

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

IOWA

Home- and Community-based Services for Older Adults and Adults with Physical Disabilities

Background

- Iowa's 60+ population was 596,110 in 2008 (19.9% of the state's total population), with 7.7% below the federal poverty level.¹
- The 60+ population is projected to be 804,461 in 2025 (26.9% of the state's total population).²
- About 24.6% of all households in 2007 had one or more persons age 65 years and older and 35.9% of persons age 65 years and older had a disability.³
- Of the 361,760 Medicaid beneficiaries in the state in 2003, 9.8% were aged, 16.3% were blind and disabled, 19.6% were Dual Eligible, and 4.7% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 62.3% of total long-term care expenditures, compared to 37.7% for HCBS in fiscal year 2007.⁵

Abbreviations

AAA	Area Agency on Aging
ADL	Activities of Daily Living
AoA	Administration on Aging
CMS	Centers for Medicare and Medicaid Services
HCBS	Home- and Community-based Services
IADL	Instrumental Activities of Daily Living
MRDD	Mental Retardation and Developmental Disabilities
OAA	Older Americans Act
PACE	Program of All-inclusive Care for the Elderly
SUA	State Unit on Aging

¹ Department of Health and Human Services, Administration on Aging. (2009). *AGing Integrated Database (AGID): American Community Survey (ACS) demographic data 2004-2007 and state-level population estimates data 2000-2008* [Data files]. Available from <http://198.136.163.234/default.asp>

² Department of Health and Human Services, Administration on Aging. (2009). *Aging statistics: Projected future growth of the Older population; By state: 2005-2030; Aged 60 and above* [Data files]. Available from http://www.aoa.gov/AoARoot/Aging_Statistics/future_growth/future_growth.aspx.

³ Reimbursement and Research Department, American Health Care Association. (2006, August 29). *The state long-term health care sector 2005: Characteristics, utilization, and government funding*. Washington, DC: Author.

⁴ U.S. Census Bureau, 2007 American Community Survey, United States and States. *Percent of households with one or more people 65 years and over* (R1104) and *Percent of people 65 years and over with a disability* (R1803).

⁵ Burwell, B., Sredl, K., & Eiken. S. (2008, September 26). *Medicaid long term care expenditures FY 2007*. Eagan, MN: Thomson Reuters.

Government Structure to Manage HCBS

- **SUA:** Iowa Department of Elder Affairs.
www.state.ia.us/elderaffairs/
- **State Medicaid Agency:** Iowa Department of Human Services.
www.dhs.iowa.gov/
- Iowa does not have a consolidated agency for long-term-care programs.
- Six state agencies handle long-term-care programs: the SUA, the State Medicaid Agency, Inspections and Appeals (the Survey and Certification agency), Public Health, Education (Vocational Rehabilitation, which conducts disability determination), and Corrections (operates Local Community Options).
- The director of Iowa's SUA reports to the Governor.
- Iowa has 13 Area Agencies on Aging.

Single Point of Entry (SPE)/Aging and Disability Resource Center (ADRC)

- Iowa has a statewide ADRC. Its website is: www.lifelonglinks.org. The ADRC serves all consumers, especially aging consumers and consumers of all ages with disabilities.
- The ADRC operates two county-wide pilot sites in Linn and Johnson counties.
- Using state dollars, Iowa began a pilot program in two eastern counties in April, 2008, to create a single entry point system that further enhanced information and referral processes for long-term-care services. Local-level partners collaborated to form an Advisory Council for long-term care in their particular service areas; the SUA contracted with one lead agency to assist in forming the local-level collaborations. In one county, the lead agency is a county government, while in the other, it is an elder service agency. Each service provider that was part of the collaboration signed a Memorandum of Agreement to provide particular services (actual or in-kind services) and/or to serve on

the Advisory Council. Within the partnership, entry points exist to provide information and referral to long-term-care applicants. Applicants also have the option to speak to a long-term supports options counselor. One full-time staff person is devoted to providing counseling in each service area.

Assessment Process

Medicaid

- For Medicaid applicants seeking initial admission to a nursing facility, the assessment form must be completed by a medical professional who is not employed by, under contract or otherwise, or associated with the facility. State policy allows for situations in which the medical professional is also the facility's Medical Director. In such cases, the facility must have a policy in place to ensure there is no conflict of interest and that an accurate and objective assessment is completed. The form is then faxed to the Department of Human Services (Medicaid agency). Final determination as to whether the applicant meets nursing home level-of-care requirements is made by nurse reviewers employed by the state's Quality Improvement Organization, which is under contract with the Medicaid agency.
- Financial eligibility is determined by the income maintenance worker in the Medicaid agency. This worker reviews the financial information provided by applicants and requests additional information or verification, if needed.

