



# Home and Community Based (HCBS) Waiver Services Overview

January 26, 2015



## HCBS Waiver Overview

- The purpose of the HCBS waivers is to provide opportunities for targeted population groups to receive services in their own home or community instead of institutional care.
- Implementation of Iowa HCBS waivers:

Health And Disability Waiver formerly the Ill & Handicapped Waiver	10/01/1984
Elderly Waiver	08/01/1990
AIDS/HIV Waiver	02/01/1991
Intellectual Disability Waiver formerly the Mental Retardation Waiver	07/01/1992
Physical Disability Waiver	08/01/1992
Brain Injury Waiver	10/01/1996
Children's Mental Health Waiver	07/01/2005



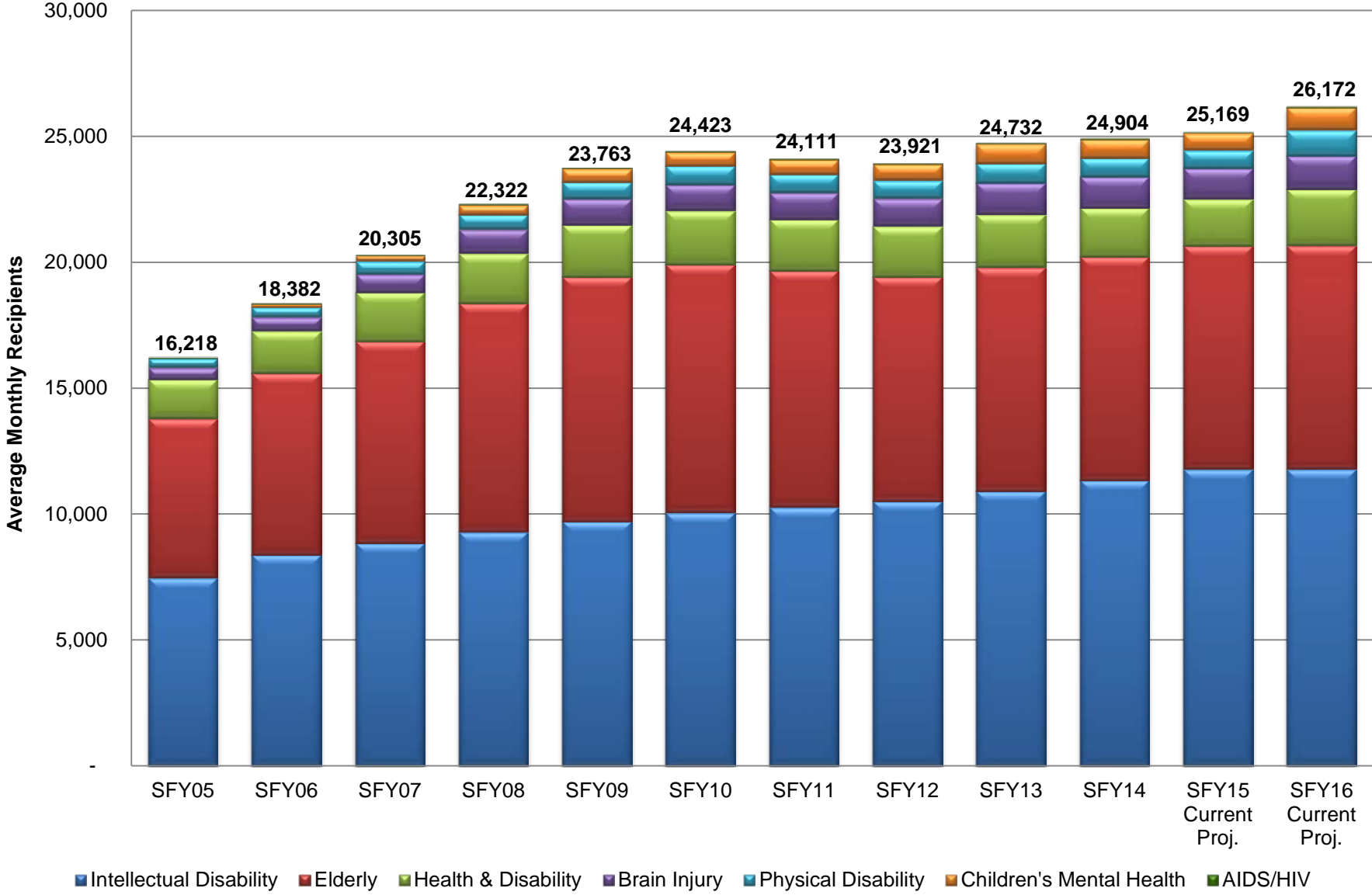
## Iowa's HCBS Waiver Program

- Each HCBS waiver has a distinct menu of service options and funding limits vary based on the target population.
- Services include:

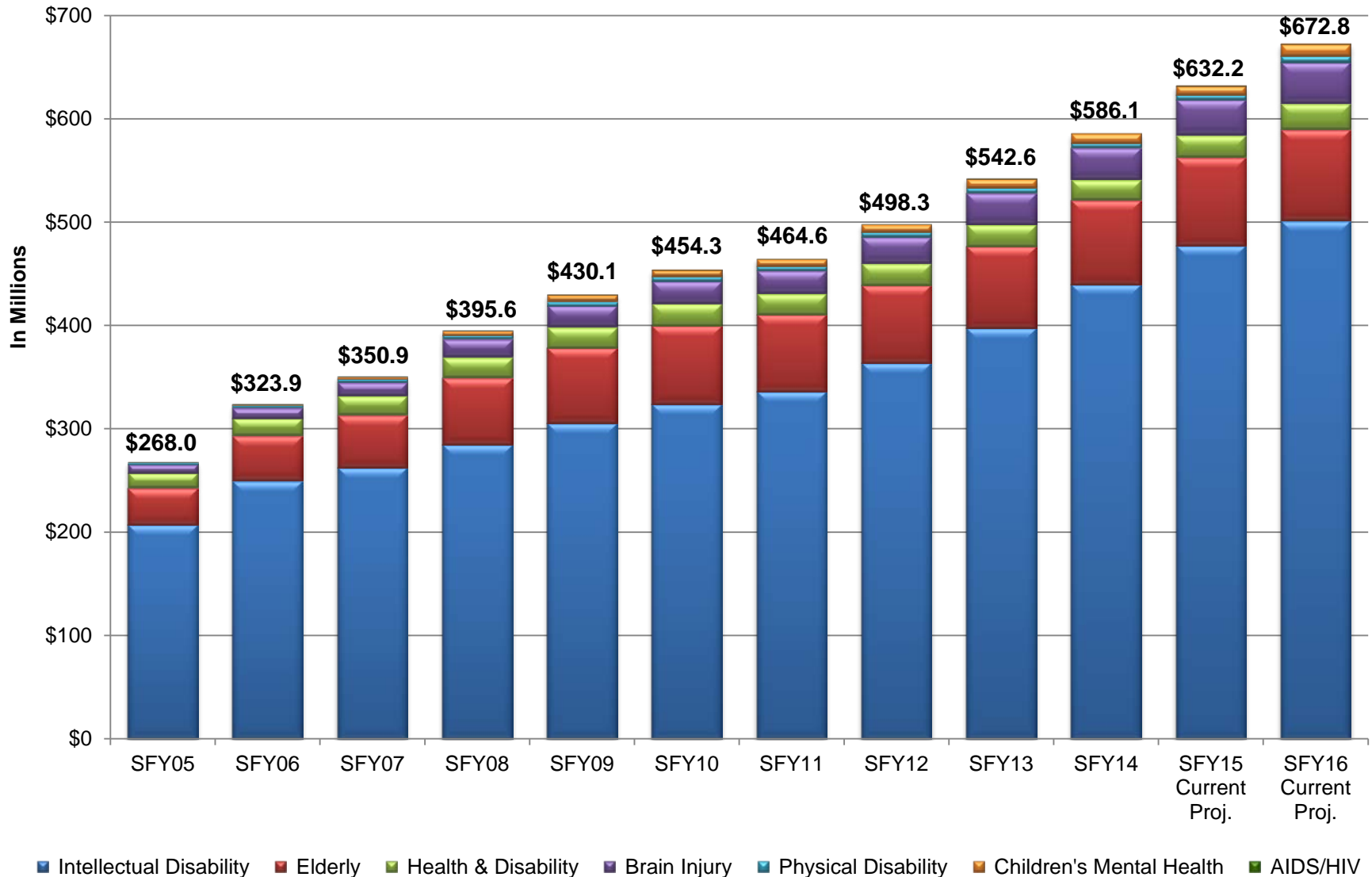
Assistive Devices	Day Services	Vehicle Modifications	Employment Supports
Adult Day Services	Emergency Response	Meals	Residential Supports
Personal Care	Home Health Services	Homemaker	Community Transportation
Counseling	Environmental Modifications	Nutritional Counseling	

