
HOME Waiver Redesign - Frequently Asked Questions (FAQ)

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The HOME team updates these Frequently Asked Questions (FAQs) to address the latest questions from members¹ and providers. Check back on this webpage for the most up-to-date information on HOME.

General

What is the difference between community-based services (CBS) and home and community-based services (HCBS)?

CBS are many different types of services that help lowans who are aging, have disabilities, or have behavioral health needs so they can stay healthy and independent in their homes and communities. They can include services funded by Medicaid home and community-based services, Iowa's Mental Health and Disability Services system, the Department of Aging, and other state programs.

HCBS are a subset of CBS that are provided through an HCBS waiver. HCBS are Medicaid programs that give lowans more choices about how and where they receive long-term care services. These services are for people with disabilities and older lowans who need services to help them stay in their homes and communities rather than move to a nursing home. These services can include things like personal care assistance, therapy, and help with daily tasks. The Centers for Medicare & Medicaid Services (CMS) authorizes HCBS waivers under Section 1915(c) of the Social Security Act.

What is the HOME Project?

Hope and Opportunity in Many Environments (HOME) is a project in Iowa that is working to make sure that everyone has access to high-quality behavioral health, disability and aging services in their communities. HOME's goal is to improve services to make it easier for people to access the help they need and stay in their communities with their loved ones.

¹ In this FAQ, we use the word "member" to talk about lowans who get Medicaid and also need or have Home and Community-Based Services (HCBS).

Why are we making changes to waivers and services?

From 2022 to 2024, the Iowa Department of Health and Human Services (HHS) did research and gathered feedback from Iowans to learn about challenges in the current community-based services system, including HCBS waivers. Iowa HHS learned that current waiver waitlists are not timely, efficient or needs based.

Services don't line up with Iowans' needs and services and supports are hard to navigate and access. Feedback from Iowans showed opportunities for the waiver system to be more efficient, easier to understand and better at connecting Iowans to the services and supports they need throughout their lives.

What changes are proposed? How would these changes make things better?

Iowa HHS is proposing to merge the six diagnosis-based, disability-specific waivers into two broader age-based waivers: the Children and Youth Waiver and the Adults with Disabilities Waiver, while keeping the Elderly Waiver. Having age-based waivers would focus on the person and their needs across the lifespan instead of the person's diagnosis.

- The Children and Youth waiver will support kids and young adults from birth through age 20. It's designed to meet needs in early childhood, during school years, and as youth prepare for adulthood. These services are meant to add to—not replace—the care children should receive through Iowa Care for Kids, also known as Early and Periodic Screening, Diagnostic, and Treatment (EPSDT).
- The Adults with Disabilities waiver will serve people starting at age 21. This waiver will include supports that people may need as they move through adulthood and into older age.
- The new HOME waivers will include all current groups: Intellectual Disability, Brain Injury, Physical Disability, HIV/AIDS, and Serious Emotional Disturbance. They will also cover people with developmental disabilities and autism. On the Adults with Disabilities waiver, autism is listed separately from developmental disabilities so that anyone diagnosed with autism after age 21 is also eligible.

What changes are happening and when?

Iowa HHS plans to make gradual and careful changes so they will not happen all at once. Iowa HHS plans to enroll members into the new HOME waivers in phases based on their current waiver enrollment. Members on the Physical Disability, HIV/AIDS, Children's Mental Health, and Health and Disability waivers will move to the new HOME waivers in October of 2026. Members on the Brain Injury and Intellectual Disability waivers will move to the new HOME waivers in 2027. Members currently on existing waivers will not need to apply to the new HOME waivers. Iowa HHS will give Iowans updates to help you understand and plan for this transition.

To get ready, Iowa HHS is putting systems and processes in place to run the new waivers and to help providers stay enrolled throughout the transition. Iowa HHS published an updated [timeline](#), showing that some changes started in 2025, including adjustments to the number of members each case manager works with and a shift to using independent assessors.

In 2025, Iowa HHS focused on these priorities:

- Rolling out a Uniform Assessment process, so everyone has the same assessment.
- Improving waitlist policies and processes.
- Standardizing services across current waivers.
- Strengthening and expanding provider capacity and access.
- Building a quality management system.

Check the HOME page and FAQs for updates on these priorities.

How does the HOME project impact the Habilitation Services program 1915(i)?

