



Iowa Hope and Opportunity in Many Environments (HOME)

STEERING COMMITTEE MEETING

Tuesday June 25, 2024



Health and
Human Services

Agenda

- ▶ SIS to InterRAI Assessment Transition
- ▶ Concept Paper Feedback
- ▶ HCBS System Navigators
- ▶ Tiered Budgets: Examples from other states
- ▶ Next Steps

SIS to InterRAI Assessment

Overview of the transition



Health and
Human Services

interRAI-ID & ChYMh-DD Parallel Assessment

ID Waiver members with Off Year Assessments (OYA) completed during April and May 2024 which indicated no change in condition.

- ❖ MCO or Telligen will contact you and ask if you are willing to participate in the interRAI assessment.
- ❖ Assessments will occur over the phone
- ❖ Assessments will occur June 17 to July 12, 2024
- ❖ Participation is **Voluntary**
- ❖ For information gathering purposes only
 - No impact to current ID Waiver Tier Assignment
 - No impact to current services authorized
 - Inform the Tier crosswalk between SIS and InterRai

Concept Paper Feedback

Summary of responses

Summary of waiver redesign feedback

The concept paper was shared publicly in April 2024 and took in feedback through the end of May.

Most feedback to the proposed changes to the HCBS waiver system fell in one of three buckets.

- ▶ Change from seven diagnosis-based waivers to two age-based waivers
- ▶ Offer comprehensive service packages
- ▶ Develop “tiered budgets”



Seven waivers → two waivers

Many appreciated streamlining the waivers and hope this process will be clearer, less labor intensive, and reduce paperwork burden.

Iowans liked the concept of waivers being needs based and suited to an individual and their family's need instead of their diagnosis.

Iowans worry about the transition from the child to adult waiver. Worries include needing to reapply and ending up on another waitlist, disrupted service, and need to change providers or case managers.

Some Iowans expressed concern about differences between the child and adult waivers. They would like the child waiver to include services like nursing, nutritional counseling, specialized medical equipment coverage, CDAC services and home health aides.

Offer comprehensive service packages

Iowans would like access to more services and worry about losing current services.

Some Iowans expressed that the quality of case management has decreased since MCOs have been directing it. They note high caseloads, turnover, lack of training, and perceived conflict of interest when the MCO does the assessment and service planning.

Iowans expressed concern that the waiver redesign will not address lack of funding and provider shortages.

Iowans noted that the waitlists are too long. They hope they will decrease and worry they will get longer.

Develop “tiered budgets”

Iowans would like more information on the single assessment tool, how it will be used to determine funding levels, and if there will be an appeals process.

Some Iowans worry that the assessment will not be individualized enough and wonder if certain diagnosis could be exempt from burdensome re-assessment.

Some Iowans worry that people with lower assessed needs who have already been on long waitlists won't receive the care they need. They also worry that the elderly will end up on a waitlist.

Continued engagement needs



Iowans would like **sustained and detailed communication** about the changes.



Iowans worry about potential disruptiveness from the transition and would like to see a **transition plan and timeline**



Iowans would like to know how people currently on waivers would **transition** to the new waivers.



