



State of Iowa Olmstead Plan

2026-2031

A handwritten signature in black ink that reads "Larry Johnson".

Larry Johnson,
Director, Iowa Department of Health and Human Services

A handwritten signature in blue ink that reads "Zach Rhein".

Zach Rhein,
Director, Division of Aging & Disability

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Executive Summary

“Delivering on the promise. Iowans with disabilities are living, learning, working, and enjoying life in the most integrated setting of their choice.”

What is the Olmstead Plan?

An Olmstead Plan is a government plan to make sure people with disabilities can live, work, and receive services in the community. The plan shows what the state is currently doing to offer services in inclusive, community-based settings, as well as laying out clear steps for the future to increase opportunities for people to live in the most integrated setting where they can participate in the community as much as possible.

Olmstead Guiding Principles:

The following principles serve as foundation for Iowa’s 2026-2031 Olmstead Plan:

- Iowans with disabilities have the same basic human rights, options, and control over their lives as any non-disabled citizen.
- Iowans with disabilities have the right to access information, education, and experiences that foster their ability to make informed choices, with respect to dignity of risk.
- Iowans with disabilities are given an opportunity to access competitive, integrated employment opportunities based on individual interests.
- Iowans with disabilities have the right to live and be supported in the community and setting of their choice, with opportunities for productive and meaningful participation in the community.
- Iowans with disabilities have opportunities to develop meaningful personal relationships.
- Iowans with disabilities have the right to autonomy and are the experts of their own lives.

The Olmstead Plan supports the state’s efforts to provide a system of services and community-based support to people with disabilities in compliance with Title II of the American Disabilities Act (ADA) and the Olmstead Decision. The strategies and tactics of this plan serve to further develop, improve, coordinate, and support such a system in Iowa.



History of Olmstead

On June 22, 1999, the United States Supreme Court held in *Olmstead v. L.C.* that unjustified segregation of persons with disabilities constitutes discrimination in violation of Title II of the Americans with Disabilities Act (ADA). The Court held that public entities must provide community-based services to people with disabilities when:

- Such services are appropriate.
- The affected people do not oppose community-based treatment.
- Community-based services can be reasonably accommodated, considering the resources available to the public entity and the needs of others who are receiving disability services from the entity.

This Supreme Court ruling is commonly referred to as the Olmstead Decision.

Olmstead & Integration Mandate

Title II of the ADA requires public entities like the State of Iowa to provide services in the most integrated setting appropriate to meet the needs of qualified individuals with disabilities. Congress has explained that “the most integrated setting” means one that “enables individuals with disabilities to interact with nondisabled persons to the fullest extent possible.” This is known as the integration mandate. Iowa’s Olmstead Plan is invested in the integration mandate.



Olmstead in Iowa

In 2000, Governor Tom Vilsack called for a statewide steering committee to come together to develop “an effectively working plan” to eliminate barriers to community living in Iowa. He named Health and Human Services (HHS), formally the Department of Human Services (DHS), as the lead agency in Olmstead Planning.

Iowa’s first Olmstead Plan was released in July 2001. The Iowa Plan for Community Development’s primary goal was to educate Iowans about the Olmstead decision and its implications, while also identifying needs based on extensive community input.



In 2002, Iowa received a federal Real Choices System Change Grant to reduce institutional bias in the state’s service system and expand community living options for individuals with disabilities and older adults. The project focused on three key goals: preventing unnecessary institutionalization by building coordinated community supports and transition services; increasing consumer choice in accessing those supports; and expanding the range of available services along with improving access to information about them.

In 2003 Governor Tom Vilsack issued [Executive Order 27](#) calling upon Iowa’s state agencies to identify the barriers to community living posed by their policies and programs and to develop plans to remove them. Executive Order 27 also created the current **Olmstead Consumer Taskforce (OCTF)** [OCTF](#) to advise the Governor’s Office on strategies to promote community integration, including changes in policies or programs. OCTF continues in advising and providing valuable feedback in the development, implementation and monitoring of Iowa’s Olmstead plan and was instrumental in the development of this plan. The Olmstead Consumer Taskforce activities also support the full inclusion of people with disabilities in housing, employment, transportation, healthcare, and other areas. The taskforce works with individuals with disabilities, families, state agencies, providers, and others to ensure that legislation, changes in Iowa State Agency administrative rule, and other public policies and programs promote the full inclusion of individuals with disabilities in all aspects of life in the community. Therefore, the taskforce will continue to be a major part of the oversight of Iowa’s Olmstead Plan.

From 2004 to 2017, Iowa did a great deal of work around redesigning its disability system to focus more on community integration such efforts included:

- ▶ Changes were developed for Medicaid Waivers to better support choice, flexibility, and self-determination, including a “cash and counseling” option. The State began to craft the Consumer Choices Option; when it became available statewide in 2007, HCBS Waiver participants gained more flexibility and control over their budgets and services plans.
- ▶ The Iowa Legislature passed the Iowa Care Act, expanding Medicaid and aiming to rebalance Iowa’s long-term care system in favor of more home and community-based services.
- ▶ New Home and Community Based Services (HCBS) Children’s Mental Health Waiver allowed families to get the help they need for their children without giving up custody. HCBS for adults with serious mental illness were incorporated into the Medicaid State Plan, expanding access to mental health services.
- ▶ Iowa’s Money Follows the Person (MFP) initiative began moving people with disabilities out of the Glenwood and Woodward Resource Centers and other intermediate care facilities and into the community.
- ▶ Transitioned from a fragmented system of 99 county-based programs to 15 regional Mental Health and Disability Services (MHDS) entities termed MHDS regions.

In 2022, the Iowa Department of Health and Human Services (HHS), now the lead state agency for Olmstead, conducted a systemwide assessment of the State’s community-based services system to help create a vision for the ideal system.

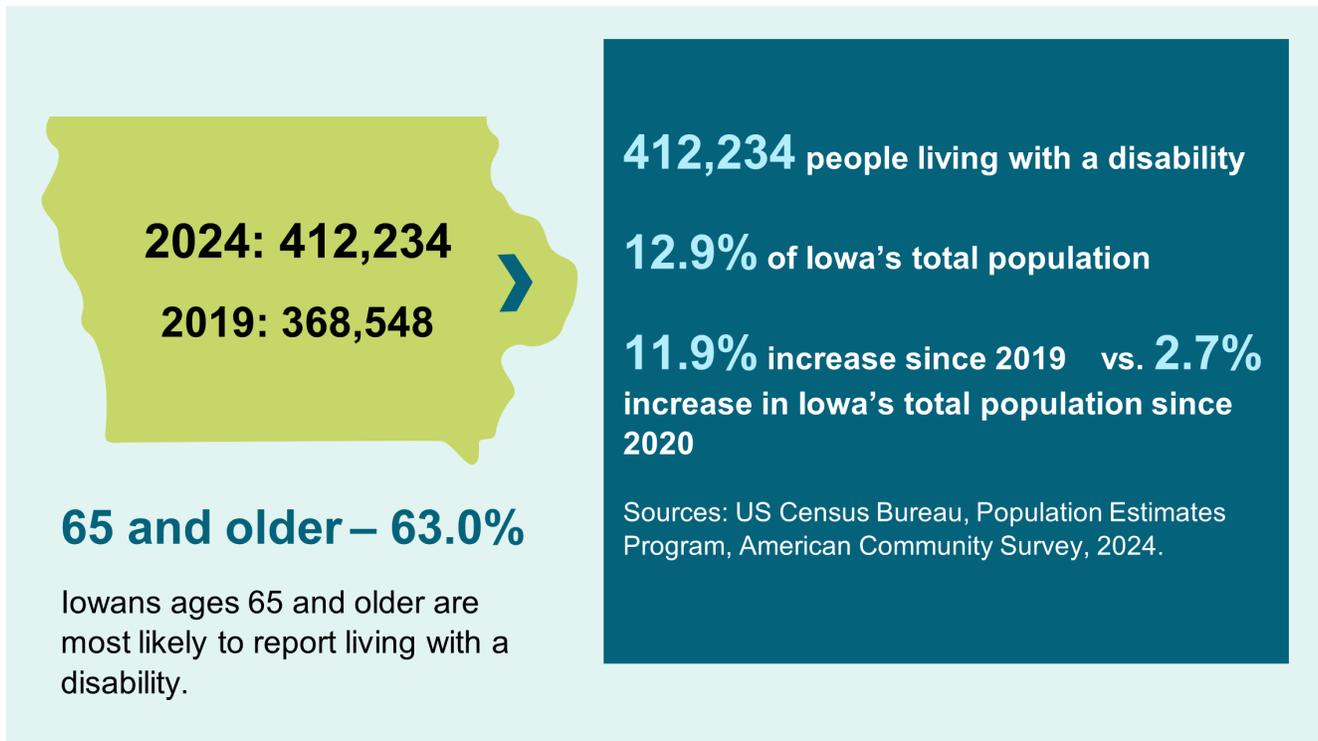
In 2023, recommendations were developed based on the assessment to help strengthen the foundation of the services system and ensure that high-quality and equitable services are delivered in a coordinated and transparent way.

