

Proposed Waiver Amendments for Hope and Opportunity in Many Environments (HOME) Project

Public Comment Summary and Response

Total Number of Comments Received: 176

Number of Comments	Topic	Comment Summary	HHS Response
65	Phase II Topics: Supported Community Living (SCL), Day Habilitation services, Home and Vehicle Modification Payment Structure	<ol style="list-style-type: none"> 1. Senders of public comment requested that all waiver populations be able to access Supported Community Living (SCL). 2. Senders of public comment asked about Day Habilitation services across all waiver populations. 3. Senders of public comment inquired about changing the structure of Home and Vehicle Modification payments and allowing repair or maintenance costs to these. 	<ol style="list-style-type: none"> 1. Supported Community Living (SCL) is not addressed in the Adults with Disabilities (AD) and Children & Youth (CY) waivers during Phase I and will remain unchanged in the Brain Injury (BI) and Intellectual Disabilities (ID) Waivers until those waivers transition in Phase II of the HOME waiver redesign project. 2. Day Habilitation services are proposed to be offered in Phase II of the waiver redesign. 3. Health and Human Services (HHS) is considering expansion of adding "per job" as a payment type for home maintenance services and the inclusion of maintenance or repair for specific Home Vehicle Modifications in future amendments.

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5	“Natural Supports”	Senders of public comment called out the use of the term “natural supports”.	<p>Centers for Medicare and Medicaid (CMS) requires that service plans identify both paid and unpaid supports. “Natural supports” are defined in federal regulation at 42 CFR 441.301(c)(2)(v):</p> <p>Reflect the services and supports (paid and unpaid) that will assist the individual in achieving identified goals, and the providers of those services and supports, including natural supports. Natural supports are unpaid supports provided voluntarily to the individual in lieu of 1915(c) HCBS waiver services and supports.</p>
92	Respite	<ol style="list-style-type: none"> 1. Senders of public comment reported the hourly wage of respite providers is not competitive and is impacting staff recruitment and retention. 2. Senders of public comment reported concern of staffing shortages if HHS were to increase the age of respite providers from 16 to 18 years old. 3. Senders of public comment reported concern over medication administration training requirements of respite providers. 	<ol style="list-style-type: none"> 1. Legislature is responsible for appropriating funds for increasing provider reimbursement rates. 2. The state has amended waiver applications to reflect that individuals who are 16 or older may provide respite services if employed by a Home and Community Based Services (HCBS) provider or if employed through (Consumer Choice Options (CCO)). 3. To ensure the health and safety of HCBS waiver members, any provider is responsible for the administration of medication is required to complete medication administration training.

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10	Medical Day Care for Children	Senders of public comment requested clarity on traditional childcare settings as it relates to Medical Day Care for Children.	HHS updated the application to provide the following clarification to the term "traditional childcare" setting definition as: Traditional childcare setting means structured, center-based programs or licensed in-home care.
6	Waitlist Priority Needs Assessment (WPNA)	<ol style="list-style-type: none"> 1. Senders of public comment request the WPNA be published in an accessible format. 2. Senders of public comment expressed confusion about which populations would complete the WPNA. 	<ol style="list-style-type: none"> 1. Work is presently underway to digitize the WPNA. The digitization availability of an electronic version of this form will increase accessibility, allowing lowans to adjust text size or utilize a screen reader. 2. HHS modified how the WPNA was explained within the CMS application. The WPNA is now displayed identically across CY and AD waivers in the waiver submission materials.
13	Assessments	<ol style="list-style-type: none"> 1. Senders of public comment reported concern about the frequency of psychological assessments/ reassessments. 2. Senders of public comment posed questions about the assessments utilized to determine Level of Care (LOC) and the validity of these assessments. 	<ol style="list-style-type: none"> 1. HHS does not specify timeframes for psychological reassessments within the AD or CY waiver applications, or any waiver applications. This information is written in the Iowa Administrative rules. 2. The interRAI suite of tools are reliable and rigorously tested clinical assessment tools, developed by international teams of clinicians and researchers and have been used in over 35 countries for over 30 years. The suite of tools includes assessments that are specific to the respondents age to ensure the needs, strengths, and preferences of that individual are captured.

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15	Waitlists	<ol style="list-style-type: none"> 1. Senders of public comment report long wait times and ask how the HOME project will affect the time spent on waitlists moving forward. 2. Senders of public comment reported challenges understanding the waiver waitlist structure in the future state and if there would be one or two lists. 3. Senders of public comment expressed concern that all application dates would be reset with the HOME Project. 	<ol style="list-style-type: none"> 1. HHS will maintain the same number of waiver slots for the two new waivers that are present for the current four waivers being brought into the new waivers. Any additional funding slots to allow more applicants access to waiver services would require additional funding from the legislature. Wait times will continue to vary and be based on how many slots open each month, an applicant's date of application and priority score just as it does today. 2. When fully implemented, the HOME project will maintain separate waitlists for the Children and Youth (0-20) and Adults with Disabilities (21+) waivers. 3. Members will be placed on waitlists based on their original date of application and any applicable prioritization that occurred with the WPNA.

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23	Child & Youth Waivers	<ol style="list-style-type: none"> <li data-bbox="667 207 1140 451">1. Senders of public comment expressed concern that members on the Children and Youth waivers would have a gap in services upon turning 21. <li data-bbox="667 505 1140 748">2. Senders of public comment expressed concern that individuals ages 18-21 on the Children & Youth Waiver would not have access to Adult Day Services. 	<ol style="list-style-type: none"> <li data-bbox="1228 207 1927 581">1. There will be reserved capacity slots on the Adults with Disabilities waiver for members transitioning from the Children and Youth waiver to ensure they can access the waiver right away. HHS is also working on desk guides for case managers to begin working with members a full year before turning 21 on transition planning to ensure continuity of care to the Adults with Disabilities waiver. <li data-bbox="1228 634 1927 922">2. Adult Day Care is used by very few people under age 21 today. If a member uses this service, their case manager is responsible for helping them to find another option that meets their needs. Young adults may instead benefit from Prevocational Services, Medical Day Care for Children, or Supported Employment.
57	Other- general comments, clarifying questions, requests for additional materials, or individual member experiences	<ol style="list-style-type: none"> <li data-bbox="667 1003 1140 1247">1. Senders of public comment requested additional materials to be made public including: fee schedules, service crosswalks, scoring and algorithms. 	<ol style="list-style-type: none"> <li data-bbox="1228 1003 1927 1409">1. Fee Schedules are not part of waiver applications. HHS is in the process of setting a fee schedule for all HCBS. That fee schedule will be available on the HHS fee schedule website. HHS has published ID waiver tier scoring in the ID waiver. Algorithms for phase II budget development will be shared as appropriate at a later date. HHS has published the service crosswalk on the HOME Project website.

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2	Technical Errors noted	<ol style="list-style-type: none"> 1. Sender of public comment highlighted that the waiver application indicated Personal Emergency Response System (PERS) could be self-directed. 2. Sender of public comment noted that within the Adults with Disability Waivers there was language about individualized budgeting [not a part of phase I] instead of Monthly Caps. 	<ol style="list-style-type: none"> 1. Self-direction of PERS was corrected as that service may not be self-directed. 2. Removed reference to Phase II individualized budgeting in the AD waiver and updated it with the correct Phase I monthly service caps based on LOC