Providers would like more info about **training and application requirements.**

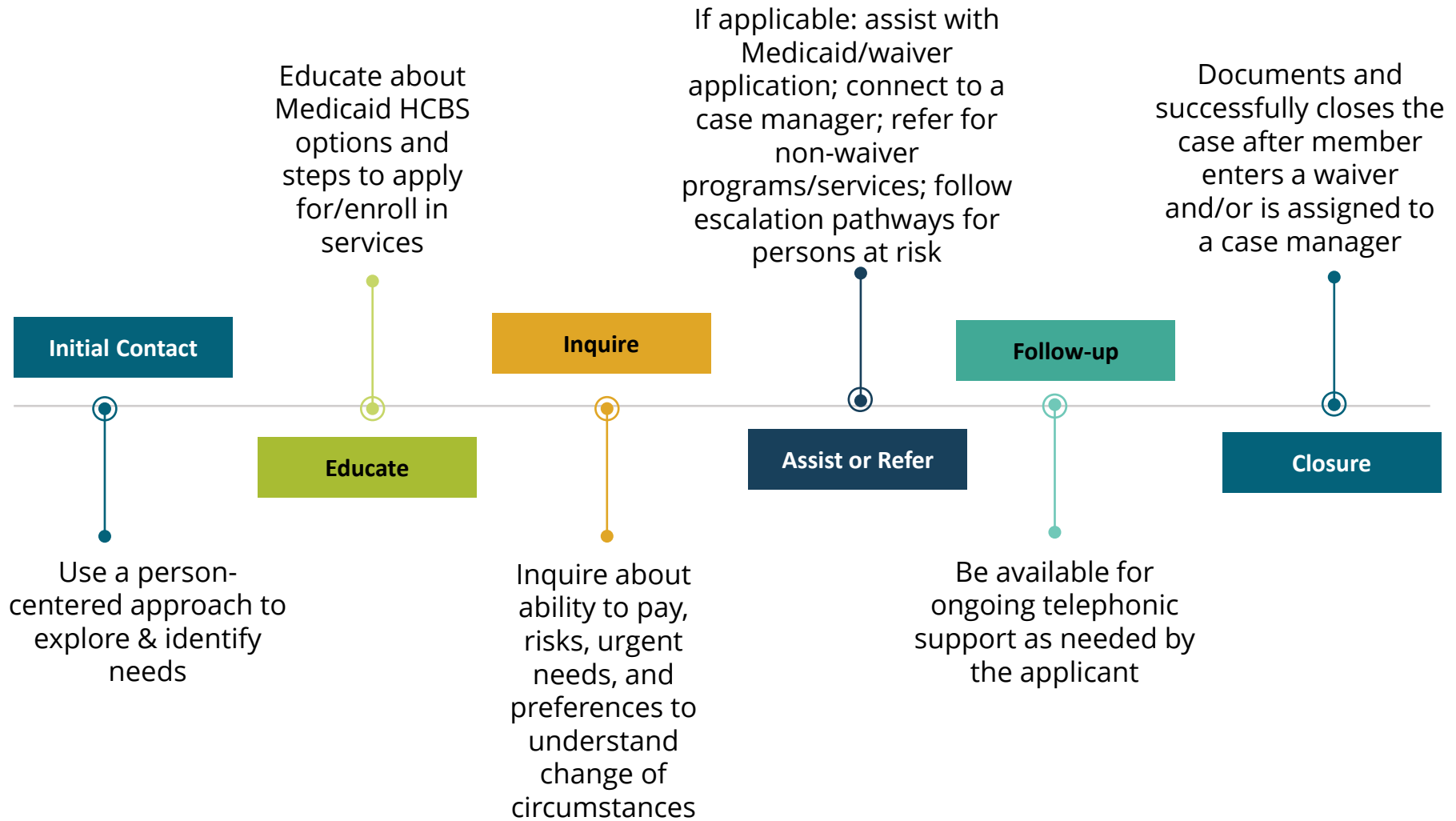
HCBS System Navigators

HCBS System Navigators Role – WORK IN
PROGRESS

HCBS System “Hub” Navigators

HCBS System “Hub” Navigators will **explore and identify** needs and strengths of Medicaid members awaiting a waiver slot and potential Medicaid members, to address barriers to accessing HCBS services and resources, and work collaboratively with partner organizations to provide information, referrals, and supports to connect members to HCBS/ LTSS programs and services.

