

Habilitation Services



Reason for the new program

- To separate rehabilitative and non-rehabilitative services programs
- ARO discontinued as of 6/30/07
 - No additional authorizations after 12/31/06



HCBS Habilitation Services Similarities Between HCBS Waiver and HCBS State Plan

- Evaluation to determine program eligibility
- Assessment of need for services
- Individualized, person-centered plan of care
- Directed by case managers
- State can limit enrollment (slots)
- Authorization through ISIS
- Quality Assurance/Quality Improvement

What is Habilitation Services?

- As of 1/1/07, CMS allows home- and community-based services to be offered under the state plan.
- Habilitation services will meet the non-rehabilitative service needs of most ARO consumers.



Available Services

- Case Management
- Day Habilitation
- Home-based Habilitation
- Prevocational
- Supported Employment



Eligible Provider Criteria

- See Informational Letter #564
 - Outlines criteria for each type of service
- Providers must enroll with the IME as a Habilitation Services provider
- For enrollment questions contact Provider Enrollment at 800-338-7909 (local 725-1004) option 2



Consumer Financial Eligibility Criteria

- More restrictive than waivers
- Income must be below 150% of Federal Poverty Level
- Must be eligible for Medicaid

Consumer Eligibility Criteria

- Cannot target the program by population characteristics
- “Needs based” - must use functional criteria
- Functional criteria for Iowa will be based on the definition of CMI

Consumer Eligibility Criteria

- Meets 1 of 2 risk factors:
 - Psychiatric treatment more intensive than outpatient care >1 per lifetime
 - >1 episode of continuous professional supported care other than hospitalization



Consumer Eligibility Criteria (cont)

- Meets 2 of 5 additional criteria:
 - Unemployed, employed in sheltered setting or limited skills + poor work history
 - Needs financial assistance for maintenance & is unable to procure
 - Severe inability to maintain social support system
 - (continued)



Consumer Eligibility Criteria (cont)

- Needs help w/ basic living skills
- Exhibits inappropriate social behavior requiring intervention
- Not currently enrolled in an HCBS waiver program



Habilitation Services Process

- Functional abilities assessment by case manager
- Determination of eligibility by IME Medical Services (IFMC)
- Service plan developed by case manager and interdisciplinary team



Habilitation Services Process (Cont)

- Case manager enters services into ISIS
- Service plan is authorized by Medical Services
- Services are provided and documented
- Annual update of assessments and plans
- Similar process as used by current HCBS waiver programs.



Medical Services

- Reviews consumer eligibility using criteria previously outlined in this presentation.
- Authorizes plan once entered into ISIS by Case Manager.



Codes

- Case Management- W1330
- Day Habilitation
 - W1204 daily (4-8 hours per day)
 - W1205 ½ day (1-4 hours per day)
 - W1206 hourly



Codes (cont)

- Home-based Habilitation
 - W1207 hourly
 - W1208 daily (14+ hours per day averaged over a month)
- Prevocational
 - W1425 daily (4-8 hours per day)
 - W1426 ½ day (1-4 hours per day)
 - W4425 hourly



Codes (cont)

- Supported Employment
 - W1430 obtain a job (per job)
 - W1431 maintain employment/job coaching (hourly, max 40 hours per week)
 - W1432 maintain employment/personal care (hourly, max 40 hours per week)
 - W1433 maintain employment/enclave (hourly)



Case Management



Case Management

- Same as all Case Management programs regardless of consumer's program
- Exclusion: Services for clients authorized for case management are billed as TCM, not as Habilitation.



Day Habilitation



Day Habilitation

- Services to enhance/support:
 - Intellectual functioning
 - Physical and emotional health
 - Language and communication development
 - Cognitive functioning
 - Socialization & community integration



Day Habilitation (cont)

- Functional skill development
- Behavior management
- Responsibility & self-direction
- Daily living activities
- Self advocacy skills
- Mobility
- Setting: non-residential separate from the consumer's residence



Day Habilitation (cont)

- Duration: As specified in the service plan
- Exclusions:
 - Pre/vocational services
 - Services through Education of the Handicapped Act



Home Based Habilitation



Home-based Habilitation

- **Covered supports:**
 - Adaptive skill development
 - Daily living activities
 - Community inclusion
 - Transportation
 - Adult educational supports
 - Social and leisure skill development
 - Personal care



Home-based Habilitation (cont)

- **Exclusions:**
 - Room, board, & maintenance costs
 - Vocational services, day care, medical services or case management
 - Transportation to/from a day program
 - Services to consumer in >16 bed facility



Prevocational Services



Prevocational Services

- **Services that prepare a consumer for paid or unpaid employment.**
- **Teaching concepts aimed at generalized results, not specific job tasks**
 - Compliance
 - Attendance
 - Task completion



Prevocational Services (cont)

- Problem solving
- Safety
- **Setting: any of a variety of community-based locations**



Prevocational Services (cont)

- **Exclusions:**
 - Services available under Rehab. Act of 1973
 - Services available under Disabilities Education Act
 - Services defined in the Education of the Handicapped Act
 - Compensation to the member




