STATE OF IOWA DEPARTMENT OF Health AND Human SERVICES

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Strengthening Iowa's Community-Based Services System

Transformation Plan

February 2023

Mathematica and The Harkin Institute

Contents

Exhibits

I. Motivation and Purpose

The Iowa Department of Health and Human Services (Iowa HHS) is committed to changing its system of care to improve the lives of people with disabilities or behavioral health needs, and those who are aging. Recognizing the need to improve and modernize their Medicaid home and community-based service (HCBS) waivers and streamline services across multiple funding streams and programs, Iowa HHS sponsored an evaluation of their community-based services (CBS) system. This evaluation began shortly after the Department of Justice (DOJ) investigated resource centers in Iowa and found the state in violation of American with Disabilities Act.[1] Taking into account the results of the community-based services evaluation (CBSE) and similar findings outlined in the DOJ findings report, the Mathematica-Harkin team developed this Transformation Plan to support Iowa HHS and its partners in transforming the state's system of care.[2]

Recommendations for Iowa's current system of community-based services. The CBSE resulted in three overarching recommendations:

A. Implement streamlined screening and improved processes to better align services with people's needs.

B. Take steps to align CBS, including Medicaid HCBS waivers, to the needs of Iowans.

C. Maximize access to Medicaid HCBS and other CBS supports for people with long-term services and support (LTSS) needs.

Iowa HHS also needs to respond to the DOJ investigation of the state's resource centers that serve people with intellectual or developmental disabilities, which suggests that Iowa has opportunities to improve access to CBS and prevent unnecessary institutionalizations. These efforts coincide with a recent shift from regional to state funds for the Mental Health and Disability Services (MHDS) regions, a move that will provide more consistent funding and help standardize safety net services across the state.

The role of the Transformation Plan. The initiatives above have a common goal: to support community integration for people with LTSS needs. Iowa HHS has a key role in orchestrating the changes required to streamline and coordinate the CBS system of care. The department will use funds from Section 9817 of the American Rescue Plan Act—which allocated $30 million to implement the recommendations resulting from the CBSE[3]—to advance this goal. However, systems change will be a long-term effort; some activities will start immediately, but others will take place in future years. This Transformation Plan attempts to lay out the breadth of activities Iowa HHS and its partners will conduct over time and across multiple initiatives. The activities proposed in the plan are designed primarily to support the CBSE recommendations, but they can be expanded and modified as the state's priorities evolve. The plan assumes that HHS will implement near-term recommendations with support and technical assistance from the Mathematica-Harkin team, who will also help engage partners across the state throughout the process.

[1] U.S. Department of Justice, Civil Rights Division. "Investigation of Glenwood and Woodward Resource Centers," December 2021. Available at https://www.justice.gov/crt/case-document/file/1454306/download. Accessed December 4, 2022.
[2] The Mathematica-Harkin team completed the CBSE in 2022. The Final Evaluation Report will be posted on the HHS website in January 2023.
[3] Iowa Department of Human Services. "Iowa Spending Plan for Implementation of the American Rescue Plan Act of 2021, Section 9817." July 2021. Available at https://hhs.iowa.gov/ime/about/initiatives/ARPA. Accessed November 20, 2022.

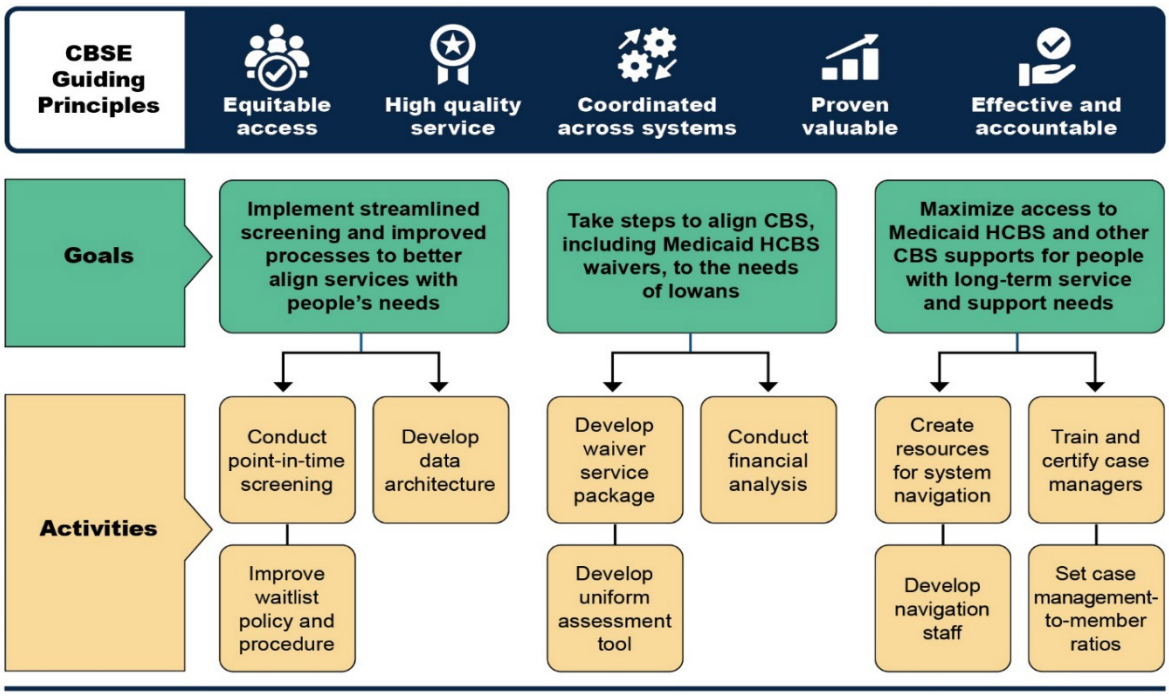
The Transformation Plan begins with a description of its framework in more detail (Section II), then presents strategies for community engagement in Section III. Section IV details the activities that Iowa HHS and its partners can begin in 2023, and Section V describes an approach for ongoing evaluation of the Transformation Plan.

II. System Transformation Approach

The Mathematica-Harkin team has developed a Transformation Plan to guide the systems change called for in the CBSE (see Exhibit II.1). The plan both presents a vision for change and offers a structure for breaking down the work into manageable streams. In doing so, it describes the work in terms of the following:

- **Guiding principles**, which describe the hallmarks of a high-quality CBS system. Iowa HHS, its Community Advisory Committee, and the Mathematica-Harkin team worked in partnership to develop the principles, which provide a guiding vision for the goals, strategies, and activities that will promote systems change. The team developed these CBSE guiding principles prior to HHS updating their guiding principles, to (1) data driven; (2) accountability; (3) integrity; (4) equity; (5) communication; and (6) collaboration. Aside from the overlap on the principle of equity, the CBSE and HHS principles differ from one another. The Mathematica-Harkin team will consider these additional HHS principles as it develops implementation activities in base year two.
- **Goals**, which represent distinct workstreams that align with the three overarching recommendations of the CBSE. While these goals support the specific recommendations from the CBSE, they could also encompass other efforts to improve community integration.
- **Activities**, which are high-priority tasks that Iowa HHS and its partners hope to accomplish in the near term. Some tasks are short-term and time limited, whereas others will require ongoing work. Each of the activities presented in this Transformation Plan has a task plan that outlines the approach for accomplishing the activity. These activities represent the first steps to reaching the goals but will be followed by many additional activities necessary to achieve system transformation.

Exhibit II.1. Iowa CBS Transformation Plan framework



III. Engagement and Communications

Implementing the Transformation Plan will require Iowa HHS and its partners to engage authentically with various communities to co-design solutions. It also requires clear communications about the changes that Iowa intends to make. These communities, referred to as "Invested Iowans," have already provided their experiences, concerns, and ideas for system improvements in support of the CBSE. As Iowa HHS transitions to implementation, Invested Iowans will continue to shape how activities are designed, executed, and shared, as well as provide feedback about potential and realized changes to the system.

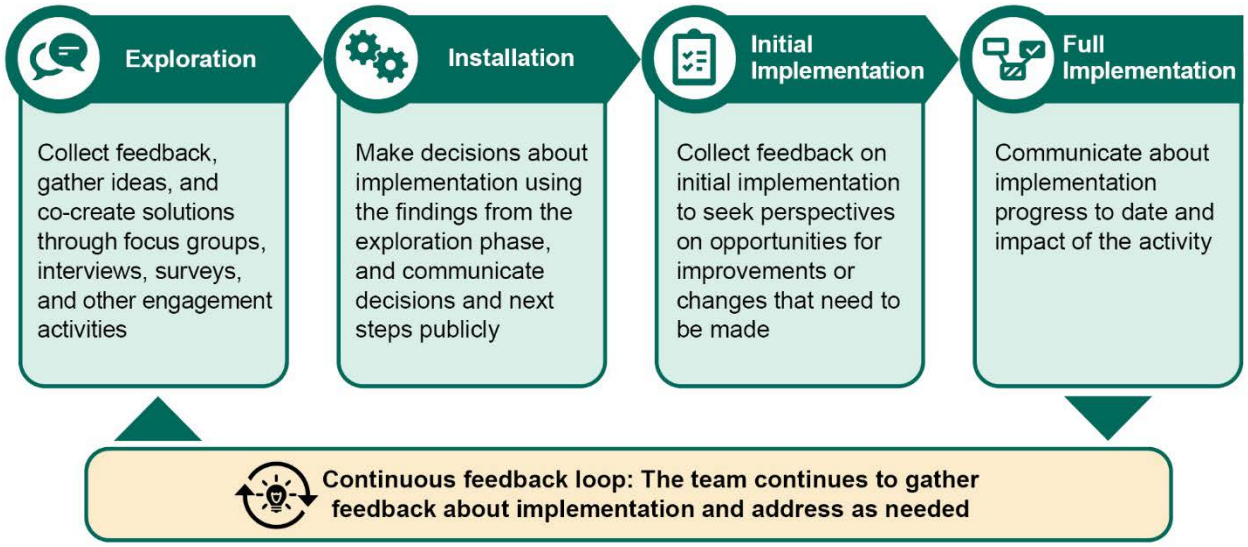
This section outlines an approach and plan for engagement and communication that allows Iowa HHS to remain committed to transparency in the transformation process. The plan applies tenets (described below) to activities and describes how we—Iowa HHS and the Mathematica-Harkin team—will engage and communicate with Invested Iowans about changes.