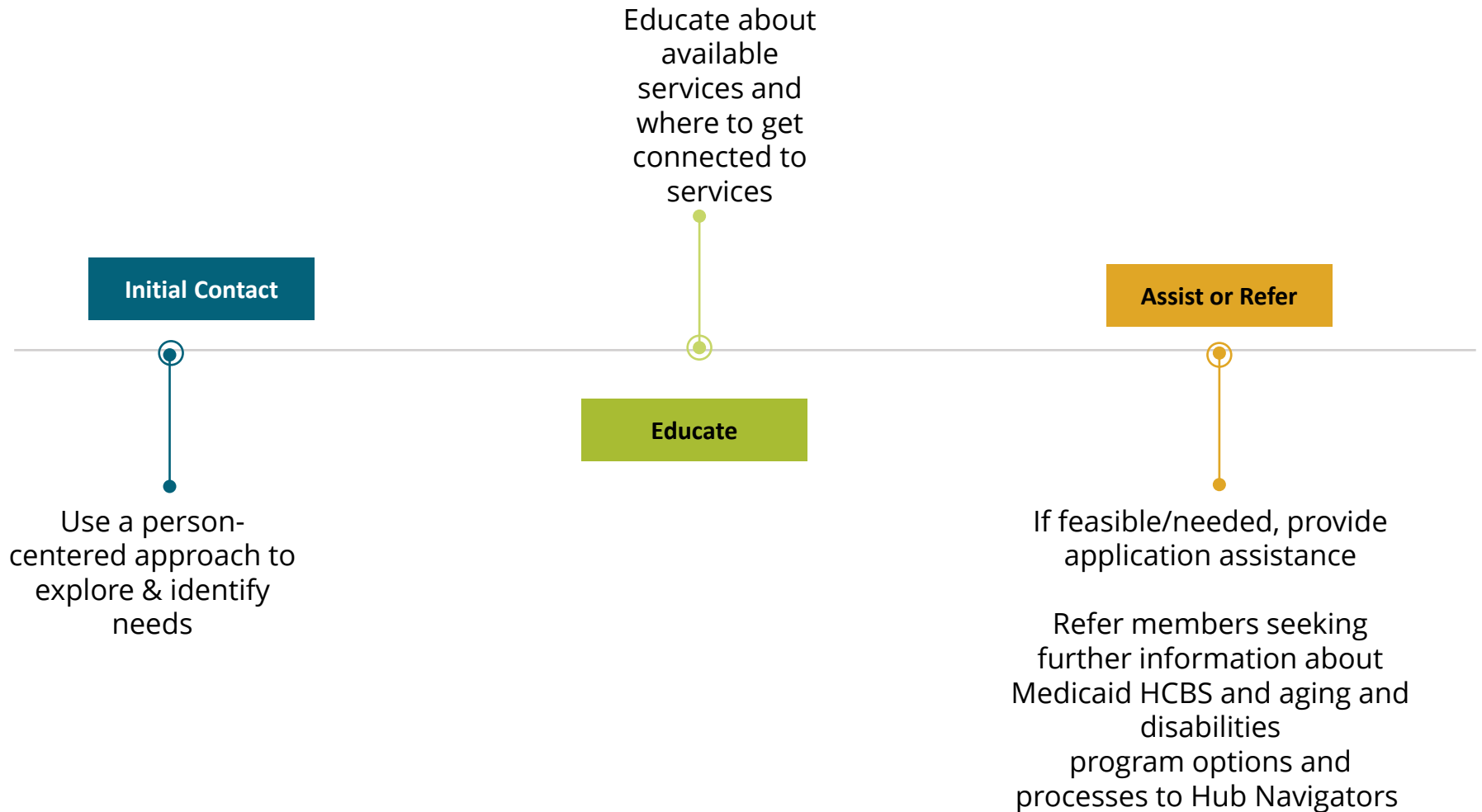
HCBS System Navigators Process and Roles

