

HHS Policy and Budget Updates

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Health and Human Services

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January 29, 2026



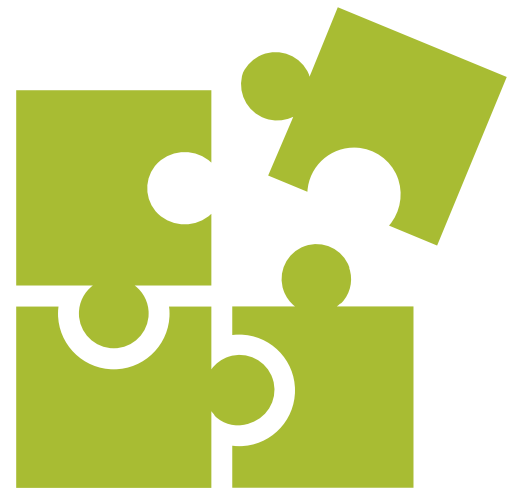
Overview

- ▶ Alignment Continuation Activities
- ▶ Economic Mobility
- ▶ Improving the Lives of Iowans
- ▶ Federal Considerations
- ▶ Medicaid

Alignment Continuation Activities

Alignment of HHS Districts and Volunteer Iowa

- ▶ The pre-filed bill (HSB622) requires HHS to:
 - Establish Health and Human Services districts for program and service delivery.
 - Create a Volunteerism Unit that will operate under the administrative authority of HHS.



Early Childhood and Family Services System (ECFSS)

- ▶ The pre-filed bill (HSB623) requires HHS to integrate the following into the new system:
 - Update Iowa Code to fully **incorporate the Early Childhood Iowa initiative**
 - Update Iowa Code and associated rules to **transfer all child abuse prevention funding and program oversight**
 - **Integrate** additional **early childhood** services programs, **family services** programs, and **community services** programs
 - Update Iowa Code and associated rules to redirect **De-categorization** funding and **oversight** of funding
- ▶ **Reduce administrative costs + maximize funding** by allowing HHS to send \$3 million back to the state general fund and create an additional \$6-7 million in federal match revenue.

Economic Mobility

Healthy SNAP

- Effective January 1, 2026.
- Restricts buying candy, soda, and some prepared foods with benefits.
- Healthy SNAP guidelines are part of Iowa's broader strategy to align nutrition-focused initiatives across programs.



SUN Bucks (Summer EBT)

- Iowa will participate in Summer 2026.
- Provides \$120 per child in grocery benefits during summer.
- Supports access to nutritious food while school is out.
- Summer EBT will align purchases with Healthy SNAP
- **Eligibility:** Based on household income and participation in SNAP, FIP, or free/reduced-price lunch.
- **Enrollment:** Most eligible children automatically enrolled. Others may apply based on income and requirements.



TANF Surplus - Pilot and Funding Categories

- ▶ Iowa is 1 of 5 states (Iowa, Arizona, Nebraska, Ohio, Virginia) to pilot TANF
- ▶ Launched October 1, 2025 – 6 year pilot
- ▶ This pilot will test innovative approaches to promote employment, reduce government dependency, and strengthen family outcomes.
- ▶ ***Investment Fund***
 - Longer term investments in programs and systems
- ▶ ***Development Fund***
 - Prototypes or pilots for new initiatives
- ▶ ***Partner Support Grants***
 - Supporting external organizations

Improving the Lives of Iowans

Healthy Hometowns



Hometown Connections

Centers of
Excellence

Best and Brightest

School-Based

Health Hubs



Combat Cancer: Prevent and Treat

Increased
Screening Access

U of Iowa Cancer
Analyses

Cancer Hubs

Radon Testing and
Mitigation



Communities of Care

Co-Location
Projects

Coordinated Service
Provision

Chronic Disease
Prevention

Teledentistry
Equipment



Health Information Exchange

Vendor Contract

Provider Expansion

RHT Initiative
Connections



EMS Community Care Mobile

ImageTrend QI
Dashboards

OB and Neonatal
Transport

Mobile Integrated
Health
Assessment

Healthy Hometowns Timeline

Grant Application Submitted: November 3, 2025

HHS Posts Notice of Intent to Release for 7 RFPs: November 14, 2025

Post date for RFPs: December 2025

CMS notified states of funding: December 29, 2025

First budget year of grant began: December 29, 2025

HHS.iowa.gov/HealthyHometowns

Google VISION



- ▶ Partnering with Google Public Sector to build a modern, intuitive, and fully compliant Comprehensive Child Welfare Information System (CCWIS)
- ▶ Iowa will be leading the nation with a CCWIS that will become the roadmap for child welfare work across the nation

Opioid Settlement Funds

Iowa is focusing Opioid Settlement funds to expand access to prevention, treatment, and recovery through:

- ▶ \$29 million to providers in June 2025
- ▶ Following local input via Behavioral Health District Advisory Boards:
 - Approximately \$7 million awarded in December 2025
 - Another \$7 million RFP for awards in Spring 2026

Aging & Disability Resource Center

Disability Access Points Update

- ▶ **Current transitions:**
 - **2,500** individuals (after de-duplication)
 - Additional **486** transitioned later
- ▶ Warm hand-offs ensured **continuity of care**
- ▶ **Impact of efforts:**
 - Freed resources for new services (started July 1, 2025)
 - Focus on info, assistance, options counseling
 - Supports community resources, early intervention, short-term services
- ▶ **Current reach:** ~1,200 people/month; growth expected



Facilities – Voldeng Building

- ▶ Civil Commitment Unit for Sexual Offenders (CCUSO) is finalizing the Voldeng Building expansion
- ▶ Estimate a March 1, 2026 phased in opening with patients.

