

# Steering Committee Meeting Summary

**SEPT 24, 2024, 3:00 – 4:30 PM CENTRAL TIME**

## Attendee List:

Mathematica: Kimberly Aguiard, Catherine Turvey, Daniel Van Sant (Harkin), Megan Wyatt, Amy Wodarek

Iowa HHS: Christy Casey, Anne Crotty, Lisa Cook, Kimberly Grasty, Bob Schlueter

Committee members: Chris Burrows, Eric Donat, Garret Frey, Elaine Gartelos, Faraji Hubbard, Shelley Jaspering, Kay Marcel, Leah Price, Mary Beth O'Neill, Nikole Tutton, Araceli Vazquez-Ramirez, Alex Watters, Ruth Wilson, Sonia Reyes, Bill Stumpf, Moises Castellanos

## Summary of Meeting Themes:

- **Iowa HHS provided an update on the Consumer Choice Option (CCO)**
  - Iowa HHS has collected concerns about CCO from the CCO Town Halls.
    - Iowa HHS has discussed potential CCO focus groups to share proposed changes and receive feedback from members who use CCO and Managed Care Organizations (MCOs). They have already gathered input from Independent Support Brokers (ISB).
    - Iowa HHS has also met with Veridian to discuss CCO program changes.
  - The self-direction changes in the proposed HOME waivers include:
    - Making it optional to work with ISBs instead of a requirement under participant direction/CCO.
    - Expanding self-direction options to new populations, such as children who were previously covered under the Children's Mental Health waiver.
    - Updating language to clarify roles and responsibilities for case managers and ISBs.
    - Aligning service definitions.
  - Iowa HHS is currently updating and providing trainings to MCOs about CCO and the budget process. They are also making trainings for members.
  - Mathematica and Iowa HHS are thinking through options for updating new ways to calculate CCO budgets as they move towards individualized budgets. This specific detail is not included in the proposed HOME waivers.
  - The Next CCO Town Hall Meeting is on October 21st, from 3 – 4 pm CT. To register, visit: <https://www.zoomgov.com/meeting/register/vJltdOuhrjojGzCZtRiCkuRk2QOJhnwxK7Q>.
    - Iowa HHS posts materials from previous Town Halls here: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/public-meetings/medicaid-town-halls>
  - Steering committee members shared the following feedback:
    - Confirmed that if a member opts not to use an ISB and is the budget authority, then they would work with the case manager and Veridian to help develop the budget. Iowa HHS responded that they are still discussing plans for the ISB and financial management services (FMS) fees.
    - Will there be another impartial position to help represent members if the ISB is optional? Iowa HHS shared that they are working with the case management and Veridian teams to help with this support. Iowa HHS will share more details in the future.

- **Mathematica shared an update on the pre-waitlist screening tool**
  - The process for screening people on the waitlist in the future will still include the questions in the waiver priority needs assessment (WPNA). This form includes questions about social factors and nonmedical aspects. The current form is here: <https://hhs.iowa.gov/sites/default/files/documents/470-5795.pdf>
  - Mathematica did research to inform a new tool that helps identify people at higher risk of institutionalization to prioritize them on the waitlist.
    - First, Mathematica reviewed literature and the pre-admission variables from the federal HCBS measure set (LTSS-6,7, and 8) to see what variables suggest that someone is at higher risk of institutionalization.
    - Then, Mathematica did a confirmatory analysis to test if the variables they learned about in their research do in fact make someone more likely to be institutionalized in Iowa.
      - Mathematica used claims data to find which factors seem to predict if someone will need to live in an institution.
      - Mathematica focused on members admitted to Long Term Care (LTC) facilities between July 2021 and June 2023 and compared them with members that did not have any LTC admissions during the same period. Both groups had to be enrolled in Medicaid for six months.
    - Findings in Adult and Children Populations
      - The older adults got, the more likely they were to be institutionalized.
      - The more inpatient hospital stays that children and adults had in the previous 3 months, the more likely they were to be institutionalized.
      - The more emergency department (ED) visits those children and adults had in the previous 3 months, the more likely they were to be institutionalized.
      - Adults with dual eligibility in Medicare and Medicaid were more likely to be institutionalized.
      - Adults with 10 or more clinical conditions were more likely to be institutionalized. This didn't seem to be predictive for admissions for children.
    - Findings in Older Adult Population
      - In general, the findings for older adults match the findings of the adult group on the effects of age, number of inpatient stays and emergency department visits.
  - Mathematica recommended asking about the following risk factors in the screening tool:
    - For the Children and Youth Waiver Waitlist:
      - Number of ED Visits.
      - Number of Inpatient Stays.
    - For the Adult and Disability Waiver Waitlists:
      - Age.
      - Number of ED Visits.
      - Number of Inpatient Stays.
      - Dual Eligibility (for people younger than 65): This factor may be optional since a large portion of adults on the waitlist are dually eligible.
  - Next steps for Mathematica and Iowa HHS include deciding how to measure the risks and how much weight to give each risk. They also need to decide how the WPNA scores and risk scores will combine to form overall priority level/waitlist position.
  - Steering committee members shared the following feedback:

