IOWA

Money Follows the Person Operational Protocol Template

OPERATIONAL PROTOCOL VERSION 1.0

GRANT 1LICMS300154-01-25

04/17/2026

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Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1053. The time required to amend or newly develop the Operational Protocol is estimated to average 42 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. The time required to complete an annual update of the Operational Protocol is estimated to average 16 hours per response. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

HOW TO USE THE MONEY FOLLOWS THE PERSON OPERATIONAL PROTOCOL TEMPLATE

Purpose

The Operational Protocol (OP) is the operational guide that outlines the Demonstration and addresses how the state or territory will meet the objectives of the Money Follows the Person (MFP) Demonstration. The OP describes how the state or territory will operationalize processes to ensure that the state or territory's Demonstration is equipped with the tools, infrastructure, systems, and policies to make MFP Demonstration goals and initiatives successful.

The state or territory must review and amend the OP every three years, or more frequently as needed, in response to changes in (1) federal, state, or territory law, regulation, or policy impacting MFP eligibility, enrollment, or program operations; and (2) MFP operations, inclusive of changes to any of the required MFP OP elements. Refer to MFP Program Terms and Conditions (PTC) 36 for specific requirements around amending the OP.

While the OP describes "how" the state or territory operates the MFP program, "what" the state or territory plans to do to advance MFP and Medicaid home and community-based services (HCBS) is included in the state or territory's unique MFP Work Plan. Reporting on progress is included in the state or territory's Semi-Annual Progress Report (SAR).

Instructions

The OP template consists of 13 sections. Section A is an overview of the state or territory's MFP Demonstration; sections B through M are the required operational elements of the state or territory's MFP Demonstration. Each section contains prompts for information that are labeled by section and prompt number order (for example, section A.1, prompt A.1.1). The state or territory is required to respond to prompts in each section. Each prompt provides:

- Guidance on how to insert information
- Displays and tools for formatting and inserting information:
  - **Text response boxes.** Information may be entered in multiple lines of text and, where applicable, an external document may be uploaded into a text box.
  - **Table shells.** Table shells display the layout of tables without the information or data. Some table shells contain example entries in red text. Table shell rows may be added if needed. Table shells titled "Example Table" can be modified.
  - **Checkboxes.** Checkboxes are displayed as a checklist in which to place a checkmark to make a selection.

The yellow line at left indicates instructional text and is followed either by a text response box, checkbox, or a table shell.

A few tips for entering information

- Text insertions must be clear, concise, and consistent.
- Directly address each prompt.
- Use the "Other Information" text box when additional information is necessary to further support, explain, or justify a response to a prompt.
- Limit text responses to no more than three pages.

- Use bullet points, tables, flow charts, and diagrams to help break up long sections of text and to briefly summarize information.
- Use preferred terms and spell out first use of acronyms.
- Do not leave prompts blank. Enter “Not Applicable” for OP prompts that are not relevant to the state or territory’s MFP program.

Using hyperlinks and embedding documents

- Use hyperlinks to link to external documents that are relevant to the MFP program, including MFP marketing and educational materials, service-related documents such as assessments and program checklists, and information contained on external websites.
- Hyperlinks must be documented in Appendix A.1 of the OP.
- If you are embedding external documents within the template, follow these instructions and select “Display as icon.” This Word feature allows documents to be embedded as clickable icons and may be a preferable alternative to pasting long documents in the appendix or hyperlinking to a document.
- Accessibility features can be maintained by assigning alt text to the icons representing embedded objects.

Before submitting the OP, complete the following three steps:

Ensure that all hyperlinks work.

Update the contents of the MFP OP template above by right-clicking anywhere within the field and selecting “Update field.” This will automatically update the page numbers in the contents list.

If amending or updating the OP, complete the change log.

Change log

If amending or updating the OP, complete the change log by inserting entries into Table 1. The first two lines of the table provide examples of how to populate the change log.

Table 1. Change log

Section	Prompt	Date of OP submission	Changes made since last revision of OP
A	A.1.1 A.2.2	1/1/2020	Added new components of the state or territory’s LTSS system. Described a new target group of the state or territory’s MFP program.
B	B.2.1	7/1/2021	Described new performance evaluation criteria for the MFP project director role.

SECTION A. MFP PROGRAM OVERVIEW

This section briefly describes how the state or territory's MFP Demonstration is designed to meet unique state or territory long-term services and supports (LTSS) system reform efforts to increase the use of HCBS, rather than institutional LTSS. Use the prompts in this section to report on the state or territory's LTSS system assessment and gap analysis and to identify the state or territory's MFP Demonstration target population and geographic area(s) of service.

A.1. State or territory system and gap analysis

A.1.1. Summary of state or territory LTSS system and gap analysis

The summary must address these components:

- Identify LTSS population needs
- Identify geographic area(s) of need
- Identify ways the state or territory can test new approaches and flexibilities in its Medicaid programs to strengthen HCBS through the MFP Demonstration
- Identify ways to provide opportunities to furnish MFP Demonstration services in a more equitable manner
- Identify and determine measurable, attainable, and timely MFP Demonstration goals and outcomes

Iowa's Money Follows the Person (MFP) program, *The Partnership for Community Integration*, assists residents of Qualifying Facilities transitioning to Qualified Residences in the community of their choice where they will receive the enhanced services and supports they need to pursue their personal goals and to achieve a high quality of life.

To be eligible for MFP, a participant must:

1. reside in a Qualifying Facility for at least 60 consecutive days;
    a. Uninterrupted stays between Qualifying Facilities can be added together to meet the 60-day length of stay criteria.
2. qualify for either the Intellectual Disability (ID) or Brain Injury (BI) Waiver; and
3. be on a Medicaid type that carries a Long-Term Services and Supports (LTSS) benefit.

Qualifying Facilities for MFP are Intermediate Care Facilities for People with Intellectual Disabilities (ICF/IDs), Nursing Facilities (Skilled Nursing Facilities, or SNFs, and Nursing Facilities, or NFs), Psychiatric Medical Institutes for Children (PMICs), and inpatient hospitalization settings.

Iowa proposes to test new approaches and flexibilities to strengthen Home and Community-Based Services (HCBS) through the MFP Demonstration. *The Partnership for Community Integration* addresses several significant barriers faced by residents of Qualifying Facilities:

a) a lack of awareness of, or even misinformation about, community living alternatives;
b) the scarcity of assistance from trained professionals in planning for and accomplishing successful transitions;
c) an underdeveloped HCBS provider network;
d) the absence of critical services such as crisis intervention and behavioral supports; and
e) inflexibility in program funding which makes it difficult for many participants, particularly in rural areas, to find the supports they need.

The design of Iowa's MFP program incorporates processes and program initiatives intended to address these central issues, contributing in a substantial and permanent way to system rebalancing:

1. *Awareness of community living alternatives.* Medicaid recipients and/or their legal representatives are frequently driven to seek services in Qualifying Facilities for lack of any apparent alternative. Once those individuals are secure and have access to intensive services by trained staff, concerns and fears about the loss of safety and services constitute the single biggest barrier to community transitions. MFP's marketing, outreach, and education component raises awareness of the options available to support someone in their community of choice.
2. *Transition assistance*. The development of transition services and the formalization of the transition process, coupled with community outreach to publicize the service's availability, is intended to raise the confidence of Medicaid recipients and/or their legally authorized representatives that they will be able to navigate the transition planning process successfully.
3. *Resources for HCBS network capacity building.* Iowa's MFP program will allocate its financial resources to HCBS for people requiring an ICF/ID, NF, or SNF level of care. Additionally, Iowa's legislature has been increasing the state's investment in HCBS. These resources will constitute a powerful incentive to (a) community providers to expand services, and (b) to facility-based providers (with appropriate technical assistance) to diversify their service offerings. MFP will also enhance opportunities for staff training to meet the needs of program participants.
4. *Critical services*. Enhancement of ID and BI Waiver service menus to include additional supports for participants with mental illness or behavioral issues is widely regarded as one of the most important steps the State of Iowa could take to expand community living options (see details in Section E).
5. *Flexibility in service management through self-direction.* All MFP program participants will have access to Consumer Choice Option (CCO), Iowa's self-direction option.

Additional information regarding Iowa's approaches and flexibilities to the Medicaid program and HCBS through MFP can be found in Section E, detailing Iowa's Demonstration and Supplemental Services.

Continuity of services after a participant completes their Demonstration Year will be guaranteed through access to either the ID or BI waiver. Sufficient waiver slots will be set aside to accommodate participants transitioning from Qualifying Facilities, and Iowa Medicaid anticipants no difficulty in addressing the needs of MFP participants in future years. Should any shortfall become apparent, the Iowa Department of Health and Human Services (HHS) will work with the legislature to ensure the availability of slots and to add important services to the waivers to support successful community living. Any savings accruing to Iowa as a result of the enhanced FMAP will be used to provide these additional services, which are proposed to be available to all waiver participants, not just MFP participants.

Iowa is in the midst of a waiver redesign, and in our future state we intend to expand the population of Medicaid recipients who will have access to the program beyond the ID and BI populations.

Iowa's MFP demonstration goals and outcomes are documented in the Work Plan located on the Medicaid Data Collection Tool (MDCT) platform.

A.2. Service areas and target groups of the MFP program

A.2.1. Service areas

Specify the service area(s) in which the MFP Demonstration operates.

☒ State or territory-wide

☐ If not state or territory-wide, indicate specific jurisdictions:

Click or tap here to enter text.

A.2.2. Target groups

Complete Table A.2.2 to indicate the MFP target population(s) included in the state or territory's Demonstration and indicate the corresponding state or territory operating agency administering Medicaid HCBS. Please note that target groups falling into the "Other" category must be defined here and throughout the OP.

Table A.2.2. MFP target population groups

Select all that apply	Target group of eligible individuals	State or territory operating agency
☐	Older adults	
☐	Individuals with physical disabilities (PD)	
☒	Individuals with intellectual and developmental disabilities (I/DD)	Iowa Medicaid
☐	Individuals with mental health and substance use disorders (MH/SUD)	
☒	Other, please specify (e.g., HIV/AIDS, brain injury)	Brain Injury | operating agency is Iowa Medicaid

Describe reasons for targeting certain MFP populations. Include geographic strategies, considerations specific to rural areas, provider network considerations, and alignment with state or territory Olmstead plans and rebalancing strategies.

Alignment with State Olmstead Plans and Rebalancing Strategies

The Partnership for Community Integration, made possible through a MFP grant, complements the State's larger strategy to rebalance its systems of long-term support. The driver for Iowa's strategy is the primary value the State of Iowa places on choice. Major milestones in the evolution of the strategy include:

a) development of Iowa's Section 1915(c) waivers and a steady significant increase since 1982 in the number of individuals receiving HCBS;

b) Iowa's response to the Supreme Court's *Olmstead* decision, including the issuance of Governor Vilsack's Executive Order 27 mirroring President Bush's New Freedom Initiative, and the establishment of the Olmstead Consumer Task Force;

c) adoption of case mix adjusted reimbursement for Iowa nursing homes;

d) Passage of the IowaCare Act in 2005 mandating significant steps to rebalance long term care (also see the Executive Summary on House File 841); and

e) numerous important grant-funded initiatives supporting systems transformation, including the creation of a self-direction option for most waiver participants.

Several important initiatives have been undertaken to increase access to HCBS and to support community participation for people with disabilities of all ages. Iowa's 2005 Real Choice Systems Transformation grant provided support for a legislatively mandated, intensive year long process to develop a plan to reduce populations served by ICF/IDs and increase populations served by HCBS. The Enhancing Community Options Workgroup (ECOW), a 30-member stakeholder group established by Iowa Medicaid Enterprise (now Iowa Medicaid) in collaboration with the Governor's Developmental Disabilities (DD) Council and the Iowa Association of Community Providers (IACP), submitted a comprehensive set of recommendations to the Iowa Department of Human Services (DHS; now the Department of Health and Human Services, HHS) to reduce institutional bias and remove barriers to community living for all Iowans who need long term supports. Included in the draft ECOW recommendations were:

1. streamlining access to HCBS;
2. the addition to all Iowa's waivers of services critically needed to avoid institutionalization and to maintain community living; and
3. the development of transition services to assist participants wishing to leave facilities for community living.

Target Populations

As the ECOW was working in the fall of 2006, the Centers for Medicare and Medicaid Services (CMS) issued the first round Request for Proposal (RFP) for MFP funding. Iowa perceived an immediate opportunity to address one of the most significant elements of institutional bias in its disability services system -- its high reliance on ICF/IDs to provide services to people with intellectual disabilities.

In 2014, Iowa expanded the definition of Qualifying Facilities for its MFP program to include Nursing Facilities, PMICs, and in-patient hospitalization settings. The state also added people with brain injuries to the target population for the MFP program. There have been no changes to the targeted populations since this time.

Geographic Strategies

Geographically, there are currently no differentiated strategies within the state of Iowa.

Provider Network Considerations

Participants who engage in Iowa's MFP program have access to the same pool of HCBS providers as those not participating in MFP who are on the ID or BI waiver.

A.3. Other information

If needed, provide other information regarding the state or territory's service area(s), target populations, or reporting that is not addressed elsewhere in the template.

In establishing the Partnership for Community Integration, Iowa identified nine Guiding Principles for the MFP program. (these have been slightly modified to reflect changes in MFP Program Terms and Conditions, evolutions in terminology, and the like)

1. MFP participant preferences and choices will be respected. This includes the decision whether or not to transition to community living, the composition of the transition planning team, preferences regarding the community and residence, roommates (if any), service providers, and employment or other meaningful daytime activities.
2. All Medicaid-eligible individuals with a type that carries an LTSS benefit who have resided in a Qualifying Facility for at least 60 consecutive days and meet eligibility criteria for the state's ID or BI Waiver are eligible for MFP services and are assumed capable of successful transition to community living.
3. Continuity in transition assistance and supports will be provided by a single Transition Specialist who will, in most instances, work with the MFP participant from initial contact to the close of the Demonstration Year. The transfer of responsibilities from one Transition Specialist to another, or from the Transition Specialist to a Fee for Service or Managed Care case manager at the end of the Demonstration Year, will be preceded by careful planning and communication regarding the participant's needs and preferences and the status of transition planning to ensure a smooth transfer. MFP participants have a right to choose to receive transition services from a Transition Specialist of their choice.
4. Involvement of the participants' parents and/or legally authorized representatives in transition planning, including such key decisions as the choice of residence and service providers, will be encouraged.

5. Planning and service coordination will be carried out by an Interdisciplinary Team (IDT) capable of and responsible for understanding all barriers to successful community living faced by a participant, for identifying the full range of service and support needs, and for providing the participant with a choice of providers to meet those needs. The Transition Specialist assumes responsibility for working with the participant to identify and recruit members of the IDT, for scheduling planning meetings, and for ensuring that the Transition and Service Plan developed by the IDT provides for an orderly transition, for the health and safety of the participant at all times, and for full participation in community life.
6. All MFP participants can elect to participate in the Consumer Choices Option, the state's self-direction option.
7. Full community participation for MFP participants must include meaningful daytime activities. A high priority will be placed on the creation of satisfying employment options for participants in the community of their choice.
8. MFP participants will enjoy the same health safety and rights protections as HCBS Waiver participants.
9. The MFP demonstration is subject HCBS quality assurance requirements.

SECTION B. PROJECT ADMINISTRATION

B.1. Administrative structure

B.1.1. Organizational chart

Provide an organizational chart that shows the entity responsible for the management of the MFP cooperative agreement and the Authorized Organizational Representative;[1] how the management entity relates to all other departments, agencies, and service systems providing HCBS to MFP participants; and the relationship of the organizational structure to the state or territory Medicaid agency and state or territory Medicaid director (SMD).

Upload the organizational chart into either the appendix or text box or provide an external link.

See Appendix A.1.1, B.1, B.2 and B.3.

B.1.2. Administrative structure

Describe how the state or territory will structure the administration of the MFP program, including how roles and responsibilities will be coordinated across state or territory operating agencies and managed care plans (MCP) (if applicable). Clearly indicate how the organizational and structural administration will function to implement, operate, and monitor the OP elements of the Demonstration.

Administrative entity (state/territory, other government entity, MCP or contractor/consultant)	OP element(s)	MFP role and key responsibilities (how the entity will implement, operate, or monitor the OP element)	Formal commitments (for example, Memorandum of Understanding)
Iowa Medicaid	All	The Authorized Organization Representative and assigned Management Analyst 3 with Iowa Medicaid's LTSS Policy Bureau will work in conjunction with the MFP Project Director (a University of Iowa employee) and manage the oversight and function of each element within the OP. The Authorized Organization Representative is a LTSS Policy Program Manager with Iowa Medicaid.	MFP Demonstration 1915(c) Waiver authorities for Intellectual Disability and Brain Injury Waivers
University of Iowa	All	The university is contracted to execute the functions of the OP in coordination with Iowa Medicaid. The MFP Project Director is a University of Iowa employee, as is the MFP Data and Quality Analyst.	Contract with Iowa Medicaid 28E Agreement pursuant to Iowa Administrative Code
Iowa Finance Authority	E, F	The state's housing authority will be contracted to implement designated Supplemental Services in accordance with CMS requirements.	Contract with Iowa Medicaid

[1] The Authorized Organizational Representative is defined in the MFP Demonstration Program Terms and Conditions (PTC 25).

Administrative entity (state/territory, other government entity, MCP or contractor/consultant)	OP element(s)	MFP role and key responsibilities (how the entity will implement, operate, or monitor the OP element)	Formal commitments (for example, Memorandum of Understanding)
Managed Care Organizations (MCOs)	C, J	HCBS for individuals on MFP is carved out of managed care, however a Community-Based Case Manager from the MCO is a member of a participant's interdisciplinary team (IDT) throughout their Demonstration Year. They serve as a liaison with the MCO for non-HCBS Waiver Medicaid needs the individual may have, as well as resources they MCO may be able to offer for additional support for the MFP participant. When an MFP participant ends their Demonstration Year the MCO assumes case management responsibilities for individuals who are MCO enrolled.	Contract with Iowa Medicaid

Iowa Medicaid is responsible for the management of the grant. The State Medicaid Director is the Principal Investigator. This is an in-kind contribution. LTSS Policy Bureau Chief, Andrea Maher, is responsible for supervision and evaluation of the Project Director, Lindsey Robertson, an employee of the University of Iowa. Iowa Medicaid will not charge administrative support services to the grant as reflected in B.2.3 below.

B.2. Staffing

B.2.1. Project director and data and quality analyst

Upload the job description and performance evaluation criteria for these positions into the appendix or provide an external link.

See Appendix B.2.1 and Appendix B.3.1 for job descriptions for the Project Director and Data and Quality Analyst.

Performance Evaluation Criteria includes:

1. Alignment with organization core values.
2. Universal competency regarding a welcoming and respectful environment.
3. Employee goals and accomplishments.
4. Optionally: external feedback.

B.2.2. Other project staff

Complete Example Table B.2.2 for all non-contract positions. Describe the MFP role, responsibilities, and relevant OP element(s) for each position in the last column on the table. Responses for the last column may be provided as table text, embedded documents, external links, or text indicating where the response has been added in the appendix. The relevant OP element(s) for each role are the MFP program components (as defined by the major section headers of this document; for instance, D. Community Engagement, E. Benefits and Services, and H. Reporting) on which the staff person in that position will work.

Other Project Staff in Iowa:

There are no non-contract positions for Iowa's MFP program. Contract positions are noted per updated request from CMS on 5/15/2025.

Transition Coordination Services Agency

Number and position title	Percent of full-time equivalent	Administrative or service position (if service position, indicate whether Demonstration or supplemental)	Indicate if non-contract or contract/consultant position	MFP role, responsibilities, and relevant OP element(s)
(3) Transition Specialist Supervisor	100%	Administrative position	Contract position	Supervision and support for Transition Coordination Services throughout the state, providing direct supervision for MFP Transition Specialists at a ratio that strengthens program efficiency by supporting balanced caseload oversight, consistent statewide coverage, enhanced quality assurance, person-centered transitions, and operational resilience. This position is also the role directly responsible in large part for the Intake Process as outlined in Section C.2.2 of Iowa's Operational Protocol. The staff-to-supervisor ratio of this fully remote team ensures supervisors can provide the level of case consultation, supervisory oversight, and real-time problem solving required to best meet the needs of Iowa's MFP participants. Remote work requires additional supervisory capacity to maintain communication flow, monitor performance, and ensure staff have the support needed to respond quickly to emerging risks or barriers during the transition process and throughout a program participant's Demonstration Year. Supervisors play a critical role in facilitating virtual case staffing, ensuring documentation accuracy, mitigating health and safety issues that arise during transitions, and supporting staff who are often navigating multi-system planning for MFP participants with layered needs. OP Elements: All
(14) Transition Specialist	100%	Service position – Demonstration	Contract position	Provide Transition Coordination Services throughout the state as described in Section E.2 and F.1.1 of this Operational Protocol at a low-to-moderate caseload size that enables meeting transition timeline expectations and providing quality intensive, multifaceted, person-

Number and position title	Percent of full-time equivalent	Administrative or service position (if service position, indicate whether Demonstration or supplemental)	Indicate if non-contract or contract/consultant position	MFP role, responsibilities, and relevant OP element(s)
				centered coordination at consistent staff capacity to MFP participants, many of whom have significant and complex medical and/or behavioral health and social support needs. Caseloads are 100% dedicated to a combination of individuals who are referred to MFP and in the transition planning process as well as those who are in their Demonstration Year. The structure for this position and team provide the level of hands-on coordination, timely engagement, interdisciplinary communication, risk mitigation, and ongoing monitoring necessary to support safe and successful transitions. Additionally, given the fully remote structure of the team to support statewideness, Transition Specialists also require additional time for virtual coordination, proactive contact, documentation, team-based case consultation, continuing education, and ever-increasing responsibilities for service delivery oversight of providers supporting MFP participants. OP Element(s): All
(1) Behavioral Support Specialist Supervisor	100%	Administrative position	Contract position	Credentialed professional providing direct supervision and support for a team of fully remote MFP Behavioral Support Specialists and Behavioral Support Associates (all of whom are working exclusively with present and past MFP program participants); providing training and supporting system improvement efforts to better serve MFP participants and other individuals with complex behavioral health needs; may carry a small caseload, working with individuals who are geographically dispersed across the state and are in the transition planning process, in their Demonstration Year, as well as individuals who previously participated in MFP and are in need of this support to continue living in their chosen community. Remote work requires additional supervisory capacity to maintain communication flow, monitor performance, and ensure staff have the

Number and position title	Percent of full-time equivalent	Administrative or service position (if service position, indicate whether Demonstration or supplemental)	Indicate if non-contract or contract/consultant position	MFP role, responsibilities, and relevant OP element(s)
				support needed to execute their responsibilities. OP Element(s): All
(3) Behavioral Support Specialist	100%	Administrative position	Contract position	Credentialed or pre-credentialed professionals who provide training and technical assistance to community providers and families throughout the state to meet the needs of MFP participants with complex behavioral health needs; complete functional behavioral assessments, develop and monitor Behavior Support Plans (BSPs), and collaborate with those on their caseload and/or their interdisciplinary team on issues that may incorporate behavior support services but are not dedicated solely to that purpose. This position works with individuals who are geographically dispersed across the state and are in the transition planning process, in their Demonstration Year, as well as individuals who previously participated in MFP and are in need of this support to continue living in their chosen community. Given licensing requirements and the fully remote structure of the team to support statewideness, Behavioral Support Specialists also require additional time for virtual coordination, proactive contact, documentation, team-based case consultation, and continuing education. OP Element(s): All
(3) Behavioral Support Associate **new position – title subject to change*	100%	Administrative position	Contract position	Non-credentialed; assist with MFP Behavioral Support Services by completing behavioral support tasks such as fidelity checks, elements of data collection and monitoring, and interdisciplinary collaboration, as well as administrative tasks for the MFP behavioral supports team to enhance the program's ability to provide quality training and technical assistance to community providers and families throughout the state to meet the needs

