

INFORMATIONAL LETTER NO. 2238-MC-FFS

DATE: June 28, 2021

TO: Home Health Agencies (HHA), Home- and Community-Based Service (HCBS) Waiver Providers and Case Managers

APPLIES TO: Managed Care (MC), Fee-for-Service (FFS)

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: HCBS Home Health Aide and Nursing Visits

EFFECTIVE: Upon Receipt

This letter is intended to clarify the Department's policy regarding HCBS waiver nursing services duration for a per visit unit of service.

HCBS WAIVER PROGRAM:

- Nursing and HHA services covered under the HCBS waiver program are covered through the AIDS/HIV, Elderly, Health and Disability (HD), and the Intellectual Disability (ID) Waivers only.
- The ID Waiver uses an hourly unit of service for HHA and nursing services.
- The AIDS/HIV, Elderly, and HD Waivers use a per visit unit of service for HHA and nursing services.
- Nursing and HHA services covered through the FFS HCBS program in the AIDS/HIV, Elderly, HD and the ID Waivers do not require prior authorization. An Iowa Health Link Managed Care Organization (MCO) may require prior authorization for its members. Guidelines on prior authorization for the MCOs can be found on the MCO websites.
- The maximums of nursing and HHA services included in the HHA program, or private duty nursing (PDN) and personal care (PC) through the Early Periodic, Screening, Diagnosis and Treatment (EPSDT) Care for Kids program must be utilized before accessing nursing and HHA included in the HCBS waiver programs.
- HCBS services (listed below) are based on a fee schedule.

Iowa Administrative Code (IAC) defines an encounter as separately identifiable hours in which the HHA provides a continuous service to a member. Based on the national average duration of a visit/encounter for home health aide and nursing services, the IME is clarifying that the defined duration of a visit/encounter is zero (0) – two (2) hours.

The IME intends to promulgate rules adopting this definition of the duration of a per visit unit of service.

The per visit unit of service is applicable to the following HCBS waiver services:

| HCBS Waiver Service | Waiver Program(s) | Procedure Code | Unit of Service | Maximum Units |
|----------------------------|---|-----------------------|------------------------|---|
| Home Health Aide | AIDS/HIV Elderly Health and Disability | T1021 | Per Visit | As medically necessary and within the monthly cap for the AIDS/HIV and Health and Disability Waivers. |
| Nursing (RN) | AIDS/HIV Elderly Health and Disability | T1030 | Per Visit | As medically necessary and within the monthly cap for the AIDS/HIV and Health and Disability Waivers. |
| Nursing (LPN) | AIDS/HIV Elderly Health and Disability | T1031 | Per Visit | As medically necessary and within the monthly cap for the AIDS/HIV and Health and Disability Waivers. |

For additional information regarding funding programs and billing for home health aide and nursing services, please refer to [Informational Letter 1765-MC-FFS](#)¹.

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909 or by email at IMEproviderservices@dhs.state.ia.us.

¹ <https://secureapp.dhs.state.ia.us/IMPA/Information/ViewDocument.aspx?viewdocument=542afbf6-84d0-478a-995d-c3e058938721>