A. Core tenets

Our approach to communication and engagement is informed by five core tenets:

1. **Use a human-centered design (HCD) approach.** Human-centered design is a core approach to the CBSE, and we will continue to use it. HCD is an evidence-based methodology for developing innovations through structured and authentic engagement with impacted community members; it supports going beyond typical engagement strategies to recognize those consumers who are affected the most, as the experts and use their creativity to solve problems. HCD encourages the use of open-ended questions and brainstorming sessions, testing solutions by developing prototypes, and iterating solutions by collecting user feedback.
2. **Provide coordinated and clear communication.** We will aim for well-coordinated, two-way communication that uses the right channels to communicate each message. We will seek feedback from partners to identify gaps in communication, assess oversaturation of messaging, and prevent overburdening partners with too many requests for feedback.
3. **Share transparently.** Iowa HHS has committed to being transparent with members and providers about program changes and improvements to the system. Systems change can elicit concerns about change or loss of existing services and processes. To build trust, we will engage with Invested Iowans at various times, using the continuous feedback loop, to transparently keep the community abreast of suggested solutions for transformation.
4. **Seek diverse perspectives.** We will aim to gather feedback from a diverse array of perspectives by engaging Invested Iowans, such as the Community Advisory Committee, and identifying and listening to those who have historically had less of a voice in the state's approach for CBS and thus may distrust or feel marginalized by the system. The aim is to strengthen or create strong collaborations that align mindsets and goals across unlikely partners, enable shared learning, find ideas that stick, and spark innovation.
5. **Deploy a continuous feedback loop.** We will deploy a continuous feedback loop (exhibit III.1) to collect information and subsequently share how that feedback is being used to implement change activities. This requires a consistent cycle of engagement activities to co-create solutions, which may include focus groups, interviews, and brainstorming sessions. The cycle also consists of communication activities to share decision points, next steps, and broader implications of the Transformation Plan; among such activities are newsletters, town hall meetings, and print materials.

Exhibit III.1. Continuous feedback loop



B. Engaging Invested Iowans

We propose will engage partners and community members to support two distinct components of the Transformation Plan:

1. **Goal-focused Implementation Team.** To provide oversight, direction, and input consistent with Iowa's goals, we recommend standing up an Implementation Team. The team should consist of Iowa HHS staff, Community Advisory Committee representatives, providers, Medicaid members, and staff from other CBS entities across the state who will serve in a strategic role to inform the work and promote accountability for implementing the Transformation Plan. The Implementation Team will consider priority recommendations, next steps for implementation, and individuals to engage in feedback. HHS leadership retains the final decision-making authority, as they will be making decisions as they weigh the political and financial implications of specific activities, but the Implementation Team will offer support.
2. **Activity-specific groups.** Each activity outlined in the Transformation Plan will have corresponding engagement activities to collect ideas and input from Invested Iowans who do not sit on the Implementation Team. This includes focus groups, ongoing stand-up workgroups, survey distribution, and one-on-one interviews to collect data through group interaction, identify and explore how partners are thinking about recommendations, unravel complex processes, and test changes. These activities for collecting input are described in detail in the activity plans in section IV.

The Mathematica-Harkin team successfully engaged providers, caregivers, and people who use services across the state to hear about their primary concerns, experiences navigating the system, and ideas for improvement during the CBSE. To achieve the core tenets of seeking diverse perspectives and providing coordinated and clear communication, we will leverage lessons learned from our experience to date. We have identified lessons learned from these sessions, particularly those with low turnout, and provide mitigation strategies that we will deploy moving forward (see Exhibit III.2).

Exhibit III.2. Addressing lessons learned from engagement in the CBSE

Lesson learned	Mitigation strategy
Interest in interviews and virtual sessions	When possible, we will conduct one-on-one interview options. Because the state is largely rural, we will offer more virtual sessions, which worked well for parents and caregivers.
Distrust of the system and intent of activities, or lack of information to register	We will clearly explain the purpose of the sessions, potentially including testimonies from 2022 participants about the value of the sessions. We will include the time, date, and location for activity, like focus groups, in the initial announcement so that individuals can plan accordingly.
Attendance increased when invited by another trusted entity	We will work with local entities (advocacy groups, provider organizations, etc.) to help us better engage potential participants, which was an effective when engaging with populations from other cultural and linguistic backgrounds.
Limited or no access to internet or e-mail	We will work with service providers to assist us in arranging the focus groups or individual interviews.

C. Communicating with Invested Iowans

We recognize that different people will have different interests in the implementation of the Transformation Plan, and we will target communications to reach these audiences. Those directly impacted by change will want frequent opportunities to engage, and they will want access to a robust set of communications about progress. Others will want to stay engaged in a variety of activities but may not review public materials as frequently. For this reason, we will aim to design and develop a robust set of communication materials that are accessible and share an appropriate amount of detail. The team will consult with the Implementation Team to ensure that resources are appropriate, contain the right level of detail, and are clear. We will leverage these tools to communicate broadly as different activities are being implemented and changes are being made across the system. Exhibit III.3 describes various communication activities.

Exhibit III.3. Communication activities to support system transformation

Activity	Description	Responsibility	Frequency
Medicaid townhalls, with in-person options as needed*	Virtual events for providers, members, and other Invested Iowans for updates on implementation and to gather feedback on activity	Iowa HHS	Monthly
Office hours*	Virtual events for the general public to review updates and gather feedback on activity	Iowa HHS and Mathematica-Harkin team	Biannually
On-demand videos	Informational videos with plain language that the community can access, as needed and time permits, from the Iowa HHS website	Iowa HHS and Mathematica-Harkin team	As needed
Frequently Asked Question Documents	Documents with questions and answers about changes to programs, or new policies or processes	Mathematica-Harkin team	As needed
Targeted email updates	Scheduled blurbs with updates, details of what is expected (such as a change to an existing structure, who is responsible for making this change, when it may occur, what the status is), and how Invested Iowans can provide feedback and receive updated information	Mathematica-Harkin team	As needed

Activity	Description	Responsibility	Frequency
Quarterly round-up newsletter	Summary of completed and upcoming activity, including links to resources and timely FAQs	Mathematica-Harkin team	Quarterly
Summaries	Summary of activities for specific groups, such as the legislature or community-based organizations	Mathematica-Harkin team	As needed
Websites	Central repository for project information, updates, and links to publicly available resources	Iowa HHS and Mathematica-Harkin team	Quarterly
Social media	Scheduled blurbs shared through Twitter, Instagram, Facebook, and LinkedIn sites	Mathematica-Harkin team	As needed
HHS newsletter updates	Scheduled as needed for the general public as part of the HHS Medicaid newsletter	Iowa HHS and Mathematica-Harkin team	Quarterly

*Also considered an engagement opportunity, as people will be asked to provide feedback and offered the opportunity to raise questions.

IV. Implementing the Transformation Plan

Achieving systems change will require HHS to implement activities in the short run and identify future activities that build on the first steps to system transformation. To identify initial priority activities, HHS and the Mathematica-Harkin team convened a Findings and Recommendations Conference in 2022 to discuss priorities based on the CBSE recommendations. Participants, including HHS staff, managed care organization representatives, and members from the Community Advisory Committee, identified a set of activities that will have a positive impact in the system. This section details the evidence-based implementation framework we will use, followed by detailed implementation plans for the activities identified at the 2022 Findings and Recommendations Conference.

A. Using the Active Implementation Frameworks to guide implementation

The Mathematica-Harkin team will use Active Implementation Frameworks (AIFs)—a set of evidence-based approaches to support implementation of innovative practices[4]—to guide implementation. The AIF implementation formula details what is needed for successful implementation, including effective practice, effective implementation, and enabling environments. If one of these components is missing during implementation, the results of the innovation cannot not be achieved. We will use this framework to guide discussions and planning for each of the activities during implementation.

Additionally, AIFs propose four stages of implementation, which we will use to create consistent phases for our work: (1) exploration, (2) installation, (3) initial implementation, and (4) full implementation (exhibit IV.1). Some of the activities will not require all four phases, and we will note when that is the case.

Exhibit IV.1. Active Implementation Framework stages

B. CBS Transformation Plan activities

Participants at the 2022 Findings and Recommendations Conference identified 10 initial activities that will have a positive impact, and all of these are feasible, given current constraints and needs in the system.

Each of the proposed activities will require different types of technical assistance support from the Mathematica-Harkin team, from Iowa HHS, and from community partners. For some activities, the Mathematica-Harkin team will support the majority of the implementation work, with Iowa HHS providing oversight and making key decisions. Other activities require systems knowledge and historical context and thus will require more involvement from Iowa HHS.

[4] National Implementation Research Network. "Active Implementation Hub: An Overview of Active Implementation Frameworks," n.d. Available at https://nirn.fpg.unc.edu/module-1. Accessed December 4, 2022.

Exhibit IV.2 outlines what Transformation Plan activities Iowa HHS has asked the Mathematica-Harkin team to lead, by phase. We anticipate ongoing conversations with additional partners, including other state agencies, contractors, and community organizations to ensure each activity will be completed.