Number and position title	Percent of full-time equivalent	Administrative or service position (if service position, indicate whether Demonstration or supplemental)	Indicate if non-contract or contract/consultant position	MFP role, responsibilities, and relevant OP element(s)
				of MFP participants with complex behavioral health needs. This position works with individuals who are in the transition planning process, in their Demonstration Year, as well as individuals who previously participated in MFP and are in need of this support to continue living in their chosen community. Given the fully remote structure of the team to support statewideness, it is anticipated this position will also require additional time for virtual coordination, proactive contact, documentation, team-based case consultation, and continuing education. OP Element(s): All
(1) Housing Specialist	100%	Administrative position	Contract position	Support delivery of housing-related Supplemental Services; support Transition Specialists with locating housing and other identified housing-related supports for MFP participants (does not provide direct housing assistance or services outside of support to the Transition Specialist in their support of the MFP participant); build relationships with housing-related entities and systems to better meet the needs of MFP participants and other people with disabilities. This position works only with individuals who are in the transition planning process or are in their Demonstration Year. OP Element(s): All
(1) Program Coordinator	100%	Administrative position	Contract position	Provide administrative support to the MFP program and Project Director via reporting, project management, and communications that also include website and brand management. OP Element(s): All

Number and position title	Percent of full-time equivalent	Administrative or service position (if service position, indicate whether Demonstration or supplemental)	Indicate if non-contract or contract/consultant position	MFP role, responsibilities, and relevant OP element(s)
(2) Quality Assurance Specialist **new position – title subject to change*	100%	Administrative position	Contract position	Uphold quality assurance and quality improvement efforts within the MFP Program and the Transition Coordination Services Agency to meet ever-increasing pace of change, including state and federal requirements the program must be in compliance with. This position will support the team in executing these additional responsibilities. OP Element(s): All
(1) Administrative Services Coordinator	100%	Administrative position	Contract position	Administrative assistance and support functions for the MFP program's Transition Coordination Services Agency and its team members. OP Element(s): C, E, H
(1) Employment Specialist	100%	Administrative position	Contract position	Support Transition Specialists with locating employment and other identified employment-related supports for past and present MFP participants (does not provide direct employment services that are otherwise available to participants but rather provides assistance to people as the work to gain access to employment services offered under a Waiver program or that are not available under a Waiver program); support system improvement efforts to better meet employment needs for MFP participants and other people with disabilities. As noted in section A.3 of this Operational Protocol, two of Iowa's Guiding Principles include employment. This position works with individuals who are in the transition planning process, in their Demonstration Year, as well as individuals who previously participated in MFP and are in need of this support to continue living in their chosen community. OP Element(s): All
(1) Financial Analyst	100%	Administrative position	Contract position	Oversee fiscal matters for the Transition Coordination Services agency, including monitoring the MFP program's transactions, expenses, and budgetary

Number and position title	Percent of full-time equivalent	Administrative or service position (if service position, indicate whether Demonstration or supplemental)	Indicate if non-contract or contract/consultant position	MFP role, responsibilities, and relevant OP element(s)
				reports to ensure accurate processing of invoices and reimbursements OP Element(s): B, E
(2) Accountant	100%	Administrative position	Contract position	Accounting and administrative support functions, including processing invoices and expenditures necessary to support MFP transitions OP Element(s): B, E
(1) Employment Specialist	10%	Administrative position	Contract position	Support Transition Specialists with locating employment and other identified employment-related supports for past and present MFP participants (does not provide direct employment services that are otherwise available to participants but rather provides assistance to people as the work to gain access to employment services offered under a Waiver program or that are not available under a Waiver program); support system improvement efforts to better meet employment needs for MFP participants and other people with disabilities. As noted in section A.3 of this Operational Protocol, two of Iowa's Guiding Principles include employment. This position works with individuals who are in the transition planning process, in their Demonstration Year, as well as individuals who previously participated in MFP and are in need of this support to continue living in their chosen community. OP Element(s): All
(1) Program Coordinator	10%	Administrative position	Contract position	Marketing and outreach via quarterly newsletter featuring an MFP participant's story of their transition experience. OP Element(s): All
(1) UCEDD Director	5%	Administrative position	Contract position	Direct supervision and operational support for Project Director, MFP budget development/monitoring support for the Transition Coordination Services agency OP Element(s): All

B.2.3. In-kind support

Describe positions providing in-kind support (that is, support from non-MFP staff) to the MFP Demonstration. Indicate the percentage of time each individual or position is dedicated to the grant and the roles and responsibilities of each position. Indicate the OP element(s) the positions will support. If a large number of staff provide in-kind support to the MFP Demonstration, describe the staff in general or aggregate terms, such as contracting specialists, fiscal staff, etc.

Number and position title	Percent of full-time equivalent	Administrative or service position (if service position, indicate whether Demonstration or supplemental)	Indicate if non-contract or contract/consultant position	MFP role, responsibilities, and relevant OP element(s)
(1) Management Analyst 3	50%	Administrative	Non- Contract	Department liaison OP Element(s): All
(1) Executive Officer 3	5%	Administrative	Non-Contract	Authorized Organizational Representative OP Element(s): All

B.2.4. Staffing and contract execution timeline

Provide a hiring timeline (start and end date) for non-contract staff. For contract, consultant, or subrecipient positions, provide the contract execution date and expected expiration/end date.

Position title	Name	Start Date	End Date
Budget Analyst 3	Jason Buls	10/2015	n/a
Management Analyst 3	Brooke Watson	04/2022	n/a
Executive Officer 3	LeAnn Moskowitz	01/2009	n/a

Contract	Execution Date	Expected Expiration Date
University of Iowa: Money Follows the Person (as the Transition Coordination Services agency)	2008	3/31/2027 (renews annually)
Iowa Finance Authority: Rent Aid	*New contracts in process*	

B.3. Billing and reimbursement

B.3.1. Billing and reimbursement procedures

Describe how the state or territory will establish billing and reimbursement procedures to link Medicaid claims to MFP individuals. Include the following:

- Description of MFP identifier codes in the Medicaid Management Information System (MMIS) and if applicable in the state or territory accounting system
- Description of procedures for ensuring against duplication of payment for the Demonstration and Medicaid programs

- If the state or territory operates a managed long-term services and supports (MLTSS) program, description of your state or territory's managed care claiming methodology to determine the portion of the capitation rate that is attributable to qualified HCBS listed in Attachment A of the MFP PTC
- Procedures for fraud control and monitoring

MMIS Identifier Codes

Individuals enrolled in MFP are assigned an "M" funding code used to track program enrollment. Procedure and billing codes are assigned to track expenditures to the correct service in the state's account and reporting systems (*See Appendix B.4*).

All MFP participants will be tracked separately from HCBS waiver enrolled individuals in the Iowa Medicaid Institution and Waiver Authorization and Narrative Systems (IoWANS) described below. All qualified HCBS will follow the same billing procedures that are in place for any HCBS waiver payments. For Demonstration Services, the Transition Coordination Services agency (the vendor employing the Transition Specialists and other personnel directly executing related functions of the grant) will act as a Financial Management Service similar to the process of the CCO program. The Transition Coordination Services agency will be the Medicaid provider and will submit claims for all approved Demonstration Services and will pay for these services on behalf of the MFP participant. All services must be identified in the MFP participant's service plan and in IoWANS and will be subject to the same billing audit procedures and record keeping requirements as HCBS waiver providers. This process has been tested with the CCO program and has been used with MFP in Iowa since 2008 and has been shown to work.

HHS has developed a computer program, named the "Iowa Medicaid Institution and Waiver Authorization and Narrative Systems" or "IoWANS," to support the waiver programs. The purpose of IoWANS is to assist workers, for these programs, in processing and tracking requests, starting with an initial entry from the Eligibility Integrated Application System (ELIAS) through approval or denial. Upon approval, authorized staff will use IoWANS to provide Iowa Medicaid with information and authority to make payments to or on behalf of a participant. The individual is tracked in IoWANS until that person is no longer accessing LTSS. IoWANS provides for edits to make sure that all claims are made only when an individual is eligible for waiver payments and when the services are included in the plan. Iowa Medicaid's Provider Cost Audit Unit performs cost report desk reviews for specific HCBS procedure codes that are cost reimbursed. performs financial audits on providers to ensure the services were provided. The TS ensures all services were provided during the Demonstration Year. After the Demonstration Year ends, the case manager assumes that responsibility.

In addition, the Program Integrity and Compliance Bureau performs both financial and performance audits of Medicaid Providers. The billing audit is intended to:

- Ensure HBCS providers appropriately and accurately document the provision of services so that claims paid by HHS are eligible for reimbursement;
- Limit the risk of providers having to refund payments to the Department because they have submitted ineligible claims.
- Limit the risk of the Department losing or having to return matching federal funds because of having paid ineligible claims.

The Program Integrity and Compliance Bureau also conducts Payment Error Rate Measurement (PERM) reviews every three years. The PERM program was developed by CMS to comply with the Improper Payments Information Act (IPIA) of 2002 and the Office of Management and Budget (OMB) guidance. PERM measures improper payments in Medicaid, as well as the Children's Health Insurance Program (CHIP), and procedures error rates for FFS, Managed Care, and Eligibility. The error rates are not fraud rates, but measurements of payments that did not meet statutory, regulatory, or administrative requirements.

The flow of billing is as follows:

- Providers shall submit claims on a monthly basis for waiver services provided to each participant served by the provider agency.
- Providers may submit electronic claim forms only.
- Providers shall submit a claim form that accurately reflects the following:
    - The provider's approved Medicaid waiver provider number.
    - The appropriate waiver procedure code(s) that correspond to the waiver services authorized in the service worker, TS, or case manager's service plan (case plan).
    - The appropriate waiver service unit(s) and fee that corresponds to the service worker, TS, or case manager's service plans (case plan).
- Iowa Medicaid issues provider payments every Monday.
- IoWANS edits ensure that payments will not be made for services that are not included in an approved service plan (plan of care). Any change to IoWANS data generates a new program request. The program request culminates in a final milestone that verifies an approved service plan has been entered into IoWANS. IoWANS data is updated daily into MMIS from files that may take up to three days to flow through all relevant systems.

All HCBS for MFP participants is carved out of Managed Care, therefore is not included in the care claiming methodology used for capitation payments. The capitation payments the MCOs receive for MFP participants does not include any funding for HCBS Waiver services during the Demonstration Year.

B.4. Budget process

B.4.1. Budget development process

Describe how the state or territory will prepare the MFP budget. Include the following:

- Process for projecting annual expenditures
- Cross-agency roles and responsibilities for developing, reviewing, and approving the budget
- Procedures for adjusting or reconciling the budget

The MFP Project Director, Iowa Medicaid Management Analyst 3, and Medicaid Budget Analyst 3 are responsible for reviewing and approving the annual budget. Major milestones in this process are outlined below:

- Management Analyst issues notice to contributing parties, including subrecipients, to request their funding request submissions and applicable supporting documentation, such as CMS-required forms, by an identified deadline.
- Contributing parties project the estimated amount of funding needed based on previous expenditures and anticipated additional costs.
- The Project Director, Management Analyst, and Budget Analyst provide technical assistance to contributing parties on completing budget documents.
- The Project Director, Management Analyst, and Budget Analyst review submissions to verify alignment with program goals. Adjustments are made where needed to ensure accuracy and appropriateness.
- Upon verifying completion of all necessary documents, the MFP budget request is submitted via Grant Solutions.
- The Budget Analyst periodically reconciles to actuals, assesses expenditures to ensure they are in line with projections, and provides budget status updates to the Project Director and Management Analyst.

B.5. Other information

If needed, provide other information regarding the state or territory's MFP Demonstration administration that is not addressed elsewhere in the template.

Not Applicable

SECTION C. RECRUITMENT, ENROLLMENT, OUTREACH, AND EDUCATION

C.1. MFP-qualified inpatient facility recruitment

C.1.1. MFP-qualified inpatient facility types

In Table C.1.1, describe how the state or territory will collect and verify that MFP participants are transitioning to the community from an MFP-qualified inpatient facility. Describe the process for each target population and inpatient facility type. If there are multiple "other" populations to note, illustrate the type(s) of inpatient facilities separately for each "other" population with a new row.

Table C.1.1. MFP-qualified inpatient facility type by target group

Target population(s)	MFP-qualified inpatient facility types from which the target population will transition	Description of data collection and verification procedures
Older adults	☐ Nursing facility ☐ ICF/IID ☐ Hospital ☐ IMD	
Individuals with PD	☐ Nursing facility ☐ ICF/IID ☐ Hospital ☐ IMD	
Individuals with I/DD	☒ Nursing facility ☒ ICF/IID ☒ Hospital ☐ IMD	At the time of referral to MFP, the referrer notes what facility the individual being referred resides in. The designated MFP personnel verify that the individual is in a Qualifying Facility via the state's IoWANS system and has met the program's length of stay criteria. If unable to verify residence in a Qualifying Facility, the designated MFP personnel will contact designated personnel within Iowa Medicaid to request verification. This process is used for all target populations in all facility types.
Individuals with MH/SUD	☐ Nursing facility ☐ ICF/IID ☐ Hospital ☐ IMD	
Other, please specify in text box below (e.g., HIV/AIDS, brain injury) Individuals with Brain Injury	☒ Nursing facility ☒ ICF/IID ☒ Hospital ☐ IMD	At the time of referral to MFP, the referrer notes what facility the individual being referred resides in. The designated MFP personnel verify that the individual is in a Qualifying Facility via the state's IoWANS system and has met the program's length of stay criteria. If unable to verify residence in a Qualifying Facility, the designated MFP personnel will contact designated personnel within Iowa Medicaid to request verification. This process is used for all target populations in all facility types.

Note: MFP programs transitioning MFP participants from an IMD (see PTC 14) must provide a description in section C.1.2 of the OP of how the state or territory will verify certain requirements, such as that the individual meets MFP individual eligibility criteria.

ICF/ID = Intermediate Care Facility for Individuals with Intellectual Disabilities; IMD = Institution for Mental Diseases.

C.1.2. Institution for mental diseases (IMD) exclusion

For MFP programs transitioning MFP participants from an IMD (see PTC 14), provide a description of how the state or territory will verify that the:

- Individual meets the MFP individual eligibility criteria
- Individual is receiving one of these benefits:
  - Services for individuals ages 65 and older in an IMD, referred to as "IMD over 65"
  - Inpatient psychiatric services for individuals younger than 21, referred to as "psych under 21"
  - Medicaid beneficiaries ages 21 through 64 residing in an IMD who are receiving services that are covered under a Substance Use Disorder or Serious Mental Illness section 1115 demonstration

Not Applicable

C.1.3. Strategies for recruiting MFP-qualified inpatient facilities

Describe strategies for recruiting MFP-qualified inpatient facilities to engage in the development and implementation of person-centered transition programs that offer residents the choice of leaving the facility to return to the community. Include geographic strategies, considerations specific to rural areas, alignment with state or territory Olmstead plans and rebalancing strategies, and facility access and engagement approaches.

- Iowa HHS, as noted in the state's most recent Olmstead Plan Framework, "is committed to actions, opportunities, and efficiencies that promote the vision of 'Live in the Community for Everyone'." Iowa's MFP program has been operating since 2008 and has well-established relationships with a variety of stakeholders across the state who support this vision. These stakeholders are invited to join the program's semiannual statewide stakeholder meeting, the Partner's Meeting, to engage with the program and contribute to strategies for achieving the program's goals.

- Iowa's facility engagement strategy has historically heavily emphasized working with facilities that have expressed interest in active involvement in MFP and which have, in many cases, also identified residents in their facilities who may be interested in transition. The assessment and transition processes used by these facilities, if they have in fact already helped residents get access to supports and services in the community, may or may not be well-developed. Some ICF/IDs have succeeded in closing residential buildings on their campuses and/or transitioned settings from ICF/ID to HCBS in their local communities following an informed choice process for residents. In a majority of instances, these ICF/ID residents have transitioned to HCBS.

- Iowa Medicaid is leading efforts that, with support from the MFP program, will engage in targeted outreach/inreach with nursing facilities in the state. The goal of this work is to improve the awareness of facility personnel and their residents regarding options available for where to live and receive LTSS supports and services. Other statewide entities will be engaged. Strategy development will include facility access and engagement approaches. As part of this work, the state is also examining ways to better support individuals residing in facilities that are in distress to make informed choices about where they live and receive their supports and services.

- At this time there are no differentiated geographic strategies. Any Iowa Medicaid resident of a Qualifying Facility, in the state or out of state, will be eligible to receive assistance under MFP as

long as they meet ID or BI Waiver qualifying diagnosis criteria as defined in Iowa's 1915(c) waivers and meet federal program criteria.

- Iowa's MFP program developed marketing and education materials to be used with residents of Qualifying Facilities, their legally authorized representative(s)/family, and prospective providers. Materials are available on the program's website.

- The message to the public about the *Partnership for Community Integration* is geared to building support for offering more meaningful choices to Iowans with disabilities about where and how they receive the supports they need, for providing ways for families to be engaged with their loved ones in the community while having assurance of their health and safety, and for the aspects of MFP which hold the promise of greater efficiency and cost effectiveness in the service system. This information will be conveyed through social media and other story sharing platforms, in addition to the HHS website.

- Iowa is continuing to review and refine its social marketing efforts. Information about the MFP program, including brochures and transition resources, are on its website. The state has engaged with some social media strategies through existing avenues, and creating a unique social media presence for MFP is in development.

- Iowa's Olmstead Consumer Task Force is in the process of reviewing its most recent Plan Framework and is collaborating with many of the same statewide stakeholders who make up the MFP stakeholder group. MFP will be an engaged stakeholder in this work, as well. Currently, Iowa's Olmstead Plan includes (*see Appendix B.5*) nine outcome goals "that describe the positive life experiences that should be available to Iowans with disabilities". These goals, which Iowa's MFP program is in alignment with, are:

  (1) access to services;
  (2) integration in the community;
  (3) community employment;
  (4) housing;
  (5) transportation;
  (6) person-centeredness;
  (7) health and wellness;
  (8) qualify of life and safety; and
  (9) family and natural supports.

C.2. MFP participant recruitment and enrollment

C.2.1. Eligibility criteria for participation in MFP

Describe any state or territory-specific MFP eligibility criteria. For example, describe your state or territory's requirements for individuals' length of stay in an MFP-qualified inpatient facility if more than 60 consecutive days. See section IV of the MFP PTC for a description of MFP eligibility criteria.

All residents of Qualifying Facilities are considered eligible for participation in MFP if they meet three basic requirements:

1. residing in a Qualifying Facility for at least 60 consecutive days
   a. Uninterrupted stays between Qualifying Facilities can be added together to meet the 60-day length of stay criteria.
2. meeting eligibility criteria for either the Intellectual Disability (ID) or Brain Injury (BI) Waiver
3. having a Medicaid type that carries an LTSS benefit

Both adults and children are eligible for participation, and demonstration policies and procedures described in this Protocol will essentially be the same regardless of age. Qualified Residences are expected to include the family home for some participants. Children may also receive Residentially Based Supported Community Living Services (RBSCL) if determined appropriate by their transition planning team.

Individuals residing in three of the four Qualifying Facility settings for MFP must already have been assessed to meet ICF/ID, SNF, or NF Level of Care (this does not apply in inpatient hospitalization settings). This is the same LOC determination in place for those receiving ID or BI Waiver, and many individuals with the same LOC determination are living successfully in the community. The level of support available in a person's community of choice, however, may not be sufficient to meet their needs in some cases. If necessary services are not available, gaps need to be addressed by building network capacity. Iowa Medicaid works with many partners, including Managed Care Organizations and community providers, to try to bridge identified gaps.

C.2.2. Participant recruitment and enrollment process

Describe the MFP participant recruitment and enrollment process, indicating differences as applicable for each target group and inpatient facility type identified in C.1.1. Include the following:

- Describe the process to identify eligible individuals interested in transitioning from an inpatient facility to a qualified residence.
- Describe the role of No Wrong Door (NWD) systems to recruit and enroll MFP participants.
- Describe how the state or territory will verify MFP individual eligibility criteria.
- Describe the provider(s) rendering services to recruit and enroll individuals into MFP.
- Describe how the state or territory will ensure a person-centered planning process during the MFP recruitment and enrollment process. The person-centered planning process must include a person-centered service plan that identifies the individual's needs and individualized strategies and interventions for meeting those needs, and be led by the individual and the individual's legally authorized representative if applicable.

Identifying Eligible Individuals for Transition

Individuals will generally self-select to participate in the MFP program of their own accord and/or via their legally authorized representative. Systematic identification/targeting of residents of Qualifying Facilities is not anticipated at this time, though the state is developing general education efforts for Nursing Facility residents as described in C.1.3 of this Operational Protocol.

Systems to Recruit and Enroll Participants

Existing case management entities receive training on the basics of MFP and how the program functions to educate potential future participants about this opportunity. Iowa COMPASS, the state's information and referral network, is also knowledgeable of the MFP program. These and other similar entities are able to offer MFP as an option to individuals who may be interested in transition with the support of MFP.

Verifying Eligibility Criteria

1. Residency: This is confirmed via the state's IoWANS system as described in C.1.1. of this Operational Protocol.
2. Waiver eligibility: Determinations are made by Iowa Medicaid Medical Services.
3. Medicaid eligibility: This can be confirmed through Iowa Medicaid's electronic consumer case file system (IMPA). Medicaid eligibility is routinely handled by HHS Income Maintenance workers. Ensuring staff competence in determining MFP eligibility is therefore not an issue.

a. Individuals must have a Medicaid type with an LTSS benefit to be eligible for participation in MFP.

Providers Rendering Recruitment Services

Iowa does not have contracted providers that have been hired with the focus of rendering services to recruit and enroll individuals to MFP. The state does have an agreement with the University of Iowa to provide Transition Coordination Services in the manner described in this Operational Protocol.

Person-Centered Planning Process During MFP Recruitment and Enrollment

Iowa's MFP program does not actively recruit participants. The program does engage in marketing and outreach activities to promote awareness of MFP for those who may be interested in transitioning and openly accepts referrals.

