

Appendix A: Waiver Administration and Operation

1. State Line of Authority for Waiver Operation. Specify the state line of authority for the operation of the waiver (*select one*):

The waiver is operated by the state Medicaid agency.

Specify the Medicaid agency division/unit that has line authority for the operation of the waiver program (*select one*):

The Medical Assistance Unit.

Specify the unit name:

Iowa Department of Health and Human Services, Iowa Medicaid, Long-Term Services and Supports (LTSS)

(Do not complete item A-2)

Another division/unit within the state Medicaid agency that is separate from the Medical Assistance Unit.

Specify the division/unit name. This includes administrations/divisions under the umbrella agency that has been identified as the Single State Medicaid Agency.

(Complete item A-2-a).

The waiver is operated by a separate agency of the state that is not a division/unit of the Medicaid agency.

Specify the division/unit name:

In accordance with 42 CFR § 431.10, the Medicaid agency exercises administrative discretion in the administration and supervision of the waiver and issues policies, rules and regulations related to the waiver. The interagency agreement or memorandum of understanding that sets forth the authority and arrangements for this policy is available through the Medicaid agency to CMS upon request. (Complete item A-2-b).

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2. Oversight of Performance.

a. Medicaid Director Oversight of Performance When the Waiver is Operated by another Division/Unit within the State Medicaid Agency. When the waiver is operated by another division/administration within the umbrella agency designated as the Single State Medicaid Agency. Specify (a) the functions performed by that division/administration (i.e., the Developmental Disabilities Administration within the Single State Medicaid Agency), (b) the document utilized to outline the roles and responsibilities related to waiver operation, and (c) the methods that are employed by the designated State Medicaid Director (in some instances, the head of umbrella agency) in the oversight of these activities:

As indicated in section 1 of this appendix, the waiver is not operated by another division/unit within the state Medicaid agency. Thus this section does not need to be completed.

b. Medicaid Agency Oversight of Operating Agency Performance. When the waiver is not operated by the Medicaid agency, specify the functions that are expressly delegated through a memorandum of understanding (MOU) or other written document, and indicate the frequency of review and update for that document. Specify the methods that the Medicaid agency uses to ensure that the operating agency performs its assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify the frequency of Medicaid agency assessment of operating agency performance:

As indicated in section 1 of this appendix, the waiver is not operated by a separate agency of the state. Thus, this section does not need to be completed.

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3. Use of Contracted Entities. Specify whether contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable) (*select one*):

Yes. Contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or operating agency (if applicable).

Specify the types of contracted entities and briefly describe the functions that they perform. *Complete Items A-5 and A-6.:*

This waiver operates concurrently with managed care.

-MCOs are responsible for managing covered benefits, including physical health, behavioral health and LTSS to the majority of waiver enrollees. Waiver operational and administrative functions that are performed on behalf of the Medicaid agency include:

- Identification of members who may be eligible for waiver services and referral for enrollment.
- Developing person-centered service plans, coordinating care, and authorizing and initiating waiver services for all members.
- Case management and monitoring receipt of services.
- Maintaining both a toll-free member and provider hotline for questions, concerns, or complaints.
- Operating a 24/7 toll-free Nurse Call Line which provides nurse triage telephone services for members to receive medical advice from trained medical professionals.
- Operating an incident reporting and management system.
- Maintaining a utilization management program.
- Conducting provider services such as network contracting, credentialing, enrollment and disenrollment, training, and claims processing.

-Core Standardized Assessment (CSA)- CSA contractor is responsible for conducting assessments to determine level of care evaluations and reevaluations for all applicants and members, using HHS designated tools.

- Member Services contractor disseminates information to Medicaid beneficiaries and provides support the members with required enrollment broker functions as part of the required Beneficiary Support Services.

- HCBS Quality Improvement Organization (QIO) contractor reviews HCBS providers for compliance with state and federal requirements, certifies HCBS providers to deliver specific HCBS, monitors complaints and critical incident reports, and provides technical assistance.

- Medical Services Unit (MSU) contractor, part of the Quality Improvement Organization (QIO), conducts level of care evaluations and service plan development reviews to ensure that waiver requirements are met. In addition, MSU conducts the necessary activities associated with prior authorization of waiver services, authorization of service plan changes and medical necessity reviews.

-HCBS Training and Technical Assistance contractor provides training and technical assistance to HCBS providers.

- Provider Services contractor conducts provider background checks, facilitates annual provider trainings, supervises the provider assistance call center, and manages the help functions associated with Iowa Medicaid's Institutional and Waiver Authorization and Narrative System (IoWANS).

