Iowa Department of Human Services

State of Iowa Balancing Incentives Payment Project

April 2012

STATE OF IOWA BALANCING INCENTIVE PAYMENT PROJECT

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Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

Jennifer Burnett
Centers for Medicare and Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

Please find attached Iowa's Balancing Incentive Payment (BIP) Program application. The Department of Human Services, Iowa Medicaid Enterprise is the single state Medicaid agency for Iowa and will be the Oversight Agency for this program. The submitted application is in accordance with Section 10202 of the Patient Protection and Affordable Care Act.

Iowa has a long history of moving towards rebalancing the long term care system with Medicaid Home and Community Based Services waivers, Money Follows the Person and Medicaid Infrastructure Grants. In the 2012 Iowa Legislative Session, the BIP is specifically identified to assist with a mental health and disability services system redesign. The redesign had the input of many stakeholders including those receiving supports, families, providers/caregivers, counties, case managers, or any other interested parties. This opportunity will assist us in taking more steps to ensure that Iowans have expanded opportunities to have choice of where these supports are received.

The Department of Human Services and Iowa Department on Aging will be partners to implement this initiative. Collaboration between the disability and aging networks is essential to be successful in rebalancing. Iowa's external partners provided letters of support and BIPP implementation will also include workgroups who are currently assisting with the mental health and disability services redesign. Iowa requests an estimated $61,769,421 based on projected total community-based long term support services expenditures of $3,088,471,072 from July 1, 2012 through September 30, 2015. The funds will help in the rebalancing efforts as explained in this application.

Thank you for your consideration in this exciting opportunity.

Sincerely,

Jennifer Vermeer
Medicaid Director

JHV/jh

Iowa Medicaid Enterprise – 100 Army Post Road - Des Moines, IA 50315

Principle Investigators and Contacts

Principle Investigators

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Contacts

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Iowa Department of Human Services
Bureau Chief, Mental Health and Disability Services
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Project Abstract

The State of Iowa's Department of Human Services (DHS), with the Legislative and stakeholder support, seeks approval for application to the Balancing Incentive Payment Program (BIP). The enhanced federal medical assistance percentage will be used to develop infrastructure to support uniform access and a more streamlined process that will match the needs of individuals with the community-based supports needed to remain in the home. Ultimately, the goal of Iowa's BIP project is to rebalance expenditures towards community-based long term supports services (LTSS) such that they are equal to or greater than facility –based LTSS expenditures.

Strategies that the State of Iowa will explore to ensure the success of this project include, but are not limited to:

1. Incorporation of the No Wrong Door/ Single Entry Point requirement with existing Aging and Disability Resource Centers, web-sites, toll-free numbers, and network of access points throughout the state. Consolidation of these efforts will create a network with efficient dissemination of LTSS information and referral such that all Iowans have equal and timely access to sustainable supports.
2. Collaborate with the State of Iowa's Health Homes' initiative to foster a continuity of care and sustainable community living.
3. Research and implementation of core standardized assessments including, but not limited to, the Supports Intensity Scale (SIS) and Level of Care Utilization System (LOCUS).
4. Development of standards for conflict-free case management that enhances consumer choice and quality services available.
5. Market to and collaborate with stakeholders such that the systemic changes have buy-in to promote community inclusion, quality of supports, measurable outcomes, and decline in unnecessary facility placements.
6. Train all network and state staff administering each level of assessment to ensure that the process maintains a seamless, coordinated, and efficient workflow from the moment a consumer enters the Single Entry Point network through the duration of LTSS delivery.

Iowa looks forward to the opportunity to build an infrastructure that will fortify the existing community-based LTSS system. The State of Iowa will work with, and build upon, existing partners and resources to develop a holistic and efficient system that allows individuals to receive the supports necessary to remain in the community. With the submission of the state's final work plan in six months, the requirements of No Wrong Door/Single Entry Point, conflict-free case management, and core standardized assessments will have gained marked progress in development and plans for implementation. Structural changes will be implemented by the end of the grant period.

Estimated Budget Amount: $61,769,421

Preliminary Work Plan

Iowa has laid out the preliminary work plan in the pages that follow. The preliminary work plan developed for the purpose of this application name the lead persons involved in each of the identified key tasks that are required for BIP participation. While the key tasks will not change in the final format, it is expected that dates, task descriptions, and lead persons may become more detailed and solidified.

Preliminary Work Plan

Category	Major Objective / Interim Tasks	Due Date	Lead Person	Status of Task	Deliverables
General NWD/SEP Structure	**All individuals receive standardized information and experience the same eligibility determination and enrollment processes.**				
	• Develop standardized informational materials that NWD/SEPs provide to individuals	6/13 See Work Plan Narrative	Theresa Armstrong/Joe Sample	In Progress	Informational materials
	• Train all participating agencies/staff on eligibility determination and enrollment processes	Rolling implementation, beginning 7/1/14	Deborah Johnson	Not Started	Training agenda and schedule
	A single eligibility coordinator, "case management system," or otherwise coordinated process guides the individual through the entire functional and financial eligibility determination process. Functional and financial assessment data or results are accessible to NWD/SEP staff so that eligibility determination and access to services can occur in a timely fashion. *(The timing below corresponds to a system with an automated Level I screen, an automated Level II assessment and an automated case management system. NWD/SEP systems based on paper processes should require less time.)*				
	• Design system (initial overview)	1/1/13 (submit with Work Plan)	Theresa Armstrong/Joe Sample	In Progress	Description of the system
	• Design system (final detailed design)	7/1/13	Theresa Armstrong/Joe Sample	Not Started	Detailed technical specifications of system
	• Select vendor (if automated)	1/1/14	N/A		Vendor name and qualifications
	• Implement and test system	7/1/14	Theresa Armstrong/Joe Sample	Not Started	Description of pilot roll-out
	• System goes live	1/1/15	Theresa Armstrong/Joe Sample	Not Started	Memo indicating system is fully operational
	• System updates	Semiannual beginning 7/1/15	Theresa Armstrong/Joe Sample	Not Started	Description of successes and challenges
NWD/SEP	**State has a network of NWD/SEPs and an Operating Agency; the Medicaid Agency is the Oversight Agency.**				
	• Identify the Operating Agency	1/1/13 (submit with Work Plan)	Theresa Armstrong	In Progress	Name of Operating Agency
	• Identify the NWD/SEPs	1/1/13 (submit with Work Plan)	Theresa Armstrong/Joe Sample	In Progress	List of NWD/SEP entities and locations
	• Develop and implement a Memorandum of Understanding (MOU) across agencies	4/1/13	Theresa Armstrong	Not Started	Signed MOU
	NWD/SEPs have access points where individuals can inquire about community LTSS and receive comprehensive information, eligibility determinations, community LTSS program options counseling, and enrollment assistance.				

