

Fourth Amendment to the Technical Assistance and Waiver Support Contract

This Amendment to Contract Number MED-19-011 is effective as of June 9, 2023, between the Iowa Department of Human Services (Agency) and Health Management Associates, Inc. (Contractor).

Section 1: Amendment to Contract Language

The Contract is amended as follows:

Revision 1. The "Agency Billing Contact Name / Address" field in the Contract Declarations and Execution pages is modified to read as follows:

Sara Gillen
1305 E. Walnut St.
Des Moines, IA 50319

Revision 2. The "Agency Contract Manager" field on the Contract Declarations and Execution page is modified to read as follows:

Sara Gillen
1305 E. Walnut St.
Des Moines, IA 50319

Revision 3. Section 1.2.3.1 is amended to add a Payment table specific to Amendment 4

Payment Table (Amendment 4 Only)	
Amendment Duration	Amount Not to Exceed
June 9, 2023 – September 30, 2023	\$406,536
October 1, 2023 – October 31, 2023	\$24,375

Revision 4. Section 1.2.3.2 is amended to read as follows:

In accordance with the payment terms outlined in this section and Contractor's completion of the Scope of Work as set forth in this Contract, the Contractor will be compensated in accordance with the pricing set forth in Attachment 3.1 through Attachment 3.3.

Revision 5. Attachment 3.3 has been added to the Contract detailing the Statement of Work for Amendment 4

While work may occur pursuant to Attachment 3.1 during the time period outlined in Attachment 3.3, hours and onsite workdays may not be duplicated. The contractor must differentiate the work billed under Attachment 3.3 from Attachment 3.1. Under no circumstances will the work under Attachment 3.3 exceed the budget estimate in Attachment 3.3 without prior approval of the Agency.

Revision 6. Section 1.2.3.1, Pricing. The maximum amount the Contractor will be compensated is hereby amended to \$3,430,911.00 for the entire term of the Contract.

Revision 8. Federal Funds. The following federal funds information is provided

Contract Payments include Federal Funds? Yes	
The contractor for federal reporting purposes under this contract is a: Vendor	
DUNS #: 174924845	
The Name of the Pass-Through Entity: Iowa Department of Health and Human Services	
CFDA #: 93.778	Federal Awarding Agency Name: Department of Health and Human Services
Grant Name: Medical Assistance	

Section 2: Ratification & Authorization

Except as expressly amended and supplemented herein, the Contract shall remain in full force and effect, and the parties hereby ratify and confirm the terms and conditions thereof. Each party to this Amendment represents and warrants to the other that it has the right, power, and authority to enter into and perform its obligations under this Amendment, and it has taken all requisite actions (corporate, statutory, or otherwise) to approve execution, delivery and performance of this Amendment, and that this Amendment constitutes a legal, valid, and binding obligation.

Section 3: Execution

IN WITNESS WHEREOF, in consideration of the mutual covenants set forth above and for other good and valuable consideration, the receipt, adequacy and legal sufficiency of which are hereby acknowledged, the parties have entered into the above Amendment and have caused their duly authorized representatives to execute this Amendment.

Contractor, Health Management Associates, Inc.		Agency, Iowa Department of Human Services	
Signature of Authorized Representative: DocuSigned by: <i>Kelly Johnson</i>	Date: June 2, 2023 5:19	Signature of Authorized Representative: <i>Kelly Garcia</i> PDT Kelly Garcia (Jun 14, 2023 09:15 CDT)	Date: Jun 14, 2023
Printed Name: Kelly Johnson		Printed Name: Kelly Garcia	
Title: Chief Administrative Officer		Title: Director	

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Iowa Department of Health & Human Services Proposed Approach for Service Delivery Alignment Assessment

Background

The Iowa Department of Health and Human Services (HHS) has requested the assistance of Health Management Associates, Inc. (HMA) to assess and identify opportunities to improve its service delivery system. This document provides a high-level overview of the proposed approach and associated level of effort.