- Program Integrity contractor supports Fee-For-Service and MCOs integrity functions of the Medicaid agency.

-External Quality Review Organization (EQRO)- analyzes and evaluates aggregated information on quality, timeliness, and access to the health care services that a MCO or their contractors furnish to waiver enrollees.

-Provider Cost Audit and Rate Setting contractor determines service rates and payment amounts. The Provider Cost Audit Unit performs financial reviews of projected rates, reconciled cost reports, and performs fiscal reviews of targeted provider groups.

-Revenue Collections Unit contractor performs recovery of identified overpayments related to program integrity efforts, cost report reconciliations, third-party liability, and trusts.

-Pharmacy contractor oversees the operation of the Preferred Drug List (PDL) and Prior Authorization (PA) for prescription drugs. The development and updating of the PDL allows the Medicaid program to optimize the funds spent for prescription drugs. The Pharmacy Medical group performs drug Prior Authorization with medical professionals who evaluate each request for the use of a number of drugs.

-Point-of-Sale (POS) contractor is the pharmacy point of sale system. It is a real-time system for pharmacies to

submit prescription drug claims for Iowa Medicaid beneficiaries and receive a timely determination regarding payment.

Ultimately it is the Medicaid agency that has overall responsibility for all of the functions of the Medicaid and waiver program, though some functions are performed by contracted agencies.

No. Contracted entities do not perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable).

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4. Role of Local/Regional Non-State Entities. Indicate whether local or regional non-state entities perform waiver operational and administrative functions and, if so, specify the type of entity (*Select One*):

Not applicable

Applicable - Local/regional non-state agencies perform waiver operational and administrative functions.

Check each that applies:

Local/Regional non-state public agencies perform waiver operational and administrative functions at the local or regional level. There is an **interagency agreement or memorandum of understanding** between the state and these agencies that sets forth responsibilities and performance requirements for these agencies that is available through the Medicaid agency.

Specify the nature of these agencies and complete items A-5 and A-6:

Local/Regional non-governmental non-state entities conduct waiver operational and administrative functions at the local or regional level. There is a contract between the Medicaid agency and/or the operating agency (when authorized by the Medicaid agency) and each local/regional non-state entity that sets forth the responsibilities and performance requirements of the local/regional entity. The **contract(s)** under which private entities conduct waiver operational functions are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Specify the nature of these entities and complete items A-5 and A-6:

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5. Responsibility for Assessment of Performance of Contracted and/or Local/Regional Non-State Entities. Specify the state agency or agencies responsible for assessing the performance of contracted and/or local/regional non-state entities in conducting waiver operational and administrative functions:

Iowa Medicaid is the State Agency responsible for conducting the operational and administrative functions of the waiver. Iowa Medicaid Contract Managers and Policy Staff, through HHS, are responsible for oversight of the contracted entities.

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6. Assessment Methods and Frequency. Describe the methods that are used to assess the performance of contracted and/or local/regional non-state entities to ensure that they perform assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify how frequently the performance of contracted and/or local/regional non-state entities is assessed:

Iowa Medicaid is an endeavor that unites the state agency and competitively procured contractors into a performance-based model for the administration of the Iowa Medicaid program. Contract RFPs are issued every five years with the opportunity for additional one-year extension(s).

All contracted entities are assessed through their performance-based contracts and are required to be accountable for their performance related to scope of work and deliverables. Monthly meetings with contract managers and policy program managers are designed to facilitate communication among the various business units within Iowa Medicaid to ensure coordination of operations, reporting, and performance outcomes. Contracted agencies are required to complete a comprehensive quarterly report on their performance that include programmatic and quality measures designed to measure the contract activities as well as trends identified within Medicaid programs and populations.

The State has established a Managed Care and Oversight Bureau within Iowa Medicaid to provide comprehensive program oversight and compliance. Specifically, the Bureau Chief, reporting directly to the Medicaid Deputy Director, is responsible for directing the activities of bureau staff. HHS MCO account managers oversee contract compliance for their designated MCO. The MCO account managers serves as liaisons between the MCOs and the State and will be the point of contact coordinating communications and connecting subject matter experts. The Bureau also works directly with the Bureau of Program Integrity and Compliance Unit, which is the state staff team charged to oversee federal compliance with FFS and managed care, in addition to the Fraud, Waste and Abuse oversight.