The transition process begins when an individual, or their legally authorized representative, first expresses interest in transitioning. This includes steps to ensure that they are fully informed about the process, the services and supports available during and after the Demonstration Year, and the rights and responsibilities of MFP participants. This process is defined as follows, picking up from the point that the potential participant or their legally authorized representative first expresses an interest in transition:

1. Initial Referral:
    a. The person desiring to transition, their legally authorized representative(s), or other IDT member/representative (with a signed Release of Information, *see C.4*), will submit a referral.
    b. If the person meets eligibility criteria for MFP, the designated MFP team member will assign the referral to a Transition Specialist Supervisor (TSS).
2. Intake Process:
    a. The TSS will contact the individual/legally authorized representative(s) within three business days to begin the exploration process.
        i. In those instances where the expression of interest has been made by the potential participant, or by a team member who is not the individual's legally authorized representative(s), the TSS will confirm the legally authorized representative's status before proceeding with the next steps.
            A. The MFP program takes steps, as described throughout this Operational Protocol, to ensure the legally authorized representative(s) adequate involvement with the individual and the individual's transition. Involvement must be sufficient to comply with the Operational Protocol.
    b. The TSS will review the following with the potential participant and/or their legally authorized representative(s), either remotely or in person:
        i. the transition process, including rights and responsibilities
            A. This includes Iowa's requirement that in order for transition to proceed the legally authorized representative(s) must sign consent noting noted their agreement (1) to support the individual's choice to begin transition planning; (2) to receive and as necessary respond to monthly communications from the Transition Specialist throughout planning and the individual's demonstration year, including responding to requests for informed consent to key decisions in the transition process.
            B. This also includes the right to file reports or complaints regarding any violation of their rights or other critical incidents.
            C. The MFP brochure "Living in Communities of Your Choice" should be used to support the conversation. (see C.3)

ii. the risks undertaken in a transition, particularly:
    A. the MFP participant's control of key decisions, and the ability to opt out of transition planning at any time;
    B. the function of the IDT and how members are recruited subject to approval by the participant;
    C. choice of:
        a. community,
        b. Qualified Residence,
        c. roommates (if any),
        d. service providers,
        e. daytime activities,
        f. Transition Specialist once participation in the program begins, and
        g. whether or not to participate in CCO;
    D. the decision points in the planning process which will require signed consent forms, and the consequences of those decisions;
    E. the services available during the Demonstration Year, and provisions for continuity of service depending upon access to the HCBS Waiver Program;
    F. the participant's responsibility for housing expenses and maintenance of the household once transition has occurred;
    G. the risks inherent in more independent residential settings, and the steps that can be taken to ensure health and safety;
    H. safeguards against abuse, neglect and exploitation;
    I. the complaint process, provider responsibilities, and the TS's responsibilities to monitor the transition process and the delivery of services in the community;
    J. an MFP participant's right to withdraw from participation in the demonstration at any time and apply to receive their services in a facility setting.
iii. that MFP program participants are expected to participate in related data collection activities.
iv. preliminary information about services/support options in a particular area if the potential participant has tentatively identified the community they want to move to

c. Having provided full and complete information to the potential participant and/or their legally authorized representative(s), the TSS will then explain the Consent to Begin Transition Planning, see C.4. This authorizes the MFP team members working with the participant to
    i. identify and recruit members of the IDT
    ii. release the resident's case file information to team members as appropriate
d. The TSS or designee will provide the potential participant and/or their legally authorized representative(s) with

    i. written materials detailing what to expect from the MFP program and a transition to the community (e.g. the MFP brochure and Participant Manual, see C.3)

    ii. consent forms to affirmatively enroll in the program (two copies - one to sign and return, and one to retain for their personal records)

    iii. Releases of Information to contact providers and other IDT members to begin the transition planning process (two copies - one to sign and return, and one to retain for their personal records)

e. Participants or legally authorized representatives will be provided copies of all forms that they sign under the demonstration. TSSs and, later, TSs, are to maintain these and other participant-specific documents in files secured in compliance with HIPAA.

f. After receiving signed consents and releases, the designated MFP team member

   i. assembles the referral packet containing those documents and the following items:

      A. documentation of the participant's legal status as it pertains to transition (legally authorized representative[s] such as guardianship, court commitment, etc.);

      B. current diagnostics, assessments and/or evaluations, medical and mental health records, current program plan, and social history.

   ii. notifies the HHS Income Maintenance worker to begin the process of enrolling the participant in MFP via the IoWANS system

      A. IoWANS will verify that the participant has resided in a Qualifying Facility for the length of stay period required to qualify for MFP.

   iii. Uploads eligibility determination documentation into IMPA

      A. When possible, the assigned MFP team member should attend the Level of Care assessment.

g. Individuals who do not meet level of care requirements for either the ID or BI HCBS Waiver cannot be assured continuity of service at the end of their Demonstration Year, a fundamental program requirement, and therefore are not eligible for participation in MFP.

h. If an individual is deemed eligible, as confirmed in IoWANS, the TSS will assign the referral to a TS.

   i. The participant and/or their legally authorized representative(s), as well as other known IDT members, will be notified of this handoff at the time it occurs.

   ii. If someone who has been referred to MFP discharges from the Qualifying Facility before an eligibility determination has been completed, the referral will be considered withdrawn and the case closed.

3. Establishment of the Interdisciplinary Team (IDT):

   a. The TS consults with the individual and/or their legally authorized representative(s) about the membership of the IDT, which will plan and provide support for the individual's transition decisions. Bedsides the individual, the IDT will generally include the TS, the legally authorized representative(s), family or friends to be involved in the transition, facility staff familiar with the individual and supportive of their choices, a court advocate if a commitment is in place, and (as the planning process proceeds and the individual has expressed a choice of community) service providers from their desired community. If a participant chooses to participate in CCO and selects an Independent Support Broker (ISB), that individual may also be a member of the IDT.

      i. The membership of the IDT is subject to approval by the MFP participant, and the participant can reject any proposed IDT member as well as request the participation of individuals they feel would be helpful to the process.

   b. If the TSS or, later, TS determines the level of involvement of the legally authorized representative(s) has been insufficient to comply with the Operational Protocol, they will remind the guardian of the signed consent completed at the time of enrollment that noted their agreement (1) to support the individual's choice to begin transition planning; (2) to receive and as necessary respond to monthly communications from the Transition

Specialist throughout planning and the individual's demonstration year, including responding to requests for informed consent to key decisions in the transition process.

The transition process continues as described in F.1.1 of this Operational Protocol.

C.2.3. Data sources for recruiting MFP participants

Describe how the state or territory will process and organize data sources to identify and recruit MFP participants. The description must include the use of the Minimum Data Set (MDS) Section Q and must describe any variability among MFP target populations, MFP-qualified inpatient facilities, and state or territory operating agencies.

As noted in the prior section, Iowa's MFP program does not actively recruit participants. The program does engage in marketing and outreach activities to promote awareness of MFP for those who may be interested in transitioning and openly accepts referrals.

One of the outreach activities MFP participates in is Options Counseling. Individuals who have had an MDSQ and/or a Level 2 PASRR and are either not MCO-enrolled or are not yet on Medicaid are referred to MFP personnel for Options Counseling. The options shared for where the person could receive supports and services include, but are not limited to, opportunities available through MFP.

Those who are MCO-enrolled receive Options Counseling from them. The MCOs regularly receive information/training about opportunities available through MFP to share with those they contact. Additionally, the MCOs use their internal resources (i.e. care coordination/case management activities, individual self-referrals, etc.) to identify potential MFP participants and refer them to the program.

Only participants residing in hospitals and nursing facilities receive the MDS and PASRR assessments. The state does not have data of this nature for participants who live in other Qualifying Facility settings. These are almost exclusively participants living with Intellectual Disabilities residing in ICF/ID settings, therefore they do not have the same trigger point to receive Options Counseling. There are currently no data sources to consistently identify and recruit participants who live in ICF/ID settings beyond facility census data from state operating agencies or other sources.

C.3. Outreach and marketing to participants, providers, and the community

C.3.1. Marketing plan

Describe how the state or territory will develop and implement a marketing plan to recruit and enroll MFP participants. Include a description of the following:

- Strategy or strategies to provide cultural, linguistic, and disability competency in the production and dissemination of marketing materials
- Types of marketing materials and tools
- Types of media approaches (print, radio, television, direct mail, social media, search engine, and so on)

Upload printed marketing materials or provide an external link to the materials in the appendix, as appropriate.

Strategies to provide cultural, linguistic, and disability competency in the production and dissemination of marketing materials:

The program is currently developing marketing materials available in Spanish and Arabic (two of the most common languages the program encounters) in addition to materials available in English. Print materials are crafted by personnel within the Transition Coordination Services agency (the vendor employing Transition Specialists) who have training in providing accessible materials. Materials are reviewed by multiple professionals within the vendor agency and Iowa HHS in an effort to ensure cultural, linguistic, and disability competencies are reflected.

Dissemination occurs through the HHS website and at in-person events throughout the year. The program also provides written materials to support informed decision making for participants interested in enrolling in MFP. This can occur by directing them to the website, sending them via email, and/or mailing print copies.

Types of marketing materials and tools & Types of media approaches:

In the early years of the program, the marketing efforts were more robust as Iowa sought to create awareness of this new and unique program. In recent years, that awareness has increased and informed Iowa taking a more pared-down marketing approach. Current marketing materials include:

- the Iowa HHS MFP website - HHS MFP
- the Transition Coordination Services agency's MFP website (that also directs visitors toward the Iowa HHS site) - U of Iowa MFP
- a short brochure that provides an overview of the program - MFP Brochure
- a more in-depth booklet that explains MFP in greater detail - MFP Participant Manual
- the Conner Training Connection's Possibilities Newsletter that features an MFP participant's story in each edition
- a listing for the program with the state's Information and Referral entity for individuals with disabilities, Iowa COMPASS.

The program does plan to expand its social media presence in 2025 as an additional tool to promote awareness of MFP. First next steps include collaborative posts with the Transition Coordination Services agency (University of Iowa Health Care, CDD Social Media: Facebook | Instagram). At this time, the program does not invest in targeted marketing ads for search engine searches. Iowa Medicaid and Iowa HHS post and cross-post regarding the MFP program as well on their respective Facebook and Instagram accounts (Iowa HHS Facebook | Iowa HHS Instagram | Iowa Medicaid Facebook).

C.3.2. Outreach and education plan

Describe how the state or territory will develop and implement an outreach and education plan to recruit MFP-inpatient facility providers, service providers, affordable and accessible housing providers, community-based organizations, and other relevant entities. Include a description of the following:

- Methods and tools
- Collaboration opportunities
- Types of events and trainings

Upload outreach and education materials into the appendix or provide an external link.

As noted in C.1.3 of this Operational Protocol, the message to the public about the *Partnership for Community Integration* is geared to building support for offering more meaningful choices to Iowans with disabilities about where and how they receive the supports they need, for providing ways for families to be engaged with their loved ones in the community while having assurance of their health and safety, and for the aspects of MFP which hold the promise of greater efficiency and cost effectiveness in the service system.

Staff involved in implementation of Iowa's outreach and education plan will be personnel with the Transition Coordination Services agency. Case managers, as well as Qualifying Facility and HCBS provider staff, will need sufficient information about MFP to respond to questions and concerns of potential participants, families, and legally authorized representatives(s). They also need to understand their own role in the transition process and in ensuring compliance with grant requirements.

A variety of methods and tools will be used for outreach and education including:

a) for the general public: the HHS MFP and University of Iowa websites (as linked in C.3.1)
b) for individuals, family members, and legally authorized representatives (in addition to the above): brochures and other print materials (as linked in C.3.1), public meetings which include presentations by MFP participants and/or their IDT members who have participated in successful transitions; and
c) for providers: written materials such as the Operational Protocol (found on the HHS MFP website), relevant administrative rules, and one-on-one outreach, education and technical assistance from personnel with the Transition Coordination Services agency, and as appropriate, Iowa Medicaid staff.
d) Case Managers will receive pertinent supplementary information through ad hoc training as requested by their organization.

Additionally, the program offers opportunities for engagement and training for stakeholders to learn more about MFP. These may be targeted to the audience or more universal, such as Money Follows the Person 101 offered on the state's HHS Competency-Based Training and Technical Assistance platform.

Information to individuals residing in Qualifying Facilities and their legally authorized representatives are tailored to include:

a) how they can take advantage of the MFP options;
b) a description of the transition process;
c) the services available during the Demonstration Year; and
d) how participants will be sustained in the community after the Demonstration Year ends.

Information to providers will be tailored to address specific concerns they have communicated to date through the Partners Group. For ICF/ID and Nursing Facility providers, the concern relates to the impact of transition on the stability of their operations, and the availability of technical assistance to respond to shifts in service demands. For community providers of HCBS, the concerns relate to their capacity: the difficulties recruiting, training and maintaining sufficient numbers of staff, the services eligible for reimbursement and the adequacy of reimbursement levels, and the assurance of continuity of funding for participants after their Demonstration Year.

Social marketing and outreach also includes working with community providers to build the capacity for participants to live and work in their community.

C.3.3. Stevens Amendment and accessibility requirements

Select the boxes below to confirm the state or territory adheres to the requirements regarding the Stevens Amendment and complies with accessibility laws.

☒ The state or territory affirms that it has established procedures for complying with the requirement in Section 26.G and 26.H of the CMS Standard Terms and Conditions (STC) regarding the Stevens Amendment, which describes actions federal award recipients must take when engaging in public reporting and acknowledgement of sponsors.

☒ The state or territory acknowledges responsibility for complying with federal laws regarding accessibility (Attachment B of CMS STC).

C.4. Informed consent

C.4.1. Informed consent criteria

Describe how the state or territory will implement procedures for obtaining informed consent. Include the following:

- Process for ensuring that each eligible individual or the individual's legally authorized representative will be provided the opportunity to make an informed choice regarding whether to participate in the MFP Demonstration
- Process for ensuring that each eligible individual or the individual's legally authorized representative will have input into, and approve the selection of, the qualified residence in which the individual will reside and the setting in which the individual will receive HCBS
- Process for ensuring individuals are informed about all aspects of the transition process; have full knowledge of the services and supports that will be provided both during and after the program year; and are informed of their rights and responsibilities as a participant, including the right to file reports or complaints regarding violation of their rights or other critical incidents
- Method(s) for obtaining informed consent (written, verbal, digital, and so on)

Provide an external link to informed consent forms and informational material. Alternatively, paste or embed those materials into the appendix or the text box below. If using the appendix, use the text box to indicate where in the appendix these materials can be found.

Opportunity to make informed choice to participate in MFP:

Refer to the Intake Process described in C.2.2 for details regarding the process used to ensure each eligible individual, or the individual's legally authorized representative(s), is provided the opportunity to make an informed choice regarding whether to participate in the MFP Demonstration at the time of enrollment. In summary, to obtain informed consent documents are sent to the potential participant and/or their legal representative(s) via their preferred method after an initial review of the program with a designated MFP team member. Documents may be sent via postal mail or via electronic method. Iowa's MFP Program requires written consent for enrollment and will not enroll someone with only a verbal consent.

At the time of transition to the community, informed consent forms are signed by the participant and/or their legally authorized representative(s). They can choose to cease their plan to transition at any time up to the day of the move.

Should an MFP participant and/or their legally authorized representative(s) wish to leave the program at any time post-enrollment, they are to notify their assigned TS in writing. If not provided, the TS will request the reason for ceasing MFP for tracking and trending as part of the program's continuous quality improvement efforts.

- If the individual has not yet moved from the Qualifying Facility, the TS will provide information regarding the opportunity to seek re-enrollment in MFP in the future and other options available to meet the person's needs and preferences.
- If the individual has moved from the Qualifying Facility via MFP, the TS will coordinate with all necessary parties to end the Demonstration Year early as described in MFP Participants Ending their Demonstration Year in Section F.1.1 of this Operational Protocol.

Input into, and approving the selection of, the choice of Qualified Residence and setting:

The TS is responsible for reviewing the availability of Qualified Residences in the participant's community of choice and ensuring that the participant and their legally authorized representative(s) has a meaningful choice of Qualified Residences. The TS encourages participants and their legally authorized

representative(s) to tour Qualified Residences to ensure the participant has the opportunity to make an informed choice about where they will be moving to. The TS will provide documentation of compliance in the Transition and Service Plan, as well as in reports that feed into Iowa Medicaid's T-MSIS reporting to CMS.

Informed about transition process, services and supports, and rights and responsibilities:

Refer to the Intake Process described in C.2.2 for details regarding the process for ensuring individuals are informed about all aspects of the transition process; have full knowledge of the services and supports that will be provided both during and after the Demonstration Year; and are informed of their rights and responsibilities. In addition to education provided about the program and requiring signed consents at the time of enrollment in MFP, throughout the Demonstration Year signature sheets are obtained to document informed consent should changes be made to services and supports.

Informed Consent Forms

See Appendix B.6

C.5. Legally authorized representative

C.5.1. Procedures for MFP engagement with a legally authorized representative

Describe how the MFP Demonstration will engage with a legally authorized representative and how the process aligns with state or territory policy. Include the following:

- Procedures for engaging with a legally authorized representative as part of an individual's person-centered planning process during the transition period and the 365-day MFP enrollment period
- Specific strategies and approaches when working with inpatient facility administrators who are serving as a legally authorized representative, particularly around identifying and eliminating conflict of interest concerns
- Process for verifying that an MFP participant's legally authorized representative has (1) a known relationship with the individual; (2) ongoing interaction with the individual; and (3) recent knowledge of the individual's welfare

Engaging with a legally authorized representative:

Refer to Section F.1.1 of this Operational Protocol for details regarding procedures for engaging with a legally authorized representative as part of the person-centered planning process during the transition period and Demonstration Year.

Strategies and Approaches with inpatient facility legally authorized representatives:

In the state of Iowa, inpatient facility administrators are not able to serve as legally authorized representative(s).

Verifying a legally authorized representative's status:

Refer to Section C.2.2 for details regarding the process for verifying that an MFP participant's legally authorized representative's involvement is sufficient to comply with the Operational Protocol. The legally authorized representative is invited to all meetings and is encouraged to be an active member of the IDT.

C.5.2. Re-enrollment

Describe the state or territory's MFP re-enrollment policy (1) for individuals who have been re-institutionalized or hospitalized prior to completing their 365-day MFP enrollment period, and (2) for

individuals who have been re-institutionalized after completing their 365-day MFP enrollment period. Include actions that occur at 30- and 60-day intervals during an individual's institutional or hospital stay.

For individuals who have been reinstitutionalized or hospitalized prior to completing their 365-day MFP enrollment period (Demonstration Year):

Participants who are hospitalized or reinstitutionalized in another Qualifying Facility for longer than 30 days during their Demonstration Year will be immediately disenrolled from MFP. The participant will be eligible to apply for a new MFP Demonstration Year after 60-consecutive days in a Qualifying Facility.

For individuals who have been reinstitutionalized after completing their 365-day MFP enrollment period (Demonstration Year):

Former MFP participants who previously completed their Demonstration year are eligible to apply for a new MFP Demonstration Year after 60 consecutive days in a Qualifying Facility.

C.6. Other information

If needed, provide other information regarding the state or territory's approach to recruitment, enrollment, outreach, and education that is not addressed elsewhere in the template.

Not Applicable

SECTION D. COMMUNITY ENGAGEMENT

Describe how the state or territory will engage the broad community, including but not limited to, Medicaid agency leadership, participants in HCBS programs, residents in long-term care facilities, long-term care facility staff, family members and other caregivers, HCBS providers, the aging and disability network, MCPs, housing providers, and the direct care workforce, to inform the state or territory's approach to the design of the MFP Demonstration and how the state or territory can leverage the MFP Demonstration to expand and enhance the HCBS system. Include a description of the state or territory's strategy(s), structure of the engagement process, engagement tools, communication process, and how the process will be strengthened throughout the MFP program period of performance.

Strategy for Community Engagement to inform the design of MFP

The principal vehicle for interagency and public/private collaboration in MFP planning and implementation is the Partners Group. The initial Partners Group consisted of approximately 70 stakeholders who formed 5 subcommittees to draft Iowa's first plans for MFP. These include the state's transition process, a list of Demonstration Services, a marketing plan, a housing inventory, and resources for participants and TSs. These documents became the foundation for the first Operational Protocol, with relatively few modifications by Iowa Medicaid.

At present, the Partners Group meets twice a year and is a platform for stakeholders to learn about the program's activities, network, and share their insights. A variety of stakeholders are involved in the work of this group, including advocacy organizations, family representatives, facility administrators and staff, community providers and case managers, direct care worker representation, and key State agencies. Past and present MFP participants, their legally authorized representative(s), and other people important to them are also invited to be members of the Partners Group. Their participation and travel costs are funded at 100% administrative claims match.

Leveraging the MFP Demonstration to expand and enhance the HCBS System

Learnings from the Partners Group, as well as via the course of day-to-day business, are shared with Iowa Medicaid personnel. These insights contribute to the state's work to expand and enhance the HCBS system. A current example is MFP's involvement in the state's Waiver redesign project, in which Community Transition Services will be added to Waivers based on the success of the program and Iowa's efforts to best support individuals transitioning between environments. The state is also undertaking a quality improvement initiative with Medicaid and other stakeholders, including MFP, to create Beneficiary Journeys. This work uses case examples to inform improvements to and further development of performance and quality measures that can be implemented for the HCBS population.

Structure of the Process & Engagement Tools

There are multiple points of engagement available to MFP participants and other stakeholders. This engagement takes place both at the personal and organizational level (TSs and the entities), at a regular cadence (semi-annual meeting), and face-to-face (meetings) and anonymously (post-Demonstration Year survey).

Iowa's MFP participants have a dedicated Transition Specialist with whom they can share their feedback throughout their involvement in the program. This input helps inform process improvements within MFP as well as Iowa Medicaid.

Additionally, MFP personnel routinely meet with various stakeholders to collaborate and strengthen each other's efforts. Entities such as the state's Managed Care Organizations, the Aging and Disability Services Division of Iowa HHS, Disability Rights Iowa, and the Iowa Association of Community Providers (a provider agency trade organization) have a regular cadence for collaboration and engagement.

During the Partners Meetings, MFP participants share their personal experiences with the program and key learnings from their Demonstration Year. This is an opportunity for the stakeholder group to celebrate successes and learn from challenges, as well as a venue to create awareness amongst stakeholders about MFP's contributions to the community by connecting with participants and personalizing the program's work. MFP personnel share data regarding the program's activities, providing quantitative insights about MFP's progress. Representatives of work funded with MFP Capacity Building and Rebalancing Dollars share information about their program's activities to promote stakeholder awareness of those resources. Typically, Iowa's MFP program schedules alternating sessions for (1) information sharing regarding important developments relevant to the Partners Group; and (2) information gathering from the group to inform the continuous improvement of the MFP program.

Iowa also has post-Demonstration Year satisfaction surveys in place as feedback mechanisms. Legally authorized representatives receive a survey from the Transition Coordination Services agency after the MFP participant has completed their Demonstration Year, and participants are contacted by the QIO post-Demonstration. Survey results are reviewed individually and in aggregate to support efforts to improve the program's services and experience of future participants.

Communication Process

MFP team members review the Partners Group list at least twice annually, updating contacts where new partners are identified, turnover in existing partners occurs, and the like. Designated program personnel distribute invitations to the Partners Meeting. At the meeting, a variety of methods are used for both information sharing and gathering. Examples of past strategies used include presentations, dynamic and interactive feedback sessions using tools such as Working/Not Working and dot voting, and online tools to share feedback during and/or after the meeting (including for those who were not able to attend).

Strengthening the Process

The Iowa MFP program will continue previously described strategies and structures while continuing to expand partnerships with stakeholders as new opportunities arise. One dedicated effort the state is undertaking at present is developing relationships with housing-related stakeholder with the addition of Iowa's first-ever Housing Specialist. Iowa will use information gathered through its existing structures to inform MFP's continuous improvement efforts.

D.1. Community engagement process

States or territories may use Example Table D.1 to list those engaged in the design and implementation of the MFP Demonstration; to indicate the related OP element(s); and a brief description of the engagement structure, including the type and frequency of engagement and role(s) in the engagement process.

Example Table D.1. Description and frequency of community engagement

Entities (examples)	OP elements	Description of the engagement process
MFP participants	C, D, E, F, J, M	Invited to attend twice yearly Partners Group meetings, including the December 2024 meeting where an OP feedback and engagement session was part of the agenda. Following the meeting, received a link to provide additional feedback. Opportunity to share their feedback with their TS throughout their transition planning process and Demonstration Year.