Proposed Approach

HMA proposes to undertake a three-step approach to assess and identify options for the Iowa HHS service delivery alignment. We also recommend the development of an Executive Committee, with representation from the impacted agencies/HHS department, with membership determined by HHS. It is recommended that the representative from each agency, or a designee, serve as the primary contact for HMA to support coordination of the activities outlined in this approach. Additionally, for the duration of the project, HMA will host a weekly meeting, held via Zoom, with this Executive Committee to discuss project status, risks, and ensure close collaboration on this important initiative.

Step 1a: Document Current Service Delivery System (June – August 2023)

HMA will document the current delivery system for each service area, as identified by HHS in the project charter, and further outlined in Table 1. This step will be utilized to form a foundational understanding of the current state including:

- Purpose, rationale, and historical context of current service delivery system, including current state statute and administrative rules associated with their respective authorities specific to the delivery system
- Scope of providers within the service delivery system
- How the service delivery system is funded and resourced, including applicable administrative requirements associated with federal funding streams
- Target and priority populations, including number of individuals currently being served
- Decision makers and partners involved in service delivery system
- Operational capabilities and gaps of the state and local system for service delivery system

Table 1: Service Delivery System Components Included in Scope

Local governmental Public Health (Internal Support too)	Mental Health Delivery Regions
Environmental Health	Certified Community Behavioral Health Centers
I-SMILE	Integrated Provider Network
WIC	Aging and Disability Resource Centers
Maternal and Child Health	Area Agencies on Aging
Family Planning	ECIs
Tobacco Community Partnerships	Community Action Agencies

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Emergency Preparedness Regions	Local public health delivered Medicaid Services
DCAT	Community Partnership for Protecting Children

HMA will undertake the following actions to document the current state:

- Work with HHS to identify available data and documentation for each service area. This will include applicable contracts, state statute, administrative code, funding sources, utilization data, outcomes data, HHS program staffing assignments, and policy and procedure documentation.
- Develop a template, to be approved by the Executive Committee, to document findings on key features of the current delivery system.
- Review service delivery documentation and summarize findings in tracking template.
- Identify additional needed information from the Executive Committee, HHS staff and stakeholders following review of written documentation.
- Seek stakeholder feedback on current delivery system, informed by review of written documentation. This will include both a web-based survey to broadly reach stakeholders and interviews conducted remotely. HMA will work with HHS to identify relevant stakeholders for participation. As outlined in Table 2, we are proposing a total of 30 interviews. Given the breadth of the service delivery system, relevant associated stakeholders, and time constraints, it is recommended the interviews primarily include relevant HHS staff with broad stakeholder input gathered primarily through survey.

Table 2: Proposed Interviews

Service Delivery System	Proposed # of Interviews	Proposed Interviewee
Local governmental Public Health (Internal Support too)	5	<ul style="list-style-type: none"> • Interview #1: HHS staff from Local Public Health Services Program • Interviews #2-5: Separate interviews with 4 local boards of health to be identified collaboratively by HHS and HMA. Considerations for selection may include factors such as mix of urban and rural communities.
Environmental Health	1	<ul style="list-style-type: none"> • HHS Staff from Bureau of Environmental Health
I-SMILE	2	<ul style="list-style-type: none"> • Interview #1: HHS staff • Interview #2: Joint interview with sample of I-SMILE coordinators identified collaboratively by HHS and HMA. Considerations for selection may include factors such as mix of urban and rural communities.
Local public health delivered Medicaid Services	1	<ul style="list-style-type: none"> • Iowa Health Link MCOs
Tobacco Community Partnerships	2	<ul style="list-style-type: none"> • Interview #1: HHS staff • Interview #2: Joint interview with 5 Community partnerships