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7. Distribution of Waiver Operational and Administrative Functions. In the following table, specify the entity or entities that have responsibility for conducting each of the waiver operational and administrative functions listed (*check each that applies*):

In accordance with 42 CFR §431.10, when the Medicaid agency does not directly conduct a function, it supervises the performance of the function and establishes and/or approves policies that affect the function. All functions not performed directly by the Medicaid agency must be delegated in writing and monitored by the Medicaid Agency. *Note: More than one box may be checked per item. Ensure that Medicaid is checked when the Single State Medicaid Agency (1) conducts the function directly; (2) supervises the delegated function; and/or (3) establishes and/or approves policies related to the function.*

Function	Medicaid Agency	Contracted Entity
Participant waiver enrollment		
Waiver enrollment managed against approved limits		
Waiver expenditures managed against approved levels		
Level of care waiver eligibility evaluation		
Review of Participant service plans		
Prior authorization of waiver services		
Utilization management		
Qualified provider enrollment		
Execution of Medicaid provider agreements		
Establishment of a statewide rate methodology		
Rules, policies, procedures and information development governing the waiver program		
Quality assurance and quality improvement activities		

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Quality Improvement: Administrative Authority of the Single State Medicaid Agency

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's

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methods for discovery and remediation.

a. Methods for Discovery: Administrative Authority

The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.

i. Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Performance measures for administrative authority should not duplicate measures found in other appendices of the waiver application. As necessary and applicable, performance measures should focus on:

- Uniformity of development/execution of provider agreements throughout all geographic areas covered by the waiver
- Equitable distribution of waiver openings in all geographic areas covered by the waiver
- Compliance with HCB settings requirements and other new regulatory components (for waiver actions submitted on or after March 17, 2014)

Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

AA-1: Number and percent of required MCO HCBS PM quarterly reports that are submitted timely. Numerator = # of required MCO HCBS PM quarterly reports submitted timely; Denominator = # of MCO HCBS PM quarterly reports due in a calendar quarter.

Data Source (Select one):

Other

If 'Other' is selected, specify:

MCO Performance Monitoring

Responsible Party for data collection/generation(check each that applies):	Frequency of data collection/generation(check each that applies):	Sampling Approach(check each that applies):
State Medicaid Agency	Weekly	100% Review
Operating Agency	Monthly	Less than 100% Review
Sub-State Entity	Quarterly	Representative Sample Confidence Interval =
Other Specify: MCO	Annually	Stratified Describe Group:

	Continuously and Ongoing	Other Specify:
	Other Specify: 	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):
State Medicaid Agency	Weekly
Operating Agency	Monthly
Sub-State Entity	Quarterly
Other Specify: 	Annually
	Continuously and Ongoing
	Other Specify:

Performance Measure:

AA-2: Number and percent of months in a calendar quarter that each MCO reported all HCBS PM data measures. Numerator = # of months each MCO entered all required HCBS PM data; Denominator = # of reportable HCBS PM months in a calendar quarter.

Data Source (Select one):**Other**

If 'Other' is selected, specify:

MCO Performance Monitoring

Responsible Party for data collection/generation(check each that applies):	Frequency of data collection/generation(check each that applies):	Sampling Approach(check each that applies):
State Medicaid Agency	Weekly	100% Review

Operating Agency	Monthly	Less than 100% Review
Sub-State Entity	Quarterly	Representative Sample Confidence Interval =
Other Specify: MCOs	Annually	Stratified Describe Group:
	Continuously and Ongoing	Other Specify:
	Other Specify: 	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
State Medicaid Agency	Weekly
Operating Agency	Monthly
Sub-State Entity	Quarterly
Other Specify: 	Annually
	Continuously and Ongoing
	Other Specify:

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

Through the Bureau of Managed Care and Oversight each MCO is assigned a state contract manager who is responsible for oversight of contract compliance as well as a state data analyst to aggregate and analyze MCO data. These staff oversee the quality and timeliness of monthly reporting requirements. Whenever data is late or missing the issues are immediately addressed by each MCO contract manager of the respective MCO.

b. Methods for Remediation/Fixing Individual Problems

- i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the state to document these items.

If the contract manager, or any HHS staff, discovers and documents a repeated deficiency in performance of the MCO, a plan for improved performance is developed. In addition, repeated deficiencies in contractual performance may result in a withholding of payment compensation. General methods for problem correction include additional oversight and revisions to state contract terms based on lessons learned.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
State Medicaid Agency	Weekly
Operating Agency	Monthly
Sub-State Entity	Quarterly
Other Specify: Contracted Entity and MCOs	Annually
	Continuously and Ongoing
	Other Specify:

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Administrative Authority that are currently non-operational.

No

Yes

Please provide a detailed strategy for assuring Administrative Authority, the specific timeline for implementing identified strategies, and the parties responsible for its operation.