Category	Major Objective / Interim Tasks	Due Date	Lead Person	Status of Task	Deliverables
	• Identify service shed coverage of all NWD/SEPs	4/1/13	Theresa Armstrong/Joe Sample	In Progress	Percentage of State population covered by NWD/SEPs
	• Ensure NWD/SEPs are accessible to older adults and individuals with disabilities	10/1/13	Theresa Armstrong/Joe Sample	In Progress	Description of NWD/SEP features that promote accessibility
Website	**The NWD/SEP system includes an informative community LTSS website; Website lists 1-800 number for NWD/SEP system.**				
	• Identify or develop URL	4/1/13	Theresa Armstrong/Joe Sample	In Progress	URL
	• Develop and incorporate content	On-going between now and 7/1/15	Theresa Armstrong/Joe Sample	In Progress	Working URL with content completed, screen shots of main pages
	• Incorporate the Level I screen *(recommended, not required)*	7/1/14	Theresa Armstrong/Joe Sample	In Progress	Screen shots of Level I screen and instructions for completion
1-800 Number	**Single 1-800 number where individuals can receive information about community LTSS options in the State, request additional information, and schedule appointments at local NWD/SEPs for assessments.**				
	• Contract 1-800 number service	7/1/13	Theresa Armstrong/Joe Sample	Not Started	Phone number
	• Train staff on answering phones, providing information, and conducting the Level I screen	7/1/13	Theresa Armstrong/Joe Sample	Not Started	Training materials
Advertising	**State advertises the NWD/SEP system to help establish it as the "go to system" for community LTSS**				
	• Develop advertising plan	Rolling, beginning 7/1/13	Theresa Armstrong/Joe Sample	Not Started	Advertising plan
	• Implement advertising plan	Rolling, beginning 7/1/13	Theresa Armstrong/Joe Sample	Not Started	Materials associated with advertising plan
CSA/CDS	**A CSA, which supports the purposes of determining eligibility, identifying support needs and informing service planning, is used across the State and across a given population. The assessment is completed in person, with the assistance of a qualified professional. The CSA must capture the CDS (required domains and topics).**				
	• Develop questions for the Level I screen	7/1/13	Deborah Johnson	Not Started	Level I screening questions
	• Fill out CDS crosswalk (see Appendix H) to determine if your State's current assessments include required domains	1/1/13 (submit with Work Plan)	Elizabeth Matney	Not Started	Completed crosswalk(s)

Category	Major Objective / Interim Tasks	Due Date	Lead Person	Status of Task	Deliverables
	and topics				
	• Incorporate additional domains and topics if necessary (*stakeholder involvement is highly recommended*)	7/1/14	Deborah Johnson	Not Started	Final Level II assessment(s); notes from meetings involving stakeholder input
	• Train staff members at NWD/SEPs to coordinate the CSA	Rolling beginning 7/1/13, to be completed by 7/1/15	Deborah Johnson	Not Started	Training materials
	• Identify qualified personnel to conduct the CSA	Rolling, beginning 1/1/14, depending on legislation	Deborah Johnson	Not Started	List of entities contracted to conduct the various components of the CSA
	• Continual updates	Semiannual beginning 7/1/14	Deborah Johnson	Not Started	Description of success and challenges
Conflict-Free Case Management	**States must establish conflict of interest standards for the Level I screen the Level II assessment and plan of care processes. An individual's plan of care must be created independently from the availability of funding to provide services.**				
	• Describe current case management system, including conflict-free policies and areas of potential conflict	1/1/13 (submit with Work Plan)	Theresa Armstrong/Deborah Johnson	Not Started	Description of pros and cons of case management system
	• Establish protocol for removing conflict of interest	10/1/13	Theresa Armstrong/Deborah Johnson	Not Started	Protocol; if conflict cannot be removed entirely, explain why and describe mitigation strategies
Data Collection and Reporting	**States must report service, outcome, and quality measure data to CMS in an accurate and timely manner.**				
	• Identify data collection protocol for ***service data***	1/1/13 (submit with Work Plan)	Elizabeth Matney	Not Started	Measures, data collection instruments, and data collection protocol
	• Identify data collection protocol for ***quality data***	1/1/13 (submit with Work Plan)	Elizabeth Matney	Not Started	Measures, data collection instruments, and data collection protocol
	• Identify data collection protocol for ***outcome measures***	1/1/13 (submit with Work Plan)	Elizabeth Matney	Not Started	Measures, data collection instruments, and data collection protocol
	• Report updates to data collection protocol and instances of ***service data*** collection	Semiannual beginning 7/1/13	Elizabeth Matney	Not Started	Document describing when data was collected during previous 6-month period and updates to protocol
	• Report updates to data collection protocol and instances of ***quality data***	Semiannual beginning 7/1/13	Elizabeth Matney	Not Started	Document describing when data was collected during previous 6-month

Category	Major Objective / Interim Tasks	Due Date	Lead Person	Status of Task	Deliverables
	collection				period and updates to protocol
	• Report updates to data collection protocol and instances of ***outcomes measures*** collection	Semiannual beginning 7/1/13	Elizabeth Matney	Not Started	Document describing when data was collected during previous 6-month period and updates to protocol
Sustainability	**States should identify funding sources that will allow them to build and maintain the required structural changes.**				
	• Identify funding sources to implement the structural changes	1/1/13 (submit with Work Plan	Theresa Armstrong/Deborah Johnson/ Joe Sample	Not Started	Description of funding sources
	• Develop sustainability plan	1/1/14	Theresa Armstrong/Deborah Johnson/ Joe Sample	Not Started	Estimated annual budget to maintain the structural changes and funding sources
Exchange IT Coordination	**States must make an effort to coordinate their NWD/SEP system with the Health Information Exchange IT system.**				
	• Describe plans to coordinate the NWD/SEP system with the Health Information Exchange IT system	7/1/13	Elizabeth Matney	Not Started	Description of plan of coordination
	• Provide updates on coordination, including the technological infrastructure	Semiannual beginning 1/1/14	Elizabeth Matney	Not Started	Description of coordination efforts

** *If States do not submit satisfactory information regarding data collection protocol, they will be required to submit this information on a quarterly basis.*

Signature of Lead of Operating Agency

Name: Rick Shults
Agency: Department of Human Services

Signature of Lead of Oversight Agency (Medicaid)

Name: Jennifer Vermeer

Mental Health and Disability Services

Position: Division Administrator

Donna Harvey

Name: Donna Harvey
Agency: Iowa Department on Aging

Agency: Department of Human Services Iowa Medicaid Enterprise
Position: Medicaid Director

March 19, 2012

Director Charles M. Palmer
Iowa Department of Human Services
Hoover State Office Building
1305 East Walnut Street
Des Moines, Iowa 50319

Dear Director Palmer:

On March 9, 2012, the Olmstead Consumer Taskforce expressed strong support for the application by the Department of Human Services for funding under the federal Balancing Incentive Payments Program, and I am pleased to confirm that support in writing.

