

Seventh 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 April 1, 2025, between the Iowa Department of Health and Human Services (Agency) and Telligen, Inc. (Contractor).

Section 1: Amendment to Contract Language

The Contract is amended as follows:

Revision 1. Section 1.3.1.3 Assessments for the ID Waiver, ICF/ID, and MFP Populations introductory paragraph, is hereby amended to read as follows:

Beginning 01/01/2025, the Contractor shall complete all core standardized assessments for ID Waiver, ICF/ID, and MFP populations, with the following exceptions:

Currently enrolled MCO members who are MFP and who are being assessed for ID Waiver, or currently enrolled MCO members who are also enrolled in the ID Waiver and needing an annual assessment, beginning 03/01/2025.

Duties include but are not necessarily limited to the following:

Revision 2. Section 1.3.1.3.B.1.a through c, are hereby amended to read as follows:

- a. Who are newly entering HHS services and are not yet Medicaid eligible but for whom funding has been identified under the Intellectual Disabilities (ID) waiver;
- b. Who are FFS and MCO Members and currently enrolled in the ID waiver or an ICF/ID, entering an ICF/ID, or entering the MFP program; and
- c. Who are FFS and MCO Members and have received an Emergency Needs Assessment within the past 30 days, if deemed necessary based on professional opinion of the assessor.

Revision 3. Section 1.3.1.4. Assessments for the AIDS/HIV, Brain Injury, Children's Mental Health, Elderly, Health and Disability, and Physical Disability Waiver Populations, introductory paragraph is hereby added before A, as follows:

Beginning 04/01/2025, the Contractor shall complete all core standardized assessments for the AIDS/HIV, Brain Injury, Children's Mental Health, Health and Disability, and Physical Disability Waiver populations. Elderly Waiver Population assigned to an MCO is excluded.

Duties include but are not necessarily limited to the following:

Revision 4. Section 1.3.1.4.B.1.a through c, are hereby amended to read as follows:

- a. Who are newly entering HHS services and are not yet Medicaid eligible but for whom funding has been identified under one of the six waiver programs;
- b. Who are FFS and MCO Members (except Elderly Waiver) and currently enrolled in one of the six waiver programs; and
- c. Who are FFS and MCO Members (except Elderly Waiver) and have received an Emergency Needs Assessment within the past 30 days, if deemed necessary based on professional opinion of the assessor.

Revision 5. Section 1.3.1.5. Assessments for the Habilitation Waiver Population, introductory paragraph is hereby amended to read as follows:

1.3.1.5 Reviews for Habilitation Program Population



Beginning 05/01/2025, the Contractor shall complete all LOCUS/CA LOCUS reviews for the Habilitation Program population (both FFS and MCO). Duties include but are not necessarily limited to the following:

- A. **Scheduling.** Once the referral is received through IoWANS milestone, the Contractor shall:
 1. The CSA Contractor retrieves the CASH through IMPA
 2. The CSA Contractor reviews the CASH and scores the LOCUS/CALOCUS entering the information into the LOCUS online system.
 3. The CSA Contractor uploads the LOCUS results showing the domain scores and disposition score along with the CASH to IMPA.

Revision 6. Section 1.3.1.7. MCO Quality Oversight is hereby deleted in its entirety.

Revision 7. Section 1.3.4, Pricing. The maximum amount the Contractor will be compensated is hereby amended to \$16,999,282.00 for the entire term of the contract.

Revision 8. Federal Funds. The following federal funds information is provided

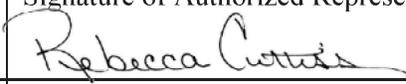
Contract Payments include Federal Funds? Yes	
UEI #: W9H9TLXZC	
The Name of the Pass-Through Entity: Iowa Department of Health and Human Services	
CFDA #: 93.778	Federal Awarding Agency Name: Department of Health and Human Services Centers for Medicare and Medicaid Services, (CMS)
Grant Name: The Medical 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 Health and Human Services	
Signature:  <small>DocuSigned by: Neal Cohen 87B4CD1ACA53477...</small>	Representative: Neal Cohen	Signature of Authorized Representative: 	Date: 05/15/2025
Date: 5/7/2025			
Printed Name: Neal Cohen		Printed Name: Rebecca Curtiss	
Title: Vice President, State Solutions		Title: Deputy Director, Operations, Iowa Medicaid	