



# STATE OF IOWA

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DEPARTMENT OF ELDER AFFAIRS  
MARK A. HAVERLAND, DIRECTOR

TO: Jonetta Douglas  
FROM: Mark A. Haverland, Chairperson  
Senior Living Coordinating Unit (SLCU)  
Date: January 31, 2005  
SUBJECT: 2004 Annual Report

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As chairperson for the Senior Living Coordinating Unit (SLCU), I am pleased to present the annual report of the SLCU's accomplishments and goals as required in Iowa Code 231.58.

Thank you for your continued interest and support of the Senior Living Coordinating Unit.

Enclosure

# **Senior Living Coordinating Unit Annual Report**

**Prepared pursuant to  
Iowa Code section 231.58**

**January 2005**

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## **Senior Living Coordinating Unit** *2004 Annual Report*

### **Executive Summary**

The Senior Living Coordinating Unit (SLCU) has broad responsibility for long term care in Iowa. The SLCU is comprised of the department directors of Public Health, Inspections and Appeals, Human Services, Elder Affairs, four members of the General Assembly and two members from the general public. This report includes the various activities, programs and initiatives of the SLCU for 2004.

One highlight of the year was the development of a long range plan for long term care in Iowa. This plan is a statutory requirement for the SLCU. Development of this plan began with a state wide town meeting in the fall of 2003. During the succeeding months, regional town meetings were held to hear from Iowans about the long term care system. The process ended with a second town meeting on November 18-19, 2004 when priorities for action were established. The top five initiatives to emerge from the second state-wide Town Meeting are to:

- 1.) Ensure the most comprehensive application of universal assessment tool possible.
- 2.) Investigate and implement strategies that improve the recruitment and retention of staff employed in the range of long-term care professions.
- 3.) Adopt a state acuity-based reimbursement plan to be applied to all long-term care options.
- 4.) Increase the state tobacco tax.
- 5.) Promote advance planning of care; tactics may include advance directives, powers of attorney, public education, outreach to physicians and organized medicine.

A report of this conference (see appendix) is attached to this report. The full long range plan is receiving final review by the SLCU.

During the year, new administrative rules were promulgated to establish the Department of Elder Affairs Director as the on-going chair and to hold more frequent meetings. This move responded to the growing sense that the SLCU needed to take on a more pro-active role in the coordinating of long term care policy. Our consumer members, Francis Hawthorne and Pete Conroy, have been concerned that the SLCU did not seem to adhere very closely to its statutory responsibilities. They believe, for instance, that the SLCU has not always been duly apprised of policy regarding long term care in a timely manner. The members of the SLCU have responded to this concern by focusing more on its duty to monitor, advise and plan for long term care in Iowa. As a result, this report will discuss a wider variety of programs which the SLCU monitors and supports than in previous years as we have reached out to be involved in departmental initiatives such as the SEAMLESS grant from the Administration on Aging in DEA, the Cash and Counseling Grant from RWJ in DHS and others which are described in this report. The SLCU will also receive an advisory role in relation to the Universal Assessment project which has emerged from the National Governors' Association Workgroup. These initiatives enable the SLCU to have a

stronger presence in the development and monitoring of long term living policy in Iowa which is our statutory responsibility.

The problems and challenges of long term care in Iowa transcend any individual department. Each department depends more and more on others to help improve the way older Iowans and persons with disabilities receive services and information. Indeed, the solutions to the exponentially increasing Medicaid budget may well lie as much in the Departments of Health (disease prevention and management, and health promotion) and Elder Affairs (case management for frail elders (CMPFE) and elderly services (Senior Living Trust) as in the Medicaid program itself. As a result, the SLCU takes on added importance because it allows the four departments responsible for long term care to coordinate their efforts. In this report, you will learn more about the individual and joint efforts of the Senior Living Coordinating Unit to create a more comprehensive and effective long term living system in Iowa.

Mark Haverland, Director  
Department of Elder Affairs

### **History of the Unit**

The Senior Living Coordinating Unit (Long Term Care Coordinating Unit) was created in 1986 as part of State Government Reorganization. Duties assigned to the Unit include:

- a. Develop, for legislative review, the mechanisms and procedures necessary to implement a case-managed system of long-term care based on a uniform comprehensive assessment tool.
- b. Develop common intake and release procedures for the purpose of determining eligibility at one point of intake and determining eligibility for programs administered by the departments of human services, public health, and elder affairs, such as the medical assistance program, federal food stamp program, and homemaker-home health aide programs.
- c. Develop common definitions for long-term care services.
- d. Develop procedures for coordination at the local and state level among the providers of long-term care, including when possible co-campusing of services. The director of the department of administrative services shall give particular attention to this section when arranging for office space pursuant to section 8A.321 for these three departments.
- e. Prepare a long-range plan for the provision of long-term care services within the state.
- f. Propose rules and procedures for the development of a comprehensive long-term care and community-based services program.
- g. Submit a report of its activities to the governor and general assembly on January 15 of each year.

h. Provide direction and oversight for disbursement of moneys from the senior living trust fund created in section 249H.4.

i. Consult with the state universities and other institutions with expertise in the area of senior issues and long-term care.

During the 2000 legislative session, the Unit was renamed the Senior Living Coordinating Unit, and its membership was expanded to include four members of the General Assembly as ex officio, nonvoting members.

#### SLCU Members

Mark Haverland, Chair	Department of Elder Affairs
Kevin Concannon	Department of Human Services
Mary Mincer Hansen	Department of Public Health
Steve Young	Department of Inspections and Appeals
James "Pete" Conroy	Consumer
Francis Hawthorne	Consumer

#### Ex officio members

Nancy Boettger	Senator
David Heaton	Representative
Robert Osterhaus	Representative
Amanda Ragan	Senator

### **2004 Senior Living Coordinating Unit Activity**

The Senior Living Coordinating Unit endorsed and agreed to support the following activities during 2004:

- Cash & Counseling Grant Award

On October 7, 2004, the Iowa Department of Human Services was awarded a Robert Wood Johnson Foundation grant of \$250,000 over three years to implement a Cash and Counseling project. Iowa is one of eleven states receiving similar grants from the Foundation. Under this grant, Iowa will develop a new option for Medicaid recipients called *Developing Choices-Empowering Iowans*.

Recipients who elect to be in the project are provided a monthly allowance that equals the amount that would be approved under traditional Home and Community Based Services for authorized care. The recipients may choose to hire relatives (excluding spouses), neighbors, or friends as caregivers. Providing more choice and control to people who are capable of managing these very personal daily activities makes a tremendous difference in improving their quality of life. Counseling is provided to help the recipient develop a spending plan and to help both the recipient

and the caregiver to keep records. The program will be voluntary. Those who wish to receive personal care through a Medicaid-contracted agency may continue to do so.

- Aging and Disability Resource Center Project

The Aging and Disability Resource Center (ADRC) is funded by an \$800,000 three-year grant from the Administration on Aging and the Centers for Medicare and Medicaid Services. The project will work to integrate the Internet-based aging resources management information system (Iowa Family Caregiver Program,) the developmental disabilities information system (Iowa COMPASS,) and the human services information and referral system, Iowa 211. It will also create an interactive consumer-oriented website to support and expand the “no wrong door” approach to accessing the long-term care system.

The Aging and Disability Resource Center work group, made up of representatives of all populations served by the Center, will guide the work of the project. The goals of the project are to empower individuals to make informed choices; streamline access to long-term care support; minimize consumer confusion; enhance individual choice; and enable policy makers and program administrators to effectively respond to individual needs, address system problems, and limit the unnecessary use of high-cost services.

- Program of All-inclusive Care for the Elderly (PACE)

Programs of All-inclusive Care for the Elderly (PACE) serve people aged 55 and older who live in an established geographic service area, qualify for state nursing home level of care, and can be safely cared for in a community setting at the time of enrollment. Rather than place people in nursing homes, PACE programs provide a comprehensive range of services that enable the people they serve to continue living in the community. PACE programs receive a capitated monthly payment from Medicare and Medicaid in exchange for all health and aging services required to meet the needs of the people they serve. PACE is a permanent provider under the Medicare program and a state option under state Medicaid programs.

The State of Iowa is participating in a study funded by the Centers for Medicare and Medicaid Services (CMS) that evaluates the barriers and opportunities for developing PACE at the state level and in identified service areas. The departments of elder affairs, human services, and public health, and Iowa Finance Authority (which also acts as Iowa’s Housing Authority) worked with staff from the National PACE Association (NPA) to conduct the project, with the technical assistance of Rob McCommons of Integrated Care Solutions, LLC, and Larry McNickle, a housing consultant.