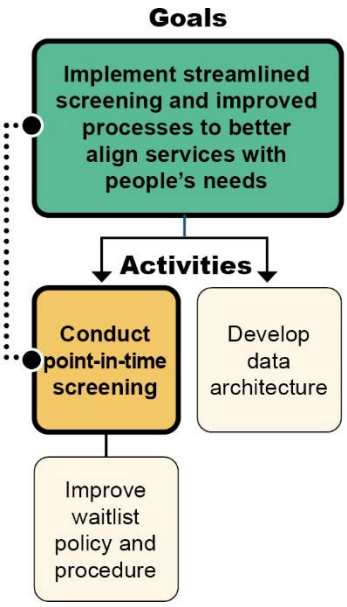
Exhibit IV.2. Transformation Plan activities Mathematica-Harkin team will lead by phase

Activity #	Activity Name	Exploration	Installation	Initial Implementation	Full Implementation
Develop streamlined screening and processes to better understand and align services and supports with need.					
A1	Conduct point-in-time screening.	X			
A2	Improve waitlist policy and procedure.	X	X		
A3	Develop data architecture.	X			
Align CBS, including Medicaid HCBS waivers, to the needs of Iowans.					
B1	Develop waiver service package	X	X	X	X
B2	Conduct financial analysis	X	X	X	X
B3	Develop uniform assessment tool	X	X	X	X
Maximize access to Medicaid HCBS and other CBS supports for people who need LTSS.					
C1	Create resources for system navigation	X	X		
C2	Develop navigation staff	X	X		
C3	Train and certify case managers	X	X	X	X
C4	Set case management to member ratios	X	X	X	X

Below are activity plans for the 10 activities outlined. Each activity plan provides an overview of why this is a first-order activity, describes the activity, and presents possible risks to completing the activity.

Activity A1: Conduct point-in-time screening of individuals currently on waitlist

Reason for implementing this activity



Many people wait a long time for 1915(c) waiver services, yet Iowa HHS knows little about the needs or characteristics of the individuals who are waiting for services. The CBSE revealed that, as of June 2022, there were more than 18,000 waiver slots requested across all five 1915(c) waivers with a waitlist. The wait lists also have grown considerably over the last several years, and the length of time that individuals wait for waiver slots ranges from 2 years to more than 5 years. Iowa HHS does not collect financial or functional information from people before placing them on a waitlist, which limits Iowa HHS's ability to plan for their needs or refer them to other non-Medicaid services for which they may be eligible. During the CBSE, a provider shared, "Even though there are currently extremely long waiting [lists] for services, I would like to see a client being assessed more thoroughly while they wait for services. Too many times, I suspect the individual will wait and then learn they are not qualified."

Why now?

Iowa HHS and Medicaid members have expressed concern at the number of individuals waiting for services and the lack of available information about their needs. Information about the individuals on the waiting list is critical to the future redesign of the HCBS waivers, and such information will support referrals to other available services.

Description of activity

The purpose of this activity is to conduct a point-in-time (PIT) screening of all individuals who are on the waitlist as of January 1, 2023. This PIT screening will assess a variety of domains, such as demographics, need for services, cognitive status, and support for ADL/IADL (activities of daily living and instrumental activities of daily living) needs. HHS could choose an already developed tool, such as the interRAI Contact Assessment, or develop an Iowa-specific screening tool.[5] The data that the screening tool collects should be stored in a central database to facilitate referrals to services like those provided by MHDS and analysis to inform the redesign of the HCBS waivers.

For this activity, Mathematica will support exploration, and HHS will identify a vendor to perform the PIT screening. We will specify the PIT screening study design, which includes identifying the precise target population, the screening tool, and the method of administration. We will develop processes and procedures for linking screened individuals to other non-Medicaid HCBS services. We will produce a transition memo summarizing these activities, processes, and procedures, and host transition meetings with the vendor selected to do the screening. They will then prepare to conduct the screening and prepare the information system needed to collect information, and the conduct the PIT screenings with members on the waiting list. See exhibit IV.3.

[5] interRAI Print Catalog. "Contact Assessment." Available at https://catalog.interrai.org/category/contact-assessment. Accessed December 3, 2022.

Exhibit IV.3. Detailed activities to conduct point-in-time screening

Phase	Completion timeframe	Activity detail
Exploration	Quarter 1–Quarter 3, 2023	• Host focus groups to identify the population groups to be screened and the screening tool that will be used* • Determine who will conduct the screening and how they will contact people on the waitlists • Host a workgroup to discuss the processes and procedures for linking screening results and individuals to other non-Medicaid community-based services and develop workflows and business process maps for the referral/connecting process* • Develop the processes and procedures for linking screening results and individuals to other non-Medicaid community-based services by facilitating sessions to develop workflows and business process maps for the referral/connecting process • Write a study design plan summarizing the approach to the PIT screening • Develop transition memo and facilitate transition to new vendor
Installation	Quarter 3–Quarter 4, 2023	• Prepare the system for conducting the PIT screening, including providing targeted technical assistance on study execution and training to the entity selected to conduct the PIT screening • Install the data system to collect the data from the PIT screening • Finalize the methods, criteria, and processes for referring screened individuals to existing services
Initial implementation	Quarter 4, 2023 – Quarter 1, 2024	• Conduct the screening within defined parameters, such as individuals residing in one region or serviced by a particular MCO; this will allow the PIT to be rolled out in a controlled manner, with midcourse adjustments made as needed • Collect and document feedback from members, caregivers, and assessors to convert lessons learned to actual improvements to the tool and process prior to full implementation* • Implement the workflows to refer people on the waiting list to other non-Medicaid services
Full implementation	Quarter 1–Quarter 2, 2024	• All individuals on the waitlist for services screened as of March 2023 • Store data to be utilized for analysis and planning for other activities • Implement and provide referrals to MHDS and other non-Medicaid services

*Activity that will engage Iowa's communities and partners.

Risk and mitigation

Implementing the PIT screening presents the risks to completion shown in exhibit IV.4.

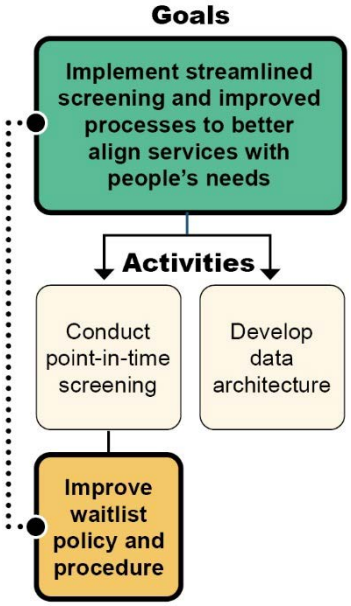
Exhibit IV.4. Possible risks to implementing PIT screening and potential mitigation strategies

Possible risk to completing task	Mitigation strategy
Invested Iowans may lack consensus on which screening tool should be used	Conduct various engagement activities to increase buy-in among populations; emphasize that this one-time activity will not dictate the tool that is used under the waitlist management redesign activity
Community-based organizations that provide non-Medicaid services may have limited capacity to accept new referrals for services	Seek feedback from community-based organizations as we map the workflows for referral and linkages to services

Possible risk to completing task	Mitigation strategy
The screening process requires connecting with many people on the waitlist who need to be screened in a short timeframe	Early and upfront communications with those on the waitlist about the process and what they can expect may reduce the number of outreach attempts needed during the screening phase
This task has an aggressive timeline	Because other activities depend on the completion of PIT screening, this activity needs to be done early on; clear communications about why PIT screening is a priority can help mitigate concerns about the timeline

Activity A2: Improve waitlist policy and procedures

Reason for implementing this activity



Iowa's current system does not prioritize or stratify new individuals seeking CBS by individual need or risk of institutionalization. As a result, some individuals with substantial needs may not be connected promptly with services and thus risk institutionalization that otherwise could have been avoided.

Why now?

Waitlist management has been a barrier to understanding individuals' needs and effectively identifying those most in need of community-based services.

If we can say there is that much of a need, then they need to restructure/ open how we approve people and how they qualify for services because once someone is told that there is a need, it is ridiculous to make them wait 2 to 4 years for services. The suggestion is that after receiving a diagnosis, there is a way to support the person.

—Iowa consumer

Description of activity

At the conclusion of this activity, Iowa will have policies and procedures in place to prioritize new and current waitlist entrants, based on defined criteria such as risk of institutionalization. A transition from one waitlist system to another is inherently challenging, so creating a comprehensive rollout plan is critical for success. First, we will develop business process maps (also known as workflows) to articulate the desired future system. Second, we will develop new policies and procedures aligned with state-of-the-art thinking about waitlist management, which may require legislative approval. Third, we will conduct a controlled rollout in a single region before moving to full implementation. See exhibit IV.5.

Exhibit IV.5. Detailed activities for improving waitlist policy and procedures

Phase	Completion timeframe	Activity detail
Exploration	Quarter 1, 2023 – Quarter 3, 2023	• Facilitate focus groups and workgroups to identify the key components/policies of the current waitlist procedures, as well as the key features and components of the preferred future system* • Create two business process maps, one that depicts the current waitlist system and one that depicts the preferred system. During the exploration phase we will determine, on the basis of results from PIT screening, whether any adaptations to future policy need to be made (Activity 1A) • Host a workgroup to develop and review the rollout plan*

Phase	Completion timeframe	Activity detail
Installation	Quarter 4, 2024	• Identify and rewrite current policies and procedures that are inconsistent with the preferred future waitlist system • Develop a draft rollout plan that will articulate how Iowa will move from its current waitlist policies and procedures to new ones
Initial implementation	Quarter 1, 2024 – Quarter 3, 2024	• Conduct a controlled rollout that will identify issues, concerns, and problems early in the process, and use rapid cycle feedback loops to improve processes prior to full implementation; this rollout could include, for example, only one MCO or one MHDS
Full implementation	Quarter 3, 2024 – Quarter 4, 2024	• Implement new waitlist policies and procedures for all Iowans seeking long-term support services • Share information with individuals on the waitlist about their current position and status on the waitlist

*Activity that will engage Iowa's communities and partners.

