

441—83.67(249A) Service plan. A service plan will be prepared for each HCBS intellectual disability waiver member.

83.67(1) Development. The service plan will be developed by the interdisciplinary team that includes the member, and, if appropriate, the legal representative, member's family, case manager or service worker, service providers, and others directly involved.

83.67(2) Retention. The service plan will be stored by the case manager for a minimum of three years.

83.67(3) Interdisciplinary team meeting. The interdisciplinary team meeting will be conducted before the current service plan expires.

83.67(4) Information in plan. The plan will be in accordance with 441—subrule 24.4(3) and will additionally include the following information to assist in evaluating the program:

- a. A listing of all services received by a member at the time of waiver program enrollment.
- b. For supported community living:
 - (1) The member's living environment at the time of waiver enrollment.
 - (2) The number of hours per day of on-site staff supervision needed by the member.
 - (3) The number of other waiver members who will live with the member in the living unit.
- c. An identification and justification of any restriction of the member's rights, including but not limited to:
 - (1) Maintenance of personal funds.
 - (2) Self-administration of medications.
- d. The name of the service provider responsible for providing each service.
- e. The service funding source.
- f. The amount of the service to be received by the member.
- g. Whether the member has elected the consumer choices option and, if so:
 - (1) The independent support broker selected by the member; and
 - (2) The financial management service selected by the member.
- h. A plan for emergencies and identification of the supports available to the member in an emergency.

i. For members receiving daily supported community living, day habilitation, or adult day care, the assignment to acuity tiers is based on a mathematically valid process that identifies meaningful differences in the support needs of the members based on the interRAI-ID and ChYMH-DD scores.

83.67(5) Documentation. The Medicaid case manager will ensure that the member's case file contains the member's service plan and documentation supporting the diagnosis of intellectual disability.

83.67(6) Approval of plan. The plan will be approved through the institutional and waiver authorization and narrative system (IoWANS). Services shall be entered into IoWANS based on the service plan.

- a. Services must be authorized and entered into IoWANS before the plan implementation date.
- b. The department has 15 working days after receipt of the summary and service costs in which to approve the services and service cost or request modification of the service plan unless the parties mutually agree to extend that time frame.
- c. If the department and the service worker or case manager are unable to agree on the terms of the services or service cost within ten days, the department has final authority regarding the services and service cost.

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