Facilities – State Training School Monitor Report

Granted Substantial
Compliance in
December 2024

Dec. 2024

Aug. 2026

Final review is August
2026 if STS maintains
substantial compliance

Federal Considerations

Big Beautiful Bill (HR 1)

SNAP Impact

- **States will incur penalties when error rate go above 6%**
- **Iowa's 2025 Unofficial SNAP Error Rate: 5.3%**
- **Continuous improvements:**
 - Updated policies & guidelines
 - Enhanced staff training
 - Business process redesign with external vendor
 - Internal case reviews
 - **HHS alignment:** Eligibility programs under one structure
 - **Monitoring:** Accuracy & timeliness to ensure quick, correct benefits
 - **Commitment:** Maintain integrity, improve efficiency, deliver nutrition assistance
 - EDEN IT Modernization Project

Graduate Medical Education

- ▶ GME proposal was submitted to CMS by HHS on May 15, 2025
- ▶ Currently working with CMS on approval

Medicaid Work Requirements

- By January 1, 2027, certain Iowa Health and Wellness Plan (IHAWP) individuals must meet monthly requirements to enroll and maintain coverage.



Work:

Paid employment for 80+ hours per month or earn at least \$580/month (based on federal minimum wage)*



Job Training:

Enroll in a qualifying job training or work program for 80+ hours a month



Education:

Attend a college or career / technical education program at least half-time



Community Service:

Volunteer work for 80+ hours per month

Combination: A mix of the activities listed above totaling 80+ hours per month *Seasonal Workers: Average income over 6 months meets the minimum wage threshold

hhs.iowa.gov/work-requirements



New Phone System

- ▶ A new customer service phone system went live on **Monday, October 27, 2025**. It allows clients to reach four eligibility determination customer service teams under one phone number, supporting our SNAP, FIP, Medicaid, and Child Care Assistance programs.
 - New tools to improve reliability, flexibility, data analysis, and overall experience for both clients and staff.
 - Two key features = **voice recognition** to route clients to the correct team and a **callback option** to minimize hold times.
 - This phone system allows great potential for future enhancements.
 - Phone Number: 1-877-347-5678

EDEN - New IT System

SNAP/Family Investment Program (FIP) Integration

- ▶ Iowa is building a modernized eligibility determination system to improve service delivery, streamline case management, and strengthen the resilience of communities statewide.
- ▶ Kick-off occurred in November 2025, go live with pilot in August 2027
- ▶ The request for EDEN IT funding is \$19,897,695 from Technology Reinvestment Fund

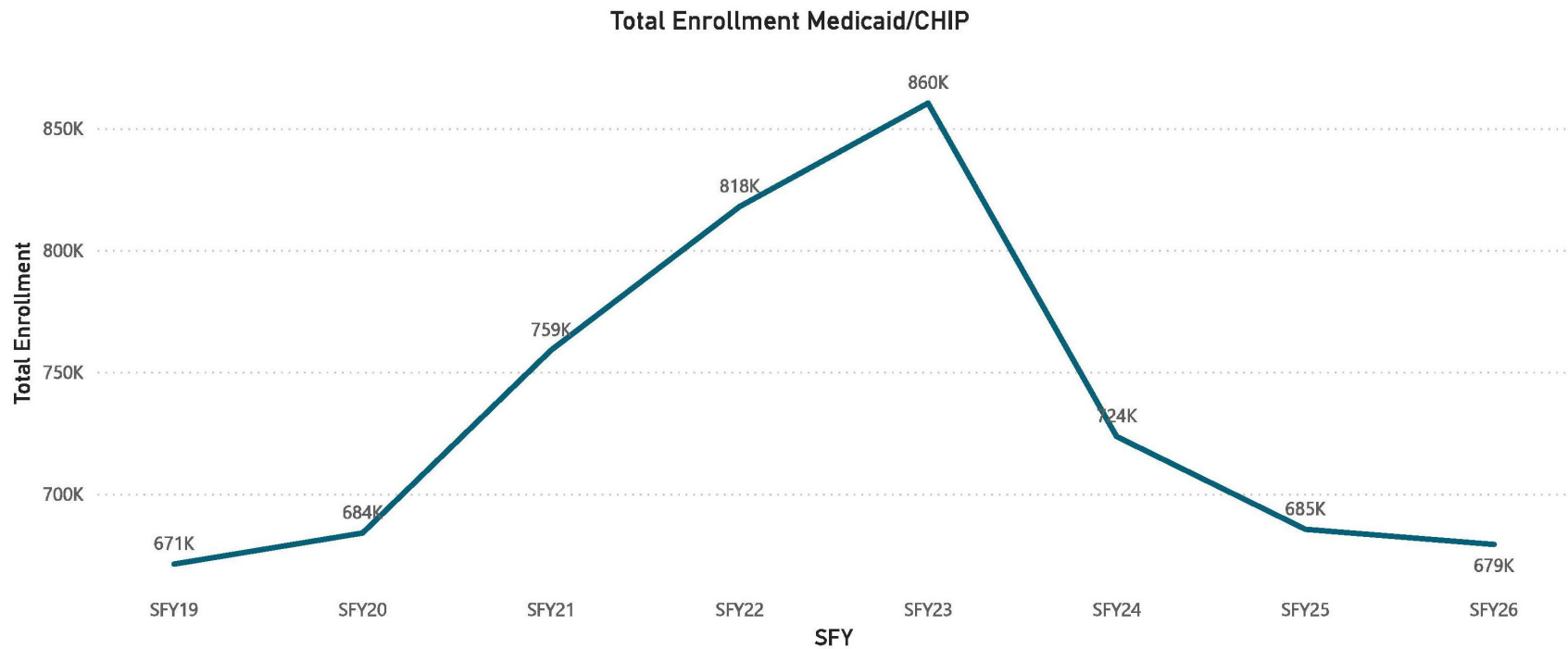
General Fund Appropriation	Adjustment Item	\$ Adj	FTE Adj
Behavioral Health Fund	Behavioral Health Fund Increase	2,129,040	-
Behavioral Health Fund Total Adjustment		2,129,040	-
Aging and Disability Services	Centers for Independent Living from Voc Rehab	171,351	-
Aging and Disability Services Total Adjustment		171,351	-
Behavioral Health	ISTEP Summit	(120,000)	-
Behavioral Health	Vacant BH Position	(15,000)	(1.00)
Behavioral Health	Gambling/Tobacco Marketing	(580,000)	-
Behavioral Health	BH Center of Excellence	(100,000)	-
Behavioral Health	Quitline Contract	(500,000)	-
Behavioral Health Total Adjustment		(1,315,000)	(1.00)
Public Health	Epilepsy	(144,000)	-
Public Health	Polk County Medical Society	(225,000)	-
Public Health	Adverse Child Experience	(40,000)	-
Public Health	Child Vision Screening	(191,000)	-
Public Health Total Adjustment		(600,000)	-
Community Access and Eligibility	FIP Appropriation to TANF	(3,000,000)	-
Community Access and Eligibility	OBBBA - SNAP Admin State Share	8,738,907	-
Community Access and Eligibility	OBBBA - Medicaid Eligibility	859,280	23.00

