



MEDICAID POLICY CLARIFICATION #PC000287

Independent Core Standardized Assessments for Home and Community-Based (HCBS) Waivers

January 1, 2025

To: Iowa Managed Care Plans:

This letter is a formal notification of the state's expectations related to the operations and implementation of Iowa Medicaid under the managed care program. The purpose of this letter is to do following:

- Provide formal guidance
 - Clarification of existing Iowa Medicaid policy
 - Guidance on new process or policy
- Request for information

Effective January 1, 2025, Managed Care Organizations (MCOs) will no longer complete the annual reassessments for HCBS waiver participants enrolled in Intellectual Disability (ID) Waiver. Effective March 1, 2025, MCOs will no longer complete the assessments for individuals who are pending eligibility for level of care (PE-LOC) or Money Follows the Person (MFP) for HCBS ID Waiver. Instead, Iowa Medicaid will utilize a Core Standardized Assessment (CSA) vendor to complete all level of care (LOC) assessments for HCBS waiver participants. This change is designed to streamline the process and ensure a more objective assessment for all participants.

Initial and annual reassessments for ID Waiver are required to determine if HCBS waiver participants meet the LOC eligibility to receive long-term services and supports (LTSS) available to ID Waiver participants. Participants enrolled with an MCO currently complete these assessments utilizing designated assessors from a team distinct from the community-based case manager (CBCM). Beginning January 1, 2025, MCO-enrolled ID Waiver participants will have their LOC assessments completed by a CSA vendor, ensuring a seamless transition and continuity of the process.

This decision is a direct response to the valuable feedback we received from stakeholders during the Hope and Opportunities in Many Environments (HOME) project. Through crucial informant conversations, steering committee calls, and HOMEtown events, Iowa Medicaid learned that many invested Iowans had experienced actual or perceived conflict of interest during the assessment and service planning process. This feedback was instrumental in shaping our new approach.

The Centers for Medicare & Medicaid Services (CMS) created common expectations across HCBS programs (42 CFR 431.3011(1)(vi) for 1915(c) waivers and 42 CFR 441.730(b) for 1915(i) state plan) for optimal conflict-free case management which includes functions such as "independent assessment of need." Independent means that any assessment of functional need is separate from service planning and provision. While the requirements do not apply directly to MCOs, states are accountable for ensuring that entities assessing need and

subsequent service planning and authorization are objective and person-centered. States are required to monitor conflicts of interest and implement safeguards as needed.

Iowa Medicaid has the following expectations for ID Waiver assessments during this transition:

1. MCOs will maintain adequate staffing to support the timely completion of initial and annual reassessments through 1/1/2025.
2. MCOs will ensure they maintain a firewall between assessors and community-based case managers through 1/1/2025.
3. MCOs will continue to ensure assessments are uploaded to Iowa Medicaid Portal Access (IMPA) within the required timelines outlined in the contract through 1/1/2025.
4. MCOs will facilitate the transfer of assessment information to the CSA vendor through 1/1/2025.
5. MCOs will collaborate with the CSA vendor and Iowa Medicaid's Medical Services to effectively transition assessment activities through 1/1/2025.

Iowa Medicaid has the following expectations for ID Waiver assessments after this transition:

1. MCO CBCMs will actively participate in the assessment scheduling process.
2. MCO CBCMs will actively participate in the assessment meeting.
3. MCOs will proactively alert Iowa Medicaid of any risks or concerns with the assessment process.
4. MCOs will continue to support individuals on the waitlist who are MCO-enrolled to obtain any supporting documentation necessary for Iowa Medicaid to fully evaluate and determine LOC.

MCOs have requested flexibility with level of care assessments due to staffing constraints resulting from the upcoming transition to independent assessments. The agency will allow flexibility for 1915(c) assessments and reassessments **from January 1, 2025, through June 30, 2025.**

1. MCOs may conduct assessments and reassessments virtually during this period. Virtual for this flexibility means both audio **and** video. If a video is unavailable, the member's community-based case manager (CBCM) must have conducted a face-to-face meeting with the member within 45 days of the assessment and actively participate in the assessment. When the MCO is conducting an assessment for a new applicant that is not assigned to a CBCM the 45-day requirement will be waived.

In addition to flexibility allowing MCOs to conduct the assessments virtually, the agency will pause all MCO assessment ride-along activities, MCO assessment auditing, and other quality assurance activities during this time.

Attestation:

I hereby attest to receipt and understanding of this communication including all requirements and due dates.

Name _____ Date _____. The department will monitor progress towards implementation and may impose remedies for failure to implement.

Sincerely,

Account Manager
Managed Care Account Manager