In early 2024, new legislation was proposed, outlining a new behavioral health and disability service system for Iowa. During the legislative session, Iowa HHS actively engaged with stakeholders and decision-makers to incorporate feedback into [House File \(HF\) 2673](#). The Iowa Legislature passed HF 2673 with bi-partisan support, and the bill was signed into law by Governor Kim Reynolds. A transition plan was developed, and HHS established a new behavioral health and disability service system, completed the transition of mental health services to a Behavioral Health Service System, and the transfer of disability services to the Division of Aging and Disability Services at HHS.

In 2025, Iowa HHS began the revision of the State’s Olmstead Plan. By leveraging statewide data, HHS conducted a comprehensive assessment to better understand the needs of Iowans with disabilities.

Iowa Population & Disability Data

Iowa's People Living with a Disability



A state health assessment for disability was developed using data from several sources including Iowa's Behavioral Risk Factor Surveillance System (BRFSS). Data was gathered for children, ages zero to 17, all adults, adults ages 18 to 59, and adults ages 60 and older. Data included disability types, ages, health status, and focused on Iowa's top health issues from Iowa's State Health Assessment (SHA):

- ▶ access to care
- ▶ active living and healthy eating
- ▶ cancer
- ▶ economic stability and income
- ▶ housing and transportation
- ▶ mental health
- ▶ substance use

Data was presented for people with disabilities and people without disabilities. The data was used to identify disparities for people with disabilities compared to people without disabilities. For children, Children with Special Health Needs (CSCHN) criteria were used as an indicator of children with disabilities. These criteria identify children who are experiencing limitations or greater service needs due to an ongoing physical, emotional, behavioral, developmental, or other health condition.

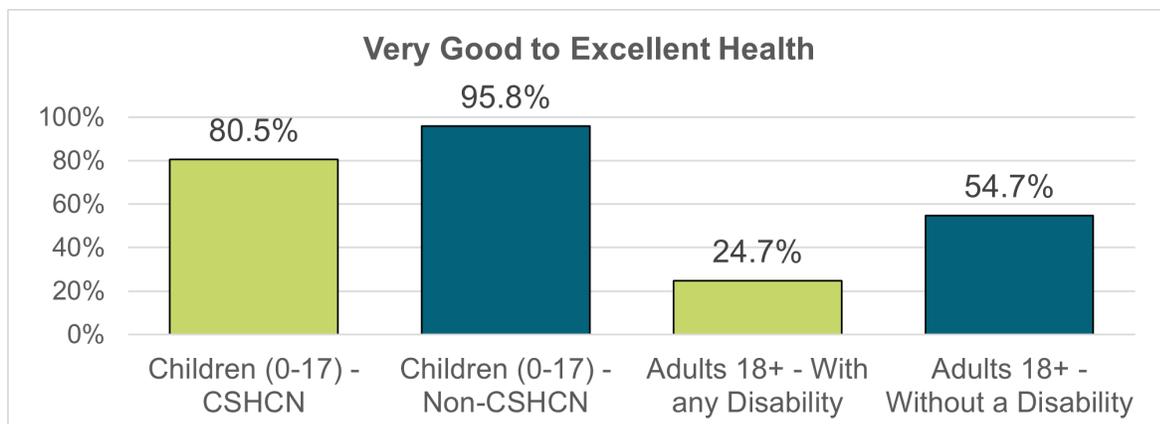
See full [State Health Assessment for Disability](#).

What the Data Shows

Nearly every indicator related to the top health issues identified by the SHA shows disparities for people with disabilities. Those living with disabilities report poorer health status and experience more chronic conditions compared to those without disabilities. Additionally, several other indicators warrant focused attention in the development of the Olmstead plan, based on the disparities within this population, the reach and impact of the indicators, as well as the resources and collaborative capacity available to address them. These key indicators are developmental screening, difficulty getting referrals to services, housing stability for children, employment, housing affordability, transportation reliability, loneliness and social and emotional support for adults.

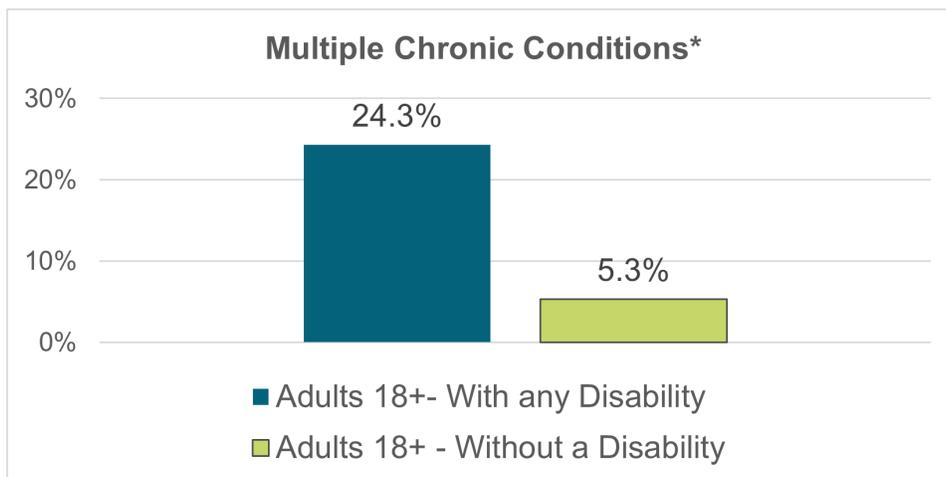
Overall Health

The data below shows there are gaps in reported health status between children with and without special health care needs, and adults with and without disabilities.



Sources: National Survey of Children's Health, 2022-2023; BRFSS, 2023.

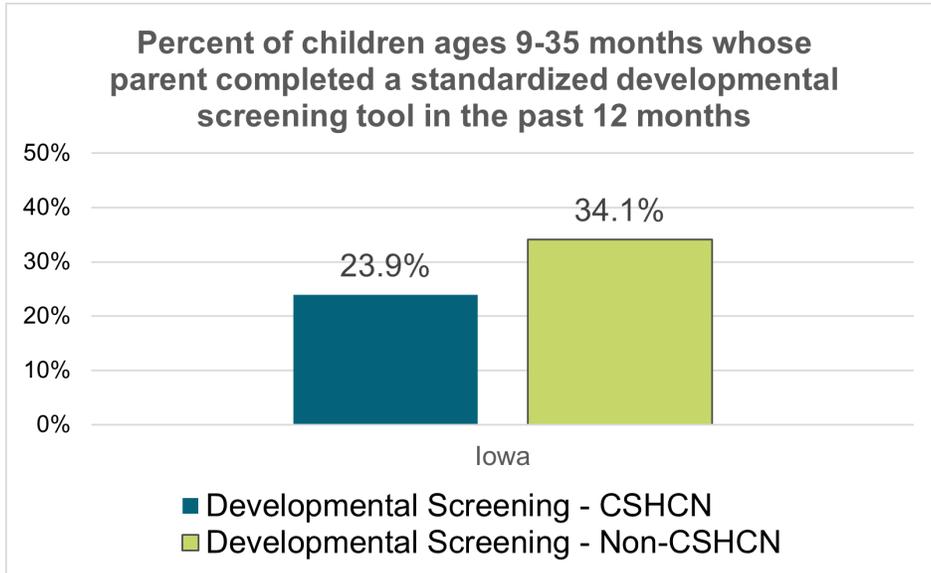
Adults (18+) with any disability were much more likely to report having three or more chronic health conditions, compared to adults (18+) without a disability.