Medicaid Total Adjustment	Adjustment Item	37,328,488	-
Child Care Assistance	Child Care Pilot Adjustment	(1,000,000)	-
Child Care Assistance Total Adjustment		(1,000,000)	-
Early Intervention and Supports	MOMS	693,299	-
Child Protective Services	Child Abuse Prevention Administrator	(300,000)	-
Early Intervention and Supports Total Adjustment		393,299	-
Child Protective Services	QRTP SFY26 Rate Increases	3,245,594	-
Child Protective Services	Shelter SFY26 Rate Increases	1,590,842	-
Child Protective Services	End Contract for TOPs	(1,400,000)	-
Child Protective Services	Child Protection Centers Funding to TANF	(1,885,000)	-
Child Protective Services	Establish Central Consult Model	(1,004,000)	-
Child Protective Services	End Auto-Dissemination of CPS Reports	(110,000)	-
Child Protective Services	End Decats	(1,700,000)	-
Child Protective Services	Charge JCS for Activities Completed by CPS	(243,000)	-
Child Protective Services Total Adjustment		(1,505,564)	-
State-Operated Specialty Care	Physician - HOLD	(410,100)	-
State-Operated Specialty Care	Typist Advanced - HOLD	(56,600)	-
State-Operated Specialty Care	Behavioral Health Assistant - HOLD	(74,357)	-
State-Operated Specialty Care	LPN Positions	(349,315)	-
State-Operated Specialty Care	Homes in Use Consolidation	(1,227,367)	(17.00)
State-Operated Specialty Care Total Adjustment		(2,117,739)	(17.00)
Accountability, Compliance, and Program Integrity	OBBBA - SNAP Admin State Share	1,383,620	-
Accountability, Compliance, and Program Integrity	ABLE Appropriation Shift	(200,000)	-
ACPI Total Adjustment		1,183,620	-

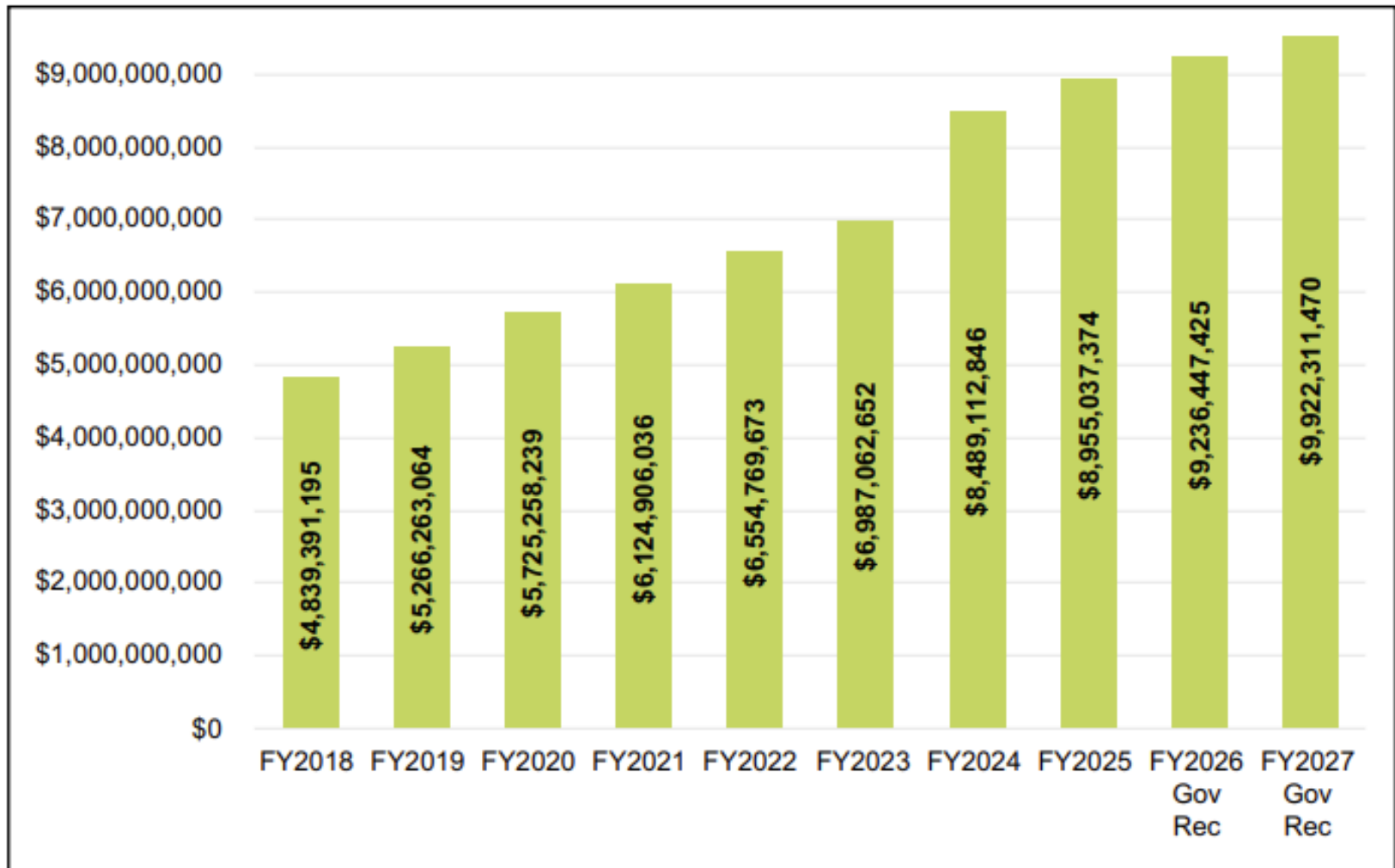
Other Funds/Appropriations	SFY27 Gov. Rec.	Other Funds/Appropriations	SFY27 Gov. Rec.
<u>RIIF/TRF Bill</u>		<u>RIIF/TRF Bill</u>	
Iowa Medical Examiner Office Expansion - RIIF (2024 Bill)	3,300,000	Iowa Medical Examiner Office Expansion - RIIF (2024 Bill)	3,300,000
Total RIIF	3,300,000	Total RIIF	3,300,000
SF 494 (Public Assistance Oversight) Data Sources	1,633,361	SF 494 (Public Assistance Oversight) Data Sources	1,633,361
State Poison Control Center	42,080	State Poison Control Center	42,080
OBBBA IT Costs	3,473,690	OBBBA IT Costs	3,473,690
SF 494 (Public Assistance Oversight) SNAP/FIP IT (Deloitte)	19,897,695	SF 494 (Public Assistance Oversight) SNAP/FIP IT (Deloitte)	19,897,695
Total TRF	25,046,826	Total TRF	25,046,826