- Overnight hospital visits would not capture other medically serious situations, such as someone with a chronic wound that would require going to a wound clinic several times per week. This situation can also cause institutionalization.
  - Hospital admissions for psychiatric and comorbidities are hard to obtain, so they may be an unreliable indicator.
  - Home adaptations help keep people out of institutions. It would be helpful to have this support on all waivers in the future.
  - People can have changes to their needs and abilities while they are on the waitlist, so it is good to know that they can request a re-screen at anytime.
  - Factors like housing, employment status, and caregiver age and health, are also important to consider as they can impact someone's need to move to an institution. Mathematica responded that the WPNA includes many of these factors.
- **Mathematica also shared an update on the uniform assessment**
  - Currently, MCOs conduct assessments, reassessments and service planning for members enrolled in managed care.
    - Iowans who are not enrolled in managed care have assessments and reassessments through Iowa's Core Standardized Assessment (CSA) contractor. A case manager does service planning.
  - In focus groups, town halls, listening sessions and steering committee meetings, Iowans have shared concerns about MCOs' ability to be objective when completing assessments while also doing service planning and approving services.
    - The Centers for Medicare & Medicaid Services (CMS) created common expectations across HCBS programs<sup>1</sup> for conflict-free case management. This requires "independent assessment", meaning that any assessment of functional need is separate from service planning and provision.
    - States must monitor conflict of interest and put safeguards in place to make sure assessment and planning are person-centered and objective.
    - Though Iowa is currently in compliance with CMS rules, some Iowans perceive a conflict of interest with the roles that MCOs play. Through the HOME project, stakeholders have urged that Iowa HHS consider separating assessment from person-centered service planning.
  - Steering committee members shared the following feedback:
    - Right now there is not enough accountability and oversight.
    - A new assessment contractor would need all the information that's already been completed in an assessment so members and their families don't have to start over or share information again.
    - Repeating assessments can be burdensome for people with lifelong disabilities that do not change. Iowa HHS clarified that, unfortunately, repeating assessments is a federal requirement.
- **Finally, Mathematica reviewed information on the public comment period**
  - Iowa HHS will post the full waiver application on its website, along with several simplified documents describing the key proposed changes.
  - The public comment will be open for 30 days, starting later this fall.
  - HHS will announce the public comment period on its website and through social media posts.
  - Iowa HOME will also host listening sessions, including one in Spanish.
  - People can submit comments through mail or email. The HHS website will include the email and mailing address.

- Once a new waiver is submitted, Iowa HHS explained that CMS needs at least 3 months to approve, but it will likely take at least six months.
  - Steering committee members shared the following feedback:
    - The tentative language Iowa HOME uses in communications (phrases like Iowa HHS hopes, or plans to) might confuse some people. Iowa HOME uses tentative language because CMS has to approve proposed changes. Committee members suggested it would be helpful to explain the process and approvals needed to make final decisions and proposed changes in public communications and on the HHS website. It's important to explain to the public about how long this process takes.
    - Confirmed that non-English speakers and deaf & hard of hearing Iowans have been included in feedback opportunities through HOME, and that people can provide public comments in their preferred language.
    - Making a video explainer would be helpful for engaging Iowans who do not read or write in the public comment period.
    - Asking long-term support services (LTSS) agencies and advocacy organizations to pass info on to their members would help promote the public comment period.
- The next steering committee meeting will be held on Tuesday, October 29.

#### **Additional Resources:**

Link to [HOME website](#):

- Includes a timeline that shares the work on HOME since 2022
- Steering Committee slides and summaries are toward the bottom of the page

Link to sign up for the [HOME newsletter](#):

- HHS sends the newsletter every other month. It contains information on the HOME project and a spotlight on our partners, like you!

Link to [Iowa Medicaid's Facebook page](#):

- Please feel free to share this page with your networks and ask them to "follow" the page for future updates on HOME, including when the public comment period starts.
- There will be more Facebook posts in the future, and we will share those with you.