Iowa HHS will update service definitions, provider qualifications, and performance measures for Prevocational Services, Day Habilitation and Supported Employment to align with the proposed new HOME waivers, as needed.

Will Consumer Choices Option (CCO) change?

You will still have the option to self-direct services through CCO, and you will not lose access to your Independent Support Broker (ISB). However, working with ISBs will be optional for Iowans who self-direct their services.

How do I apply for Iowa Medicaid? What if I need help?

To apply for Iowa Medicaid, go online to the [HHS Benefits Portal](#) or fill out a [paper application form](#) and take it to your local HHS office.

If you need help applying, contact Medicaid Member Services by phone at 1-800-338-8366 (Toll Free) or by email at IMEmember@hhs.iowa.gov.

Older adults and people with disabilities can also reach out to an Aging and Disability Resource Center (ADRC) by phone at **1-800-779-2001** for help.

Waitlists

Will waitlists go away? What will happen to Iowans who are currently on a waitlist?

No, there will still be waitlists in the future. Iowans currently on a waitlist will stay on the waitlist during the move to new HOME waivers. Iowa HHS is improving the waitlist system by making changes to the Waiver Priority Needs Assessment (WPNA) so they can identify those at risk of needing institutional care. The WPNA is a screening tool that people can choose to fill out with information on their needs when they join a waitlist. Iowa HHS has a system to help prioritize people with the highest needs so they can get quicker access to waivers.

Can people with urgent needs request priority?

Yes, the new waiver waitlists will still have a system that gives priority to people with the highest needs, so they can get waiver services faster. You can resubmit the WPNA any time your needs change.

Will I lose my current waiver slot or waiver funding?

No. If you are on a waiver now, you will stay on a waiver. You will keep services and work toward your person-centered goals.

If another person's WPNA shows that they have higher needs than I do, will I lose my current waiver slot?

Iowa HHS will have a process for releasing waiver slots that takes into account people's needs and how long they have been waiting for a slot. Once you receive a waiver slot, you will be able to enroll in a HOME waiver. If you are on a waiver now, you will stay on a waiver.

Will people with HIV/AIDS who don't have waitlists now have waitlists in the future?

Under the new waivers, groups that currently don't have waiver waitlists may be placed on one. However, the waitlists will have a system to prioritize people with the highest needs, so they can get services faster.

Services

What services will be available in the future? Would I still get the same services I get today?

Some service names and definitions may change based on feedback Iowa HHS has heard from Iowans. Iowa HHS will also make changes to remove repeating or overlapping parts of current services. These changes to waiver services need Iowa Legislative funding and federal approval before they can go into place.

A service I have now isn't included in the list of new services—will I still be able to access that service?

If a service you currently use isn't listed in the new set of services, you'll likely still be able to access it. Iowa HHS is renaming and expanding some services, but nearly all current services will still be available. If a service is completely removed from the HOME waivers, you may still get it through the Medicaid state plan or EPSDT. HHS will work with case managers to update service plans before the transition, so members will continue receiving the support they need—just possibly through a different program or service type.

What do changes to waivers mean for providers?

Iowa HHS is working on a simple process for providers to enroll in the proposed new HOME waivers. They may make some changes to required provider qualifications to reduce burden on providers while making sure they can deliver high quality services. Iowa HHS is partnering with a group of providers to understand needed changes and work on solutions.

How will service planning work?

The main parts and rules for person-centered service plans will not change. The service planning team will use the assessment process to inform service planning. They will review the assessment and work closely with the member to identify their strengths, needs, preferences, goals, and health risks. Both Managed Care Organization (MCO) and Fee-for-Service (FFS) plans will follow the same template for fairness and consistency.

Transitioning from the Child to Adult Waiver

How will people move from the Children and Youth waiver to the Adults with Disabilities waiver?

People will move straight from the Children and Youth waiver to the Adults with Disabilities waiver when they turn 21. About six months before a member turns 21, their case manager will check in to see if they're interested in moving to the Adults with Disabilities waiver and whether they qualify. Not every youth who qualifies for the Children and Youth waiver will automatically qualify for the Adults with Disabilities waiver. When that happens, the case manager will help explore other options, like the 1915(i)-habilitation program, to make sure the member still has access to services.

If the youth is eligible, the case manager will guide them through the application process for the Adults with Disabilities waiver, help with the disability determination, and update their service plan to reflect their adult needs.

