STATE OF IOWA DEPARTMENT OF

Health AND Human

SERVICES

Spending Plan for Implementation of the American Rescue Plan Act of 2021, Section 9817

July 17, 2023

Table of Contents

Iowa Spending Plan for Implementation of the American Rescue Plan Act of 2021, Section 9817

Letter from the Iowa Medicaid Administrator

Department of Health and Human Services
Centers for Medicare and Medicaid Services

Via email: HCBSincreasedFMAP@cms.hhs.gov

Centers for Medicare and Medicaid Services,

The Iowa Department of Human Services and Iowa Medicaid appreciates CMS' partial approval of Iowa's proposed spending plan and narrative in response to SMDL #21-003 dated May 13, 2021. Iowa agrees to maintain compliance with program requirements as stated in the SMDL#21-003, including the following:

•   Iowa will use the federal funds attributable to the increased federal medical assistance percentage (FMAP) to supplement and not supplant existing state funds expended for Medicaid Home and Community-Based Services (HCBS) in effect as of April 1, 2021.

•   Iowa will use the state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program.

•   Iowa will not impose stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021.

•   Iowa will preserve covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021; and

•   Iowa will maintain HCBS provider payments at a rate no less than those in place as of April 1, 2021.

Iowa would also like to affirm the understanding of the requirements outlined in the letter received September 13, 2021, including:

- Iowa understands that approval of the spending plan or of any activities within the spending plan by CMS does not constitute approval for purposes of claiming federal financial participation. Iowa will continue to comply with all existing federal requirements for allowable claims, including documenting expenditures and draws to ensure a clear audit trail for the use of federal funds reported on the Form CMS-37 and

the Medicaid Program Budget Report and the Form CMS-64, Quarterly Medicaid Statement of Expenditures.

- Iowa will continue to follow the applicable rules and processes for section 1915(c) waivers, other Medicaid HCBS authorities, including state plan amendments and section 1115 demonstrations, and other managed care authorities (as applicable), when making changes to an HCBS program and intend to use state funds equivalent to the funds attributable to the increased FMAP to pay the state share of the costs associated with those changes.

Spending Plan Activity Response October 2021.

The Iowa Department of Human Services and Iowa Medicaid appreciate the request for additional information about the proposed projects outlined in our spending plan and narrative. Below, please find the responses to your questions included in the letter received September 13, 2021.

1. Clearly indicate whether the activities under the following categories are targeted at providers delivering services that are listed in Appendix B of the SMDL or that could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit):

   o Increased Training and Support: Provider Training Platform; HCBS Employee Training and Scholarship Grant Program; Crisis Response Provider Training; and Health IT Infrastructure.

   o Expanded Access: Behavioral Health, Aging, and Disability Services System Evaluation (Study); Behavioral Health, Aging, and Disability Services System Realignment Implementation; Development Grant - Community-Based Neurobehavioral Rehabilitation Services (CNRS) pilot for children; Development Grant - Residential Services Pilot for Children with Complex Behavioral Needs; and Development Grant - Residential Service Pilot for Adults Transitioning Out of Correctional Environments; and

   o Workforce Support: One-time Recruitment/Retention Provider Payments.

   Response: Iowa confirms that all the activities listed in the projects noted above are targeted at providers delivering services that are listed in Appendix B of the SMDL or that could be listed in Appendix B.

2. Explain how the "Targeted Case Management Assistance with Waiver Applications" activity will supplement and not supplant existing state funds expended for Medicaid HCBS as of April 1, 2021.

Response: Iowa has revised the title of this project to Assistance with application, care coordination, and referral to services, and confirms that activity will supplement and not supplant existing state funds expended for Medicaid HCBS. This will be a new support available for applicants seeking HCBS Waiver services. Currently individuals seeking HCBS are only eligible to receive HCBS waiver case management services once approved for an HCBS waiver. The state plan targeted case management service is limited to individuals who are part of the target population. This includes adults who are identified with a primary diagnosis of intellectual disability, chronic mental illness, or developmental disability; or a child who is eligible to receive HCBS intellectual disability waiver services or HCBS children's mental health waiver services. The spending plan narrative has been updated to reflect this clarification.

3. Under the "Development Grant-Residential Services Pilot for Children with Complex Behavioral Needs," confirm whether the Psychiatric Medical Institution for Children providers are delivering services in an institutional setting. Please note that an initiative serving individuals in an institutional setting would not be approvable under ARP section 9817.

    Response: Iowa confirms that should a Psychiatric Medical Institution for Children (PMIC) provider apply to develop the residential services for children with complex behavioral needs that they would be delivering the services in a community-based setting. The spending plan narrative has been updated to reflect that these services are to be delivered in community-based settings.

4. Clearly indicate whether your state plans to pay for ongoing internet connectivity costs as part of any of the activities under the "Expand Remote Support through HCBS Provider Technology grants" activity.

    Response: Iowa confirms that the state does not plan to pay for ongoing internet connectivity costs as part of any of the activities under the "Expand Remote Support through HCBS Provider Technology grants" activity. The state has updated the spending plan narrative to reflect this exclusion.

5. Describe how each of the four types of Development Grants will expand capacity and will enhance, expand, or strengthen HCBS under the Medicaid program.

    Response: Each of the Development Grants will expand and strengthen the HCBS program by creating residential options for the most difficult to serve HCBS eligible members. DHS has updated the spending plan narrative to include a description of how each pilot project will expand capacity and enhance, expand, and strengthen HCBS under the Medicaid program.

We are incredibly grateful for the opportunity to use these dollars to boost the capacity and quality of community-based services in our community. We welcome the opportunity to further discuss or clarify Iowa's proposed projects as outlined above and in our spending plan and narrative quarterly report.

The designated contact for future communication and questions is listed below:

LeAnn Moskowitz, LTSS Policy Specialist, 515-321-8922, lmoskow@dhs.state.ia.us

Sincerely,

Signature Inserted Here

Elizabeth Matney
Iowa Medicaid Administrator

Introduction

Executive Summary

For 2021, Governor Reynolds advised that one of her primary goals includes recognizing the value and importance of home-and-community–based care for aging Iowans and individuals with disabilities and the difference these services make in maintaining health and quality of life. Health care is changing, and Iowa must adapt. We must identify new ways to provide quality, sustainable care that meets the needs of our communities. The temporary 10 percentage point increase to the FMAP for certain Medicaid expenditures for HCBS will allow the State to enhance, expand, and strengthen, Iowa's Medicaid HCBS Waiver programs.

In Iowa, the Medicaid Agency is a Division within the Department of Human Services (DHS). Iowa Medicaid offers a wide range of HCBS programs. The enclosed summary provides a snapshot of the work that DHS hopes to implement. To enhance and strengthen the HCBS programs in response to the COVID-19 pandemic, the proposed initiatives will provide increased support to service providers, increase access to services for Medicaid beneficiaries, as well as offer incentives and relief to the HCBS direct service workforce. In doing so, HCBS providers will regain financial stability and long-term services and supports (LTSS) will be enhanced and strengthened.

Introduction

On March 11, 2021, President Biden signed the American Rescue Plan Act of 2021 (ARPA) (Pub. L. 117-2). Section 9817 of the ARPA provides qualifying states with a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for HCBS programs from April 1, 2021, through March 31, 2022. States must use the federal funds attributable to the increased FMAP to supplement, not supplant, existing state funds expended for Medicaid HCBS in effect as of April 1, 2021. In addition, states must use state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program.

Stakeholder Feedback

DHS began soliciting feedback from members and stakeholders beginning with the initial enactment of the ARPA. Stakeholder feedback regarding the use of the enhanced FMAP was gathered through individual meetings, existing stakeholder workgroups, direct emails, and the submission of project proposals from the following stakeholder organizations:

- Iowa Association of Community Providers
♦ The Coalition for Family & Children's Services in Iowa
♦ The Brain Injury Alliance of Iowa
♦ The Iowa Coalition for Integration and Employment
♦ Immanuel Pathways PACE organization
♦ Siouxland PACE organization
♦ Iowa Caregivers Association

DHS also solicited feedback from the public for strategies to improve the quality and access to Medicaid Home and Community Based Services through public notice and a town hall meeting held July 8, 2021. One hundred and ten entities registered to participate in the town hall. Town hall attendance included service recipients and their family members, service providers, provider associations, advocacy organizations, legislators and state and local leaders. The public notice may be accessed here: https://dhs.iowa.gov/public-notices/arpa

Three central themes arose out of the feedback received from stakeholder. Those themes include increased training and support, expanding access to services for members, and workforce support. DHS has described the proposed projects for each of these themes in the spending plan narrative presented below.

Since the submission of the preliminary spending plan and narrative, Iowa Medicaid held member and provider town halls and will continue hold monthly town halls with members and providers to solicit feedback on the proposed projects and other topics of interest. Several ongoing stakeholder workgroups have occurred, and those participants also offered additional input into Iowa's spending plan and narrative.

Iowa Medicaid has established an ARPA Project email box to obtain ongoing stakeholder feedback and featured the ARPA HCBS Spending Plan and Narrative in the January 2022 Medicaid member newsletter.

Spending Plan Narrative

February 1, 2022, Update

DHS, Iowa Medicaid has reevaluated the HCBS Spending Plan and Narrative. Due to the early assumptions regarding Federal Medical Assistance Percentage (FMAP) and Federal financial participation (FFP) for qualified expenditures and in consideration of the critical workforce shortage experienced by HCBS providers, the spending plan has been adjusted. Adjustments include consolidating projects, elimination of projects and allocation of additional funds to the Recruitment and Retention grant project. Specific changes to the spending plan and narrative include:

- Reducing the projected budget for the Employee Training and Scholarship Grant to $28M and allocating $2M to the Recruitment and Retention grant project.
- Consolidating the Crisis Response Provider Training within the Provider Training Platform project and allocating the $5M targeted for this project to the Recruitment and Retention grant project.
- Consolidating the Resources and Services for Parents with IDD/DD and for Caregivers with children with ID/DD project within the Provider Training Platform project and allocating the $5M.
- Reducing the amount allocated for Development Grant - Community-Based Neurobehavioral Rehabilitation Services (CNRS) pilot for children to $9M and allocating $3.5M to Recruitment and Retention grant project.
- Removal of the Development grant – residential service pilot for individuals transitioning out of corrections and allocating $5M to the Recruitment and Retention grant project.
- Removal the Development grant – residential service pilot for children with complex behavioral needs and allocating $12.5M to the Recruitment and Retention grant project.
- Reduce the amount allocated to the Development grant- Therapeutic Foster Home pilot to $3.5M (from the CNRS project) and reallocate $1.5M to the Recruitment and Retention grant project.