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Service Delivery System	Proposed # of Interviews	Proposed Interviewee
Emergency Preparedness Regions	1	<ul style="list-style-type: none"> • HHS staff
Mental Health Delivery Regions	3	<ul style="list-style-type: none"> • Interview #1: HHS staff • Interviews #2-3: Joint interview with representatives from MHDS regions (propose to split into two interviews to permit participation from 7 in each session)
Certified Community Behavioral Health Centers	1	<ul style="list-style-type: none"> • HHS staff
Integrated Provider Network	2	<ul style="list-style-type: none"> • Interview #1: HHS staff • Interview #2: Joint interview with sample of Integrated Provider Network providers. Considerations for selection may include factors such as mix of urban and rural communities.
Community Action Agencies	2	<ul style="list-style-type: none"> • Interview #1: HHS staff • Interview #2: Joint interview with sample of 16 existing Community Action Agencies identified collaboratively by HHS and HMA. Considerations for selection may include factors such as mix of urban and rural communities.
Area Agencies on Aging & Aging and Disability Resource Centers	2	<ul style="list-style-type: none"> • Interview #1: HHS staff • Interview #2: Joint interview with 6 AAAs
Maternal & Child Health	3	<ul style="list-style-type: none"> • Interview #1: HHS staff • Interviews #2-3: Separate interviews with sample of maternal health clinics to be identified collaboratively by HHS and HMA. Considerations for selection may include factors such as mix of urban and rural communities.
Family Planning	1	<ul style="list-style-type: none"> • HHS staff
WIC	1	<ul style="list-style-type: none"> • HHS staff
Community Partnership for Protecting Children	1	<ul style="list-style-type: none"> • HHS staff
DCAT	1	<ul style="list-style-type: none"> • HHS staff
ECIs	1	<ul style="list-style-type: none"> • HHS staff

Step 1b: Stakeholder Engagement Regarding Project Scope (June – July 2023)

While HMA is documenting the current delivery system for each service area, we will support HHS efforts to inform and engage impacted stakeholders regarding the project and process. This phase will include:

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- Development of PowerPoint presentation outlining the project purpose, scope, and methodology. The presentation will also delineate stakeholder opportunities to provide input.
- Town hall style meetings at which the PowerPoint will be presented, and stakeholders will have the opportunity to provide oral and written comments. A total of four in-person, and two virtual, town hall meetings are proposed with final locations to be determined in collaboration with HHS. Potential options may include Davenport, Cedar Rapids, Des Moines, Council Bluffs, or Sioux City.
- Development of condensed PowerPoint presentation summarizing key points from town hall meetings. This summary presentation will be available for use by HHS Director Garcia, or her delegates, at standing stakeholder meetings.

Step 2: Assess Current State (August 2023)

Following review of the current state based on program documentation and stakeholder feedback, HMA will assess opportunities to standardize services and revise service delivery models. HMA will conduct the following:

- Synthesize gaps, issues, and opportunities for improvement.
- Identify national practices and options to address issues identified.

Step 3: Recommendation Development (September - October 2023)

HMA will identify options and recommendations for service delivery area maps and funding models to address issues identified during the documentation and assessment phase. This will include synthesis into a report and summary PowerPoint with the following information:

- Documentation of current state as gathered during Step #1.
- Assessment of gaps and opportunities as identified in Step #2.
- Proposed options for service delivery area maps.
- Proposed funding models for the local HHS system.
- Identification of Iowa Code and Iowa Administrative Rules impacted by the recommendations.
- Identification of current HHS resources and supports impacted by the recommendations.

Project Plan

The proposed project plan and timeline is outlined in Table 3. Please note rows highlighted in grey reflect proposed HHS tasks.

Table 3: Proposed Project Plan & Timeline

#	Task	Proposed Timeline
1a. DOCUMENT CURRENT SERVICE DELIVERY SYSTEM		
1a.1	Develop template to document findings on current delivery system	6/15/23 – 6/16/23
1a.2	HHS review of template	6/19/23 – 6/20/23
1a.3	Update template based on HHS review	6/21/23 – 6/22/23
1a.4	DOCUMENTATION REVIEW	
1a.4.1	Identify and gather available data and documentation for each service area (Joint HMA & HHS Task)	6/15/23 – 6/19/23