Will people moving from the Children and Youth waiver to the Adults with Disabilities waiver be guaranteed a waiver spot?

Yes, there will be reserved slots so that people moving from the Children and Youth waiver to the Adults with Disabilities waiver will have a slot on the Adults with Disabilities waiver when they turn 21.

Will people have to be reassessed when moving from the Children and Youth waiver to the Adults with Disabilities waiver?

No, a member's Level of Care (LOC) will not be changed when they move to the Adults with Disabilities waiver. The LOC will carry over, based on the last waiver continued stay review (CSR). One year after the last CSR under the Children and Youth waiver, the person will be reassessed under the Adults with Disabilities waiver.

Waiver Assessments

Iowa HHS is improving the assessment process to make it more consistent, simple, and person-centered. Starting in 2025 there have been **two significant changes**.

1. CareStar, an independent assessor, now completes all HCBS assessments. Managed care organizations will no longer be responsible for completing the HCBS assessments.
2. People enrolled in the Intellectual Disability waiver started receiving InterRAI assessments since their previous assessment tool was discontinued.

What is an assessment?

An assessment is a way to check what kind of help someone needs. An assessment uses a tool with standard questions to measure a person's functional eligibility, which means how much care or support they need to do everyday tasks. Iowa HHS uses assessment results to place people on waivers and identify the needs that waiver services could help meet.

Iowa HHS changed some aspects of the assessment process as part of HOME. Their goals were:

1. Making the waiver assessment process simpler and more person-centered.
2. Creating a more uniform (or standard) way to assess all people on waivers and people who need waiver services.
3. Assessing everyone the same way and completing assessments separately from managed care organizations.

What is the timeline moving forward for the independent assessor?

As of June 2026, CareStar, the Core Standardized Assessment vendor, is doing all waiver assessments.

Moving assessments to CareStar does not change your assessment schedule. The federal government requires HHS to do assessments every year. Members will still need to work with an assessor to complete assessments when you first start the Waiver (initial assessment), once a year (annual assessment) and whenever your condition changes.

What is the uniform assessment?

The uniform assessment is a complete assessment that looks at a person's unique strengths and challenges. It includes a core set of questions that everyone will answer, so Iowa HHS can fairly and consistently measure need across all waiver members. It also includes some extra questions tailored to each person's diagnosis and situation, to give a full picture of the kinds of support they need. Iowa will use interRAI tools for these assessments. Each year, members and their care team will work together to choose the interRAI tool that best fits the person's unique needs.

Iowa HHS has used interRAI assessment tools with some populations before. Starting in 2026, everyone's assessment will use an interRAI tool.

What are the steps of the uniform assessment process?

Once someone is enrolled in a waiver, they fill out an Assessment Tool Questionnaire. This helps direct them to the right interRAI assessment tool based on their age, diagnosis, and support needs.

Every waiver member completes the same set of core questions. Then, members answer extra questions tailored to their specific needs and diagnosis, to give a full picture of what kind of support is needed. This will all happen in one meeting.

What is InterRAI?

InterRAI is a company that makes assessment tools that are used in many other states. Researchers and professionals from interRAI developed several assessments that make up the interRAI set of tools. These assessment tools have been carefully researched and tested many times. Each interRAI assessment in the set is designed to fit the unique needs of a specific group of people. The tools measure what they are supposed to (this is called "validity"), and the tools give similar results every time (this is called "reliability"). Taken together, the results from these tools show the everyday living (functional) and health-related (clinical) needs of older Iowans and Iowans with disabilities of all ages in a consistent way.

Which interRAI assessment tools will be used?

Everyone will have an assessment done using a type of interRAI Assessment tool. The table below shows which tools will be used.

interRAI Tool	Members who will complete the tool
Intellectual Disability (ID)	Adults with ID who are 18 years and older.
Home Care (HC)	Adults with disabilities other than ID who are 18 years and older.
Pediatric Home Care (PEDS-HC)	Children and youth with health needs ages 4 to 20.
Child and Youth Mental Health (ChYMH)	Children and youth with serious mental illness ages 4 to 20.
ChYMH-Developmental Disabilities	Children and youth with developmental disabilities ages 4 to 20.
Early Years	Children ages 0 to 3.

What questions do the interRAI assessment tools include?