The mission, goals and duties of Iowa's Olmstead Consumer Task Force align well with the fundamental goal of the BIPP—to move toward greater access to non-institutionally based long-term services and supports.

As you have identified, Iowa disability service landscape still relies too heavily on institutionally based services and settings. It is incumbent on the state of Iowa to move quickly and consistently toward genuine community based services, supports and living settings for Iowans with disabilities.

The Task Force looks forward to learning of Iowa's progress under the BIPP. We will continue to advise, support and assist the department towards achieving systems change that promotes choice, fairness, equity, accessibility, and availability of individualized services for people with disabilities and long term care needs.

You have our support in this worthwhile initiative.

Sincerely,

Geoffrey M. Lauer

Geoff Lauer
Chair

March 30, 2012

Director Charles M. Palmer
Iowa Department of Human Services
Hoover State Office Building
1305 East Walnut Street
Des Moines, Iowa 50319

Dear Director Palmer:

I am pleased to convey our support for the application by the Iowa Department of Human Services for the Centers for Medicare and Medicaid Balancing Incentive Payments Program (BIPP). We share your commitment to balancing the costs for Iowa's long term care system and enhancing access to community based services.

We support your proposed goals to meet the expectations of BIPP. The development of a No Wrong Door/Single Entry Point into Iowa's long term care service system should provide support and clarity for individuals utilizing the system. The steps proposed to streamline and standardize eligibility and assessment processes, will improve access to services for all Iowans in the long term care system. Iowa 211 is one of the three originating organization of Iowa's I&R network called "The LINKS" (Linking Individuals Needing Knowledge and Services). This project merges aging, disabilities and general human services into one integrated database resulting in what can be a vital part of the single point of entry framework.

We look forward to continued and increased collaboration with the Department of Human Services in achieving its goals related to this project and other efforts aimed at increasing access to community based services. Thank you.

Sincerely,

Craig Canfield
President of IA/NE AIRS, Iowa 2-1-1

Iowa Mental Health and Disability Services Commission

March 20, 2012

Commissioners

John Willey – Chair

Craig Wood – Vice Chair

Neil Broderick

Lynn Crannell

Richard Crouch

Lynn Grobe

Jan Heikes

Richard Heitmann

Chris Hoffman

David Hudson

Cindy Kaestner

Linda Langston

Gary Lippe

Zvia McCormick

Laurel Phipps

Susan Koch-Seehase

Dale Todd

Gano Whetstone

Ex-Officio Commissioners

Senator Merlin Bartz

Senator Jack Hatch

Rep. Dave Heaton

Rep. Lisa Heddens

Director Charles M. Palmer
Iowa Department of Human Services
Hoover State Office Building
1305 East Walnut Street
Des Moines, Iowa 50319

Dear Director Palmer:

On behalf of the Iowa Mental Health and Disability Services (MHDS) Commission, I am pleased to express our strong support for Iowa's application for funding under the federal Balancing Incentive Payments Program (BIPP).

As you well know, the MHDS Commission is the state policy-making body for the provision of services to persons with mental illness, intellectual disabilities or other developmental disabilities, or brain injury, authorized by the Code of Iowa, and our membership represents a broad spectrum of interests, including county supervisors, county mental health and disability service administrators, consumers, family members, service providers, and service advocates.

We share the Department's interest in the fundamental goal of the BIP Program to rebalance our systems of Long Term Supports and Services in favor of community living. We also strongly support the concept of a "No Wrong Door/Single Entry Point" infrastructure for Iowa's service system, and working to streamline and standardize our eligibility and assessment processes to improve access to services for all Iowans with mental illness and disabilities. As you also know, the members of the Commission have been actively engaged in our State's current system redesign efforts and recognize how well this opportunity fits with the vision for a transformed system that we share with the Department – the vision expressed in Iowa's Olmstead Plan for Mental Health and Disability Services. We would welcome the opportunity to contribute in any way we can to the success of the BIPP in Iowa and to expanding the opportunities for choice and community living available to everyone.

With regards,

John J. Willey

John (Jack) Willey
Chair, MHDS Commission

IOWA HOSPITAL ASSOCIATION

April 13, 2012

Director Charles M. Palmer
Iowa Department of Human Services
Hoover State Office Building
1305 East Walnut Street
Des Moines, IA 50319

Dear Director Palmer:

On behalf of Iowa's 118 community hospitals, the Iowa Hospital Association (IHA) writes in support of the Iowa Department of Human Services' application to participate in the Medicaid Balancing Incentive Payments Program (BIPP). IHA believes that BIPP emphasizes needed areas of change within Iowa's health care system especially related to mental health and dual-eligible beneficiaries.

As part of the Partnership for Patients, all Iowa hospitals are focused on reducing hospital readmissions by 20 percent by the end of 2013. Many hospital readmissions are related to a lack of support in the patient's home environment. The current shortage of home and community based services increases the rate of hospital readmissions and drives an increased reliance on nursing facility care for these patients. BIPP provides an opportunity to create a synergy and collaboration between the efforts of hospitals to reduce readmissions and the department to rebalance spending on long term supports and services in favor of home and community based services.

In particular, the conflict free case manager role within BIPP will create an important resource and source of collaboration for hospital discharge planners. Transitions of care, particularly upon hospital discharge, will be a key to the success of both the department's BIPP efforts and the hospitals' efforts to reduce hospital readmissions with the Partnership for Patients. As such, Iowa hospitals look forward to collaborating with the department on this initiative.

Additionally, IHA and Iowa hospitals have been very supportive of the department's efforts to redesign Iowa's mental health system. A source of frustration for hospitals has been the lack of sub-acute services within the state which contributes to bottlenecks within the system affecting patients in emergency departments waiting mental health care and patients in inpatient units at hospitals awaiting appropriate placement for transfer. IHA supports the efforts of BIPP related to the mental health system which should assist with the rebalancing of beds and services within Iowa's mental health system and hopefully provide better access to behavioral health care for Iowans.

IHA looks forward to continued dialogue on ways that hospitals and the department can continue to collaborate in achieving these goals and other areas of shared interest.