Source: BRFSS, 2023. * Three or more of the following chronic health conditions: arthritis, asthma, chronic kidney disease, chronic obstructive pulmonary disease, cardiovascular disease (heart disease, heart attack or stroke), cancer (excluding non-melanoma skin cancer), depression or diabetes.

Disparities in Access to Care

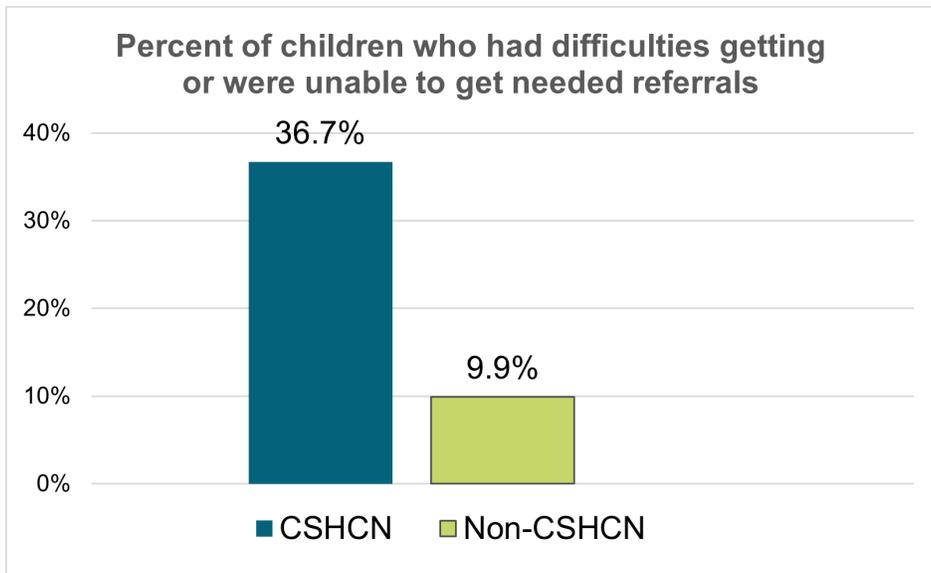
Developmental screenings provide a structured way to assess a child's growth in various areas, including motor skills, language, cognitive abilities, and social-emotional development. Among Iowa children ages 9-35 months, 23.9% of parents of children who have special health care needs completed standardized developmental screening, compared to 34.1% of parents of children without a special health care need.



23.9%

Of children with special health care needs with a completed standardized developmental screening

Source: National Survey of Children's Health, 2022-2023.



4x

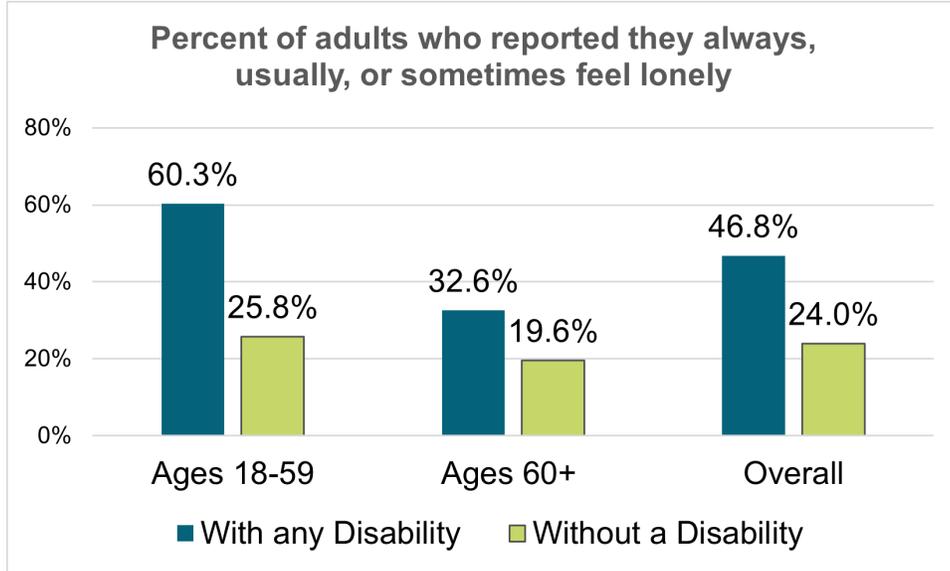
Increased likelihood to experience difficulties getting referrals or services for children with special health care needs.

Source: National Survey of Children's Health, 2022-2023.

Parents of children with a special health care need were nearly four times more likely to have trouble obtaining, or being unable to obtain, needed referrals to providers or services compared to parents of children without special health care needs.

Disparities in Mental Health

Younger lowans with a disability have a significantly higher rate (12 in 20) of feeling lonely than younger lowans that do not have a disability (5 in 20). A similar pattern exists among older lowans (6 in 20 for disability versus 4 in 20 for no disability). Younger lowans with a disability are almost twice as likely to feel lonely than older lowans who have a disability.



Younger lowans with a disability are

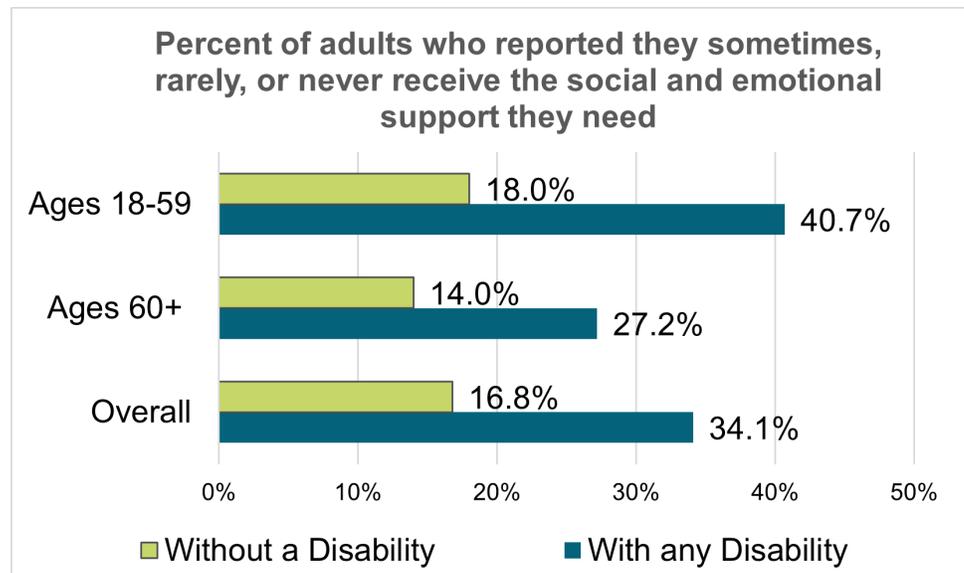
2x

more likely to feel lonely

Source: BRFSS, 2023.