Entities (examples)	OP elements	Description of the engagement process
Residents in inpatient facilities	E, F, M	Opportunity to share their feedback with their TS throughout their transition planning process if enrolled in MFP.
Family members and caregivers	C, D, E, F, J, M	Invited to attend twice yearly Partners Group meetings, including the December 2024 meeting where an OP feedback and engagement session was part of the agenda. Following the meeting, received a link to provide additional feedback. Opportunity to share their feedback with the MFP participant's TS throughout their transition planning process and Demonstration Year.
Centers for Independent Living	C, D, E, F, J, M	Invited to attend twice yearly Partners Group meetings, including the December 2024 meeting where an OP feedback and engagement session was part of the agenda. Following the meeting, received a link to provide additional feedback.
Long-term care facilities	C, D, E, F, J, M	Invited to attend twice yearly Partners Group meetings, including the December 2024 meeting where an OP feedback and engagement session was part of the agenda. Following the meeting, received a link to provide additional feedback. Opportunity to share their feedback with TSs and other MFP personnel throughout an MFP participant's transition planning process.
HCBS providers	C, D, E, F, J, M	Invited to attend twice yearly Partners Group meetings, including the December 2024 meeting where an OP feedback and engagement session was part of the agenda. Following the meeting, received a link to provide additional feedback. Opportunity to share their feedback with TSs and other MFP personnel throughout an MFP participant's transition planning process and Demonstration Year.
Housing partners	C, D, E, F, J, M	Invited to attend twice yearly Partners Group meetings, including the December 2024 meeting where an OP feedback and engagement session was part of the agenda. Following the meeting, received a link to provide additional feedback. Opportunity to share their feedback with TSs and other MFP personnel ad hoc.
Managed care plans	C, D, E, F, J, M	Invited to attend twice yearly Partners Group meetings, including the December 2024 meeting where an OP feedback and engagement session was part of the agenda. Following the meeting, received a link to provide additional feedback. Monthly meetings to collaborate and coordinate.
Aging and disability networks	C, D, E, F, J, M	Invited to attend twice yearly Partners Group meetings, including the December 2024 meeting where an OP feedback and engagement session was part of the agenda. Following the meeting, received a link to provide additional feedback.
Direct care workforce	C, D, E, F, J, M	Invited to attend twice yearly Partners Group meetings, including the December 2024 meeting where an OP feedback and engagement session was part of the agenda. Following the meeting, received a link to provide additional feedback.
Other	Not Applicable	Not Applicable

D.2. Other information

If needed, provide other information regarding the state or territory's approach to engagement that is not addressed elsewhere in the template.

Minutes and attendance are recorded at the Partner's Meetings. Materials presented are shared with attendees following the meeting.

SECTION E. BENEFITS AND SERVICES

Describe how the MFP Demonstration will provide opportunities for MFP participants to receive high-quality services in their own homes or community rather than institutions. The state or territory must describe qualified HCBS (PTC 16 and Attachment A in the PTC), Demonstration services (PTC 17), and supplemental services (PTC 24) that it will provide under the MFP Demonstration.

E.1. Qualified HCBS

The qualified HCBS program is the Medicaid service package(s) that the state or territory will make available to an MFP participant when they move to a community-based residence. This program can be comprised of any Medicaid home and community-based state plan services and HCBS waiver program services. MFP-qualified HCBS are listed and described in Attachment A to the MFP PTC.

The state or territory must describe:

- Qualified HCBS available to MFP participants
- Target population
- Any proposed Medicaid coverage strategy to amend and implement changes to the state plan or HCBS waiver program(s) to carry out the Demonstration; these descriptions must indicate:
  - The specific HCBS program that will be changed or amended
  - Which authority the HCBS program operates under
  - When the change or amendment will occur

The state or territory may insert information using (1) Example Table E.1, (2) a description in the text response box below, or (3) a combination of both a table and a separate text description.

E.1. MFP-qualified HCBS

MFP-qualified HCBS	Qualified HCBS description	MFP target population(s)
HCBS under section 1905(a) state plan services	Not Applicable	Not Applicable
HCBS under sections 1915(c), 1915(i), 1915(j) and 1915(k)	BI Waiver Information Packet ID Waiver Information Packet The service package available to MFP participants is equivalent to the services available under the Waiver criteria used for a participant's MFP eligibility determination.	Participants with a Brain Injury Participants with an Intellectual Disability

E.2. MFP Demonstration services

E.2.1. Demonstration service description

MFP Demonstration services are qualified HCBS that could be provided, but are not currently provided, under the state or territory's Medicaid program. Demonstration services must be reasonable and necessary, not available to the participant through other means, and clearly specified in the participant's service plan. The state or territory is expected to test and evaluate Demonstration services.

Demonstration services are not required to continue after the conclusion of the MFP Demonstration or for the participant at the end of the 365-day enrollment period. Demonstration service descriptions must include:

- The qualified HCBS Medicaid authority under which the service could be covered
- The target population(s) receiving the service
- For a new Demonstration service not currently covered under the state or territory's HCBS program, a description of the scope of the service including a definition of the discrete service; a complete list and description of any goods and services that will be provided; any conditions that apply to the provision of the service; and eligibility criteria
- For a Demonstration service currently authorized under the state or territory's Medicaid program, a description of how the service complements or supplements the authorized HCBS in an amount, frequency, scope, or duration greater than allowed under the state or territory's Medicaid program
- A description of how the state or territory will test and evaluate the service to determine whether the service contributes to the successful transition and community functioning of an MFP participant

The state or territory may insert information using (1) Example Table E.2.1, (2) a description in the text response box, or (3) a combination of both a table and a separate text description.

Example Table E.2.1. Demonstration services

Demonstration service title	HCBS Medicaid authority	MFP target population(s)	Amount, duration, and scope of service	Service testing and evaluation
Assistive Devices not covered under Waiver or State Plan	1915(c) Mandatory Home Health benefit per 42 CFR 440.70(b)(3)	Participants with ID, BI	Amount: $5,000.00 Duration: Prior to transition from a Qualifying Facility and/or at any time during the Demonstration Year. Scope of Service: See details below	Our state will test and evaluate the impact of this Demonstration Service on supporting MFP participants to live in the communities of their choice through utilization, person-centered planning, and participant feedback.
Enhanced Durable Medical Equipment (DME)	1915(c) Mandatory Home Health benefit per 42 CFR 440.70(b)(3)	Participants with ID, BI	Amount: $20,000.00 upper limit (combined benefit between Demonstration and Supplemental Services for this benefit type) Duration: At any time during the Demonstration Year. Scope of Service: See details below	Our state will test and evaluate the impact of this Demonstration Service on supporting MFP participants to live in the communities of their choice through utilization, person-centered planning, and participant feedback.

Environmental Modifications (for safety and/or accessibility)	1915(c)	Participants with ID, BI	Amount: $20,000.00 upper limit (combined benefit between Demonstration and Supplemental Services for this benefit type) Duration: At any time during the Demonstration Year. Scope of Service: See details below	Our state will test and evaluate the impact of this Demonstration Service on supporting MFP participants to live in the communities of their choice through utilization, person-centered planning, and participant feedback.
Transition Coordination Services	1915(c)	Participants with ID, BI	Amount: This is based on individual need for the duration of a participant's involvement with MFP on a fee for service basis. Duration: Starting on the referral date, through the transition planning process, and throughout the Demonstration Year. Scope of Service: See details below	Our state will test and evaluate the impact of Transition Coordination Services on supporting MFP participants to live in the communities of their choice through a 'Transition and transition coordination services' initiative in the Work Plan. This initiative will measure two objectives: 1. timeliness of obtaining consent to begin transitions; 2. individuals remaining in the community at the end of their Demonstration Year. See the Work Plan for more details on the objectives and performance measures that we will monitor to assess progress of the initiative and impact on MFP recipients.

Demonstration Services are services identified by HHS as necessary to ensure successful transitions for many MFP participants but not currently available under Iowa's Medicaid state plan or HCBS Waivers. Services may be those not at all available as qualified HCBS in Iowa at present, or they may vary from existing qualified HCBS in (1) amount; (2) scope; and/or (2) duration. These services are not expected to continue for the participant after the Demonstration Year.

Iowa's MFP initiative calls for Demonstration Service supports as identified in this section. Allowable expenses are those that

- are necessary to enable a person to establish a basic household; and
- do not constitute room and board.

Demonstration Services are furnished only to the extent that they are

- reasonable and necessary as determined by the IDT process,
- clearly identified in the Transition and Service Plan, and
- the participant is unable to meet such expense or when the services cannot be obtained from other sources.

The TS will be authorized to make purchases directly on behalf of the participant.

All Demonstration services listed will be evaluated for possible addition to the waiver at a future date.

Scope of Service Details:

Assistive Devices Not Covered Under Waiver or State Plan (AD):

- Assistive devices are practical equipment products to assist persons with activities of daily living (ADLs), instrumental activities of daily living (IADLs), and/or health-related (physical and/or behavioral) tasks to increase independence or substitute for human assistance.
- An order, prescription, or written recommendation from a medical or behavioral health professional is required to establish necessity, and it must be a reasonable expenditure for the Medicaid program.
- This benefit only covers Assistive Devices not currently covered under the State Plan or the state's HCBS program.
    - In circumstances where an item is covered by the state's Mandatory Home Health Benefit as defined in IAC 78.9(1)(d), that benefit will be used and not this MFP benefit.
        - The definition for Assistive Devices as a Demonstration Service is broader, which allows the purchase of items not otherwise available under existing benefits.
- All items must be listed with a justification of need in the Transition and Service Plan.
- Services must be authorized in the service plan.

Enhanced Durable Medical Equipment (DME):

- Enhanced Durable Medical Equipment is equipment which can withstand repeated use and is primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of an illness and is appropriate to assist the participant for use in the community.
- An item is necessary when it can be expected to make meaningful contribution to the treatment of a specific illness or injury or to the improvement in function of a malformed body part.
- A physician's, physician assistant's or advanced registered nurse practitioner's order/prescription, or written recommendation from an occupational therapist, physical therapist, licensed psychologist, or speech therapist, is required to establish medical necessity, and it must be a reasonable expenditure for the Medicaid program.
- This benefit is in excess of coverage provided under the Specialized Medical Equipment benefit within the state's Brain Injury Waiver (the ID Waiver carries no such similar benefit), state plan, or otherwise provided by this demonstration project (e.g. bathroom safety equipment, wheelchair upgrades, back-up supplies).
    - Enhanced DME as a Demonstration Service is only for items purchased during a participant's Demonstration Year, post-discharge from a Qualifying Facility.
    - The MFP budget requester and approver will ensure no duplication between what is available under other Medicaid funding sources (i.e. Waiver, state plan) and this benefit before requesting and/or authorizing the item.
- All items must be listed with a justification of need in the Transition and Service Plan.
- Services must be authorized in the plan.

Environmental Modifications (EMODS):

- Environmental Modifications are for the purpose of safety and/or accessibility and include modifications to the home not otherwise covered under the Waiver Home and Vehicle Modification (HVM) benefit.

- These modifications can include, but are not limited to, sensory modifications and equipment, medical monitoring equipment, and repairs (see exclusions below) and replacements needed for the home (such as a durable replacement for glass windows and solid core doors).
- Iowa Medicaid expectations for bid requirements apply.
- Excluded modifications include the following:
    - Modifications that would be expected to increase the fair market value of the home or vehicle are excluded.
    - Adaptations which add to the total square footage of the home.
    - Repairs to the home that are structural and/or pre-existing.
    - All modifications and adaptations shall be provided in accordance with applicable federal, state, and local building and vehicle codes.
    - Services shall be performed following department approval of a binding contract between the vendor and the participant. The contract shall include, at a minimum, the work to be performed, cost, time frame for work completion, and assurance of liability and workers' compensation coverage.
- All items must be listed with a justification of need in the Transition and Service Plan.
- Services must be authorized in the plan.

Transition Coordination Services:

- Transition Coordination Services, as provided by the Transition Coordination Services Agency (see Section B.2. of this Operational Protocol), assist with the transition of a participant from a Qualifying Facility to a Qualified Residence in the community. This benefit is not currently covered under the state's HCBS Waiver program. Transition Coordination Services includes the following components:
    - Transition Planning Assistance:
        - Transition planning assistance provides intensive service coordination to assist participants to transition to a community setting of their choice. This includes:
            - Establishing an IDT with the participant;
            - Providing information about HCBS Medicaid waiver services, non-waiver services, and MFP services;
            - Identifying local resources and providers, including employment;
            - Identifying appropriate housing options;
            - Assistance with establishing community households;
            - Arranging for day visits and/or short overnight stays in the community with the facility staff and HCBS providers;
            - Arranging for HCBS provider participation in trainings to include:
                - Participation in all transition meetings;
                - Short trial visits, including overnights;
                - And any necessary participant specific trainings;
            - Developing the service plan and;
            - Facilitating payment for Demonstration and Supplemental Services.
    - Transition monitoring and case management:
        - Once the participant discharges from the facility, transition monitoring and case management will begin and will continue for the first 365 days (366 in a leap year).
        - This includes contact with the participant and their legally authorized representative, differentiated from traditional case management as stipulated in the Operational Protocol C.2.2 and F.1.1 and assisting the IDT with successful transition.
        - Case management services assist a participant in gaining access to medical, social, and other appropriate services needed for the participant to transition

and/or remain in the community. Case Management is provided at the direction of the participant and the IDT.

E.3. MFP Supplemental services

E.3.1. Supplemental service descriptions

Supplemental services are one-time services to support an MFP participant's transition that are otherwise not allowable under the Medicaid program. Supplemental services must be reasonable and necessary, not available to the participant through other means, and clearly specified in the participant's service plan. Supplemental services are not required to continue after the conclusion of the MFP Demonstration or for the participant at the end of the 365-day enrollment period. The state or territory is expected to test and evaluate supplemental services. Supplemental service descriptions must include:

- The target population(s) receiving the service
- The category of the supplemental service (short-term housing assistance, food security, payment for activities prior to transitioning from an MFP-qualified inpatient facility, payment for securing a community-based home)
- The scope of the service, including a definition of the discrete service (for example, if providing payment for activities prior to transitioning from an MFP-qualified inpatient facility, describe each discrete activity under this category, such as home accessibility modifications, vehicle adaptations, and home cleaning)
- An assurance that services are responsive to a person's needs and wants described in a person-centered plan
- A complete list and description of any goods and services that will be provided
- Any conditions that apply to the provision of the service
- How the state or territory will test and evaluate the service to determine whether the service contributes to the successful transition and community functioning of an MFP participant
- Under the payment for activities prior to transitioning from an MFP-qualified inpatient facility, please include the following information for each discrete activity:
  - Specify the time period for when payment to a provider for rendering the supplemental service will occur (e.g., up to 15 days prior to discharge/transition to the community date)
  - Specify the time period for when the service will be rendered (e.g., up to 15 days prior to discharge/transition date)

The state or territory must insert information using Example Table E.3.1 and may provide additional information in the text response box below.

Example Table E.3.1. Description of supplemental services

Supplemental service	Target population(s)	Amount, duration, and scope of service	Goods and services provided	Responsiveness to person-centered plan
Short-Term Housing Assistance *Housing Plan (separate entry required in E.3.2)* 1. Rent Aid 2. Utility Assistance	BI/ID	1. Rent Aid Amount: up to $1,000.00 per month Duration: up to 6 months Scope of Service: Details below 2. Utility Assistance Amount: up to $300.00 per month Duration: up to 6 months Scope of Service: Details below	Details below	MFP participants engage in a person-centered planning process during which their financial and material needs for securing and maintaining a home in the community are identified. The Transition and Service Plan will address how the participant's needs and wants will be met.
Food Security 1. Pantry Stocking	BI/ID	Amount: Up to $500.00 Duration: within 14 days pre-transition from a Qualifying Facility and up to 30 days post-transition from a Qualifying Facility (not to exceed a 30-day food pantry supply) Scope of Service: Details below	Details below	Through a person-centered process, the responsible case management entity will facilitate a meeting with the participant served, provider agency/designee and/or family member to collaborate on the required needs of the participant served. The case management entity will note the steps required to ensure the participant continues to receive services in their person-centered service plan.

Supplemental service	Target population(s)	Amount, duration, and scope of service	Goods and services provided	Responsiveness to person-centered plan
Payment for Activities Prior to Transitioning 1. Rental Deposit Assistance 2. Environmental Modifications (for safety and/or accessibility) 3. Establishing Community Household	BI/ID	1. Amount: Up to $1,000.00 per recipient Duration: Prior to transition from a Qualifying Facility up to 30 days before discharge from the facility. Scope of Service: Details below 2. Amount: $20,000.00 upper limit (combined benefit between Demonstration and Supplemental Services for this benefit type) Duration: Prior to transition from a Qualifying Facility. Scope of Service: See details below 3. Amount: $5,000.00 upper limit Duration: Prior to transition from a Qualifying Facility and/or at any time during the Demonstration Year. Scope of Service: See details below	Details below	Through a person-centered process, the responsible case management entity will facilitate a meeting with the participant served, provider agency/designee and/or family member to collaborate on the required needs of the participant served. The case management entity will note the steps required to ensure the participant continues to receive services in their person-centered service plan.

Supplemental service	Target population(s)	Amount, duration, and scope of service	Goods and services provided	Responsiveness to person-centered plan
OTHER: 1. Clothing 2. Enhanced Durable Medical Equipment (DME)	Participants with ID, BI	1. Amount: $1,000.00 upper limit Duration: Prior to transition from a Qualifying Facility and/or at any time during the Demonstration Year. Scope of Service: Details below 2. Amount: $20,000.00 upper limit (combined benefit between Demonstration and Supplemental Services for this benefit type) Duration: Prior to transition from a Qualifying Facility. Scope of Service: See details below	Details below	Through a person-centered process, the responsible case management entity will facilitate a meeting with the participant served, provider agency/designee and/or family member to collaborate on the required needs of the participant served. The case management entity will note the steps required to ensure the participant continues to receive services in their person-centered service plan.

All services will follow a person-centered planning process that is responsive to the participant's individual needs and wants and documented in their Transition and Service Plan.

Scope of Service/Goods and Services Provided:

Short-Term Housing Assistance:

To qualify for any benefit in this category, an MFP participant must:

- Reside in a Qualified Residence not owned by someone who resides in the unit;
- Be party to a lease covered by Iowa landlord-tenant law; and
- Demonstrate financial need in accordance with criteria of this benefit

- Rent Aid
  - This benefit will cover up to $1,000 per month of a qualifying participant's fair market monthly rent for up to 6 months into their Demonstration Year. This temporary support will help bridge the gap between discharge from a Qualifying Facility and the participant starting to receive income identified during transition planning (via Social Security or other sources).
  - Participants must notify their TS upon receiving their Social Security award letter or other income verification. Rent Aid will end one month after the date noted on that documentation, not to exceed the 6-month benefit limit.

- If a participant has no income by the 6-month mark, the TS or designee will support the participant in exploring alternative rental assistance options, including but not limited to the HCBS Rent Subsidy Program.
  - Based on the state's experience, it is uncommon for individuals to be without income longer than six months.
- Prior to applying for this benefit, the participant, and/or their IDT will complete the Housing Access and Sustainability Plan. This must be signed by the participant (or their legally authorized representative), the account holder receiving the funds (landlord), and the TS.
  - The TS's signature confirms the request aligns with the participant's wants and needs and is identified in the Transition and Service Plan.
- To apply, participants must submit the following to the Iowa Finance Authority (the state housing authority and the entity responsible for administering the benefit)
  - Rent Aid application
  - Signed lease
  - Signed and completed Housing Access and Sustainability Plan
- Services must be authorized in the service plan.
- Rent Aid payments will be issued directly to the landlord by the state's housing authority, Iowa Finance Authority (IFA).

- Utility Assistance
  - This benefit will cover up to $300 per month of a qualifying participant's utility costs for up to 6 months into their Demonstration Year. This temporary support will help bridge the gap between discharge from a Qualifying Facility and the participant starting to receive income identified during transition planning (via Social Security or other sources).
    - Utilities include electric, natural gas, water, trash, sewer, internet, and/or landline phone
      - If there are utility needs outside this definition, eligibility for payment will be determined on a case-by-case review with the Project Director and Iowa Medicaid
  - Participants must notify their TS upon receiving their Social Security award letter or other income verification. Utility Assistance will end one month after the date noted on that documentation, not to exceed the 6-month benefit limit.
  - If a participant has no income by the 6-month mark, the TS or designee will support the participant in exploring alternative utility assistance options.
    - Based on the state's experience, it is uncommon for individuals to be without income longer than six months.
  - Prior to applying for this benefit, the participant and/or their IDT will complete the Housing Access and Sustainability Plan. This must be signed by the participant (or their legally authorized representative) and the TS.
    - The TS's signature confirms the request aligns with the participant's wants and needs and is identified in the Transition and Service Plan.
  - To apply, participants must submit the following to the MFP Housing Specialist (or their designee):
    - Utility Assistance application
    - signed and completed Housing Access and Sustainability Plan
  - Services must be authorized in the service plan.
  - Utility Assistance payments will be issued directly to the utility company by the Transition Coordination Services agency.

Food Security:

To qualify for any benefit in this category, an MFP participant must:

- Reside in a Qualified Residence not owned by someone who resides in the unit;
- Be party to a lease covered by Iowa landlord-tenant law; and
- Demonstrate financial need in accordance with criteria of this benefit

- Pantry Stocking:
  - This benefit will cover up to $500 per month for essential pantry items within 14 days pre-transition or up to 30 days post-transition from a Qualifying Facility (not to exceed a 30-day food pantry supply). This temporary support will help ensure a participant has adequate and necessary access to food and goods immediately following transition.
    - The TS or designee is responsible for assisting participants with applying for SNAP benefits, connecting with home-delivered meal services, and/or identifying and determining means of accessing local food resources if needed to sustain a participant's access to food and goods.
    - TSs or their designees will build and maintain relationships with food assistance programs and strengthen local outreach and referral networks.
    - The MFP program will work to include food resource experts (e.g., food pantry or bank directors) in its Stakeholder group.
  - For a detailed list of eligible items see Appendix B.4
  - The Transition and Service Plan will address how the participant's needs and wants are being met with this service.
  - Services must be authorized in the service plan.
  - This benefit will be issued via gift card to the participant by the Transition Coordination Services agency.

Payment for Activities Prior to Transitioning:

To qualify for any benefit in this category, an MFP participant must:

- Be actively planning to transition from a Qualifying Facility to a Qualified Residence not owned by someone who resides in the unit (with the exception of Environmental Modifications and Establishing Community Household benefits);
- Be applying for a unit with a lease covered by Iowa landlord-tenant law (with the exception of a child residing in a familial/foster home for Environmental Modifications and anyone seeking to use the Establishing Community Household benefit); and
- Demonstrate financial need in accordance with criteria of this benefit

- Rental Deposit Assistance:
  - This benefit is a one-time payment that will cover up to $1,000 for an MFP participant's rental security deposit to help secure housing.
    - This benefit does not include first or last month's rent, in compliance with federal requirements. If these are required as part of the lease, and the participant is eligible for Rent Aid, that benefit can be used to cover these costs and must count toward the 6 months of rental assistance available.
    - Payment for this service must be completed prior to transition, up to 30 days before discharge from the facility.
  - Assistance must be requested and issued prior to the participant's discharge from a Qualifying Facility (per federal requirements for Supplemental Services).