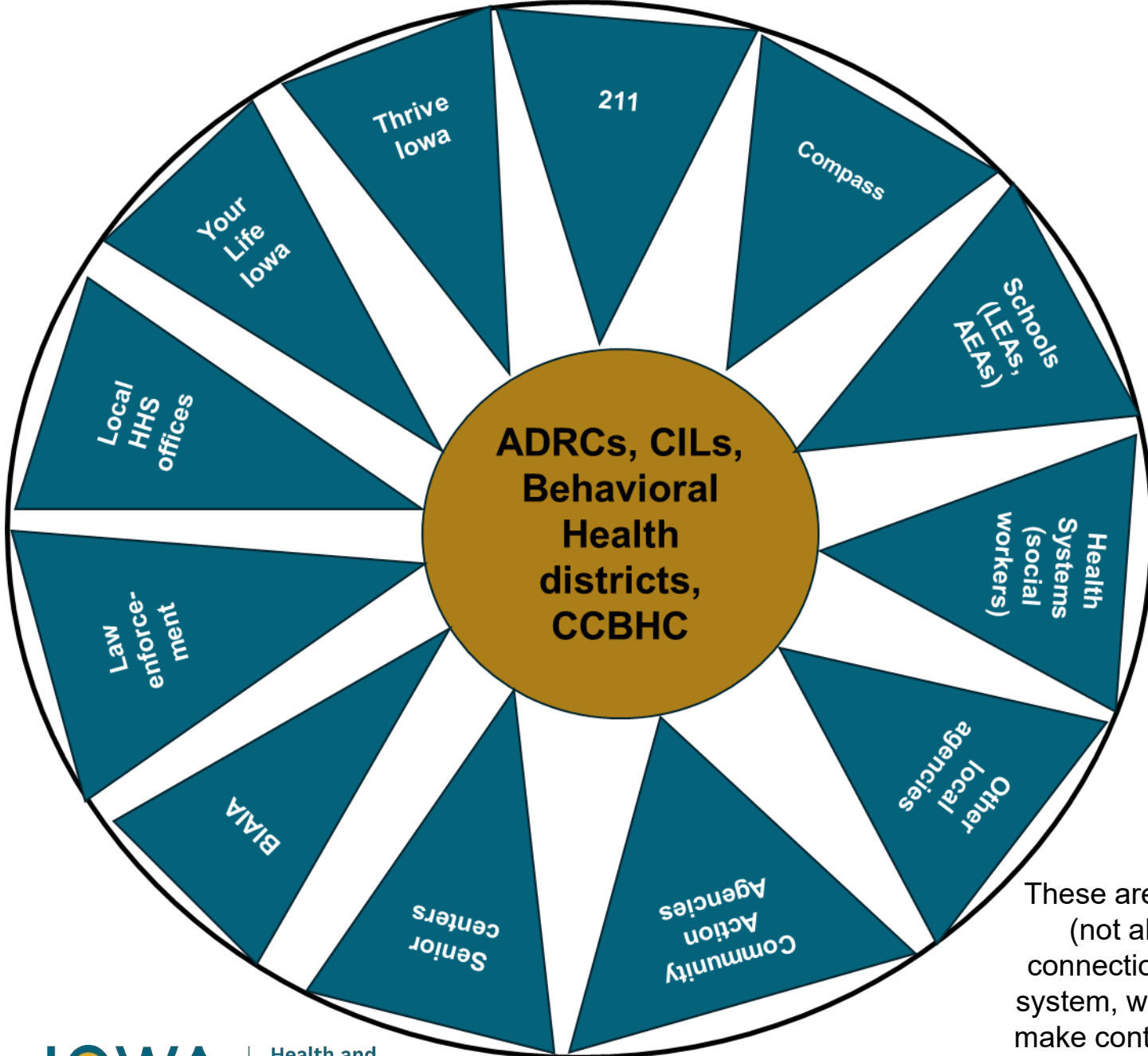


HCBS System “Spoke” Navigators

HCBS System “Spoke” Navigators serve as the first point of contact for Medicaid HCBS service support. They assist people who need to apply or have applied for HCBS waivers and are awaiting approval. However, do not have in-depth knowledge of Medicaid waiver eligibility, HCBS, and aging and disabilities programs and processes.

HCBS Spoke Navigators Process and Roles





These are existing organizations (not all inclusive) or some connection points in the existing system, where members may first make contact with individuals who serve in informal navigator roles.

Discussion

- ▶ We use **explore and identify...** instead of **assess** to limit confusion with case managers' role.
 - Thoughts?
- ▶ “Hub” navigators will be available for ongoing telephonic support as needed until the member is placed on a waiver or assigned to a case manager.
 - Any concerns or feedback relating to this?

Tiered Budgets: Examples from other states

Living situation and budget guardrails

Tiered budgets

- ▶ Uses an individual's assessed needs to help set a budget for their service use
 - Ensures enrollees receive services they need in an efficient and cost-effective manner
 - People with greater needs would have a higher budget than people with lower needs
- ▶ Tiered budgets are used by at least 20 states in at least one waiver

Living situation

- ▶ Some states adjust budgets for services based on living situation
 - Example 1: In North Carolina, budgets are assigned based on support level and living situation (residential vs. nonresidential)
 - Example 2: In West Virginia, budgets for adults vary based on whether they live: at home with family, in a group home, or in an intensively supported setting (varies by number of people residing there and whether services are self-directed)
 - Example 3: In Wyoming, budgets vary based on living situation: family home, independently or semi-independently, or in community living services
- ▶ Residential budgets are higher than nonresidential budgets

Living situation: discussion

- ▶ Does creating different budget amounts for different living situations seem reasonable?
- ▶ Does one of the example approaches from other states resonate more?
- ▶ What living situations require a larger budget?
- ▶ What range of budget variation (lowest vs. highest living situation) is appropriate?

Budget guardrails

- ▶ Guardrails can help ensure that transitioning to the redesigned waivers does not impact people's budgets for the services they need
 - Example 1: North Carolina. Individuals who were over budget in the previous year received a new budget between 110-120% of the previous year's spend, and those under budget received between 80-90% of the previous year's spend.
 - Example 2: West Virginia. If the new budget is lower than their past year's spending, they receive the higher of the new budget amount or 80% of their previous year's spend. If the new budget is higher, they receive the lower of their new budget amount or 120% of their previous year's spend.
 - Example 3: Wyoming. Budget changes were capped so that no one's budget increases or decreases more than 7%.
 - Example 4: Idaho. Individuals were allowed to spend up to 5% more than their new budget if the previous year's budget was higher than their new budget.

Budget guardrails: discussion

- ▶ Does creating budget guardrails seem reasonable?
- ▶ Does one of the example approaches from other states resonate more?
- ▶ Is a simpler methodology preferable?
- ▶ How much change should the guardrails allow?

Questions?



Health and
Human Services

Next steps

- ▶ Meetings will be held on the last Tuesday of every month
 - Next meeting is Tuesday, July 30
- ▶ We will share agendas about a week in advance, slides usually the morning of the meeting
- ▶ We will send the June meeting summary in about two weeks