Medicaid Updates

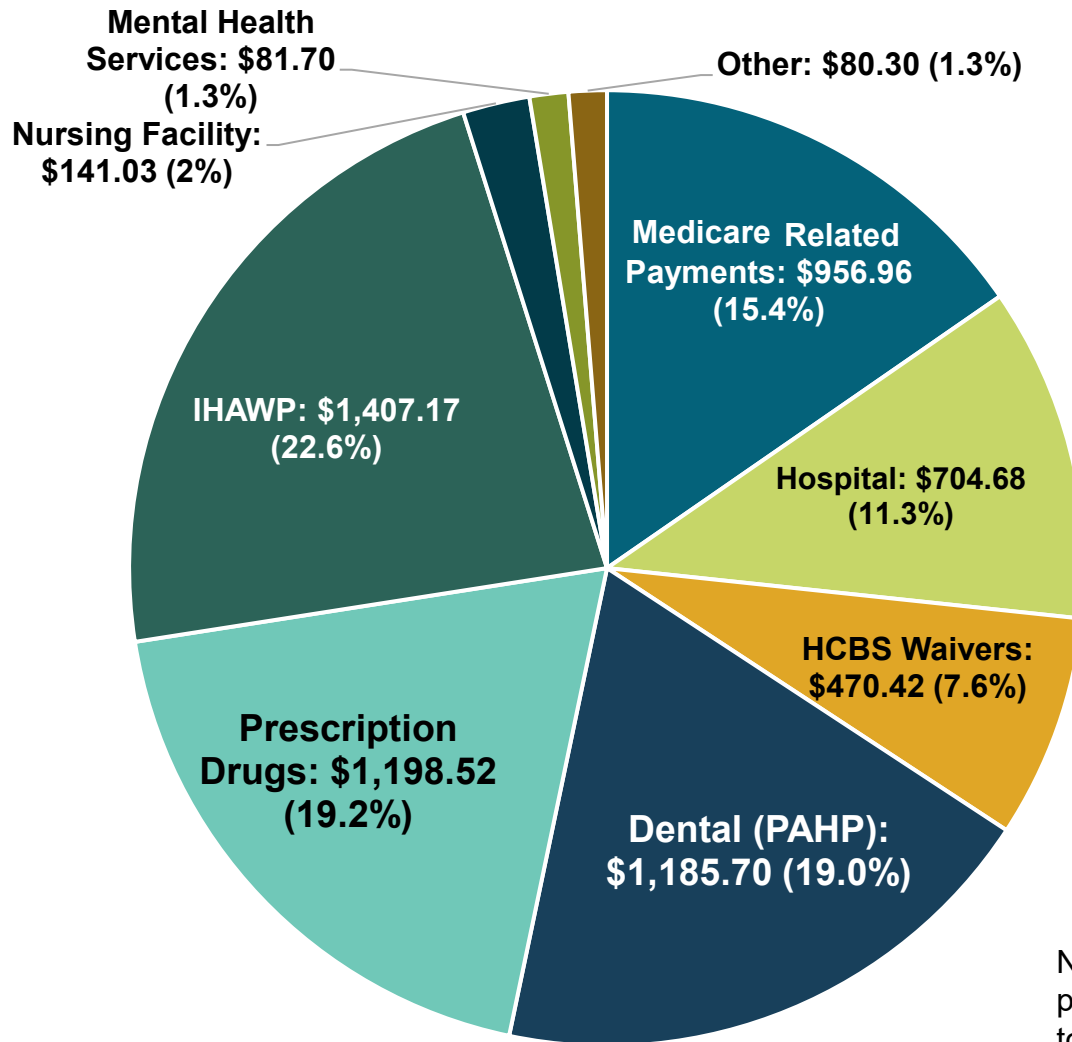
Medicaid/CHIP Enrollment



Medicaid Expenditures (All Funds) Fiscal Years 2018-2027



Medicaid Managed Care Plan Encounter Data Fiscal Year 2025 All Funds (in millions)



Total Expenditures:
\$6,226.5 Million
State Funds: 30.7%
Federal / Other Funds: 69.3%

Note: Includes managed care (encounter data) payments. The total will not match the actual total expenditures for all of Medicaid.