- Individuals who receive waivers also receive Medicaid services. Most individuals on waiver waiting list also receive traditional Medicaid services: this is not true for children whose parents have incomes higher than traditional income eligibility limits

# HCBS Waiver Recipient Overview



# HCBS Waiver Expenditure Overview





## **SFY 15: Appropriation of \$6M to reduce waiting list**

- Since SFY 2008 the Legislature has appropriated funding and the Governor has signed six appropriation bills that have reduced waiting lists in one or more waivers.
- To facilitate the application process and to enable the individuals and providers to effectively plan and deliver the services, the Department's method has been to release 50 slots per waiver waiting list on a monthly basis. The Department has found that there is roughly a 50% acceptance rate.
- In SFY 15 the Legislature added \$6m to proportionately reduce waiver lists.
- On July 1, 2014, the following waivers had waiting lists: Aids/HIV, Children's Mental Health, Brain Injury, Health and Disability, and Physical Disability.



## SFY 15 Rollout of the expanded slots by 6/30/15

Program	BI	CMH	HD	PD	Total
Total to be Released	301	456	852	741	2350
Anticipated 50% uptake of released slots	151	228	426	371	1176
Slots Released as of 1/23/15	163	301	478	437	1379



## Numbers of Individuals on Waivers and Waiting list as of 1/23/15

	AIDS/HIV	BI	CMH	Elderly	HD	ID	PD
Individuals currently served	30	1,209	731	8,615	2,063	12,672	724
Individuals on wait list	0	1,199	1,950	0	3,480	369	2,648





## SFY 16 Cost Containment Waiver Strategy

- The Department has initially proposed the following strategies to achieve the goal of saving \$6M in the Waiver Program
  - For all HCBS Waiver transportation rates, establish \$0.575 as the rate per mile (2015 IRS mileage rate) and \$9.29 as the limit per one way trip (current statewide average). Savings estimated to be \$1.1M. Waiver recipients will continue to have non-emergency medical transportation (NEMT) for medically necessary transportation to medical services.



## **SFY 16 Cost Containment Waiver Strategy** (cont.)

- Cap the total costs of all services received by an ID Waiver recipient to the daily ICF/ID per diem rate of \$346.39 per day based on the 80<sup>th</sup> percentile of all ICF/ID rates. Savings estimated to be \$1M.
- Carefully review individual requests for exceptions to policy and align with capped cost of services noted above. Savings estimated to be \$1M.



## **SFY 16 Cost Containment Waiver Strategy** (cont.)

- Utilize the Supports Intensity Scale (SIS) to determine payment amounts for the services provided to adults served in the ID Waiver. As SIS is implemented, utilize the data in combination with an established tiered payment system to determine payments. The top tier amount would be limited to the ICF/ID Payment rate. This resource allocation process will include methods for addressing members' needs which require resources that go beyond the capped limit. Savings estimated to be \$2.5-\$3M.