

# Steering Committee Meeting Summary

**JUNE 24, 2025, 3:00 – 4:30 PM CENTRAL TIME**

## **Attendee List:**

Mathematica: Kimberly Aguillard, Amy Wodarek-O'Reilly, Benjamin Fischer, Jackie Brenner, Maddie Vincent, Claire Pendergrast

Iowa Health and Human Services (HHS): Dex Walker, Kim Grasty, Will Linder, Anne Crotty

Committee members: Elaine Gartelos, Shelley Jaspering, Jack Mescher, Araceli Vazquez-Ramirez, Eric Donat, Liliana Hernandez-Castro, Gaye Johnson, Brittany Singleton, Darci Alt, Garret Frey, Leah Price, Mary Beth O'Neil, Ruth Wilson, Bill Stumpf, Brooke Lovelace (DD Council), Sonia Reyes

## **Summary of Meeting Themes:**

- Mathematica introduced the Person-Centered Quality Management framework, which helps Iowa HHS to assess how well the HOME system is working and to quickly address any issues that arise. Beneficiary journeys are a key tool in this framework. A beneficiary journey begins with a person's situation and follows the steps they take to reach a successful outcome. Iowa HHS can evaluate each step in the journey to identify what's working and where they need to improve.
  - Members asked whether beneficiary journeys would include personal information such as preferences, interests, or behavioral triggers.
    - Mathematica responded that these would all be part of a person-centered plan. Iowa HHS could measure the extent to which plans are person-centered.
  - Members asked how the framework could help people access the services they need.
    - Mathematica offered the framework could help Iowa HHS identify systemic issues, such as:
      - Case managers consistently misinterpreting services
      - Rules that are unclear
      - Missing rules needed to implement services correctly
  - Members noted it's hard to recognize systemic issues because they don't know what others are experiencing, and not all case managers are familiar with every service.
  - Members observed that often people cannot reach their goals because services aren't available in their area, are limited to certain groups, or are interpreted differently by case managers.
    - Mathematica explained that one step in the beneficiary journey is a survey of members' experiences, which will help Iowa HHS get data on what's happening in the system.
  - Members noted that high turnover in the system leads to a loss of institutional knowledge. When experienced staff leave, the system loses effectiveness because no one remembers why certain processes were put in place.
  - Members said the current system doesn't encourage solving problems or coordinating across organizations. They recommended Iowa HHS should address known issues like access to waiver slots, delays in getting a slot, and delays in provider application processing.
    - Mathematica clarified that each journey represents a broad group of members. Prioritizing issues is key in quality management, and the framework includes a way to do that.
  - Members appreciated that the framework evaluates each step in the journey, which should help improve the system.
  - Members emphasized that their top concern is getting and keeping their services.

- Iowa HHS shared updates to the [HOME project website](#). The HOME website has webpages for [milestones](#), [FAQs](#), [assessments](#), and [case management](#). The steering committee's insight has informed much of this content. Iowa HHS will soon post updates to the [Iowa Medicaid Facebook page](#). Iowa HHS also shares updates on the HOME project in their [Medicaid member and provider town halls](#) and through a newsletter. Members can email Will Linder at [William.Linder@hhs.iowa.gov](mailto:William.Linder@hhs.iowa.gov) to be added to the newsletter distribution list.
- Iowa HHS plans a phased go-live for the HOME waivers. Members will transition based on their current waiver enrollment, starting with smaller waivers. The Brain Injury and Intellectual Disabilities waivers will go live later in the year.
- Iowa HHS leadership is reviewing cost estimates for HOME. Expanding services will require additional funding, and Iowa HHS will need to make the case for that funding to the state legislature. Subject matter experts are working on key operational areas like eligibility assessments and individualized budgeting. Iowa HHS will bring these topics for discussion at an upcoming steering committee meeting.
  - Members asked how the staggered go-live would affect the budget. They noted that offering all services to everyone and adding new ones could be costly.
  - Members shared concerns that, without major investment, smaller waivers might become more generous while high-acuity waivers like Brain Injury and Intellectual Disabilities could lose resources.
  - Members worried the legislature may not approve significant funding and asked what would happen if Iowa HHS doesn't get the money needed for HOME.
    - Iowa HHS will address this at a future meeting and emphasized its goal to ensure continuous access to care for those who need it.
  - Members felt starting with smaller waivers could help resolve issues early and lead to a smoother transition for the larger waivers.
- Mathematica shared updates on the upcoming public comment period for waiver amendments. This summer's public comment period will focus on smaller changes that prepare Iowa HHS for the larger waiver redesign coming later. These proposed changes are scheduled to take effect in January 2026. Iowa HHS is still finalizing the timing and approach, so some details may change. **Proposed changes likely to be included:**
  - Transition Individual Consumer Directed Attendant Care (ICDAC) to Consumer Choice Option (CCO) or Agency Consumer Directed Attendant Care (CDAC).
  - Shift assessments from MCOs to a single entity (Telligen).
  - Use InterRAI-Early Years for children ages 0-3.
  - Implement the updated Waiver Priority Needs Assessment (WPNA).
  - Align service definitions across current waivers.
  - Make other technical changes, like making working with Independent Support Brokers (ISBs) optional and other minor language updates.
- The updated WPNA supports Iowa HHS' waiver waitlist rollout plan to reduce duplication across waitlists, speed up services for high-risk members, and improve the waitlist experience.
- Iowa HHS is adding two new questions to better understand a member's risk of institutionalization. They are also simplifying the language and adding space for narrative responses after each question, in response to steering committee feedback.
- Iowa HHS is aligning and updating service definitions across the current waivers. Under the proposed HOME waivers, merged services will better match members with the right supports.
  - Members noted that, although waiver redesign will be expensive, getting people the services they need will actually reduce costs in the long-term. They said helping the legislature understand the potential for cost-saving will be key.
  - Members urged Iowa HHS to clearly communicate that no one will lose services due to alignment and to provide materials that help case managers explain the changes.
- Iowa HHS will share clear, accessible information about the public comment period through:
  - Documents on the public comment website outlining key changes
  - Social media posts
  - Messaging that Steering Committee members can share with their networks

- Communications will clarify that the proposed waiver amendment changes take effect in January 2026, and that the public comment period on the larger waiver redesign proposed changes is happening later in 2026.