40.7%

Younger adults reported limited social and emotional support

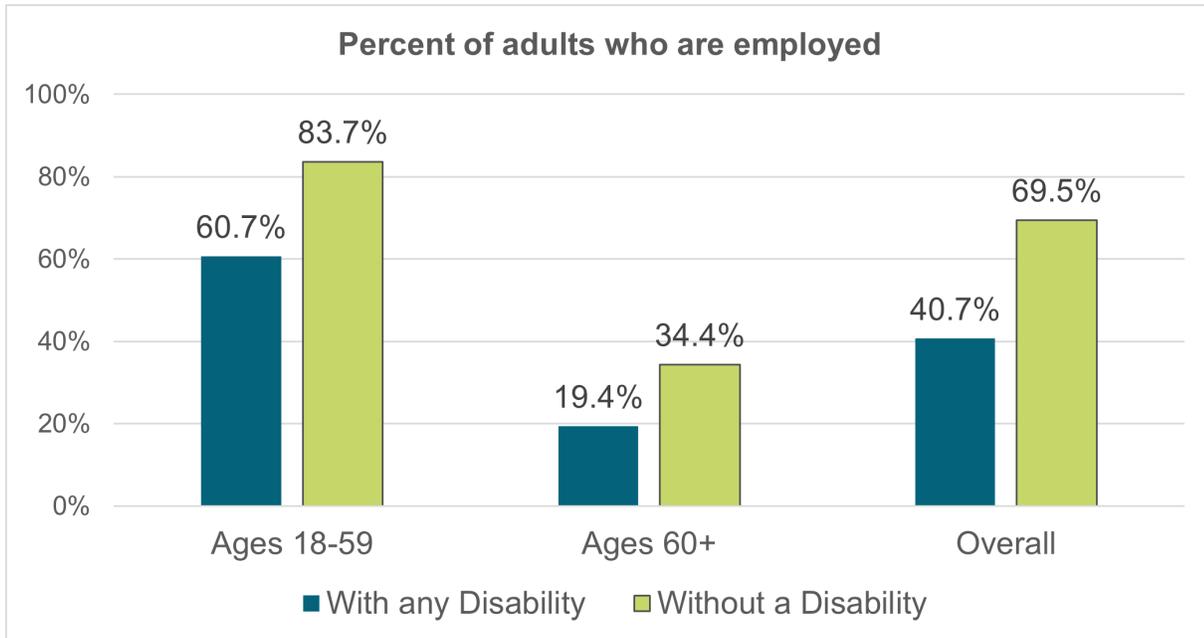


Source: BRFSS, 2023.

Adults in Iowa with disabilities are much more likely than those without disabilities to report limited social and emotional support (34.1% vs. 16.8%). This disparity is even more pronounced among younger adults (40.7% vs. 18%).

Disparities in Economic Stability and Income

Younger lowans with a disability have a significantly lower rate of being employed for wages or self-employed (12 in 20) than younger lowans without a disability (16 in 20). A similar pattern exists among older lowans (4 in 20 vs. 7 in 20).

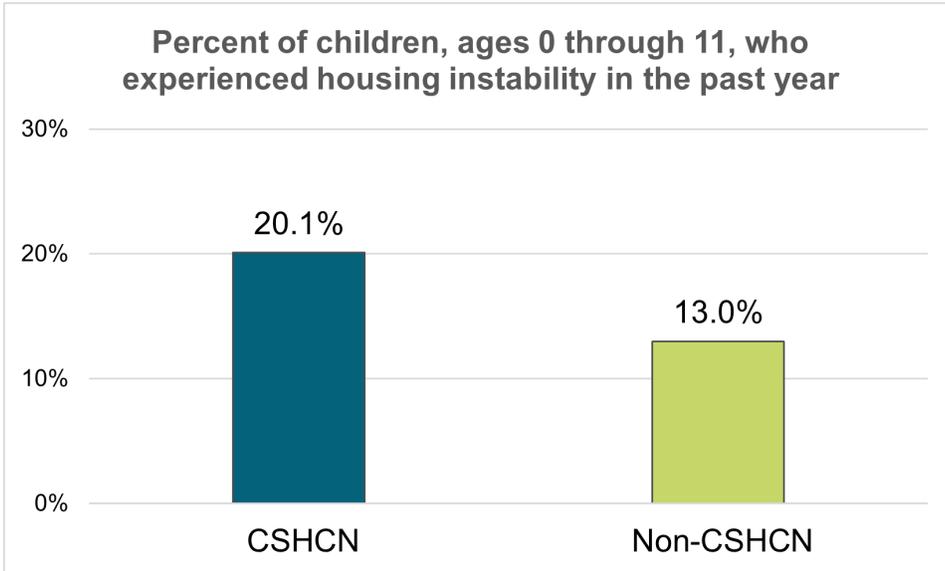


Source: BRFSS, 2023.



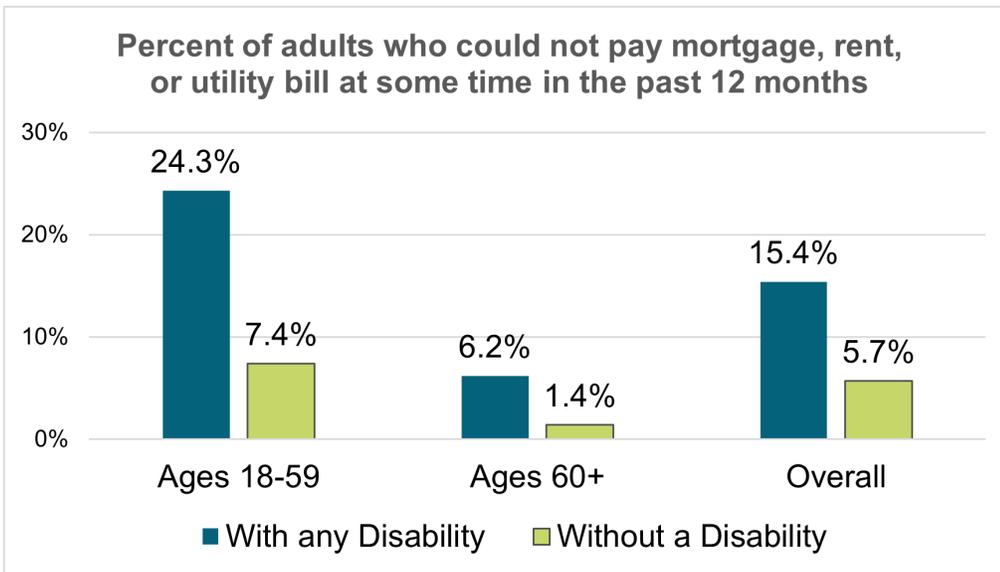
Disparities in Housing and Transportation

Among children aged 0-11 who have special health care needs, **20.1% experienced housing instability** in the last year vs. 13.0% of children without special health care needs.



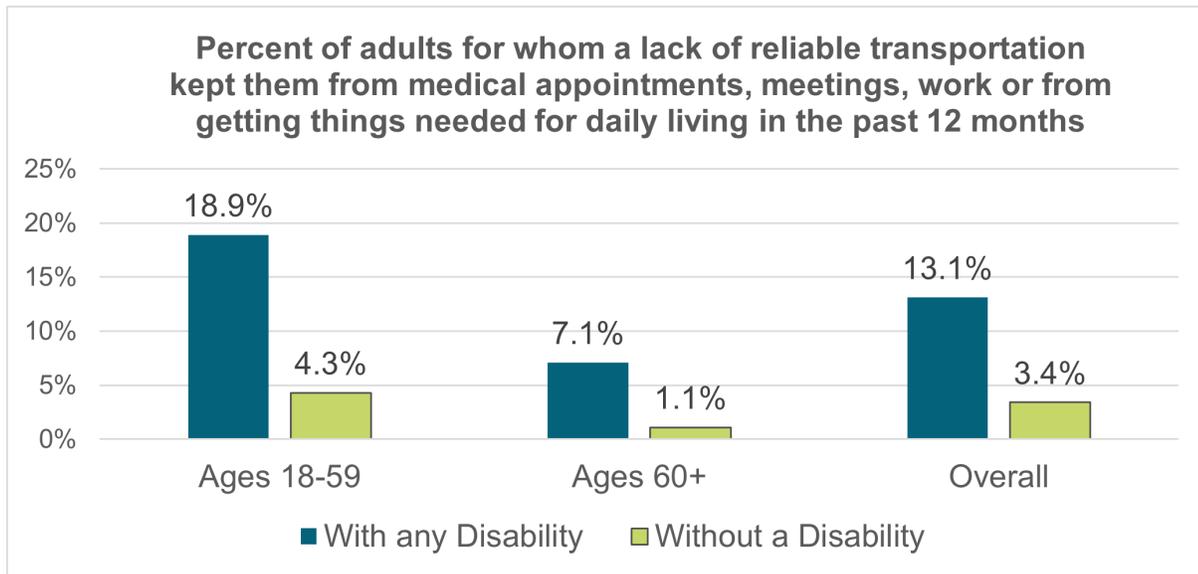
Source: National Survey of Children's Health, 2022-2023.

Iowans with disabilities are nearly three times more likely than those without disabilities **to report being unable to pay for housing or utilities in the past year** (15.4% vs. 5.7%). This financial hardship is especially common among younger adults with disabilities, with nearly 1 in 4 (24.3%) reporting difficulty, compared to just 7.4% of their peers without disabilities. Among older adults, the gap remains, though fewer face housing insecurity (6.2% vs. 1.4%).



