IOWA | Health and Human Services

HOME Project Steering Committee - Meeting Summary

Tuesday, June 30, 2026, from 3:00 – 4:30 P.M. CT

Core Standardized Assessments (CSA) and Transition to CareStar

Discussion: Core Standardized Assessments (CSA) and Transition to New Vendor: CareStar

The Committee received an update on the transition of Iowa's Core Standardized Assessments (CSA) contract from Telligen to CareStar, effective July 1, 2026. Discussions centered on readiness, member experience, and anticipated improvements.

Key themes included:

• Active coordination between HHS, Telligen, and CareStar to support a smooth transition and minimize disruption to members, case managers, providers, and MCO partners.
• CareStar's extensive experience conducting similar assessments in multiple states and anticipated improvements in timeliness, efficiency, and member experience.
• Emphasis on completing assessments promptly and reducing scheduling delays.
• Concerns that early scheduling communications made some members feel they had limited control over appointment availability.
• Reports that inconsistent messaging from scheduling staff created confusion about July assessment availability.
• Clarification that missing an assessment may jeopardize waiver eligibility, though members should not feel threatened during scheduling.
• Acknowledgment that communication challenges and transition-related glitches are likely during the first weeks of implementation.
• Case managers are still required to attend assessments, although assessment scheduling will prioritize member availability.

CareStar – Contact Information

- **Phone:** 1-833-939-6121
- **Email:** IowaAssessments@carestar.com
- **Questions regarding the CSA transition may be directed to:**
    - Traci McCaughey, Contract Manager

Discussion: Case Manager Training and Preparedness

HHS provided updates on HOME Transition training for case managers, including sessions scheduled from June through August. These training courses aim to strengthen case manager knowledge of new processes, improve consistency, and prepare for upcoming waiver transitions.

Key themes included:

• Strong interest across case managers, targeted CM staff, and supervisors in HOME-related training.
• Emphasis on ensuring case managers understand new workflows, documentation requirements, and transition responsibilities.
• Importance of equipping case managers with clear, actionable information to support members through waiver changes.
• Recognition that case managers play a critical role in bridging communication gaps for families unfamiliar with their current waiver or upcoming changes.

CY→AD Transition Checklist

Discussion: Children & Youth (CY) to Adults with Disabilities (AD) Transition Checklist Introduction

The Committee reviewed a draft of the CY→AD Transition Checklist intended to support members, families, and case managers as youth approach age 21 and move into the AD waiver. The discussion reflected substantial concern about clarity, timelines, and administrative burden.

Key themes included:

• Broad agreement that the checklist is needed, but several areas require revision for clarity and usability.
• It was recommended by committee members that the phrase “well in advance” should be removed and replaced with explicit deadlines (e.g., 6 months, 45 days), as vague language may cause confusion.
• Strong concerns that the 45-day application window is insufficient for gathering required documentation, particularly financial records or disability determinations.
• Requests for clarity on what documents HHS already has on file versus what must be resubmitted.
• Questions about whether families should have to reapply when turning 21, given that transitioning is mandatory—not elective.
• Concern that delays in processing could create gaps in care, especially for medically complex youth requiring continuous nursing or specialized supplies.
• Suggestions to consider expedited processes for youth with no financial or clinical changes since their last annual review.
• Ongoing confusion about case manager roles in eligibility paperwork, particularly

within MCO case management models.
• Questions regarding whether members turning 21 near the HOME go-live date will receive special consideration to prevent service disruption.
• Requests for explicit contact numbers and instructions within the checklist to reduce navigation burdens on families.
• Discussion about the need to prepare families earlier (ages 16–18), especially for youth exiting school supports or needing adult-level services before age 21.

Discussion: Financial Eligibility, Disability Documentation, and Medical Expense Guidance (Sections within CY→AD Transition Checklist)

Participants expressed significant concern about the clarity and burden of financial documentation required for the AD waiver.

Key themes included:
• Requests for clearer guidance on allowable disability-related expenses that may offset income (e.g., home modifications, vehicle adaptations, transportation, medical supplies).
• Concern that current forms list what income must be provided, but do not explain the option to submit disability-related expenses.
• Recognition that clearer guidance would help working individuals with disabilities better understand how financial eligibility is determined.
• Questions about why ABLE account or special needs trust documentation is required when these accounts are generally excluded from eligibility calculations.
• Clarification from HHS that such documentation is needed once to verify that accounts meet exemption criteria and should not be repeatedly requested.
• Interest in clearer information on what disability determinations (SSA or state DDS) are required and how often psychological evaluations must be updated.
• Desire for definitive guidance on intellectual disability diagnosis requirements, particularly the necessity of documentation showing onset before age 18.

Discussion: Transition Timing, Service Continuity, and Implementation Concerns

The Committee discussed readiness for October 1, 2026, Phase 1 implementation and raised questions related to timelines and operational capacity.

Key themes included:
• Concerns about rumors of implementation delays, including whether AD or CY components would be postponed.
• Clarification that the official target date remains October 1, 2026, pending final CMS approval.
• Questions about how many youth turn 21 each month and whether HHS staffing

capacity will support timely processing without backlogs.
• Concerns about duplication of effort for families and HHS staff when similar forms are required multiple times within a year.
• Requests for flexibility allowing youth ages 18–21 to move to the AD waiver earlier if it better aligns with their needs.
• Ongoing worry that service reductions linked to workforce shortages—not reduced need—are negatively affecting members; participants asked whether MCOs will be directed to stop reducing hours in these circumstances.

Communications, Provider Awareness, and Engagement

HHS shared updates on new communication tools and outreach strategies, including launch of the HOME Project website and a News & Announcements hub.

Key themes included:
• Website improvements were well-received, including centralized news postings updated every 1–2 weeks.
• Continued development of short videos explaining waiver transitions.
• Emerging work on mapping connections between HOME and the REACH initiative.
• Recommendations to expand communication channels to ensure providers understand upcoming waiver changes; many providers reportedly have no awareness that existing waivers are ending.
• Strong encouragement to use plain, direct language tied to current waivers (e.g., “If you are on the Intellectual Disability Waiver, this is what will change”).
• Recognition that many members do not know which waiver they are on, underscoring the need for case managers to provide proactive, explicit guidance.
• Suggestions to offer opportunities for members to share experiences and feedback on specific topics to inform implementation.

Follow-up Items and Clarifications

HHS shared updates from the LTSS Policy SMEs about questions, concerns, confusion, or other feedback that had been provided during previous steering committee meetings around serval key areas:

- Service Planning & Assessment Processes
- Case Management & System Consistency
- Service Access & Workforce Challenges

Overall Takeaways HHS heard from Steering Committee Members

• Strengthen clarity and specificity within CY→AD transition materials, especially timelines and documentation requirements.

• Ensure proper communication standards surrounding assessment scheduling, expectations, and member rights are centralized during the CareStar transition.

• Explore true administrative cost of new proposed application process to ensure the system is not requiring duplicative documentation, increased processing volume without proper staffing in place, or creating an environment in which delays or disruption of services occur for members turning 21. The Steering Committee promoted exploring expedited processes for stable cases.

• Ensure case managers receive robust training and support to guide members through HOME implementation and waiver transitions.

• Increase provider and member outreach using plain language tied directly to existing waivers to avoid confusion.

• Continue providing this committee updates regarding implementation timelines and CMS approval status.

The next HOME Project Steering Committee Meeting will be held on **Tuesday, July 28th, 2026, from 3:00pm-4:30pm CT.**