

Iowa HCBS Universal Assessment

Current Assessment Process

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

Stakeholder Input

- Throughout focus groups, town halls, listening sessions and steering committees, stakeholders have consistently shared real or perceived lack of MCO objectivity when completing assessments while also supporting Iowans to develop person-centered service plans and subsequently authorize services.
- Stakeholders have consistently recommended that Iowa HHS consider separating assessment from 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)

Decision

- ▶ Effective July 1, 2025, assessments will transition from MCOs to an independent assessor through Iowa's CSA contractor.
 - Note- Iowa Medicaid is working with the MCOs on an implementation & transitions plan, which means some assessments transitions could occur before or after this date.
- ▶ Iowa HHS will work with stakeholders as a transition plan is developed to ensure a seamless change in assessment completion.

Impacts

- ▶ MCOs will continue to complete Utilization Management (UM) and Service Planning.
 - Assessment data will be sent to the MCOs for case management to determine service planning.
- ▶ This change will not result in any change in level of care determination status, or the services received.
 - Assessors do not determine level of care or develop the person-centered service plan.
- ▶ Participants enrolled with fee for service already receive assessments from an independent vendor so there should be no change to the current process.

Next Steps

- ▶ Iowa Medicaid is working closely with MCOs on transition and implementation to ensure phased implementation.
- ▶ Iowa HHS to release an RFP for the CSA contract.
- ▶ Iowa Medicaid will provide updates and information to members and providers on changes through the next year.