The project is important to the State of Iowa, due in part to recent changes to its long term care priorities. Historically, the state relied extensively on nursing home care. In the mid-90’s, the state began placing more emphasis on home and com-

munity based services. Between 1996 and 2001, the percent of total budgetary long term care spending on home and community-based services almost doubled. The state views PACE as a long term care option that will further its' commitment to community based long term care.

The final report can be viewed at [www.state.ia.us/elderaffairs/services/PACE.html](http://www.state.ia.us/elderaffairs/services/PACE.html).

- Project Seamless

In late 2002 the Iowa Department of Elder Affairs received a three-year earmark grant from Senator Harkin's office through the Administration on Aging for development of a seamless system of access to home and community-based services. The process developed an enhanced data management system, which allows for protection of confidentiality while reducing the duplication in paperwork for clients and the related data entry for service providers. This grant is implemented in collaboration with the area agencies on aging, the Department of Public Health, the Department of Human Services, the Iowa Technology Enterprise and other organizations and has a focus on the Case Management Program for the Frail Elderly. During 2004 the Seamless data management system was rolled out and is being used by all the area agencies on aging. The vision of the project is that "elderly clients will find no wrong door to access services."

The Department of Human Services has been working with the Department of Elder Affairs on the Seamless Project by sharing information that will assist with processing consumer's applications for services. The Departments plan to eventually share information between ISIS and Seamless. This system was designed to assure that consumers are approved for services they need and that providers are paid for the services they provide. In October 2004 nursing facilities were added to the ISIS system. This will enable DHS to see the transition of consumers from waiver services to facilities and for some even a return to their homes.

### **Senior Living Trust Fund (SLTF) Revenues and Expenditures**

As part of the 2000 Senior Living Program Act, the Senior Living Trust Fund was created to receive nursing facility payments under an intergovernmental transfer mechanism. Through this transfer, Iowa received federal funds to implement a new nursing facility reimbursement methodology that maximized federal matching funds. This new methodology uses the Medicare rate, known as the "upper payment limit," for Medicaid reimbursed nursing services. Additional moneys received through intergovernmental transfers are to be deposited into the Fund in order to finance other long-term care alternatives in the state. The attached chart illustrates the actual and projected expenditures and revenues by fiscal year.

**SENIOR LIVING TRUST FUND  
LEGISLATIVE SERVICES AGENCY, FISCAL SERVICES DIVISION**

	Actual FY 2001	Actual FY 2002	Actual FY 2003	Estimated FY 2004	Estimated FY 2005
<b>Revenues</b>					
Beginning of SFY Fund	\$ 0	\$ 60,891,949	\$ 127,046,631	\$ 366,831,372	\$ 286,141,856
Intergovernmental Transfer	95,621,331	129,880,808	120,587,491	52,876,607	5,458,818 <sup>6</sup>
Intergovernmental Transfer (Hospital Trust Fund)	0	13,203,977	0	0	0
Medicaid Transfer	0	5,964,781	28,039,039	0	0
Pending Fund Transfer	0	0	169,484,518 <sup>1</sup>	0	0
Interest	3,807,946	4,408,806	6,358,599	7,297,465	3,499,208
<b>Total Revenues</b>	<b>\$ 99,429,277</b>	<b>\$ 214,350,321</b>	<b>\$ 451,516,278</b>	<b>\$ 427,005,444</b>	<b>\$ 295,099,882</b>
<b>Expenditures</b>					
<b>DHS Grants and Services</b>					
NF Conversion Grants/LTC HCBS Funds	\$ 454,258 <sup>2</sup>	\$ 7,939,565 <sup>3</sup>	\$ 1,791,701	498,780 <sup>4</sup>	\$ 20,000,000 <sup>5</sup>
NF Conversion Grant Carry Forward	0	0	0	0	2,677,693
Assisted Living Rent Subsidy	0	75,552	283,817	205,747	700,000
Medicaid HCBS Elderly Waiver	0	710,000	710,000	710,000	710,000
NF Case Mix Methodology	33,650,000	24,750,000	29,950,000	29,950,000	29,950,000
Medicaid Supplement	0	48,500,000	45,465,000	101,600,000	101,600,000
DHS Administration & Contracts	341,792	7,050	0	0	323,406
<b>DHS Total</b>	<b>\$ 34,446,050</b>	<b>\$ 81,982,167</b>	<b>\$ 78,200,518</b>	<b>\$ 132,964,527</b>	<b>\$ 155,961,099</b>
<b>DEA Service Delivery</b>					
Senior Living Program	\$ 3,798,109	\$ 4,897,625	\$ 5,987,285	\$ 6,965,460	\$ 7,698,461
Administration & Contracts	293,169	423,898	497,103	523,657	523,657
<b>DEA Total</b>	<b>\$ 4,091,278</b>	<b>\$ 5,321,523</b>	<b>\$ 6,484,388</b>	<b>\$ 7,489,117</b>	<b>\$ 8,222,118</b>
DIA - Asst'd. Living & Adult Day Care Oversight	\$ 0	\$ 0	\$ 0	\$ 409,944	\$ 800,000
<b>Total Expenditures</b>	<b>\$ 38,537,328</b>	<b>\$ 87,303,690</b>	<b>\$ 84,684,906</b>	<b>\$ 140,863,588</b>	<b>\$ 164,983,217</b>
<b>Ending Trust Fund Value</b>	<b>\$ 60,891,949</b>	<b>\$ 127,046,631</b>	<b>\$ 366,831,372</b>	<b>\$ 286,141,856</b>	<b>\$ 130,116,665</b>

<sup>1</sup> A Pending Fund was established to receive funds not yet available for appropriation. After federal approval, the funds were transferred to the Senior Living Trust Fund.

<sup>2</sup> Of the \$20.0 million appropriation for nursing facility conversion grants, \$15.9 million was transferred to the Medical Assistance Program (Medicaid) for FY 2001.

<sup>3</sup> HF 2245 (FY 2002 Medical Assistance Program (Medicaid) Supplemental Act) transferred \$9.5 million from the conversion grant appropriation to Medicaid.

<sup>4</sup> Of the \$20.0 million appropriation, the DHS expended & obligated a total of 3.2 million.

<sup>5</sup> Of the \$20.0 million appropriated, \$2.0 will be transferred to Medicaid for an inflation adjustment for nursing facility reimbursements, and \$7.0 million is allocated to the Iowa Finance Authority (IFA) for revolving funds that will support alternative long-term care services.

<sup>6</sup> Deposits from the Intergovernmental Transfer mechanism will like be discontinued by the federal government after FY 2005.

**Assumptions:**

Interest rate of 2.0% in FY 2004 and FY 2005; 3.0% thereafter.

**KEY:** NF = Nursing Facility      LTC = Long-Term Care      DEA = Dept. of Elder Affairs      DIA = Dept. of Inspections & Appeals

## Update on Senior Living Trust Fund Initiatives

- Aging Network Services

DEA awarded Senior Living Trust Fund (SLTF) money in the form of grants to the thirteen area agencies on aging to design, maintain, or expand home and community-based services for seniors who are age 60 or older. These services may include adult day care, personal care, respite, homemaker, chore, and transportation services that promote the independence of seniors and delay the use of institutional care by seniors with low and moderate incomes.

Over 14,000 low and moderate income older lowans were provided services through the area agencies on aging under the Senior Living Program. This funding source is only available to older lowans meeting specific income restrictions. As with Older Americans Act funding, many, if but not all, of the services provided under this program assist older lowans to remain living independently (with support) and delay or avoid costly nursing home care. The average annual cost per client under this program was less than \$590. Attached to this report is an appendix containing a summary of unmet needs for state fiscal year '04.

- Case Mix Methodology

Over a two-year period prior to June 30, 2003 the Nursing Facility case mix methodology was phased in. All Nursing facilities have implemented the case mix methodology. There was \$29,950,000.00 appropriated for SFY '04. Expenditures for the NF case mix methodology during SFY '04 were \$29,950,000.00.

- Medicaid Supplementation

\$103,333,406.00 was appropriated to supplement Medical Assistance through the Home and Community-Based Waiver and the State Supplementary Assistance programs. Expenditures for Medicaid Supplement during SFY '04 were \$102,839,281.00.

- Elder Abuse Initiative

In 2001, the legislature approved the utilization of the senior living trust to fund strategies for elder abuse detection, training and services. Funds were appropriated for a state coordinator and four demonstration projects. The mission of the Elder Abuse Initiative (EAI) is to focus on the prevention, intervention, detection and reporting of elder abuse, neglect and exploitation by presenting elders with options to enhance their lifestyle choices.