- Prior to receiving this benefit, the participant and/or their IDT will complete the Housing Access and Sustainability Plan. This must be signed by the participant (or their legally authorized representative) and the TS.
    - The TS's signature confirms the request aligns with the participant's wants and needs and is identified in the Transition and Service Plan.
- To apply, participants must submit the following to the MFP Housing Specialist
    - written request
    - signed and completed Housing Access and Sustainability Plan
- Services must be authorized in the service plan.
- Rental Deposit Assistance payments will be issued directly to the landlord by the Transition Coordination Services agency.

- *Environmental Modifications (EMODS):*
    - Environmental Modifications are for the purpose of safety and/or accessibility.
    - These modifications can include, but are not limited to, sensory modifications and equipment, medical monitoring equipment, and repairs (see exclusions below) and replacements needed for the home (such as a durable replacement for glass windows and solid core doors).
    - Iowa Medicaid expectations for bid requirements apply.
    - Excluded modifications include the following:
        - Modifications that would be expected to increase the fair market value of the home or vehicle are excluded.
        - Adaptations which add to the total square footage of the home.
        - Repairs to the home that are structural and/or pre-existing.
        - All modifications and adaptations shall be provided in accordance with applicable federal, state, and local building and vehicle codes.
        - Services shall be performed following department approval of a binding contract between the vendor and the participant. The contract shall include, at a minimum, the work to be performed, cost, time frame for work completion, and assurance of liability and workers' compensation coverage.
    - All items must be listed with a justification of need in the Transition and Service Plan.
    - Services must be authorized in the plan.
    - All transactions for this benefit must be completed prior to the participant's discharge from the Qualifying Facility.

- *Establishing Community Household:*
    - Funds cover the initial expenditures needed to help participants establish a community residence.
    - The startup funds can be used for non-recurring expenses directly related to moving, including but not limited to:
        - paying others to move household belongings
        - utility deposits
        - telephone deposits
        - pest eradication
        - one time cleaning prior to occupancy
        - cooking utensils
        - cleaning supplies

        - toiletries
        - electronics
        - furniture
        - appliances
        - window coverings
        - bath and bed linens
        - fees associated with obtaining legal and/or identification documents necessary for a housing application such as a birth certificate, state issued ID, or criminal background check
        - other items that may be necessary for the participant's individualized needs to be successful in the community as agreed upon by the IDT
    - This benefit does not include monthly rental or mortgage expenses, food, and/or regular utility charges.
    - This benefit is not currently available under the state's HCBS Waiver program.
        - This benefit differs from Community Transition Services, an allowable 1915(c) benefit that Iowa intends to make available in the near future, in that a higher dollar limit is covered, the timeframe for utilization is greater, and there are expanded allowable items.
    - All items must be listed with a justification of need in the Transition and Service Plan.
    - Services must be authorized in the plan.
    - All transactions for this benefit must be completed prior to the participant's discharge from the Qualifying Facility.

OTHER

To qualify for any benefit in this category, an MFP participant must:

- Be actively planning to transition from a Qualifying Facility to a Qualified Residence; and
- Demonstrate financial need in accordance with criteria of this benefit

- *Clothing:*
    - A clothing allowance will be available for participants to assist with transitioning to a community setting. Clothing must be necessary for employment or other community participation.
    - Clothing items necessary to assist with ADLs and/or IADLs or to serve a medical purpose should be requested in their respective categories (AD or DME).
    - All items must be listed with a justification of need in the Transition and Service Plan.
    - Services must be authorized in the plan.

- *Enhanced Durable Medical Equipment (DME):*
    - Enhanced Durable Medical Equipment is equipment which can withstand repeated use and is primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of an illness and is appropriate to assist the participant for use in the community.
    - An item is necessary when it can be expected to make meaningful contribution to the treatment of a specific illness or injury or to the improvement in function of a malformed body part.
    - A physician's, physician assistant's or advanced registered nurse practitioner's order/prescription, or written recommendation from an occupational therapist, physical

therapist, licensed psychologist, or speech therapist, is required to establish medical necessity, and it must be a reasonable expenditure for the Medicaid program.
- Enhanced DME as a Supplemental Service is only for items purchased prior to a participant's discharge from a Qualifying Facility.
  - Items must be necessary for the participant's health and safety at the time of discharge from the facility and not allowable under the state plan in preparation for the transition (i.e. procuring a hospital bed prior to discharge).
  - The MFP budget requester and approver will ensure no duplication between what is available under other Medicaid funding sources (i.e. state plan) and this benefit before requesting and/or authorizing the item.
- All items must be listed with justification of need in the Transition and Service Plan.
- Services must be authorized in the plan.
- All transactions for this benefit must be completed prior to the participant's discharge from the Qualifying Facility.

E.3.2. Supplemental services housing plan and food security plan

If providing short-term housing assistance or food pantry stocking, upload the required housing plan or food security plan that describes how these services will be administered and sustained. See the March 31, 2022 Note to MFP Recipients: Announcement of Certain Changes to Supplemental Services under the MFP Demonstration for specific requirements for the housing and food security plans.

See Appendix B.5

E.4. Managed long-term services and supports

Select the box below to indicate whether your state or territory operates an MLTSS program.

☒ Yes, the state or territory operates an MLTSS program that includes providing HCBS to these populations: (select all that apply).

☒ Older adults

☒ Adults with PD

☒ Individuals with I/DD

☒ Individuals with MH/SUD

☒ Other, please specify (e.g., HIV/AIDS, brain injury)

For states or territories that selected "Yes", describe how the state or territory implements the MFP Demonstration under managed care programs. Clearly indicate the qualified HCBS, Demonstration, and supplemental services that are delivered under managed care. Additionally, describe how the MFP Demonstration supports or complements the state or territory's MLTSS strategy for expanding HCBS, promoting community integration, ensuring quality, and increasing efficiency.

Iowa's MFP program is carved out of Managed Care. No Qualified HCBS, Demonstration, or Supplemental Services are delivered under managed care.

Iowa's MLTSS strategy for expanding HCBS includes the following components from MCO contracts:

F.12A.01. *LTSS Successful Transition after Long-Term Institutional Stay.* In accordance with the Agency's Community Integration plan, Contractor shall demonstrate an ongoing increase in the number of Enrolled Members successfully returning to the community following a long-term institutional stay.

F.12A.08. *Community Transition Activities.* In accordance with the Agency's Community Integration plan, Contractor shall develop strategies to identify Enrolled Members who desire to transition from a LTSS facility setting to community integrated settings. In addition to the MFP Grant activities, the Contractor shall include strategies to identify Enrolled Members who have the ability or desire to transition from an LTSS facility setting to the community. Contractor shall document its strategies in its PPM.

The provider shall complete the MDS, per 42 C.F.R. § 483.112, on Enrolled Members and shall otherwise report transition outcomes related to Enrolled Member transitions to the community from facility settings. The transition assessment shall include, at minimum, an assessment of the Enrolled Member's desire and ability to transition to the community as well as an identification of risks. The Contractor shall develop a transition plan and engage the Enrolled Member and representatives of the Enrolled Member's choosing in the transition plan development process. The transition plan shall address all transition needs and services necessary to safely transition the Enrolled Member to the community including but not limited to:

(i) physical and behavioral health needs;
(ii) selection of Providers in the community;
(iii) housing needs;
(iv) financial needs;
(v) interpersonal skills; and
(vi) safety.

The transition plan shall also identify any barriers to a safe transition and strategies to overcome those barriers. If as part of the transition plan the Enrolled Member enrolls in a 1915(c) HCBS Waiver, or 1915(i) state plan HCBS Habilitation program, the needs assessment and service plan requirements are described in Iowa Admin. Code chs. 441-78, 441-83 and 441-90.

The State currently operates an MFP grant, which provides opportunities for individuals in Iowa to move out of ICF/IDs and nursing facilities and into their own homes in the community of their choice. The Contractor shall implement Agency-approved strategies to coordinate care with the MFP Transition Specialist prior to and during the demonstration year to prevent duplication and fragmentation of care. The Contractor maintains primary responsibility for holistic care management while the MFP transitional specialist coordinates facility to community services transition. Contractor shall document strategies in its PPM. If the MFP grant is no longer authorized by CMS, the Contractor shall assist with the development and implementation of the sustainability plan, subject to the Agency's approval.

E.5. Service providers

E.5.1. Qualified HCBS, MFP Demonstration, and supplemental service providers

For each qualified HCBS, MFP Demonstration, and supplemental service, include the following:

- Describe how the state or territory will ensure that providers have sufficient experience and training in the provision of their applicable supplemental services.
- Describe how the state or territory provides access to needed services or manages a waiting list when provider shortages or other barriers prevent timely provision of HCBS, MFP Demonstration, and supplemental services.
- Describe how the MFP program will ensure that MFP participants are offered the choice of a Medicaid-qualified provider under a person-centered planning process or the Medicaid authority limiting participants' choice of provider.

The state or territory may insert information using (1) Example Table E.5.1, (2) a description in the text response box, or (3) a combination of both a table and separate text description.

Example Table E.5.1. Describe HCBS, MFP Demonstration, and supplemental service provider qualifications

Service	Provider qualifications
See below	

Ensuring providers have sufficient experience and training in the provision of applicable Supplemental Services

The Transition Coordination Services agency will be the entity authorizing Supplemental Services on behalf of the MFP participant. Iowa Medicaid provides guidance to the agency on allowable uses of funds to ensure adherence to the approved Supplemental Services in the Operational Protocol. The Transition Coordination Services entity has been providing Demonstration Services since 2008 and has demonstrated sufficient experience and training of personnel for the state to be confident in its ability to provide all Supplemental Services that are not required to be administered by a state or local housing authority.

IFA's written agreement with Iowa Medicaid will include requirements for administering the Supplemental Service Rent Aid, which is required to be administered by a state or local housing authority. IFA has a long history of administering the HCBS Rent Subsidy (as described in Iowa's Housing Plan, found in Appendix A.6). The Rent Aid Supplemental Service was designed to be administered in a similar fashion to this subsidy, and the state is confident in IFA's proven ability to provide this service.

Providing access to needed services or managing waiting lists when provider shortages or other barriers prevent timely provision of HCBS, MFP Demonstration, and Supplemental Services:

The transition planning process includes comprehensive planning for access to needed services prior to transition occurring.

For Qualified HCBS, MFP program participants have access to the same provider pool as those on an HCBS Waiver. The transition planning process includes offering choice of Medicaid-qualified providers, and should a desired provider have a waiting list the Transition Specialist will advise the participant and IDT of their options. These include the choice to wait until the desired service provider is able to meet their needs, exploring other providers in their community of choice, accessing services via the state's self-direction option or utilizing informal caregivers (see section G), and/or exploring other communities where the provider pool may be able to better meet the participant's needs in a more timely manner.

Iowa does not limit the length of time a participant can remain in referral status prior to a transition. If there should be provider shortages or barriers, the participant can continue to work with MFP to explore their options.

Ensuring MFP participants are offered the choice of a Medicaid-qualified provider under a person-centered planning process or the Medicaid authority limiting participants' choice of provider:

Iowa does not limit an MFP participant's choice of Medicaid-qualified providers.

All MFP participants are assumed capable of expressing preferences about matters affecting their lives, and those preferences should be honored by the IDT if at all possible. The IDT should discuss in detail with the participant:

a. where he/she would like to live;
b. with whom he/she would like to live;

c. preferences with regard to work, leisure, volunteerism, transportation, church, etc.;
d. preferences about services, including whether or not the individual wishes to participate in CCO; and
e. choices among available service providers.

The IDT should then discuss with the participant how the services available under the MFP grant (and from other funding sources as appropriate) can be used to support the individual's choices. The participant has the ability to pursue a change in services and/or providers at any time, based on their needs and preferences, by contacting their TS.

The participant may designate a representative to express preferences on his or her behalf. It is the responsibility of the TS to ensure that the interests and preferences of the participant are authentically represented.

For further details regarding how Iowa's MFP program ensures choice under a person-centered planning process see Sections C.2 and F.1.

E.6. Other information

If needed, provide other information regarding the state or territory's benefits and services that is not addressed elsewhere in the template.

Eligible Use of Funds: Funds can be used only for Qualified HCBS, Demonstration Services, and Supplemental Services as defined in Section E, subject to the multi-disciplinary transition plan developed for an eligible participant. Pre- and post-transition processes and activities must comply with Deficit Reduction Act (DRA) provisions and the terms of the grant in order for expenditures to be eligible for reimbursement, namely:

1. Participation in MFP is voluntary.
2. Informed consent of the facility resident and/or their legally authorized representative(s) shall be ensured by providing the required information and securing written authorization prior to initiation of transition planning and at all key decision points as specified in this Operational Protocol.
3. Program participants must have a choice of Qualified Residence, as defined in the DRA, in the community of their choice.
4. Grant-funded services may, except as described in Section E, be provided only during the participant's Demonstration Year. The Demonstration Year commences on the day a program participant discharges from the Qualifying Facility and continues for 365 days (366 in a leap year). Services which are essential to transition, and which commence prior to transition, are essential to the transition process and are continued after transition has occurred, are eligible for reimbursement.
5. Continuity of service to MFP participants must be ensured through access to the Intellectual Disability or Brain Injury waiver at the end of the Demonstration Year.

Other Programs and Services: Transition and Service Plans must address all participant needs, including those to be addressed through sources not funded by either the grant or traditional Medicaid. The Iowa Finance Authority will ensure access to its HCBS Waiver Rent Subsidy program to any MFP participant who needs this assistance. The Conner Community Living Transition Grant program may provide supports for residents of the Woodward Resource Center which are otherwise ineligible for reimbursement under MFP or Medicaid.

SECTION F. TRANSITION AND HOUSING SERVICES

F.1. Transition services

F.1.1. Comprehensive transition coordination services

Describe how the state or territory's MFP Demonstration will implement comprehensive transition coordination services during these three phases: (1) pre-transition, (2) transition, and (3) during an MFP participant's 365-day enrollment period. Include the following:

- Description of transition coordination activities
- Description of person-centered planning in the transition coordination process, including:
  - How the state or territory's MFP Demonstration will ensure that each MFP participant's service plan is individualized to provide the services and supports needed to live in the community
  - How MFP participants and their legally authorized representative (if applicable) will lead the development of their service plan
- Steps in the transition coordination process
- Communication process between MFP transition coordination and Medicaid HCBS programs
- How transition coordination services advance health for all people served
- How transition coordination services promote community integration

Use discrete descriptions for each target population.

Transition Coordination Services offered do not differ by target population.

The Transition Specialist, in consultation with the IDT, is responsible for ensuring that all services and supports are in place and that all aspects of the participant's move to community living have been considered to ensure a smooth transition.

The transition process (including steps to ensure that participants and their legally authorized representatives are fully informed about the process, the services and supports to be provided during and after the Demonstration Year, and the rights and responsibilities as MFP participants) is defined as follows, picking up from the processes described in C.2.2 of this Operational Protocol:

Phase 1: Pre-Transition

After receiving the referral, the TS will contact the interested party or parties within 5 business days to set a time and place for a meeting. Because the transition planning process is to be person-centered and subject to participant choice, the facility resident should be involved (to the extent feasible) in all discussions about transition.

The IDT, led by the participant and/or their legally authorized representative (with the support of the TS), discusses:

a) where they would like to live;

b) with whom they would like to live;

c) preferences with regard to work, leisure, volunteerism, transportation, church, etc.;

d) preferences about services, including whether or not the individual wishes to participate in CCO;

e) choices among available providers; and

f) provisions for 24/7 backup plans as appropriate (e.g. for direct care services, transportation, etc.)

The IDT discusses with the participant how the services available under the MFP grant (and from other funding sources as appropriate) can be used to support the participant's choices.

The TS will take care to ensure that participants and/or their legally authorized representatives are aware of the service options after the Demonstration Year ends during this phase of the process.

If the legally authorized representative(s) does not attend meetings during this phase, they are regularly provided with updates on progress.

Development of the Transition and Service Plan.

During this phase, the IDT begins to develop the participant's person-centered Transition and Service Plan. This plan is based upon:

- the participant's comprehensive level of care assessment,
- barriers to transition identified by the IDT and strategies to address those barriers (where applicable), and
- the participant's stated preferences.

The Transition and Service Plan should clearly identify:

- Services and supports which must be in place and available to the participant on the day of transition.
  - The IDT has the responsibility of working with the participant to ensure they have employment options or other meaningful daytime activities. These should be in place at the time of transition because of their critical importance in reducing social isolation.
- The provider's responsibilities (once participant has chosen a service provider).
- All details related to the physical move itself, including:
  - transportation,
  - the transfer of responsibilities to new healthcare and pharmaceutical providers,
  - a comfortable and functional household setup that accommodates the participant's disabilities, and
  - dietary needs.

Phase 2: Transition

When the basic decisions have been made, the more intensive planning phase begins. By this time, the TS is identifying local resources and assisting potential providers in building their capacity to support the transition, as necessary. The participant and their legally authorized representative(s) visit the community of choice. Contact is made with potential providers, including employment service providers, volunteer work settings, and/or day habilitation service providers.

If a participant's Level of Care (LOC) assessment was completed more than a year prior to the anticipated date of transition, the TS will request a new assessment. The TS will initiate the LOC workflow in IoWANS for Medical Services to determine whether the individual maintains eligibility for MFP.

An individualized plan is completed with the information gathered in Phase 1 identifying:

- the services and supports the participant needs to live in the community,
- their strengths and preferences, and

- a schedule for addressing training needs for HCBS provider staff.

The Transition and Service Plan will also include individual responsibilities and deadlines for completion.

Prior to discharge from the facility, the participant and/or their legally authorized representative complete the Consent to Proposed Transition, confirming their consent for the planned transition to occur.

The participant moves to their new home. The TS ensures that documentation of grant compliance is completed. The monitoring process for the Demonstration Year begins.

During the Demonstration Year

The TS maintains contact with the participant to ensure availability of all services and supports identified in the Transition and Service Plan.

- The TS will visit the participant in their new home within 2 business days of their move to assure all essential supports and services are being delivered effectively. If they are not, the provider must develop and provide a corrective action plan.
- The TS will meet with the participant and their IDT at 30 days post-transition to discuss how the transition is going and update the Transition and Service Plan if needed.
- The TS will meet with the participant and their IDT once per month, at a minimum, throughout the Demonstration Year.
- The TS will visit the participant in a variety of locations, including but not limited to their home, work, and places chosen for leisure activities.
- The TS will have monthly telecommunication or written communication with the participant's legally authorized representative to provide updates on the participant's status and satisfaction with community living.

The TS should exercise discretion in determining if more intensive monitoring is necessary to ensure participant health and safety, adequacy of services, and compliance with program requirements.

At least 60 days prior to the end of the Demonstration Year, the TS will collaborate with the MCO Community Based Case Manager (CBCM) or Fee for Service Case Manager (FFS CM) to meet with the IDT to review the past year's outcomes and begin planning with the participant and their IDT for the transition to waiver, including the services necessary for the participant to continue living in the community.

Sixty days prior to the end of the Demonstration Year, the Project Director (PD) starts a workflow in IoWANS to begin the process to obtain a Reserve Capacity Slot for the participant. The PD will notify the TS when this is completed.

- Participants are guaranteed access to a waiver slot that corresponds with the criteria by which they were deemed eligible (ID or BI) at the completion of their Demonstration Year because Iowa Medicaid routinely earmarks Reserve Capacity Slots (RCSs) every year for individuals transitioning out of Qualifying Facilities. Iowa Medicaid does not expect a problem with ensuring that participants in ensuing years to have such access, but if a shortfall is anticipated Iowa Medicaid has confidence that CMS and the Legislature's historically strong support for the waivers will be maintained and that the number of slots will be appropriately increased for the grant.

The TS will also ensure compliance with all reporting requirements under MFP.

On day 366 after transition, the TS's involvement with the participant comes to an end. The new case manager assumes responsibility for the participant's case.

F.1.2. Transitions under managed care plans

If MFP participants are required to enroll in a managed long-term care or comprehensive managed care plan, clearly describe how the MFP Demonstration will coordinate the delivery of comprehensive transition coordination services with the MCP. Include the following:

- Describe the roles and responsibilities for the MCP during each transition phase: (1) pre-transition, (2) transition phase, and (3) during an MFP participant's 365-day enrollment period
- Describe how the MFP program will ensure that MCPs provide all data and related documentation necessary to monitor and evaluate MFP transition coordination services, including identifying MFP managed care encounters through the Transformed Medicaid Statistical Information System (T-MSIS).

Iowa's Money Follows the Person program is carved out of Managed Care.

F.1.3. Housing-related services and supports

Describe how the state or territory will structure, organize, and implement housing-related supports and services to increase affordable and accessible housing opportunities for MFP participants. Account for any differences between target population groups and geographic service areas, specifically in rural service areas.

Iowa added a Housing Specialist to the MFP team in 2025. The responsibilities for this position include conducting outreach activities to provide education regarding the housing needs of MFP participants and working to overcome barriers, as well as engaging in collaborative partnerships with other housing-related entities. Please also see Iowa's Housing Plan (Appendix A.6).

The TSs document the Transition by Housing Type monthly in a report that is ultimately compiled into the MFP T-MSIS report and submitted by the Iowa Medicaid CORE team. Before submission to CORE, this document is quality checked against verified data in the program's database to ensure accuracy in reporting regarding MFP-qualified residence types.

There are no differences in housing-related services and supports between target population groups at present.

Select the following housing-related services and supports available to MFP participants. See the State Health Official letter #21-001 RE: Opportunities in Medicaid and CHIP to Address Social Determinants of Health (SDOH) for a description of housing-related services and supports.

☒ Home accessibility modifications (provide a dollar amount available per participant)

See Housing Plan (Appendix A.6)

☒ One-time community transition costs (provide a dollar amount available per participant)

See Demonstration Services (Section E.1)

☒ Pre-tenancy supports

See Housing Plan (Appendix A.6)

☒ Tenancy supports

See Housing Plan (Appendix A.6)

F.2. Partnerships with state or territory and local housing entities

Describe how the state or territory will develop and sustain partnerships with state or territory and local housing agencies to increase access to affordable and accessible housing for MFP participants. Include the following:

- How the state or territory will put in place partnership arrangements with state or territory and local housing entities
- How the state or territory will work with those entities to assist MFP participants to obtain affordable and accessible housing
- Description of the proposed infrastructure expenditures to support housing partnerships; examples of infrastructure expenditures include:
  - Housing specialist position(s)—responsible for developing/maintaining system-level partnerships with state or territory and local housing entities
  - Technology—for example, electronic referral systems, shared data platforms, screening tool, case management systems, databases/data warehouses, housing registry
  - Workforce development—for example, training, housing coordination certification, cultural competency training
  - Outreach, education, and convenings—for example, design and production of outreach and education materials, translation, investments in community convenings

Partnership arrangements

Iowa's MFP program currently has informal relationships but no formal partnership agreements with state or local housing entities. Upon the approval Rent Aid as a Supplemental Service, Iowa will enter into a contract with the state housing authority, IFA, to administer that benefit.

Work with state and local housing entities to assist MFP participants in obtaining affordable and accessible housing

Current work with IFA focuses on helping MFP participants obtain affordable and accessible housing through the HCBS Rent Subsidy, and with the establishment of Supplemental Services that partnership will be strengthened (see details in the Housing Plan in Appendix A.6).

Iowa added a Housing Specialist to the MFP team in 2025. The responsibilities for this position include developing partnerships with local housing entities.

Proposed infrastructure expenditures to support housing partnerships

In an effort to more consistently identify and address housing-related challenges MFP participants face and work to address them, Iowa hired a Housing Specialist in 2025. Additional details can be located in the Housing Plan in Appendix A.6.

