

# CCO TOWNHALL

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# ICDAC Transition

# Important Dates to remember

- ▶ December 31: ICDAC ends 12/31/2025 all ICDAC Providers will be disenrolled. Any services provided by a ICDAC provider after 12/31/2025 will NOT be paid.

January 1, 2026

- ▶ Watch for the Informational Letter and Implementation Guide that will be posted on the HHS Webpage [Information Letters \(state.ia.us\)](https://www.state.ia.us)
- ▶ Your Case Manager will tell you if a new budget is needed, however this will not affect MOST individuals utilizing CCO.

# Public Comment for Phase 1 of HOME

# Phase 1 Public Comment

- ▶ Public Comment Process
- ▶ Iowa HHS will share the AD and CY waivers for public comment from Mid December to January 31<sup>st</sup> (we will allow for 6 weeks).
- ▶ During public comment, stakeholders can review the proposed changes and provide feedback before the waivers are submitted to CMS. Based on feedback received, Iowa HHS may make changes to the waivers.
- ▶ Public Comment Communications
- ▶ Several informational “[quick guides](#)” will be available for Iowa HHS to post on their website to help stakeholders understand the proposed changes.
- ▶ In addition, Iowa HHS has a [slide deck](#) and [talking points](#) for public comment sessions.

# Public Comment Information Sessions

- ▶ HHS will hold three sessions to share updates about HOME (*public announcement of these meetings is forthcoming*):
  - ▶ **Monday, January 5** | 12:00–1:00 PM
  - ▶ **Tuesday, January 6** | 4:00–5:00 PM
  - ▶ **Thursday, January 8** | 5:00–6:00 PM
- ▶ These sessions are for **informational purposes only**. HHS staff will not be answering questions during those times. If participants have questions during the sessions, we'll direct them to our public comment email inbox.



# Electronic Visit Verification (EVV)

# EVV

## ► Manual Entries are noncompliance

- [Electronic Visit Verification \(EVV\) | Health & Human Services \(iowa.gov\)](#)
- Iowa Medicaid is **not** exempting live-in caregivers from the use of the EVV system for submitting service documentation requirements. All CCO caregivers must use the EVV system to check in and out for **EVV required codes**. EVV applies to all personal cares services. There might be situations in which the caregiver is not able to clock in and out when the shift occurs. They would then need to add a manual record for the unit(s) of service provided. The number of minutes of services provided throughout the day will be totaled each day and rounded to the nearest unit. AC is billable in 15-minute units. For a unit of service that is seven minutes or less, round down to the nearest 15-minute unit. For a unit of service that is 8-14 minutes, round up to the nearest 15-minute unit. For example, 37 minutes would be rounded down to 30 minutes and billed as 2, 15-minute units. 38 minutes would be rounded up to 45 minutes and billed as 3, 15-minute units. If the caregiver lives with the member and they understand what services are needed on a day-to-day basis and how often throughout the day, the caregiver may record that time in one shift segment, rather than many times throughout the day. For instance, if a caregiver provides T1019 for 60 minutes, three times a day, they can check in for three hours under that service code capturing all three hours at once.

# ARPA

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- ▶ All claims to VFS by 12/31/2025 to ensure payment is received.
- ▶ Approximately \$898,480.00 remain in CCO in unspent ARPA dollars.



# Questions

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