Risk and mitigation

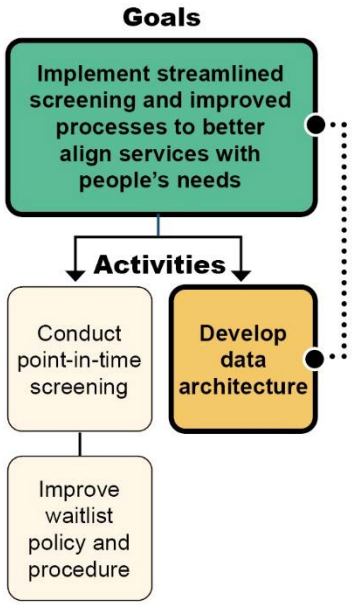
Implementing the new waitlist management and prioritization policies presents the risk to completion shown in exhibit IV.6.

Exhibit IV.6. Possible risk to improving waitlist policy and procedure and potential mitigation strategy

Possible risk to completing task	Mitigation strategy
Waitlisted members will receive a new position in line depending on their needs	Provide clear communication about the new policies and connect members to other services or support people while they wait for a waiver slot

Activity A3: Develop data architecture and infrastructure to support the redesigned waiver system

Reason for implementing this activity



Iowa will be implementing a number of system redesign activities that require a data infrastructure to help consumers get connected to community-based services, screened for eligibility and priority needs as they enter a waiver or waitlist, referred to CBS providers, and receive case management services. A strong data system will be critical to support the transition and serve as tool to streamline system processes. All states, including Iowa, have some level of data infrastructure related to Medicaid claims and administrative information. Iowa's current contract with Accenture calls for management of the state's eligibility and enrollment systems. A key function under this activity will be to assess how to leverage existing systems as we consider the creation and construction of new ones.

Why now?

The activities under development will require data architecture to support various functions. This architecture must be developed now in order to be ready to be leveraged when new components of the redesigned system are rolled out.

Description of activity

This activity is to design and develop a robust data infrastructure to support the various tasks across community-based support systems. The primary functions that must be created within the infrastructure are the following:

- An architecture to collect and store data from various stages of assessment, including (1) collecting and sharing data from the initial screening; (2) determining eligibility for waiver services (not Medicaid financial eligibility); and (3) rescreening individuals on waitlists after, for example, a change in clinical status or a certain time interval (e.g., every 6 months)
- An algorithm that uses screening information to determine priority needs and assign individuals to a waiver program or waitlist
- Systems controls, such as user role-based authentication, adequate Health Insurance Portability and Accountability Act security controls, and unique identifiers to link Medicaid claims and other administrative data
- A closed-loop referral system for individuals at CBS entry or on a waitlist to non-Medicaid community-services, including MHDS and other systems. This system should enable collecting and sharing data from the comprehensive assessment after entry into a waiver or other program, as well as from periodic comprehensive reassessments conducted in connection with a change in status or after a time interval, for example one-year reassessment).

The first step in developing this infrastructure is to articulate and confirm the exact functions of the system and its scope. This is important because this activity has significant connections to other systems, including Medicaid Management Information System and other state systems managed by other entities. Second, we will identify the functions of the system and determine whether a single system or multiple systems are required to carry out those functions. Next, we will determine how to build the system. In many states, vendors are used for this purpose, which would require writing system specifications and procuring vendors. Alternatively, Iowa could modify existing contracts to achieve this activity's goals. Full implementation will depend on whether a new vendor is selected, or an existing vendor's contract is modified. See exhibit IV.7.

Exhibit IV.7. Detailed activities for developing data architecture and infrastructure

Phase	Completion timeframe	Activity detail
Exploration	Quarter 1–Quarter 4, 2023	• Facilitate workgroup meetings to define the system parameters and requirements, including drafting business process flows and data flow charts that depict the system's future functioning* • Identify the contracting mechanism for accomplishing the initial build of the information system • Determine the required data exchanges with other entities and define the parameters for those exchanges, including unique identifiers, data elements, and frequency of exchange • Research and summarize in a memorandum system navigation and case management systems throughout the country
Installation	Quarter 4, 2023 - 1, 2024	• Contract with a firm (through a new contract or modification of an existing contract) to build the information system; the system requirements developed in the exploration phase will be used to design the scope of work for building the new system • Build and test the system in partnership with the vendor

Phase	Completion timeframe	Activity detail
Initial implementation	Quarter 1, 2024	• Coordinate the rollout of the new information system across the multiple activities and workstreams, which will have to be carefully coordinated with other activity rollouts (such as the redesigned waitlist system)
Full implementation	Quarter 2, 2023–Quarter 4, 2024	• Deploy the new system across all activities, which will require ongoing support of Iowa HHS and its contractors to ensure stability in the system and user support and training

*Activity that will engage Iowa's communities and partners.

Risk and mitigation

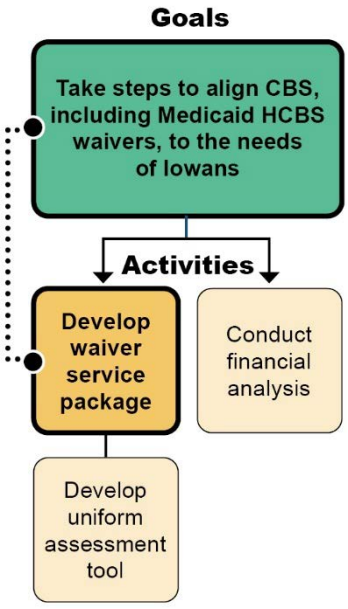
Implementing new data infrastructure presents the risk to completion shown in exhibit IV.8.

Exhibit IV.8. Possible risk to implementing new data infrastructure and potential mitigation strategy

Possible risk to completing task	Mitigation strategy
Procuring a vendor to build the information system can be a lengthy process	Iowa HHS should consider modifying existing contracts to add this scope of work to build the system

Activity B1: Develop waiver service package

Reason for implementing this activity



Iowa's 1915(c) waivers are not aligned with people's needs. The CBSE found that basing service offerings and budget caps on an individual's diagnosis was inadequate to ensure that the individual's needs are met. Additionally, the overlapping eligibility criteria for the waivers has created confusion about what services are available, exacerbated by movement across waivers to access community-based services.

Why now?

Key services are missing in the current services package, which may contribute to people being served unnecessarily in institutions. Providing a service package that meets people's needs is the first step in redesigning the waivers. Results from this task will help determine which waiver mechanism is best for the implementing the new service package as well as how long it will take to implement.

> *Interviewee was on the physical disability waiver, but lost coverage because she had too much money in her savings account. Interviewee was about $10k over; she was saving for college.... Interviewee applied to the health and disability waiver around the same time she applied to the physical disability waiver. She is still on the waitlist.*
>
> —Interview with Iowa consumer

Description of activity

Creating a new service package is an opportunity to streamline services and expand them to fill gaps in coverage. In this activity, we will analyze current utilization, engaging with individuals who use waiver

services and their families to identify a robust set of supports. As we move toward refining a new service package, we will communicate with members about the new package and demonstrate any changes that may happen to their services once it is available. See exhibit IV.9.

Exhibit IV.9. Detailed activities for developing a waiver service package

Phase	Completion timeframe	Activity detail
Exploration	Quarter 1– Quarter 2, 2023	• Analyze trends in service use by waiver • Review waiver service packages offered in other states to identify innovative services • Host focus groups with MCO staff, HHS staff, and others to brainstorm service package offerings* • Conduct a survey to ask case managers what services members need but cannot access, either because of the waiver they are on or because they are not currently offered in the system*
Installation	Quarter 3, 2023 – Quarter 4, 2023	• Outline a proposed service package and how it will be offered (that is, based on diagnosis, need, or some other criteria) • For new services, engage providers on the tools needed to provide the service to the waiver population • Partner with Iowa's actuarial vendor to discuss cost implications of the proposed service package • Collect feedback from members, case managers, MCOs, and providers on the proposed service package*
Initial implementation	TBD	• Create a service crosswalk showing the old service offerings compared to the new service package • Create scenarios to demonstrate how member's services may change after the implementation of the new service package
Full implementation	TBD	• The implementation of the new service package will inform the larger waiver redesign task

*Activity that will engage Iowa's communities and partners.

Risk and mitigation

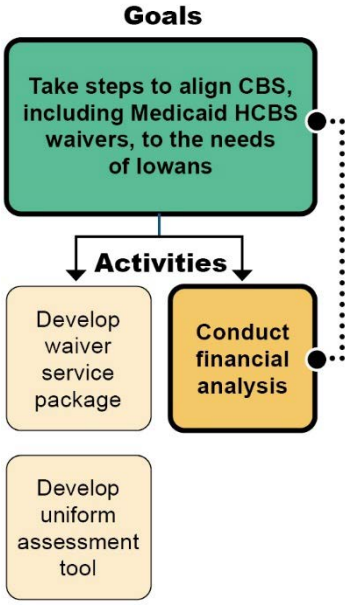
Developing a new service package presents the risks to developing a waiver service package shown in exhibit IV.10.