The following provides on overview of Iowa's HCBS spending plan and includes each activity, budget information, estimated timeline for implementation, and sustainment requirements. Each proposed project demonstrates Iowa's investment in the HCBS infrastructure to enhance, expand and improve HCBS.

Based on the outcome of the pilot projects, DHS will consider submitting an 1115 demonstration, 1915(c) amendment or a 1915(i)-state plan amendment to continue the projects beyond the expenditure period. The proposed projects are divided into three sections which include:

1) Increased training and support, *including investment in the HCBS infrastructure including a statewide training system may provide consistent, innovative, and more efficient training opportunities to staff in all areas of the state and across provider types.*

2) Expanding Access to services for members, *including investment in a statewide analysis of the behavioral health, disability and aging service system, expansion of remote support and implementation of several pilot programs to address existing gaps in care.*

3) Workforce support, *including expansion of the direct support worker registry and one-time recruitment and retention payments for providers.*

April 18, 2022, Update

DHS, Iowa Medicaid has reevaluated the HCBS Spending Plan and Narrative. Due to the early assumptions regarding Federal Medical Assistance Percentage (FMAP) and Federal

financial participation (FFP) for qualified expenditures and in consideration of the critical workforce shortage experienced by HCBS providers, and the anticipated transition of individuals residing in Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/IDs) to HCBS, the spending plan has been adjusted. Adjustments include reallocation of project funds to increase HCBS provider reimbursement rates and to reduce the Intellectual Disability (ID) Waiver wait list. Specific changes to the spending plan and narrative include:

- Reducing the projected budget for the Provider Training Platform to $8.1M reallocating $11.9M to Reducing the ID Waiver waitlist in FFY22 Q4, FFY23 and FFY24.

- Reducing the projected budget for the Employee Training and Scholarship Grant to $6M and allocating $26M to increase HCBS Provider reimbursement rates in FFY22 Q4, FFY23 and FFY24.

- Adjustment to the FMAP for the projects that will be directed payments to the MCOs.

- Amendments to project timelines

- Amending the title of the Health Information Technology Infrastructure Grant to the Health Information Technology (IT) and Infrastructure Grant.

- Expanding the scope of the renamed Health Informational Technology and Infrastructure Grant to include infrastructure costs relating to starting up or expanding HCB services.

July 18, 2022, Update

After incorporating the adjustments for the ID waiver waitlist and the HCBS rate increases into the spending plan, an unobligated balance of $18.8M has been calculated. The $18.8M has been incorporated into the Health IT and Infrastructure grant project and is reflected in the budget amount for Increased Training and Support in the narrative and in the Health IT and Infrastructure grant project in the spending plan.

During this past quarter, DHS, Iowa Medicaid has evaluated each of the projects in the HCBS Spending Plan and Narrative and has revised project narratives to refine the intent and purpose and expand eligible providers. The revisions are noted under each project within the narrative as applicable. The target project completion date of March 31, 2024, has been added to each project.

October 18, 2022, Update

During this past quarter, HHS, Iowa Medicaid has received preliminary clarification from CMS regarding the Health Informational Technology and Infrastructure, Expand Remote Monitoring and the Employee Training Scholarship grant expenditures may not be eligible

for either the service or the administrative federal match. The state is waiting for final confirmation from CMS.

This preliminary clarification has resulted in the recalculation of the state reinvestment amount for the ARPA spending plan. Each of the projects in the HCBS Spending Plan and Narrative have been reevaluated resulting in amendments to the spending plan. The following changes to the prior submission are noted under each project within the narrative as applicable.

- The overall budget for the ARPA Spending plan has been reduced from $365,037,194 to $300,362,57.70 because of changes in the FMAP assumptions.

- The Recruitment and Retention Grant budget has been increased by $2.62M because of the number of FTEs received in the fourth and final application period.

- The Provider Training Platform project budget decreased from $8.1M to $3M because of changes in the FMAP assumptions.

- The Employee Training and Scholarship grant budget has been decreased from $6.0M to $3.3M because of changes in the FMAP assumptions.

- The CNRS for Children Pilot project has been eliminated.

- The Targeted Case Management (TCM) Assistance with waiver applications project has been eliminated.

- The Health IT Infrastructure Program project budget was reduced from $72.3M to $29.8M (Total) due to changes in the FMAP assumptions.

- The state has submitted a Corrective Action Plan (CAP) for the ID Waiver Waitlist buy-down project to make assurances that the state will manage the waiver to its approved Point in Time (PIT) limitation in Appendix B once the ARPA Section 9817 funds have been expended.

- The state has submitted an 1915(k) waiver to allow the state to effectuate the ID Waiver PIT CAP during the ARPA MOE period.

December 06, 2022, update

CMS reviewed Iowa's spending plan and requested additional information on November 30, 2022. The questions from CMS and the state's response are provided below.

- Health Informational Technology and Infrastructure Grant

  o Please confirm private duty nursing providers will be delivering services in the home and services will not be delivered in any institutional settings.

  Response: Iowa confirms that the private duty nursing providers deliver services in member's own homes and not in institutional settings.

o Purchase of single-family homes – Clarify what is meant by expanding HCBS residential services, will these units result in an HCBS compliant setting?

Response: Expansion of HCBS residential services means that the provider increased their capacity to serve HCBS members in residential settings in the community that are fully compliant with the HCBS settings requirements.

o Renovations to existing homes and buildings – Confirm funds will be used for settings fully compliant with the HCBS settings rule.

Response: Iowa confirms that any renovations to existing homes or buildings will be done in settings in the community that are fully compliant with the HCBS settings requirements.

o Purchase of critical building systems – Clarify if funds will go towards provider settings that will be fully compliant with the HCBS settings rule. Additionally, are grant funds intended to provide one time or ongoing payments for services such as upgrading utilities, internet connectivity and telecommunications?

Response: Iowa confirms that any purchase of critical building systems will be done in settings in the community that are fully compliant with the HCBS settings requirements.

- HCBS Remote Monitoring Grant

o Please confirm private duty nursing providers will be delivering services in the home and services will not be delivered in any institutional settings.

Response: Iowa confirms that the private duty nursing providers deliver services in member's own homes and not in institutional settings.

o Clarify how using 9817 funds to purchase smart appliances such as refrigerators, washers, dryers, stoves, ovens, and microwaves strengthens the delivery of remote monitoring services?

Response: Remote Monitoring also known as Remote Supports is the provision of support by staff at a remote location who are engaged with the participant to assist and respond to the participant's health, safety, and other needs through technology and smart devices. Remote monitoring works in conjunction with face-to-face human assistance to increase HCBS members autonomy, quality of life and enhancing the opportunity for community engagement. The type of equipment and where it is placed in the home will be specific to each person's skills, goals, and support needs. These remote monitoring services enable people to use technology in their homes, such as SMART appliances, monitors, sensors, communication devices, etc., through which they can receive supports from staff who are in another location and receive in person supports when needed based on the individual's skills, goals, preferences, and remote monitoring protocols.

The purchase of SMART technology strengthens the delivery of remote monitoring services by decreasing an HCBS members reliance on human assistance while ensuring the member has necessary support to reside safely and securely in the community. For example, a SMART refrigerator can replace staff assistance for food monitoring and grocery shopping preparation. Smart refrigerators use a camera in the refrigerator that allows the contents of the refrigerator to be viewed remotely using a cell phone. The Smart refrigerator catalogues the items in the fridge and helps to keep track of the expiration dates and inventory of essential items. This could assist people receiving HCBS to recognize when food needs to be eaten before it expires but also, when food may need to be thrown away and avoid potential food poisoning. The device can also be used to help prepare a shopping list.

The ability to mitigate danger is one of the most important aspects to the growing capabilities of the use of Smart technology. For example, some adults with accessing HCBS can have trouble identifying when temperatures are too hot or too cold. By setting the shower or bathtub to automatically reach specific temperatures, this danger can be reduced. The use of a Smart stove can also prevent fires from unattended cooking. This means that if an individual accidentally leaves the stove or oven on when they leave the home, the stove/oven could automatically be shut off if the person's smart watch or smart phone logs that the person has left the cooking area for a set amount of time or distance. The use of monitors and sensors to monitor health conditions, detects falls, detect wandering and grand mal seizure activity is also part of remote monitoring capabilities.

- o Clarify whether the state intends to use funds to support ongoing internet connectivity costs or will provide a one-time payment as part of the grants.

    Response: In the Spending Plan Activity Response dated October 2021, Iowa previously clarified that the funds will not be used for ongoing internet connectivity.

- Employee Training and Scholarship Grants

    - o Please confirm private duty nursing providers will be delivering services in the home and services will not be delivered in any institutional settings.

    Response: Iowa confirms that the private duty nursing providers deliver services in member's own homes and not in institutional settings.

January 17, 2023, Update

- During FFY23 Q1, HHS, Iowa Medicaid has received preliminary clarification from CMS regarding the Health Informational Technology and Infrastructure, Expand Remote Monitoring and the Employee Training Scholarship grant expenditures

may not be eligible for either the service or the administrative federal match. The state is waiting for final confirmation from CMS.

- Iowa continues to work with CMS on the ID Waiver PIT CAP and Appendix K submissions. A call was held with CMS January 12, 2023, to discuss next steps. The state will continue to work towards approval of the CAP and the Appendix K submission.
- During FFY23 Q1, HHS, Iowa Medicaid and the MCOs distributed the remaining Recruitment and Retention payments to qualified providers during. Details are provided under the project section.
- During FFY23 Q1, HHS, Iowa Medicaid received and is reviewing over 244 applications for the Health Information Technology and Infrastructure grant, Expand Remote Monitoring grant and the Employee Training and Scholarship grants. Details have been provided under each of the project sections.

April 17, 2023, Update

- Iowa received CMS approval for the ID Waiver PIT CAP February 10, 2023.
- Iowa received CMS approval for the Appendix K implementing the ID Waiver PIT CAP February 23, 2023.
- During FFY23 Q2, Iowa Medicaid distributed over $1.4M to 26 HCBS providers for Employee Training and Scholarship. A second grant review and distribution period is schedule for FFY Q3.
- During FFY23. Iowa Medicaid reviewed 30 applications for the Expand Remote Monitoring grant with requests totaling over $3.1M. Grants fund will be distributed during FFY23 Q3.
- During FFY Q2, Iowa Medicaid reviewed 144 applications for the Health Information Technology and Infrastructure grant with requests totaling over $28.1M. Grant funds will be distributed during FFY23 Q3.