Non-Medicaid

- For non-Medicaid applicants in Iowa, nursing home pre-admission assessment is not performed by someone other than nursing home staff.
- Non-Medicaid consumers do not require a separate functional assessment other than what is required by the Preadmission Screening and Resident Review (PASRR).

State Medicaid Plan

- Iowa provides HCBS through the state Medicaid plan.
- Refer to Table 1 for specific services provided.
- **PACE:** Iowa has one PACE site in Sioux City. If successful, Iowa plans to expand the PACE program to other sites in the state.

Medicaid Waivers

- Iowa has one waiver that provides HCBS to older adults. This is: Medicaid Elderly Waiver.
- **Medicaid Elderly Waiver:** This program targets adults who are age 65 and older. The functional and financial assessment process is similar to that of nursing home Medicaid applicants (see the section above on Assessment Process for Medicaid applicants). A physician completes a one-page functional assessment form, which is obtained from the applicant or the case manager, and returns it to the Medicaid agency. Final eligibility determination is made by nurse reviewers employed by the state's Quality Improvement Organization, which is under contract with the Medicaid agency. Paperwork for the financial assessment is completed by the applicant. Sometimes case managers or staff of provider agencies may assist an applicant with completing the application materials. Final financial eligibility is reviewed and determined by the income maintenance worker. The income limit for an individual is \$2,022 and the asset limit is \$2,000. The income eligibility limit for a couple is \$2,022, or \$4,044 if both are on the waiver. The asset limit for the couple is \$3,000 if both are on the waiver. However, through spousal impoverishment provisions, up to \$109,560 in resources can be attributed to a spouse when determining the asset limit for a couple on the elderly waiver. A case management provider organization is eligible to provide case management services if it is accredited and meets the standards for case management as defined by the Mental Health, Mental Retardation, Developmental Disabilities and Brain Injury Commission; the Joint Commission; Council on Accreditation of Rehabilitation Facilities (CARF); Council on Quality and Leadership in Supports for People

with Disabilities; the Department of Elder Affairs; or the Department of Public Health. Consumer-directed options are available in this program to any consumer on the waiver (see section below on Consumer Direction for more details). Assisted living services are not a separate service under this waiver, but waiver recipients can access services provided in assisted living if the assisted living provider is enrolled as Consumer Directed Attendant Care provider.

- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered under each program.

CMS-funded Programs and Grants

- Iowa has one CMS-funded program that provides HCBS to older adults and/or adults with physical disabilities. This is: Money Follows the Person.
- **Money Follows the Person:** Currently, this program focuses on individuals with MRDD who reside in intermediate care facilities. *This target population is not within the scope of this project, however.*

State-funded HCBS Programs

- Iowa has two state-funded HCBS programs that provide HCBS to older adults and/or adults with physical disabilities. These are: the Senior Living Program and General Aging Fund.
- **Senior Living Program:** This program is designed to assist low- and moderate-income seniors by providing them with a wide array of HCBS in order to promote their independence and delay institutionalization. Since it is a flexible program, allowable long-term-care services include those that are specified under the medical assistance HCBS waiver for the elderly or the National Aging Program Information System. For determining financial eligibility, "low income" by rule is defined as a household income of less than 300% of Supplemental Security Income (SSI). Applicants self-report their own income and no standardized assessment process is used to verify the information. Applicants also self-report their functional limitations.

- **General Aging Fund:** State dollars are available for various HCBS from the state's general fund as appropriated by the legislature each year.
- Iowa is also funding the pilot programs for the ADRCs in two counties (refer to section above on ADRCs).
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

Locally Funded HCBS Programs

- Iowa uses local funds for HCBS for older adults and/or adults with physical disabilities.
- Local agencies such as AAAs pursue local funding to complement services that are provided through federally and state-funded programs.

OAA-funded Programs and Grants

- Refer to Table 1 for services provided through Title III of the OAA.
- Iowa sometimes uses cost-sharing mechanisms or sliding fee scales in the delivery of Title III services.