Source: BRFSS, 2023.

Iowans with disabilities are much **more likely to lack reliable transportation than those without disabilities**. This issue is especially a concern with younger adults with disabilities.



Source: BRFSS, 2023.

How data was used in the Olmstead Planning Process:

- HHS staff identified available disability related data actively being collected in several HHS divisions.
- The identified data was also compared with other Iowa state plans, including the Iowa State Health Improvement Plan, The Multisector Plan for Aging. This comparison helped identify areas where multiple plans recognized similar needs, signaling opportunities for collaboration and building momentum to address these issues.
- Data was placed into a spreadsheet and sorted into three categories that link to the Olmstead guiding principles:
 - Access to Care Indicators
 - Health & Social Indicators
 - Economic Stability/Community Integration
- HHS gathered staff members to identify the most meaningful data for setting desired outcomes and measures for the Olmstead Plan. This process included reviewing surveys, considering collaboration efforts around priority data and analyzing indicators based on potential impact and momentum. The results were presented to the Olmstead Consumer Task Force for feedback to ensure they reflect the needs of people with disabilities.

Olmstead Plan Structure

Olmstead Plan Terminology

Primary Impact Areas

Focus areas that align with Olmstead guiding principles.

Desired Outcomes

What we hope to achieve. The major things we want to influence over the duration of the plan.

Measures

What success looks like and what we hope to see because of the plan.

Strategies

What we're doing. These are high level statements of what will be done.

Tactics

How we're doing it. Tactics detail how each strategy will be achieved and responsible system partner for the tactic.

Iowa's Updated Olmstead Plan Development Timeline

See Appendix A for full detailed timeline.

March 2025

- Iowa HHS identified strategic and development priorities for the update of Iowa's Olmstead Plan.

April - September 2025

- Iowa HHS staff identified available disability data collected in Aging and Disability division, as well as other HHS divisions and collected existing disability data collected in the State Health Assessment.

October - November 2025

- Iowa HHS invited outside partners and individuals with lived experiences to participate in the development of the Olmstead measures and strategies. Over 20 outside partners and individuals with lived experience participated in the process.

How the Plan was Developed

27

accepted invitations

from community organizations and people with lived experience to participate in development

5

feedback sessions

conducted with the Olmstead Consumer Taskforce

38

participant survey submissions

for Olmstead strategies and tactics

The development of the Olmstead Plan followed a structured and data-driven process. After conducting a comprehensive statewide data review, an internal HHS team examined various disability-related factors, including prevalence, housing stability, access to care, and health and social indicators across different age groups. This analysis helped identify disparities and pinpoint key areas of need for individuals with disabilities in Iowa.

The team prioritized these indicators based on their potential impact and momentum. They then cross-referenced the prioritized indicators with the goals and desired outcomes from other state plans addressing similar population groups. This process aimed to identify opportunities for collaboration and additional momentum.

Connections to the State Health Improvement Plan (SHIP)

The [2023-2028 SHIP](#) identifies access to care for behavioral health as a top priority area. Focused strategies in the SHIP on increasing awareness of community resources, strengthening services and support for children and adolescents, and collaboration align with the Olmstead Plan's priorities of access to services and building community connections.

Connections with Multisector Plan on Aging and Maternal and Child Health

(See Appendix B)

Several other shared priorities emerged between the *Multisector Plan on Aging, Maternal and Child Health Title V*, and the *Olmstead Plan*. Both the *Olmstead Plan* and the *Multisector Plan on Aging* recognized the need for affordable and accessible housing and transportation, as well as reducing social isolation through increased community connections. Additionally, a common priority between the *Olmstead Plan* and *Maternal and Child Health* was the need for developmental screening of children.

These plans were also instrumental in developing the strategies and tactics for the *Olmstead Plan*. A collaborative group, consisting of internal HHS team members, community organizations, and individuals with lived experience, identified and prioritized strategies that would be most impactful in achieving the desired outcomes for people with disabilities in Iowa. Together, these plans represent a coordinated effort to enhance health, independence, and inclusion for Iowans of all ages and abilities.



How the Plan Will be Used

The Olmstead Plan aims to provide a clear and strategic direction for advancing community integration for individuals with disabilities over the next six years. This plan will serve as the framework to deliver on the mission and vision of the Olmstead Decision in the State of Iowa.

HHS will publish an updated Olmstead Progress Report yearly to showcase the progress on strategies and tactics. While the overall framework of the plan will remain consistent, HHS will make necessary updates to our strategies and tactics to ensure the desired outcomes are achieved.



Iowa's Olmstead Consumer Task Force (OCTF) Plan Subcommittee will assist HHS in monitoring progress of the plan through consistent review of measure and outcome progress during bi-monthly scheduled meetings.

Over the next six years, the Olmstead Plan will serve as a guiding framework for fostering the integration of the disability community. The plan will:

- ▶ **Guide Action:** Define and prioritize new initiatives related to Olmstead and integrate them into strategic priorities.
- ▶ **Encourage Collaboration:** Bring together state and local agencies, stakeholders and the disability community to work toward shared priorities and promote a positive culture in our day-to-day interactions.
- ▶ **Shape the Future:** This plan will also play a vital role in shaping future planning efforts within the disability service system, ensuring we remain focused on our mission while adapting to the needs of the community.



Iowa's Olmstead Progress Areas

Iowa's Olmstead progress areas reflect the state's proactive commitment to aligning with the guiding principles of Olmstead, which prioritize community integration for individuals with disabilities. The initiatives outlined below highlight Iowa's dedication to ensuring that people with disabilities have access to the resources and support necessary for thriving within their communities.

While these efforts are not specifically detailed in the Olmstead strategies and tactics, they play a vital role in addressing the diverse needs of individuals with disabilities in Iowa. These initiatives represent significant steps forward in fostering community integration and enhancing the overall quality of life for individuals with disability in our communities.

Medicaid Disability Services System LTSS

Long-term care, or **Long-Term Services and Supports (LTSS)** are available for Iowa Medicaid members to help them maintain a good quality of life in settings such as their home or, if needed, in a facility. Services are intended to help Iowans reach the highest degree of independence possible.

Home and Community-Based Services (HCBS) are Medicaid programs that provide medical, social, and supportive care for Iowans with physical, cognitive, or mental health needs. Designed to help individuals live in their homes and communities rather than institutions, HCBS supports Olmstead's principle of community integration by offering services that promote independence and choice. Several programs are available to meet diverse needs.

- ▶ [HCBS Waivers Program](#)
- ▶ [Habilitation Services](#)
- ▶ [Program of All-inclusive Care for the Elderly \(PACE\)](#)
- ▶ [Home Health Services](#)
- ▶ [Private Duty Nursing/Personal Cares Program](#)
- ▶ [Hospice Services](#)
- ▶ [Targeted Case Management](#)
- ▶ [Money Follows the Person](#)
- ▶ [Training for LTSS Providers and Case Managers](#)

Iowa Home and Community-Based Services Settings Statewide Transition Plan

Federal regulations that became effective on March 17, 2014, define the settings in which it is permissible for states to pay for Medicaid Home and Community-Based Services (HCBS). The purpose of these regulations is to ensure that individuals receive Medicaid HCBS in settings that are integrated in and support full access to the greater community. This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree as individuals

who do not receive HCBS. The regulations also aim to ensure that individuals have a free choice of where they live and who provides services to them, as well as ensuring that individual rights are not restricted. While Medicaid HCBS has never been allowed in institutional settings, these new regulations clarify that HCBS will not be allowed in settings that have the qualities of an institution.

HHS is taking a multifaceted approach to the assessment of HCBS settings. This includes a systemic review of the State's rules and policies and a high-level settings analysis. Other avenues for assessment will include evaluating settings through the existing HCBS quality assurance provider self-assessment process and onsite review process; onsite assessments by community-based case managers; and Iowa HCBS Settings Statewide Transition Plan monitoring of Consumer Assessment of Healthcare Providers Systems (CAHPS) Survey results for member experiences.