July 17, 2023, Update

- During FFY23 Q4 Iowa rebranded the Community -Based Services Implementation project to the HOME project which stands for Hope and Opportunity in Every Environment. The project description has been amended to reflect the rebranding of the project.
- HHS has contracted with the state's licensed foster care agency responsible for the recruitment and retention of therapeutic resource parents with the goal of recruiting therapeutic foster home parents to be ready to serve children beginning October 1, 2023.
- During FFY23 Q4 the Iowa Legislature appropriated funds for SFY24 which included funds to sustain the HCBS provider rate increase for SFY24Q4.
- During FFY23 Q4 the Therapeutic Foster Home Grant project was reduced from $3.5M to $2M with $1.5M moved to the HIT&I project.

- During FFY23 Q4 the Learning Management System project budget was reduced to $1.5M with 1.5M moved to the HIT&I project budget.
- During FFY23 Q4 the Direct Support Employment Network and Hiring Resource project budget was reduced by $1.5M to $1.5M with $1.5M moved to the HIT & I project budget.
- During FFY23 Q4 Iowa Medicaid distributed over $3.3M in Expand Remote Monitoring grant funds to 31 HCBS waiver and Habilitation providers.
- During FFY23 Q4 Iowa Medicaid distributed over $3.6M in Employee Training and Scholarship grant funds to 59 HCBS providers.
- During FFY23 Q4 Iowa Medicaid distributed over $24M in Health Information Technology and Infrastructure grant funds to 144 HCBS providers.

September 19, 2023, Update, Additional Information Requested from CMS

Health Information Technology and Infrastructure (HIT & I) Housing Infrastructure Grant:

- Please confirm funds wouldn't go towards paying room and board.

  State's Response: The Housing Infrastructure Grant funds do not include room and board costs.

Development Grant – Pilot for Therapeutic Foster Homes:
- Regarding your Qualified Residential Treatment providers, please confirm funds are not going to providers delivering services in institutional settings such as IMDs.

  State's Response: The state confirms that grant funds are not going to providers delivering services in institutional settings such as IMDs. Grant funds for the Therapeutic Foster Homes pilot are being paid to the state's licensed foster care agency responsible for recruitment and retention of therapeutic resource parents and to the therapeutic resource parents providing care to the children in the pilot.

Increased Training and Support

Budget $38,830,160

Home and Community Based Service providers work diligently to provide comprehensive training to their staff however there may be spaces in which training is needed to provide more specialized care and expand services to individuals with more complex needs. Training can be challenging to find and expensive for provider agencies to seek out individually. Investment in a statewide training system will support consistent, innovative, and more efficient training opportunities to staff in all areas of the state and across provider types.

Provider Training Platform

Activity Overview: Enhance the provider training platform under development by purchasing provider training modules and content which will include such topics as:

♦ Training resources for Parents with ID/DD and for Caregivers of Children with ID/DD

♦ Crisis Response Training and Train the Trainer Crisis Response training

♦ Positive Behavioral Supports (PBS)
♦ The Fatal Five
♦ Population Health Management
♦ Critical incident investigation,
♦ Person Centered Service Planning - IntellectAbility
♦ Rights and Restrictions,
♦ Employment Supports
♦ Serving Individual's with Brain Injury
♦ Serving individuals with multi-occurring diagnosis, and/or complex medical needs,
♦ Serving individuals with sexualized behavioral problems

DHS, Iowa Medicaid is exploring the options available to develop and provide a statewide Learning Management System for HCBS providers. The training platform will require content to be developed and or purchased.

Targeted Providers:
- 1915(c) HCBS Waiver service providers
- 1915(i) HCBS Habilitation service providers.
- Rehabilitation Service providers including Mental Health, Substance Use Disorder, Behavioral Health Intervention Service (BHIS), Applied Behavioral Analysis (ABA), Crisis Response and Subacute Mental Health service providers.
- Home Health Care
- Personal Care and Private Duty Nursing Services
- Self-directed Personal Care Services
- School-based services

Timeline: Effective July 1, 2022

♦ The training platform will be functional July 1, 2023
♦ Effective January 1, 2023
  - Development and/or purchase of training content by July 1, 2023.

Target Project Completion Date: March 31, 2024

Sustainability plan:

♦ Ongoing funding support through the MFP Supplemental funding through 2024 dependent upon CMS MFP budget approval.

♦ Will require legislative appropriations to sustain the training platform and training content if federal funding for MFP ends or changes are made to the current MFP grant guidelines.

Project Activity:

February 1, 2022, Update:

• Iowa Medicaid began meeting with the University of Iowa University Centers for Excellence in Developmental Disabilities (UCEDD) to review the functionality of the Learning Management System under development.

• Added the Training Resources for Parents with ID/DD and for Caregivers of Children with ID/DD project to the Training Platform project.

• Added the Crisis Response Training and Crisis Response Train the Trainer training project to this project training.

• No ARPA funds have been expended on this project to date.

April 18, 2022, Update:

• Iowa Medicaid is exploring learning management systems in use in other states. Iowa Medicaid is reviewing systems for functionality, compatibility, maintenance, and sustainability.
• No ARPA funds have been expended on this project to date.

July 18, 2022, Update:

• Iowa Medicaid continues to explore learning management systems in use by HHS entities in other states. Iowa Medicaid is reviewing systems for functionality, compatibility, maintenance, and sustainability.

• No ARPA funds have been expended on this project to date.

October 18, 2022, Update

• The Provider Training Platform project budget decreased from $8.1M to $3M because of changes in the FMAP assumptions.

• Iowa Medicaid continues to explore learning management systems in use by HHS entities in other states.

• Iowa Medicaid has developed an LMS evaluation tool to capture information about the LMS under review.

- Iowa Medicaid continues to explore the option to issue a Request for Proposal (RFP) to contract with an LMS vendor for software as a service and the option to leverage existing LMS contracts already exist within the state.

- No ARPA funds have been spent on this project to date.

January 17, 2023, Update

- HHS, Iowa Medicaid issued a Request for Information RFI MED-24-008 to solicit responses from the vendor community to obtain information about HCBS Learning Management Systems and Direct Support Job Boards.

    o Vendor written responses were due January 13, 2022.
    o Responses received.

- HHS, Iowa Medicaid intends to issue a Request for Proposals (RFP) utilizing the information received from the RFI respondents during FFY23 Q2.

April 17, 2023, Update

- HHS, Iowa Medicaid is finalizing the RFP and intends to release the RFP to solicit a vendor to provide the LMS during the first month of FFY23 Q4.

July 17, 2023, Update:

- HHS Iowa Medicaid continues to refine the RFP and intends to release the RFP during to solicit a vendor to provide the LMS during the FFY23 Q4

- No ARPA funds have been expended on this project to date.

HCBS Employee Training and Scholarship Grant Program

Activity Overview: Grants would serve the purpose of assisting qualified HCBS providers to fund employee training and scholarships for education and training in nursing, behavioral health, and other health care fields. Grant funds must be used to cover costs related to training and education that will enhance the quality of direct services provided and/or cover the costs related to a course of study that is expected to lead to career advancement with the provider or in the HCBS field.

Eligible providers deliver HCBS in the member's own home, or other integrated community-based settings that fully complies with the HCBS settings requirements and not in institutional settings.

Eligible Projects

Projects may include but are not limited to those listed below.

- Projects that expand the providers capacity to serve HCBS participants by ensuring direct support professionals are highly trained and well qualified to deliver HCBS. Examples of projects include, but are not limited to:
- Purchase of staff training and development technology (hardware and software) to support staff training and development.
  - Computer equipment including tables, desktops and/or laptops.
  - Software.
  - Training and technical assistance costs related to implementing the training and development technology.
- Purchase of competency-based training content including self-directed trainings that will enhance the quality of direct services provided.
- Payment for registration and associated costs for industry-recognized courses that result in certification, or credential, of the employee which will enhance the quality of direct services provided and/or promotes advancement of the employee in the field of long-term services and supports within the provider's organization. The certification must be awarded in recognition of an individual's attainment of measurable technical or occupational skills necessary to obtain employment or advance within an occupation.
  - Direct support professional certification
  - ISTART certification
  - Positive behavioral supports (PBS) certification
  - Certified brain injury specialist (CBIS) certification
  - Certified brain injury specialist trainer (CBIS-T) certification
  - Crisis response certification
  - Behavioral health technician certification
  - Certified employment support specialist certification
  - Medication aide certification
  - Home health aide (HHA) certification
- Provision of up to $1,000 in tuition assistance to employees enrolled in post-secondary or continuing education courses that includes stackable course credits supporting adult basic education, a degree program, a diploma, or license, that will enhance the quality of direct services provided and/or promote advancement of the employee within the provider's organization. Eligible courses of study include:
  - Nursing, including certified nursing assistant (CNA), licensed practical nurse (LPN), or other relevant degrees.
  - Degree programs in the field of long-term care, including care for persons with disabilities
  - Social work
  - Licensed mental health professional (LMHP)
  - Licensed applied behavior analyst (LABA)

- o Occupational therapy
- o Physical therapy
- Other projects which meet the intent of improving, enhancing, or strengthening Iowa's HCBS infrastructure
- Projects aligning with the projects described above and that have been implemented since April 1, 2021, are eligible for grant funds. Providers must include a detailed description of the project and its intended outcomes and provide a detailed budget to support the request for funds.

Targeted Providers:

- 1915(c) HCBS waiver providers, including case management and consumer choices option (CCO) participants.

- 1915(i) state plan HCBS habilitation providers, including case management.

- Home health agencies delivering HCBS waiver services, personal care, and private duty nursing.

- TCM.

- Rehabilitative service providers including:

  - o Assertive community treatment (ACT) providers.

  - o Applied Behavior Analysis (ABA).

  - o Behavioral Health Intervention Services (BHIS).

  - o Community-Based Neurobehavioral Rehabilitation Services (CNRS).

  - o Behavioral health service providers delivering mental health services or substance use disorder service

Timeline: Effective October 1, 2022

Sustainability plan: One-time cost

Target Project Completion Date: March 31, 2024

Project Activity:

February 1, 2022, Update:

- The provider application process and fund disbursement plan will be developed and implemented during the fourth current quarter.

