department QIDP, case manager or Medicaid case manager shall establish an interdisciplinary team for each applicant and, with the team, identify the applicant's need for service based on the applicant's needs and desires as well as the availability and appropriateness of services. The Medicaid case manager shall complete an annual review thereafter. The following criteria shall be used for the initial and ongoing assessments identification of need for services:

(1) The assessment shall be based, in part, on information on the completed Case Management Comprehensive Assessment, Form 470-4694. The assessment shall be based on the results of the most recent SIS assessment or of the SIS contractor's off-year review.

(2) and (3) No change.

ITEM 7. Amend paragraph **83.62(3)"c"** as follows:

c. An applicant shall be given the choice between HCBS waiver services and ICF/ID care. The case manager or worker shall have the consumer or legal representative complete and sign Form 470-4694, Case Management Comprehensive Assessment, indicating indicate the consumer's choice of care.

ITEM 8. Amend rule 441—83.64(249A) as follows:

**441—83.64(249A) Redetermination.** A redetermination of nonfinancial eligibility for HCBS intellectual disability waiver services shall be completed at least once every 12 months. In years in which an SIS assessment is not completed, the SIS contractor shall conduct a review in collaboration

with the case manager, documenting any changes in the member's functional status since the previous SIS or other full assessment.

A redetermination of continuing eligibility factors shall be made when a change in circumstances occurs that affects eligibility in accordance with rule 441—83.61(249A).