Medicaid Cost Drivers

No state general fund appropriation for capitation rate increases for the last five years.

- Change in Federal Financial Participation (FFP)
- Increase in Retail Rx: Non GLP-1
- Increase in Retail Rx: GLP-1
- Increase in ABA service utilization
- Increase in Home Based Habilitation Utilization and Expenditures
- Increase in ID Waiver utilization and acuity, and impact of ICF/ID closures
- Increase and overall magnitude of Nursing Home Services
- Continued increase in population acuity post-PHE unwind
- Additional increases in service utilization for behavioral health and other services

Medicaid Cost Containment

Service Category	FY25 Actual	FY26 Gov Recs	FY27 Gov Recs	FY26 vs FY25	FY27 vs FY26
State Expenditures					
Managed Care Expenditures:					
Managed Care (includes IHWP)	\$2,016,020,107	\$2,159,048,869	\$2,181,793,715	\$ 143,028,762	\$ 22,744,846
Non-Managed Care Expenditures	\$ 163,714,172	\$ 191,956,854	\$ 198,856,307	\$ 28,242,682	\$ 6,899,453
Legislative Adjustments	\$ —	\$ 19,035,817	\$ 19,035,817	\$ 19,035,817	\$ —
2% Trend Adjustment	\$ —	\$ —	\$ 44,016,591	\$ —	\$ 44,016,591
Transfer to CHIP/SSA	\$ —	\$ 2,248,152	\$ 5,962,433	\$ 2,248,152	\$ 3,714,281
Program Enhancements	\$ —	\$ 1,992,000	\$ 2,791,828	\$ 1,992,000	\$ 799,828
Governor Recommended Adjustments:					
Cost Containment	\$ —	\$ —	\$ (19,907,171)	\$ —	\$ (19,907,171)
MCO Premium Tax Provider Payment	\$ —	\$ —	\$ (6,465,833)	\$ —	\$ (6,465,833)
Pharmacy	\$ —	\$ —	\$ (27,447,059)	\$ —	\$ (27,447,059)
Facility & Provider Based Billing Adjustment	\$ —	\$ —	\$ (5,400,000)	\$ —	\$ (5,400,000)
Excise Tax Offsets	\$ —	\$ —	\$ (76,847,385)	\$ —	\$ (76,847,385)
Pharmacy Dispensing Fee	\$ —	\$ —	\$ —	\$ —	\$ —
CCBHC Implementation Adjustment	\$ —	\$ —	\$ —	\$ —	\$ —
TOTAL STATE EXPENDITURES	\$2,179,734,279	\$2,374,281,692	\$2,316,389,243	\$ 194,547,413	\$ (57,892,449)