Iowa's assessment of HCBS settings reflects a strong alignment with Olmstead principles by promoting integration, autonomy, and choice in community-based environments. The initiatives emphasize full community access, competitive employment opportunities, and personal independence, reinforcing the Olmstead mandate for individuals with disabilities to live and participate in the least restrictive settings. By safeguarding freedom of choice in living arrangements and service providers, and prohibiting institutional characteristics in HCBS settings, Iowa advances the goal of avoiding unnecessary institutionalization. Additionally, the state's systemic and individual assessment processes highlight accountability and person-centered care, underscoring its commitment to sustaining Olmstead's vision of inclusion and equal opportunity.

Hope and Opportunity in Many Environments (HOME) is a project in Iowa that is working to make sure that everyone has access to high-quality behavioral health, disability and aging services in their communities. The goal is to improve services to make it easier for people to access the help they need and stay in their communities with their loved ones.

- [Hope and Opportunity in Many Environments \(HOME\)](#)

From 2022 to 2024, HHS did research and gathered feedback from Iowans to learn about challenges with the current community-based services system, including HCBS Waivers. HHS learned that waiver waitlists were not timely, efficient or needs based. Services did not line up with Iowans' needs and services and supports are hard to navigate and access. Feedback from Iowans showed opportunities for the waiver system to be more efficient, easier to understand and better at connecting Iowans to the services and supports they need throughout their lives.

- [Path to Integrated Behavioral Health, Disability and Aging Services in Iowa](#)

The HOME initiative focuses on streamlining Iowa's HCBS services to better support individuals in achieving successful community living. These efforts align with Olmstead's goal of promoting community integration and person-centered support.

Medicaid Behavioral Health System

Medicaid Behavioral Health Services assist Iowa Medicaid members maintain a good quality of life by providing behavioral health support in home or facility settings. These services are designed to promote independence and help individuals reach their fullest potential.

Responsive and Excellent Care for Healthy Youth (REACH) REACH is an Iowa Medicaid initiative focused on developing and improving home and community based behavioral health services for children and adolescents with serious emotional disturbances (SED). REACH was initiated in 2025. It establishes a governance structure to collaboratively coordinate and oversee the implementation of the court approved agreement in [C.A. v. Garcia](#).

The Iowa REACH initiative supports Olmstead's vision of community integration through principles that emphasize:

- ▶ **Family and Youth Involvement:** Families are active partners in all aspects of care.
- ▶ **Collaborative, Team-Based Support:** Services are coordinated across agencies for holistic care.
- ▶ **Use of Natural Supports:** Builds on the strengths of the youth, family, and their community networks.
- ▶ **Community-Based Services:** Prioritizes inclusive, least restrictive environments.
- ▶ **Individualized and Culturally Responsive Care:** Tailors services to each family's unique strengths and needs.
- ▶ **Outcome-Driven with Unconditional Support:** Focuses on long-term success through flexible, goal-oriented care.

Disability Services System (Non-Medicaid)

Iowa's Disability Services System (DSS) went live in July 2025 and was designed to support, provide care, and connection for all Iowans and families with disability-related needs. DSS is a service system for Iowans who are unable to access disability services through Medicaid or private pay health insurance. The DSS also assists Iowans with system connections to Medicaid, Public Health, and Behavioral Health by using a shared responsibility model between HHS and system stakeholders.

- [Iowa's Disability Services System](#)

In May 2024, [HF 2673](#) was signed into Iowa law which made changes to how non-Medicaid disability services were managed in the state. The coordination of disability services moved from Mental Health and Disability Services (MHDS) Regions to Disability Access Points (DAPs). A DAP is a local entity which helps individuals with disabilities, their families, and their caregivers find the services and support they need – both short-term and long-term. DAPs help by giving information, making plans, making referrals and checking in to make sure people are getting the right support to live healthy, independent lives.

There are four agencies designated to serve as DAPs across the seven disability services districts in Iowa.

- [Find Your Disability Access Point](#)

These agencies are part of the state’s [Aging and Disability Resource Center \(ADRC\) Network](#). An ADRC is a person-centered navigation and coordination system that blends and braids service delivery methods and funding to ensure support and services contribute to an individual’s ability to remain at home and in the individual’s community. Supports and services are provided according to the individual’s wants and needs. The expansion of ADRCs through DAPs helps individuals with better access to disability services and navigate the continuum of services available for those with disabilities. Those services include information and assistance, options counseling and ongoing short-and long-term services and supports.

To better understand the unique needs of each district, the DAPs, with support from HHS, conducted district assessments. These assessments help identify each district’s strengths, gaps, and available resources, and serve as the foundation for creating tailored plans that address the specific needs of the communities they serve.

All the efforts in Iowa’s new DSS show the state’s commitment to Olmstead principles, which focus on helping people with disabilities live and participate fully in their communities. **These efforts focus on key themes like improving access to care, supporting quality of life, and making sure services are centered around each person’s needs.**



Aging Services and State Plans

Older Iowans, adults with disabilities and their family caregivers can call one of six Area Agencies on Aging (AAAs) located across the state to help navigate available Short-Term Services and Supports (STSS) and Long-Term Services and Supports (LTSS) options within their communities. AAAs are also a partner within the ADRC Network. The State Plan on Aging is a four-year, federally required plan that provides information on current issues, statewide goals, strategies and measures on how aging issues are being addressed by Older Americans Act (OAA) funding and services. Area Plans on Aging are developed by each AAA to further identify how each planning and service area provides services to older adults in greatest need.

The Multisector Plan for Aging (MPA) is a cross-sector, state-led multi-year strategic planning effort that brings together government agencies, community partners and nonprofits to plan for and address aging issues. The plan delineates goals and strategies to address top issues related to improving the infrastructure and coordination of services for Iowa's aging population, including people aging with disabilities.

In May of 2025, the MPA launched workgroups in collaboration with the State Health Improvement Plan to form recommendations and strategies to address the top issues facing Iowa's aging population. These workgroups formulated recommendations and strategies for older Iowans and older Iowans with disability focusing on improving access to person centered and supportive services through developing a fully functional ADRC system and increasing the number of home health and personal aides in Iowa as well as decreasing preventable hospitalization discharges, improving economic stability, increasing accessible and affordable housing and transportation and increasing social and emotional connectiveness.



The strategies developed by the MPA workgroups in collaboration with the State Health Improvement Plan strongly reflect the principles of Olmstead by promoting individualized, community-based supports for older Iowans and those with disabilities. These efforts further remove barriers to integration and uphold the right to live and thrive in the most inclusive settings possible.

Glenwood Resource Center Court-Approved Settlement Agreement and Consent Decree

On January 11, 2023, the United States and Iowa entered into a court-approved Settlement Agreement and Consent Decree to resolve a Department of Justice (DOJ) lawsuit related to the Glenwood Resource Center (GRC), a state-run facility for individuals with intellectual disabilities. An amended version was filed on December 9, 2024. The Consent Decree required the State to monitor individuals for 365 days after their transition from GRC to ensure they received appropriate services. The State met this requirement through a structured post-move monitoring process. This effort **resulted in the successful transition of individuals being integrated into the community** and the full reports on all of the activities can be found here:

[January 2025 Glenwood Resource Center \(GRC\) Post Move Monitoring Report](#)

[July 2025 Glenwood Resource Center \(GRC\) Post Move Monitoring Report](#)

▶ **Woodward Resource Center (WRC), Center of Excellence (CoE) Outreach Team.**

The WRC CoE Outreach Team was established in June 2024 under the Settlement Agreement and Consent Decree to support Medicaid-eligible individuals in need of disability support services transitioning to community settings. In July 2025, the team's role shifted to offer clinical oversight, assessments, training, and support for plan development to help community providers maintain safe, healthy, and integrated living environments. Services are tailored to individual needs and grounded in collaboration, education, prevention, and sustainability. These efforts have led to the **successful integration of individuals into the community with appropriate access to services.**

[Woodward Resource Center \(WRC\) – Center of Excellence \(CoE\)](#)

▶ **Community Integration Managers**

As required by the Consent Decree, HHS established Community Integration Manager (CIM) staff positions to oversee transitions from GRC to community settings. The CIM collaborates with individuals, their teams, and service providers to identify and address transition barriers. While initially focused on the transition process, the **CIM's role has expanded to ensure ongoing support post-transition**, working with case managers, transition specialists, post-move monitors, and the outreach team to resolve issues and meet individuals' needs in the community. This community integration work continues with permanent CIM staff positions housed in the HHS Medicaid Division.