- No ARPA funds have been expended on this project to date.

April 18, 2022, Update:

- The Department intends to establish an application process for the providers to request funds.

- The Department intends to submit a Directed Payment Preprint for this project to CMS during FFY22 Q4.

- The Employee Training and Scholarship grant funds will begin to be distributed by the MCOs during FFY22 Q4.

July 18, 2022, Update:

- Iowa Medicaid is in process of establishing an application process for the providers to request funds. It is anticipated that providers will begin applying for funds FFY22 Q4.

- Iowa Medicaid intends to submit a Directed Payment Preprint for this project to CMS during FFY22 Q4.

- No ARPA funds have been expended on this project to date.

October 18, 2022, Update:

- The Employee Training and Scholarship grant budget has been decreased from $6.0M to $3.3M because of changes in the FMAP assumptions.

- Iowa Medicaid met with CMS and determined that this was not a directed payment and that a Directed Payment Preprint was not required.

- Iowa Medicaid developed the procedure for submission of the grant application and for reviewing and approving projects and funding amounts.

- Iowa Medicaid issued Informational Letter 2382-MC-FFS announcing the grant and providing guidance for applying.

- Iowa Medicaid launched the application for the grant on October 1,2022 and will continue to accept applications until the funds are expended.

- Grant applications will be vetted throughout the quarter as received.

- The ARPA project evaluation team will evaluate the applications and make final recommendations for project approval and funding amounts.
- No ARPA funds have been expended on this project to date.

January 17, 2023, Update:

- HHS, Iowa Medicaid continues to accept applications for the Employee Training and Scholarship grant.
    - Applications received to date: 56.
    - Amount Requested $3,289,136
- HHS, Iowa Medicaid is in the process of reviewing the applications received and will begin distributing funds to eligible applicants during FFY23 Q2.

April 17, 2023, Update:

- HHS, Iowa Medicaid continues to accept applications for the Employee Training and Scholarship grant.
    - Applications received to date: 64.
    - Amount Requested $3,734,954.00
- During FFY23 Q2, Iowa Medicaid distributed over $1.4M to 26 HCBS providers for Employee Training and Scholarship. A second grant review and distribution period are schedule for FFY Q3. The grant application period will close April 30, 2023.

July 17, 2023, Update:

- During FFY23 Q4 Iowa Medicaid distributed over $3.6M in Employee Training and Scholarship grant funds to 59 HCBS providers.

<u>Health Information Technology (IT) and Infrastructure Grant</u>

Activity Overview: Develop a provider Health IT and Infrastructure grant for providers. The movement of the system towards increased outcome monitoring and better continuity of care will take an investment in infrastructure for our HCBS

providers. Provider's eligible for the HIT & I grant funds deliver services in integrated community-based settings that are fully compliant with the HCBS settings requirements and are not institutional settings. All grant funds to build homes or renovate existing homes or structures are integrated community-based settings that are fully compliant with the HCBS settings requirements.

Grant funds are not used for ongoing internet connectivity costs.

Eligible Projects

Projects may include but are not limited to those listed below.

- Projects that expand providers' capacity to serve HCBS participants. Examples of projects include but are not limited to:
  - Vehicles – purchasing new or modifying existing vehicles to transport HCBS participants in more individualized ways.
  - Vehicles – purchasing new or modifying existing vehicles for use by staff to conduct HCBS (on-call response, medication administration, planning meetings, etc.)
  - Purchase of single-family homes in neighborhoods in the community to expand access to HCBS residential services to individuals with multi-occurring diagnoses and complex needs; and those transitioning from hospitals, nursing facilities, skilled nursing facilities, rehabilitation facilities, and other congregate care settings.
  - Renovations to existing homes and buildings where direct services are provided.
- Accessibility
- Safety
- Service expansion (adding space to accommodate additional service recipients)
  - Purchase of critical building systems
  - Upgrading or purchasing electrical, heating, ventilation, air conditioning, security, life safety, lighting, utilities, telecommunications, and energy management
- Projects that improve access to care and monitoring of the quality of care for HCBS Medicaid members
  - Purchasing of certified EHR technology to improve the quality of member care.
    - i. New or upgraded technology.
    - ii. Purchasing or updating internal IT systems
    - iii. Modifying current software or hardware
    - iv. Training costs related to implementing technology.
  - Projects to fully comply with federal EVV requirements. Examples of projects include, but are not limited to:
    - i. New or upgraded technology to allow for compliance with EVV.
    - ii. Purchasing or updating internal IT systems
    - iii. Modifying current software or hardware
    - iv. Training costs related to implementing technology.

- o Purchasing of electronic service record technology
    - i. New or upgraded technology to allow for compliance with service documentation requirements.
    - ii. Purchasing or updating internal IT systems
    - iii. Modifying current software or hardware
    - iv. Training costs related to implementing technology.
- o Purchasing of telehealth equipment and software
    - i. The technology and equipment must comply with all relevant safety laws, rules, regulations, and codes for technology and technical safety for devices that interact with patients or are integral to diagnostic capabilities.
    - ii. The technology and equipment must be of sufficient quality, size, resolution, and clarity such that the licensee can safely and effectively provide the telemedicine services.
    - iii. The technology and equipment utilized in the provision of telemedicine services must be compliant with HIPAA.
    - iv. Training costs related to implementing technology.
- o Purchasing of services that improve overall organizational infrastructure. Eligible activities under this category include:
- Hiring staff or consultants to assist with:
- o developing database management systems
- o developing financial systems
- o developing meaningful use EHR systems
- o developing technology enabled services.
- o developing internal quality monitoring and improvement systems
- Building other administrative systems needed to increase the organization's ability to access and sustain new funding sources and deliver on the organization's mission.
- Purchasing of technology or other equipment for HCBS staff to support community-based services and programs.
- One-time purchases of equipment to increase HCBS participant independence and community access (when purchases are not otherwise available by other dedicated funding sources, or otherwise covered services). Examples of projects may include, but are not limited to:
    - o Adaptive equipment to assist with community access, activities of daily living, and independence
        - Wheelchair ramp
        - Vehicle platform lift (VPL)
        - Ceiling lift
    - o Assistive technology – equipment, software program, or products/systems used to increase, maintain, or improve the functional capabilities for HCBS participants not otherwise available through the HCBS waiver or state plan Medicaid

- Other projects which meet the intent of improving, enhancing, or expanding Iowa's HCBS infrastructure
- Projects aligning with those described above and that have been implemented since April 1, 2021, are eligible for grant funds. Providers must include a detailed description of the project, its intended outcomes, and a detailed budget to support the request for funds.

Targeted Providers:

- 1915(c) HCBS waiver providers, including case management and consumer choices option (CCO) participants.

- 1915(i) state plan HCBS habilitation providers, including case management.

- Home health agencies delivering HCBS waiver services, personal care, and private duty nursing.

- TCM.

- Rehabilitative service providers including:

  o Assertive community treatment (ACT) providers.

  o Applied Behavior Analysis (ABA).

  o Behavioral Health Intervention Services (BHIS).

  o Community-Based Neurobehavioral Rehabilitation Services (CNRS).

  o Behavioral health service providers delivering mental health services or substance use disorder service

Timeline: Effective July 1,2022

- Development of the grant application and fund distribution process.

- Issuance of the grant application announcement.

- Receipt and processing of grant applications.

- Distribution of funds to applicants.

Sustainability plan: One-time cost

Target Project Completion Date: March 31, 2024

Project Activity:

February 1, 2022, Update:

- Activity on this project will be initiated during the next quarter.

- No ARPA funds have been expended on this project to date.

April 18, 2022, Update:

- The Department intends to establish an application process for the providers to request funds.
- The Department intends to submit a Directed Payment Preprint for this project to CMS during FFY22 Q4.
- The Health IT and Infrastructure grant funds will begin to be distributed by the MCOs during FFY22 Q4.

July 18, 2022, Update:

- Iowa Medicaid is in process of establishing an application process for the providers to request funds. It is anticipated that providers will begin applying for funds during FFY 22 Q4.

- Iowa Medicaid intends to submit an Appendix K amendment, Disaster SPA and Directed Payment Preprint for this project to CMS during FFY 22 Q4

- No ARPA funds have been expended on this project to date.

October 18, 2022, Update:

- The Health IT Infrastructure Program project budget was reduced from $72.3M to $27.8M (Total) due to changes in the FMAP assumptions.

- Iowa Medicaid met with CMS and determined that this was not a directed payment and that a Directed Payment Preprint was not required.

- Iowa Medicaid developed the procedure for submission of the grant application and for reviewing and approving projects and funding amounts.

- Iowa Medicaid issued Informational Letter 2384-MC-FFS announcing the grant and providing guidance for applying.

- Iowa Medicaid launched the application for the grant on October 1,2022 and will continue to accept applications until the funds are expended.

- Grant applications will be vetted throughout the quarter as received.

- The ARPA project evaluation team will evaluate the applications and make final recommendations for project approval and funding amounts.
- No ARPA funds have been expended on this project to date.

January 17, 2023, Update:

- HHS, Iowa Medicaid continues to accept applications for the Employee Training and Scholarship grant.

  - Applications received to date: 144.

  - Amount Requested $28,143,886.

- HHS, Iowa Medicaid is in the process of reviewing the applications received and will begin distributing funds to eligible applicants during FFY23 Q2. Due to the discrepancy between the amount requested and the amount budgeted, it is anticipated that many requests will be only partially approved or denied. HHS, Iowa Medicaid will be prioritizing funding for those projects that are designed to transition individuals out of ICF/ID settings into HCBS residential settings and improve overall community capacity for HCBS.

April 17, 2023, Update:

- During FFY Q2, Iowa Medicaid reviewed 144 applications for the Health Information Technology and Infrastructure grant with requests totaling over $28.1M. Grant funds will be distributed during FFY23 Q3.

July 17, 2023, Update:

- During FFY23 Q3 Iowa Medicaid distributed over $24M in Health Information Technology and Infrastructure grant funds to 144 HCBS providers.

- During FFY23 Q4 Iowa Medicaid will distribute additional HIT & I grant funds specifically for Housing Infrastructure. Grant details have been provided below.

