



Iowa Hope and Opportunity in Many Environments (HOME)

STEERING COMMITTEE MEETING

September 24, 2024

Agenda

- ▶ Consumer Choice Option (CCO) update
- ▶ Pre-waitlist screening tool
- ▶ Uniform assessment
- ▶ Public comment period
- ▶ Next steps

Consumer Choice Option (CCO) Update

Updates

- ▶ HHS has been collecting concerns about Consumer Choice Option (CCO) from the CCO Town Halls.
 - We have discussed potential CCO focus groups to share proposed changes and receive feedback specifically from members who use CCO and MCOs, not Insurance Support Brokers (ISB).
 - We also have met with Veridian to discuss CCO program changes.
- ▶ Self-direction changes included in the proposed HOME waivers:
 - Use of ISBs is optional; no longer required under participant direction.
 - Expanding participant self-direction options to new populations, such as children who were previously covered under the CMH waiver.
 - Amend language to clarify roles and responsibilities for case managers and ISBs and align service definitions.

Other Self-direction Changes

- ▶ HHS is currently updating and providing trainings to MCOs about Consumer Choice Option (CCO).
- ▶ Mathematica is considering options for updating how CCO budgets are calculated through implementation of individualized budgets (not included in proposed HOME waivers).

CCO Town Hall Meetings

- ▶ Next meeting is on October 21, 2024
4:00 pm - 5:00 pm
- ▶ Everyone is welcome to join!
- ▶ A link to register on HHS's site and shared [here](#).
- ▶ Materials from previous sessions are available on HHS's [site](#).

Pre-waitlist Screening Tool

Recap - Risk of Institutionalization in Iowa

- ▶ Methods for determining risk indicators
 - Literature review + review of pre-admission variables from the federal HCBS measure set (LTSS-6,7, and 8)
- ▶ Confirmatory analysis
 - Determine what makes a person more likely to be institutionalized in Iowa to inform prioritization
 - Predictive modeling approach uses claims data to find which factors seem to predict if someone will need to live in an institution

Confirmatory Analysis - Research Question and Study Period

- ▶ Confirmatory analyses: tests to check if hypotheses made before looking at data are correct, based on the data collected
- ▶ Purpose: use claims data to determine which variables predict the risk of institutionalization
- ▶ To lessen the impacts of the pandemic, we focused on the period between July 2021 and June 2023 (SFY 22–23)

Confirmatory Analysis - Group Construction

- ▶ Group of interest: members admitted to a Long Term Care (LTC) facility between July 2021 and June 2023
- ▶ Comparison group: members that did not have any LTC admissions during the same period
- ▶ Both groups had to be enrolled for six months.

Findings

▶ Adult and Children Populations

- Increased age – predictive for adults
- Inpatient hospital stays - predictive for children and adults
- Emergency department (ED) visits - predictive for children and adults
- Dual eligibility status – predictive for adults
- Medical complexity - only predictive for adults with 10 or more Clinical Classifications Software Refined (CCSR) conditions. It does not appear to be predictive of admissions for children.

▶ Older Adult Population

- This group's results are subject to limited available data, including Medicare data, but in general, match findings for the adult group on the effects of age groups, number of inpatient stays and emergency department visits.

Recommended Risk Factors for Inclusion in the Screening Tool

▶ Children and Youth Waiver Waitlist

- Number of ED Visits
- Number of Inpatient Stays

▶ Adult and Aging Waiver Waitlists

- Age
- Number of ED Visits
- Number of Inpatient Stays
- Dual Eligibility (for <65): This factor may be optional
 - 70% of waitlist members eligible for the Needs On Waitlist (NOW) Survey have dual eligibility

Draft Screening Questions

- ▶ Have you stayed overnight at a hospital in the last 3 months for a reason other than giving birth?
 - ▶ If so, how many separate visits?
- ▶ Have you visited an emergency department (not urgent care) in the last 3 months?
 - ▶ If so, how many separate visits?
- ▶ Do you currently have Medicare or know that you're eligible for Medicare?
- ▶ Do you have an HIV/Aids diagnosis?

Next Steps

- ▶ Finish deciding how to measure the risks and how much weight to give each risk.
- ▶ Decide how the Waiver Priority Needs Assessment (WPNA) scores and risk scores will combine to form overall priority level/waitlist position

Feedback

- ▶ What questions do you have about the recommended risk factors and draft screening questions?
- ▶ What key messages do you think members would like to hear about the process in future communications?



Iowa HCBS Uniform Assessment

Current Assessment Process

- Managed Care Organizations (MCOs) conduct assessments, reassessments and service planning for members enrolled in managed care.
- Iowans who are not enrolled in managed care or are ineligible to enroll, receive assessments and reassessments through Iowa's Core Standardized Assessment (CSA) contractor. Service planning is completed by a case manager.

Stakeholder Input

- ▶ Stakeholder input has guided HHS's approach to improve HOME!
 - In focus groups, town halls, listening sessions and steering committee meetings, Iowans have consistently shared concerns about MCOs' ability to be objective when completing assessments while also creating person-centered service plans and approving services.
 - Through the HOME project, stakeholders have consistently recommended that Iowa HHS consider separating assessment from person-centered service planning.

Conflict-Free Assessment Requirement

- ▶ The Centers for Medicare & Medicaid Services (CMS) created common expectations across HCBS programs¹ for optimal conflict-free case management.
- ▶ Conflict-free case management requires “independent assessment”.
- ▶ Independent means that any assessment of functional need is separate from service planning and provision.
- ▶ While the provisions do not apply directly to MCOs, states are required to monitor conflict of interest and implement safeguards to ensure that assessment and planning are objective and person-centered.

¹(42 CFR 431.301(c)(1)(vi) for 1915(c) waivers and 42 CFR 441.730(b) for 1915(i) state plan)

Feedback

- ▶ What do you think would help with a smooth implementation to a new CSA contractor?
- ▶ What key messages do you think members would like to hear about before and during the transition?

Public Comment Period

Preparing for Public Comment

We'll share information about the chance to provide public comment on the waiver application in a few ways:

- Documents explaining the main proposed changes to share on the public comment website
- Social media posts
- Hosting listening sessions

We will send the Steering Committee an email with this information, that you can share with your networks.

How do I submit a public comment?

- Public comments are important and HHS wants to include your thoughts.
- Read the summary of the proposed waiver changes (or the full waiver!), which will be posted on the HHS website.
- Write down your thoughts about the waiver changes. The more specific the feedback, the better!
- Comments can be mailed or emailed. These instructions will be on the HHS website.

Questions?



Health and
Human Services

Next Steps

- ▶ Meetings will be held on the last Tuesday of every month
 - Next meeting is Tuesday, October 29
- ▶ We will share slides usually the morning of the meeting
- ▶ We will send the September meeting summary in about two weeks