F.3. MFP-qualified residence

Describe how the state or territory will verify and document the type of MFP-qualified residence (see PTC 15) an MFP participant resides in during the 365-day enrollment period. Use discrete descriptions for each target population if applicable. Include the following:

- Description of the process for identifying MFP-qualified residences
- Description of the provider(s) responsible for verifying and documenting the type of MFP-qualified residence
- Assessments or tools for screening MFP-qualified residences, including:

- Name and description of the assessments of tools
- Embed any assessments or tools below or in the appendix, or provide a link to the source

There is no differentiation by target population.

Identifying MFP-qualified residences

The TS is responsible for reviewing the availability of Qualified Residences in the community of choice with the participant, and in ensuring that the participant and legally authorized representative has a meaningful choice of Qualified Residences.

"Qualified Residences", as defined in the DRA and PTC 15, are limited to the following:

1. a home owned or leased by the program participant or the program participant's family member;
2. an apartment with an individual lease, with lockable access and egress, and which includes living, sleeping, bathing, and cooking areas of which the program participant or the program participant's family has domain and control; or
3. a residence, in a community-based residential setting, in which no more than four unrelated individuals reside.

Responsibility for verifying and documenting the type of MFP-qualified residence

The TS is responsible for verifying that the location the participant plans to move to is a Qualified Residence.

Additionally, the TS will document compliance within their Transition and Service Plan as well as through the MFP Participant Log, which feeds into the state's T-MSIS reporting.

Assessments or tools for screening MFP-qualified residences

Pre-transition, the TS completes a pre-move questions form that identifies the planned Qualified Residence the participant intends to move to. This is submitted to the TSSs as well as the PD for review.

The TS is also responsible for completing the Resident Assessment post-transition which documents the participant's living arrangements and is reviewed by the state for Settings Rule compliance.

F.4. Other information

If needed, provide other information regarding the state or territory's transition coordination and housing processes and services that is not addressed elsewhere in the template.

Not Applicable

SECTION G. SELF-DIRECTION AND INFORMAL CAREGIVING

G.1. Self-direction

Describe any opportunities for MFP participants to receive HCBS as self-directed services.

The State of Iowa has an approved self-direction option under six of its seven waivers (Children's Mental Health Waiver is the exception), known as the Consumer Choices Option (CCO). CCO is available statewide and to all MFP participants. Under this option, a participant may use the value of certain services in their individual service plan to develop an individual budget plan. Instead of receiving services from enrolled Medicaid providers, participants may use funds in their individual budget to hire people to provide self-directed personal care, community support, and/or employment as well as to purchase services, equipment, or supplies that are not otherwise provided through the Medicaid program.

Participants choosing this option must work with an Independent Support Broker (ISB) who will help plan for their individual budget and provide guidance, as needed, with self-directing their services. The participant can choose from ISBs that have already been trained or they can identify a family member or friend to complete the ISB training and perform that role for them. The participant will also work with a Financial Management Service (FMS) provider. The funds allocated to the individual budget are transferred to the FMS which is responsible for paying for the goods and services the participant purchases and receives. The participant does not have direct access to the Medicaid funds.

The participant must develop an individual budget with their ISB. The participant can choose to purchase goods and services except those on the list of individual goods and services not approved for individual budgets. If the participant has a need for a good or service not on the approved list, it must be approved by Iowa Medicaid. The FMS does not pay for any good or service that is not identified on the individual budget or for which a signed invoice or receipt is not provided. The FMS is also responsible for accounting- and employer-related duties such as withholding taxes and issuing paychecks. The ISB, the FMS and, for MFP participants, the TS are all responsible for monitoring and assuring funds are spent according to the program guidelines and not misused.

G.1.1. Termination of self-direction

Describe how the state or territory accommodates a participant who voluntarily terminates self-direction to receive services through an alternate service delivery method, including how the state or territory assures continuity of services and participant health and welfare during the transition from self-direction to the alternative service delivery method. Describe the circumstances under which the state or territory will involuntarily terminate the use of self-direction and thus require the participant to receive provider-managed services instead. Specify procedures for switches from self-direction to provider-managed or other service delivery systems.

Voluntary termination of CCO

Should an MFP participant want to voluntarily terminate their CCO, the TS will end the service authorization. The IDT will discuss alternate service delivery options, and the TS will assist with referrals to provider agencies that the participant and legally authorized representative select. Should there be concerns regarding continuity of service or health and wellness concerns during the transition of service delivery method, the TS will facilitate the IDT in determining what available resources can meet the identified needs.

Involuntary termination of CCO

At this time, the state does not involuntarily terminate a participant's use of self-direction. In the event a participant does not meet the state's general requirements for self-direction the IDT would discuss alternate service delivery methods to ensure the participant's needs are met.

G.2. Other information

If needed, provide other information regarding self-direction and informal caregiving that is not addressed elsewhere in the template.

Not Applicable

SECTION H. REPORTING

H.1. Reporting plans and procedures

Describe how the state or territory will develop and implement a reporting plan and procedure for data collection, reporting, and participation in the MFP evaluation effort. The reporting plan must include data collection plans and procedures that demonstrate the state or territory's capacity to collect and share data for reporting the required program, expenditure, and financial information. States or territories must include a description of their T-MSIS data submission status and must address how identified T-MSIS data quality issues are being addressed.

Describe the reporting procedures for ensuring timely and complete data submissions to CMS, including quarterly, semi-annual, and annual reporting requirements; performance indicators and program outcome metrics; and continuous quality improvement and quality measures reporting.

Describe the strategies for ensuring that all partners and participants—including all affiliated departments, agencies, and providers—will participate in the project's evaluation.

Iowa's systems aid in fulfilling the reporting obligations of the MFP program. All of Iowa's financial reporting is completed by the Budget Analyst 3 in accordance with CMS's established guidelines. All other MFP reporting is the responsibility of the MFP Project Director in collaboration with other designated MFP team members, such as the DQA.

- Procedure codes are assigned for all MFP funded programs and services. Claims are processed via the Medicaid Management Information System (MMIS). All Demonstration and most Supplemental Services are administered under the state's contract with the Transition Coordination Services agency. Supplemental Services that are required to be administered through a housing authority are the exception. The Transition Coordination Services agency submits for funding reimbursement for expenditures for Demonstration and Supplemental Services they are authorized to provide. Authorization takes place via the state's funding authorization system which allows for accurate reporting of expenditures.
- MFP program participants are each assigned a state identification number (SID) that uniquely represents them and is linked with their demographic data. Iowa Medicaid Income Maintenance personnel manage the assignment of SIDs and entering data when a person discharges from a Qualifying Facility.
- Monthly the MFP Participant Log is submitted to Iowa Medicaid's CORE (which is not an acronym) unit by the Data and Quality Analyst (DQA) to assist with compliance reporting. The DQA collaborates with CORE to ensure that the data provided reconciles. CORE uses this information to submit the state's T-MSIS reporting in accordance with CMS's established timelines. Designated personnel work to address data quality issues as they are identified.
- Iowa has a centralized data set that is reviewed by designated personnel for quality and reliability. The data set also includes data that is used to inform performance measures in the MFP Work Plan. Monthly and semi-annual reports are generated in accordance with CMS's established timelines. The reporting is used to inform the development of transition benchmarks and MFP Work Plan state initiatives.
- Subrecipient contracts require participation in MFP project evaluation as applicable. Iowa Medicaid and other relevant state agencies will cooperate fully with any evaluation of MFP.

SECTION I. QUALITY MEASUREMENT, ASSURANCE, AND MONITORING

I.1. Quality assurance and improvement

I.1.1. Quality management strategy

Provide as an appendix a comprehensive and integrated quality management strategy. Describe how the state or territory assures quality and continuously improves the quality of HCBS under the state or territory Medicaid program, and assures the health and welfare of individuals participating in the MFP Demonstration. In the Work Plan, include state or territory initiatives to improve the quality of services received by individuals receiving HCBS through the MFP Demonstration and the systems that serve them. Include how the state or territory monitors and evaluates the quality of services provided to MFP participants (including supplemental services), the roles and responsibilities of all agencies involved, and remediation and improvement processes.

Describe the program's targeted system performance requirements, including that (1) the state conducts level-of-care need determinations consistent with the need for institutionalization, (2) plans of care are responsive to participants' needs, (3) qualified providers serve participants, (4) health and welfare of participants is protected, (5) state or territory Medicaid agency retains administrative authority over the program, and (6) the state or territory provides financial accountability of the program.

If the state or territory plans to integrate the MFP program into a new or existing section 1915(c) HCBS waiver program, section 1915(i) state plan HCBS, section 1915(j) self-directed personal care services, section 1915(k) Community First Choice, or a section 1115 demonstration, provide a link to the approved quality improvement system (QIS), for example as found in:

- Appendix H of the section 1915(c) HCBS waiver application
- QIS information provided in the section 1915(i) state plan application
- The quality assurance and improvement plan used to monitor and evaluate the section 1915(j) self-directed option
- The quality assurance and improvement strategy used to monitor the section 1915(k) Community First Choice State Plan option
- Section IV of the section 1115 demonstration application, describing how delivery system reforms will impact quality, access, cost of care, and health status of the covered populations

Describe how the HCBS state plan, section 1115 demonstration, or waiver program's existing QIS is or will be modified to ensure adequate oversight and monitoring of the MFP program.

State monitoring of quality of services provided to MFP participants

Iowa's QIO HCBS processes have been adapted to incorporate components to track MFP participant satisfaction and indicators of improved quality of life for all individuals who transition out of Qualifying Facilities into Qualified Residences. Additionally, Iowa Medicaid contracts with QIO HCBS to provide Quality Assurance functions for the seven HCBS waivers, and this unit of QA specialists also serve this function for the MFP demonstration.

Procedures for receiving and resolving complaints are incorporated into Iowa Medicaid's incident management process. Participants and their legally authorized representatives, as applicable, receive information prior to transition about how to file a complaint via the Participant Manual.

Iowa Medicaid's QIO HCBS team includes Provider Quality Specialists, Incident and Complaint Specialists, and Member Experience Specialists.

Iowa Medicaid LTSS Policy Program Managers (including MFP grant management staff) meet with the QIO HCBS team regularly to review complaints and incident reports, identify trends, determine remedial action, and develop a plan to address needs in the Department's continuous quality improvement process.

Targeted System Performance Requirements

1. Level of Care determinations consistent with the need for institutionalization

   A standardized functional assessment is used in the LOC determination process. LOC determinations for individuals with ID and BI diagnoses are made by Medical Services. Participants have rights to notification, appeal, and requests for reconsideration. Patterns of inappropriate LOC determinations are addressed through action plans developed by Medical Services, the LTSS Bureau Chief, and the QIO HCBS leadership.

2. Plans of care responsive to participants' needs

   The Transition and Service Plan is developed by the participant and their IDT using processes and procedures found to be successful in the transition of individuals with extremely complex needs over the life of Iowa's MFP program, as documented in this Operational Protocol. Once the transition has taken place, the TS has responsibility for monitoring the plan to assure that services are delivered in accordance with the type, scope, amount, duration and frequency identified in the plan. A participant's choice of living environment and providers is documented in the plan, as well. Participants' rights and responsibilities are outlined in the Participant Manual.

3. Qualified providers serve participants

   Most MFP service providers will be current state certified HCBS providers. The safeguards for MFP will be the same as for current waiver service providers and will include requirements for documentation of compliance with eligibility criteria, random audits, a discovery process to identify deficiencies, and development of a corrective action plan.

   - CCO providers are not required to be certified. Other providers that are not certified are limited to those that are not providing direct services to MFP participants, such as contractors providing environmental modifications.

4. Health and welfare of participants is protected

   All Transition and Service Plans must address the health and welfare of the participant and include provisions for backup and emergencies. Providers are required to report critical incidents, and the QIO HCBS reviews these regularly to track trends and develop action plans as needed.

5. State Medicaid agency retains administrative authority over the program

   The LTSS Policy Bureau provides oversight to MFP and the waiver program and contracts with Medical Services to provide QA monitoring. Iowa Medicaid is responsible for monitoring the QIO contractor's performance of all its responsibilities, as well as reviewing, approving and monitoring corrective actions taken.

6. State provides financial accountability of the program

   IoWANS is the mechanism by which HHS tracks Medicaid case files, including services plans and program expenditures. IoWANS has been adapted to track MFP participants separately prior to transition, during their Demonstration Year under the grant, and as they transfer into the Managed

Care or FFS systems and begin receiving their waiver services. In addition, the Medicaid Program Integrity and Compliance Bureau analyzes payments and selects providers for financial and performance audits as described in Section B.3.1.

Integration of MFP into new or existing programs, plans, and/or services

Iowa Medicaid will integrate the MFP demonstration into existing 1915(c) waivers and provides assurance that the MFP demonstration program will incorporate, at a minimum, the same level of quality assurance and improvement activities articulated in Appendix H of its Section 1915(c) waiver applications during the transition of MFP participants and during their Demonstration Year. Iowa Medicaid will ensure the participants are offered the opportunity to share their feedback via surveys pertaining to the transition process itself, as well as participant satisfaction with community living and demonstration services. Iowa Medicaid contracts with QIO HCBS to assist with QA functions under the grant, including the administration of satisfaction surveys. The surveys are administered to 100% of all MFP participants, rather than to the sampling undertaken in Iowa's HCBS Quality Management program. In every other respect, however, the QA functions under the grant will be identical to the processes applied to Qualified HCBS.

As noted elsewhere in the Operational Protocol, Iowa Medicaid will, with the assistance of the Partners stakeholder group, continue to monitor implementation of the grant to determine the adequacy of procedures and services in assuring effective transitions to community living and will recommend changes to either as necessary and appropriate.

I.1.2. Quality assurance attestation

☒ Select this box to indicate the state or territory will cooperate in carrying out activities to develop and implement continuous quality assurance and quality improvement systems for HCBS and LTSS.

I.1.3. HCBS quality measures

Describe how your state or territory plans to select an experience of care survey or surveys for each of the major population groups included in the state or territory's HCBS program from the HCBS Quality Measures and report on the survey data.

Iowa will be utilizing the HCBS Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey to evaluate the participant experience of care for the HCBS population, including MFP participants. Iowa began to administer the CAHPS survey on January 1, 2025 to meet CMS requirements. The state is currently developing its plans to report on the survey data.

Describe any limitations in the data sources, sampling strategy, or calculations used to report the HCBS Quality Measure Set, as well as any other anticipated challenges for reporting.

A limitation of using the HCBS CAHPS survey is that it captures participants across HCBS services and not MFP participants exclusively, and it is for adults only. The sample size of MFP participants in Iowa may not be large enough for quantitative analysis and the ability to stratify by different population groups and demographic characteristics. Per page 7 of the CAHPS HCBS Survey Database 2024 Chartbook:

> "The submitting organizations voluntarily contributed data to the HCBS CAHPS Survey Database. Because a limited number of programs or States chose to administer the survey and submit data to the database, the HCBS CAHPS Survey Database cannot be considered a statistically representative sample of HCBS programs across the United States. Also, not all HCBS services were received by all respondents. Findings from these voluntarily submitted data sets cannot be used for broader inferences about all HCBS programs in the U.S."

Describe how HCBS Quality Measure Set data will be used to support MFP program monitoring and improvement.

The HCBS Quality Measure Set (QMS) will support our state's efforts to assess program quality and outcomes in access, rebalancing, and integration. For example, the implementation of the HCBS QMS will help our state ensure that the services received by participants are responsive to their changing needs and choices, maximize independence and self-direction, and facilitate a community-supported life. The state will also use the associated HCBS QMS data to assess areas for program improvement in alignment with state initiatives for the HCBS population. Performance targets will be applied to our state-specific initiative on the quality of HCBS services/supports in the work plan, and we will report on progress in the Semi-Annual Report.

Please list the responsible party and any key partners for reporting on the HCBS Quality Measure Set and driving improvement.

The responsible parties for reporting on the HCBS QMS are the state's subcontracted Quality Improvement Organization and Iowa Medicaid. Key partners for reporting on the HCBS QMS and driving improvements include but are not limited to the MFP Project Director, MFP Data and Quality Analyst, MCOs, and Iowa Medicaid.

I.2. Additional MFP quality assurance requirements

Describe how the state or territory will address the three additional MFP quality assurance requirements for (1) 24-hour backup systems for crucial services, (2) risk assessment and mitigation, and (3) incident management. For each requirement, describe how the state or territory will monitor its use and effectiveness and explain any variations by target population, geography, or any other factor. Describe the protocol for the reporting of incidents to the state or territory's critical incident systems for the state or territory's HCBS program(s).

I.2.1. 24-hour backup systems for critical services

Using the table shell below, describe any 24-hour backup systems accessible by Demonstration participants, as well as how participants can access the systems (for example, toll-free telephone number or website). The state or territory should describe, at a minimum, the backup systems related to (1) critical services, (2) transportation, (3) direct care workers, (4) repair and replacement for durable medical equipment (DME) and other equipment (including provision of loaning equipment while repairs are being made), and (5) access to medical care (including how participants are assisted with initial appointments, how to make appointments, and how to deal with appointment or care issues). Add as many rows as needed to capture all backup systems available to Demonstration participants.

Table I.2.1. 24-hour backup systems

Backup system	Description of system	Participant access
Critical services	• The IDT discusses with the participant provisions for backup plans as appropriate. These are documented in the Transition and Service Plan.	• Participants are provided a copy of their Transition and Service Plan which includes the documented back-up plans and essential contacts.
	• Emergency services via 911 are available to all Iowans.	• Transition planning includes ensuring a means to access 911 by phone.
	• Most MFP participants in Iowa receive services from an SCL provider in settings where support staff will be present around the clock. The SCL providers are responsible for ensuring essential services, including backup for critical services.	• Participants receive copies of their service provider's backup protocols and contact information when beginning services with them.
	• Personal Emergency Response (PERS) is an available service under the waiver, and it is encouraged that this service be used when a scheduled support worker does not appear, as part of emergency backup plan, when intermittent services are utilized. Other providers may be listed on the service plan as source of back up, as well, and their contact numbers can be available through the PERS. Many times, the list of numbers includes a neighbor or relative. The TS will be the contact of last resort. The PERS can also be used for those situations in which MFP participants are away from their residence and service workers.	• For participants whose backup plans include PERS, the TS ensures that the service is authorized and the participant has access to the assistance and support they need for the PERS unit.

Backup system	Description of system	Participant access
Transportation	• The IDT discusses with the participant provisions for backup plans as appropriate. These are documented in the Transition and Service Plan. • Most MFP participants in Iowa receive services from a daily SCL provider where transportation for non-medical needs is a part of the service. The SCL providers are responsible for ensuring transportation, including backup services. • All MFP participants have access to Non-Emergency Medical Transportation (NEMT) for their medical-related transportation needs.	• Participants are provided a copy of their Transition and Service Plan which includes the documented back-up plans and essential contacts. • Participants receive copies of their service provider's backup protocols and contact information when beginning services with them. • Participants receive NEMT contact information from their MCOs if they are MCO-enrolled. If they are FFS, the TS provides this information.

Backup system	Description of system	Participant access
Direct care workers	• The IDT discusses with the participant provisions for backup plans as appropriate. These are documented in the Transition and Service Plan. • Most MFP participants in Iowa receive services from a daily SCL provider in settings where support staff will be present around the clock. The SCL providers are responsible for ensuring essential services, including backup for critical services. • Personal Emergency Response (PERS) is an available service under the waiver, and it is encouraged that this service be used when a scheduled support worker does not appear, as part of emergency backup plan, when intermittent services are utilized. Other providers may be listed on the service plan as source of back up, as well, and their contact numbers can be available through the PERS. Many times, the list of numbers includes a neighbor or relative. The TS will be the contact of last resort. The PERS can also be used for those situations in which MFP participants are away from their residence and service workers.	• Participants are provided a copy of their Transition and Service Plan which includes the documented back-up plans and essential contacts. • Participants receive copies of their service provider's backup protocols and contact information when beginning services with them. • For participants whose backup plans include PERS, the TS ensures that the service is authorized and the participant has access to the assistance and support they need for the PERS unit.
Repair and replacement for DME and other equipment	• The IDT discusses with the participant provisions for backup plans as appropriate. These are documented in the Transition and Service Plan. • Most MFP participants in Iowa are likely to receive services from a daily SCL provider in settings where support staff will be present around the clock. The SCL providers will be responsible for ensuring any repair and replacement needs are addressed.	• Participants are provided a copy of their Transition and Service Plan which includes the documented back-up plans and essential contacts. • Most MFP participants receive support from 24-hour service providers and those agencies are responsible for having procedures in place for accessing backup supports.

Backup system	Description of system	Participant access
Access to medical care	• Participants and/or members of their IDT make initial appointments for essential medical care services prior to discharge from a Qualifying Facility, as well as identifying who will be responsible for making appointments and dealing with appointment or care issues. These are documented in the Transition and Service Plan. • Most MFP participants in Iowa are likely to receive services from a daily SCL provider in settings where support staff will be present around the clock. The SCL providers will be responsible for ensuring access to medical care to include scheduling of appointments and support to attend them. • Personal Emergency Response (PERS) is an available service under the waiver and is encouraged to be used as part of emergency backup plan to include access to medical care.	• Participants are provided a copy of their Transition and Service Plan which includes the documented back-up plans and essential contacts. • Most MFP participants receive support from 24-hour service providers and those agencies are responsible for having procedures in place for accessing backup supports. • For participants whose backup plans include PERS, the TS ensures that the service is authorized and the participant has access to the assistance and support they need for the PERS unit.
Other (describe):	No additional information	N/A

Describe the organization of 24-hour backup systems. Explain which state, territory, or local agencies are responsible for providing 24-hour, seven day per week emergency backup in all geographical areas in which the MFP Demonstration will operate and for each target group if it varies.

All MFP participants (and all participants in Iowa waivers) are required to have backup systems based upon the risk assessment undertaken by their planning teams.

All Transition and Service Plans must include a plan for emergencies and identification of supports available to the participant in an emergency. Emergencies are those situations for which no approved individual program exists and which, if not addressed, may result in injury or harm to the participant or other persons or significant amounts of property damage. Emergency plans shall be developed on the following basis:

- Providers must provide for emergency back-up staff in applicable services.
    - Most MFP participants in Iowa receive support from 24-hour service providers and those agencies are responsible for having procedures in place for accessing backup supports.
- IDTs must identify in the Transition and Service Plans, as appropriate for the participant, health and safety issues based on information gathered prior to the team meeting, including a risk assessment. This information shall be incorporated into the service plan.
- The IDT will identify an emergency back-up supports and crisis response system to address problems or issues arising when support services are interrupted or delayed or the participant's needs change.

MFP participants who opt for self-direction will need to work out a backup plan for nontraditional services. This can include reliance upon friends, relatives, or other arrangements, as currently required under CCO.

Describe the process for receiving and resolving participant complaints when the backup systems and supports do not work.

Procedures for receiving and resolving complaints are incorporated into Iowa Medicaid incident management process, discussed in detail in Section I.2.3 of this Operational Protocol. Participants and/or their legally authorized representative(s) receive information prior to transition about how to file a complaint. Complaints are reviewed regularly by the QIO HCBS. They also review incident reports to determine if patterns exist among individual providers or by service, geographic location, etc. Remediation steps are tailored accordingly.

I.2.2. Risk assessment and mitigation

Describe the organization of risk assessment and mitigation processes for all program participants, including monitoring.

During the evaluation/reevaluation of level of care, risks are assessed using the state's core standardized assessment tool. The assessment informs the Transition and Service plan, and the TS, the participant and the IDT incorporate strategies into the plan to mitigate risk. This includes appropriate service providers available to reduce risk, subject to the participant's preferences.