HCBS Housing Infrastructure Grant

The ARPA HCBS Housing Infrastructure Grant is intended to provide financial support directly related to the construction, renovation, or purchase of homes to support the expansion of residential services for HCBS Waiver and Habilitation participants.
- o Eligible providers for the Housing and Infrastructure Grant include:
  • 1915(c) HCBS BI and ID Waiver Supported Community Living (SCL) and Residential-Based Supported Community Living (RBSCL) service providers.
  • 1915(i) State Plan HCBS Habilitation Home-Based Habilitation (HBH) service providers.
- o Eligible Projects may include but are not limited to:
  - Purchase of single-family homes in the community to expand access to HCBS residential services for individuals with multi-occurring diagnoses and complex needs; and those transitioning from hospitals, nursing facilities, skilled nursing facilities, rehabilitation facilities, and other congregate care settings.
  - New construction of single-family homes in the community to expand access to HCBS residential services for individuals with multi-occurring diagnoses and complex needs; and those transitioning from hospitals, nursing facilities, skilled nursing facilities, rehabilitation facilities, and other congregate care settings.
  - Renovations to existing homes and buildings where direct services are provided; renovations must address:
    o accessibility.
    o safety.
    o service expansion (adding space to accommodate additional service recipients).

Expanded Access

Budget: $77,848,503

Provider and service access across the state can be a barrier for several reasons. Providers may be willing to expand services geographically or enhance services for those

individuals with complex or specialized needs but lack the up-front investments and resources needed to do so. Utilizing this funding to invest in sustainable provider expansion is critical at a time where need is increasing.

Community Based Services Evaluation (CBSE) for Iowans with Disabilities and Behavioral Health Needs

Activity Overview: Contract with a vendor to conduct a study and gap analysis of the Behavioral Health, Aging, and Disability Services System including the HCBS Waiver programs. This will include an analysis of the services available, costs and utility of HCBS benefits incorporated into waivers, make recommendations for realignment of the service menus across the Behavioral Health, Aging, and Disability Services System.

Service system realignment should account for the interconnectivity between Medicaid State Plan, HCBS Waivers and MHDS Regional coverage of services and supports.

Contract will include technical assistance and implementation support because of the system evaluation report and findings.

Targeted Providers:

- 1915(c) HCBS Waiver service providers
- 1915(i) HCBS Habilitation service providers.
- Rehabilitation Service providers including Behavioral Health Intervention Service (BHIS), Applied Behavioral Analysis (ABA), Crisis Response and Subacute Mental Health service providers.
- Home Health Care
- Personal Care and Private Duty Nursing Services
- Self-directed Personal Care Services

Timeline: Report completed by January 1, 2023
- Effective December 1, 2021
  - RFP
  - Contract

Target Project Completion Date: January 1, 2023

Sustainability plan: One-time cost to complete the study. Although we are anticipating budget neutrality the recommendations identified in the study may require legislative appropriations to fund the additional expenditures beyond 2024.

Project Activity:

February 1, 2022, Update:

- RFP was issued 09/03/2021.

- DHS awarded the contract to Mathematica 11/30/2021.

- Scope of Work to begin following contract signing in January or February 2021.

- No ARPA funds have been expended on this project to date.

April 18, 2022, Update:

- Scope of work began February 1, 2021.

- The spending plan has been updated to reflect actual expenditures to date.

July 18, 2022, Update:

- This project is now being referred to as Community Based Services Evaluation (CBSE).

- The Harkin Institute is working with Mathematica and the Iowa Department of Human Services to assess community-based services related to behavioral health, disability, and aging in Iowa. For this effort, we will be hosting listening sessions with people who receive these services, their families and caregivers, and their providers. More details on our project can be found at https://dhs.iowa.gov/CBSE.

- Mathematica collected data from policy staff.

- The Website page is being updated and go live on July 5th.

- Mathematica team continues to work through the data. Expecting the analysis to be completed during FFY 22 Q4.

October 18, 2022, Update:

- Mathematica established an advisory committee of stakeholders, including those with firsthand experience with CBS, who meet monthly. The state anticipates

that this committee may continue to exist to assist with feedback on and operational implementation of Mathematica recommendations.

- The draft findings and recommendations report has been submitted to HHS and shared with the Advisory Committee members.

- The virtual Findings and Recommendations Conference was held on October 11. This conference was be led by Mathematica with participation from HHS and the Advisory Committee.

- On November 10, a follow-up recommendations conference will occur with the same group as the October 11 meeting.

- Mathematica will continue to work to finalize the report, due back to the agency by January 31, 2023.

January 17, 2023, Update:

- Mathematica held the Iowa CBSE Recommendations Conference November 11, 2022. Recommendations include:
  - Develop streamlined screening and processes to better understand and align services and supports with needs.
    - Conduct point-in-time screening
    - Improve waitlist policy and procedure
    - Develop data architecture
  - Redesign Medicaid HCBS waiver services to align with member need
    - Develop waiver service package
    - Conduct financial analyses
    - Develop uniform assessment tool
  - Maximize access to Medicaid HCBS and other CBS supports for people who need LTSS
    - Create resources for system navigation
    - Develop navigation staff
    - Train and certify case managers
    - Set case management-to-member ratios.

- Mathematica has developed a Technical Assistance Plan and Budget for the CBSE Realignment Implementation.
- HHS leadership is reviewing the recommendations, implementation plan and proposed budget.

April 17, 2023

- Unspent funds for the Evaluation Phase have been moved to the budget for the Implementation Phase.

Hope and Opportunity in Many Environments (HOME) Project

Activity Overview: The Community Based Services for Iowans with Disabilities and Behavioral Health Needs Realignment Implementation has been rebranded to the HOME project. The state is requesting to reserve a portion of funds to be used on specific areas that are identified as gaps or barriers to access and quality as part of the system evaluation. This will provide the state flexibility to invest in focused activities that will improve the system in a strategic and objective manner Contract with a vendor to provide implementation support because of the system evaluation report and findings. Service system realignment should account for the interconnectivity between Medicaid State Plan, HCBS Waivers and MHDS Regional coverage of services and supports.

Contract will include technical assistance and implementation support because of the system evaluation report and findings.

Targeted services include:

- 1915(c) HCBS Waiver service

- 1915(i) HCBS Habilitation service.

- Rehabilitation Services including Mental Health, Substance Use Disorder, Behavioral Health Intervention Service (BHIS), Applied Behavioral Analysis (ABA), Crisis Response, Subacute Mental Health services, drug, and alcohol services.

- Home Health Care

- Personal Care and Private Duty Nursing Services

- Self-directed Personal Care Services

- School-based services

Timeline: Initiate Implementation Recommendations July 1, 2023
- Effective January 1, 20232
  - RFP
  - Contract

Target Project Completion Date: March 31, 2024

Sustainability plan: One-time cost to complete the system realignment. Although we are anticipating budget neutrality the recommendations identified in the study may require legislative appropriations to fund the additional expenditures beyond 2024.

Project Activity:

February 1, 2022, Update:

- RFP was issued 09/03/2021.

- DHS awarded the contract to Mathematica November 11, 2022.

- Scope of Work for the realignment implementation to begin January 1, 2023, following completion of the evaluation.

April 18, 2022, Update:

- Activity has not begun on this project.

July 18, 2022, Update:

- Project renamed to Community Based Services for Iowans with Disabilities and Behavioral Health Needs Realignment Implementation.

- Activity has not begun on this project

October 18, 2022, Update:

- Activity has not begun on this project

January 17, 2023, Update:

- Mathematica has developed a Technical Assistance Plan and Budget for the CBSE Realignment Implementation which is under review by leadership at this time.

- Activities projected for FFY23Q2 include:

  o Hosting focus groups

  o Determination of responsible parties

  o Hosting workgroups

- o Creating business process maps

- o Developing process and procedure

- o Defining the system parameters and requirements, including drafting business process flows and data flow charts that depict the system's future functioning including data exchange

- o Creating a financial analysis plan

- o Identifying best practices in assessment of need

    Identifying the domains and features of current assessment tools and processes and determine what is included in other universal assessments.

April 17, 2023, Update:

- Mathematica published the Final Evaluation Report January 31, 2023: Recommendations for Strengthening Iowa's Community Based Services System Mathematica has developed the Implementation Plan for CBSE Realignment. This document may be accessed online at: https://hhs.iowa.gov/sites/default/files/Iowa-CBSE-Final-Evaluation-Report.pdf

- Mathematica has presented their Transformation Plan for transforming the system statewide.

- Transformation activities planned for implementation during FFY23 Q4 include:

    - o Host workgroups, collect feedback, gather ideas and co-create solutions through participation groups and other engagement activities for the following recommendations:

        - ▪ Conducting a point in time screening.

        - ▪ Improving waitlist policy and procedure.

        - ▪ Development of data architecture.

        - ▪ Development of the waiver service package.

        - ▪ Conducting the fiscal analysis.

        - ▪ Development of a uniform assessment tool.

        - ▪ Creating resources for system navigation.

        - ▪ Developing navigation staff.

- - Training and certify case managers.

- - Set case manager to member ratios for managed care enrollees.

- Unspent CBSE Evaluation funds have been moved to the Implementation project.

July 17, 2023, Update:

- In March 2023, we created a Steering Committee that meets monthly to gather insights and to guide the redesign. The 20-person steering committee includes people who use waiver services, caregivers, providers, case managers, and other partners. This year, the committee has provided feedback on a tool that will be used to screen people who are currently on a 1915(c) waiver waitlist. They shared feedback on their experiences with case management and hopes for the service. And, they have helped pilot test a survey that will be used to learn about waiver services.

- In May 2023, Medicaid Director Elizabeth Matney met with Iowans at the Together We Can Conference. She spoke with attendees about the Iowa Medicaid program and the long-term services and supports (LTSS) it provides to members, including how the state is planning to align services to needs. Mathematica is planning in-person events across Iowa in July-September 2023 to share information on waiver redesign and gather key insights from invested Iowans.

- Iowa is deploying new branding for waiver redesign; moving forward we will be referring to this project as the Hope and Opportunity in Many Environments (HOME) project.

- Iowa will submit a Planning Advance Planning Document (PAPD) funding request for an LTSS system.

Assistance with Application, Care Coordination, and Referral to Services

Activity Overview: Contract with a vendor to assist with the waiver application process to ensure people are applying for the correct waiver based on their needs and assist with care coordination and referral to service tasks as needed.