Exhibit IV.10. Possible risks to developing a waiver service package and potential mitigation strategies

Possible risk to completing task	Mitigation strategy
There may be disagreement about needed services	Thorough analysis of current utilization and ongoing engagement will ensure the proposed service package meets needs; we could also consider grandfathering in people to allow them to continue using services that might not be offered in a future system
The number of providers may be insufficient to cover new services	If a new service is needed by members and identified for the service package, providers to actually offer the service may not be available; as new services are identified, we will engage with providers to learn what they need to offer the service

Activity B2: Financial analysis to maximize dollars in the system

Reason for implementing this activity



Iowa has multiple state and federal funded programs that provide community-based services to consumers, but data and analysis are lacking for assessing whether the money spent to provide these services is being maximized. These programs have different eligibility requirements and services, and some draw different federal match rates to fund the services. For example, different eligibility groups for Medicaid receive a different federal match, while many of the MHDS services are funded solely through state appropriations. To use state dollars effectively, Iowa should leverage federal matching funds when possible. The CBSE started this analysis by looking at services offered across Medicaid and MHDS regions, but Iowa needs to conduct additional analyses to understand the opportunities for reallocating dollars across programs.

Why now?

The system's financial resources for providing LTSS to those who need it—or who are at risk of needing it—are limited. As Iowa HHS implements system change, understanding the financial benefits and trade-offs of different services will maximize access to services through the dollars appropriated to the CBS system.

Description of activity

This activity will identify service utilization and expenditures for people who need, or are at risk of needing, LTSS services. In addition to looking at current usage, we will assess eligibility pathways for other programs and their cost implications. With the appropriate data, we can map out where the state can stretch its financial resources to support people with LTSS needs. To calculate the cost impacts of shifting people across different service streams, we need comprehensive data about service needs, functional and financial eligibility, and program expenditures. It is also important that the data allow us to link people across different programs. To do this across the system, we will need the results of the PIT screening (Activity 1A) to include those on the waitlist. See exhibit IV.11.

Exhibit IV.11. Detailed activities for conducting a financial analysis

Phase	Completion timeframe	Activity detail
Exploration	Quarter 1, 2023 – Quarter 2, 2023	• Discuss parameters for the analysis, such as interest in expanding eligibility for certain programs • Create analysis plan, including a list of needed data and currently available data • Reach out to agencies and entities about unavailable data and the options for collecting additional data
Installation	Quarter 2, 2023 – Quarter 3, 2023	• Finalize the analysis plan, noting any limitations based on data and assumptions that will need to be made to complete the analysis • Write programming specifications and finalize data workbooks for the analysis

Phase	Completion timeframe	Activity detail
Initial implementation	Quarter 3, 2023 – Quarter 4, 2023	• Conduct financial analysis and run quality assurance checks on the results • Summarize the results of the analysis for initial review
Full implementation	TBD	• Update model with the results of the PIT screening▽ • Ongoing analysis

▽The full analysis cannot be completed until we have the results of the PIT screening. We recommend that an initial analysis without PIT screening results be made during initial implementation.

Risk and mitigation

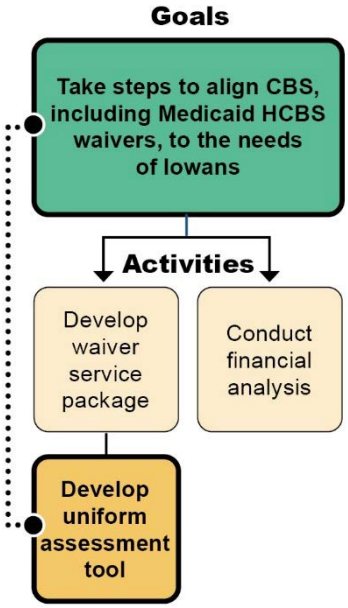
Conducting the financial analysis presents the risk shown in exhibit IV.12.

Exhibit IV.12. Possible risk to conducting a financial analysis and potential mitigation strategy

Possible risk to Completing task	Mitigation strategy
Challenges with the quality and availability of data may limit analysis.	This analysis will require data to be linked across different programs and will be dependent on the completion of other tasks, such as completion of the PIT screener. We will communicate any data gaps or delays with HHS as they are identified.

Activity B3: Develop uniform comprehensive assessment tool

Reason for implementing this activity



Iowa uses a myriad assessment tool for their 1915(c) waivers, which means that data cannot be easily compared across different tools. This situation creates challenges to implementing change in the current waiver structure. Moreover, each assessment tool is used to develop treatment and service plans specific to each waiver, leading to differential service use and goals. During the CBSE, members shared their frustration with the current assessment process, some of which can be remediated if HHS launched a universal assessment tool across all HCBS programs and streamlined the assessment process.

Why now?

Other tasks serve as critical dependencies to launching a new universal assessment tool. For example, Iowa has already indicated that the launch of a universal assessment would be tied to the launch of a new waiver structure (that is, consolidation of waivers). Additionally, critical decisions will need to be made about who will administer the comprehensive assessment under the new waivers, as well as what the data infrastructure will need to look like to support collection and analysis of universal assessment results across population groups and waivers.

Description of activity

The activities proposed here will prepare HHS for the development of a universal assessment; once complete, Iowa will be prepared to launch the development. The universal assessment tool will not be

deployed under this activity because a number of contingent projects must be completed first. See exhibit IV.13.

Exhibit IV.13. Detailed activities for developing a uniform assessment tool

Phase	Completion timeframe	Activity detail
Exploration	Quarter 1 – Quarter 3, 2023	• Identify best practices from other states and apply to the context and environment of Iowa • Identify the domains and features of current assessment tools and processes and determine what is included in other universal assessments • Set up a working group to support the identification of a universal assessment tool* • Host focus groups with members and their caregivers about the current assessment process, tools used, and identify the ideal process for assessments*
Installation	Quarter 4, 2023	• Write a white paper summarizing the results of the focus groups and research in other states • Prepare a draft universal assessment
Initial implementation	To be determined	• Contingent on the results of the proposed service package and other waiver redesign planning efforts
Full implementation	To be determined	• Contingent on the results of the proposed service package and other waiver redesign planning efforts

*Activity that will engage Iowa's communities and partners.

Risk and mitigation

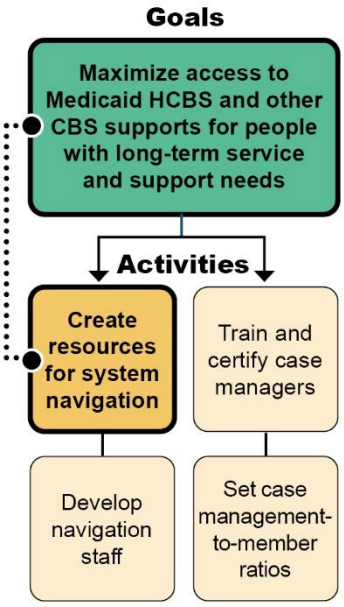
Implementing a uniform assessment tool presents the risks shown in exhibit IV.14.

Exhibit IV.14. Possible risks to developing a uniform assessment tool and potential mitigation strategies

Possible risk to completing task	Mitigation strategy
Invested Iowans may not reach consensus on the importance of the task or the method for reaching a universal assessment	Conduct robust engagement to share and seek information from Invested Iowans.
Transitioning to a new assessment may impact or change member services plans	Developing a robust transition plan and identifying ways for members to raise concerns about changes to their service plans will be well communicated and available in advance of any service plan changes

Activity C1: Create resources for system navigation

Reason for implementing this activity



Consumers with LTSS needs, as well as their families and other supports, need easily available, accessible, and accurate information on services and providers. The CBSE found that consumers face challenges navigating a complicated system and find it difficult to obtain clear, correct, and consistent information from providers, case managers, and Iowa HHS about available services**.** Also, although multiple publicly available tools—such as Iowa's Compass and 211 systems—exist to help people identify resources, people are either unaware of these tools, have reasons they do not use them, or need assistance in using them.

Why now?

Strong information resources help people identify and connect to the full range of available resources, which could mean that individuals may be able to avoid higher levels of care in the future. For this reason, participants in the 2022 Findings and Recommendations Conference identified creating resources to connect people to services as a time-limited, high-priority activity.

> *Interviewee has struggled to find services for her son; she usually finds services on her own through her job, by using a Google search, with phone calls, emails, and "a lot of luck."*
>
> —Interview with Iowa Consumer

Description of activity

This activity will help identify how to improve the content and availability of information on available resources. Tasks include speaking with consumers to learn why they do not use existing resources more often, and what they would like to see in revised resources. We will also assess whether we should modify existing resources or create new ones to meet consumer needs, then design, develop, and debut the new or improved resources. Although the steps required to assess and modify resources are similar, the level of effort to update them will vary, depending on the type of resource. See exhibit IV.15.

Exhibit IV.15. Detailed activities for creating navigation resources

Phase	Completion timeframe	Activity detail
Exploration	Quarter 1–Quarter 3, 2023	• Hold focus groups with (1) consumers with LTSS needs and their families, (2) existing case managers, and (3) community-based organizations and MHDS regions to assess current information resources and learn what about them can be improved* • Convene an advisory group with key organizations (such as Area Agencies on Aging [AAA], Aging and Disability Resource Centers [ADRCs], MHDS, Centers for Independent Living, and MCOs) to discuss alignment* • Assess existing system-wide and Medicaid-specific information resources (including Compass, 211, and the Iowa HHS website) to determine the extent to which they meet the desired characteristics for information resources and are accessible to all consumers. • Speak with partners running existing systems to gain their perspective and buy-in to this effort* • Conduct a cost-benefit analysis of a closed loop referral system • Write options analysis for closed loop referral systems based on findings of the cost-benefit analysis to present to HHS
Installation	Quarter 3, 2023 – Quarter 4, 2023	• Decide which resources to modify and which to build • Determine how information resources will be maintained • For websites and other needed infrastructure: modify existing systems and determine maintenance responsibilities, and/or develop business requirements and request for proposal for a new system
Initial implementation	TBD	• Update materials and complete and test information technology and system changes • Conduct user testing with selected consumers with LTSS needs, their families, and existing case managers* • Develop communications plans to inform consumers, providers, MCOs, and so on about plans for the new information resources, how to access those resources, and when they will become available • Launch updated or new information resource
Full implementation	TBD	• Continuously update information resources to ensure accuracy • Develop a media campaign about available resources to boost awareness of the resources and run campaigns on an ongoing basis • Use ongoing forums involving consumers with LTSS needs, their families, and case managers to explore whether resources continue to meet their needs

*Activity that will engage Iowa's communities and partners.