The Elder Abuse Initiative (EAI) is a service delivery system created through partnerships with the Area Agencies on Aging, the Department of Human Services, law enforcement, county attorneys, providers, and other stakeholders in the community. Referrals are received from the community, law enforcement and the Department of Human Services. When these calls are received, the Regional Prevention Coordinator (RPC) contacts the client and makes an assessment of needs, identifies potential or real risk, provides an evaluation of dependency and coordinates service delivery.

The program objectives are to:

- Increase public awareness on elder abuse issues at the local level.
- Respond to reported concerns of elders at risk of, or experiencing, abuse, neglect or exploitation.
- Network and coordinate community resources to respond to the needs of the targeted population.
- Collaborate and be a resource for case managers, physicians, law enforcement, county attorneys, DHS, domestic violence agencies and long term care facilities.
- Enhance the quality of mandatory reporter training in local areas.

Referrals into the program come from a number of sources:

Aging Network The aging network includes co-workers, providers, Case Management Program for Frail Elderly coordinators, case-managers, the health professionals, and anyone working with elders may request a consultation and or joint visits from regional prevention coordinators.

Community Calls/ Concerns (includes permissive reporters) All reports received should have equal merit. Again, once there is a suspicion of abuse, be sure to make a referral to DHS/DIA/law enforcement as appropriate. All reporters are entitled to a thorough, courteous interview to maximize the information received concerning the elder. The identity of the reporter shall remain anonymous unless the reporter states otherwise.

DHS As cited by Iowa Code Section 235B.3(5), following the reporting of suspected dependent adult abuse, the department of human services or an agency approved by the department shall complete an assessment of necessary services and shall make appropriate referrals for receipt of these services. DHS is encouraged to call the Regional Prevention Coordinator to proceed with a service assessment on all cases where the alleged victim is 60 years of age or older.

Mandatory Reporters There may be occasions in which mandatory reporters request the assistance of the Elder Abuse Initiative. If there is a suspicion that abuse, neglect or exploitation may have occurred, the RPC is required to inform the caller that he/she (the mandatory reporter) is mandated to report the situation to DHS. In cases that involve anything except self neglect, law enforcement should be contacted. RPC are also mandatory reporters. The identity of the reporter shall remain anonymous unless the reporter states otherwise.

Performance Measure for the Elder Abuse Initiative includes:

- In FY04, an 80.5% increase of cases reported in the EAI counties since FY01 baseline, compared to the 8.9% increase of cases reported in non-EAI counties.

- In FY04, a 38% increase in confirmation rates in the EAI counties since the FY01 baseline, compared to the 1% increase in confirmation rates in non-EAI counties.
  - EAI referrals received have increased 140%
  - EAI active clients have increased 297%
  - Information & Assistance has increased 99.5%
- Rent Subsidy

The Home and Community Based Services Rent Subsidy Program provides a monthly rental assistance payment to eligible adults and children receiving services under a federal Medicaid Home and Community Based Waiver until such time that they become eligible for any other local, state or federal rent subsidy. During December 2004, 390 Medicaid waiver recipients were receiving HCBS rent subsidy. An ICN training was held on November 3 to provide information on new procedures and forms related to the program.

For the fiscal year that began July 1, 2004, \$700,000 was budgeted for the Home and Community Based Services Rent Subsidy Program. Iowa Finance Authority entered into a 28E agreement with the Department of Human Services to administer this program beginning on August 1, 2004.

- Senior Living Conversion Program Grants

A Request for Proposal was issued on October 22, 2004 by the Department of Human Services. The Evaluation Committees will meet on January 25, 2005 and June 17, 2005 to determine which proposals will be recommended to the Senior Living Coordinating Unit as potential recipients of grant funding. Grant awards will be issued on June 17, 2005 with execution of the Grantee contracts occurring on June 30, 2005. A total of six million dollars has been allocated for distribution through the program.

During SFY '04 \$20 Million Senior Living Trust Fund dollars was appropriated. Of that amount \$580,781.00 was spent. There is carry-forward language in place for the unspent dollars. Grant funding continues to be disbursed during SFY '05.

- Senior Living Revolving Loan Fund

This program is a new Iowa Finance Authority program that is designed to assist with the development of affordable assisted living properties and service-enriched affordable housing. The targeted tenants are Medicaid-eligible consumers who currently reside in nursing homes and other institutions, or would move into an institution if this type of community-based service was unavailable. The loans can be used to purchase an existing building and convert it to either assisted living or housing with services or for new construction of the same, and are combined with low income housing tax credits. Five million dollars was set-aside for assisted living and service enriched housing.

- Home and Community-Based Services Revolving Loan Program Fund  
This is a new Iowa Finance Authority program that is designed to assist in the development and expansion of facilities and infrastructure that provide adult day services, respite services, and congregate meals for low-income people. Two million dollars was set aside for adult day, respite, and congregate meals.
- Long Term Care Ombudsmen  
The Senior Living Trust Fund provided for the hiring of two additional long-term care ombudsmen. An administrative assistant was also promoted to an ombudsman position, increasing the number of regional ombudsmen from two to five. Additional staff will help to better serve the elderly living in long-term care facilities, but Iowa is still a long way from the Administration on Aging recommendation of one ombudsman for every 2,000 people living in long-term care settings. People living in assisted living programs in Iowa were also added to the list of individuals served by the Office of the Long Term Care Ombudsman. This translates to each ombudsman serving approximately 9,800 residents.
- Certified Nurse Assistant Recruitment and Retention  
A contract was awarded to the Iowa Caregivers Association to develop a Certified Nursing Assistants Recruitment and Retention project. The two goals of the project are to: 1) develop a curriculum that may be replicated to provide enhanced training for certified nurse aides in areas such as dementia care, Parkinson's disease, aphasia, memory loss, and challenging behavior, and 2) develop recruitment strategies that will increase the number of certified nurse aides in nursing facilities and stabilize the nurse aide workforce of nursing facilities. A CNA Mentor Program was created and is proving to be a mechanism for improving retention of staff in those facilities that choose to incorporate the mentoring program.

### **2004 Initiatives Impacting Long Term Care Planning**

Following is a list of activities undertaken during the last year that examined the long term care system in Iowa. While the SLCU was not responsible for these initiatives, partner members were actively involved in providing technical expertise, guidance, and staff support.

- National Governors' Association Workgroup

The Governor asked the four departments of the SLCU to apply for a National Governor's Association Best Practices' Policy Academy grant. Iowa was awarded the grant and a team, chaired by the director of the Department of Elder Affairs, was assembled to develop a plan for improvements in the long term care system. This team chose the development of a Universal Assessment process as its primary project. Their work will result in a bill sponsored by the Governor's Office to implement a universal assessment process in Iowa. The four departments have worked collaboratively on this workgroup, supporting the efforts of providing real choices, defining barriers to real choices, informing consumers about options, evaluating the LTC system in Iowa and studying screening and assessment processes. Staff from

the SLCU state agency members have provided support and information for the workgroup efforts.

- Aging Services Cabinet

Governor Vilsack established through Executive Order No. 37 an Aging Services Cabinet to increase coordination and improve integration of health and social services for older Iowans across state government. The Aging Services Cabinet will advise the Governor's Office on workable strategies for developing a well-coordinated and seamless senior service delivery system, wherein the departments of state government work together in a more cohesive manner to assess and deliver needed services to older Iowans. The members of the cabinet are the directors of the departments of elder affairs, human services, inspections and appeals, and public health.

- Legislative Task Force

The Iowa General Assembly established an interim committee to write a vision statement for and to make recommendations for improvements in long term care in Iowa. The Task Force's vision statement is attached to this report.

- Medical Assistance Crisis Intervention Taskforce (MACIT)

The Iowa General Assembly, through Senate File 2298, established a blue ribbon committee that was charged with 1) providing a projection of the Medicaid assistance program costs through June 30, 2008, 2) holding at least four public meetings in geographically balanced venues across the state to gather public input on this program, and 3) submitting a report to the Iowa General Assembly by December 1, 2004. The Medical Assistance Crisis Intervention Taskforce was also permitted, but not required, to make additional recommendations. University of Iowa President David Skorton led the ten-member team. The Iowa Department of Human Services provided staff support to the team that included providing a projection of medical assistance program and administrative costs through June 30, 2008, based on historical expenditures. The MACIT report can be viewed at <http://www.uiowa.edu/~govrel/macit/index.html>.

### **On-going Long Term Care Program Activity**

- Case Management Program for the Frail Elderly (CMPFE)

The CMPFE provides case management services statewide using the standardized I-OASIS Assessment Tool. This program is administered by the Department of Elder Affairs and the thirteen area agencies on aging. A total of 7,472 of Iowa's elderly were referred to the Case Management Program for the Frail Elderly. A Functional Abilities Screening Evaluation (FASE) is performed on everyone who is referred to the program. The FASE is the screening tool used in the case management program. The purpose of the FASE is to identify those persons who are appropriate to be referred into CMPFE and to receive a full assessment to identify

health and social supports to remain at home. It is also used to identify those persons who may participate in a comprehensive assessment of their needs with the I-OASIS Assessment Tool.

