

FAQ – HOME Waiver Redesign

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The HOME team updates these Frequently Asked Questions (FAQs) to reflect 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)?

1. 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.
2. 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. CMS authorizes HCBS waivers under Section 1915(c) of the Social Security Act.

What is HOME?

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. The 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 with the current community-based services system, including home and community-based services (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 proposes merging the 6 diagnosis-based, disability-specific waivers to 2 age-based waivers with wider eligibility 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.

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 first. Members on the Brain Injury and Intellectual Disability waivers will move to the new HOME waivers several months after that. 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](#), which shows that some changes are already underway, such as changes to the number of members case managers work with and to who does assessments.

In 2025, Iowa HHS has been focusing on these priorities:

- Rolling out a Uniform Assessment, 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.

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

Iowa HHS would update service definitions, provider qualifications, and performance measures for Prevocational, 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](tel:1-800-779-2001) for help.

Waitlists

Will waitlists go away? What would happen to lowans who are currently on a waitlist?

No, there will still be waitlists in the future. lowans currently on a waitlist would stay on the waitlist during the move to new HOME waivers. Iowa HHS is working to improve the waitlist system by making changes to the Waiver Priority Needs Assessment (WPNA). The WPNA is a screening tool that people can 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 would still have a system that gives priority to people with the highest needs, so they can get waiver services faster.

Will I lose my current waiver slot or waiver funding?

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

If another person's Waiver Priority Needs Assessment (WPNA) shows that they have higher needs than I do, will I lose my current waiver slot or waiver funding?

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 would stay on a waiver. You would keep services and work toward your person-centered goals.

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

Existing services will still be available. Some service titles and definitions may change based on feedback Iowa HHS has heard from Iowans. Iowa HHS will also make changes to remove repeating or overlapping aspects across current services. These waiver services need Iowa Legislative funding and CMS must approve the waiver applications before these service changes can go into place.

A service I have now isn't included in the list of new services—would I 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 removed from the HOME waivers, you may still get it through the Medicaid state plan or Early Periodic Screening Diagnostic and Testing (EPSDT). HHS will work with case managers to update service plans before the transition, so members will continue receiving the support you need—just possibly through a different program.

What do changes to waivers mean for providers?

Iowa HHS is working on a simple process for providers to enroll in the proposed new waivers. It 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 requirements of person-centered service plans will not change. The service planning team will use the uniform assessment to guide the process. 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.

Transition from Children and Youth Waiver to Adult and Disability Waiver

How would people move from the Children and Youth waiver to the Adult and Disability waiver?

People would move straight from the Children and Youth waiver to the Adult and Disability waiver when they turn 21. Six months before a person's 21st birthday, the case manager would let them know that they are aging out of the Children and Youth waiver and start planning for the move to the Adult and Disability waiver. The case manager would confirm that the member wants to keep getting services through the Adult and Disability waiver. If so, the case manager would change the service plan to indicate the move based on the last completed continued stay review (CSR) for the Children and Youth waiver.

Would people moving from the Children and Youth waiver to the Adult and Disability waiver be guaranteed a waiver spot?

Yes, people moving from the Children and Youth waiver to the Adult and Disability waiver would have a spot on the Adult and Disability waiver when they turn 21.

Would people have to be reassessed when moving from the Children and Youth waiver to the Adult and Disability waiver?

No, a member's Level of Care (LOC) won't be changed when they move to the Adult and Disability waiver. The LOC would carry over, based on the last Children and Youth waiver continued stay review (CSR). One year after the last CSR under the Children and Youth waiver, the person would be reassessed under the Adult and Disability 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. Telligen will complete all HCBS assessments, and managed care organizations will no longer be responsible for completing the HCBS assessments.
2. People enrolled in the ID waiver started receiving InterRAI assessments since their old assessment tool was discontinued.

What is an assessment?

An assessment is a way to check what kind of help someone needs and if someone qualifies to receive services through HCBS programs. Iowa HHS has several goals related to the assessment changes including:

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 Telligen?