Rate Review

Table 1. Provider Types Over 85% of the Benchmark

Provider Type	Provider Type Description	Total Payment Change at 100% of CY 2025 Modeled Benchmark Payments	Total Payment Change at 95% of CY 2025 Modeled Benchmark Payments	Total Payment Change at 90% of CY 2025 Modeled Benchmark Payments	Total Payment Change at 85% of CY 2025 Modeled Benchmark Payments	State Share of Change at 100% of CY 2025 Modeled Benchmark Payments	State Share of Change at 95% of CY 2025 Modeled Benchmark Payments	State Share of Change at 90% of CY 2025 Modeled Benchmark Payments	State Share of Change at 85% of CY 2025 Modeled Benchmark Payments	SFY 2025 Iowa Medicaid Payments as a Percentage of 100% of CY 2025 Benchmark Rate
02	Physician MD	\$ 40,412,185	\$ 17,424,285	\$ (5,559,700)	\$ (28,552,204)	\$ 12,179,227	\$ 6,084,767	\$ (8,744)	\$ (6,104,225)	91%
08	Pharmacy (medical supplies only)	\$ 1,916,497	\$ 449,438	\$ (1,026,095)	\$ (2,493,151)	\$ 535,064	\$ 99,011	\$ (339,351)	\$ (775,435)	93%
10	Independent Lab	\$ 1,605,815	\$ 34,659	\$ (1,538,428)	\$ (3,109,709)	\$ 424,946	\$ 9,343	\$ (406,765)	\$ (822,412)	95%
12	Medical Supplies	\$ 2,229,690	\$ (633,056)	\$ (3,498,445)	\$ (6,363,054)	\$ 527,049	\$ (283,653)	\$ (1,095,399)	\$ (1,906,581)	96%
15	Physical Therapist	\$ 759,877	\$ 339,336	\$ (82,852)	\$ (503,368)	\$ 206,231	\$ 101,438	\$ (3,778)	\$ (108,563)	91%
16	Chiropractor	\$ 931,676	\$ 427,019	\$ (77,762)	\$ (581,917)	\$ 229,004	\$ 103,433	\$ (22,167)	\$ (147,597)	91%
17	Audiologist	\$ 12,032	\$ 5,033	\$ (1,974)	\$ (8,972)	\$ 3,490	\$ 1,326	\$ (841)	\$ (3,005)	91%
19	Rehab Agency	\$ 12,314	\$ (1,064,467)	\$ (2,141,359)	\$ (3,218,101)	\$ (20,023)	\$ (402,333)	\$ (784,643)	\$ (1,166,943)	100%
21	Community Mental Health Center	\$ (2,479,579)	\$ (3,704,525)	\$ (4,929,665)	\$ (6,155,220)	\$ (649,170)	\$ (988,304)	\$ (1,327,489)	\$ (1,666,813)	110%
29	Psychologist	\$ 404,565	\$ 169,787	\$ (65,099)	\$ (299,970)	\$ 95,507	\$ 31,353	\$ (32,828)	\$ (97,008)	91%
31	Hearing Aid Dealer	\$ (308,249)	\$ (319,620)	\$ (331,133)	\$ (342,469)	\$ (105,640)	\$ (109,541)	\$ (113,492)	\$ (117,381)	235%
32	Occupational Therapist	\$ 147,973	\$ 87,718	\$ 27,192	\$ (33,054)	\$ 50,014	\$ 32,143	\$ 14,189	\$ (3,679)	88%
35	Maternal Health Center	\$ 642	\$ (2,217)	\$ (5,110)	\$ (7,969)	\$ 192	\$ (750)	\$ (1,703)	\$ (2,644)	99%
44	CRNA	\$ 420,770	\$ 247,036	\$ 71,431	\$ (102,296)	\$ 73,307	\$ 43,610	\$ 13,605	\$ (16,091)	88%
48	Clinical Social Worker	\$ (1,139,675)	\$ (1,411,673)	\$ (1,683,389)	\$ (1,955,391)	\$ (332,644)	\$ (406,643)	\$ (480,553)	\$ (554,553)	121%
62	Behavioral Health	\$ 4,917,228	\$ 1,686,761	\$ (1,520,628)	\$ (4,752,923)	\$ 1,234,314	\$ 380,206	\$ (469,381)	\$ (1,324,029)	92%
69	Independent Speech	\$ 5,252	\$ (52,755)	\$ (110,622)	\$ (168,629)	\$ 1,988	\$ (19,063)	\$ (40,063)	\$ (61,115)	100%
72	Public Health Agencies	\$ 23,393	\$ 12,191	\$ 977	\$ (10,174)	\$ 7,192	\$ 3,556	\$ (84)	\$ (3,701)	90%
82	Pharmacist	\$ 104	\$ 38	\$ (27)	\$ (93)	\$ 31	\$ 11	\$ (8)	\$ (27)	92%
		\$ 49,872,510	\$ 13,694,990	\$ (22,472,687)	\$ (58,658,665)	\$ 14,460,079	\$ 4,679,911	\$ (5,099,494)	\$ (14,881,802)	

Rate Review (cont.)

Table 2. Provider Types Over 85% of the Benchmark

Provider Type	Provider Type Description	Total Payment Change at 100% of CY 2025 Modeled Benchmark Payments	Total Payment Change at 95% of CY 2025 Modeled Benchmark Payments	Total Payment Change at 90% of CY 2025 Modeled Benchmark Payments	Total Payment Change at 85% of CY 2025 Modeled Benchmark Payments	State Share of Change at 100% of CY 2025 Modeled Benchmark Payments	State Share of Change at 95% of CY 2025 Modeled Benchmark Payments	State Share of Change at 90% of CY 2025 Modeled Benchmark Payments	State Share of Change at 85% of CY 2025 Modeled Benchmark Payments	SFY 2025 Iowa Medicaid Payments as a Percentage of 100% of CY 2025 Benchmark Rate
03	Physician DO	\$ 1,951,732	\$ 1,515,727	\$ 1,080,078	\$ 643,906	\$ 542,265	\$ 423,486	\$ 304,803	\$ 185,993	78%
04	Dentist (excludes Orthodontic services)	\$ 19,163,335	\$ 15,509,880	\$ 11,859,089	\$ 8,205,499	\$ 5,803,969	\$ 4,729,170	\$ 3,655,231	\$ 2,580,403	74%
05	Podiatrist	\$ 1,184,260	\$ 988,258	\$ 792,190	\$ 596,159	\$ 310,975	\$ 260,306	\$ 209,619	\$ 158,941	70%
06	Optometrist	\$ 8,676,875	\$ 7,676,761	\$ 6,675,722	\$ 5,675,571	\$ 2,774,749	\$ 2,469,005	\$ 2,162,969	\$ 1,857,215	57%
07	Optician	\$ 1,964,346	\$ 1,825,047	\$ 1,685,607	\$ 1,546,307	\$ 656,130	\$ 609,675	\$ 563,172	\$ 516,716	30%
14	Clinic	\$ 1,057,132	\$ 894,124	\$ 730,796	\$ 567,543	\$ 315,470	\$ 269,613	\$ 223,649	\$ 177,719	68%
22	Family Planning	\$ 252,220	\$ 175,657	\$ 99,085	\$ 22,498	\$ 76,793	\$ 51,582	\$ 26,370	\$ 1,154	83%
30	Screening Center	\$ 373,111	\$ 272,674	\$ 172,137	\$ 71,713	\$ 133,418	\$ 97,023	\$ 60,590	\$ 24,199	81%
36	Ambulatory Surgical Center	\$ 6,616,908	\$ 5,939,853	\$ 5,262,766	\$ 4,585,675	\$ 1,663,723	\$ 1,498,443	\$ 1,333,155	\$ 1,167,867	51%
38	Certified Nurse Midwife	\$ 15,238	\$ 10,768	\$ 6,297	\$ 1,825	\$ 5,380	\$ 3,808	\$ 2,236	\$ 663	83%
50	Nurse Practitioner	\$ 3,754,592	\$ 2,650,652	\$ 1,546,231	\$ 441,749	\$ 981,204	\$ 695,484	\$ 409,626	\$ 123,782	83%
68	Physician Assistant	\$ 881,154	\$ 622,703	\$ 364,104	\$ 105,599	\$ 235,130	\$ 167,993	\$ 100,807	\$ 33,636	83%
80	Crisis Response Services	\$ 15,738	\$ 12,801	\$ 9,868	\$ 6,931	\$ 2,843	\$ 2,311	\$ 1,779	\$ 1,246	73%
		\$ 45,906,641	\$ 38,094,904	\$ 30,283,969	\$ 22,470,977	\$ 13,502,050	\$ 11,277,898	\$ 9,054,005	\$ 6,829,535	

