

**Comments and Responses on ARC 9497B**  
Changes to Medicaid Home- and Community-Based Services Intellectual Disability Waiver  
Comments due May 24, 2011

The following persons and organizations provided written comments, which are included in the summary below:

Jennifer Bauer, director of operations, Candeo, Ankeny  
Jenny Brown, lead mental health coordinator, Candeo, Ankeny  
Lori Card, community living instructor, Candeo, Ankeny  
Lori Christ, administrative coordinator, Candeo, Ankeny  
Marcy Davis, chief executive officer, Candeo, Ankeny  
Lori Evans, service coordinator, Candeo, Ankeny  
Kim Fears, mental health instructor, Candeo, Ankeny  
Amie Johnson, residential mental health support, Candeo, Ankeny  
Susan Osby, program planner, Polk County Health Services, Des Moines

**Effect of Cost Limit and Reimbursement Rate**

COMMENT: While I agree that this will increase the flexibility, as far as rules go, in providing for members' transportation needs, I am concerned that this rule change does not go far enough to let providers meet those needs. Currently providers are allowed \$1570 per year to cover the cost of transportation for clients, yet that money does not go far enough. As an agency we regularly provide transportation to clients which is necessary for health and safety that costs more than \$1570. Unless that annual cap is increased as well as changing the rule, we are no more able to transport to work (because of financial constraints), than we were when rules prohibited it.

I propose that if DHS is serious about allowing providers to transport members to work, the cap on transportation expenses should be raised to accommodate the additional transportation. (Brown)

COMMENT: I am so appreciative of the focus on efficient changes to rule yet am compelled to point out a very critical issue that may impede the success of allowing Supported Community Living providers to transport clients to and from work. While it makes very good sense to have staff already assigned to work with an individual take them to and from work, there are other cost report rule limitations that will make this impossible.

I am referencing page E102 of the HCBS Mental Retardation (language has not yet been updated) Medicaid Provider Manual, Section 6, Supplemental Schedule D-1 where it states the following:

“The purpose of the HCBS Supplemental Schedule D-1, ‘Calculation of Consumer Cost Limits,’ is to calculate an average cost per consumer for consumer needs items and to determine the reasonableness of these items. A consumer is eligible for \$1570 of consumer items on an annual basis. The 12-month total of Schedule D lines 3290, Other Related Transportation; 3520, Other; and 4320 Other Equipment Repair and Purchase, cannot exceed \$1570 per consumer. These costs need to be accumulated on an annual basis, with adjustments made for any excesses over the limit.”

Account 3290, Other Related Transportation, refers to the reimbursement “attributable to the actual transporting of the consumer” and currently the limit on the reimbursement is \$0.39 per mile.

Account 3520, Other, refers “expenses directly related to the implementation of instructional activities identified in the consumers ICP”

Account 4320, Other Equipment Repair and Purchase, refers to costs “for the modification or repair of the consumer’s living unit”

The combination of these three accounts is limited to \$1,570 per client per year and herein lies the issue that may impede the department’s ability to realize the intended cost savings.

...at Candeo we have had to lower the reimbursement to \$0.34 per mile because so many of our clients exceeded the \$1,570 limit and once exceeded, the costs are excluded. Many of our clients have weekly doctor’s appointments and live in outer lying towns but have to seek medical services in Des Moines, they need to access the grocery store, bank, retail stores etc. We already work very hard to educate both staff and clients about wise trip planning and shopping close to home but a limit put in place 15 years ago, simply does not currently meet the need.

... I analyzed our most recent HCBS cost reports and identified that approximately 5 of 230 clients per year exceed the limit.

I encourage the department to consider addressing both the limitation (\$1,570) and the reimbursement rate for mileage as a part of the cost savings action. (Davis)

COMMENT: The intent of 78.41(1)"a" is to make it allowable for providers of supported community living services to include transportation costs to and from work and day services as reimbursable costs. We supported legislation to require the Department to add this provision because it will offer more flexibility in providing services to our clients. However, there is a significant obstacle to making this a reality.

Our concern is that the Department is not proposing to change the maximum amount of \$1570, even though the definition will change to allow SCL providers to transport to and from work. Currently providers track this allocated amount per client for medical and community-related transportation on an annual basis and already write off a significant amount of mileage that is provided to clients which exceeds the \$1570 limit. Adding transportation to and from work without increasing the \$1570 limit will essentially ensure that SCL will not provide that transportation. This limit has the effect of negating the Legislature’s intent that supported employment transportation be added to SCL per diems. We ask that the Department increase the \$1570 limit as a part of these rule changes. (Osby)

COMMENT: While on the surface this appears to be a great change to the rules to allow more flexibility in providing services to our clients, there is a significant problem that providers of SCL will have to making this a reality. ...A consumer is eligible for \$1570 of consumer items on an annual basis....

My concern is that the allocated amount of \$1570 is not changing, though the definition will change now to allow SCL providers to transport to and from work. We currently track this allocated amount per client and on an annual basis already write off a significant amount of mileage that is provided to clients which goes over the \$1570 limit due to medical and community-related transportation needs. Adding the ability to transport to and from work, without increasing the \$1570 limit will put undue pressure on providers of SCL as county and state budgets continue to be reduced, to provide the transportation and not be reimbursed for the added expense. Providers cannot continue to foot the bill for services which are not adequately funded. I ask that this rule change be rethought, to either increase the \$1570 amount or to remove the intended action until the money to fund the additional transportation cost can be written in at the same time. (Bauer)



because with only an allowed \$1,570 annual limit per client, raising the reimbursement would ultimately reduce the number of miles available to the client and we put our clients first - this makes sense, but it sure doesn't make it easy for employees to make ends meet.