The I-OASIS is an assessment tool that was adapted from the OASIS B1 data set. The OASIS B-1 was developed in 1998 for use by Medicare certified home health agencies for client assessment and data collection. The I-OASIS has been approved by the Senior Living Coordinating Unit for use in the Case Management Program for the Frail Elderly, as well as in other long-term care programs administered by the Senior Living Coordinating Unit's member departments. The assessment tool provides information regarding the individual's ability to function independently. From that information, a projection of the need for multiple services and/or multiple service providers is made. This projection is an indicator of the need for coordination of services through case management. During state fiscal year 2004, a comprehensive assessment was completed for the first time on 4,333 persons. There were 6,525 annual updates or reassessments completed using the I-OASIS Assessment Tool.

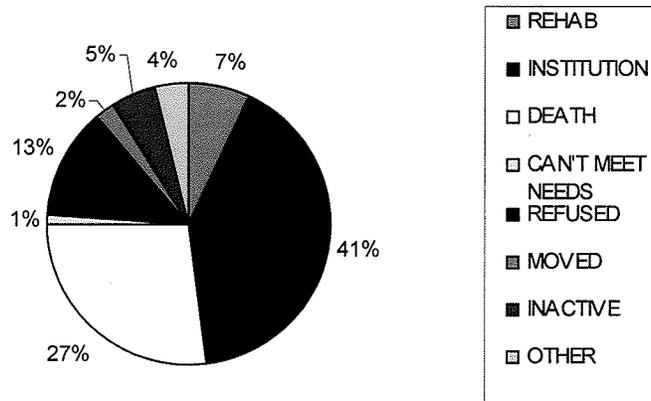
In the thirteen area agencies on aging, 8,980 individuals remained active case managed clients at the end of the fiscal year. A number of services were provided to each of these clients after implementation of each individualized care plan. Besides receiving needed services, there is ongoing communication with the client, advocacy on behalf of the client and the clients' service providers; monitoring of appropriateness, quality and frequency of services; and regular reassessment of each client's needs. Almost 70% of the case managed clients, or 6,278 individuals, were determined by the Iowa Foundation for Medical Care to meet Medicaid medical necessity criteria for intermediate or skilled level of care in a nursing facility.

The average cost per client on the Elderly Waiver living in his or her own home is \$505.00 per month, far less than the average monthly nursing home cost of over \$3,000 per month.

NOTE: The \$505.00 average cost reflects services reimbursed under the frail elderly waiver and does not include the in-kind contributions of providers and Area Agencies on Aging to complete the on-going coordination of services, regular Medicaid expenditures, or expenditures from the Senior Living Trust for individuals receiving services under both Medicaid and the Senior Living Program.

During fiscal year 2004, a total of 3,645 persons were discharged from the program. The chart below summarizes the reasons for discharge. Twenty-seven percent of all case managed clients were able to live out their lives in their own home.

**Case Management for the Frail Elderly  
Reasons for Discharge SFY04**



The CMPFE 2004 Annual Report can be found at [www.state.ia.us/elderaffairs/Documents/Reports/CMPFE-FY2004Activity.pdf](http://www.state.ia.us/elderaffairs/Documents/Reports/CMPFE-FY2004Activity.pdf)

- The Department of Elder Affairs, through the Area Agencies on Aging, the Iowa Aging Network and local public health provided services to over 61,225 older Iowans needing at least one home and community-based service under the federal Older Americans Act (OAA) and associated state-funded programs, for which client registration is needed. Services include case management, assisted transportation to doctors and pharmacies, home delivered and congregate meals, chore, personal home health care and homemaker, respite, and adult day services, as well as dozens of other services that do not require client registration, delivered to many thousands of additional older Iowans. The average annual cost, based upon registered clients, was less than \$500 per client.
- DHS is the lead agency in the State's effort to respond to the U.S. Supreme Court's landmark Olmstead decision. The Iowa Plan for Community Development, written in 2000, became the basis for a successful application to the Centers for Medicaid and Medicare Services (CMS) for the Real Choices Systems Change grant, awarded in 2001. Iowa received \$1.3 million, which has been subcontracted to the University of Iowa Center for Disabilities and Development (CDD), Iowa's Center on Excellence in Disabilities. Some of the many pieces of the work plan to address Olmstead implementation intersect with other efforts underway at DHS, including; the Personal Attendant Services work group, the Medicaid Infrastructure Grant effort, MHDD redesign, and several major initiatives related to Olmstead.

The Governor's Executive Order #27, issued February 4, 2003, directed twenty state agencies to collaborate with each other and the Olmstead Real Choices Consumer Taskforce in the identification of barriers to community living for people with disabilities and steps toward removing those barriers. In February 2003, the Lieutenant Governor launched a huge initiative to develop 1,000 new housing opportunities for people with disabilities within the next three years as an Olmstead related initiative. The staff for the project at the University of Iowa Center for Disabilities

and Development and at the Employment Policy Group, an arm of the CDD, has provided research, support and coordination to all of the efforts mentioned above and has become an active partner with DHS in trying to coordinate and move forward on these many intersecting activities. The Olmstead decision and Iowa's implementation effort have done a great deal to put wind in the sails of many of the efforts mentioned above.

In August of 2004, several additional applications were made under the CMS Real Choices Systems Change initiatives. DHS applied for \$300,000 in the Rebalancing Initiative category and \$500,000 in the Quality Assurance/Quality Improvement category. These grants, if obtained, would have helped Iowa move toward modification of its Medicaid Home and Community Based Services waivers and add consumer self-direction options to those waivers. The Iowa Finance Authority, a strong partner in Iowa's Olmstead effort, in collaboration with DHS, applied for one million in the category of Integrating Long Term Supports with Affordable Housing. These funds, if obtained, would have moved Iowa toward many new housing options for Medicaid recipients, many of whom have disabilities.

Unfortunately, none of the applications for CMS Real Choices Systems Change initiatives were funded. However, Iowa did receive a three-year Robert Wood Johnson foundation grant, Cash and Counseling, which will give Iowa some of the capacity needed, to move forward with plans to implement self-direction in Medicaid. Iowa has made a commitment to modify each of its HCBS waiver programs and add self-direction to the waivers. It is expected this process will take some time, but members of the Olmstead Real Choices Consumer Taskforce, the Iowa legislature, Medicaid staff, and many advocates and family members across the state will continue to move forward as quickly as resources, consensus development, and the collective will of those involved, will permit.

- The Iowa Medicaid Enterprise (IME) concept was developed by the Department of Human Services to further enhance the ability of DHS to monitor all aspects of Medicaid program administration. The IME concept is based on the following:
  - Co-location of all Medicaid entities in one State office. This is inclusive of all state Medicaid policy staff and contractors who execute specific service components necessary to the Medicaid system. The co-location will improve DHS oversight, improve DHS ability to hold contractors accountable for the service components provided, and improve the communication between state policy staff and the contractors.
  - Contractor performance-based contracts with established service level agreements. These contracts will improve a higher level of service that is provided to Medicaid recipients and Medicaid providers. Ten contractors compose the IME units: Core MMIS, Member Services, Provider Services, Medical Services, Revenue Collection, SURS (Surveillance and Utilization Review Subsystem), Provider Audit, Pharmacy Medical Services, Pharmacy Point of Sale, Data Warehouse (internally managed by DHS)

The IME will be fully operational on July 1, 2005. The IME will be located at 100 Army Post Rd. in Des Moines. The projected date for DHS policy staff to move to the IME facility is February 2005.

- The Bureau of Long Term Care in the Department of Human Services is responsible for six Home and Community Based Waiver programs. The six waivers are Frail and Elderly, AIDS, Ill and Handicapped, Physical Disability Assistance, Mentally Retarded, and Brain Injury. These waivers have served over 15,000 consumers in the past year. As of June 30, 2004 there were 6, 095 consumers being served on the Home and Community Based Serviced (HCBS) Elderly waiver. Expenditures for the HCBS Elderly Waiver during SFY '04 were \$31,267,081.00.

The department contracts with the Iowa Foundation for Medical Care (IFMC) to review all the assessments and determine the level of care for consumers in the six waivers. DHS also contracts with Iowa State University to provide Home and Community Based Services training for providers, service workers, and area agencies on aging staff. They conduct Quality Assurance reviews insuring that consumers actually received services and make recommendations for corrective actions when there is no documentation.