Risk and mitigation

Developing new navigation resources and tools presents the risks to completion shown in exhibit IV.16.

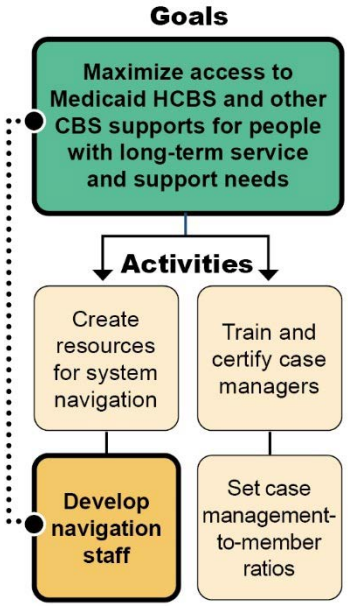
Exhibit IV.16. Possible risks to creating navigation resources and potential mitigation strategies

Possible risk to completing task	Mitigation strategy
Partners who manage existing resources may resist making the requested changes	Gain buy-in on the need to improve information resources by speaking with partners early and involving them in the process

Possible risk to completing task	Mitigation strategy
Without strong advertising, consumers may not know about new resources and may be reluctant to use them	Develop communication plans around the launch of the improved or new resource, and disseminate ongoing communications about the resource's availability

Activity C2: Develop Navigation Staff

Reason for the activity



Consumers and their families need help navigating available CBS and its providers. The CBSE found that consumers face challenges navigating a complicated system; not all consumers are eligible for Medicaid, nor are all individuals eligible for and able to obtain a waiver slot. By helping all consumers access available LTSS supports, more of them will be able to live independently in the community.

Why now?

Providing a minimum level of service to help consumers navigate available LTSS means that more people will be able to live independently in the community. Limited Medicaid dollars will go further if people understand how to maximize the use of community-based supports rather than turn to more costly facility-based care.

Description of activity

This activity will involve developing LTSS System Navigators, including defining the key skills and knowledge necessary to hold the position, and establishing training requirements and job functions. To do this, we will determine who will hire and manage system navigators by exploring available options, such as whether the position should be established within a current agency or organization. Next, we will work with Iowa HHS to develop a strategy to make people aware of the LTSS System Navigators and how to reach them. See exhibit IV.17.

Exhibit IV.17. Detailed activities for developing navigation staff

Phase	Completion timeframe	Activity detail
Exploration	Quarter 1–Quarter 3, 2023	• Conduct focus groups with individuals and entities (e.g., MHDS regions) in existing navigator roles for specific communities to learn about their core functions and tasks, and gain their perspective on training needs to serve a broader range of individuals with LTSS needs* • Assess similar LTSS navigator positions elsewhere to determine how position qualifications, responsibilities, and training needs are defined, and identify how other states fund similar navigator positions • Convene an advisory group with key organizations (such as Area Agencies on Aging [AAA], Aging and Disability Resource Centers [ADRCs], MHDS, Centers for Independent Living, and MCOs) to discuss alignment* • Define the navigator role (including skills and knowledge necessary, training, and job functions) in accordance with information learned in the focus groups and from other national examples • Determine who will provide LTSS navigator training (i.e., the state, the contracted entities, or other third party) • Explore options and decide who will hire and manage navigators
Installation	Quarter 3–Quarter 4, 2023	• Modify or develop contracts to formalize hiring and managing navigators with selected entity or entities • Determine the funding flows to selected entities from the state for start-up and ongoing costs • Define state-level oversight processes, such as how entities that hire and manage LTSS navigators will report on navigator performance and impact, compliance with funding requirements
Initial Implementation	TBD	• Develop LTSS navigator hiring plans; Iowa HHS may want to partner with selected entities to develop one statewide hiring strategy, given the likely challenges due to national workforce shortages • Develop trainings for LTSS navigators • Training begins for hired LTSS navigators • Develop media campaigns to inform consumers about the new available service
Full Implementation	TBD	• LTSS navigators begin to serve consumers • Hiring (as needed) and training (yearly) for LTSS navigators occur on an ongoing basis • Execute awareness campaigns; communicate regularly to keep the community aware of service availability • Selected entities report to HHS on the performance of the LTSS navigator program; Iowa HHS conducts oversight

*Activity that will engage Iowa's communities and partners.

Risk and mitigation

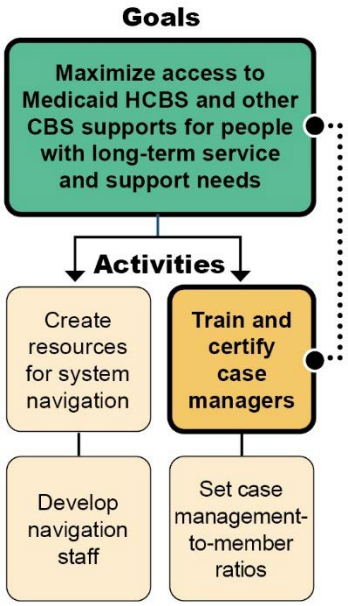
Creating a new navigation position for the system presents the risks shown in exhibit IV.18.

Exhibit IV.18. Possible risks for creating a new navigation position and potential mitigation strategies

Possible risk to completing task	Mitigation strategy
Entitles may want to keep existing navigators, leaving a fragmented navigation experience	We will engage with those in existing navigation roles early on, seek to identify how people with existing roles can fit into the redesigned system, and maximize opportunities to leverage existing navigators' knowledge and expertise
It may be difficult to find the right entities to hire and manage navigators	We will explore a broad range of potential options, including AAAs/ADRCs, MHDS, and community-based organizations

Activity C3: Train and certify case managers

Reason for implementing this activity



While Iowa's managed care plans either provide or fund case management services for certain enrollees, members have shared concerns that case management services do not adequately link members to community-based care or incentivize LTSS members to transition out of facilities to community-based settings. There are also concerns that members on the HCBS waiver waiting lists may have needs for care management and referral but lack access to case management services, which would provide members and their families with a critical support that facilitates access to medical, social, and community services. Timely, well-facilitated referral to needed supports reduces unnecessary expenditures and duplication of services.

Why now?

Facilitating the consistency of case managers throughout the state will increase equitable access to case management among members and improve their access to community-based options, thus preventing unnecessary institutionalizations. Development of this program allows Iowa HHS to (1) identify the key competencies and job functions for case managers, (2) set expectations for case management service delivery, and (3) implement metrics to facilitate better oversight of the service.

> *[Members] are not getting the support they need from case managers. The case managers ignore their problems or forget to investigate their requests for help.*
>
> —Iowa Consumer

Description of activity

To ensure the competency and consistency of case management supports for members, we will evaluate eligibility for case management services paid by Medicaid, assess which entities should provide case management services to Medicaid subpopulations, and develop case management training and certification standards. The first step to developing a training and certification standard is to define "case management services," which will clarify the roles and responsibilities of case managers, set reasonable expectations for recipients, and identify oversight requirements. The next step is to identify the recipients of the newly redefined case management services. We will identify an enhanced case management training and certification by either using an existing training program or standard or developing a new program, activities that would require different steps during implementation. See Exhibit IV.19.

Exhibit IV.19. Detailed activities for training and certifying case managers

Phase	Completion timeframe	Activity detail
Exploration	Quarter 1–Quarter 3, 2023	• Collect feedback on expectations and needs from case management • Identify roles and responsibilities in Iowa's current case management system and review current training and certification requirements. • Research case management service definitions and system designs used in other states (i.e., populations served and provider entities) • Research options for nationally recognized case management training and certification programs, as well as resource and referral curricula • Interview members and their families to understand their case management experiences and need* • Interview case managers to leverage current trainings and resources that can be improved*
Installation	Quarter 4, 2023	• Decide the populations eligible for case management; for example, different case management service packages could be made available depending on level of care, such as (1) members in intermediate care facilities, residential care facilities, or nursing homes; (2) HCBS members; (3) members on a waiver waitlist, and (4) all other Medicaid members. • Define the responsibilities of case managers and determine what entity will provide case management • Clarify expected relationships and communication channels between case managers, providers, community-based organizations and other supports in facilitating a member's referral to a health or social service • Choose an existing case management training and certification program or develop a case management training program. • Develop resources to provide case managers with initial and ongoing Iowa-specific training • Identify the metrics that will be tracked to ensure adherence to the training and certification program
Initial implementation	TBD	• Update contracts (or memorandums of understanding) to outline updates to case management expectations • Require and provide initial training to case managers • Establish reporting procedures to ensure compliance with training and certification requirements
Full implementation	TBD	• Update case management training intermittently to maintain accurate information about Iowa's resources and policy • Monitor adherence to case management training and certification requirements

*Activity that will engage Iowa's communities and partners.