Sincerely,

Kirk Norris

Kirk Norris
President/CEO

100 EAST GRAND, SUITE 100, DES MOINES, IA 50309-1835 | P 515.288.1955 F 515.283.9366 | WWW.IHAONLINE.ORG

The Arc
Iowa
For people with intellectual and developmental disabilities

Achieve with us

3-26-2012

Director Charles M. Palmer
Iowa Department of Human Services
Hoover State Office Building
1305 East Walnut Street
Des Moines, IA. 50319

Dear Director Palmer,

I am pleased to endorse the Department's application through the Balancing Incentive Payments Program (BIPP) by the federal Centers for Medicare and Medicaid Services. The Arc of Iowa advocates for the fair treatment and inclusion of people with intellectual disabilities in communities. We share your commitment to balancing the costs for Iowans long term care system and enhancing access to community based services.

The Arc of Iowa supports your proposed goals to meet the expectations of the BIPP. The development of Conflict free case management is an important expectation in Iowa's application and The Arc looks forward to this outcome. All individuals with intellectual and developmental disabilities should be represented by a Case Manager who does not present a conflict between their responsibilities and the provision of support services. If this is not possible in all parts of rural Iowa, we look forward to an increase of state and consumer oversight to monitor implementation of service plans to meet individual desired outcomes.

We look forward to continued and increased collaboration with the Iowa Department of Human Services in achieving goals related to this project and other efforts aimed at increasing access to community based services.

Sincerely,

Casey Westhoff
The Arc of Iowa
Executive Director
3821 71st St. Suite A
Urbandale, IA. 50322

ASK Resource Center
5665 Greendale Road, Ste. D
Johnston, Iowa 50131

ASK Resource Center
Access for Special Kids

Phone: 515-243-1713
Fax: 515-243-1902
www.askresource.org

March 29, 2012

Director Charles M. Palmer
Iowa Department of Human Services
Hoover State Office Building
1305 East Walnut Street
Des Moines, Iowa 50319

Dear Director Palmer:

I am pleased to convey our support for the application by the Iowa Department of Human Services for the Centers for Medicare and Medicaid Balancing Incentive Payments Program (BIPP). As a training, information and advocacy center for families of children and adults with special needs, ASK Resource Center shares your commitment to balancing the costs for Iowa's long term care system and enhancing access to community based services.

Staff from ASK Resource Center serve on the Olmstead task force, and work to support the goals of the Olmstead plan. We function, in part, as Family Navigators to help families understand Medicaid processes and waivers, and offer training regarding transition to living, learning and working. Our organization has experienced great collaborative success with DHS and CDD regarding these initiatives as well as regarding planned systems change prompted by the Affordable Care Act.

We support your proposed goals to meet the expectations of BIPP. The development of a No Wrong Door/Single Entry Point into Iowa's long term care service system should provide support and clarity for individuals utilizing the system. The steps proposed to streamline and standardize eligibility and assessment processes, will improve access to services for all Iowans in the long term care system.

We look forward to continued and increased collaboration with the Department of Human Services in achieving its goals related to this project and other efforts aimed at increasing access to community based services. Thank you.

Sincerely,

Karen Thompson
Executive Director

ASK Resource Center Board of Directors
President - Mary Jankowski, Vice President - Al Takemoto, Treasurer - Lisa Arechavaleta, Secretary - Jena Luksetich Garcia, Amy Thoms-Starr, Fred Venable III, Kim Whiting, Mary Larson, Linda Biermann

UNIVERSITY of IOWA HEALTH CARE

University of Iowa
Hospitals and Clinics

Center for Disabilities and Development
100 Hawkins Drive
Iowa City, Iowa 52242-1011

March 25, 2012

Director Charles M. Palmer
Iowa Department of Human Services
Hoover State Office Building
1305 East Walnut Street
Des Moines, Iowa 50319

Dear Director Palmer:

I am writing on behalf of the Center for Disabilities and Development (CDD), Iowa's University Center for Excellence on Disabilities, to convey the strongest possible support for the application by the Iowa Department of Human Services for the Centers for Medicare and Medicaid Balancing Incentive Payments Program (BIPP). As you know, we share your commitment to balancing the costs for Iowa's long term care system and enhancing access to community based services and you can count on us to assist in any way that would be helpful.

We support your proposed goals to meet the expectations of BIPP. The development of a No Wrong Door/Single Entry Point into Iowa's long term care service system should provide support and clarity for individuals utilizing the system. We look forward to Iowa COMPASS, CDD's statewide disability services information and referral system, becoming part of the integrated database that will support the new NWD/SEP network. The steps proposed to streamline and standardize eligibility and assessment processes, along with the commitment to conflict-free case management, will improve access to services for all Iowans in the long term care system.

We are very excited that BIPP will help implement the recommendations of both Iowa's Olmstead Plan and the legislatively mandated workgroups charged to assist in redesigning Iowa's mental health and disability system. Thank you for your outstanding leadership in these efforts. We look forward to continued and increased collaboration with the Department of Human Services in achieving its goals related to this project and other efforts aimed at increasing access to community based services.

Sincerely,

Robert Bacon

Robert Bacon, Director
Iowa's University Center for Excellence on Disabilities
Center for Disabilities and Development

IOWA DDCouncil

Preparation, Participation, Power

30 March 2011

Charles M. Palmer, Director
Iowa Department of Human Services
Hoover State Office Building
1305 East Walnut Street
Des Moines, IA 50319

Dear Director Palmer:

I am writing in support of the application by the Iowa Department of Human Services to the Centers for Medicare and Medicaid for the Medicaid Balancing Incentive Payments Program (BIPP). As you are well aware this program is consistent with the Iowa Developmental Council's (DD Council) advocacy for systems and supports that allow Iowans with developmental disabilities to live in communities they choose. To that end, the DD Council staff and members have and continue to be involved in strategies to strengthen community options for Iowans with developmental disabilities.

The DD Council has been represented on the Olmstead Consumer Task Force since its inception. Members and staff participated last fall in all stakeholder workgroups to provide input into the redesign of the Mental Health and Disability Services System. The Council was also instrumental in engaging stakeholders with disabilities in the workgroups and used our resources to survey stakeholder's perceptions of the recommendations. In addition, the Council is taking the lead on an employment systems change project that will improve the opportunities for Iowans with developmental disabilities to work in community based rather than facility based settings.

The Council supports the proposed goals of the BIPP application to streamline and standardize eligibility and assessment processes to improve access to services for Iowans with developmental disabilities. The Council will continue to collaborate with the Department of Human Services to achieve these outcomes.

