



HOME Project

Town Hall Update
August 15, 2024

Agenda

Waiver structure update

Eligibility and waitlist

Uniform assessment and individualized budgeting

Service delivery

Child to adult waiver transition

Waiver Structure Update

Proposed Waiver Structure Update

Change waiver structure

- Remove six diagnosis-based waivers
- Add two age-based waivers

Keep the current Elderly Waiver for members age 65+ who are not otherwise disabled

- Members on the Adult and Aging Waiver who have a disability will stay on that waiver after age 65
- Services in the Elderly Waiver will not change at this time
 - May change over time to include services that delay or divert institutional care

Benefits of Keeping the Elderly Waiver

- Allows Iowans age 65+ to maintain eligibility without disruption in access to Medicaid State Plan or Home and Community-Based Services (HCBS)
- Relieves administrative burden by continuing eligibility operations, policies, and procedures for the existing Elderly Waiver.
- Allows the Aging waiver to fully meet the needs of the 65+ population
- Prevents the institutionalization of people 65+ who would otherwise benefit from a combination of HCBS and Medicaid State Plan services

Eligibility and Waitlist

Proposed Eligibility Changes

Financial and functional eligibility

- Requirements and processes will remain the same

Primary changes in eligibility:

- Addition of the developmental disability (including Autism) population in clinical eligibility;
- Standardization of a uniform assessment to determine functional eligibility

Proposed Changes for Waitlist Screening and Prioritization

Individuals will be screened prior to joining a waitlist

Screening tool will collect demographic information, Medicare-Medicaid eligibility, and markers of recent medical history to determine their overall risk of institutionalization

Individual will be added to the waitlist and entity will assign waitlist prioritization score based on collected data

Screening tool

Claims and encounter data

Time spent on waitlist

Age to release waiver slots

Waitlist prioritization score and time on waitlist will determine slot release

If an individual accepts the slot they are offered, they will complete full financial, clinical, and functional eligibility (including level of care determination) prior to waiver enrollment

Proposed Screening for Risk of Institutionalization

Potential pre-admission variables will be gathered through an interview-style Pre-Waitlist Screening (PWS) tool.

- ▶ Applicants' priority need will be assessed through:
 - PWS tool to identify an individual's risk of institutionalization
 - Waiver Priority Needs Assessment (WPNA) to identify urgent and emergent needs
- ▶ The PWS will use components of the interRAI Contact Assessment and will add questions to address any missing risk indicators; the WPNA items will remain unchanged from current form
- ▶ Screening will be administered by phone
- ▶ Applicants will be routinely re-screened every two years while on the waitlist
- ▶ Allow applicants to request a re-screen when they have a change of circumstance

Uniform Assessment and Individualized Budgeting



Health and
Human Services

Assessment Stages

1

Screening

Including Risk of Institutionalization

Manage entrance to waitlist

Prioritize waiver slot assignment

2

Uniform Base Assessment

Every lowan who receives a slot, or is in need of an annual Continuing Stay Review

Items collected across all lowans

Replaces Off-Year Assessment

Used for functional eligibility, to ensure a person requires waiver services, to develop a person-centered service plan and to assign a monthly budget

3

UA Specialized

All Waiver Enrollees every other year, or when change in condition

Items collected based on level of care type (ICF/ID, NF, SNF, Hospital)

Used to develop a person-centered service plan and make referrals to non-Medicaid resources

4

Supplemental

Some Waiver Enrollees every other year or when change in condition

Items collected based on needs and preferences (e.g., Mental Health, Substance Use, Assisted Living)

Used to develop a person-centered service plan, make referrals to non-Medicaid resources, and determine budget add-ons