Social Service Block Grants (SSBG) and Community Service Block Grants (CSBG) for HCBS

- Iowa does not use SSBG to provide HCBS for older adults.
- Iowa does not use CSBG to provide HCBS for older adults.

Consumer Direction

- Iowa offers consumer-directed options. The HCBS program in the state that offers consumer direction is the Consumer Choices Option.
- Models of consumer direction available in the state include: modified Cash and Counseling. This grew out of Iowa's original Cash and Counseling grant. Consumers do not receive cash or vouchers directly.

- A consumer can retain an independent support broker to help hire a provider. The independent support broker must be at least age 18 and cannot be the consumer's spouse, guardian, conservator, trustee, representative payee, or durable power of attorney for health care or financial matters. The independent support broker cannot provide any other services to the consumer.
- Consumers may choose to purchase self-directed personal care, individual-directed goods and services, or self-directed community supports and employment. They can purchase these services from businesses or from individuals such as adult children, other family members, and friends.
- Iowa has one fiscal intermediary in the state that handles payments to providers.

Managed Care

- Iowa does not have HCBS programs run by managed care health plans.

Major Accomplishments and Initiatives

- Iowa has transitioned case management into a service under the Medicaid Elderly Waiver. Earlier case management services were funded by state and local dollars, and the nature and amount of funding could vary depending on the availability of these funds. With payment from Medicaid, case management providers now receive more consistent funding for their services.
- Iowa's single entry point task force was signed into law in the 2007 legislative session, after which a single entry point resource team began meeting in December, 2007. The team has submitted recommendations on how long-term care should be structured in the state. However, with the current budget crisis, it is difficult to anticipate the extent to which the recommendations can be implemented.
- Another major initiative is the availability of consumer-directed options under the Medicaid waiver programs. Although a significant number of participants have not opted for management of their own

care, it is likely that future generations will choose these options.

- Iowa has initiated an Office of Substitute Decision Maker. Due to funding limitations, however, the office is not fully operational; it is providing information and education on substitute decision makers and is building the foundation of what will become a statewide program.
- Finally, Iowa has received an evidence-based health promotion grant (Chronic Disease Self Management Program) that is preventive in nature and likely to improve the quality of life of Medicaid-eligible consumers and those with chronic conditions.

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Types of Services	Program Type / Funding Source					
	Medicaid Waivers	State-Funded Programs			State Medicaid Plan	OAA Title III
	Medicaid Elderly Waiver	General Aging Fund	Senior Living Program			
Adult Day Care / Adult Day Health	X	X	X		X	
Assisted Living						
Caregiver Services / Respite / Education	X	X	X		X	
Case Management / Care Coordination	X	X	X		X	
Chore / Homemaking	X	X	X		X	
Companion Services / Socialization Activities/Senior Companion	X	X	X		X	
Employment		X			X	
Equipment / Supplies / Modifications / Assistive Technology	X	X	X	X	X	
Health Promotion Activities		X	X		X	
Home Health / Personal Care	X	X	X	X	X	
Information / Assistance / Referral		X	X		X	
Legal Assistance / Financial Advice		X	X		X	
Medical / Dental / Medication Care		X		X	X	
Mental and Behavioral Health Services	X	X		X	X	
Nursing	X	X	X	X	X	
Nutrition / Meals	X	X	X		X	
Personal Supports for Community Living / Transitioning		X	X		X	
Rehabilitation / Therapy				X		
Residential Services				X		
Transportation	X	X	X	X	X	
Other/Unspecified HCBS	X	X	X		X	

Table 2: Selected HCBS Programs for Older Adults and Adults with Physical Disabilities in Iowa

Program Type / Funding Source	Program Name	Ages Served	Nursing Home Level of Care Required	Entity Responsible for Functional Assessment	Entity Responsible for Financial Assessment	Entity Responsible for Case Management	Waiting List (Number)	Consumer Direction Option
Medicaid Waivers	Medicaid Elderly Waiver	65+	Yes	Physician	State agency: Department of Human Services	Varies (provider must meet Medicaid qualifications)	No	Yes
State-funded Programs	General Aging Fund	60+*	No	No functional assessment	No financial assessment	Area Agency on Aging	No	No
	Senior Living Program	60+*	No	No functional assessment	No financial assessment	Area Agency on Aging	No	No

* State-funded programs are for those age 60+ with the exception of the Office of Substitute Decision Maker, which is available to adults age 18 and older.