Respectfully

Becky Harker
Executive Director

Iowa Developmental Disabilities Council | www.idaction.com/govdd
617 East Second Street | Des Moines, IA 50309 | 515-725-0151 | 800-452-1936 | Fax: 515-725-0437

Disability Rights IOWA

Law Center for Protection and Advocacy™

April 3, 2012

Director Charles M. Palmer
Iowa Department of Human Services
Hoover State Office Building
1305 East Walnut Street
Des Moines, IA 50319

Dear Director Palmer:

On behalf of Disability Rights Iowa, I would like to convey our support for the application by the Department of Human Services for funding under the federal Balancing Incentive Payments Program (BIPP). Our agency shares your interest in the fundamental goal of the BIPP, which is to build states' commitments to rebalance their systems of long term supports and services in favor of community living. The requirements of the BIPP are consistent with Disability Rights Iowa's advocacy to strengthen community options for Iowans with mental illness and disabilities.

In addition, the overarching goal of the BIPP, as well as its infrastructure requirements, supports the vision and goals of Iowa's Olmstead Plan for Mental Health and Disability Services. Disability Rights Iowa has continuously advocated for the Olmstead principles of community living and supports the proposed goals of the BIPP application to streamline and standardize eligibility and assessment processes to improve access to services to all Iowans with disabilities, increase the percentage of long term care expenditures going to home and community based services and providing assistance to individuals and their families to navigate the system.

Disability Rights Iowa looks forward to working with the Iowa Department of Human Services to achieve these outcomes and learning of Iowa's progress under the BIPP.

Sincerely,

DISABILITY RIGHTS IOWA

Cynthia Miller

Cynthia A. Miller
Senior Staff Attorney

Our Mission: To defend and promote the human and legal rights of Iowans with disabilities.

400 East Court Avenue, Suite 300
Des Moines, Iowa 50309
Telephone: 515-278-2502
FAX: 515-278-0539
Toll Free: 1-800-779-2502
Toll Free TTY: 1-866-483-3342
Website: www.disabilityrightsiowa.org
E-mail: info@disabilityrightsiowa.org

Iowa Association of Area Agencies on Aging

Aging Resources of Central Iowa
Des Moines, Iowa
515-255-1310
www.agingresources.com

Area XIV Agency on Aging
Creston, Iowa
641-782-4040
www.areaxivaaa.org

Elderbridge Agency on Aging
Mason City, Iowa
641-424-0678
www.elderbridge.org

Generations Area Agency on Aging
Davenport, Iowa
563-324-9085
www.genage.org

Hawkeye Valley Area Agency on Aging
Waterloo, Iowa
319-272-2244
www.hvaaa.org

Heritage Area Agency on Aging
Cedar Rapids, Iowa
319-398-5559
www.heritageaaa.org

Northland Agency on Aging
Decorah, Iowa
563-382-2941
www.northlandaging.com

Northwest Aging Association
Spencer, Iowa
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www.nwaging.org

Scenic Valley Area Agency on Aging
Dubuque, Iowa
563-588-3970
www.scenicvalley.org

Seneca Area Agency on Aging
Ottumwa, Iowa
641-682-2270
www.seneca-aaa.org

Siouxland Aging Services, Inc.
Sioux City, Iowa
712-279-6900
www.siouxlandaging.org

Southwest 8 Senior Services
Council Bluffs, Iowa
712-328-2540
www.southwest8.org

April 5, 2012

Director Charles M. Palmer
Iowa Department of Human Services
Hoover State Office Building
1305 East Walnut Street
Des Moines, Iowa 50319

Dear Director Palmer:

It is our understanding that the Iowa Department of Human Services is continuing efforts to move funding towards increased home and community based services. This effort aligns very well with the mission of the Area Agencies on Aging in Iowa and we share your commitment to enhance access to home and community based services. As part of this movement, it is our further understanding that the Iowa Department of Human Services is submitting an application for the Centers for Medicare and Medicaid Balancing Incentive Payments Program (BIPP).

We very much support your application and believe we can play a vital role in Iowa achieving their BIPP goals. Although this is a transition year for us, the Area Agencies on Aging are committed to being and building a statewide Aging and Disability Resource Center network. This will build upon the 40 years of the area agencies providing not only Information and Referral but also Information and Assistance. As area agencies, we have found that many of the clientele we serve need that extra attention and counseling that is provided by Information and Assistance. We listen to their question and/or problem, probe to find out more details and then counsel them on their options.

The ADRC's serve as single points of entry into the long-term supports and services system for older adults and people with disabilities. ADRC's address many of the frustrations consumers and their families experience when trying to find needed information, services, and supports. Through integration or coordination of existing aging and disability service systems ADRC programs raise visibility about the full range of options that are

*5835 Grand Avenue, Suite 106, Des Moines, Iowa 50312-1437 * Phone: 515-255-4004
* fax: 515-255-6244 * email: i4a@i4a.org * web-site: www.i4a.org

available; provide objective information, advice, counseling, and assistance; empower people to make informed decisions about their long term supports; and help people more easily access public and private long term supports and service programs.

In addition, Iowa's area agencies on aging are a major collaborator in the LINKS project which is working on combining the data information and referral bases of key provider groups in Iowa. The combined data base will allow consumer access to all services along the continuum of care. The current collaborators are the Area Agencies on Aging, 211's and COMPASS. The project can easily add other key providers in the State that would lead to the enhanced access to services that you are striving to achieve through the BIPP application.

We also want you to know that the area agencies are committed to enhancing the Case Management Program for the Frail Elderly and look forward to working with the Department of Human Services to strengthen this program. The program provides coordination of community services to assist individuals to remain in their own homes; assistance in locating and identifying needed community services; and provides an advocate to act on their behalf when needed.

This is what the Area Agencies on Aging in Iowa will bring to the table throughout the BIPP application and implements process. We look forward to being part of the whole planning and implementation team. We are very willing and interested in being part of the on-going process and assisting the State of Iowa in increasing access to home and community based services.

Sincerely,

Barbara Morrison

Barbara Morrison, Chair
Iowa Association of Area Agencies on Aging

Iowa Association of Community Providers
7025 Hickman Road, Suite #5
Urbandale, Iowa 50322
P: 515-270-9495
F: 515-270-1035
www.iowaproviders.org

March 30, 2012

Director Charles M. Palmer
Iowa Department of Human Services
Hoover State Office Building
1305 East Walnut Street
Des Moines, Iowa 50319

Dear Director Palmer:

I am pleased to convey our support for the application by the Iowa Department of Human Services for the Centers for Medicare and Medicaid Balancing Incentive Payments Program (BIPP). We share your commitment to balancing the costs for Iowa's long term care system and enhancing access to community based services.