Since January 1, 2004, the Iowa State University HCBS Specialists have conducted 92 interviews with consumers on the Elderly, Ill and Handicapped, Physical Disability and AIDS/HIV waivers. Approximately 75% of the interviews are conducted with persons receiving Elderly Waiver services. The purpose of the interview is to gather data on consumer health and safety, as well as quality of life issues. During the interviews, seven individual outcome areas are explored with the consumer. Within these seven outcomes, data is gathered on 29 areas of quality and satisfaction with services.

In addition, the HCBS program reviewed 100 files maintained by DHS Service Workers (SW) of the consumers who were interviewed as part of the quality assurance activities. Eight of the consumers selected for interview denied to be interviewed. Their files were reviewed even though the interviews were not completed. The file review gathers data on quality of service coordination and delivery for consumers receiving waiver services.

The interviews and service worker file reviews were held throughout the state in each of the DHS regions. Interviews and file reviews occur during each calendar quarter throughout the year. Upon completion, the regional HCBS Specialist writes a report of the findings from the interviews and service worker file reviews. Commendations and recommendations in areas that need correction are identified within the report. Reports are sent to the service worker supervisors as well as the area agency on aging director. Data from the interviews and service worker files review is used by the HCBS Quality Assurance Committee to improve overall quality of service provision in the waiver programs. A summary of the Quality Assurance reviews can be found in the Appendix.

- The Department of Elder Affairs coordinates a task force to look at issues surrounding substitute decision making. A diverse group of individuals and agencies reviews concerns, and develops solutions and recommendations. Issues discussed focus on the need for a decision maker when no one is available and enforcement of financial power of attorney forms.

There is no formal system available to assist persons in need of a guardian, conservator, power of attorney or other substitute decision maker. For an individual needing a substitute decision maker with no available or appropriate family members or friends to serve, there are very few options. The biggest concern, therefore, is the lack of individuals available to act for persons unable to make their own decisions once it is determined that capacity is impaired.

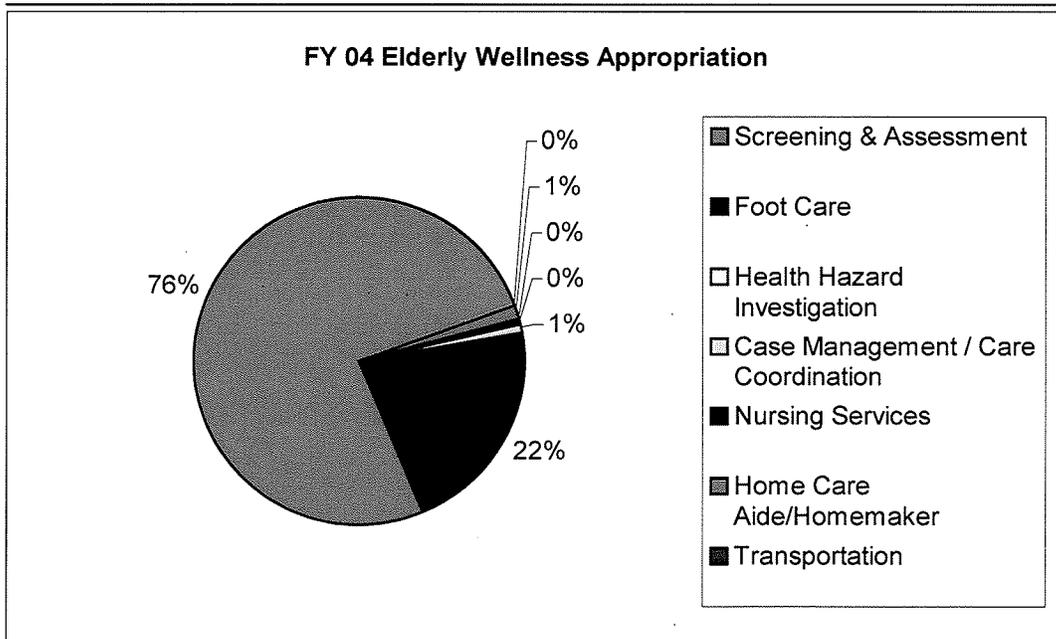
The substitute decision maker task force has identified several factors which indicate a need in Iowa for a public guardianship program. Iowa needs substitute decision making changes because:

- Many adults in need of a decision maker have no one available.
- Iowa is one of six states without a public guardianship system.
- Iowa has a large elderly population and the need for a substitute decision maker increases with age.
- Adults with disabilities are outliving their family decision makers.

The task force recommended the establishment, through legislation, of a formal substitute decision maker program utilizing the models of public, corporate and volunteer guardianship and power of attorney service programs. This program would maximize and monitor each individual's potential for autonomy by providing only the degree of personal or financial assistance needed. Establishment of a substitute decision making program would help:

- Prevent abuse, exploitation, and scams;
  - Prevent loss of home or savings;
  - Provide an appropriate level of care;
  - Provide an advocate to protect and ensure safety;
  - Provide access to needed services to those who cannot consent;
  - Provide alternatives to inappropriate or poor decision makers; and
  - Provide planning for incapacity.
- The Iowa Department of Public Health has over 60 programs funded from federal, state, and local money in which older adults are identified as either the primary or secondary population that utilize these programs. Examples of programs include Public Health Nursing, Home Care Aide, Breast and Cervical Cancer Early Detection, Arthritis, Heart Disease & Stroke-Cardiovascular Risk Reduction Program, Diabetes, Communicable Disease Follow-up, Substance Abuse Prevention, Mammography, Adult Lead Program, Smoking Cessation Services, Immunizations, and Food Stamp Nutrition. These programs reduce the impact of health conditions that impair an older adult's ability to function and assist in improving the quality of life for elders in Iowa.

- Healthy communities include Iowa's older adults. Communities provide personal health services and home maintenance programs that allow older adults to stay at home for as long as possible. The Department of Public Health and local public health partners are instrumental in helping older adults to access these services. By providing direct service or coordinating care, the Department of Public Health identifies health care concerns impacting older adults and targets the following interventions to promote a healthier aging process.
  - Preventative services such as flu vaccine administration, fall prevention programs, home safety evaluations, screenings for health conditions, and foot care clinics aid the older adult in optimal living.
  - Skilled nursing home visits assist in preventing, delaying, or reducing inappropriate institutionalization.
  - Home care aide and homemaker services, respite care, and chore services assist the frail elderly to maintain good personal hygiene and activities of daily living as well as to maintain a safe, clean environment within their home.
  - Protective services stabilize a family's home environment to prevent abuse or neglect of the older adult.



- The Department of Elder Affairs has a nutrition program that is designed to improve clients' health through improved nutritional intake. This is accomplished by providing meals and nutrition education. Meals meet nutrition standards, providing at least one-third of the recommended nutrient daily intake. In 2004, the Nutrition Program for the Elderly provided 2.2 million congregate meals and 1.4 million home delivered meals. The program is administered through the thirteen area agencies on

aging. This statewide program includes over 400 congregate meals sites across the state. Emphasis is placed on serving older lowans with the greatest social and economic need, the frail elderly, and on reducing isolation. Funding for these meals is provided by the Older Americans Act/Administration on Aging, along with individual contributions and local funds. Additional meals are also provided with funding from the Senior Living Trust Fund and the Medicaid Elderly Waiver program.

The Department of Elder Affairs collaborates with the Department of Human Services and other agencies to educate elders and promote participation in the Food Assistance Program. The Department and the area agencies on aging also implement the Seniors Farmers Market Nutrition Program that provides low-income elders with checks to use for fresh, locally grown fruits and vegetables. The Department's Health Promotion program includes development of nutrition education materials, physical activity programs, the Chef Charles nutrition education program, and other educational initiatives in the areas of diabetes, oral health, arthritis, and substance abuse.