▶ **Money Follows the Person (MFP) Transition Specialists**

Iowa's \$51 million Centers for Medicaid and Medicare Services (CMS)-funded MFP project helps individuals transition from institutional settings (e.g., Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID), nursing facilities, Psychiatric Medical Institution for Children (PMICs), hospitals) into community-based homes of their choice. The grant covers transition services and enhanced supports for the first year of living in the community. Transition specialists provide enhanced case management during this period, working alongside Managed Care Entity (MCE) case managers to ensure continuity of care and a smooth handoff after one year. **Iowa continues to expand MFP to support successful community integration.**

[Money Follows the Person](#)

Behavioral Health Service System (Non-Medicaid)

Iowa implemented a new behavioral health system in July 2025. The system leverages a shared responsibility model with key partners: HHS, district lead entities (Behavioral Health Administrative Service Organizations (ASO)), and community-based organizations. HHS developed the first [Behavioral Health System Statewide Plan](#) with a focus on access to a full continuum of behavioral health that includes prevention, early intervention, treatment, recovery and crisis. The priorities that emerged with feedback from Iowans were to prioritize prevention and early intervention, to improve system coordination, and to improve access to behavioral health services. The new behavioral health system also **improves access to care throughout the state by offering a full range of behavioral health services for individuals with disabilities with behavioral health needs**. It also assists connecting people who need ongoing, long-term support with specialized resources through DAPs.

Iowans who do not have insurance or very limited insurance are able to get services funded through the [Behavioral Health Service System](#). All Iowans have access to behavioral health prevention, early intervention, and crisis services and behavioral health system navigation regardless of insurance or ability to pay. All Iowans can use Your Life Iowa to get support through calls, texts, or chats and to access a behavioral health system navigator. Navigators guide people, including Iowans with disabilities, to the right care and services and remain connected until services are accessed.

Behavioral Health Continuum of Services



Office of the State Long-Term Care Ombudsman (OSLTCO)

The Office of the State Long-Term Care Ombudsman (OSLTCO) is authorized by the federal Older Americans Act and the state Older Iowans Act. Operating as an independent entity within the Iowa Department of Health and Human Services, the role of the OSLTCO is:

- ▶ **to advocate for the rights of individuals** residing in long-term care facilities, including nursing facilities, assisted living programs, residential care facilities and elder group homes, by empowering them, investigating complaints, seeking resolution to problems, and providing individual and systemic advocacy, with the goal of enhancing quality of life and care, and
- ▶ **to educate, empower and advocate** for Medicaid managed care individuals living in a long-term care facility or enrolled in one or more of Iowa's Home and Community-Based Services (HCBS) waiver programs, including AIDS/HIV, Brain Injury, Children's Mental Health, Elderly, Health and Disability, Intellectual Disability and Physical Disability.

The Long-Term Care Ombudsman investigates complaints, seeks resolution to problems, and provides individual and systemic advocacy with the goal of enhancing quality of life and care and upholding resident and individuals' rights. Long-Term Care Ombudsman's work reflects the state's commitment to Olmstead principles by **promoting person-centered care, improving access, and enhancing quality of life for individuals with disabilities.**

Dependent Adult Protective Services (APS)

In 2021, HHS established a specialized APS workforce, separating it from child protective services. In 2023, leadership was further realigned with the creation of a dedicated bureau for vulnerable adults. Iowa's APS program is state-supervised and administered across five service regions. Adult Protective Services (APS) investigates reports of abuse, neglect, and exploitation of dependent adults, aiming to protect their well-being, promote independence, and support quality of life. Using structured risk and safety assessments, APS identifies barriers to community living and develops individualized safety plans that prioritize the least restrictive, person-centered supports.



Services include referrals to community resources, coordination with providers, and follow-up visits to ensure stability. **Efforts are designed to ensure vulnerable adults have access to appropriate services and supports in all settings and ensure quality of life and safety,** which directly reflect Olmstead principles.

APS Dependent Adult Abuse Statistical Data can be found at:

[Agency Dashboards | Health & Human Services](#)



Olmstead Primary Impact Areas

Access to Services

Individuals with disabilities and mental illnesses have timely and convenient access to services and support that are responsive to their needs and preferences, and are provided by a qualified, well-trained, and supported workforce.

Life in the Community

Demonstrated through integration, employment, housing and transportation; Individuals with disabilities and mental illnesses are valued, respected, and active members of their communities. Children with disabilities and mental health conditions are appropriately educated in integrated settings. Adults with disabilities and mental illnesses are employed in integrated settings of their choice, earning competitive wages and benefits. Older adults with disabilities and mental illnesses engage in meaningful activities of their choice.

Person-Centeredness

Individuals with disabilities and mental illnesses are supported and empowered to make informed choices about their personal goals, daily activities, individualized service plans, and civic involvement.

Health and Wellbeing

Individuals with disabilities and mental illnesses receive quality health care and are supported in living healthy lives.

Family and Natural Supports

Individuals with disabilities and mental illnesses are supported by family members and friends of their choice and have social connections within their communities.

Quality of Life and Safety

Individuals with disabilities and mental illnesses are safe, free from all forms of neglect and mistreatment, and are empowered to improve their quality of life.

Olmstead Recommendations

Access to Care

Primary Impact Area: Access to Services

What We Hope to Achieve

Individuals with disabilities have timely and convenient access to services and supports that are responsive to their needs and preferences, delivered by a qualified, well-trained, and supported workforce.

What Does Success Look Like

Measure	Baseline	Target
<i>Increase the percentage of children aged 9 to 35 months whose parent complete a standardized developmental screening tool in the past year.</i>	32.8%	46.0%
<i>Decrease the percentage of children with special healthcare needs (CSHCN) who had difficulties getting or were unable to get needed referrals to providers or services.</i>	36.7%	32.0%



Access to Care

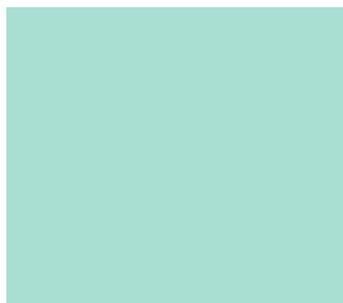
Primary Impact Area: Access to Services

What We Will Do

Ensure children are connected to prevention and early intervention services and resources to help them thrive.

How We Will Do It

State Level	<ul style="list-style-type: none">▶ Establish a standard statewide developmental screening tool for developmental milestones with standardized recommendations.▶ Conduct a state gap analysis of existing behavioral health, dental, medical providers, and those who can serve those with disabilities.
County/District Level	<ul style="list-style-type: none">▶ Explore other potential sources of 1st Five referrals outside of the medical sector, for example: childcare, WIC.▶ Standardize implementation of developmental screening and tracking within an integrated system.▶ Conduct a district gap analysis of existing behavioral health dental medical providers and those who can service those with disabilities.▶ Ensure system navigation is a collaborative effort between districts and local providers.
Organization Level	<ul style="list-style-type: none">▶ Increase provider participation in 1st Five▶ Standardize implementation of developmental screening and tracking within an integrated system.▶ Ensure system navigation is a collaborative effort between districts and local providers



Mental Health

Primary Impact Area: Health and Wellbeing & Family and Natural Supports

What We Hope to Achieve

Individuals with disabilities and mental illnesses are supported by family members and friends of their choice and have social connections within their communities.

Measures of Success

Measure	Baseline	Target
<i>Reduce the percentage of adults with any disability who report they always, usually or sometimes feel lonely.</i>	46.8%	41.8%
<i>Increase the percentage of adults with disabilities who indicate they get the social and emotional support they need.</i>	65.9%	70.5%

What Will We Do

Create and use a data informed, statewide communication plan that helps connect those at risk for isolation with social and emotional support.