Potential interRAI Assessment Suite

| interRAI Tool | Ages | Adult and Aging | | | Child and Youth | | |
|---------------------------------------|------|-----------------|--------|------|-----------------|--------|------|
| | | ICF-DD | NF SNF | Hosp | ICF-DD | NF SNF | Hosp |
| Intellectual Disability (ID) | 18+ | X | | | X | | |
| Home Care (HC) | 21+ | | X | X | | | |
| Pediatric Home Care (PEDS-HC) | 4–20 | | | | | X | |
| Child and Youth Mental Health (ChYMH) | 4–20 | | | | | | X |
| ChYMH-Developmental Disabilities | 4-20 | | | | X | | |
| Early Years | 0-3 | | | | X | | X |

Proposed Approach to Uniform Assessment

HHS is exploring options for a uniform assessment tool that will assess individual's needs to set a monthly budget for their service use

The assessment tool will adapt to lowans' unique needs and be appropriate for all populations in the waivers

The new assessment tool will be able to translate acuity scores based on service needs

A comprehensive assessment, consisting of base and specialized items that assess a person's unique needs, will be used to create a person-centered plan that results in a service authorization within monthly budget allocations

Supplemental assessments may be used to drive budget add-ons that support community living and inclusion

Proposed Approach to Individualized Budgeting



Individualized budgeting categories will assign budgets to groups of similar individuals, based on their acuity

Enrollees will provide input on both the mix and intensity of services they receive, consistent with their budget assignment

This approach ensures that enrollees with similar levels of service needs receive equitable and appropriate budgets



Developing appropriate budget categories requires universally available acuity data for all enrollees and information on service use and spending patterns within the waiver

Because this information won't be available in July 2025, an initial approach will be used to assign enrollees to individualized budgeting categories and later refined over time

Service Delivery



Health and
Human Services

Proposed Approach to Service Delivery

- ▶ **Iowa's new HCBS waivers will focus on the person and their needs across the lifespan rather than the person's diagnosis or living situation**
 - Children and Youth Waiver will offer services that support needs in early childhood, in school, and as youth transition into adulthood
 - Adults & Aging Waiver will offer services that support needs in adulthood and as Iowans age
 - Both HOME waivers will offer new services to support the needs of Iowans, including Community Transition Services and Peer Mentoring
 - The menu of available services will be the same across populations within each waiver
 - Providers may specialize by age or serve members across their lifespan
- ▶ **How services translate from current state into the future state are detailed in the Concept Paper on the Iowa Medicaid webpage**

Community Transition Services

Non-recurring, set-up expenses to support:

- people transitioning from institutional living to a private residence where the person is directly responsible for their living expenses
- youth in transition to adult programs and services

Covers expenses necessary to establish a basic household (not room and board)

Services must be authorized by the person-centered service plan and monitored by the case manager

Expenses must be reasonable and necessary expenses that the person can not otherwise get

Peer Mentoring

Service provided by a peer with a common experience as the waiver enrollee, family member, or caregiver to support acclimation to community living and maintaining community tenure

Person must participate in a needs assessment to demonstrate need for peer mentoring

Peer mentorship does not allow activities that are solely for fun and recreation

Peer mentoring can be provided via telehealth

Case managers are responsible for oversight

Child to Adult Waiver Transition

Proposed Child to Adult Waiver Transition

- **The transition process will start six months prior to a member turning age 21, which is the age where members would no longer be eligible for the Children and Youth Waiver.**
 - Case managers will work with members and their guardians to confirm whether members want to continue receiving HCBS services
 - If that is the goal, case managers will begin activities to support the transition, based on the last completed continued stay review and the services available through the Adult and Aging Waiver
 - A goal of pre-transition activities is to add members to provider waitlists (where applicable) before being on the Adult and Aging Waiver

Proposed Transition

- **The most recent completed level of care will “follow” members during the transition, based on the last Child and Youth waiver CSR**
 - The annual CSR date will also “follow” a member, to line up with the member’s Adult and Aging Waiver assessment which takes place one year after their last CSR in the Child and Youth Waiver
 - The member’s level of care will not need to be redetermined as a condition of Adult and Aging Waiver enrollment unless the member’s reassessment date happens to fall on or near their 21st birthday
 - Reserve capacity slots will ensure transitioning youth are not at risk of being put on a waitlist and facing service disruption.

Questions?