

STEERING COMMITTEE MEETING SUMMARY MAY 30, 2023, 3:00-4:30 PM CENTRAL TIME

Summary of Meeting Themes:

- Mathematica recapped the April steering committee discussion on the point-in-time (PIT) screening and shared how the team is using the steering committee's feedback.
- Mathematica introduced the waiver redesign task, which aims to simplify community-based services to build on the strengths of lowans with disabilities and address their needs and preferences across their lifespan.
- Mathematica explained the challenges with Iowa's current waiver service package, the goals of the waiver service package redesign, the expected timeline for the redesign, and the decision points impacting the redesign.
- The steering committee broke into two groups to discuss three waiver redesign questions:
 - What is working well about waiver services?
 - The Consumer Choices Option (CCO) program, where individuals can manage their own services, can work well and gives people the most control over their services. However, the pay rates aren't equal between services or for the same services on different waivers. Also, case managers who aren't well trained around CCO might back away from it because they don't feel confident moving forward or requesting that exception to policy.
 - Waiver services can sometimes work well when individuals receive help to understand the waivers. But it's difficult when agencies don't have enough staff, and even when they do, it takes a long time to get started.
 - Some specific ID waiver services work well, including supported community living, respite, supported employment, and personal emergency response.
 - What should we keep in mind as we talk to people about waiver services?
 - A lot of people don't know about all the services and things that can affect them. The committee said that even though there are online groups that help direct people to resources, having complete and correct information is very important. Case managers often know about one system but not the others. So, case managers need to be well-informed and trained.
 - There is too much inconsistency between the managed care organizations (MCOs); many times, what may be true for one entity is not true for another.

- Resources are shared reactively rather than proactively, so it makes it hard to find out what other community resources are available. A bulleted list of available community resources could help individuals and caregivers.
 - Keeping up with changes to the waivers is difficult for individuals and families. This should be the role of case managers.
 - What are your thoughts on simplifying the waiver programs into a single waiver or a waiver separated by age or tiered need?
 - A single needs-based, tiered waiver could work well because not every person needs every waiver service.
 - Some members preferred to keep the separation between adult and child services but ensure that the transition between the two is seamless. Parents said the waivers need to be designed around their child's needs to help their child to become more independent as they grow.
 - Providers on the committee cautioned that completely moving away from diagnosis-based waivers could require providers to have expertise in different subpopulations.
 - Aligning provider incentives with the waivers is important, to ensure continued funding for supporting individuals with the highest needs, while also incentivizing providers to help those who can achieve independent outcomes.
- Mathematica discussed the two case management tasks within the CBS redesign: identifying case manager to member ratios and identifying/designing a training program for case managers. Mathematica mentioned relevant research from other states as well as next steps moving forward.
 - Committee members asked about an alternative to case management ratios. Mathematica explained that the ratios are a process measure used by the state Medicaid office to hold MCOs accountable, but they are not directly linked to outcomes. Other states have used outcome measures instead, but it can be more difficult to collect that data. Committee members said that this oversight approach may not work because the state agency has limited staff and capacity.
 - Members suggested that if case management was independent of the MCOs, case managers would be able to advocate more effectively for members. They would have a broader perspective by working with all the MCOs and Fee-for-Service (FFS) programs, instead of being employed by a single MCO.
 - Committee members said that MCO case managers sometimes discourage using services instead of encouraging them. Based on some committee members' experiences, FFS case managers ask which services are needed rather than which ones can be

removed. MCO case management tends to focus more on using services rather than considering the person's needs.

- Committee members asked if FFS case managers would be interviewed. Mathematica explained that interviews will be conducted with FFS and MCO case managers, MCO administrative case managers, and case management provided by integrated health homes.
- The steering committee broke into two groups to discuss two case management questions:
 - What are three common reasons that a person reaches out to their case manager?
 - They need some sort of change or new service that starts with the case manager.
 - They are returning the case manager's call (required monthly contact) or for their annual review.
 - They have a question about services, or something isn't going well, so they reach out proactively to their case manager to help solve a problem.
 - For billing issues, for example, if a consumer directed attendant care (CDAC) provider is not getting paid.
 - To follow-up on or get help with denials of service.
 - What are the top three things that you think a case manager should be able to do really well?
 - Be educated on the beneficiaries needs rather than just following the MCO's rules. The beneficiary must explain why they need certain things many times.
 - Creating case manager teams, where each case manager specializes in a particular waiver, but they know how to find out answers about other waivers by asking a team member. This could help streamline information without expecting case managers to know everything about each waiver.
 - Have complete information on what services are available in the community as well as the state, and how to blend/braid funding mechanisms. Having that wealth of information comes from being a part of the community and having the permission to be creative in helping people execute their goals through a variety of service providers.
 - Listen to needs and understand the way services work and be linked into how services work.
 - Ease the beneficiary's minds and have training on how to find options that may not be straightforward.

- Be able to explain to the members why things can't happen or aren't approved.
- Mathematica closed by confirming the next steering committee meeting on Tuesday June 27, from 3:00-4:30. Mathematica will send the agenda and slides in advance.