We support your proposed goals to meet the expectations of BIPP. The development of a No Wrong Door/Single Entry Point into Iowa's long term care service system should provide support and clarity for individuals utilizing the system. The steps proposed to streamline and standardize eligibility and assessment processes, will improve access to services for all Iowans in the long term care system.

We look forward to continued and increased collaboration with the Department of Human Services in achieving its goals related to this project and other efforts aimed at increasing access to community based services. Thank you.

Sincerely,

Shelly Chandler

Shelly Chandler
Executive Director
Iowa Association of Community Providers
7025 Hickman Road, Suite 5
Urbandale, Iowa 50322

Iowa Behavioral Health Association

705 East 2nd Street
Des Moines, IA 50309

T515.223.6211
F515.309.3317

www.ibha.org

March 29, 2012

Director Charles M. Palmer
Iowa Department of Human Services
Hoover State Office Building
1305 East Walnut Street
Des Moines, Iowa 50319

Dear Director Palmer:

On behalf of the Iowa Behavioral Health Association, I am pleased to convey our support for the application by the Iowa Department of Human Services for the Centers for Medicare and Medicaid Balancing Incentive Payments Program (BIPP). We share your commitment to balancing the costs for Iowa's long term care system and enhancing access to community based services.

We support your proposed goals to meet the expectations of BIPP. The development of a No Wrong Door/Single Entry Point into Iowa's long term care service system should provide support and clarity for individuals utilizing the system. The steps proposed to streamline and standardize eligibility and assessment processes, will improve access to services for all Iowans in the long term care system.

We look forward to continued and increased collaboration with the Department of Human Services in achieving its goals related to this project and other efforts aimed at increasing access to community based services. Thank you.

Sincerely,

Sincerely yours,

DTriplett

Deanna Triplett, CEO

IOWA FINANCE
AUTHORITY

March 26, 2012

Director Charles M. Palmer
Iowa Department of Human Services
Hoover State Office Building
1305 East Walnut Street
Des Moines, Iowa 50319

Dear Director Palmer:

I am pleased to convey the Iowa Finance Authority's (IFA) support for the application by the Iowa Department of Human Services (DHS) for the Centers for Medicare and Medicaid Services Balancing Incentive Payments Program (BIPP). We share your commitment to balancing the costs for Iowa's long-term care system and enhancing access to community-based services.

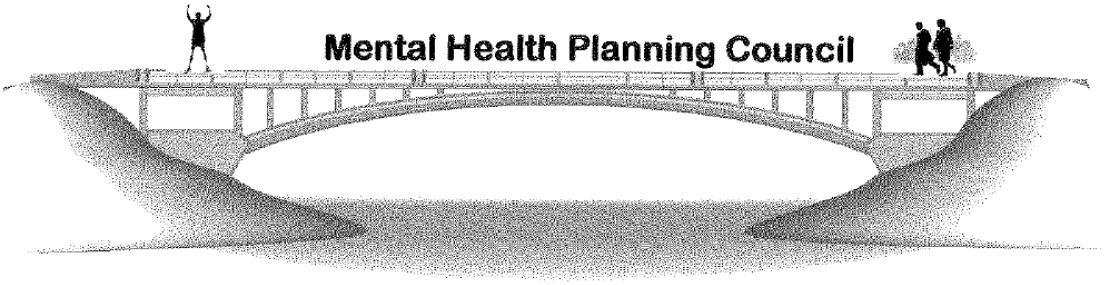
Our agency has been an active partner in efforts to implement specified goals under Iowa's Olmstead Plan for Mental Health and Disability Services to improve access to safe, affordable and accessible housing. IFA administers the state-funded HCBS Waiver Rent Subsidy program to provide rental assistance to individuals receiving Waiver services until they become eligible for a Housing Choice Voucher (Section 8) or other housing assistance. IFA will continue to work closely with DHS on the state's Money Follows the Person initiative as well as with Iowa's Olmstead Consumer Task Force to help expand community living options for persons with disabilities. We are proud of our record of advocacy for persons with disabilities under the affordable housing financing programs made available by IFA, which have helped to create thousands of affordable, accessible apartment units that Iowans call home.

We look forward to continued and increased collaboration with DHS in achieving its goals related to the BIPP and other efforts aimed at increasing access to community-based services and affordable, accessible housing opportunities in communities across Iowa.

Sincerely,

David D. Jamison
Executive Director

2015 Grand Avenue | Des Moines, Iowa 50312 | 515.725.4900 | 800.432.7230 | fax 515.725.4901 | IowaFinanceAuthority.gov
Terry E. Branstad - Governor | Kim Reynolds - Lt. Governor | David D. Jamison - Executive Director



Bridging the Gap for Iowans with Mental Health Issues

Director Charles M. Palmer
Iowa Department of Human Services
Hoover State Office Building
1305 East Walnut Street
Des Moines, Iowa 50319

Date: 3-23-12

Dear Director Palmer:

The Iowa Mental Health Planning Council is pleased to convey our support for the application by the Iowa Department of Human Services for the Centers for Medicare and Medicaid Balancing Incentive Payments Program (BIPP). We share your commitment to balancing the costs for Iowa's long term care system and enhancing access to community based services.

We support your proposed goals to meet the expectations of BIPP. The development of a "No Wrong Door/Single Entry Point" into Iowa's long term care service system has long been sought by individuals utilizing the system. The steps proposed to streamline and standardize eligibility and assessment processes, will improve access to services for all Iowans in the long term care system.

The infrastructure requirements of the BIPP support the recommendations for redesign of Iowa's mental health and disability services system made by the five stakeholder workgroups last fall.

We look forward to continued and increased collaboration with the Department of Human Services in achieving its goals related to this project and other efforts aimed at increasing access to community based services. Thank you.

Sincerely,

Teresa Bomhoff, Chairperson
Iowa Mental Health Planning Council

1

NAMI Greater Des Moines

National Alliance on Mental Illness

Empowering individuals, families and community by providing hope and education about brain disorders.

Director Charles M. Palmer
Iowa Department of Human Services
Hoover State Office Building
1305 East Walnut Street
Des Moines, Iowa 50319

Date: 3-23-12

Dear Director Palmer:

The National Alliance on Mental Illness of Greater Des Moines is pleased to provide our support for the application by the Iowa Department of Human Services for the Centers for Medicare and Medicaid Balancing Incentive Payments Program (BIPP). It is important to move toward balancing the costs for Iowa's long term care system and enhancing access to community based services.

