

# Iowa Community-Based Services Evaluation Redesign

## Steering Committee

Tuesday May 30, 2023

# Agenda for today

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**April meeting recap**

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**Waiver redesign**

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**Discussion**

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**Case management**

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**Discussion**

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**Next steps**

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# April Meeting Recap

# Results from our April discussion

- **What is your reaction to the concept of a single screening tool across waivers for the purposes of the Point-in-Time screening?**
  - Members had a mostly positive reaction to the use of a single screening tool but were concerned with a one size fits all approach.
- **What do you think about the priority domains?**
  - Members suggested adding questions to assess the age/health status of an individual's caretaker, social determinants of health, level of intensity, level of crisis, and risk of injury.
- **What factors do you think are important for HHS to keep in mind as it moves towards implementing the point-in-time screening?**
  - Members emphasized the need for periodic screening, suggested looking at tools already used by MCOs, and requiring standardized training for staff administering the Point-in-Time screening.

# Results from our April discussion (continued)

- **When thinking about a Medicaid member who is waiting for a waiver slot, how do they find out about other available community-based services?**
  - Area Agencies on Aging (AAA), friends and family, social workers, support groups, county-based resources, and advocacy organizations.
- **In the current system, how would they go about accessing those community-based services?**
  - Members noted that most people don't know where to go to find or access services in the current system but shared potential channels to share information including monthly resource fairs in the Central/Southwest Iowa counties, rural county listservs, and Title V family navigators.

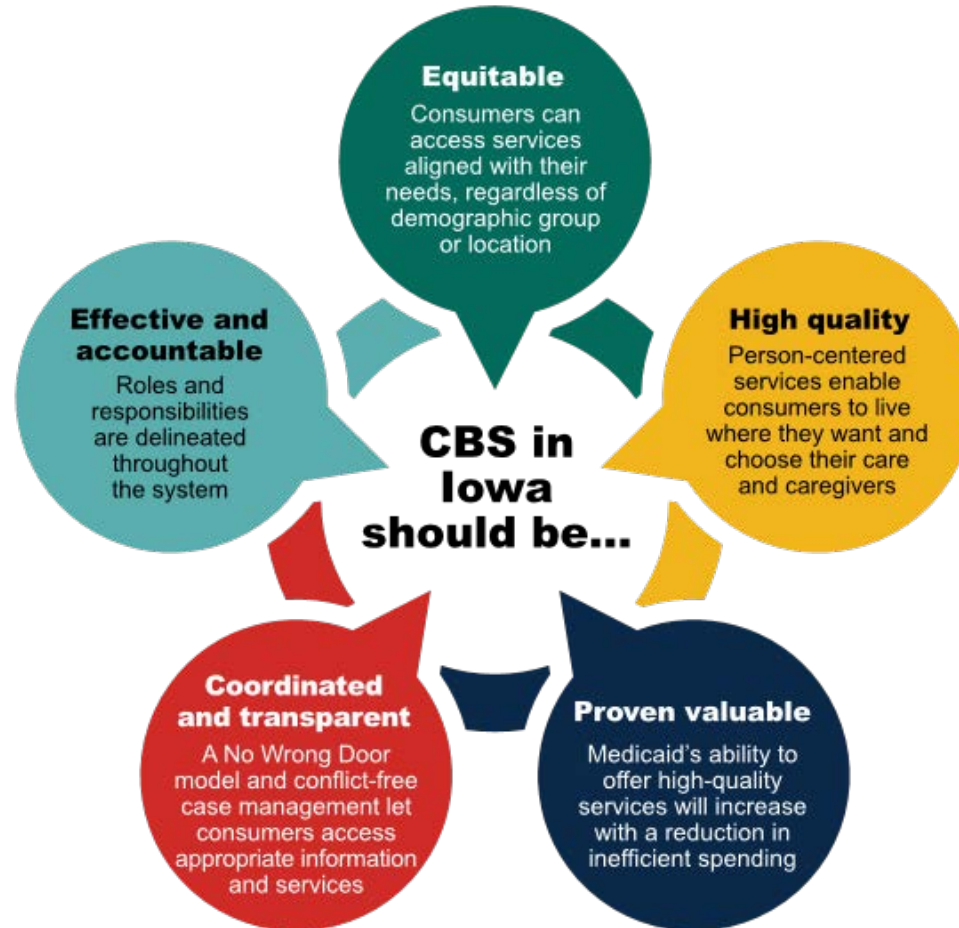


# People and Services: Waiver Redesign

# Iowa's current waiver service package

- **Includes seven programs with community-based services (CBS) based on diagnosis**
  - Difficult to get clear, correct and consistent information and direction
  - Gaps in the types of services available within and across programs
    - E.g., transportation, services to help people leave nursing facilities, crisis intervention and support, residential options
- **Provider availability is limited and staff shortages are common**
- **Limited use of self-directed services**
- **Supports are disrupted and delayed as needs change**
  - Due to transition between settings and programs or changes in case manager

# Guiding principles for Iowa's CBS system





# Waiver service package redesign goals and principles

## ▪ Goal

- Simplify community-based services (CBS) to build on the strengths of Iowans with disabilities and address their needs and preferences across the lifespan.