♦ The Department currently contracts with DHS TCM to provide case management services to the HCBS Waiver Fee-for-Service (FFS) populations on the AIDS/HIV, Health& Disability, and Physical Disability Waivers. The Department could use the same reimbursement methodology to reimburse a

vendor for assisting individuals with the wavier application and referral processes.

♦ The intent is to provide an intake function, single point of entry, appropriate waiver application, obtaining the necessary documentation to support LOC, and connecting to other DHS services such as in home health related care (IHHR), childcare assistance, supplemental nutrition benefits and rental assistance etc. This project will supplement and not supplant existing state funds expended for Medicaid HCBS as of April 1, 2021. This will be a new support available for applicants seeking HCBS waiver services. Currently individuals seeking HCBS are only eligible to receive HCBS waiver case management services once approved for an HCBS waiver. The state plan targeted case management service is limited to individuals who are part of the target population. This includes adults who are identified with a primary diagnosis of intellectual disability, chronic mental illness, or developmental disability; or a child who is eligible to receive HCBS intellectual disability waiver services or HCBS children's mental health waiver services. This could link with a project to do a one-time screening of the members on the waitlists today.

Target Populations:

- Individuals who need HCBS and other support services and who do not have access to case management or care coordination service including.

- Individual who are not yet Medicaid eligible

- Individuals who are Medicaid eligible and do not have case management

- Individuals with brain injury

- Individuals with physical disabilities

Individuals who are age 65 and over.

Timeline: Effective January 1, 2023

♦ Amend the DHS TCM contract
♦ Establish the referral processes
♦ Establish SOP
♦ Administrative Rules – Screening Process

Targeted Project Completion Date: March 31, 2024

Sustainability plan: May require legislative appropriations to fund the additional expenditures beyond 2024 but the goal is to find a sustainable solution through other mechanisms.

Project Activity:

February 1, 2022, Update:

- Activity on this project has not been initiated.

- No ARPA funds have been expended on this project to date.

April 18, 2022, Update:

- Activity on this project has not been initiated.

No ARPA funds have been expended on this project to date.

July 18,2022, Update:

- Activity on this project has not been initiated.

- No ARPA Funds have been expended on this project to date.

October 18, 2022, Update:

- This project has been suspended due to other related projects in flight that will address this need.

- The funds allocated for this project have been reallocated to other ARPA HCBS projects.

Development Grant - Community-Based Neurobehavioral Rehabilitation Services (CNRS) pilot for children

Activity Overview: Building provider capacity through the development of one or more pilots to serve children with neurobehavioral needs in a residential setting to avoid out of state (OOS) placement and hospitalization. This service will be delivered in community-based non-institutional settings.

This project will expand capacity and will enhance, expand, and strengthen HCBS under the Medicaid program by providing an in-state residential service for children with neurobehavioral needs related to brain injury. Currently there is no residential service option for children with neurobehavioral needs that are unable to receive services in the family home due to health and safety issues of the member and/or other family members. Iowa currently has eleven children with neurobehavioral

needs that are being served in out of state residential services that could be repatriated back to Iowa if a residential service existed for these children.

♦ The long-term expectation is that based on the results of the pilot the residential service for children will be adopted under the state plan Community-based Neurobehavioral Rehabilitation services. The plan for transitioning those children to adult services upon turning eighteen would include transitioning to the HCBS BI Waiver Supported Community Living (SCL) service if their needs can be met by an SCL provider or transitioning to the residential community-based neurobehavioral residential service for adults if the individual requires additional treatment to prepare for transition to SCL. The state reserves waiver funding slots each year under the HCBS BI Waiver for individuals receiving residential community-based neurobehavioral rehabilitation services and are ready to transition to the HCBS BI Waiver.

♦ Estimated Number of Awards 1-3

  Targeted providers:

  • Rehabilitation service providers enrolled as Community-based Neurobehavioral Rehabilitation service providers.

  • 1915(c) HCBS BI Waiver service providers

  • Other providers that are qualified through training and experience to serve this population.

Timeline: Effective: January 1, 2022

♦ RFP development
♦ Competitive bidding
♦ Training
♦ Implementation

Targeted Project Completion Date: March 31, 2024

Sustainability plan: Pilot results would be used to support any requested appropriations in subsequent years. Based on the results of the pilot project the state will consider submission of an 1115 demonstration to continue the project after the conclusion of the expenditure period.

Project Activity:

February 1, 2022, Update:

• Planning sessions began October 25, 2021.

- Public Listening Sessions were held December 8, 2021.

- A Request for Information (RFI) to solicit information to inform the Request for Proposal (RFP) development will be issued during the next quarter.

- No ARPA funds have been expended on this project to date.

April 18, 2022, Update:

- RFI Released February 18, 2022.

- Questions related to the RFI were due March 11, 2022.

- Agency posted answers to RFI questions March 25, 2022.

- RFI responses are due Friday April 29, 2022, by 3:00 PM CST. RFP is anticipated to be released during FFY22 Q4.
- No ARPA funds have been expended on this project to date.

July 18, 2022, Update:

- RFP is under development.

- DHS, Iowa Medicaid intends to release the RFP during FFY22 Q4.

- DHS, Iowa Medicaid intends to contract with the selected bidder(s) during FFY23 Q1.

- No ARPA funds have been expended on this project to date.

October 18, 2022, Update:

- This project has been suspended due to the time remaining in the ARPA implementation period being insufficient to allow for issuance of an RFP, awarding a contract, start up, operationalization and implementation.

- The funds allocated for this project have been reallocated to other ARPA HCBS projects.

Development Grant - Pilot for Therapeutic Foster Homes

Activity Overview: Building capacity through the development foster parent trainings and support when caring for children with complex behavioral needs and trauma

informed care. Medicaid would support the foster parent and child through necessary constellations of services. This project will enhance and strengthen HCBS under the Medicaid program by building out a process that combines the use of Title IV-E funds for daily living expenses (care and supervision) with an array of HCBS services (care coordination, respite, and family support) for children with severe emotional disturbances to provide children in care with an effective array of services that promote placement stability in family settings and reunification. Therapeutic foster homes are a cost-efficient alternative to congregate care, with improved outcomes for children. Building out the connection between foster care and HCBS services will assist in maintaining more children with SED in family settings and provide a continuity of care that allows them to maintain connection with supportive services as they transition home and out of child welfare services.

This project will also enhance HCBS by strengthening and expanding access to rehabilitative and crisis response services for children with complex behavioral needs by engaging BHIS, Crisis Response, ABA, and other rehabilitative service providers in the development of a robust array of training and support services. This project will also support family reunification and the transitioning of children into state plan HCBS or HCBS waiver services. This project would enhance essential supports within the continuum of care for children in Iowa and prevent long-term institutionalization.

Targeted providers:

- Licensed Foster Parents

- Licensed Foster Care Agencies

- 1915(c) HCBS Children's Mental Health Waiver providers

- Qualified Residential Treatment (QRTP) Providers

- Rehabilitation service providers including Behavioral Health Intervention Services (BHIS), Applied Behavioral Analysis (ABA), and other behavioral health service providers.

Timeline: Effective: January 1, 2022

♦ RFP development
♦ Competitive bidding
♦ Training
♦ Implementation

Sustainability plan: Pilot results would be used to request appropriations in subsequent years. Based on the results of the pilot project the state will consider

submission of an 1115 demonstration to continue the project after the conclusion of the expenditure period.

Target Project Completion Date: March 31, 2024

Project Activity:

February 1, 2022, Update:

- Internal planning sessions began December 17, 2021.

- No ARPA funds have been expended on this project to date.

April 18, 2022, Update:

- Initiated research into other states' programs.

- Develop proposed Iowa model by May 2, 2022.

- No ARPA funds have been expended on this project to date.

July 18, 2022, Update:

- Internal project team has developed the service model and refined the scope of the project, as evidenced by a written narrative and visual description.

- External stakeholder meetings and interviews are being scheduled for FFY22 Q4 to solicit feedback on the service model.

- No ARPA funds have been expended on this project to date.

October 18, 2022, Update:

- Internal project team completed 19 stakeholder input interviews to solicit feedback on the proposed service model.

- Information gathered in stakeholder input interviews was analyzed and used to generate a report highlighting common themes across the feedback provided. The team is currently reviewing this report and making necessary improvements to the proposed service model.

- The project team has developed six role-based resource documents to help internal stakeholders better understand what the service will look like and what will be expected of each involved entity.

- The updated service model will be reviewed by agency leadership prior to the end of FFY 23 Q1.

- No ARPA funds have been expended on this project to date.

January 17, 2023, Update:

- Project team has developed a training plan, both for therapeutic resource parents and stakeholders involved in the process.

- Program materials, including a referral form, have been developed.

- Leadership has approved the proposed program model.

- Contractual work has begun with the states' existing vendor for recruitment, retention, training, and support of foster families.

- Budget is being finalized.

- No ARPA funds have been expended on this project to date.

April 17, 2023, Update:

- Budget has been finalized and will be presented to leadership for final approval on April 5, 2023. This budget details how ARPA dollars will be spent prior to the March 31, 2024, end of enhanced match. It also details how the remainder of the pilot timeframe will be funded using state dollars.

- An amendment to the contract between the Department of Health and Human Services and Four Oaks (the state's recruitment, retention, and support contractor) has been drafted and will be submitted upon receipt of final approval of the budget.

- The contract amendment will allow the vendor to begin recruiting and training professional resource parents on July 1, 2023.

- The team is developing both internal and external communication plans for project stakeholders. The communication effort will be aligned with previously developed role-based one pagers.

July 17, 2023

- The proposed budget has been approved by Department leadership. A contract amendment has been executed with the state's licensed foster care agency responsible for recruitment and retention of therapeutic resource parents. A

memorandum of understanding with DHHS' case management unit has been executed.

• The recruitment of resource parents has begun with the goal of having therapeutic foster homes ready for children before October 1, 2023.

• The crisis service provider serving the pilot population has been briefed on the program and contracting efforts are underway for crisis response and stabilization services.

• The team is working on solidifying anticipated outcomes and developing a data monitoring and response plan. Additionally, the team is exploring the possibility of engaging an independent evaluator to assess pilot effectiveness.

Expand Remote Support through HCBS Provider Technology Grants.