Supported Employment




- ## Supported Employment
- **Services associated with obtaining & maintaining paid employment:**
 - **Activities to obtain a job:**
 - Vocational and education assessment
 - Job development
 - Onsite vacation assessment
 - Support for vacation training
 - Assistance in learning job related skills
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- ## Supported Employment (Cont)
- **Supports to maintain employment:**
 - Behavior management
 - Job coaching
 - Work-related crisis intervention
 - Skill usage
 - Time management
 - Grooming
 - Employer consultation
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- ## Supported Employment (Cont)
- **Setting: variety of settings, including the member's work site**
 - **Exclusions (partial listing):**
 - Services available under Rehab. Act of 1973
 - Services available under Disabilities Education Act
 - Incentive payments/ subsidies to employers
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Billing Services to the IME



- ## Eligibility Verification System (ELVS)
- **Verify member eligibility for today's date or past date of service.**
 - **Verify member enrollment with the Iowa Plan.**
 - **Member eligibility can be verified by date of birth - ddmmyyyy and social security number or the State ID number.**
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Electronic Claim Submission

- Electronic Data Interchange Support Services (EDISS)
 - 800-967-7902 9 AM-5 PM
- EDI paperwork must be completed and forwarded to EDI for enrollment
- Find forms at www.ime.state.ia.us, follow directions in the Tool Box
- PC-ACE Pro: free software



Billing Information

- Mailing address for all claims
Iowa Medicaid Enterprise (IME)
PO Box 150001
Des Moines, IA 50315
- Provider Services phone numbers:
 - 800-338-7909
 - 515-725-1004
 - Monday – Friday 7:30 AM -4:30 PM



IME Phone Numbers

PROVIDER SERVICES

7:30 AM – 4:30 PM
800-338-7909
515-725-1004 (Local)

MEMBER SERVICES

8:00 AM – 5:00 PM
800-338-8366
515-725-1003 (Local)

ELVS

24 Hours a Day/7 Days a Week
800-338-7752
515-323-9639 (Local)

PROVIDER AUDITS AND RATE SETTING

8:00 AM – 5:00 PM
866-863-8610
515-725-1108 (Local)



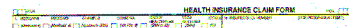
Billing Tips

- IME suggests that claims should be billed no more often than once per month
- Combine all units for each code onto 1 line per month
- CMS 1500 claim forms must be used and correctly completed
- IME payment cycles are weekly



Completing the Claim Form

- Discussion of each required box
 - Detailed instructions are included in the handout
 - Many boxes are not required or are optional
 - Ensure all required boxes are correctly completed or the claim will not pay



Form Completion Instructions

- Field 1A Insured's ID Number: Enter 7 digits followed by a letter. Must start with 0, 1, or 2. Letter must be A-J only.
- Field 2 Patient's Name: Enter the name as it appears on the Medicaid card.
- Field 11D Is there another health benefit plan?:
 - If the member has any sort of medical coverage, then check yes.
 - If the other insurance has not paid for any reason, then also check no.
 - No copy of the denial or payment EOB is required.
- Field 21 Diagnosis or Nature of illness: A Medicaid payable diagnosis code is required.
- Field 24A Date of Service: Enter month, day and year under both 'from' and 'to' columns. Each month must be a separate line. For each code all days in a month should appear on one line.
- Field 24B Place of Service: Use a 2-digit number, either
 - 11 office
 - 12 home

Instructions (cont)

- Field 24D Procedure, Services or Supplies: Enter the authorized 5-digit procedure code.
- Field 24E Diagnosis Code: Indicate the line from Field 24 that reflects the correct diagnosis code. IE: 1, 2, 3, or 4.
- Field 24F \$ Charges: Multiply the number of units X your rate. This is a total charge for each line, not your rate.
- Field 24G Days or Units: Enter the number of times (units) this service was given during the date range in 24A.
- Field 28 Total Claim Charge: Enter the total of all entries in 24F. Use decimal points and cents.
- Field 29 TPL (Third Party Liability): If another insurance company made a payment, then enter that amount here. Leave blank if no TPL payment.
- Field 30 Balance Due: Field 28 minus Field 29. Use decimal points and cents.

Instructions (cont)

- Field 31 Signature of the Provider: Signature of the authorized representative and the original filing date. If computer-generated then must be initialed.
- Field 33 Supplier Billing Name: Complete name and address of provider.
 - Grp: Enter the 7-digit Medicaid provider number if using HCFA-1500.
 - NPI: Enter the 10-digit provider number if using CMS-1500 (08/05).

Claim Submission Issues

- **Use original claim forms, do not make copies**
- **Do not use red or light colored ink**
- **Do not use highlighter of any color**
- **Position data in the center of each box, not touching any red line**



Submission Issues (cont)

- **Diagnosis codes (ICD-9) and CPT codes cannot include description on the form**
- **Column E Diagnosis Code must have the corresponding number from box 21, not the actual diagnosis code**
- **Indicate both dollars and cents for sub-charge and total charge.**
- **Limit the use of handwritten information**



Timely Filing Guidelines

- **12 months from the first date of service**
- **Resubmissions up to 24 months from the date of service.**
- **Claims after 12 months must be filed on paper with "resubmission" and the original filing date in the signature box**
- **Adjustment - within 12 months of the payment date**



Credit/ Adjustment Requests

- Used to change information on a paid claim:
 - Paid amount needs to be changed
 - Number of units needs to be changed
 - Dates of service need to be changed
- Complete form correctly and entirely
- Form #470-0040 found on the IME Website
- Must be filed within 12 months of payment



Administrative Rules

Draft of revised rules & comments:

- DHS web site by mid-February
 - www.dhs.state.ia.us/policyanalysis/RulesPages/dockets.htm
- Information Release mailed once rules are final, mid-May