- Public health agencies/home and community based service providers initially access third party payer sources such as Medicare, Medicaid, and private insurance. Secondary revenues for other elderly services come from private grants, county funds, other federal, state, and local grant opportunities, local contributions, private insurance, and private fees. Providers access grant funds such as the elderly wellness funds as a last resort to "fill the gap." The Board of Health Infrastructure appropriations, Healthy lowans 2010 (Tobacco Settlement) appropriations, and sliding fee revenues aid in stretching elderly wellness funding. In FY 04, elderly wellness funds provided home and community based services to over 67,000 lowans. Sliding fee revenue of over \$1.3 million expanded services by 13%.
- IDPH has been an active participant in several initiatives that impact the elderly and persons with disabilities in Iowa. These include participation by the Director in the activities of the SLCU, participation in Community Based Adult Services Committee, representation on the Seamless Project Team, participation in PACE, representation on the interim legislative committee, and active involvement in the NGA workgroup on Rebalancing of Long Term Living in Iowa.
- Comprehensive community health needs assessments and health improvement plans are being completed by local boards of health in all 99 counties and will be submitted to the Department of Public Health in February of 2005. It is anticipated that public health services that benefit the elderly and persons with disabilities will be identified as both an asset in many counties as well as a health priority in the majority of counties - an indication of the importance of current efforts to rebalance long term living in Iowa.
- The Department of Human Services was awarded a continuation of the Medicaid Infrastructure Grant, and grant funding was used for the following:
  - Training consumers on how to direct their own care through the State Centers for Independent Living (CILS),

- Training consumers and family members on the availability of the HCBS service of Consumer-Directed Attendant Care; specifically how to use the service and how to self direct services,
  - Contracting with a national expert to educate and train HCBS specialists on best practices in regards to employment supports for individuals with disabilities.
  - Contracting with a national expert to provide technical assistance and consultation strategies on employment supports to individuals with disabilities, case managers and providers.
  - Quarterly regional trainings on best practices for employment supports, with emphasis on how to encourage and advocate for enhanced employment outcomes for consumers.
  - Sponsoring a National Youth Transition Demonstration Conference. Designed to initiate the National Youth Transition Project (Smart Start) that will set in motion a system of individualized, comprehensive and navigable transition-related services that adequately respond to the needs of and aspirations of young people with disabilities.
  - Sponsoring a lecture series to engage employers to understand the advantages of expanding employment opportunities to include individuals with disabilities. Five tracks were included in the lecture series that targeted all employers with an emphasis on smaller employers.
  - Membership to a technical assistance center (APHSA's Center for Workers with Disabilities). Provides a state-to-state collaboration and a focus for information exchange, policy and program development and direct technical assistance as Iowa exercise's options to develop or enhance work incentives and seek to strengthen programs providing services to people with disabilities.
  - System enhancements to the computer system that supports the Medicaid for Employed People with Disabilities (MEPD) program.
  - Establishing an MEPD Advisory Committee to review the program and make recommendations for policy changes or improvements.
  - Conducting an independent evaluation of the MEPD program.
  - System enhancements to ISIS that will support increasing employment opportunities and options for Iowans with disabilities.
  - Contracting with University of Iowa to assist in managing the grant activities.
- The Department of Elder Affairs receives Family Caregiver Program funding from federal dollars distributed to Iowa by the Administration on Aging. The program's purpose is to assist persons who are caregivers of an older adult or for persons age 60 and older who are full time caregivers of a child or children. The Iowa Family Caregiver Program is a joint venture of the Iowa Association of Area Agencies on Aging, the Department of Elder Affairs, consumer organizations, and community services providers. Family Caregiver Information Specialists are available at 1-800-4-NURTURE (1-866-468-7887) to answer questions or discuss concerns about care giving and in some instances facilitate access to needed services. The program web site is [www.iowafamilycaregiver.org](http://www.iowafamilycaregiver.org). It contains a searchable database of programs, providers, and assistance in each of Iowa's 99 counties.

- The Assisted Living Affordability Task Force was established at the request of a member of the Iowa General Assembly to improve access to assisted living programs through a streamlined payment system for assisted living for consumers on Iowa's medical assistance program. This Task Force was not created by any formal legislation. Task Force participants include: Department of Human Services, Iowa Finance Authority, Iowa Health Care Association, Iowa Association of Homes and Services for the Aging, Coming Home Project. The Task Force issued a report in August 2004 entitled "Recommendation for Medicaid Reimbursement in Assisted Living." A follow-up report was issued in September 2004 recommending a vendor tiered rate payment system. The Task Force is currently drafting legislation to implement recommendations.
- Per a 2004 legislative mandate, the Department of Human Services was directed to establish a fixed fee reimbursement schedule for all intermittent home health services to be effective July 1, 2005. An evaluation of the data for the home health disciplines is intended to provide a more equitable and accurate reimbursement rate and cost reporting process for agencies providing both intermittent and Medicaid waiver home health services.
- The Iowa Department of Elder Affairs administers the Senior Internship Program (SIP) through contracts with four area agencies on aging. Throughout its history SIP, including the Senior Community Services Employment Program, has served some of the most disadvantaged older persons in our society. This program offers a temporary stepping stone back into the workforce. The program targets individuals age 55 and over who are at or below the federal poverty level, persons with limited education, and minorities. This program provides job training, placement support, and employer referrals to mature Iowans seeking employment. The U.S. Department of Labor supervises and funds this program.

Last program year the Senior Internship Program ranked 5th in the nation for placements and sixth in the rate served. This is significant considering the challenges presented to the program by the reauthorization of Title V in the Older Americans Act. New regulations have defined additional guidelines on who may be served by this program.

- The Department of Human Services was again able to offer to the Iowa Caregivers Association a scholarship program that directly benefits the direct care workers in the Iowa. This scholarship program provides an opportunity for caregivers to attend conferences, training opportunities and continuing educational programs that will enhance their skills in providing quality services to seniors and persons with disabilities in our long term care system. The program also offers an opportunity to give formal recognition for the quality services that individual caretakers have provided to those persons served in our long-term care system.
- The departments of Human Services, Elder Affairs, Inspections and Appeals and Public Health participate in the Home Health Quality Initiative (HHQI) in conjunction with the Iowa Foundation for Medical Care. This CMS sponsored effort provides

technical assistance to home health agencies that are committed to improving the quality of care within their organization. This is a systems improvement initiative that provides outcome-based quality improvement.

- The departments of Human Services, Elder Affairs, and Inspections and Appeals also participate in Iowa's Quality Improvement Organization (QIO) project, coordinated by the Iowa Foundation for Medical Care. This CMS project focuses on improving the quality of care in Iowa's long-term care facilities.
- The Department of Human Services is responsible for coordinating and monitoring the nursing facility accountability measures program. It is a program that compiles objective and measurable nursing facility characteristics that indicate quality care, efficiency or access to services. Achievement of multiple measures suggests that quality is an essential element in the facility's delivery of care, and a facility can qualify for additional Medicaid reimbursement. Three years of accountability measures have been reported, and the Department is beginning to analyze the results and trends.
- In accordance with House File (HF) 560 Section 3, the Department of Human Services established a workgroup to review the reimbursement methodology for the HCBS MR waiver in relation to the goals and objectives of the mental health and developmental disability services system redesign being conducted by the mental health and developmental disabilities commission. The legislation also required the workgroup to establish payment rate limitations for the services waiver that are consistent with the limitations used for the same or similar services that are funded entirely by the counties.

The workgroup made the following recommendations to the legislature:

- The three new services, transportation, prevocational and adult day care, appear consistent with the service rates for the county-negotiated rates. The rate setting was based on the county's rates.
  - Methodology needs to be developed for these three services, as well as day habilitation. This process was initiated July 1, 2004, and will reconcile the costs of these services.
  - Work needs to be done to address cost setting for all services under the HCBS MR Waiver program.
  - Further research is needed to determine if there is anything in the HCBS reimbursement that is a barrier to the MH/DD redesign.
  - A further review of cost reports for residential care facilities (RCF's) participating in State Supplementary Assistance (SSA), Adult Rehabilitation Option (ARO), intermediate care facility/mental retardation (ICF/MR), and HCBS would be helpful. This is a large task that would require many staff hours as well as an outside consultant.
- The Department of Human Services continues to participate in the quarterly meetings of the Ill and Handicapped Waiver Advisory Group. These meetings act as a way to update providers, parent advocates, contract staff (Child Health Specialty

Clinics), DHS staff, and advocates on issues and updated rules. The group has the ability to address concerns with this population by lobbying for improvements, educating the public, and giving suggestions on how to improve services for the persons with disabilities.

- The Department of Human Services, Department of Elder Affairs, and Department of Inspections and Appeals participate in the Centers for Excellence (RCDI) Task Force meeting coordinated by the Iowa Finance Authority (IFA). Increasing the availability of assisted living as a long-term care option is the mission of this task force. Inherent in this mission is the identification and resolution of barriers and concerns.
- The Department of Human Services is represented on the Health Care Administrator Program Advisory group at Des Moines Area Community College. A department staff person is a member of the advisory group, and presents to classes each semester on the Iowa Medicaid program.
- The Department of Public Health, Department of Elder Affairs, and Department of Human Services continue to serve on the committee developed through the University of Iowa Center for Disabilities and Development (CDD), "Living Well with a Disability." The program is in its fourth year. The trainings given to persons with disabilities through this grant include health promotion for people with disabilities, safety and people with disabilities, preventive and primary community-based health care for children with disabilities, preventive and primary community-based health care for adults with disabilities.

