Steering Committee Meeting Summary

SEPTEMBER 30, 2025, 3:00 – 4:30 PM CENTRAL TIME

Summary of Meeting Themes:

- Mathematica shared a summary of public comments received on the proposed waiver amendments.
    - HHS received the most comments (72) about updating the Supported Community Living (SCL) 15-minute unit of service limit and about making Independent Support Brokers optional (10 comments). They received fewer comments about the HOME project and general topics (5 comments each), and having a single entity complete assessments (4 comments). They received 2 comments per topic on case management, natural supports, removing Individual Consumer Directed Attended Care (CDCAC), renaming CDAC Attendant Care, and renaming Exception to Policy (ETO) to Waiver of Iowa Administrative Rules.
    - HHS has posted an FAQ for the public comment questions, available here: https://hhs.iowa.gov/media/17256/download?inline
    - In response to comments received, HHS has decided not to implement the SCL unit of service update for the Intellectual Disability waiver at this time. The SCL unit update will apply to phase 2 of the HOME waivers in 2027.

- Mathematica shared the HOME implementation timeline. Phase 1 of HOME will go-live in October 2026. In Phase 1, people currently on the HIV/AIDS, Physical Disability, Health and Disability and Children's Mental Health waivers will move into the new Children and Youth and Adult and Disability HOME waivers. Phase 2 of HOME will occur later, with people on the Brain Injury and Intellectual Disability waivers moving into the HOME waivers in 2027.

- Mathematica reviewed key takeaways from the Managed Care Organization (MCO) workgroup.
    - MCOs must be actively involved in HOME planning and implementation. Their responsibilities include preparing providers, updating contracts and rates, managing individual budgets, configuring IT systems, ensuring providers meet their qualification requirements, supporting member communications, and meeting case management requirements. MCOs underscored that system changes take time and coordination. MCOs have requested IT specifications and system details at least six months in advance to be ready for the HOME rollout.
    - MCOs shared ideas to support HHS if ISBs become optional. These include clarifying roles and responsibilities, updating forms, improving benefit monitoring, and strengthening training for case managers and members.
    - MCOs emphasized the need to prepare providers with consistent communication, training tools, a timeline for key materials, and simplified resources like cheat sheets.

- o Members suggested field testing new IT changes with members and providers who weren't involved in development to collect feedback on the user experience before go-live. HHS said that MCOs are required to test IT systems prior to go-live.

- Members asked about the meaning of the phrasing in the administrative code related to members on Consumer Choice Options (CCO) being under the supervision of a provider when members may not be affiliated with a community provider. HHS clarified that CCO will not require provider supervision. It will continue to work the way it does now. Case managers and Iowa's Quality Oversight Organization will conduct service oversight and monitoring, but the member will have the responsibility to hire, fire, and supervise their CCO employees as the employer.

- Mathematica provided an update on individual budgets, covering key messages and how the budgets will function. They also invited the committee to suggest clear and meaningful names for the budget approach. Individual budgets are a set amount of money a person can spend on waiver services. Budgets will fall into levels and be based on a person's level of care assessment. This approach promotes consistency by ensuring people with similar needs receive similar funding. They also support personal choice, allowing members to plan and select services that best fit their goals within their budget. Finally, the approach helps maintain long-term sustainability by balancing individual needs with federal requirements and available resources.
    - o Members asked about the process for when a budget does not meet the member's needs. HHS is developing a process for this that is distinct from the Exception to Policy process.
    - o Members expressed concern that assessments might identify the most basic needs rather than identifying services to improve quality of life.

    - ▪ Members highlighted that the difference in markets across Iowa affects members' ability to pay their staff competitively.
    - o Members shared that the word "budget" is confusing because it is used in CCO. They shared the following suggestions for naming alternatives:
        - ▪ Person-centered funding (PSF) to align with person-centered service plan
        - ▪ Individual service cap/funding
        - ▪ Personalized money bucket
        - ▪ Care plan cap
        - ▪ Service allocation
        - ▪ Service ceiling
        - ▪ Upper funding limit
        - ▪ Needs based funding
    - o Mathematica asked what key messages would help explain budgets to members.
        - ▪ Funding for services will be based on need as identified in your individual assessment.

- The budget process is used to develop service plans and is distinct from service rates. HHS shared they will be moving to a straight fee schedule next year.
- Clearly describing how members can access increases in budgets on a short-term basis or for an emergency need. HHS shared that a change in needs would follow the same process as today through the Emergency Needs Assessment.
  - Mathematica asked members to suggest areas for further discussion at future meetings.
    - Members would like to understand the frequency of assessments and the time period for a budget.
      - If members do not use their full budgetin a budget period, does this impact their future budget assignment or can the balance be carried over to other periods?
      - If members cannot find staff for one period, will this affect their budget level in the following period?
    - Members requested that HHS provide an update, when possible, on how people are experiencing the new assessment. They noted that hearing positive feedback could help reassure others that the process is going smoothly.
  - Mathematica will hold an October meeting and a combined November and December meeting. They sent out meeting invites for October 28th and December 2nd, from 3:00-4:30 pm.