



Sixth Amendment to the Core Standardized Assessments for Home and Community Based Services (HCBS) Programs Contract

This Amendment to Contract Number MED-20-004 is effective as of February 1, 2025, between the Iowa Department Health and Human Services (Agency) and Telligen, Inc. (Contractor).

Section 1: Amendment to Contract Language

The Contract is amended as follows:

Revision 1. Section 1.1 Special Terms Definitions, “Core Standardized Assessment” or “CSA” Intellectual Disability is hereby amended as follows:

Waiver/Service Type	Age	HHS Designated Tool
Intellectual Disability	0 - 3	CM Comprehensive Assessment
Intellectual Disability	4 - 17	interRAI Child and Youth Mental Health - Developmental Disabilities (ChYMH-DD)
Intellectual Disability	18 +	interRAI Intellectual Disability ID
ID with Habilitation	18 +	interRAI Intellectual Disability ID and CASH/CA LOCUS

Revision 2. Section 1.3.1.3 Assessments for the ID Waiver, ICF/ID, and MFP Populations, A., is hereby replaced as follows:

The Contractor shall complete core standardized assessments for all FFS HCBS Waiver and individuals on ID Waiver who are enrolled with an MCO. Duties include but are not necessarily limited to the following:

A. **Scheduling.** Once the referral is received through IoWANS milestone, the Contractor shall:

- I. Contact the Case Manager identified within IoWANS to schedule the assessment, if assigned.
2. Coordinate with the Case Manager or Member (or guardian/representative) to:
 - a. Identify key Respondents for the interRAI assessment

- b. Identify any Member needs or concerns to be addressed prior to the assessment, such as coordination with translation services.
- 3. For face-to-face assessments, contact the Member (or guardian/representative) and identified Respondents and identify a location, date and time for the face-to-face assessment. Inquire about the need for accommodations for Member and attendees. Mobility considerations may affect choice of sites other than the Member's home.
- 4. Confirm the appointment date, time and location in writing to those scheduled to attend. The confirmation materials shall also include a fact sheet explaining the purpose of the assessment and prepare the Respondents/attendants by answering frequently asked questions.
- 5. If the Contractor is unable to contact the Member using current contact information, the Contractor shall:
 - a. Email the Case Manager and Income Maintenance Worker to gather alternate contact information. If the scheduler does not receive any additional information in seven days, attempt to contact the Member again by phone and by sending them a letter.
 - b. If there is no return call or communication received from the Member and no additional information from the Income Maintenance Worker or Case Manager after 10 business days from the day the letter is sent, log into IoWANS and ask the Income Maintenance Worker to close the case due to being unable to reach the Member after multiple attempts.

Revision 3. Federal Funds. The following federal funds information is provided

Contract Payments include Federal Funds? Yes	
Type = State Agency UEI #: W9H9TLXZC	
The Name of the Pass-Through Entity: Iowa Department of Health and Human Services	
CFDA #: 93.778	Federal Awarding Agency Name: Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS)
Grant Name: The Medical Assistance Program	

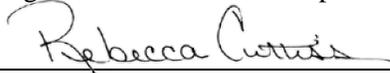
Section 2: Ratification & Authorization

Except as expressly amended and supplemented herein, the Contract shall remain in full force and effect, and the parties hereby ratify and confirm the terms and conditions thereof. Each party to this Amendment represents and warrants to the other that it has the right, power, and authority to enter into and perform its obligations under this Amendment, and it has taken all requisite actions (corporate, statutory, or otherwise) to approve execution, delivery and performance of this Amendment, and that this Amendment constitutes a legal, valid, and binding obligation.

Section 3: Execution

IN WITNESS WHEREOF, in consideration of the mutual covenants set forth above and for other good and valuable consideration, the receipt, adequacy and legal sufficiency of which are

hereby acknowledged, the parties have entered into the above Amendment and have caused their duly authorized representatives to execute this Amendment.

Contractor, Telligen, Inc.		Agency, Iowa Department of Human Services	
Signature of Authorized Representative:  <small>87B4CD1ACA5347Z</small>	Date: 1/8/2025	Signature of Authorized Representative: 	Date: 01/28/2025
Printed Name: Neal Cohen	Printed Name: Rebecca Curtiss		
Title: VP of State Solutions	Title: Deputy Director for Operations		