

Topic Area Summaries

a. Service Delivery/Access

One comment was received related to service delivery/access. The commenter expressed concern that providers would not enroll with the selected MCOs, and requested that all HCBS waivers be carved out of the Initiative.

Brain Injury and AIDS Waiver Specific Comments:

Two comments were received related to service delivery/access. One commenter asked if it was the State's intention to eliminate payments to legally responsible individuals furnishing personal care services to HCBS enrollees. The commenter noted that this option was currently available under other State approved HCBS waivers, as well as the published Intellectual Disability, Elderly, Health & Disability, and Physical Disability waiver amendments; however, the option was not permitted in the published Brain Injury and AIDS waiver amendments. Another commenter expressed concern that the current waiver language may restrict physician assistants' practice. Specifically, the commenter suggested that use of "physician only" terminology might lead to the impression that only physicians may perform certain tasks (e.g., physicians order Interim Medical Monitoring and Treatment, physicians diagnose AIDS/HIV, physicians participate in a level of care determination, etc.).

State Response:

As noted in the State's Phase 1 and 2 responses to similar comments, the Initiative strives to support and increase HCBS provider access. As such, MCOs will be held accountable for meeting contractual requirements for HCBS access standards and must authorize out-of-network care when it cannot be provided in-network.

It was not the State's intention to eliminate payments to legally responsible individuals furnishing personal care services to any HCBS enrollee, regardless of waiver. Not only is this an option that enrollees and advocates have championed in the past, it is provided for in 441 Iowa Administrative Code 79.9(7)(b), which states: "medical assistance funds are not incorrectly paid when an individual who serves as a member's legal representative provides services to the member under a home- and community-based services waiver consumer-directed attendant care agreement or under a consumer choices option employment agreement in effect on or after December 31, 2013. For purposes of this paragraph, "legal representative" means a person, including an attorney, who is authorized by law to act on behalf of the medical assistance program member but does not include the spouse of a member or the parent or stepparent of a member aged 17 or younger." Removal of this option was a technical mistake in the published application, and has been corrected in the final application submitted to CMS.

Finally, the State recognizes the invaluable role of physician assistants as providers of patient-centered, team-based medical care. State laws and regulations (e.g., Iowa Code §148C, and 645 Iowa Administrative Code Chapters 326 – 329) generally set forth the scope of practice for

physician assistants, and the waiver amendments do not modify existing program requirements. As such, no changes have been made to the waivers as a result of these comments.

a. Outreach

Comments Received:

One comment was received related to member outreach. In general, the commenter felt the State should solicit greater stakeholder input in developing the Initiative and that members were unaware of the implications of the transition to managed care

State Response:

As noted in the State's Phase 1 responses to similar comments, the State has been engaging stakeholders since the preliminary Request for Proposals (RFP) was released for the Initiative on February 16, 2015. The State will continue to work with member advocacy organizations to communicate the transition to members and to ensure they understand its impact.

a. Tribal Consultation

No questions or comments were received regarding the Phase 3 waivers.