## ▪ Principles to affirm and uphold during redesign

- All Iowans have choice and access to supports and services.
- Iowans with disabilities exist within the context of their families and communities.
- All people have life experiences as they age and grow. This is no different or less important to Iowans who need supports to live their best lives. These experiences exist within “domains”:
  - Daily Life
  - Employment/Retirement
  - Community including Social Connection and Spirituality
  - Safety and Security
  - Healthy Living
  - Advocacy, Empowerment, and Engagement
  - Case Management

# Steps in waiver service package redesign

- **Identify what works well and not so well (February - September 2023)**
- **Create a new waiver service package (August - October 2023)**
- **HHS, Steering Committee, and focus group review (October – November 2023)**
- **Cost analysis (November – December 2023)**
- **Public comment period (January – March 2024)**

# Waiver service package redesign: February – October 2023

- **Identify what works well and not so well (February - September 2023)**
  - Using what we learned during the evaluation phase
  - Analyzing available data for trends in service use including areas of unmet need
  - Exploring the differences between waiver programs
  - Talking with, and learning from, people who use community-based services, their families, advocates, providers and case managers
  - Finding new and innovative ways to address areas of challenge
- **Create a new waiver service package (August - October 2023)**
  - Simplified from seven programs to three or fewer without overlapping eligibility criteria
  - New services to address gap areas
  - Revised services to improve consistency and address gap areas

# Considerations

- **Decision points impacting service package redesign include:**
  - **Waiver structure:** Single program or programs separated by age (child/adult) or tiered need?
  - **Case management:** Waiver service or an administrative function?
  - **Person-centered planning:** How to leverage public and private sources of support?
  - **Self-direction:** Change or expand service offerings?
  - **Provider capacity:** How can we innovate to broaden capacity (e.g., via provider qualifications or technology)?
  - **Maintaining a focus on critical needs:** How can we address Iowans transitioning between settings, aging caregivers, co-occurring needs that often result in crises, rural access issues, etc.?



**Questions?**

# Discussion questions

- **What is working well about waiver services?**
- **What should we keep in mind as we talk to people about waiver services?**
- **What are your thoughts on simplifying the waiver programs into a single waiver or a waiver separated by age or tiered need?**



# Breakout rooms



# Reactions? Major takeaways?





# Case Management

# Why is case management a key part of the CBS Redesign?

- **Case management** is a broad term that describes services that connect individuals and families with health and social services, supports, and resources.
- Iowans with long-term service and support needs have shared **struggles using case management services** to get access to the community based supports they need.
- Iowa wants to understand how to use Medicaid-funded case managers to support resource and referral, problem solving, and care coordination to **help Iowans maintain healthy and safe lives in the community.**

# Case management tasks

- To ensure case managers are available when needed, we are helping to **identify case manager to member ratios.**
  - Considerations include: non-member facing responsibilities of case managers, how often case managers should contact members based on the intensity of a member's unmet needs, and physical distance between members and case managers.
- To ensure case managers are ready to help members, we are helping to **identify/design a training program for case managers.**
  - Considerations include: what case managers should do, how they are trained, and the important skills they should have.

# States have varied case management ratios and training

## Research on case management models in other states showed:

- **Insight 1: Less than a third of states with managed care have set ratios for case management in their MCO contracts**
  - 6 states (AZ, DE, FL, IL, MN, NM) set some caseload ratios based on a combination of age, diagnosis, and setting
  - 2 states (IL, GA) assign members a risk level and set caseloads based on intensity of need
  - Other states set an overall caseload limit for case managers
  - An alternative to setting ratios is to increase oversight on quality outcome measures that case management influences

# States have varied case management ratios and training

## Research on case management models in other states showed:

- **Insight 2: Many states have developed training programs for case managers.**
  - Some states organize training modules around **subject matter** (examples: waiver services, Medicaid billing, levels of care, hearings and appeals)
  - Other states focus training programs on **skill-building and competencies** (examples: effective communication skills, cultural competence, active listening skills, assessment of needs, developing a care plan, advocacy, care coordination, and referrals)

# Considerations and next steps

## ■ **Considerations**

- Available workforce may make it hard to enforce case manager to member ratios
- Without enough providers, case managers can't coordinate care and link people to the services they need

## ■ **Next steps**

- Interviews with other states who have set ratios and/or have high quality case management training programs
- Interviews with case managers, supervisors of case managers, and members
- Development of a ratio calculator



**Questions?**

# Discussion questions

- **What are three common reasons that a person reaches out to their case manager?**
- **What are the top three things that you think a case manager should be able to do really well?**





# Breakout rooms



# Reactions? Major takeaways?



## Next steps

# Meeting cadence and materials

- **We will send a May meeting summary in one week**
- **Meetings will be held on the last Tuesday of every month**
  - Next meeting is on June 27 from 3-4:30 pm (CST)



**Other questions?**