The tools gather information about different areas where you might need support, such as:

- Community and Social Involvement
- Relationships
- Lifestyle
- Communication and Vision
- Thinking (cognition)
- Health Conditions

- Independence in Everyday Activities
- Mood and Behavior

- Medications
- Services

How long will the assessments take for me to do?

The time it takes to complete an assessment depends on things like having information ready before starting, who is involved in your team, your health and social conditions, and the assessor's experience. You might want to have medical records and Individualized Education Plans (IEPs) or other school records ready before the assessment. The first assessment you go through when joining the waiver will take longer than future ones.

Who participates in the assessment process?

You're at the center of the assessment. You share information about your needs, and you can choose to include others—like family, friends, your case manager, or support staff—to help. The goal is to build a service plan that reflects your preferences and supports your daily life.

Will these changes affect the services I get?

Your service plan is developed through the person-centered service planning process. This process builds a service plan based on your preferences and needs, your assessment results, and input from your medical providers, as well as your caregivers and family members if you choose. This process will not change. If you have concerns about your services, talk to your case manager.

What if I have questions or feedback about assessments?

You can always talk to your case manager about your assessment and ask them any questions you have about how the assessment process works. You can also email IowaAssessments@carestar.com with questions or feedback about assessment changes.

If your needs change before it is time for your annual assessment, you may complete an Emergency Needs Assessment (ENA) with your case manager. The ENA is a tool to determine if you need a reassessment due to changes in need and other risk factors. If your needs do change significantly, you will complete another assessment to identify the right level of support.

Service Funding

What are the service funding updates in Phase 1?

In Phase 1, Iowa HHS is updating how service funding works to make sure Medicaid dollars are used in a consistent and sustainable way. Members will receive funding based on their assessed level of need. Iowa HHS will create the service funding limits based on real evidence. To do this, they will gather detailed information on levels of need, service use, and spending for all members.

Iowa HHS already uses monthly service caps, or limits, on several existing waivers today. What's changing is that Iowa HHS will apply this approach more broadly across populations in the new HOME waivers, starting in 2026.

What are the service funding updates in Phase 2?

In Phase 2, each member will have a monthly dollar amount for services called **My Service Plan Limit** (mySPL). This amount is based on the person's level of need, as shown by the uniform assessment. Service Plan Limits are different from service rates. The limit is the total amount available for services each month, while rates refer to the cost of each individual service.

Some services will not count toward the monthly limit, including:

- Home and Vehicle Modifications
- Supported Community Living
- Residential-based Supported Community Living
- Specialized Medical Equipment
- Community Transition Services
- Supported Employment.

What can I do if I don't think mySPL is correct?

The goal of the HOME waivers is to better match services to each person's actual needs. That means some members may notice changes in the level of services they can use compared to before. If that happens, you will have options to adjust. This could include working with your case manager to make the most of your mySPL by choosing services that offer the best value for your needs, adjusting how often you use certain services, or combining supports in different ways. If needed, members can also use the mySPL review process and explore other services available outside of the HCBS waivers.

Iowa HHS will have a consistent review process for members to request more funding if your mySPL is not enough to cover services you need.

What changes have been made to improve case management?

1. **Smaller caseloads:** Iowa HHS set new rules for case manager to member ratios for community-based case managers (CBCMs). Starting in January 2025, each community-based case manager will work with an average of 45 members, and no more than 50. This gives them more time to focus on each person. Since July 2024, Managed Care Organizations (MCOs) have hired over 100 new case managers to help meet this goal. These ratios do not apply to facility-based or fee-for-service case management.
2. **More in-person visits:** Case managers must meet with each member face-to-face at least once every three months. Case Manager must meet with members on the Intellectual Disability waiver at least every two months.
3. **Improved, more complete training:** For a long time, Iowa has required all case managers to complete training, but there wasn't one standard training program. As a result, case managers learned different content, which led to uneven quality in the support Medicaid members received. To make sure all Medicaid long-term services and supports (LTSS) members get high-quality case management, Iowa HHS created two training programs:
 - The **Case Manager Certification Toolkit** for new case managers
 - The **Case Manager Refresher Toolkit** for yearly ongoing training

These programs teach important skills and include short quizzes to help case managers stay engaged and understand the material. New case managers will complete the Certification Toolkit within six months of their hire date. All case managers will take the Refresher Toolkit every year.