Activity Overview: One-time grant to purchase technology and equipment to support the direct delivery of HCBS. Remote Monitoring also known as Remote Supports is the provision of support by staff at a remote location who are engaged with the participant to assist and respond to the participant's health, safety, and other needs through technology and smart devices. Remote monitoring works in conjunction with face-to-face human assistance to increase HCBS members autonomy, quality of life and enhancing the opportunity for community engagement. The type of equipment and where it is placed in the home will be specific to each person's skills, goals, and support needs. These remote monitoring services enable people to use technology in their homes, such as SMART appliances, monitors, sensors, communication devices, etc., through which they can receive supports from staff who are in another location and receive in person supports when needed based on the individual's skills, goals, preferences, and remote monitoring protocols.

The purchase of SMART technology strengthens the delivery of remote monitoring services by decreasing an HCBS members reliance on human assistance while ensuring the member has necessary support to reside safely and securely in the community. For example, a SMART refrigerator can replace staff assistance for food monitoring and grocery shopping preparation. Smart refrigerators use a camera in the refrigerator that allows the contents of the refrigerator to be viewed remotely using a cell phone. The Smart refrigerator catalogues the items in the fridge and helps to keep track of the expiration dates and inventory of essential items. This could assist people receiving HCBS to recognize when food needs to be eaten before it expires but also, when food may need to be thrown away and avoid potential food poisoning. The device can also be used to help prepare a shopping list.

The ability to mitigate danger is one of the most important aspects to the growing capabilities of the use of Smart technology. For example, some adults with accessing HCBS can have trouble identifying when temperatures are too hot or too cold. By setting the shower or bathtub to automatically reach specific temperatures, this danger can be reduced. The use of a Smart stove can also prevent fires from unattended cooking. This means that if an individual accidentally leaves the stove or oven on when they leave the home, the stove/oven could automatically be shut off if the person's smart watch or smart phone logs that the person has left the cooking area for a set amount of time or distance. The use of monitors and sensors to monitor health conditions, detects falls, detect wandering and grand mal seizure activity is also part of remote monitoring capabilities.

The HCBS Waivers currently cover Personal Emergency Response services (PERS) HCBS providers currently use the Night Owl system to provide for overnight monitoring of members who do not require the physical presence of a direct support staff.

Provider's eligible for the Remote Monitoring grant funds deliver services in integrated community-based settings that are fully compliant with the HCBS settings requirements and are not institutional settings. All grant funds to expand remote monitoring will be used in integrated community-based settings that are fully compliant with the HCBS settings requirements.

Grants funds do not include ongoing internet connectivity costs.

Eligible providers for the HCBS Remote Monitoring Grant include:

- 1915(c) HCBS waiver Supported Community Living and Supported Employment providers,

- 1915(i) state plan HCBS habilitation Home-Based Habilitation and Supported Employment providers

- Community-Based Neurobehavioral Rehabilitation Service (CNRS) providers.

Eligible Projects

Projects may include but are not limited to those listed below.
- Projects that expand providers' capacity to serve HCBS participants by providing remote support services using technology to provide real-time assistance from direct support professionals in remote locations, including but not limited to:
  o Purchase of consultation services to implement technology-enabled services.

- - Purchase of smart technology (hardware and software) or home automation devices to augment direct service delivery.
    - Computer equipment
    - Monitors, cameras, and speakers
    - Sensors (infrared, magnetic, audio, pressure, and motion)
    - Smart appliances such as refrigerators, washers, dryers, stoves, ovens, and microwaves
    - Home security systems including keyless entry and video doorbells
    - Safety equipment such as smoke and carbon monoxide detectors
    - Training and technical assistance costs related to implementing the technology
  - Purchasing of two-way, real-time communication technology systems that enable individuals to communicate with remote staff by using phones or web-based technology.
    - Technology and equipment must comply with all relevant safety laws, rules, regulations, and codes for technology and technical safety for devices that interact with patients or are integral to diagnostic capabilities.
    - Technology and equipment utilized in the provision of telemedicine services must be compliant with the Health Insurance Portability and Accountability Act (HIPAA).
    - Training and technical assistance costs related to implementing the technology
- One-time purchases of supportive technology to increase HCBS participant independence and community access (when purchases are not otherwise available by other dedicated funding sources, or otherwise covered services). Examples include, but are not limited to:
  - Assistive technology – equipment, software program, or products/systems used to increase, maintain, or improve the functional capabilities for HCBS participants not otherwise available through the HCBS waiver or state plan Medicaid
    - Medication reminders and dispensers
    - Wearable technology (smart watches, pendants, bracelets)
    - Health trackers
    - Augmentative communication devices
    - Computer accessibility devices
    - Frequency modulation (FM) systems, coupling accessories, and loop systems
    - Optical character recognition (OCR) software systems and screen readers
  - Other assistive or supportive technology recommended by professionals of occupational therapy, physical therapy, speech, hearing, and language services; assistive technology professionals and certified enabling technology integration specialists (ETIS)
  - Training and technical assistance in using assistive or supportive technology

- Purchasing of technology or other equipment for HCBS staff to support community-based services and programs
  - Smart phones (excluding monthly service fees)
  - Tablets
  - Laptops/desk top computers
  - Training and technical assistance
- Other projects which meet the intent of improving, enhancing, or strengthening Iowa's HCBS infrastructure
- Projects aligning with those described above, and that have been implemented since April 1, 2021, are eligible for grant funds. Providers must include a detailed description of the project, its intended outcomes, and a detailed budget to support the request for funds.

One-time grant to purchase technology and equipment to support the direct delivery of HCBS may not include:
- Internet connectivity costs

Estimated Number of Awards Unknown

Timeline: Effective: July 1, 2022
- Fiscal Analysis
- Planning
- RFP development
- SPA
- Administrative Rules
- Training
- Implementation

Target Project Completion Date: March 31, 2024

Sustainability plan: One-time cost

Project Activity:

February 1, 2022, Update:

- Activity on this project has not been initiated.

- No ARPA funds have been expended on this project to date.

April 18, 2022, Update:

- The Department intends to establish an application process for the providers to request funds.

- The Department intends to submit a Directed Payment Preprint for this project to CMS during FFY22 Q4.

- The Employee Training and Scholarship grant funds will begin to be distributed by the MCOs during FFY22 Q4.

July 18, 2022, Update:

- Iowa Medicaid is meeting with a group of external stakeholders during FFY 22 Q4 to further refine the use of project funds, describe the application process and future reporting of project outcomes.

- Iowa Medicaid will establish the application process for the providers to request funds during FFY22 Q4.

- Iowa Medicaid intends to submit a Directed Payment Preprint, and Appendix K for this project to CMS during FFY22 Q4.

- No ARPA funds have been expended on this project to date.

October 18, 2022, Update:

- Iowa Medicaid met with CMS and determined that this was not a directed payment and that a Directed Payment Preprint was not required.

- Iowa Medicaid developed the procedure for submission of the grant application and for reviewing and approving projects and funding amounts.

- Iowa Medicaid issued Informational Letter 2384-MC-FFS announcing the grant and providing guidance for applying.

- Iowa Medicaid launched the application for the grant on October 1,2022 and will continue to accept applications until the funds are expended.

- Grant applications will be vetted throughout the quarter as received.

- The ARPA project evaluation team will evaluate the applications and make final recommendations for project approval and funding amounts.

- No ARPA funds have been expended on this project to date.

January 17, 2023, Update:

- The grant application period closed on November 30, 2022

- Applications Received: 41.

- Amount Requested $4,685,460.00

- The ARPA project evaluation team is in the process of evaluating the applications and will make final recommendations for project approval and funding amounts.

April 17, 2023, Update:

- During FFY23. Iowa Medicaid reviewed 30 applications for the Expand Remote Monitoring grant with requests totaling over $3.1M.

- HHS, Iowa Medicaid will begin distributing funds to eligible provider for eligible projects in FFY23 Q3.

July 17, 2023, Update:

- During FFY23 Q4 Iowa Medicaid distributed over $3.3M in Expand Remote Monitoring grant funds to 31 HCBS waiver and Habilitation providers

Reduce the Intellectual Disability (ID) Waiver waitlist

Activity Overview: Allocate funds to add additional funding slots to the ID waiver to reduce the ID Waiver waitlist while furthering the vision of expanded access. The current ID Waiver fiscal capacity is 12,182 participants, of which 11,879 are currently filled with another 97-pending approval. There are approximately 5,895 Iowans on the ID Waiver waitlist as of April 3, 2022. The proposed addition of ID Waiver funding slots will provide the capacity to enroll additional applicants onto the waiver and to meet the growing demand for HCBS.

Target Population:

- Individuals with an ID diagnosis applying to the waiver

Timeline: July 1, 2023

Sustainability Plan post APRA MOE:

At the conclusion of the ARPA MOE period, the state will fully fund the approved Point in Time number approved in the waiver within the fiscal allocation for the waiver. The state assures that no members gaining access to the waiver because of the use of 9817 funds will lose their waiver or Medicaid eligibility due to lack of funding.

If, at the end of the APRA MOE period the state still has Point in Time slots that remain unfunded, the state will submit an amendment to CMS to amend the ID Waiver Factor C and PIT numbers to more closely align with numbers with the funding appropriated.

July 18, 2022, Update:

- Iowa Medicaid allocated $7.4M to add 399 funding slots to the ID Waiver.

- Iowa Medicaid has identified that the additional waiver slots do not impact the point in time number served or the unduplicated number served at any time across the waiver.

- Iowa Medicaid will begin releasing the additional slots during FFY 22 Q4

October 18, 2022, Update:

- Iowa Medicaid has released the 399 ID Waiver funding slots.

- Iowa Medicaid met with CMS, and it was determined that the state must develop a corrective action plan (CAP) to meet the approved Factor C in the above waivers and create a plan that describes the state's intended strategy to maximize the number of available slots after the ARP section 9817 funds are exhausted.

- Iowa Medicaid has submitted the required CAP and an Appendix K to effectuate this corrective action plan during the pandemic to effectuate slots for individuals on the ID Waiver waitlist and to fund the gap between the state funded number of slots and the Point in Time Number approved in the waiver.

January 17, 2023, Update:

- Iowa Medicaid met with CMS January 12, 2022, and continues to work towards approval of the ID Waiver CAP and Appendix K submission.

April 17, 2023, Update:

- Iowa received CMS approval for the ID Waiver PIT CAP February 10, 2023.

- Iowa received CMS approval for the Appendix K implementing the ID Waiver PIT CAP February 23, 2023.

- Iowa Medicaid will report ID Waiver waitlist data monthly during scheduled calls with CMS.