I.2.3. Incident management system

Assure that MFP critical incidents are reported through the state or territory's incident management systems for Medicaid HCBS. Describe the organization of the incident management system used to monitor the health and welfare of MFP participants. Identify the state or territory entity responsible for receiving, reviewing, and responding to MFP critical incident reports and investigating consumer complaints regarding violation of their rights. If applicable, clearly describe how the policy differs by situation (for instance, by participant population group, qualified institutional setting, or operating division).

1. Providers are required to report major incidents through Iowa's IMPA system. The IMPA system then notifies the TS of the incident. The TS is then required to follow up with the provider.
2. There are system-wide protections through the HHS Adult Abuse and Child Abuse and Neglect programs, through which reports of abuse and neglect can be made either to Protective Service Units with HHS or by calling a toll-free 24-hour hotline number (1-800-362-2178).
3. The quality assurance system for HCBS Waivers, which will apply to the MFP initiative as well, includes methods for identification of abuse in participant experience surveys.

Iowa Medicaid's Quality Management Team meets regularly to review complaint/incident reports and look for trends among individual providers as well as systemic patterns among providers. There is appropriate follow-up, such as additional training.

I.3. Other information

If needed, provide other information regarding the state or territory's approach to quality that is not addressed elsewhere in the template.

Not Applicable.

SECTION J. CONTINUITY OF CARE POST-DEMONSTRATION

In accordance with section 6071(c)(2) of the Deficit Reduction Act of 2005, the MFP Demonstration must operate in connection with a qualified HCBS program to assure continuity of services for eligible individuals.

Select this box.

☒ The state or territory affirms that it has established procedures and processes for ensuring that the provision of HCBS will continue for an MFP participant at the conclusion of the 365-day enrollment period for as long as an individual remains eligible for medical assistance.

SECTION K. EQUITY ACCESS AND OPPORTUNITY

Describe how your state or territory's MFP Demonstration assesses or measures equity concerns and considerations that relate to your state or territory's MFP Demonstration. These should relate to consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that historically have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans, Pacific Islanders, and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.[2] As a reminder, please use the MFP Work Plan to describe any initiatives relevant to this section, including specific and measurable objectives, MFP and state or territory funding, and evaluation efforts.

K.1. Disparities in enrolling or participating in MFP

K.1.1. Assessing and measuring disparities in enrolling or participating in MFP

Describe how your state or territory's MFP Demonstration assesses or measures disparities in enrolling or participating in MFP, or your state or territory's plan to assess or measure these disparities. Include a description of the areas in which disparities are or will be measured, such as race/ethnicity, religion, geography, type of disability, gender identity, and sexual orientation.

Per CMS guidance issued on March 21, 2025, this section should not be completed in order to comply with Executive Order # 14151.

K.1.2. Cultural competency

Describe how your state or territory's MFP Demonstration will assess the cultural competency of its provider network.

Per CMS guidance issued on March 21, 2025, this section should not be completed in order to comply with Executive Order # 14151.

K.1.3. Data sources for measuring disparities

Describe the availability of data for measuring or assessing equity and disparities in enrolling or participating in your MFP Demonstration. Describe barriers to obtaining data on equity and disparities and how your MFP Demonstration plans to address or overcome these barriers.

Per CMS guidance issued on March 21, 2025, this section should not be completed in order to comply with Executive Order # 14151.

K.2. Social determinants of health

K.2.1. Assessing and measuring social determinants of health

Describe how the state or territory's MFP Demonstration is or will be measuring or assessing whether it is promoting, providing, or facilitating access to the social determinants of health (SDOH) and other needed

[2] This definition of equity was established in the Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government. The Executive Order is available at https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/.

services. Include a description of the specific SDOH that are or will be measured, such as food insecurity, transportation, medical devices and supplies, education, and social and community supports.

Per CMS guidance issued on March 21, 2025, this section should not be completed in order to comply with Executive Order # 14151.

K.2.2. Data sources for measuring SDOH

Describe the availability of data for measuring or assessing SDOH as it relates to your MFP Demonstration. Describe barriers to obtaining data on SDOH and how your MFP Demonstration plans to address or overcome these barriers.

Per CMS guidance issued on March 21, 2025, this section should not be completed in order to comply with Executive Order # 14151.

K.3. Tribal Initiative

Indicate whether the state or territory has or is planning a Tribal Initiative within its MFP Demonstration. If it has or will have a program, please complete the next section (Section L). If the state or territory does not have a Tribal Initiative and is not planning one, please respond to the prompts below but do not complete the next section (Section L).

☐ Yes, there is a Tribal Initiative to the MFP Demonstration or one is being planned.

☐ No, there is not a Tribal Initiative to the MFP Demonstration.

If the state or territory does not have a Tribal Initiative and is not planning one, describe why a Tribal Initiative is not needed in the state or territory. Responses should discuss considerations that went into the decision not to have a Tribal Initiative, including whether the state or territory has conducted any outreach to Tribal nations and communities and, if relevant, the outcomes of those outreach efforts.

Per CMS guidance issued on March 21, 2025, this section should not be completed in order to comply with Executive Order # 14151.

K.4. Other information

If needed, provide other information regarding the state or territory's approach to equity that is not addressed elsewhere in the template.

Per CMS guidance issued on March 21, 2025, this section should not be completed in order to comply with Executive Order # 14151.

SECTION L. TRIBAL INITIATIVE

If your state or territory has or is planning a Tribal Initiative, please describe the Tribal Initiative.

L.1. Tribal Initiative project director

Name the project director of the Tribal Initiative, describe the percentage of time the project director spends on this initiative, and offer a brief description of the roles and responsibilities of the position.

Iowa does not have a Tribal Initiative.

L.2. Capacity building and planning

L.2.1. Federally recognized Tribal nations

Name each of the federally recognized Tribal nations within the state or territory.

Not Applicable

L.2.2. Engagement with Tribal nations

Describe which tribes are MFP Tribal partners and how the state or territory engages with these partners. Describe how the state or territory engages with tribes that are not MFP Tribal partners. Include strategies and efforts to date and any anticipated or planned engagement efforts.

Not Applicable

L.3. Operations

Describe the operating details of your state or territory's Tribal Initiative. Describe any operational activities that differ from the state or territory's MFP Demonstration in terms of benefits and services available to participants through the Tribal Initiative, quality assurance, self-direction options, housing options for participants, and how continuity of care is maintained after the end of the 365-day Demonstration period.

Include in the MFP Work Plan specific Tribal Initiative objectives including transition benchmarks, outreach to Tribes and Tribal providers, recruitment and enrollment efforts, and workforce development objectives including the amount of services delivered Tribally.

Not Applicable

L.4. Other information

If needed, provide other information regarding the state or territory's approach to Tribal Initiatives that is not addressed elsewhere in the template.

Not Applicable

SECTION M. PUBLIC HEALTH EMERGENCIES

M.1. Program adaptations in response to Public Health Emergencies

M.1.1. Program adaptations

Describe adaptations your state or territory's MFP Demonstration made in response to a Public Health Emergency (PHE), such as the COVID-19 PHE, declared at either the state, territory, or federal level. For instance, these could include protocols for MFP participants living in the community who test positive for COVID-19, plans to prevent COVID-19 spread among participants, modifying recommendations related to infection control or immunizations (such as the COVID-19, flu, and shingles vaccines), or ways the MFP Demonstration has expanded access to or incorporated services delivered through telehealth technology. Identify adaptations that have ended and those that are ongoing. Describe how any MFP Demonstration adaptations in response to PHEs align with and use policies and procedures from the state or territory's HCBS program(s).

During the COVID-19 PHE, Iowa's MFP program temporarily suspended in person visits and meetings in accordance with organization, state, and federal guidelines. Videoconferencing resources, such as Zoom and FaceTime, as well as telephone calls, were utilized to maintain contact with MFP participants. As guidelines evolved, the MFP team was able to resume in-person contact within those parameters. Personal protective equipment (PPE) was provided to all MFP personnel, and the Transition Coordination Services agency provided PPE for participants, as well.

A pre-move questionnaire was implemented to prompt teams through various considerations such as testing, efforts to prevent spread, and compliance with state guidance regarding infection control and immunization. The Transition Coordination Services agency had experience with the use of Zoom for approximately 6 months prior to the onset of the PHE and, as such, was able to assist participants and their IDT members with adoption of the technology. Flexibilities in policy and procedures for the state's HCBS programs were able to be mirrored in the MFP program if needed.

M.2. Future PHEs

Describe if and how your state or territory is planning for future PHEs in its HCBS systems and MFP Demonstration. For instance, this may include permanent adoption of measures implemented for the COVID-19 PHE.

Planning for future PHEs will be in alignment with guidelines for HCBS systems as directed by leadership at that point in time. Necessary resources, such as PPE, would again be made available to MFP personnel and program participants.

M.3. Other information

If needed, provide other information regarding the state or territory's approach to PHEs that is not addressed elsewhere in the template.

Not Applicable.

APPENDIX A. HYPERLINKS AND GLOSSARY

States or territories may include additional information and documents that do not fit in the other template sections in the Appendix. The template provides default appendix section and subsection headings that states or territories may rename, delete, or otherwise modify as needed. States or territories may also modify the appendix section titles to meet their needs. States or territories that include hyperlinks in the OP must collect all links in the reference table below.

App A.1. Summary of Hyperlinks

Copy all hyperlinks used in the OP into the table below, by OP section. For each link, provide a brief description (for example, "educational materials provided to participants").

Appendix Table A.1. Summary of Hyperlinks

OP section	Link	Brief description
How to use	Embed or link to a file in Word Make your Word documents accessible to people with disabilities	Instructions for embedding a file in a Word document Accessibility instructions for Word documents
A. MFP program overview		
A 2.2	Iowa Cares Act of 2005	Press release from Auditor of State on the updated IowaCare program.
A 2.2	House File 841	House File 841 legislation
B. Project administration		
B 1.1	State of Iowa Organizational Structure	Iowa's state government organizational structure
B 1.2	Iowa Health & Human Services Key Leadership	Biographies of those in key leadership roles with Iowa HHS
B 1.2	HHS Table of Organization	Iowa HHS table of organization by positions held
B 1.2	HHS Functional Table of Organization	Iowa HHS table of organization by business function
C. Recruitment, enrollment, outreach, and education		
C 3.1	Iowa HHS – Money Follows the Person	Iowa HHS website for MFP
C 3.1	University of Iowa – Money Follows the Person	University of Iowa Health Care website for MFP
C 3.1	CDD Facebook	University of Iowa Health Care Center for Disabilities and Development Facebook page
C 3.1	CDD Instagram	University of Iowa Health Care Center for Disabilities and Development Instagram account
C 3.1	Iowa HHS Facebook	Iowa HHS Facebook page
C 3.1	Iowa HHS Instagram	Iowa HHS Instagram account
C 3.1	Iowa Medicaid Facebook	Iowa Medicaid Facebook page
C 3.1	Iowa COMPASS	Iowa's information and referral network
C 3.1	Participant Manual	The Partnership for Community Integration's Participant Manual

OP section	Link	Brief description
C 3.1	MFP Brochure	The Partnership for Community Integration's Participant Brochure
C 3.1	MFP 101: Competency Based Training for LTSS Providers and Case Managers	Iowa HHS training and support for LTSS providers and case managers on MFP.
C 3.1	Possibilities Newsletter	***Possibilities in Education and Training*** is a quarterly publication funded by the Conner Consent Decree.
D. Community engagement		
E. Benefits and services		
E.1	BI Waiver Information Packet	Service package details for BI Waiver
E.1	ID Waiver Information Packet	Service package details for ID Waiver
E.2	Iowa Legislature – Rule Listings	ICF/ID Payment Procedures
E.2	Iowa Legislature – Rule Listings	Nursing Facility Payment Procedures
E.2	Iowa Legislature – Rule Listings	State plan DME general payment requirements and related details
E.2	BI Waiver Information Packet	Specialized Medical Equipment benefit description under BI Waiver
E.3	March 31, 2022, Note to MFP Recipients	Note to MFP Recipients: Announcement of Certain Changes to Supplemental Services under the MFP Demonstration
E.3	Iowa Legislature – Rule Listings	State plan DME general payment requirements and related details
F. Transition and housing services		
F. 1.3	https://www.medicaid.gov/federal-policy-guidance/downloads/sho21001.pdf	State Health Official letter #21-001 RE: Opportunities in Medicaid and CHIP to Address Social Determinants of Health (SDOH)
F. 3	Residential Assessment	Iowa's Residential Assessment PDF Template
G. Self-direction and informal caregiving		
G. 1	Iowa Administrative Code 441-78.34(13)"e"(3)	List of prohibited goods and services for individual budgets.
H. Reporting		
I. Quality measurement, assurance, and monitoring		
I 1.1	Section 1915 (c) waiver application	Iowa's 1915(c) waiver application
I 1.3	HCBS Quality Measure Set	Information about the HCBS Quality Measure Set
I 1.3	CAHPS HCBS Survey Database 2024 Chartbook	CAHPS survey chartbook
J. Continuity of care post-Demonstration		
J.	Section 6071(c)(2) of the Deficit Reduction Act	Requirement that the MFP project must operate in conjunction with a qualified and operational HCBS program
K. Equity	Section no longer applicable per CMS guidance	Section no longer applicable per CMS guidance

OP section	Link	Brief description
L. Tribal Initiative		
M. Public health emergencies		
Appendix A		
A.6	Home & Community-Based Services Rent Subsidy Program	Iowa's rent subsidy program
	Housing and Urban Development (HUD) Public Housing Program	Federal public housing program
Appendix B		

App A.2. Glossary

Use the glossary section of the appendix to provide a comprehensive list of acronyms used by the state or territory in responses throughout the OP. Commonly used acronyms are already defined in the glossary table. As demonstrated in the example table shell below (Appendix Table A.2), the glossary can also be used to provide additional context for certain acronyms through brief descriptions.

Appendix Table A.2. Glossary

Acronym	Meaning	Brief description (optional)
CMS	Centers for Medicare & Medicaid Services	
DME	Durable Medical Equipment	
HCBS	Home- and community-based services	
I/DD	Intellectual and developmental disabilities	
IMD	Institution for Mental Diseases	
ICF/ID	Intermediate Care Facility for Individuals with Intellectual Disabilities	
LTSS	Long-term services and supports	
MCP	Managed care plan	
MMIS	Medicaid Management Information System	
MLTSS	Medicaid managed long-term services and supports	
MH/SUD	Mental health and substance use disorders	
MDS	Minimum Data Set	
MFP	Money Follows the Person	
OP	MFP Operational Protocol	
PD	Physical disabilities	Where PD appears in this document, see State Acronyms
PTC	MFP Program Terms and Conditions	
PHE	Public health emergency	
QIS	Quality improvement system	
SAR	MFP Semi-Annual Progress Report	
SDOH	Social determinants of health	

Acronym	Meaning	Brief description (optional)
SMD	State Medicaid director	
SPA	State Plan Amendment	
STC	Standard Terms and Conditions	CMS's standard grant/cooperative agreement terms and conditions, which can be used as a reference for definitions for key terms.
T-MSIS	Transformed Medicaid Statistical Information System	
State or territory - Specific Acronyms		
CBCM	Community Based Case Manager	
CCO	Consumer Choice Options	
DQA	Data and Quality Analyst	
DIAL	Department of Inspections, Appeals, and Licensing	
ELIAS	Eligibility Integrated Applicated Solution	
FFS	Fee-for-Service	
FFS CM	Fee for Service Case Manager	
HD	Health and Disability	
HHS	Iowa's Department of Health and Human Services	Administers Medicaid in the state or territory
IFA	Iowa Finance Authority	
IoWANS	Iowa Medicaid Institution and Waiver Authorization and Narrative Systems	
ISB	Independent Support Broker	
LOC	Level of Care	
MCO	Managed Care Organization	
NF	Nursing Facility	
PD	Project Director	
PMIC	Psychiatric Medical Institute for Children	
QIO	Quality Improvement Organization	
QMS	Quality Measure Set	
RBSCL	Residentially Based Supported Community Living Services	
SNF	Skilled Nursing Facility	
TS	Transition Specialist	
TSS	Transition Specialist Supervisor	
UI	University of Iowa	Responsible for daily operations of MFP program

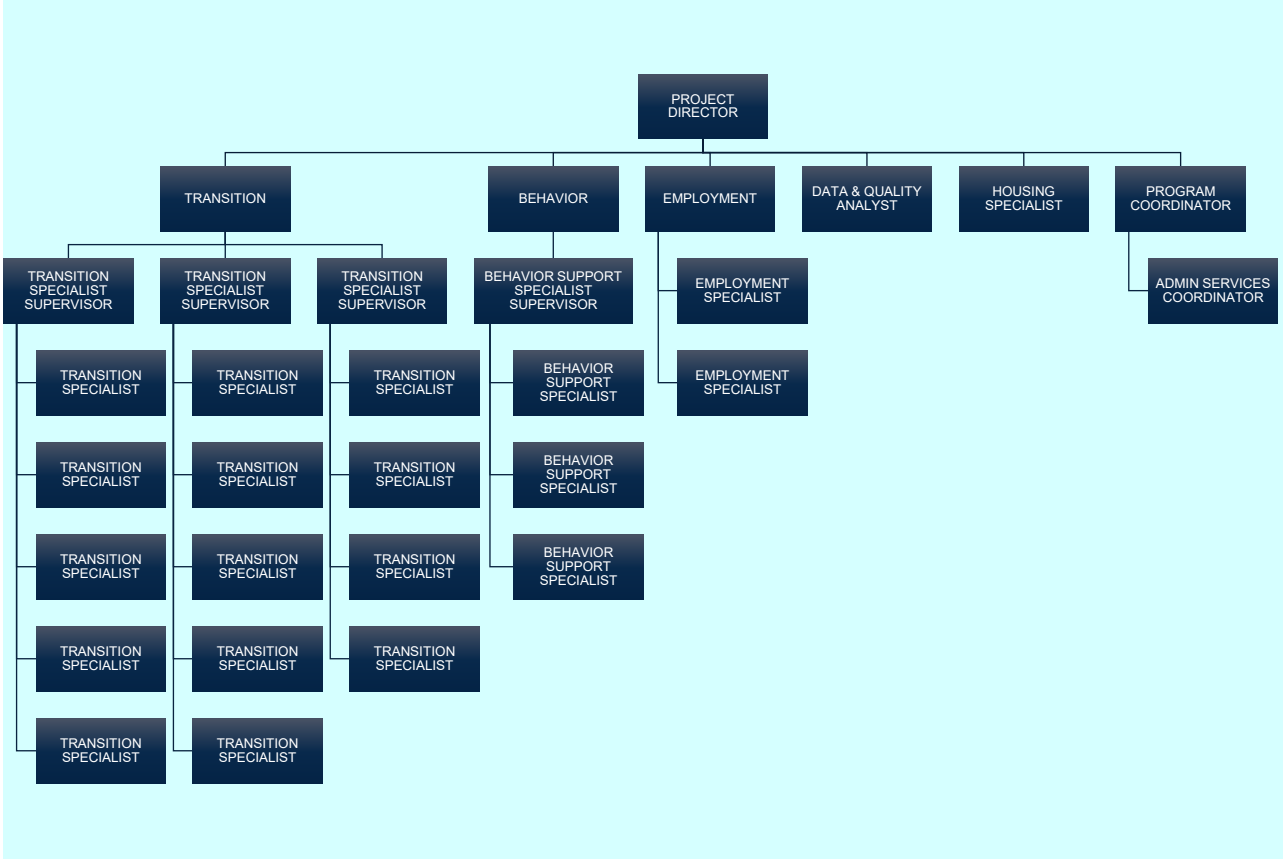
APPENDIX B. OPTIONAL SECOND APPENDIX

App B.1. Administrative Structure

App B.1.1. MFP Administrative Structure

MFP Administrative Structure.pdf

App B.1.2. Iowa Money Follows the Person Organizational Chart



*does not reflect positions in development

App B.2. Administrative Structure

App B.2.1. Staffing | Job Description: MFP Project Director

University Classification:	Program Manager
Working Title (if applicable):	MFP Project Director
UI Job Code:	PAD2
Job Function:	Administration
Job Family:	Program Administration
Position Number:	
Department:	Center for Disabilities and Development
Org/Dept/Sub-Dept #:	85-8685-00000
Reports to: (position)	Admin Services Director
Does position supervise others?	**Yes**

FLSA Exempt:	**Yes**

UI Health Care Core Values (WECARE)

***W**elcoming*	*We strive for an environment where every voice is heard, emphasize regular communication, and seek transparency whenever possible*
***E**xcellence*	*We strive to achieve excellence in all that we do.*
***C**ollaboration*	*We believe teamwork is the best way to work.*
***A**ccountability*	*We behave ethically, act openly and with integrity in all that we do, taking responsibility for our actions.*
***R**espect*	*We honor diversity and recognize the worth and dignity of every person.*

Position Summary

This position will be responsible for managing operations for the Money Follows the Person (MFP) grant including serving as representative for the program to stakeholders and collaborative partners, managing financial responsibilities, supervising staff members and creating and implementing quality assurance initiatives. Additionally, the Program Manager maintains the responsibilities associated with transitioning individuals by providing support to and facilitating the transition of interested individuals in transitioning from a facility to a home or community-based setting that meet the individual's needs and preferences. Extensive travel throughout the state is required to meet job responsibilities.

Key Areas of Responsibilities and Specific Job Tasks

Classification **Key Areas of Responsibilities**	**Specific Job Duties and Tasks**
Operational and Financial Management: Responsible for overall development and ongoing management of programs and services. Implement and plan new programs and services. Evaluate program operation in meeting stated objectives. Direct budget development, oversee budget operations, and assure issues are resolved.	• Coordinate programs relating to Community Living, including Iowa's Money Follows the Person program. For this focus area, develop and initiate projects, draft work plans, provide supervision to project staff, and work with stakeholders on programs. • Provide technical assistance to organizations to facilitate systems change and improvements in disability services. • Monitor trends in the disability field regarding components related to Community Living. • Coordinate with contracting entities and internal resources to plan and manage program budgets. • Manage the operations of the Money Follows the Person program. • Manage the operations of the Money Follows the Person program.
Strategic Planning: Recommend or may develop strategic plan for the program. Implement strategic plan. Develop strategy for budget priorities.	• Contribute to and provide leadership in the development and implementation of CDD's Strategic Plan. • Develop and oversee the implementation of program-specific strategic initiatives. • Collaborate with and contribute to Community Living efforts happening within in the state. • Participate in strategic planning and quality assurance initiatives.
Communication and Outreach: Determine communication strategy to promote program. Present to professional groups. Publish	• Serve as a liaison for the UCEDD with funding agencies, project partners, and stakeholders. Promote collaborative working relationships. Represent UCEDD to UI, UIHC, and external audiences.

results in journals. Develop educational programs.	• Promote achieved excellence through writing/reporting for distribution to internal and/or external constituents and the professional community. Assist in the management of other communication tools, such as the MFP UIHC and DHS websites. • Effectively use a broad range of methods in communicating complex ideas to diverse populations. • Develop and implement plans to ensure broad and meaningful stakeholder input. • Provide education to internal and external stakeholders regarding Community Living programs. • Lead sustainability efforts for the Money Follows the Person program, collaborating with state agencies and other stakeholders to develop projects to support and enhance Iowa's capacity to serve people with disabilities in the communities of their choice. • Promote the Money Follows the Person (MFP) program, serving as a liaison on behalf of the Department of Human Services (DHS) for the MFP program for the general public, various stakeholders, and Centers for Medicare and Medicaid Services (CMS).
Compliance: Assure applicable compliance standards. Recommend changes in policies and procedures	• Write, edit, and submit periodic and special reports in compliance with contractual requirements. • Manage programs within the scope of work, engaging stakeholders as changes are needed. • Oversee the implementation of programs to ensure compliance standards are met. • Develop and provide training and technical assistance for internal and external stakeholders.
Quality Improvement: Implement initiatives targeted at optimizing organizational efficiency. Facilitate and evaluate quality improvement efforts. Develop quality improvement tools.	• Develop and implement policies and procedures, guidelines, and the like that ensure compliance with program requirements. • Perform data analyses and comparisons to note trends. • Prepare written reports that can accurately and effectively present the data and key findings of analysis. • Develop quality improvement tools.
Leadership/Supervision: Develop and implement policies and practices of a culture that supports staff engagement in the workplace.	• Provide administrative and/or functional supervision as assigned. • Promote organizational values in ethical and responsible decision making. Ensure compliance with codes of ethics that benefit the organization and populations served. • Ensure time, resources, energy, learning opportunities, and actions are focused on achieving the UCEDD and CDD mission and UCEDD 5-year plan. • Create a team environment of accountability and commitment for reaching goals and desired results. Provide coaching and counseling to develop team members. Ensure the team is developed to address future needs. • Provide leadership to CDD and UCEDD programs by participating in UCEDD Operations Team, providing leadership

	to CDD Strategic Planning and Leadership processes, and participating in CDD Operations Council.