As of July 2025, Telligen, the Core Standardized Assessment vendor, is doing all waiver assessments.

Moving assessments to Telligen will 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 they first start the Waiver (initial assessment), once a year (annual assessment) and whenever their condition changes.

Why is Iowa HHS making changes to its assessment tools?

In January 2025, members on the ID waiver started using new assessment tools. Members on the ID waiver who are between ages 4 and 18 started using the interRAI Children and Youth Mental Health Assessment – Developmental Disabilities, and ID waiver members ages 19+ started using the interRAI Intellectual Disability Assessment. This group needed to use a new assessment tool because their old assessment tool, the Supports Intensity Scale-Adult (SIS-A) Edition 1, was discontinued on December 31, 2024.

Moving from the SIS to interRAI tools, which are already used on Iowa's HD, PD, BI, CMH, HIV/AIDS, and Elderly waivers, also helps make Iowa's assessment process simpler and more consistent. Iowa HHS hasn't made any changes to the assessment tool for lowans on the HD, PD, BI, CMH, HIV/AIDS, and Elderly waivers. Iowa HHS is considering using the interRAI Early Years Assessment on all waivers for children under age 4 instead of the case management comprehensive assessment.

Why did Iowa choose interRAI tools for waiver assessments?

Iowa HHS chose interRAI assessment tools for waiver assessments because they help the agency and its partners understand the strengths, needs, and preferences of each member. Using interRAI assessment tools is a person-centered and standardized way to assess all people on waivers or needing waiver services.

What is InterRAI?

InterRAI assessment tools have been carefully researched and tested many times and are used in many other states. Researchers and professionals from the interRAI organization developed several assessments that make up the interRAI set of tools. 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 lowans and lowans with disabilities of all ages in a consistent way.

What questions do the interRAI assessment tools include?

InterRAI assessment tools gather information about different areas of need, such as:

- Community and Social Involvement
- Strengths, Relationships, and Supports
- Lifestyle
- Communication and Vision
- Thinking (cognition)
- Health Conditions
- Independence in Everyday Activities
- Mood and Behavior
- Medications
- Supports and 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. The first assessment that happens when you first join the waiver will take longer. Some items to consider having prepared prior to the assessment include but are not limited to:

- Medical records
- Individualize Education Plans (IEPs) or other school records

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.

What if I need more or less support than my assessment shows?

If you don't need or want a service identified by the assessment, you don't have to include it in your person-centered plan. Your case manager can also request an emergency needs assessment if there is a big change in your needs. If your needs do change significantly, you will complete another assessment to identify the right level of support.

Individualized budgeting

What is individualized budgeting?

An individualized budget is a set amount of money for a person receiving services through an HCBS waiver. This budget is tailored to each person's unique needs and helps pay for the services they need to live in their community, instead of in an institution. Individualized budgeting allows the person to have more control over their care. A person can decide which services they want and need, making sure the support they receive is personalized and flexible. Using individualized budgets helps make sure people with similar needs get fair and suitable budgets.

How does individualized budgeting work?

The uniform assessment would help create a personalized plan that sets a monthly budget for services. Members would give their input on what types and amounts of services they need, based on their budget. To set up the right budget categories, Iowa HHS will review information on people's needs, service use, and spending for all members.

What is the proposed initial approach to individualized budgeting?

- Members would get a monthly budget based on the services they currently use.
- Existing members would be grouped into budget categories based on their current service spending.
- New members would have their budgets set based on their assessment, which measures their level of need, since they don't have current service spending data.
- To smooth the transition in budgeting approaches and make sure no one has problems accessing services, in the first year of the new HOME waivers, budgets would stay close to what they are now.

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

If you don't feel that your budget is enough to meet your needs, you would be able to ask for a change. Iowa HHS will create a process for you to make this request.

What changes are being made to improve case management?

- **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.
- **More in-person visits:** Case managers must meet with each member face-to-face at least once every three months. Now, Case Manager must meet with members on the Intellectual Disabilities (ID) Waiver at least every two months.
- **Improved, more complete training:** Iowa 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.