

Purposed Waiver Amendments for January 1, 2026 Public Comment Response

Total Number of Comments Received: 106

Number of Comments	Topic	Comment Summary	HHS Response
72	Supported Community Living (SCL)	Lack of transparency in the recent update to the administrative code.	1. Under the ID and BI waivers, a reference to the administrative code was incorrectly cited as 441.77.79(1). This has been corrected to the proper citation: 441.79.1(2). The administrative rule correction under item #1 will move forward as written.
		2. Revisions to both BI and ID Waiver SCL for the number of SCL 15-minute units that are available per day to 7.75 hours or 31 15-minute units per day or 11,315 15-minute units per state fiscal year except a leap year, when 11,346 to align with the daily unit of service definition of 8 or more hours per day.	2. The following is the current language in the federally approved BI and ID waiver applications. The proposed language under item #2 will not be added to the ID Waiver at this time. Iowa HHS will continue to evaluate alternative reimbursement methodologies for possible future implementation.

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			BI Waiver as approved January 01, 2025 The maximum number of units available per member is as follows:
			(1) 365 daily units per state fiscal year except a leap year, when 366 daily units are available.
			(2) 11,315 15-minute units are available per state fiscal year except a leap year when 11,336 15-minute units are available.
			ID Waiver as approved January 01, 2025: The maximum number of units available per member is as follows:
			(1) 365 daily units per state fiscal year except a leap year, when 366 daily units are available.
			(2) 20,440 15-minute units are available per state fiscal year except a leap year when 20,496 15-minute units are available.



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10	ISB Optional	Keep Individual Support Broker (ISB) role mandatory for the Consumer Choices Option (CCO).	The waiver amendment will proceed as proposed.
		Case manager (CM) oversight of CCO budgets may create a conflict of interest.	 CM oversight of CCO budgets does not present a conflict of interest. Developing and monitoring the service plan, which includes the self-direction budget, is a critical role delegated to the case manager.
		3. Concerns about CM competency in managing CCO.	3. The members or their chosen budget authority will be responsible for building the CCO budget should they choose not to use an ISB. The CM's responsibility is to offer support, ensure the budget is accurate, and submit the budget to the Financial Management Services provider. Iowa HHS continues to develop tools and resources to support case managers in assisting participants with self-direction.



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4	Single Assessor	Delays for completion of initial assessments and annual reassessments.	The waiver amendment will proceed as proposed.
2	Case manager face-to-face contact every other month	Requirement that individuals with an intellectual or developmental disability have face-to-face contact with their case manager at least every other month.	The waiver amendment will proceed as proposed.
2	Individual Consumer Directed Attendant Care (ICDAC) transition	Requests for retaining the ICDAC provider type due to concerns about potential wage loss from transitioning to an agency.	The waiver amendment will proceed as proposed. Current ICDAC providers may choose to apply for employment with a CDAC agency or as an employee of an HCBS participant using self-directed personal care. For more information, please visit the ICDAC transition webpage.
2	Exception to Policy (ETP) to Waiver of Iowa Administrative Rules (WoAR)	Concern that the term WoAR has a negative connotation and request for the department to reconsider its use.	The waiver amendment will proceed as proposed; this language is consistent with Iowa Administrative Code 441, Chapter 7. The acronym WoAR has been removed from the applications.



Number of Comments	Topic	Comment Summary	HHS Response
14	Other Comments	HHS received comments on a range of topics, including the current HOME project, "natural supports," and other subjects unrelated to the amendments.	All HOME comments should be submitted when the HOME waivers are published for public comment. CMS requires that service plans identify both paid and unpaid supports. "Natural supports" are defined in federal regulation at 42 CFR 441.301(c)(2)(v): Reflect the services and supports (paid and unpaid) that will assist the individual in achieving identified goals, and the providers of those services and supports, including natural supports. Natural supports are unpaid supports provided voluntarily to the individual in lieu of 1915(c) HCBS waiver services and supports.