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#	Task	Proposed Timeline
1a.4.2	Review service delivery documentation and summarize findings	6/19/23 – 6/26/23
1a.4.3	Identify additional needed information from HHS, stakeholder interviews, and surveys	6/26/23 – 6/30/23
1a.5	STAKEHOLDER INTERVIEWS	
1a.5.1	Finalize stakeholders with HHS	6/15/23 – 6/19/23
1a.5.2	Schedule Interviews	6/20/23 – 6/30/23
1a.5.3	Develop interview guides <i>Assumptions:</i> Interview guides may vary by delivery system component	6/26/23 – 6/30/23
1a.5.4	HHS review of interview guides	7/3/23 – 7/11/23
1a.5.5	Update interview guides based on HHS review	7/12/23 – 7/13/23
1a.5.6	Conduct stakeholder interviews	7/14/23 – 7/31/23
1a.6	STAKEHOLDER SURVEYS	
1a.6.1	Finalize stakeholders with HHS	6/15/23 – 6/19/23
1a.6.2	Develop stakeholder surveys <i>Assumptions:</i> Stakeholder survey may vary by delivery system	6/26/23 – 6/30/23
1a.6.3	HHS review of stakeholder survey	7/3/23 – 7/11/23
1a.6.4	Update stakeholder survey based on HHS review	7/12/23 – 7/13/23
1a.6.5	Implement stakeholder survey	7/14/23 – 7/31/23
1a.7	Summarize stakeholder interview and survey findings	8/1/23 – 8/11/23
1b. STAKEHOLDER ENGAGEMENT REGARDING PROJECT SCOPE		
1b.1	Develop PowerPoints	6/19/23 – 6/23/23
1b.2	HHS review of PowerPoints	6/26/23 – 6/30/23
1b.3	Update PowerPoints based on HHS feedback	7/5/23 – 7/7/23
1b.4	Host in-person town hall meetings <i>Assumptions:</i> 4 town hall meetings with finalized locations to be determined with HHS	7/10/23 – 7/14/23
1b.5	Host virtual town hall meetings <i>Assumptions:</i> Two online meetings	7/17/23 – 7/21/23
2. ASSESS CURRENT STATE		
2.1	Synthesize gaps, issues, and opportunities for improvement	8/1/23 – 8/30/23
2.2	Identify national practices and options	8/1/23 – 8/30/23
3. RECOMMENDATION DEVELOPMENT		
3.1	Identify options and recommendations for service delivery area maps	9/1/23 – 9/25/23
3.2	Identify options and recommendations for funding models	9/1/23 – 9/25/23
3.3	Draft report	9/1/23 – 9/25/23
3.4	Deliver Draft report to HHS	9/25/23
3.5	HHS review of report	9/25/23 – 10/6/23
3.6	Update report based on HHS feedback	10/9/23 – 10/16/23
3.7	Draft PowerPoint	9/15/23 – 9/25/23

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#	Task	Proposed Timeline
3.8	Deliver draft PowerPoint to HHS	9/25/23
3.9	HHS review of PowerPoint	9/25/23 – 10/6/23
3.10	Update PowerPoint based on HHS feedback	10/9/23 – 10/16/23
3.11	Deliver final PowerPoint & report to HHS	10/16/23
4. PROJECT MANAGEMENT		
4.1	Weekly Executive Committee meetings	6/15/23 – 10/31/23
4.2	Internal HMA planning and coordination	6/15/23 – 10/31/23

Project Fees

The services described above will be billed at a blended hourly rate of \$325 and the current SFY24 contracted lump-sum per person onsite rate. The table below provides an estimated cost per project plan task.

	Task	Estimated Hours	Estimated Amount
1a	Document Current Service Delivery System	408 hours	\$132,600
1b	Stakeholder Engagement Regarding Project Scope	58 hours & 4 Workday Onsite for Town Hall*	\$18,850 \$23,036
2	Assess Current State	119 hours	\$38,675
3	Recommendation Development	418 hours	\$135,850
4	Project Management	252 hours	\$81,900
TOTAL		1,255 Hours & 4 Workday Onsite	\$430,911

*Assumes participation of two HMA staff

Estimated Hours by Project Staff

Staff Title	Total Estimated Hours
Managing Principal	62
Principal	561
Senior Consultant	371
Consultant	131
Research Associate	61
Project Manager	69
TOTAL	1,255