Universal Competencies

As part of performing the key areas of responsibility and competencies described above, staff members are expected to meet reasonable standards of work quality and quantity, as well as expectations for attendance established by their supervisor. Staff members are also expected to comply with policies governing employee responsibilities and conduct, including those contained in the University Operations Manual.

Position Qualifications	
Education or Equivalency Required	A Master's degree or a combination of related education and equivalent work experience required (typical experience is a minimum of 5 years).
Required Qualification	Considerable (3-5 years) of administrative, supervisory, and program experience is required, including experience as a case manager for people with disabilities or in a similar human services position.
Required Qualification	Evidence of successful experience defining and communicating organizational vision and guiding effective strategic planning.
Required Qualification	Experience managing programs that includes management functions similar to planning and managing scope of work, ensuring program outcomes and managing budgets.
Required Qualification	Demonstrated knowledge about Community Home Based Services systems and housing and service options.
Required Qualification	Excellent written and verbal communication skills, including experience or capacity to demonstrate positive interpersonal skills and work as a cooperative team member.
Required Qualification	Demonstrated knowledge about Intellectual Disability/Brain Injury and related conditions and knowledge of available resources for information and assistance.
Required Qualification	Valid Driver's License, plus the ability to meet the University of Iowa Fleet Safety Program driving standards (University of Iowa Operations Manual Part V, Chapter 19) and ability to travel extensively within an assigned service region.
Required Qualification	Ability to maintain a home office and meet the Center for Disabilities and Development (CDD) Field Employee Equipment and Configuration Standards regarding internet access and other technology requirements.

App B.3. Administrative Structure

App B.3.1. Staffing | Job Description: Data and Quality Analyst

University Classification:	Quality and Operational Improvement Engineer
Working Title (if applicable):	Data and Quality Analyst

UI Job Code:	PAF3
Job Function:	Administration
Job Family:	Quality and Operational Improvement
Position Number:	
Department:	Center for Disabilities and Development
Org/Dept/Sub-Dept #:	85-8685
Reports to: (position)	Program Manager
Does position supervise others?	**No**
FLSA Exempt:	**Yes**

UI Health Care Core Values (WECARE)

***W**elcoming*	*We strive for an environment where every voice is heard, emphasize regular communication, and seek transparency whenever possible*
***E**xcellence*	*We strive to achieve excellence in all that we do.*
***C**ollaboration*	*We believe teamwork is the best way to work.*
***A**ccountability*	*We behave ethically, act openly and with integrity in all that we do, taking responsibility for our actions.*
***R**espect*	*We honor diversity and recognize the worth and dignity of every person.*

Position Summary

This position will work with the Money Follows the Person (MFP) program and Iowa Medicaid to perform data quality measurement and metric generation, data aggregation into quality performance indicators, data interpretation, and develop and contribute to various data reporting structures and formats. This includes collecting and reporting data necessary to remain in compliance with the MFP program's federal requirements. Attendance at the annual week-long HCBS Conference held outside the state is required. The Center for Medicaid and Medicare Services (CMS) has identified this position is critical to the Money Follows the Person program. Extensive travel throughout Iowa may be required.

Key Areas of Responsibilities and Specific Job Tasks

Classification Key Areas of Responsibilities	Specific Job Duties and Tasks
Apply Process Improvement, Quality Engineering, and Management Engineering Concepts and Methodologies: Assist with facilitating and participating in quality and process improvement initiatives at unit, department or org level. In collaboration with staff and leadership, participate in the monitoring, reporting and improvement activities related to quality and Key Performance Indicators. Utilize systematic, data-driven methods to develop, monitor, evaluate, and improve initiatives, programs, services, and relationships to improve operational performance.	• Consult with MFP grant, Iowa Medicaid and HHS staff on process and outcome measures, data collection, reporting, evaluation, software/systems, and communication of information. • Contributes to the development and implementation of sustainability projects supporting and enhancing Iowa's community living capacity for the served population. • Partner with the Program Manager to develop monthly team meeting agendas. • Collaborate with the Money Follows the Person program and Iowa Medicaid administrators to develop business requirements for Medicaid-funded home- and community-based (HCBS) Waiver program management solutions as they relate to MFP grant requirements. • Assess and resolve reported concerns, recommending appropriate technical solutions. • Utilize Microsoft and other available tools to implement solutions for the MFP grant and Iowa Medicaid as needed. • Facilitate meetings as needed to ensure program/data/business needs are documented and understood. • Provide project management for technical implementation efforts.

	• Collect, analyze, and report data related to the MFP Demonstration Project progress. • Evaluate data systems and develop data collection processes for the MFP grant. • Identify ways to improve data collection and use for MFP grant. • Assist in preparing information, analysis, and status updates for MFP reports and state initiatives
Collect and Analyze Data: Use data to assist departments in making quality and process changes through facilitation of process improvement. Develop reports and provide basic and intermediate analysis of activities against quality measures. Provide information/data to assist in the development of business case analysis and project scope.	• Coordinate with stakeholders to obtain and analyze relevant data, facilitating data-informed engagement. • Prepare comprehensive reports for MFP grant, HHS reporting, and external agencies as needed. • Develop a data reporting schedule for the MFP grant and Iowa Medicaid leadership to make data-informed decisions. • Assist with developing and preparing required reports on the HCBS Quality Measure Set. • Disseminate data to internal partners and interested stakeholders. • Coordinate with state staff for data accuracy and completeness. • Create and maintain reporting dashboards and ensure compliance with reporting requirements.
Project Management: Facilitate multidisciplinary teams to increase quality and produce favorable outcomes. Execute and serve as project manager for projects of moderate complexity. Track, monitor, and report project progression using appropriate project management tools.	• Maintain knowledge of the MFP grant and related HCBS Waiver program functions and reporting requirements. • Develop and implement data/evaluation plans for MFP and Iowa Medicaid.
Quality Assurance and Compliance: Develop audit structures for quality and operational processes. Assist in performing quality management audits. Participate in on-site hosting of external inspections. Develop documentation related to regulatory compliance. Interpret and provide guidance within unit on regulatory compliance.	• Coordinate data quality improvement processes and policies. • Assist with program policy development and maintenance.
Training/Education: Provide educational content and delivery of training in basic and intermediary quality tools and strategies. Assess departmental training needs and provide as appropriate. Influence, educate,	• Provide technical assistance to partner entities. • Analyzes opportunities for continuing education and training for MFP team members. • Develop reporting guides for staff training. • Provide coaching and feedback to staff about data collection and evaluation. • Present data and technical information to diverse audiences.

and assist departments in developing appropriate ongoing quality monitoring programs about project implementation and management.	• Participate in quality improvement and strategic planning activities. • Attend internal and external meeting, local, state, and national conferences as required. • Assist with the planning and execution of program events.
Leadership/Supervision, Budget: Advise management on budgeting needs or discrepancies. May supervise students for focused learning activities. Function as resource to unit and department on regulatory compliance issues.	• Manage UI procurement card and reconcile statements.
Human Resources Administration: May review human resources transactions for appropriateness. Provide input into changes of current human resource policies. May participate in recruitment and hiring process.	• Assist Program Manager with decisions related to hiring MFP staff, including participating in interview and selection processes. • Assists Program Manager with training new students and staff in their roles and responsibilities for the MFP program. • Foster collaboration and respect within multidisciplinary teams.

Universal Competencies

As part of performing the key areas of responsibility and competencies described above, staff members are expected to meet reasonable standards of work quality and quantity, as well as expectations for attendance established by their supervisor. Staff members are also expected to comply with policies governing employee responsibilities and conduct, including those contained in the University Operations Manual.

Position Qualifications

Education or Equivalency Required	Master's degree in related field (i.e. data science, public health, health informatics, health administration) or an equivalent combination of a bachelor's degree and experience.
Required Qualification	3 or more years of experience designing and implementing relational databases, conducting data analyses, and preparing written reports for presenting data analysis, comparisons, and trends.
Required Qualification	Proficiency of Microsoft Office and data analysis tools
Required Qualification	Knowledge of analytical approaches, including descriptive statistics and inferential analyses
Required Qualification	Ability to present data and statistics in various formats to audiences with different comprehension levels, including through written reports and teaching/training.

Required Qualification	Excellent written and verbal communication skills, including strong interpersonal skills and the ability to work effectively in a team.
Required Qualification	Demonstrated organizational skills and the ability to manage multiple tasks within specified timelines.
Required Qualification	Ability to maintain a home office and meet technology requirements for business and video conferences using a home internet connection.
Required Qualification	Willingness to travel extensively within the State of Iowa, possessing a valid Driver's License and meeting the University of Iowa Fleet Safety Program driving standards (University of Iowa Operations Manual Part V, Chapter 19).
Desirable Qualification	Previous experience with a consumer-focused program
Desirable Qualification	Familiarity with the Plan-Do-Study-Act model
Desirable Qualification	Knowledge of Medicaid Long Term Supports and Services

App B.4. MMIS Identifier Codes


Iowa MMIS Identifier Codes.pdf

App B.5. Olmstead Framework


Olmstead Framework.pdf

App B.6. Consents

App B.6.1. Case Management Comprehensive Assessment (utilized to document participant verification of HCBS Waiver choice for pathway within MFP and identification of appropriate HCBS Waiver post-Demonstration Year)


1. CM Comprehensice Asses

App B.6.2. 470-4566 Consent to Begin Transition

App B.6.3. 470-4564 Guardian Consent to Participate in Transition Planning

App B.6.4. 470-4582 Consent to Proposed Transition

App B.6.5. Authorization to Obtain or Release Health Care Information


4. Authorization to Obtain or Release He

App B.6.6. MFP UIHC Parent/Guardian Consent


5a. MFP UIHC Parent-Guardian.pdf

App B.6.7. MFP UIHC Participant Consent


5b. MFP UIHC Participant.pdf

App B.6.8. Roles and Responsibilities for MFP


6. Roles and Responsibilities for M

App B.6.9. UIHC CDD Tele-Health Communication Consent


10. UIHC CDD Tele-Health Communi

App B.7. Quality Management Strategy

Iowa HHS Medicaid Quality Strategy – July 2024

App B.8. Food Pantry Stocking

Instructions and Tips

MFP offers Food Pantry Stocking as a benefit under the program. Funds are provided via a gift card. The funds on this card may be used to purchase items from the enclosed List of Approved Staples. The form needs to be completed and returned to the Transition Specialist, with any and all associated receipts for items purchased with the card, in the enclosed envelope.

Purchase Restrictions:

These funds cannot be used to pay for candy, cookies, gum, “junk food,” soda, etc. Instead, suggest types of food that will sustain the participant. Purchases of alcohol and/or cigarettes are also prohibited.

Fresh Vegetables

- ☐ Asparagus
- ☐ Broccoli
- ☐ Carrots
- ☐ Cauliflower
- ☐ Celery
- ☐ Corn
- ☐ Cucumbers
- ☐ Lettuce / Greens
- ☐ Mushrooms
- ☐ Onions
- ☐ Peppers
- ☐ Potatoes
- ☐ Spinach
- ☐ Squash
- ☐ Tomatoes
- ☐ Zucchini
- ☐ _____

Fresh Fruits

- ☐ Apples
- ☐ Bananas
- ☐ Berries
- ☐ Grapefruit
- ☐ Grapes
- ☐ Melon
- ☐ Nectarines
- ☐ Oranges
- ☐ Peaches
- ☐ Pears
- ☐ Plums
- ☐ _____
- ☐ _____

Refrigerated Items

- ☐ Bagels
- ☐ English muffins
- ☐ Eggs / Egg substitute
- ☐ Fruit juice
- ☐ Ready-bake breads
- ☐ Tofu
- ☐ Tortillas
- ☐ _____
- ☐ _____

Frozen

- ☐ Breakfasts
- ☐ Burritos
- ☐ Fish
- ☐ Fruits
- ☐ Juice Concentrate
- ☐ Pizzas
- ☐ TV Dinners
- ☐ Vegetables
- ☐ Veggie Burgers
- ☐ _____
- ☐ _____

Condiments | Sauces

- ☐ BBQ Sauce
- ☐ Gravy
- ☐ Honey
- ☐ Hot sauce
- ☐ Jam/Jelly/Preserves
- ☐ Ketchup
- ☐ Mustard
- ☐ Mayonnaise
- ☐ Pasta Sauce
- ☐ Relish
- ☐ Salad Dressing
- ☐ Salsa
- ☐ Soy Sauce
- ☐ Steak Sauce
- ☐ Syrup
- ☐ Worcestershire Sauce
- ☐ _____
- ☐ _____

Spices & Herbs

- ☐ Black Pepper
- ☐ Cinnamon
- ☐ Garlic
- ☐ Salt
- ☐ _____
- ☐ _____

Various Groceries

- ☐ Bouillon Cubes
- ☐ Cereal
- ☐ Coffee / Filters
- ☐ Instant Potatoes
- ☐ Lemon / Lime Juice
- ☐ Oatmeal
- ☐ Olive Oil
- ☐ Packaged Meals
- ☐ Pancake / Waffle Mix
- ☐ Pasta
- ☐ Peanut Butter
- ☐ Pickles
- ☐ Rice
- ☐ Tea
- ☐ Vegetable Oil
- ☐ Vinegar
- ☐ _____
- ☐ _____

Canned Foods

- ☐ Applesauce
- ☐ Beans
- ☐ Broth
- ☐ Fruit
- ☐ Olives
- ☐ Tinned meats: tuna / chicken
- ☐ Soup / Chili
- ☐ Tomatoes
- ☐ Veggies
- ☐ _____
- ☐ _____

Dairy

- ☐ Butter / Margarine
- ☐ Half & half
- ☐ Heavy Cream
- ☐ Milk
- ☐ Sour Cream
- ☐ Whipped Cream
- ☐ Yogurt
- ☐ _____
- ☐ _____

Cheese

- ☐ Cheddar / Provolone / Blue / Mozzarella / Parmesan
- ☐ Cottage Cheese
- ☐ Cream Cheese
- ☐ Sandwich Slices
- ☐ _____
- ☐ _____
- ☐ _____

Seafood

- ☐ _____
- ☐ _____
- ☐ _____

Meats

- ☐ Bacon / Sausage
- ☐ Beef
- ☐ Chicken
- ☐ Ground Beef / Turkey
- ☐ Ham / Pork
- ☐ Hot Dogs
- ☐ Lunchmeat
- ☐ Turkey
- ☐ _____
- ☐ _____

Culturally Relevant Items

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Baking

- ☐ Baking Powder / Soda
- ☐ Breadcrumbs
- ☐ Flour
- ☐ Shortening
- ☐ Sugar
- ☐ Sugar Substitute
- ☐ _____
- ☐ _____
- ☐ _____

Snacks

- ☐ Crackers
- ☐ Dried Fruit
- ☐ Granola Bars / Mix
- ☐ Nuts / Seeds
- ☐ Popcorn
- ☐ Pretzels
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Other

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Beverages

- ☐ Club Soda / Tonic
- ☐ Juice
- ☐ Sports Drink
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Baked Goods

- ☐ Bagels / Croissants
- ☐ Buns / Rolls
- ☐ Fresh Bread
- ☐ Pita Bread

☐ Sliced Bread	☐ _____	☐ _____
☐ _____	☐ _____	

App B.9. Housing Plan

Iowa intends to offer two Short-Term Housing Assistance opportunities to its MFP program participants, detailed in Section E.3.1 of this Operational Protocol: (1) Rent Aid; and (2) Utility Assistance. The goal of this Supplemental Service opportunity is to help bridge the gap between transition to the community and when adequate financial resources are secured.

A. Coverage of a comprehensive set of housing-related services and supports, including pre-tenancy services, tenancy sustaining services, and home modifications:

Housing-related services and supports available to MFP program participants are not confined to Medicaid or MFP-grant funded services. The Transition and Service Plan notes all services and supports provided to ensure successful community living.

Pre-Tenancy Services

The MFP Transition Specialist is responsible for reviewing the availability of Qualified Residences in the community of choice and ensuring that the participant and/or their legally authorized representative has a meaningful choice of Qualified Residences. With funding from Iowa's 2005 Real Choice Systems Transformation grant the state housing authority, Iowa Finance Authority (IFA), developed a statewide, web-based Housing Registry which provides information on affordable housing. A major component of this initiative is marketing of the Registry with landlords to build a database of sufficient size to be helpful to participants, legally authorized representatives, and Transition Specialists in developing a choice of Qualified Residences.

Several of Iowa's Demonstration Services also provide pre-tenancy services and supports, as reflected in Section E.2 of this Operational Protocol.

Tenancy Sustaining Services

IFA has partnered with the Iowa Department of Health and Human Services (HHS) in the implementation of MFP by working to secure sufficient legislative appropriations to support the state-funded Home and Community Based Services (HCBS) Waiver Rent Subsidy program. This serves as an affordability safety net for MFP participants. Should the HCBS Rent Subsidy program need to run a waiting list, MFP members are given a priority status on the waiting list. IFA continues to advocate for additional appropriations if needed.

MFP participants eligible for Rent Aid will have access to the Home and Community Based Services Rent Subsidy program once their Rent Aid benefit is exhausted. MFP participants eligible for Rent Aid will first apply for and, where applicable, be placed on waitlists for local, state, and/or federal rental assistance programs. Participants will transition into one of these programs once the resource/subsidy becomes available, and in the interim will continue to receive rent assistance through the HCBS Rent Subsidy Program, if needed. The ultimate objective for most MFP participants who need rental assistance is to secure a federally funded housing voucher. To gain access to the HCBS Rent Subsidy, an MFP participant who is eligible for that program will receive assistance from their Transition Specialist or designee to apply for federal rental assistance programs or waitlists and to monitor their waitlist status.

- The HCBS Rent Subsidy program was created to provide interim rental assistance to HCBS Waiver participants on waiting lists for other federal, state or local housing subsidies. It ensures that the participant will pay no more than 30% of their gross monthly income toward rent, with the maximum monthly rent subsidy amount capped at the applicable HUD fair market rent for a one-bedroom unit or a proportionate share of the rental cost in units containing more than one

bedroom. The applicant must demonstrate that he or she is financially responsible for rent cost. In the case of children receiving residential-based supported community living (RBSCL) services under the intellectual disabilities (ID) HCBS waiver program, they or their families must demonstrate this financial responsibility. Individuals under the age of 18 are not eligible for the HCBS Rent Subsidy.

Family members and other interested parties are other possible sources of assistance.

Limited funding may also be available to State Resource Center residents seeking to transition under a state-funded grant (the Conner grant) to provide supports not reimbursable under traditional Medicaid or MFP.

Home Modifications

The Home and Vehicle Modification (HVM) service available under Qualified HCBS (as described in Section E.1 of this Operational Protocol), as well as Iowa's Environmental Modification (EMOD) Demonstration Service (as described in Section E.2 of this Operational Protocol), provide funding for home modifications a participant may need to support their successful transition.

B. Strategies for developing, strengthening, and maintaining partnerships with state and local housing authorities:

Iowa's MFP program has an ongoing relationship with the Iowa Finance Authority (IFA), the state housing agency. This relationship is being strengthened through this Supplemental Services work. Funding for Rent Aid will go through IFA. Iowa Medicaid will direct appropriate funds to IFA for payment of Rent Aid in accordance with the guidelines established in Iowa's Housing Plan and as described in Section E.3.1 of this Operational Protocol.

Iowa's MFP program has recently hired a Housing Specialist. Their responsibility will be to build partnerships with state and local housing agencies, building on existing relationships the Iowa Finance Authority has. This will allow Iowa's MFP program to have a dedicated team member who can assist with connecting with state and local resources, as well as with navigating environmental modification processes where those accommodations are needed. They will attend regular meetings with the Iowa MFP team, as well as semiannual statewide stakeholder meetings (MFP Partners Meeting) to ascertain gaps and needs, develop a plan for next actions, and connect with partners in an effort to bridge existing gaps.

C. Plan for building local outreach and referral networks:

MFP does not currently have strong relationships with local housing authorities, and there is not a single point opportunity to connect to begin establishing these relationships. MFP will leverage IFA's existing relationships with these local housing authorities to begin building connections to best serve the program's participants. Iowa's Housing Specialist will develop and execute a plan for building local outreach and referral networks.

D. Assurance and description of how the state will ensure access to housing assistance once the housing coverage under the demonstration funding is no longer available, including for any individuals who do not qualify for federal, state, or local housing assistance:

Transition Specialists will work with individuals and their interdisciplinary teams to develop a Housing Access and Sustainability Plan that will identify the following:

- assistance requested (Rent Aid and/or Utility Assistance),
- source of income,

- additional rental assistance opportunities available and the individual's plans for determining eligibility prior to a move,
- the plan for continuing to meet financial obligations after the applied for benefit ends, and
- a signed commitment of the individual's intention to execute the plan as written and communicate any changes with the Transition Specialist in a timely manner.

The percentage of a person's income that goes toward rent, with or without utilities, varies greatly. Anecdotally, Iowans pay anywhere from approximately 30% of the monthly SSI amount to 90% of that amount.

- SSI is the primary source of income for most of the MFP program participants in Iowa. The current standard SSI amount is $943/month. Iowa's program hasn't typically served individuals with a spouse or other factors that would adjust that amount downward.

Transition Specialists strongly encourage individuals to look at other options when the rent is expected to be a high percentage of monthly income. When MFP participants plan to access state and/or federal assistance programs as documented in their Housing Access and Sustainability Plan, the interdisciplinary team will ensure the individual can afford rent based on federal rent affordability guidelines.

- It is not permissible for MFP to cover rental assistance for individuals who would be required to pay more than their tenant portion of rent after the MFP 6-month rental assistance via Rent Aid has ended if access to this assistance is the identified plan in the Housing Access and Sustainability Plan.

E. Description of how the state will oversee and monitor any participating managed care plans that are responsible for implementing any component of the housing-related supports:

MFP is carved out of Managed Care in Iowa. No part of these benefits will be administered or implemented through a Managed Care Organization (MCO).

F. Assurance that any short-term rental assistance that is grant-funded is being administered by a state or local housing agency, rather than by the Medicaid agency or a Medicaid managed care plan:

Rent Aid will be paid by the state housing agency, Iowa Finance Authority (IFA), via a contract with the Iowa Medicaid agency.