



# CCO Town Hall

April 21, 2025

Christy Casey, LTSS Policy  
Program Manager



Health and  
Human Services

# Agenda

- Meet the Policy Team
- Documentation Requirements

# Policy Team

# LTSS Policy Team

- ▶ Andrea Maher: Bureau Chief  
[Andrea.Maher@hhs.iowa.gov](mailto:Andrea.Maher@hhs.iowa.gov)
- ▶ LeAnn Moskowitz: EO3, BI Waiver, Out of state placements  
[leann.moskowitz@hhs.iowa.gov](mailto:leann.moskowitz@hhs.iowa.gov)
- ▶ Kim Grasty: Quality assurance, annual waiver renewals  
[kim.grasty@hhs.iowa.gov](mailto:kim.grasty@hhs.iowa.gov)
- ▶ Robert Payne: Facility-based Long term care services  
[robert.payne@hhs.iowa.gov](mailto:robert.payne@hhs.iowa.gov)
- ▶ Marlie Atwood: Facility-based Long term care services  
[marlie.atwood@hhs.iowa.gov](mailto:marlie.atwood@hhs.iowa.gov)
- ▶ Brooke Watson: ID Waiver, STP, MFP, SCL  
[brooke.watson@hhs.iowa.gov](mailto:brooke.watson@hhs.iowa.gov)

# LTSS Policy Team cont.

- ▶ Christy Casey: HD Waiver, PD Waiver, CCO, Indian Health, waiver transportation  
[christy.casey@hhs.iowa.gov](mailto:christy.casey@hhs.iowa.gov)
- ▶ Mindy Williams: Habilitation, CMH waiver, IHH, IRSH, Employment [mindy.williams@hhs.iowa.gov](mailto:mindy.williams@hhs.iowa.gov)
- ▶ Latisha McGuire: AIDS/HIV waiver, Elderly waiver, Case Management, EVV, CSA  
[latisha.mcguire@hhs.iowa.gov](mailto:latisha.mcguire@hhs.iowa.gov)
- ▶ Shawanna Eganhouse: Community Integration Manager(CIM) Project Lead for GRC transitions to community [shawanna.eganhouse@hhs.iowa.gov](mailto:shawanna.eganhouse@hhs.iowa.gov)

# LTSS Policy Cont.

- ▶ Raylynn Lee: Community Integration Manager  
[Raylynn.Lee3@hhs.iowa.gov](mailto:Raylynn.Lee3@hhs.iowa.gov)
- ▶ Miranda Hays: Community Integration Manager  
[Miranda.Hays2@hhs.iowa.gov](mailto:Miranda.Hays2@hhs.iowa.gov)
- ▶ Brandon Tews: Community Integration Manager  
[Brandon.Tews@hhs.iowa.gov](mailto:Brandon.Tews@hhs.iowa.gov)
- ▶ Staci Veach: Community Integration Manager  
[Staci.Veach@hhs.iowa.gov](mailto:Staci.Veach@hhs.iowa.gov)

# Documentation

# Documentation Components

- ▶ What needs to be included?
  - Supports and services provided
  - Goals documented
  - Interventions
  - Individualized (should not be cut and paste from day to day or member to member)
  - Frequency monitored (how often, how many)
  
- ▶ What does documentation look like?
  - Narrative is no longer required
  - Can use a “check list”



# General Principles of Documentation

- If it is not documented, it has not been done.
- “Fully disclose the extent of services,” care, and supplies furnished to the beneficiaries.
- Support Claims Billed.
- Clear and Concise.
- Document services during the service or as soon as practical after.
- Maintain accurate service documentation.
- EVV documentation for CDAC see <https://www.carebridgehealth.com/trainingiaevv>

# Questions?