



Iowa Hope and Opportunity in Many Environments (HOME)

STEERING COMMITTEE MEETING

Tuesday May 28, 2024

Agenda

- ▶ NOW survey update
- ▶ Uniform assessment tool – focus groups
- ▶ Uniform assessment tool – transition to InterRAI
- ▶ Public engagement
- ▶ Next steps

Needs on Waitlist (NOW) Survey: Data Update

Response Rate

(as of May 6)

- ▶ 20% response rate overall
- ▶ Higher response rate from waitlist members aged 0-12 (25%), lower response rate from adults 21-64 (16%)
- ▶ Those on the waitlist for shorter amounts of time are responding more than those on waitlists for longer (22% <1 year, 14% 5+ years)
- ▶ Waitlist members not enrolled in Medicaid are responding less than those already enrolled in Medicaid (6% vs 22%)

Respondents' Unmet Needs (as of April 23)

Do you need more help with ____ than what you currently have?

	Percent needing additional support
Behavioral supports	41%
Housing support/home modifications	29%
Caregiver assistance	44%
Employment support	26%
Educational support	37%
Social/emotional support	48%

Key Findings

(as of April 23)

▶ Respondent profiles:

- 59% have a primary caregiver
- 47% can shower without assistance
- 51% can prepare meals without assistance
- 82% had 0 emergency room visits in last 90 days
- 8% had an overnight hospital stay in last 90 days

▶ Few differences between needs in rural and urban areas

▶ No clear pattern in need by time on waitlist

Fielding Updates

- ▶ On track to complete surveys by May 31
- ▶ MCOs have started reaching out to respondents to provide referrals to other services
 - Already reached out to respondents who completed the survey in February/March
 - Will continue providing referrals to April/May respondents

Focus Groups: Uniform Assessment

Purpose of Focus Groups

HOME team hosted focus groups with different groups in late March 2024:

- (1) ID waiver members and caregivers;**
- (2) CMH waiver members and caregivers;**
- (3) other waiver members and caregivers;**
- (4) providers; and**
- (5) MCOs.**

- ▶ Purpose: Identify what works well, what needs improvement, and how well proposed change could work.
- ▶ Goal: Move to a uniform assessment process using the interRAI suite of tools catered to an individual's needs.



Uniform Assessment Journey



My HOME Journey



Pre-waitlist screening

- Before I am eligible for services, I will be screened to determine my needs and be placed on the waitlist.
- My current needs may impact how far up the waitlist I am placed.



Waiting for waiver services

- I may receive services from other non-Medicaid providers while waiting for waiver services.



Assessment upon acceptance of assigned slot

- When a funding slot becomes available and I accept that slot, I will be assigned an assessor who will use a standard tool to assess my needs.



LOC determination

- My assessment will inform my level of care determination and what services I need.



Service planning / referrals

- A case manager will help me plan my services based on my responses to the assessment.
- I will direct my own service planning with the help of people I choose.



Ongoing assessment and adjustment

- To maintain eligibility, I will be assessed yearly and when I need it.
- I may be assessed in other settings for services not related to my waiver (such as school-based services).

Outcomes



I will identify my vision for a good life.



I will be connected with services that help me reach my life goals.



My service plan will integrate my personal strengths and assets.

Key Takeaways: Members

- ▶ There needs to be a standard, equitable assessment process for MCOs and FFS.
 - Members report different experiences of who is allowed to participate in the assessment.
- ▶ The assessors should be an objective third party focused on person-centered practices. Members perceive a conflict of interest when the MCO does the assessment and service planning.
- ▶ Members want providers to have input in what supports are needed without inappropriate denial from the MCOs.

Key Takeaways: Members (Continued)

- ▶ The assessments are long and burdensome for families. There should be a mechanism to bypass questions that do not pertain to members or never change.
 - Considering previous assessments, medication lists, etc.
- ▶ Members feel assessments are designed to cut services and reduce tiers.
- ▶ Members feel the purpose of an assessment needs to be communicated more clearly.
- ▶ Members anticipate the assessments will not accurately reflect their needs.

Key Takeaways: Providers

- ▶ Assessments need to be more person-centered, objective, and strengths focused.
- ▶ Assessors should be separate from authorizers and funders to ensure objectivity.
- ▶ Assessments and service planning need to be more closely tied together.
- ▶ A standard, one-size-fits-all assessment may not capture the unique needs of every individual.

Key Takeaways: MCOs

- ▶ The assessment process needs to be timelier and more efficient.
- ▶ One assessment tool would lead to consistency across assessors/assessments.
- ▶ The current assessments are not strengths-based.
- ▶ It seems some members are punished for being able to do things independently in terms of tiering/funding.
- ▶ MCOs want to preserve the integrity of the funding process by ensuring that assessors and others don't know all the details about how tiers are assigned so as not to bias answers.