Iowa REACH Initiative

Iowa REACH is a Medicaid initiative that improves home and community-based behavioral health services for eligible Iowa children and adolescents under 21 with serious emotional disturbances.

It establishes a governance structure to coordinate and oversee implementation of the court-approved agreement in ***C.A. v. Garcia***.

REACH Initiative



Targeted Outcomes



Mobile Crisis Services

Deploy rapid-response mental health crisis teams to stabilize situations and reduce reliance on emergency rooms or institutions.



Intensive Care Coordination

Improve communication and collaboration between providers, agencies, and families to ensure seamless support for children.



In-Home Mental Health Services

Expand access to therapeutic services delivered in the child's home and community.



Screening & Assessment

Implement a new statewide process to better identify children in need and connect them quickly to appropriate services.

REACH Initiative Timeline



2025: Iowa HHS worked with seven subcommittees including providers and community members to recommend what an ideal REACH system would look like for youth and families.



2026: Iowa HHS will continue to engage Subcommittee members and the public as they design and prepare to implement REACH services.



2027: REACH services will be implemented among early adopter providers.



2028 and Beyond: REACH services will be implemented statewide by **July 1, 2028.**



Hope and Opportunity in Many Environments (HOME) Project

HOME Project Overview

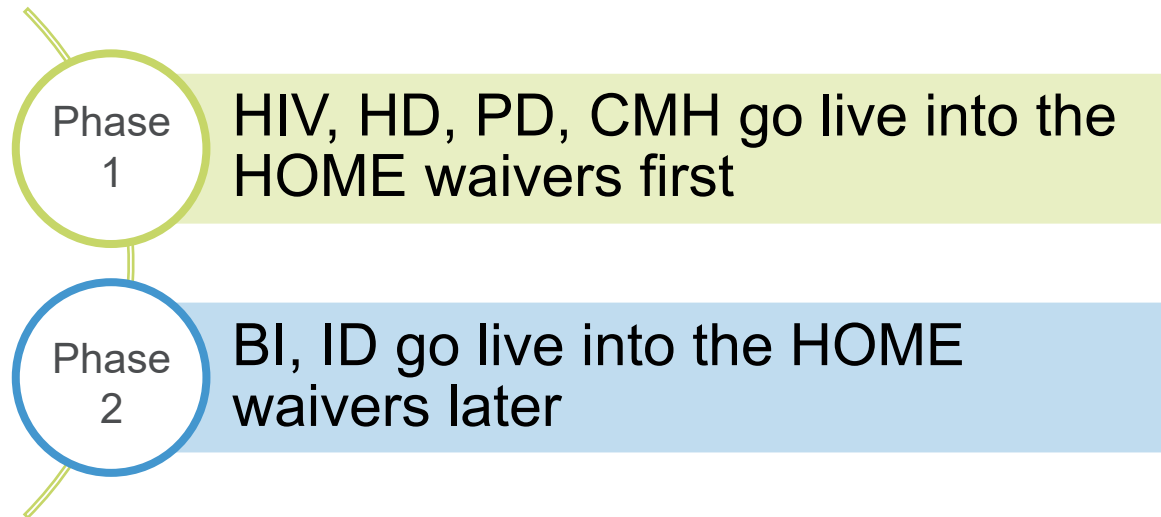
Iowa HHS is committed to improving its Medicaid home and community-based services (HCBS) waiver system to improve the lives of Iowans who receive services.

The goals of HOME are to enhance services, support people to remain in their communities with their loved ones and make it easier for people to access the supports they need.

The proposed waivers would serve members across the lifespan and in the living situation that works best for them and their families.

HOME Waiver Implementation Phasing

The implementation of HOME waivers will be phased; not all services will be transitioned in initially.



Note: Elderly waiver is not currently part of the phasing plan and will remain in place after HOME waiver implementation.

Populations served on the proposed waivers

CURRENT HCBS WAIVERS (2025)

WAIVER	GROUPS SERVED	AGES SERVED
Elderly	Aging	65+
Intellectual Disability (ID)	ID	0+
Brain Injury (BI)	BI	0+
AIDS/HIV	AIDS/HIV	0+
Health & Disability	Physical disability; blind or disabled	0-64
Physical Disability (PD)	PD; blind or disabled	18-64
Children's Mental Health	Serious emotional disturbance (SED)	0-17



PHASE 1 (2026)

WAIVER	GROUPS SERVED	AGES SERVED
Elderly	• Aging	65+
ID	• ID	0+
BI	• BI	0+
Children & Youth	• AIDS/HIV • BI • ID • PD; blind or disabled • SED • Developmental Disabilities • Autism	0-20
Adults with Disabilities	• AIDS/HIV • BI • ID • PD; blind or disabled • Development Disabilities • Autism	21+



PHASE 2

WAIVER	GROUPS SERVED	AGES SERVED
Elderly	• Aging	65+
Children & Youth	• AIDS/HIV • BI • ID • PD; blind or disabled • SED • Developmental Disabilities • Autism	0-20
Adults with Disabilities	• AIDS/HIV • BI • ID • PD; blind or disabled • Development Disabilities • Autism	21+

HOME Project Timeline

2022 & 2023

HOME Project begins, Iowa HHS partners with Mathematica to evaluate HCBS services

Fall 2023

Iowa HHS holds feedback sessions. Iowans share their thoughts with Medicaid staff on how to improve HCBS services.