July 17, 2023, Update:

- HHS, Iowa Medicaid did not receive additional appropriations to buy down during ID Waiver waiting list during this legislative session.

- HHS, Iowa Medicaid continues to report ID Waiver waitlist data monthly to CMS.

- The HCBS Monthly Slot and Waiting List Summary is aviable online at: https://hhs.iowa.gov/sites/default/files/5.4.23_Monthly_Slot_and_Wait_list_Public.pdf

Workforce Support

Budget: $184,737,389

While workforce is a substantial concern for several sectors, this is an area of particular concern for Home and Community Based Service providers across the state that has only been made worse by the pandemic. Investing in meaningful and sustainable solutions to attracting and retaining individuals to the important work of Home and Community Based Services is critical.

Direct Support Employment Network and Hiring Resource

Activity Overview: The Department intends to develop or contract with a vendor to establish an employment network and hiring resource platform to include the personal care service providers such as Individual Consumer Directed Attendant Care (CDAC) providers and Consumer Choices Option (CCO) employees. The expectation is that these direct service providers will be able to log into the system

to record their service area, hours of work, experience, training, credentials, availability for work and waiver program enrollment if applicable. The resource will then be used by Medicaid members seeking personal care providers such as ICDAC or CCO employees to locate workers that match their care needs.

♦ During the 2021 Legislative session, HF672 was introduced but not passed. This bill was related to the development of an implementation plan for a centralized direct care workforce database to enhance the portability of continuing education, credentials, and certifications of the direct care workforce; streamline data collection and analysis to support interagency planning and legislative decision making; and assist Iowans needing direct care workforce services and supports and their families in living successfully in their community of choice.

Timeline: July 1, 2022

♦ Fiscal Analysis
♦ Planning
♦ RFP development
♦ Training
♦ Implementation

Target Project Completion Date: March 31, 2024

Sustainability plan: Requires funding to provide the FTE or contract support to maintain the registry unless it can be absorbed into an existing appropriation or staff function.

Project Activity:

February 1, 2022, Update:

• Activity on this project has not been initiated.

• No ARPA funds have been expended on this project to date.

April 18, 2022, Update:

• In the discovery phase. Internal discussions are occurring.

July 18, 2022, Update:

• Project has been renamed the Direct Support Employment Network and Hiring Resource.

• Internal workgroup has reviewed employment networks and hiring resources utilized by other states.

- An external stakeholder meeting will be held to review network platform under consideration during FFY 22 Q4.

- A Direct Support Employment Network and Hiring Resource software or platform package will be identified during FFY 22 Q4.

October 18, 2022, Update:

- Iowa Medicaid continues to explore Direct Support Employment Network and Hiring Resources in use by HHS entities in other states.

- Iowa Medicaid has developed an evaluation tool to capture information about the hiring resources under review.

- Iowa Medicaid continues to explore the option to issue a Request for Proposal (RFP) to contract with a hiring resource vendor for software as a service and the option to leverage existing contracts already exist within the state.

- No ARPA funds have been spent on this project to date.

January 17, 2023, Update:

- HHS, Iowa Medicaid issued a Request for Information RFI MED-24-008 to solicit responses from the vendor community to obtain information about HCBS Learning Management Systems and Direct Support Job Boards.
    - o Vendor written responses were due January 13, 2022.
    - o Responses received.
- HHS, Iowa Medicaid intends to issue a Request for Proposals (RFP) utilizing the information received from the RFI respondents during FFY23 Q2.

April 17, 2023, Update:

- HHS, Iowa Medicaid is finalizing the RFP and intends to release the RFP to solicit a vendor to provide the Direct Support Employment Network and Job Board during the first month of FFY23 Q4.

July 17, 2023, Update
- HHS, Iowa Medicaid is finalizing the RFP and intends to release the RFP to solicit a vendor to provide the Direct Support Employment Network and Job Board during FFY23 Q4.

- No ARPA funds have been spent to date on this project.

One-time Recruitment/Retention Provider Payments

Activity overview: Provider payments would serve the purpose of assisting qualified HCBS providers to fund recruitment and retention of direct support professionals. Grant funds must be used to cover costs related direct support professional wage increases, recruitment, and retention incentive payments to direct support professionals.

Targeted providers:

- 1915(c) HCBS waiver providers, including case management and consumer choices option (CCO) employees.

- 1915(i) state plan HCBS habilitation providers, including case management.

- Home health agencies delivering HCBS waiver services, personal care, and private duty nursing.

- Targeted case management.

- Rehabilitative service providers including:

  o Behavioral Health Intervention Services (BHIS)

  o Applied Behavior Analysis (ABA)

  o Community -Based Neurobehavioral Rehabilitation Services (CNRS)

- Program for All Inclusive Care for the Elderly (PACE) organizations

The department will distribute an equal share of the funds for each FTE identified.

For the purposes of calculating the amount to be distributed per FTE:

- ICDAC providers will be considered 1 FTE.

- CCO employees providing self-directed personal care services, self-directed community supports, and employment or individual-directed goods and services will be considered as 1 FTE.

- Agency providers shall calculate direct care worker FTE. An FTE is equal to a 32-hour work week. The agency provider shall not request funding for

FTEs more than the total number of open and filled positions within the agency. Two direct care workers working 16 hours per week shall be treated as 1 FTE.

Amount to be distributed per FTE = Total dollars / Total FTEs

To be eligible for grant funds, the HCBS waiver agency, Habilitation agency, and ICDAC providers:

- billed a Managed Care Organization or Fee-for-Service Medicaid for health-related services provided between July 1, 2020, and June 30, 2021.

- continued to provide patient care after July 1, 2021.

- has not permanently ceased providing patient care directly or indirectly.

- with respect to Medicare, any state Medicaid program, and any Federal health care program, the Recipient is not:

    (i) suspended or excluded from participation.

    (ii) suspended from receiving payments.

    (iii) under any other sanction or penalty

Timeline: January 1, 2022
- ♦ Develop the provider payment process
- ♦ Identify qualified providers
- ♦ Make payments

Target Project Completion Date: September 30, 2022

Sustainability plan: One-time cost.

Project Activity:

February 1, 2022, Update:

- Planning sessions began in November 2021.

- The application period was announced January 26, 2022.

- The funds will be distributed to eligible providers during February and March 2022.

- No ARPA funds have been expended on this project to date.

April 18, 2022, Update:

- Developed the application process for ICDAC and Agency HCBS Providers to request funds.

- Accepted first round applications for the grant funds.

- Submitted the directed payment preprint, 1915(k) and Disaster SPA to CMS.

- Received approval to distribute the funds to the MCOS.

- Distributed the funds to the MCOs.

- MCOs distributed the first round of funds to the ICDAC, HCBS agency provider applicants and the financial management service for the self-direction program participants employees.

- Second application period opened and runs through April 22, 2022.

- Second round of fund distribution to ICDAC and agency providers applying during the second application period to occur during FFY22 Q3.

- The spending plan has been updated to reflect actual expenditures for this project.

July 18, 2022, Update:

- Iowa Medicaid intends to submit an amended directed payment preprint, 1915(k) to CMS during FFY 22 Q4.

- Third round application period established to include the following provider types:

  o HCBS Brain Injury (BI) Waiver, Intellectual Disability (ID) Waiver and HCBS Habilitation Prevocational services and Supported Employment services.

  o AIDS/HIV, BI, Elderly, Health and Disability (HD), ID Waiver Adult Day Care,

  o Children's Mental Health Waiver (CMHW) In-home family therapy and Family and community support.

  o Behavioral Health Intervention Services (BHIS)

  o Applied Behavior Analysis (ABA)

- A fourth-round application will be established to fully expend any remaining recruitment and retention funds during FFY 22 Q4.

- Iowa Medicaid intends to submit and amended directed payment preprint, 1915(k) (as applicable) to CMS during FFY 22 Q4.

October 18, 2022, Update:

- Iowa Medicaid submitted an amended directed payment preprint, to CMS during FFY 22 Q4 to add additional eligible provider to the fourth round of the Recruitment and Retention Grant.

- The Recruitment and Retention Grant budget has been increased by $2.62M because of the number of FTEs received in the fourth and final application period exceeded the budgeted funds remaining. The spending plan has been updated to reflect this change.

- Iowa Medicaid is submitting another amended preprint to reflect the increase in disbursement to the managed care plans.

January 17, 2023, Update:

- Iowa Medicaid distributed the 4th and final round of the Recruitment and Retention Grant Funds.

- Iowa Medicaid and the MCOS distributed funds for 28,981 FTEs for a total amount distributed $113,663,482.00

- This project is considered completed at this time

HCBS Provider Rate Increases

Activity overview: 1915(c) and State Plan HCBS service rate increases will serve the purpose of assisting qualified HCBS providers to maintain or potentially increase current service levels.

Targeted Providers:

- 1915(c)HCBS Waiver providers

- 1915(i) State Plan HCBS Habilitation providers

Target Project Completion date: March 31, 2024

For dates of service beginning July 1, 2022, Iowa Medicaid will increase the fee schedule rates for HCBS Waiver and HCBS Habilitation services by a percentage amount allowed within the funds designated for this purpose.

Iowa Medicaid will submit a SPA for the 1915(i) increasing the rates.

Sustainability Plan: The legislature has committed to appropriating funds during the 2023 legislative session to continue the provider rate increases beyond March 31, 2024.

Project Activity:

July 18, 2022, Update:

- 1915(i) SPA posted for public comment June 29, 2022

- The 1915(i) SPA and Pre-Print will be submitted to CMS during FFY2022 Q4.

October 18, 2022, Update:

- SPA 22-0016 has been submitted to CMS

- All Fee Schedule rates for HCBS Waiver and State Plan HCBS Habilitation services were increased by 4.25% effective July 1, 2022.

January 17, 2023, Update:

- SPA 22-0016 has been approved by CMS November 11, 2022.

- This project is considered complete.

Budget and Next Steps

Budget

Iowa Medicaid has provided the updated spending plan budget on Attachment A

Next Steps

Iowa Medicaid will continue to develop detailed project plans for each proposed project area. These plans will include clearly articulated goals, timelines, partners, and budget projections. Plan will be modified based on feedback provided by CMS. Iowa Medicaid has initiated project planning sessions and will schedule additional stakeholder engagement opportunities to continue to refine and implement plans. For projects that require ongoing financial support through legislative appropriation, Iowa Medicaid will develop and submit requests to the State Legislature for review during the next legislative cycle