We support your proposed goals to meet the expectations of BIPP. The development of a "No Wrong Door/Single Entry Point" into Iowa's long term care service system has long been sought by individuals utilizing the system. Streamlining and standardizing eligibility and assessment processes will improve access to services for all Iowans in the long term care system.

The infrastructure requirements of the BIPP support the recommendations for redesign of Iowa's mental health and disability services system made by the five stakeholder workgroups last fall as well as the goals of the Iowa Olmstead Plan.

We look forward to continued and increased collaboration with the Department of Human Services to increase access to community based services. Thank you.

Sincerely,

Teresa Bomhoff
Vice Chairperson
NAMI Greater Des Moines

Find Help. Find Hope. | NAMI Greater Des Moines • PO Box 12174 • Des Moines, Iowa, 50312
(515) 277-0672 • namigdm@gmail.com • www.namigdm.org

STATE OF IOWA BALANCING INCENTIVE PAYMENT PROJECT
Application Narrative

a. Understanding of Balancing Incentive Program Objectives: The State has demonstrated an understanding of and a commitment to the goals of the Balancing Incentive Program, and the concepts of a true NWD/SEP system for LTSS.

Iowa has demonstrated its commitment to the Balancing Incentive Payment Program (BIP's) overarching goal of rebalancing long term supports and services away from a historical over-reliance on facility-based care in favor of home and community based options for all disability populations. The Legislature has attached a high priority to home and community based services. Iowa has seen the creation of the Children's Mental Health (CMH) Waiver and the first in the nation Section 1915(i) Waiver for habilitation services addressing unmet needs of individuals with chronic mental illness. Other major drivers include the implementation of the 2007 Money Follows the Person (MFP) grant, targeting Iowa's over-reliance on Intermediate Care Facility for individuals with Intellectual Disabilities (Mental Retardation) (ICF/ID), especially, in comparison with other states, the state's reliance upon facilities of 16 beds or more; regular Legislative action to expand 1915(c) waiver funding in order to eliminate waiting lists; and implementation of case mix adjusted reimbursement to nursing homes in order to address the use of facility based care even for individuals of low acuity.

In 2011, the Iowa Legislature called for the establishment of work groups to recommend a new regionally-based mental health and disability service system (MHDS) infrastructure that would provide a more uniform, outcome based system with access to mental health and disability services, define the services to be offered, and suggest appropriate assessment tools. The Department of Human Services (DHS) had recently completed its State Olmstead Plan for Mental Health and Disability Services (MHDS). The legislation mandated that design of the new system comply with *Olmstead* principles, solidifying the commitment to LTSS rebalancing. The established work groups were able to achieve consensus over the period of a few months in the fall of 2011 and the DHS accepted almost all recommendations in its final system redesign report to the Legislature. The General Assembly currently has legislation pending based on this system redesign final report.

The pending legislation reflects a commitment to basic concepts at the foundation of the BIP: standardized assessments, uniform access, core services, and conflict free case management. The Legislature has mandated that the service system comply with BIP requirements. As demonstrated in the preliminary work plan (attached), implementation of the BIP will proceed as an integral part of the implementation of the redesigned service system. The BIP Partners are committed to evolving the current I&R system to be more expansive and provide more access points including walk-in sites, web based access and a toll free call center. The BIP will provide an opportunity to develop a uniform and efficient process for all Iowans to access necessary long term support services.

b. Current System's Strengths and Challenges: The State has provided a description on one of the existing LTSS information and referral, eligibility determination, and case management processes in the State.

Some examples of the strengths of the current system related to rebalancing can be seen in the Legislature's steady commitment to expansion of HCBS services, the growing awareness by many Iowa legislators of the Iowa DHS Olmstead Plan and its implications for LTSS policy, and the bipartisan support demonstrated for system redesign to improve access. There have also

been recent investments by DHS in improving system efficiencies by strengthening its IT systems and processes. DHS has used its web-based Individualized Services Information System (ISIS) for almost ten years, tracking the progress of HCBS Waiver eligibility, assessments for enrolled individuals, and the management of their services. Improved tracking reduces the possibility that individuals will fall through the cracks and has sped up approval of service plans. More recently, DHS case files have been digitized, and transmission of eligibility documentation is now generally done electronically. In addition, several initiatives are underway in Iowa to improve case management and care coordination for individuals with complex conditions. Health Home initiatives for individuals with mental illness or chronic medical conditions are one example. Iowa will incorporate improved service coordination for "dual eligible" individuals to provide better coordination of health care and long term care support services.

Information and Referral

As described in (c), below, Iowa has an I & R network consisting of Iowa 2-1-1 (for general human services), Iowa COMPASS for disability services, and the Iowa Family Caregiver Program managed by the Iowa Association of Area Agencies on Aging (I-4A), for services to older Iowans. This network provides a strong foundation on which to build the web-based NWD/SEP/ADRC (Aging and Disability Resource Center) and a statewide call center. Each of the network members offers a call center and a website with links to a database of services statewide. A website (http://www.LifeLongLinks.org) was established in 2006 by the Iowa Department on Aging (IDA) to provide a single access point to each database of the I&R network entities' though federally funded ADRC projects . Since 2010, a statewide steering committee consisting of these organizational entities has been working towards integration of their respective databases into a single, statewide database and call center for I & R.

Iowa COMPASS and the Iowa Family Caregiver Program provide I & R beyond the range of LTSS available in the state. This includes information regarding housing, social networking web services, transportation, legal services and dispute resolution, etc. Iowa COMPASS also provides access to its Used Equipment Referral Service along with information on resources and legal assistance in securing assistive technology. In 2011 the Iowa COMPASS website had 229,648 hits and 2,094 phone contacts. In the final quarter alone, there were 3,473 searches of the disability services database. In FY 2011, I-4A's Information and Assistance web site and call centers had 44,252 client contacts and 18, 426 visits to the website, with 5,758 searches for services.

Iowa has identified that a comprehensive electronic database is needed for Medicaid, non-Medicaid, and private mental health services. Enhancement and continued development of a state Single Entry Point website under the BIP will provide an opportunity to address this issue.

Iowa has two Aging and Disability Resource Centers operating in 17 counties in the eastern part of the state. They are currently building their capacity to provide I & R and options counseling, serving 7,500 individuals in the last year. Recent legislation to redesign the aging network in Iowa will result in the creation of ADRCs throughout Iowa. IDA and DHS are collaborating to assure that efforts of expanding ADRC's and implementing MHDS system redesign will create a uniform and efficient system.

Eligibility Determination

Iowa's current eligibility and assessment processes for people seeking services are complex. The NWD/SEP/ADRC infrastructure will be incorporated into the redesigned regionally-based MHDS system and all Iowans can be expected to benefit, not just Medicaid members.