Government waste is often on my mind. Many times, I have thought how silly it seems that my clients have to wait for a cab to come and pick them up (sometimes for over an hour, making them late!) when I could just drop them off at their job at the end of my shift. It would save them from being late for work, we can teach the value of being on time, and at the same time it would save the state money in cab expenses. Unfortunately, logical solutions aren't always possible. Once I realized that by adding these miles in without raising the limit on their annual transportation account it would be impossible to absorb these miles without reducing the number of miles allowed for other needs - this would put those clients who are working at a disadvantage over those who choose not to work! This isn't what our state needs, is it?

It seems it would make sense to eliminate the cost for the cabs and allow the direct support staff to transport the clients to/from work. but only if the mileage reimbursement rate is raised to \$0.45 per mile, and the annual \$1,570 limit per client is raised to something more reasonable I want to continue to work in this important field but because of the transportation costs, it is becoming an issue of whether I can afford to stay (Card)

COMMENT: Our agency works with clients who need supports that include: being an active member in their community (attending church services, organizational meetings that they are a part of), grocery & personal shopping as well as banking in addition to supports they need while in their home. I would like to share how difficult it is to maintain vehicles at a reimbursement \$0.34 or even \$0.39 per mile. As much as I would like to have our agency support our clients by taking them to work and pick them up, I am not sure this is feasible financially for our staff. Each client also has a limit on transportation and goal related expenses. I would like you to consider raising the reimbursement and addressing the limitation on client transportation and goal related expenses as a part of the rule changes to ARC 9497B (Christ)

COMMENT: I am a direct support professional and work with clients who needs support to take them to medical appointments and any other needs as they are not able to drive themselves. I would like to share how difficult it is to maintain my vehicle and job at \$0.034 or even \$0.39 per mile. As much as I would like to take my clients to work and pick them up, I am not sure I can afford it and I am aware that the client also has a limit on transportation and goal related expenses. I would like you to consider raising the reimbursement and addressing the limitation on client transportation and goal related expenses as a part of the rule changes to ARC 9497B. (Fears)

COMMENT: While I enjoy my clients very much and believe in these supports and services, I struggle to continue to work in this field because the mileage reimbursement does not cover the increased costs of using my vehicle. Also, transportation supports are already quite limited due to the \$1,570 limit per client which may make it impossible for the organization to meet this request. (Johnson)

RESPONSE: This rule was added to the intellectual disability and brain injury waivers as an option for supported community living (SCL) providers to provide transportation to and from work and as cost-effective way to meet individual member transportation needs to get to and from work and other day services.

The Department reimburses providers at 39 cents per mile for transportation when provided as part of the SCL service or any other HCB service that offers transportation (supported

employment, transportation). This is the rate that State of Iowa employees are reimbursed for using their personal vehicles for work related transportation. To increase the per-mile reimbursement rate would add additional cost to the Medicaid program when no funding increase was provided for adding this option to the SCL and at a time when, due to budget constraints, waiver services and providers have had rates reduced.

Other options available to assist with getting a member to and from work or day services are the transportation services (W1414 & W4414) or including the transportation costs in the day service rate. Supported employment allows the established hourly rate to be billed while transporting a member to and from the worksite. Transportation to medical appointments should be a covered service through the non-emergency medical transportation service unless it is already being covered through one of the HCB Services.

### **Administration of Payment Slots**

COMMENT: In addition, we have some concerns about 83.61 (4) Securing a payment slot. The proposed criteria 2 and 3 for emergency status relate to housing needs, but the ID Waiver does not address housing needs per se. We used to use similar criteria for our county waiting list, but we provide a more comprehensive array of services, so the criteria made sense for us. Also, criteria 3 is irrelevant because homeless shelters are not permanent living arrangements. And proposed criteria 4 and 5 for urgent status should clarify that living with parents is not considered to be temporary housing. (Osby)

RESPONSE: The emergency and urgent need criteria were developed as a way to identify and prioritize the need for services provided through the ID waiver. Although the ID waiver does not directly address housing needs, the availability of a funding slot for services may support the person to move a more permanent or stable living arrangement.

Numbered paragraph 83.61(4)“B”(1)“3” will be modified to remove the term “permanent” :

3. The applicant is ~~permanently~~ living in a homeless shelter and no alternative housing options are available.

This language will reflect that a member is living in a shelter with no alternative housing available to the member at the time. Living with a parent or family member could be a temporary living arrangement. Examples include when a member loses a lease or needs to move from the current independent living environment and moves back in with the family until services and ongoing supports can be arranged.

COMMENT: We also have a concern the rules do not have any requirement for a timely response by the department to an applicant to inform the consumer whether they will be placed on a waiting list or receive a payment slot. Chapter 25 requires that county CPC's have policies and procedures that specify criteria for use and review of waiting lists, and that any Notice of Decision include an explanation of waiting list status and an estimate of how long an applicant is to be on the waiting list. (441-25.13(p) and 441-25.13(2)c(5)). We encourage the Department to adhere to the same standards which it has been imposing on counties for several years so that consumers will know their status in a timely manner when applying for the ID Waiver. (Osby)

RESPONSE: The Department currently maintains a waiting list other waiver programs. For the children's mental health waiver (CMH), the Department sends a letter to all new applicants that informs them of the waiting list, the average length of time on the waiting list before receiving a CMH funding slot, alternative services that may be available to an applicant while on the waiting list, and contact information. It is anticipated that a similar letter will be developed and sent to all applicants for the ID waiver.

The Department currently has rules promulgated for securing a payment slot. The Department is reviewing the current ID waiver rules applicable to the waiting list notification [441 IAC 83.61(4), securing a payment slot] and comparing them to the requirements of the HCBS habilitation notification criteria.