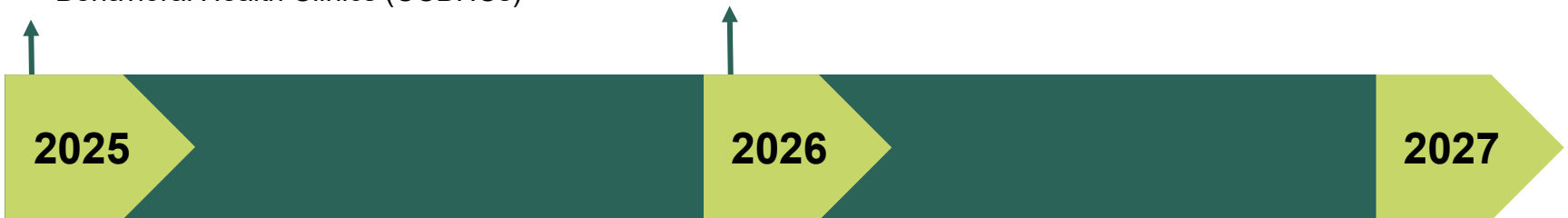


2025

- Iowans receive easier access to information through Aging and Disability Resource Centers (ADRC)
- Iowans with behavioral health needs have better access to Certified Community Behavioral Health Clinics (CCBHCs)

In 2026, Iowa proposes to:

- Streamline the number of Medicaid waivers it offers and base their supports on need rather than diagnosis
- Improve the waiver waitlist system
- Strengthen community-based services, including crisis services, for children with Serious Emotional Disturbance (SED)



October 1, 2026

Phase 1 of HOME Waiver Implementation

Legislative Implementation



Health and
Human Services

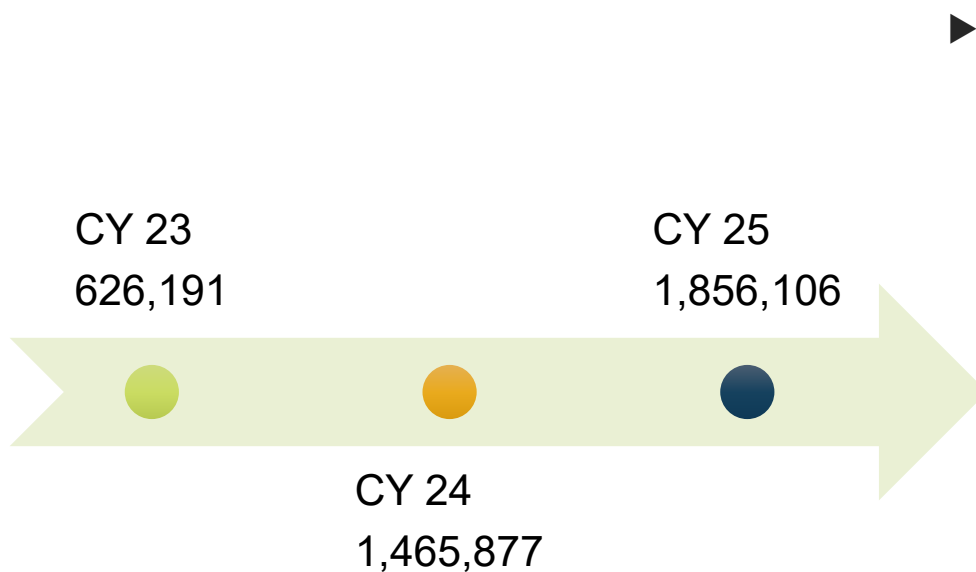
Provider Reimbursement Rate Change – HF 1049

Provider Type	State Share Appropriation Amount	Effective Date	Rates Updated
Dentist	\$ 2,136,304	7/1/2025	In process
Prosthetists-Orthotists	\$ 100,000	7/1/2025	In process
Habilitation-HCBS Waiver Services	\$ 3,050,000	7/1/2025	Yes
Maternal Health Unbundling	\$ 420,000	7/1/2025	Yes
Nursing Facility	\$ 20,000,000	7/1/2025	In process

HF2402 - PMIC Acuity Rate Adjustment

- Legislation required Iowa Medicaid to establish an enhanced PMIC rate for children with high-acuity needs.
- Iowa Medicaid issued an RFP to implement the enhanced rate; the RFP was later rescinded and reposted with a revised focus, but no applications were received.
- Provider feedback indicated the revised RFP included restrictive requirements (e.g., “no eject, no reject”) that limited participation.
- Since passage of the legislation, HHS has engaged in cross-divisional work to identify alternative approaches to enhance PMIC and QRTP services.
- Iowa Medicaid worked with Managed Care Organizations (MCOs) and providers to identify billing codes, services, and continued stay review processes, with some alignment challenges across MCOs.

HF2546 – Psychiatric Intensive Care Unit (Psych ICU) Utilization Data



► PIC Providers

- Southeast Iowa Regional Medical Center
- Allen Memorial
- Broadlawns
- Iowa Lutheran Hospital
- Mary Greeley
- Genesis Medical
- St. Lukes
- University of Iowa Hospital
- Great River Medical Center

HF919 – Children's Specialty Hospital Designations for Certain Nonprofit Organizations

This change in designation will establish ChildServe as a specialty hospital, making it eligible to participate in the hospital state-directed payment program once CMS approval is received.



Questions?

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