How We Will Do It

State Level	<ul style="list-style-type: none"> ▶ Develop and implement a universal service plan that addresses all life domains: community living activities, employment, recreation, healthcare and relationships. ▶ Develop social isolation training for ADRC navigators, including the effect of strategies to compact social isolation in the training. ▶ Conduct a state analysis of services people are experiencing access barriers. ▶ Develop cohesive awareness messaging of social and emotional support services that can be used statewide.
County/ District Level	<ul style="list-style-type: none"> ▶ Implement a universal service tool template. ▶ Conduct a gap analysis of social and vocational programs for adults with disabilities aged 22 to 59 years of age. ▶ Train ADRC navigators and local providers on the effects of social isolation and ways to combat social isolation. ▶ Conduct a district analysis of services people are experiencing access barriers. ▶ Develop cohesive awareness messaging of social and emotional support services that can be used across a district.
Organization Level	<ul style="list-style-type: none"> ▶ Promote personal growth through education and the adoption of positive behaviors that contribute to a meaningful society. ▶ Work with providers to increase knowledge of social and emotional supports available and how to access them

Economic Stability

Primary Impact Area: Life in the Community & Quality of Life and Safety

What We Hope to Achieve

Adults with disabilities and mental illnesses are employed in integrated settings of their choice, earning competitive wages and benefits.

Measures of Success

Measure	Baseline	Target
<i>Increase the percentage of people with any disability ages 18-59 who are employed.</i>	60.7%	65.6%

What We Will Do

Identify and address system gaps in recruitment and training for adults with disabilities.

How Will We Do It

State Level	<ul style="list-style-type: none">▶ Assess the gaps for recruiting and training for people with disabilities, in partnership with Iowa Vocational Rehab Services, for areas like direct care workforce apprenticeships and trades.
County/ District Level	<ul style="list-style-type: none">▶ Assess the gaps for recruiting and training for people with disabilities for areas like direct care workforce apprenticeships and trades.▶ Engage community partners in education on the work incentives and benefits of employing people with disabilities.
Organization Level	<ul style="list-style-type: none">▶ Increase participation in Iowa Vocational Rehab Services by including work transition planning in Individualized Education Program (IEP) for students.▶ Participate and enroll in state and county training on employing people with disabilities.

Housing and Transportation

Primary Impact Area: Life in the Community

What We Hope to Achieve

Individuals with disabilities experience life in the community demonstrated through integration, employment, housing and transportation.

What Does Success Look Like

Measure	Baseline	Target
<i>Decrease the percentage of adults with any disability who could not pay their mortgage, rent, or utility bills at any time in the past year.</i>	15.4%	12%
<i>Decrease the percentage of children with disabilities, ages 0-11, who experienced housing instability in the past year.</i>	20.1%	16.2%
<i>Decrease the percentage of adults with any disability for whom a lack of reliable transportation kept them from medical appointments, meetings, work or from getting things needed for daily living at any time in the past year.</i>	13.1%	9.9%



Housing and Transportation

Primary Impact Area: Life in the Community

Housing: What We Will Do

Build knowledge and skills for financial planning and resources available to support stable housing.

Housing: How We Will Do It

State Level	<ul style="list-style-type: none">▶ Create and education campaign on financial coaching and budgeting programs using Iowa's ABLE (IAble) Savings Account and planning to assist with the campaign.▶ Provide education on statewide centralized housing assistance, the application process and the existing database.▶ Partner with Iowa Financial Authority and Housing & Urban Development (HUD) for a centralized and universal application and collaborate for resource development.
County/ District Level	<ul style="list-style-type: none">▶ Increase the number of eligible older adults and people with disabilities who are enrolled in local state and federal housing assistance programs.▶ Explore funding options like Housing Trust Funds and builder incentives to rehab and preserve existing housing stock especially in rural areas.
Organization Level	<ul style="list-style-type: none">▶ Share and promote education on financial coaching and budgeting and connect individuals to financial planning programs.▶ Increase the number of eligible older adults and people with disabilities who are enrolled in local state and federal housing assistance programs.▶ Partner with schools to increase awareness of housing resources like financial literacy and home modification, disability access points short term support services service navigation, and ADRC's at Individualized Education Program (IEP) meetings.▶ Explore funding options like Housing Trust Funds and builder incentives to rehab and preserve existing housing stock especially in rural areas.

Housing and Transportation

Primary Impact Area: Life in the Community

Transportation: What We Will Do

Expand the reach and capacity of transportation options by enhancing connections to existing transportation resources.

Transportation: How We Will Do It

State Level	<ul style="list-style-type: none">▶ Partner with the Iowa Transportation Council to coordinate accessible transportation programs in Iowa.▶ Conduct an environmental scan and analysis of the current state of services and funding to identify gaps and true understanding of transportation needs.
County/ District Level	<ul style="list-style-type: none">▶ Partner with local organizations like schools, churches, retired and senior volunteer programs, etc. to explore collaboration opportunities to increase the capacity and reach of existing transportation.▶ Provide education on transport on transportation options through disability access points.
Organization Level	<ul style="list-style-type: none">▶ Promote the use of retired and seniors volunteer programs and other volunteer transportation programs to increase local transportation options in the community.▶ Include transportation planning in case plans and Individualized Education Program (IEP) planning to educate on transportation options for those with disabilities.



Appendix A

Full Planning Timeline

March 2025

HHS identified strategic and development priorities as well as staff for the update of Iowa's Olmstead Plan.

April 2025 – September 2025

HHS data & Olmstead goal identification process:

- HHS staff identified available data actively being collected in several HHS divisions which had a disability component.
- The identified data was also cross walked with other Iowa state plans, such as the State Health Assessment and the State Plan on Aging.
- Data was placed into a spreadsheet and sorted into three categories.
 - Access to Care Indicators
 - Health & Social Indicators
 - Economic Stability/Community Integration

October 2025 – November 2025

HHS Objectives & Strategy Development

- HHS requested outside stakeholders and individuals with lived experience to participate in the objectives & strategy development process. Response & participation was substantial.
- Three meetings were held in October and November 2025 in a hybrid manner with HHS employees in several different HHS divisions. At least 20 outside partners and individuals with lived experience expressed interest in participating in the process as well.
- Measures were finalized with partners and individuals with lived experience input.
- Strategies were developed by looking at drivers submitted by participants which contribute to the measures. Participants were also asked to submit change ideas and strategies that would need to take place at a state, county and local level for each driver identified. Questions to generate conversation and strategy ideas were asked in a survey and were as follows:
 - **What factors are driving or contributing to this indicator?**
 - **What would need to change at a state level, community level or organization level to impact these factors you listed?**
- The main drivers were summarized from the survey submissions, and key strategies and tactics were identified.
- The participants were asked to complete an additional survey to prioritize strategies identified in each strategy meeting to assist with narrowing focus for specific Olmstead strategies.

November 2025 – March 2026

Plan finalization and publication process:

- Strategies were finalized.
- Final version of the Olmstead Plan was drafted.
- HHS internal review.
- OCTF Subcommittee review.

March 2026

Olmstead Publication

Appendix B

Connections to State Plans

State Health Improvement Plan (SHIP)	Olmstead	Multi Sector Plan On Aging (MPA)	State Plan on Aging	Maternal and Child Health Title V
<p>Access to care: Improve access to behavioral health services for all people in Iowa. Strengthen Iowa’s behavioral health system by increasing available resources and capacity.</p>	<p>Ensure children are connected to prevention and early intervention services and resources to help them thrive.</p>	<p>Increase the availability of person-centered health and human services.</p>	<p>Maximize Independence - Older adults have access to high quality, equitable and person-centered services that maximize independence, community integration and self-sufficiency.</p>	<p>Increase the percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year.</p>
<p>Economic Stability and Income/ Housing: No current goals identified.</p>	<p>Increase access to employment opportunities and stable employment for those with disabilities.</p>	<p>Increase the affordability and accessibility of in-home supports, housing options, and transportation options.</p>	<p>No current goals identified.</p>	<p>No current goal identified.</p>
<p>Housing: No current goals identified.</p>	<p>Increase the number of affordable and stable housing and transportation options.</p>	<p>Increase the number of affordable and accessible housing and transportation options.</p>	<p>No current goals identified.</p>	<p>No current goals identified.</p>

Mental Health:

Improve access to behavioral health services for all people in Iowa.

Strengthen Iowa's behavioral health system by increasing available resources and capacity.

Increase community connections and support of socially isolated individuals.

Increase community connections and support of socially isolated individuals and family caregivers.

Stay Engaged and Supported - Older adults are supported by formal and informal caregivers of their choice and have social connections within their communities.

Decrease the percent of adolescents who report that during the past 12 months they have felt so sad or hopeless almost every day for 2 weeks or more in a row that they stopped doing some usual activities.