Uniform Assessment: Transition from SIS to interRAI-ID

Purpose of this work

- ▶ The Iowa Intellectual Disabilities (ID) waiver uses the Supports Intensity Scale- Adult (SIS-A) version 1.0 to identify the supports Iowans need to live independently in the community.
- ▶ The American Association on Intellectual and Developmental Disabilities (AAIDD) released the first edition (version 1.0) of SIS-A in 2004. A second edition was released in January 2023 (version 2.0).
- ▶ AAIDD will retire the first edition in mid-2024 but provided Iowa HHS an additional 6 months to use the tool. Iowa is **required to discontinue use** of the first edition by the end of 2024.
- ▶ Iowa HHS will move to use the interRAI Intellectual Disabilities (interRAI-ID) assessment for the ID waiver.
 - CMS will not approve changes to the waiver that will harm an individual. Starting January 1, 2025, individuals will need to end up in the same tier using the interRAI-ID assessment that they would have received if assessed using SIS-A.

Approach

- ▶ Conduct a parallel assessment in June 2024 to gather interRAI-ID data
- ▶ To minimize burden, will assess individuals whose off-year assessment (OYA) shows no change from the last full SIS-A
- ▶ Will develop a scoring model that results in similar tier assignment as current SIS-A tiering methodology.

Timeline

May	Jun	Jul	Aug	Sep	Oct to 2024 Dec	Jan to June 2025
Train assessors	Conduct parallel assessment <i>(June to July)</i>	Public comment period <i>(July to August)</i>	Submit waiver amendment*		Training on interRAI-ID	Begin using interRAI-ID starting January 1 with Iowa HHS review process for false positives/negatives

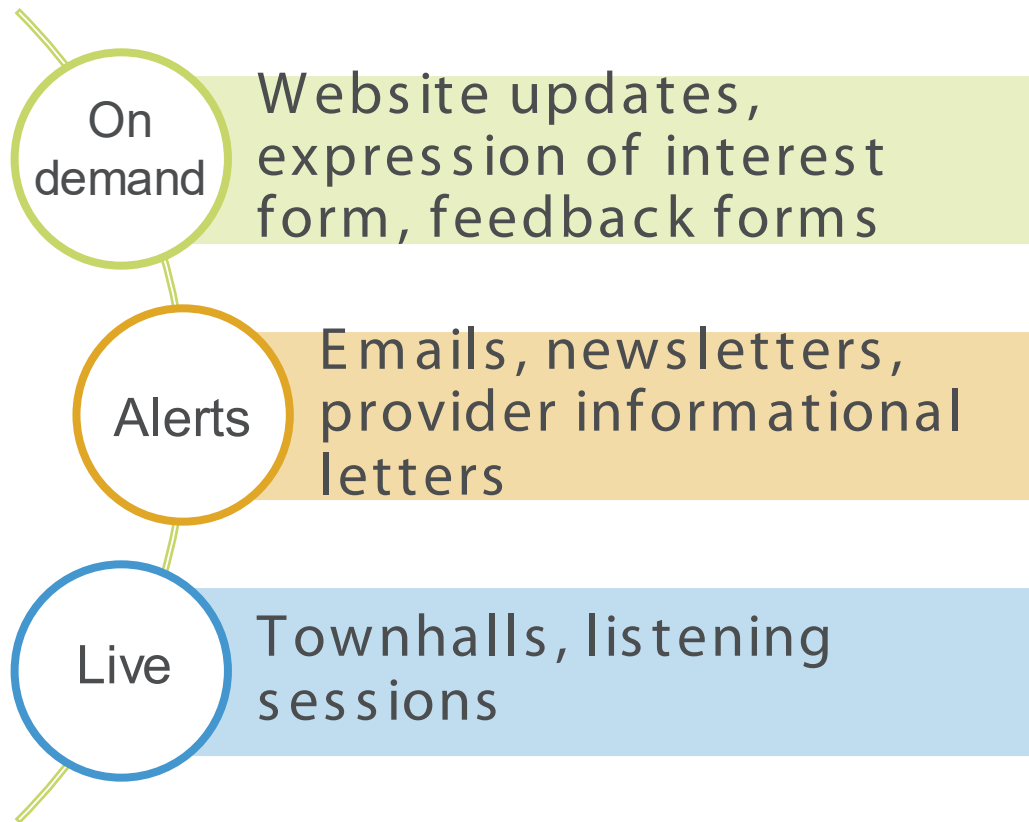
*Timing of waiver amendment submission is dependent on CMS approval of current ID waiver renewal and other amendments that may need to be submitted this fall.

Public engagement

Public engagement

Our goal is to share the opportunities to stay informed, learn about, and provide insights on the future of Iowa's community-based services.

**Variety of
modes to share
and solicit
feedback**



Input on reaching lowans



How effective have these **modes** been in reaching people?



How have we been doing with the **frequency**?

- Website: monthly
- Emails: As needed.
- Newsletter: bimonthly



What can we do better to engage **hard to reach** populations?

- Non-English speakers
- Limited or no computer access
- Others



How else can we **reach** people better?

Questions?



Health and
Human Services

Next steps

- ▶ Meetings will be held on the last Tuesday of every month
 - Next meeting is Tuesday, June 25.
- ▶ We will share agendas about a week in advance, slides usually the morning of the meeting
- ▶ We will send the May meeting summary in about one week