Risk and mitigation

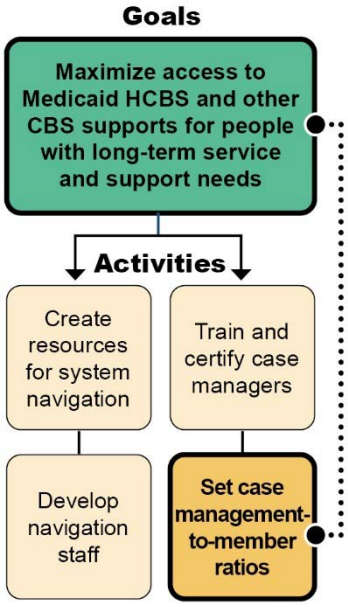
Creating a case management certification and training materials presents the risks shown in exhibit IV.20.

Exhibit IV.20. Possible risks to training and certifying case managers and potential mitigation strategies

Possible risk to completing task	Mitigation strategy
It may be difficult to identify individual members to participate in interviews because of data privacy concerns	We will work through community-based organizations and advocacy groups to identify members
Hesitation to changes in case management roles and responsibilities may impact implementation	We will develop a plan to communicate any changes in case management delivery; The plan should involve early and frequent feedback from trusted sources and identify how to compensate MCOs for the time/training as part of contract.

Activity C4: Set case management to member ratios

Reason for implementing this activity



Medicaid members have reported challenges in reaching their case managers as questions about care arise and their needs change. These delays in communication with case managers can lead to challenges in accessing community-based services, difficulty in processing requests for exceptions to policy, and a greater perception of uncoordinated care. Setting a ratio of case managers to LTSS members provides assurance that enough case managers are available to attend to each assigned member and family.

Why now?

Having sufficient case managers in the system can help ensure that each one provides community-based individuals with enough time and attention to ensure they can access the health care and resources needed to live a fulfilling life in the community. It also helps ensure that members in facility-based care have support to transition to community settings should they desire to do so.

Description of activity

This activity involves researching best practices for case managers and soliciting feedback to identify an appropriate ratio of LTSS members to case managers. After the ratio is identified, we will amend contracts to reflect the change. See exhibit IV.21.

Exhibit IV.21. Detailed activities for setting case management to member ratios

Phase	Completion timeframe	Activity detail
Exploration	Quarter 1–Quarter 2, 2023	• Research other states' requirements for member to case manager ratios in managed long-term services and supports (MLTSS), as well as those states' reporting requirements regarding case management ratios • Research team approaches to case management used in other states • Interview case managers and supervisors of case managers in Iowa to understand how caseloads are developed; solicit their expertise on effective case management team design*

Phase	Completion timeframe	Activity detail
Installation	Quarter 3, 2023	• Decide on case manager to LTSS member ratios • Decide whether changes to the case management team structure are needed to fulfill the ratio • Communicate decisions to MCOs, integrated health homes, members, community-based organizations, and other consumer advocate groups
Initial implementation	Quarter 4, 2023	• Update contracts to include case management ratios and revised case management expectations • Establish reporting procedures to ensure compliance with ratio requirements
Full implementation	Quarter 4, 2023	• Develop processes to monitor adherence to case management ratios • Revise case management ratios and reporting requirements, as necessary

*Activity that will engage Iowa's communities and partners.

Risk and mitigation

Updating MCO contracts to require case management to member ratios presents the risks shown in exhibit IV.22.

Exhibit IV.22. Possible risks to setting case management to member ratios and potential mitigation strategies

Possible risk to completing task	Mitigation strategy
Transitions to a new case manager may disrupt the continuity of care and create member dissatisfaction.	We will develop an intentional communication strategy and transition plan between case managers to ensure continuity of care and services
MCOs may face higher costs because of case management ratios	We will investigate whether rate-setting methodology accurately captures potential changes in caseloads; update as needed

V. Transformation Plan Evaluation and Accountability Approach

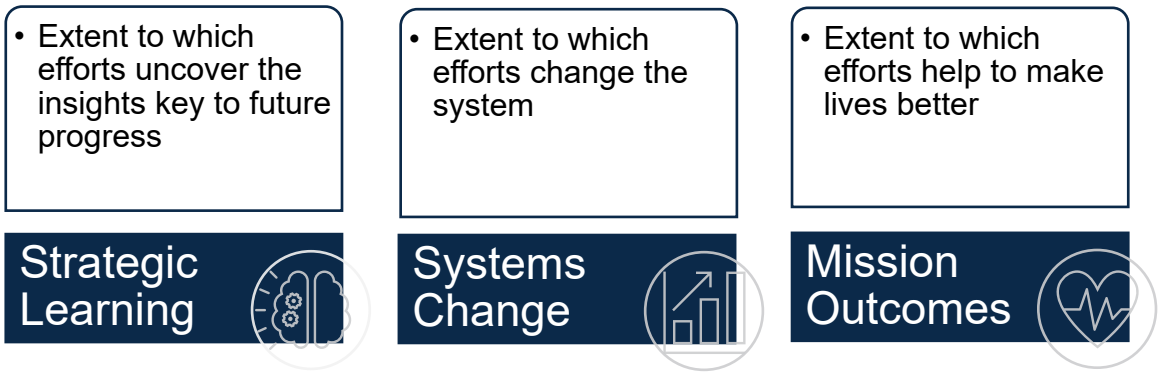
Consumers will be investing considerable time and financial resources to redesign the CBS system. Given the changes that will occur, it will be imperative to monitor the implementation of the Transformation Plan and the system's performance. Understanding the impact of this effort is important for tracking implementation efforts to ensure that activities launch and finish on time and that the fully implemented system leads to improved outcomes for members. The following section outlines the types of measures that could be considered for evaluating the system and our approach to defining the metrics in partnership with Invested Iowans.

A. Evaluation framework

HHS is embarking on a multiyear process to implement activities that contribute to system transformation, creating a streamlined, equitable community-based services system offering quality services to those who need them. To assess impact, we propose using a system change evaluation framework that will ensure the system changes result in positive outcomes. This requires not only measuring long-term outcomes but also using the evaluation to learn and make improvements. The system change framework, developed by the Tamarack Institute, proposes assessing strategic learning, systems change, and mission outcomes.[6] Notably, we will partner with the Implementation Team and Invested Iowans to develop measures that are most meaningful to consumers.

For any measure that is identified whether qualitative or quantitative, Iowa needs data infrastructure in place to collect data. Measures could be based on data collected in surveys distributed to members, on processes to track activity at the program level, or on data systems that allow the data to be collected and analyzed at the population level. We describe in the exhibit below how we will measure progress and impact at each level of the system change evaluation framework.

Exhibit V.1. System change evaluation framework



Strategic learning evaluation

Strategic learning, systems change, and mission outcomes can be measured in many ways within this framework. Strategic learning is built into our activity plans through engagement with Invested Iowans to learn about current system's challenges and context and to brainstorm solutions; through the

[6] Mark Cabaj. "Evaluating Systems Change Results: An Inquiry Framework." 2019. Available at https://www.tamarackcommunity.ca/hubfs/Resources/Publications/Paper%20Evaluating%20Systems%20Change%20Results%20Mark%20Cabaj.pdf. Accessed December 3, 2022.

Implementation Team, who will be strategic advisors to support strengthening relationships and resources across the system; and through slowly implementing activities and learning from initial implementation before piloting broadly.

Systems change evaluation

Systems change measures the movement in the system that pushes the system closer to its ideal operating state. It includes assessing drivers of the system, such as policies and practices that dictate how the system operates, and how the system works together to provide CBS. To measure systems change, we recommend first measuring whether activities are implemented. We will track all activities and report their state of implementation—that is, implemented, partially implemented, or not implemented. In Exhibit V.2 is a list of examples of system change measures for each priority activity in Section IV. As noted above, it is critical that these are defined in partnership with Invested Iowans.

Exhibit V.2. Examples of process measures for gauging transformation plan implementation

	Activity	Process measure
1A	Conduct point-in-time screening	• Proportion of people currently on the waitlist who receive and complete a PIT screening
2A	Improve waitlist policy and procedure	• Number of waitlist referrals made to community-based organizations • Length of time spent on the waitlist for people with different institutional risk profiles
3A	Develop data architecture	• Proportion of Medicaid members with records in the system • Number of reports produced to support decision making across the system
1B	Develop waiver service package	• Number of members engaged in designing waiver package
2B	Conduct financial analysis	• Not applicable
3B	Develop uniform assessment tool	• Number of people engaged in identifying an assessment tool
1C	Create resources for system navigation	• Quantity of new resource materials created • Percentage of existing system materials assessed
2C	Develop navigation staff	• Number of referrals made • Proportion of people who report satisfaction with their navigator
3C	Train and certify case managers	• Proportion of case managers receiving trainings • Proportion of people served by a trained and certified case manager
4C	Set case management to member ratios	• Average number of contacts made per person per case manager

Mission outcomes

Mission outcomes measure whether the Transformation Plan has improved the health of consumer. Identifying measures that assess expected outcomes ensures that changes are achieving the intended results. Mission outcomes, which measure how the system is working to improve outcomes—will most likely not be realized until years after implementation. For this reason, we recommend identifying metrics that align with each goal. The Centers for Medicare & Medicaid Services provides recommended measure sets for MLTSS and HCBS to promote consistent quality measures across states; these can serve as a starting point for identifying measures. Below are some mission outcomes measures that Iowa HHS may consider.

Goal A. Develop streamlined screening and processes to better understand and align services and supports with needs.

- Percentage of people receiving services while on the waitlist
- Proportion of those eligible for LTSS who use HCBS
- Percentage of successful referrals to community-based organizations as a result of screening

Goal B. Align community-based services, including Medicaid HCBS waivers, to the needs of Iowans.

- Percentage of people on the waiver who are using any waiver service
- Percentage of people who can choose or change when and how often they get their services[7]
- Percentage of people who can choose or change what kind of services they get[7]
- Percentage of people who are as active in their community as they would like to be[7]

Goal C. Maximize access to Medicaid HCBS and other CBS supports for people with LTSS needs.

