

Eighth 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 July 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. Contract Information, Possible Extension(s), is hereby amended to read as follows:

Possible Extension(s): The Agency shall have the option to extend this Contract up to 4 additional 1-year extensions.

Revision 2. Contract Duration. The Contract is hereby extended from July 1, 2025, through June 30, 2026.

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 amended to read 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. Beginning 07/01/2025, Elderly Waiver population assigned to an MCO is included. 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 HCBS Waiver programs listed in Section 1.3.1.4;
- b. Who are FFS and MCO Members and currently enrolled in one of the six HCBS Waiver programs listed in Section 1.3.1.4; 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 5. Section 1.3.4.1 Pricing. The maximum amount the Contractor will be compensated is hereby amended to \$29,949,198.10 for the entire term of the contract.

Revision 6. Attachment 3.1 Pricing Schedule is hereby deleted and replaced with the attached Attachment 3.1 Pricing Schedule.

Revision 7. Section 1.3.2.C.1 is hereby amended to read as follows:

1. Face-to-face Assessments:
 - a. Within thirty (30) calendar days from Agency referral for persons newly entering services.



- b. Within fourteen (14) calendar days prior to the third twelve-month anniversary of IoWANS service entry indicating completion of the LOC-CSR for ID Waiver Members who have had a SIS or interRAI assessment previously.
- c. Within fourteen (14) calendar days prior to the twelve-month anniversary of IoWANS service entry indicating completion of the LOC-CSR for all other HCBS Waiver Members who have had an interRAI assessment previously.
- d. Within thirty (30) calendar days after an Emergency Needs Assessment, when a full assessment is deemed necessary based on professional opinion of the assessor.

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

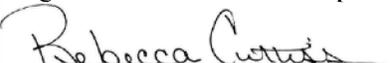
Contract Payments include Federal Funds? Yes	
UEI #: W9H9TLXZC	
The Name of the Pass-Through Entity: Iowa Department of Health and Human Services	
CFDA #: 93.778	Federal Awarding Agency Name: Department of Health and Human Services Centers for Medicare and Medicaid Services, (CMS)
Grant Name: The Medical 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 of Authorized Representative: 	Date: 5/29/2025	Signature of Authorized Representative: 	Date: 06/30/2025
Printed Name: Neal Cohen		Printed Name: Rebecca Curtiss	
Title: Vice President, State Solutions		Title: Deputy Director, Operations, Iowa Medicaid	

Attachment 3.1: Pricing Schedule

Assessment Type	Initial Contract Years - Per Assessment Fee			Optional Contract Years - Per Assessment Fee			
	Year 1 10/1/2019 - 6/30/2020	Year 2 7/1/2020 - 6/30/2021	Year 3 7/1/2021 - 6/30/2022	Option Year 1 7/1/2022 - 6/30/2023	Option Year 2 7/1/2023 - 6/30/2024	Option Year 3 7/1/2024 - 6/30/2025	Option Year 4 7/1/2025 - 6/30/2026
Per Assessment Costs							
interRAI Assessment	\$ 449.00	\$ 449.00	\$ 458.00	\$ 467.00	\$ 476.00	\$ 486.00	\$ 340.20
SIS Assessment	\$ 525.00	\$ 525.00	\$ 536.00	\$ 547.00	\$ 558.00	\$ 569.00	N/A
Off-Year Assessment	\$ 190.00	\$ 190.00	\$ 194.00	\$ 198.00	\$ 202.00	\$ 206.00	\$ 113.30
Case Management Comprehensive Assessment	\$ 600.00	\$ 600.00	\$ 612.00	\$ 624.00	\$ 636.00	\$ 649.00	\$ 454.30
Emergency Needs Assessment	\$ 330.00	\$ 330.00	\$ 337.00	\$ 344.00	\$ 351.00	\$ 358.00	\$ 250.60
Mayo-Portland Adaptability Inventory (Add-on cost)	\$ 445.00	\$ 445.00	\$ 454.00	\$ 463.00	\$ 472.00	\$ 481.00	\$ 336.70
MCO CSA Ride-Along	\$ 550.00	\$ 550.00	\$ 561.00	\$ 572.00	\$ 583.00	\$ 595.00	N/A

Price per Review

LOCUS/CALOCUS Review	N/A	N/A	\$ 466.00	\$ 477.00	\$ 488.00	\$ 500.00	\$ 325.00
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