### **2004 Legislative Changes**

- Changes in Dependent Adult Abuse legislation:
  - The Dependent Adult Protective Advisory Council will now report to the Directors of: Elder Affairs; Inspections and Appeals; Public Health; Department of Corrections; and Human Rights, in addition to reporting to the Director of the Department of Human Services and the Administrator of Behavioral, Developmental and Protective Services for Families, Adults and Children.
  - Added members of the staff or employees of an elder group home, assisted living or an adult day care to the list of mandatory reporters.
  - Added to the reporting section is that employees of financial institutions may report suspected financial exploitation of a dependent adult.
  - The list of mandatory reporters is rearranged so social workers and certified psychologists are mandatory reporters of dependent adult abuse only when they examine, attend, counsel or treat a dependent adult in the course of employment.

- The responsibilities of mandatory reporters who work in facilities, agencies and programs are changed so they must report immediately to the appropriate department, as well as notify the person in charge if they suspect abuse of a dependent adult.
- Changes in HCBS III and Handicapped Waiver program:
  - Allow SSI-eligible recipients under the waiver to continue eligibility to age 25 and increase their waiver service cost cap by the amount that would have been covered for nursing and personal care under EPSDT if they were under age 21.
  - Add a definition of “medical institution.” This term is used in the eligibility requirements and is defined for the other five waivers.
  - Clarify that organizational outcome standards also apply to agencies certified to provide services in the consumer’s home, to be consistent with the requirements of subparagraph 77.37(15)“a”8.
  - Expand eligibility requirements for residential-based supported community living services to include children living in an ICF/MR, at risk of placement in an ICF/MR, or in need of long-term placement outside the home, when the children meet the other qualifications for waiver services. Children in the original population to which these services were directed, who had been receiving rehabilitative treatment or supportive service through foster group care, are reaching majority and moving to other service settings. These amendments will allow provision of residential-based supported community living services to other categories of children for whom this placement may be appropriate. The amendment requires preapproval by the Department and specifies what documentation must be submitted to obtain approval.
- Changes specific to both Mental Retardation and Brain Injury Waivers programs:
  - Specify that providers of consumer-directed attendant care and interim medical monitoring and treatment must be at least 18 years of age. It is more appropriate that service to these vulnerable populations be provided by an adult.
  - Add requirements for tracking and review of incident reports to the organizational outcome standards.
  - Add standards for incident reporting to the qualifications for providers of supported employment and non-residential-based supported community living services. These standards parallel those adopted for accreditation of providers of services to persons with mental illness, mental retardation, or developmental disabilities in 441—Chapter 24. Since certification under a home- and community-based services waiver qualifies a provider for deemed status under 441—Chapter 24, it is appropriate that the requirements be comparable.

- Remove references to provider application from the certification process. These references are redundant, since enrollment procedures for all Medicaid providers are specified in rule 441—79.14(249A).
- Clarify that references to “adult day health services” as respite providers should be to the category “adult day care providers” with qualifications as provided under these amendments.
- Require that provider budgets for supported community living services shall reflect costs associated the specific support needs of the consumers and specify conditions that pertain to these costs.
- Changes specific to adult day care and respite services, which are provided under five waivers (AIDS/HIV, BI, Elderly, Ill and Handicapped, and MR):
  - Update provider requirements for adult day care services to reflect Iowa Code Supplement chapter 231D, enacted by 2003 Iowa Acts, chapter 165, as the certification authority for these programs.
  - Add limitations for waivers to provide that a consumer whose usual caregiver provides consumer-directed attendant care for the consumer cannot receive respite services under the waiver and to clarify the conditions for provision of respite by a camp.
  - Add licensed or registered child care facilities as allowable providers of respite care under the AIDS/HIV, brain injury, ill and handicapped, and mental retardation waivers.
  - Allow respite providers certified under the brain injury waiver to provide respite under the AIDS/HIV and ill and handicapped waivers as well.
  - Other substantive changes proposed in these amendments are as follows:
  - Remove payment limitations for specialized medical equipment provided under the BI or PD waiver requiring payments to be released at a rate \$500 per month. These amendments allow full payment to the provider upon delivery of the equipment. Up to \$500 of the cost is encumbered monthly against the maximum allowable cost of service until the cost is amortized. The maximum annual payment remains at \$6000. This is consistent with changes made for home and vehicle modification effective October 1, 2002, in ARC 1840B.
  - Remove requirements for specific “gatekeeper” services for the ill and handicapped, mental retardation, and physical disability waiver. Under the amendments, provision of any waiver service during each calendar quarter will maintain a consumer’s eligibility. This is consistent with the requirements of the other three waivers.
  - Add limitations to the provision of consumer-directed attendant care under all waivers to specify that service can be provided when the consumer’s parent or guardian is absent when authorized in advance by the parent or guardian and that when a guardian or an attorney in fact under a durable power of attorney for

health care is the service provider, oversight must be provided by the service worker or case manager.

- Clarify that providers of home and vehicle modification, specialized medical equipment, transportation, and personal emergency response services under the brain injury waiver are not required to have training or experience related to brain injuries.
- Update provider requirements for interim medical monitoring and treatment (covered in the BI, IH and MR waivers) to reflect current regulatory categories of child care facilities.
- Assisted living providers were added to the list of providers who could provide respite under the HCBS waivers.
- Day habilitation was added as a covered service under the MR waiver. Day habilitation services are intended to provide teaching and coaching in “life skills” that a consumer has not yet mastered. It also includes maintaining life skills. Services provide more than protective supervision, but are not targeted at developing vocational skills. The overall cost limit for a consumer’s total waiver services remains the same.

## Appendix A

### Report from the Long Term Living Town Meeting

November 18-19, 2004

The Re-Balancing II conference was held on November 18-19. The conference heard presentations from Josh Wiener, of the Research Triangle Institute on Financing Home and Community Based Services, MaryAm Navaie-Waliser of Visiting Nurses Association of New York on Informal Caregiving, Vince Mor of Brown University on Quality Assurance in Nursing Facilities, and Brant Fries of the University of Michigan on Universal Assessments. The initial day of presentations and break out sessions developed a list of strategies for improving long term living in Iowa. On the final day of the conference, participants selected several of these suggestions as priorities for immediate attention. The top five priorities are:

1. Ensure most comprehensive application of universal assessment tool possible (109 votes).
2. Investigate and implement strategies that improve the recruitment and retention of staff employed in the range of long-term care professions (56 votes).
3. Adopt a state acuity-based reimbursement plan to be applied to all long-term care options (30 votes).
4. Increase the state tobacco tax (26 votes (tie)).
5. Promote advance planning of care; tactics may include advance directives, powers of attorney, public education, outreach to physicians and organized medicine (tie).

The list of additional action items are:

1. Build and strengthen partnership between formal and family caregivers. Tactics may include transition planning; providing \$ for transition by broadening eligibility criteria for post hospitalization Home Care reimbursement; ensure caregiver assessment in Universal Assessment tool (21).
2. Beginning with all relevant gubernatorial commissions, ensure a constant, inclusive and collaborative dialogue between the Aging and Disability Communities to grow and achieve policy integration (9).
3. Promote advance planning of care; tactics may include advance directives, powers of attorney, public education, outreach to physicians and organized medicine (26).
4. Launch broad-based public awareness and outreach campaign to complement Universal Assessment implementation (0).
5. Ensure that Universal Assessment tool incorporates questions regarding the availability and reliability of informal care giving services (6).
6. (UA) Provide for reasonable reassessment to detect fluctuations in physical and cognitive abilities (0).
7. Develop and implement improved and expanded educational programs and education incentives for direct care workers (3)
8. Identify and implement strategies to more fully engage consumers in decision-making (improve voice of consumer) (1).
9. Implement person-centered care strategies and protocols (25).

## Appendix B

### Long Term Care System Task Force

#### *Proposed Vision for Iowa's Long-Term Living System*

- The general assembly finds and declares that the vision for Iowa's long term living system is to ensure all Iowans access to an extensive range of high-quality, affordable, and cost effective long-term living options that maximize independence, choice, and dignity.
- The long-term living system should be comprehensive, offering multiple services and support in home, community-based, and facility-based settings; should utilize a universal assessment process to ensure that such services and support are delivered in the most integrated and life enhancing setting; and should ensure that such services and support are provided by a well trained, motivated workforce.
- The long-term living system should exist in a regulatory climate that appropriately ensures the health, safety and welfare of consumers, while not being overly restrictive or inflexible.
- The long-term living system should sustain existing informal care systems including family, friends, volunteers and community resources; should encourage innovation through the use of technology and new delivery and financing models, including housing; should provide incentives to consumers for private financing of long-term living services and support; and should allow Iowans to live independently as long as they desire.
- Information regarding all components of the long-term living system should be effectively communicated to all those potentially impacted by the need for long-term living services and support in order to empower consumers to plan, evaluate, and make decisions about how best to meet their own long-term living needs.