- Proportion of long-term facility stays among Medicaid MLTSS participants aged 18 and older that result in successful transitions to the community
- Percentage of people living in the community compared to the percentage living in institutions (community rebalancing)

B. Developing measures

Defining success for the system will require intensive engagement with Invested Iowans to reflect the range of priorities. We will use a collaborative process to define success for the new system, followed by a technical effort to determine whether existing measures or newly designed measures can capture the key elements of success. Then we will operationalize the measures selected, defining measure specifications, how necessary data will be collected, and who will calculate the measures at what frequency. As we did with task plans in section III, we have detailed the activities to be undertaken to develop measures (see exhibit V.3.

Exhibit V.3. Detailed description of activities needed for developing measures

Phase	Completion timeframe	Description
Exploration	Quarter1–Quarter 2, 2023	• Define what interim milestones need to be met for implementation to occur on time (system change measures) • Consider the data collection and reporting needs, based on selection of measures, as needed weigh trade-offs of measures requiring more data collection • Assess alignment with current reporting requirements (including plan to state, and state to CMS)

[7]Centers for Medicaid & CHIP Services. "SMD#22-003: Home and Community-Based Services Quality Measure Set." July 2022. Available at https://www.medicaid.gov/federal-policy-guidance/downloads/smd22003.pdf. Accessed November 22, 2022.

Phase	Completion timeframe	Description
Installation	Quarter 3, 2023	• Select process and performance measures in partnership with Invested Iowans such as LTSS users and their families, case managers, and MHDS regions* • Determine who in Iowa HHS will manage the new measures, and develop new processes and procedures as necessary • Create requirements in contracts with care management and navigation entities regarding process and performance measure reporting • Develop a template for public-facing materials to communicate about system performance (e.g., implementation status report, yearly report card on member outcomes, and so on)*
Initial implementation	Quarter 4, 2023	• Initiate new Iowa HHS processes needed to collect relevant data, calculate measures (if applicable), and report results • Release initial implementation status report to the public
Full implementation	Quarter 1, 2024–ongoing	• Continue to collect and report data, calculate measures, and publicly report results • Periodically (e.g., biannually) consider where changes to outcome measures should be made

*Activity that will engage Iowa's partners and communities.

In addition to ongoing evaluation of the transformation plan, Iowa HHS will need to consider where there are opportunities to implement continuous quality improvement (CQI) activities for ongoing monitoring of their programs. As new programs or processes are being developed, the Mathematica-Harkin team can assist with developing and implementing CQI processes, with a long-term goal of integrating into day-to-day Iowa HHS operations. For example, Iowa HHS will be implementing new case management and navigation supports to improve services provided to members, as described above in task plans C1-C4. This will require ongoing oversight of the managed care organizations and entities who are providing these services, which is a recommended remedial strategy noted in the DOJ findings report.

The Mathematica-Harkin team can help develop a CQI process for case management activities by exploring the specific tasks that will be part of this work, the skills and knowledge necessary to do the work, and where the CQI and oversight position will sit within the Iowa HHS. Using a similar format as above, we outline some of the key activities that would be undertaken to implement case management CQI activities (see exhibit V.4).

Exhibit V.4. Detailed activities to implement case management CQI

Phase	Activity detail
Exploration	• Define specific activities that will be performed as part of case management oversight and CQI • Determine necessary skills and knowledge areas for individuals who will perform CQI functions by, among other strategies, pulling examples of best practices from other states • Determine who will perform functions such as adding responsibilities to existing staff roles, creating new HHS staff positions, and procuring vendors, with existing staff supplying HHS oversight
Installation	• Decide who will perform CQI functions and hire new staff or procure a vendor, if needed • Develop the CQI operational plan and processes, including – Data or information that HHS or its partners will monitor to identify areas for improvement – A calendar and workflow that describe how often data will be reviewed, who will review the data, and who will manage the CQI projects for improvement

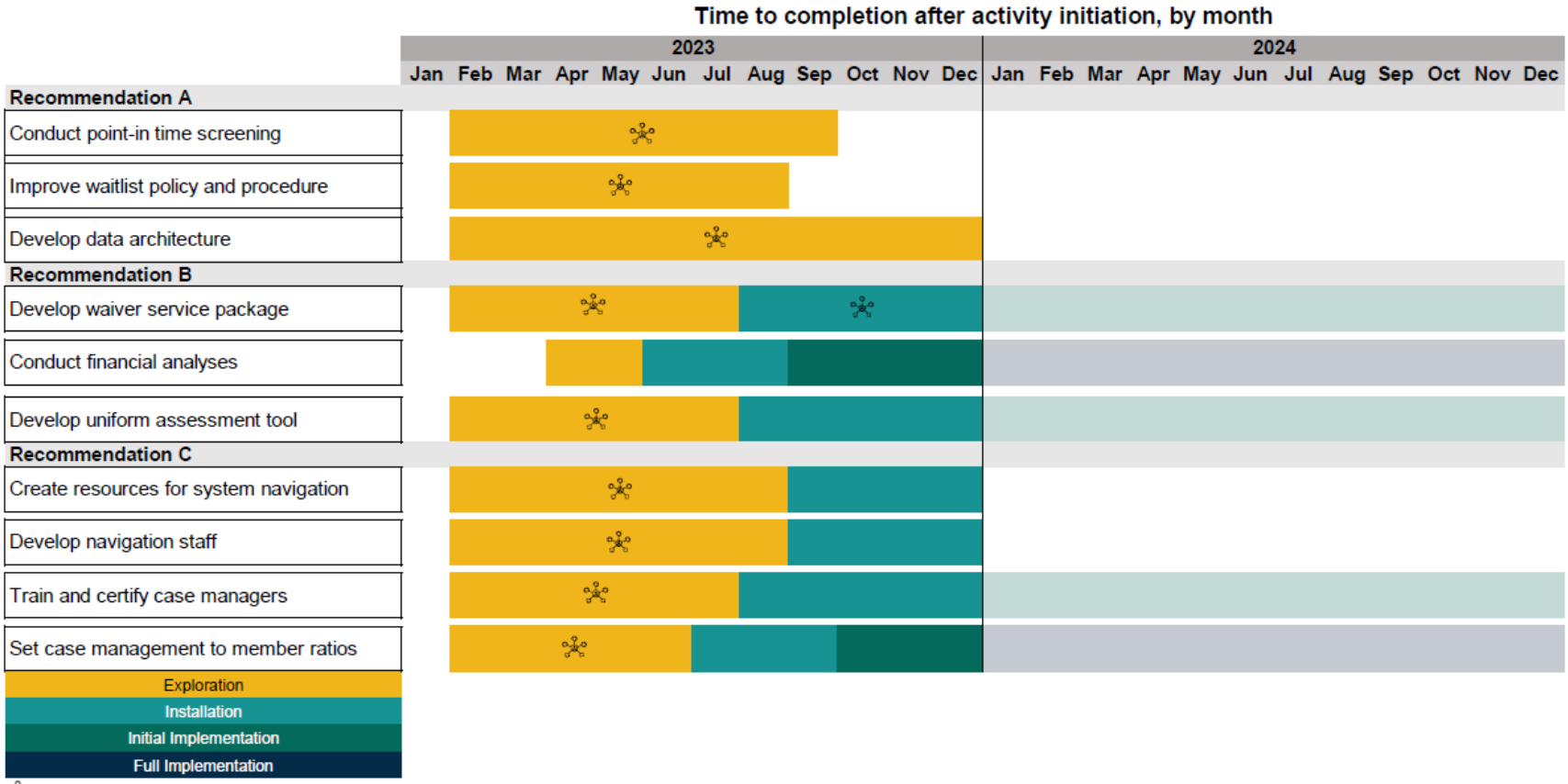
Phase	Activity detail
Initial implementation	• Communicate broadly with members about the new CQI processes, including steps such as informing them of details about the process • Have new staff or vendors in place and ready to begin work (if applicable) • Begin to execute the CQI operational plan and processes
Full implementation	• Continue to execute the CQI operational plan and processes • Periodically (e.g., biannually) consider whether changes to the CQI approach or plan and processes should be adjusted • Continue to keep members informed of the CQI process, including projects or initiatives undertaken to improve problems

This process can be applied to other areas of improvements where ongoing CQI processes are needed for ensuring ongoing monitoring of programs.

Appendix A. Aggregated GANTT Chart of Key Activity and Milestones

Exhibit C.1 presents the timeline for each activity based on the AIF phases outlined in each activity plan. While many activities will start in the first quarter of 2023, we have presented the activities as time to completion after initiation. Additionally, we have noted what phases will engage Iowa's partners and communities. Many of these activities will be during the exploration phase, often engaging the same groups of people. We have identified these to be distinct focus groups per activity, but when possible, the Mathematica-Harkin team will identify overlap in participants and reduce burden by asking cross-topic questions in one focus group, use the same locations for focus groups, and streamlining outreach and communication across engagement activities.

Exhibit A.1. Time to completion after activity initiation, by quarter



Many activities include community engagement during the exploration phase of the activity, often engaging the same groups of people for each recommendation. We have identified these to be distinct focus groups per activity, but when possible, the Mathematica-Harkin team will identify overlap in participants and reduce burden by asking cross-topic questions in one focus group, use the same locations for focus groups, and streamlining outreach and communication across engagement activities.

Recommendation A: People who use services and their caregivers, providers, managed care organization staff, and other community based organizations.

Recommendation B: People who use services and their caregivers, providers, managed care organization staff.

Recommendation C: People who use services and their caregivers, community-based organizations who provide navigation support, and managed care case management staff.

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