

# Steering Committee Meeting Summary

**JULY 29, 2025, 3:00 – 4:30 PM CENTRAL TIME**

## **Summary of Meeting Themes:**

- Mathematica recapped the Statewide Access and Provider Capacity Assessment (SAPCA). The goal of the SAPCA was to understand the needs for community based services in Iowa. The SAPCA identified key challenges facing community-based services in the state, including limited provider capacity, difficulty navigating and coordinating services, and barriers related to serving rural areas.
  - Members shared concerns that service requests are being denied because of low utilization. They emphasized that low utilization is often due to too few providers or staff to hire, not because people don't need the services. They strongly urged that service approval should be based on person-centered planning and level of care, rather than utilization.
- Mathematica provided an update on provider capacity. Iowa HHS has a priority in 2025 to enhance provider capacity and network adequacy. Mathematica interviewed HHS leadership and held a discussion with the HOME Services and Provider Workgroup to better understand provider capacity.
  - Near term, HHS is working to enhance the provider application, streamline administrative requirements, develop provider-informed guidance for telehealth, identify gaps in provider training, help share information on funding opportunities for providers and support mentoring opportunities between provider agencies.
  - Long term, HHS is reviewing rate setting and considering increasing reimbursement rates, creating a centralized website, considering gaps in service use in comparison to peer states and strengthening Managed Care Organization (MCO) oversight.
    - A member pointed out that external factors like general liability insurance can restrict services for high-risk populations. Federal groups are actively working to address these insurance-related barriers.
    - Another member emphasized the need for reimbursement when children with behavioral health issues cause significant property damage. The Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) rate structure covers these costs through detailed cost reports, including environmental line items. In contrast, Home and Community-Based Services (HCBS) use legislatively prescribed rates that don't account for such expenses. Some facilities have fund-raised to invest in constructing highly durable buildings, but this is not a system-wide fix.
    - A member shared that while more funding is needed, provider capacity also depends on having predictable rate increases. When rates are approved by the legislature, it would help to set a clear process, either in law or rule, for how rates will increase over time. One-time rate increases can sometimes be generous, but without knowing what future increases will look like, providers have uncertainty. This makes it hard to plan for staffing and services, which puts continuity of care at risk. HCBS services are the only Long-Term Services and Supports (LTSS) service without a formula for rate increases.
    - Members identified a need for a detailed toolkit or checklist to encourage providers specializing in certain areas to become HCBS providers, particularly in rural communities.

- A member shared concern that a MCO would not retroactively reimburse providers based on the July 1st rate increase.
    - HHS invited the member to reach out with more information about this issue.
  - A member shared that background checks can take several weeks, creating delays for potential providers. The long gap between application submission and processing is a major barrier.
- Mathematica provided an update on [HOME work and systems improvements](#).
  - Members liked the graphic. One member suggested showing "HOME" in a way that reflects the different types of homes and families in Iowa, focusing on person-centered and choice-centric images, and not general assumptions about what "home" or "family" should look like. Another member recommended using inclusive language like "Our HOME" or "My HOME."
  - A member asked how MCOs are doing in terms of the new case management ratios.
    - HHS shared that all MCOs are compliant with the ratios. Iowa HHS is closely monitoring the influx from Integrated Health Homes (IHHs) and evidence to confirm lower caseloads are improving member outcomes.
  - Some members shared concerns that case managers might be asked to take on other tasks outside of their usual caseload. This could make it harder for them to spend enough time with the members they support, which was the main goal of the new caseload limits.
  - Another member mentioned that people may be encouraged to choose agency-based Consumer Directed Attendant Care (CDAC) instead of Consumer Choice Options (CCO). They suggested that HHS share plain-language information about the benefits of CCO and how to get started to help members make informed choices.
  - A member recommended that the state continue to pursue merging services.
- Mathematica and HHS have been invited to give a presentation at a virtual national HCBS conference on member communications strategies. The presentation highlights the important role the steering committee has played in advising communication approaches and shaping key factors in the waiver redesign.
- Mathematica provided an update on public comment period. Iowa HHS is planning to publish the waivers for public comment soon. These waivers will contain small changes to the current states waivers to help prepare for full HOME implementation in coming years. Iowa HHS will email the steering committee with additional information once the public comment begins.
  - A member said they appreciated the public comment informational materials developed.
- Mathematica would like to spotlight a steering committee member in the September HOME newsletter and requested volunteers to reach out if interested.