## Appendix C

### Unmet Needs Report

#### Statewide Totals:

Start: July 2003

End: June 2004

Type of Service Unable to Provide	Total Units Needed	Number of Clients	Description of Unit
Advocacy	3	3	1 hour
Alzheimer's Caregiver Support	28	15	1 hour
Assessment/Intervention	194	149	1 hour
Assisted Transportation	3670	132	1 one-way trip
Case Management	2760	822	1 hour
Chore	2760	425	1 hour
Congregate Meals	933	52	1 meal
Counseling	215	21	1 hour
Day Care/Adult Day	10803	280	1 hour
Education/Lifetime Learning	21	2	1 hour
Emergency Response System	382	380	1 client month
Grandparent/Relative Caregiver Support	1	1	1 client
Health Screening/Well Elderly Clinic	9	6	1 hour
Home Delivered Meals	8937	332	1 meal
Home Repair	372	140	1 hour
Homemaker	7721	795	1 hour
Information and Assistance	1	1	1 contact
Legal Assistance	622	149	1 hour
Material Aid	68	66	1 client
Medication Management	162	47	1 client
Mental Health Outreach	2817	85	1/4 hour
Nutritional Counseling	174	53	1 hour
Nutritional Education	22	13	1 session
Outreach	39	9	1 contact
Personal Care	1870	168	1 hour
Preventive Health/Promotion	3	3	1 contact
Protective Payee Services	74	26	1 contact
Respite	2435	143	1 hour
Senior Center/Recreation	65	7	1 hour
Telephone Reassurance	4001	209	1 call
Transportation	3079	310	1 one-way trip
Visiting	1786	361	1 visit

## Appendix D

### DEPARTMENT OF HUMAN SERVICES

#### Summary of HCBS Consumer Interviews

7/1/2003 to 6/30/2004

The Department of Human Services contracts with Iowa State University to provide Home and Community Based Services training for providers, service workers, and Area Agencies on Aging staff. They conduct Quality Assurance reviews insuring that consumers actually received services and make recommendations for corrective actions when there is no documentation, etc.

During 2004, the Iowa State University HCBS Specialists conducted 92 interviews with consumers on the Elderly, Ill and Handicapped, Physical Disability and AIDS/HIV waivers. Approximately 75% of the interviews were conducted with persons receiving Elderly Waiver services. The purpose of the interview was to gather data on consumer health and safety, as well as quality of life issues. During the interviews, seven individual outcome areas were explored with the consumer. Within these seven outcomes, data is gathered on 29 areas of quality and satisfaction of services.

In addition, the HCBS program reviewed 100 files maintained by DHS Service Workers (SW) of the consumers who were interviewed as part of the quality assurance activities. Eight of the consumers selected for interview denied to be interviewed. Their files were reviewed even though the interviews were not completed. The file review gathers data on quality of service coordination and delivery for consumers receiving waiver services.

The interviews and SW file reviews were held throughout the state in each of the DHS regions. Interviews and file reviews occurred during each calendar quarter throughout the year. Upon completion, the regional HCBS Specialist wrote a report of the findings from the interviews and SW file reviews. Commendations and recommendations in areas that need correction are identified within the report. Reports were sent to the SW supervisors as well as the Area Agency on Aging director. Data from the interviews and service worker files review is used by the HCBS Quality Assurance Committee to improve overall quality of service provision in the waiver programs. Below is the aggregate data of the consumer interviews and Service Worker file reviews:

#### **Outcome #1: Consumers are productive**

82 of 92 (89.1%) stated they have options available for day activity

77 of 92 (83.7%) stated satisfaction with their daily activities

#### **Outcome #2: Consumers use community resources**

79 of 92 (85.9%) stated awareness of community resources

62 of 91 (68.1%) stated use of community resources

79 of 91 (86.8%) stated satisfaction with available community resources

**Outcome #3: Consumers have relationships**

85 of 92 (92.4%) stated satisfaction with current level of relationships  
29 of 92 (31.5%) stated barriers exist that limit their involvement in relationships

**Outcome #4: Consumers have input into their service plans**

83 of 92 (90.2%) stated they gave input into development of their service plans  
81 of 92 (88%) stated they have services to meet their needs  
49 of 92 (53.3%) stated knowledge of services available under the waiver  
65 of 87 (74.7%) stated they received a copy of their service plan  
36 of 90 (40%) stated they have unmet needs  
82 of 92 (89.1%) stated knowledge of who to contact if more/different services are needed  
83 of 91 (91.2%) stated satisfaction with services currently being received

**Outcome #5: Consumers maintain good health**

87 of 90 (96.7%) stated staff are knowledgeable and responsive to their needs  
89 of 91 (97.8%) stated they are satisfied with health care services  
10 of 92 (10.9%) stated they have been denied health services in the past  
71 of 91 (78%) stated they have received needed home modifications  
91 of 91 (100%) stated they have access to emergency medical services

**Outcome #6: Consumers are safe**

74 of 91 (81.3%) stated they have safety needs  
57 of 91 (62.6%) stated they have contingency plans in place for emergencies  
92 of 92 (100%) stated they feel safe  
71 of 91 (78%) stated awareness of how to report abuse or neglect

**Outcome #7: Consumers have an impact on services**

84 of 92 (91.3%) stated awareness of who to talk to about service delivery concerns  
44 of 89 (49.4%) stated knowledge of the grievance/appeal process  
75 of 91 (82.4%) stated involvement in staff and scheduling decisions  
49 of 90 (54.4%) stated being asked by the provider for input on satisfaction  
83 of 87 (95.4%) stated they have had confidentiality maintained

**SERVICE WORKER CONSUMER FILE SUMMARY****TIME FRAMES: (Policy Manuals/Social Services 16-K page 23 printed/29 online)**

35 of 100 (35%) services started within less than 30 days of application  
34 of 100 (34%) services started within 30-60 days of application  
10 of 100 (10%) services started within 60-90 days of application  
21 of 100 (21%) services started past 90 days of application

**LEVEL OF CARE: (16-K pages 26, 33, and 36 printed/32, 39, and 42 online)**

82 of 100 (82%) files contain a copy of the assessment tool  
10 of 83 (12%) consumers have had LOC changes in past year  
Assessment completed by: 21 SW, 41 CM, 7 AAA, 4 CHSC, 28 Other

**SERVICE PLANS: (16-K pages 27-29 and 33-36 printed, 33-35 & 39-42 online)**

- 91 of 99 (91.9%) files contain current service plans
- 61 of 97 (62.9%) service plans were developed using the IDT approach
- 76 of 98 (77.6%) plans contain information on medical services
- 84 of 97 (86.6%) plans list all services (HCBS and other)
- 92 of 99 (92.9%) plans list frequency of services and amounts
- 95 of 99 (96%) plans list providers responsible for services
- 35 of 96 (36.5%) plans list start and end date for each service authorized
- 21 of 99 (21.2%) plans contain contingency safety information
- 56 of 97 (57.7%) consumers have met with the SW/CM at least annually
- 88 of 96 (91.7%) consumers are receiving services as stated in the service plan
- 68 of 101 (67.3%) files indicate service monitoring by SW/CM
- 16 of 97 (16.5%) consumers have refused services in their plans
- 72 of 97 (74.2%) plans address unmet needs
- 71 of 99 (71.7%) consumers signed and dated their service plan
- 48 of 82 (58.5%) files contain record of the service plan being sent to consumer
- 84 of 93 (90.3%) plans relate to the assessment and needs of the consumer

**NOTICE OF DECISION: (16-K page 30 and 31 printed/36 and 37 online)**

- 87 of 98 (88.8%) files contain all applicable NODs
- 38 of 88 (43.2%) files contain NODs that list services authorized, units, rates, providers, start/end dates for each service, and client participation information
- 90 of 98 (91.8%) files contain record of NODs sent to the consumer or legal representative
- 72 of 100 (72%) files contain record of NODs sent to the provider(s) of service

**CDAC: (Form 470-3372) (AH: 16-K p 59/65. IAC 441-78.38(8) g.; BI: 16-K p 86/92. IAC 78.43(13) g.; E: 16-K p 119/125. IAC 78.37(15) g.; IH: 16-K p 147/153. IAC 78.34(7) g.;**

- 34 of 39 (87.2%) files contain the care agreement in the file
- 35 of 38 (92.1%) CDAC agreements contain signature of both consumer/legal representative and provider
- 7 of 9 (77.8%) CDAC agreements contain information on the assignment of an RN/therapist to provide supervision of skilled services every 2 weeks

**RELEASE OF INFORMATION: (Policy Manual/Social Services: 1-C)**

- 40 of 99 (40.4%) files contain current releases of information that identify all necessary team members
- 43 of 90 (47.8%) consumers or legal representatives have signed the releases