Access points in Iowa vary for Medicaid and non-Medicaid services as well as between adults, children and older Iowans. Access to Medicaid services, including HCBS Waiver services, is through the DHS local offices. Access to non-Medicaid aging services is often through area agencies on aging. Children and their families can connect with services through any one of several entry points, including primary care, school districts or area education agencies, or sometimes child welfare or the juvenile justice system. Access for county funded services is through the local county office. Case management is not provided until eligibility for services is established, a process which can take months or sometimes even years. Lack of assistance in navigating the service system can aggravate the problem, if, for example, families do not understand documentation requests or the nature of a bottleneck they might be facing.

This level of complexity can be confusing for individuals, families, providers and case managers. A No Wrong Door system can address this barrier by providing a toll free number, a single website with information on services and electronic applications, and a network of local access points that collaborate in building a seamless system for people who need assistance. This mirrors the ADRC model. SEP entities (which could include options counselors) in local offices can help to speed access to services, perhaps even helping to prevent unnecessary institutionalization of individuals in crisis.

At this time, Iowa does not have a standardized core assessment tool implemented across all programs and access points. Submission of the BIP application coincides with the Legislature's intent to begin addressing this problem through implementation of the Supports Intensity Scale (SIS) for individuals with an ID (Intellectual Disability) diagnoses and the Level of Care Utilization System (LOCUS) for individuals with mental illness. A standardized tool is being explored for individuals with a Brain Injury (BI) diagnosis as well as one for aging populations. Iowa Medicaid Enterprise (IME) has begun testing the SIS in a demonstration and is reviewing lessons learned. Both the MI and ID/DD (Developmental Disabilities) workgroups developing redesign recommendations have called for adoption of the LOCUS and SIS, respectively. Initiation of the use of these tools as standard practice is expected in FY 2013.

Case Management

The provision of case management by entities responsible for funding and/or providing services is common in Iowa. Administrative rules protect the consumer's right to choose both his/her case manager and service provider. Iowa will develop mechanisms to ensure compliance with BIP standards for conflict free case management. Uniform requirements for firewalls will be established, along with compliance policies to assure transparency and the protection of consumer interests by case managers.

A group with an acute need for assistance with service system navigation and coordination of services is individuals who are dually eligible for Medicare and Medicaid. A number of participants on Iowa's ID Waiver are dual eligible. IME is actively pursuing several options to improve care coordination for those populations with program and funding complexities. For example, Iowa is developing Health Homes for individuals who lack adequate access to primary care and are diagnosed with chronic medical conditions or mental illness. It is expected that case managers will play an important and timely role in initiatives promoting coordination of medical services and community based supports. Enhancement of the NWD/SEP/ADRC will help many individuals and families as well.

c. NWD/SEP Agency Partners and Roles: The State has described the designated agencies that will likely comprise the SEP Agencies and has described each agency's anticipated role in the NWD/SEP system.

The agencies expected to constitute the required infrastructure are:

1. Oversight Agency: DHS - Iowa Medicaid Enterprise (IME)
2. Operating Agency: DHS – MHDS Division
3. Co-Operating Agency - IDA
4. Regional administrators of the mental health and disability services system and their local offices and Iowa's Aging Network.

The Iowa Legislature is currently considering code language to establish the infrastructure for a redesigned MHDS system. There is bipartisan agreement on most elements of a redesigned system. As noted in (a) and (b) above, the Executive Branch and the Legislature are committed to development of a system with improved access to services and consistency in eligibility and assessment processes across the state. The services are to be "regionally administered but locally delivered." Services provided to individuals are to be coordinated from point of access through service planning, delivery, and outcomes. The kinds of partnerships this will require (locally, regionally and statewide) are fully consistent with the purposes of the BIP.

<u>Department of Human Services</u>

DHS will work to ensure timely implementation of essential infrastructure components, including development of the website and call center, physical SEPs at the local level, and the streamlined and coordinated processes of eligibility determination, assessment, and service planning. DHS currently has online applications for key services such as Medicaid and Food Assistance. DHS also maintains the data warehouse that will incorporate functional assessment, financial eligibility processing, enrollment and key data on LTSS required for outcomes reporting under the BIP. Two divisions within DHS will play lead roles:

<u>Oversight Agency: DHS - Iowa Medicaid Enterprise (IME).</u> IME will be the Oversight Agency for the BIP and will be involved in every aspect of infrastructure development under the BIP:

1. IME is responsible for administration of the Medicaid program;
2. IME currently provides partial funding for Iowa's disability information and referral service (Iowa COMPASS);
3. IME staff work with the Iowa Department of Public Health and the Iowa Insurance Commission to coordinate the application process, including web-based access, for the Iowa's Health Insurance Exchange development under the upcoming Medicaid eligibility expansion of the Affordable Care Act;
4. IME is planning implementation of the SIS tool for identification of goals and support needs of individuals with an ID diagnosis, and will work to ensure a seamless Core Standardized Assessment process for all Medicaid-eligible populations with specialized needs;
5. IME is invested in enhanced service coordination through creation of Health Homes and is developing an application for funding under the ACA;
6. While IDA is responsible for non-Medicaid populations for frail elderly under the Case Management Program for the Frail Elderly, the IME is the principal funding source for case management services and will assume responsibilities for policy development to ensure conflict free case management;

7. IME is the principal funding source for disability and mental health services for Iowans who qualify for medical assistance as well as services for older Iowans through the Elderly Waiver;
8. IME has oversight of the Medicaid Management Information System (currently undergoing significant modernization);
9. Under pending redesign legislation, IME will support local coordination of Medicaid service planning and delivery.

DHS - IME will play the lead role in the rebalancing of Medicaid-funded LTSS in favor of community living options to achieve the goal of an excess of 50% of LTSS expenditures on home and community based services by September 30, 2015. Major factors driving a steady increase in HCBS over institutionally based services include:

1. Iowa's seven Section 1915 (c) waivers, along with consistent legislative support for appropriations to reduce or eliminate waiver wait lists;
2. The first-in-the-nation Section 1915(i) waiver providing habilitation services to individuals with chronic mental illness.
3. Iowa's Money Follows the Person initiative, which has helped 174 individuals with ID transition from ICFs/ID(MR) to community settings since Fall 2008;
4. The creation of a Children's Mental Health Waiver in 2006;
5. Medicaid for Employed Persons with Disabilities (MEPD), which is Iowa's Medicaid Buy-In program;
6. Nursing home transitions under MDS Section Q;
7. Consumer Choices Option (CCO), which is Iowa's self-direction option under the waivers;
8. Iowa's PACE programs, which are diverting people from nursing homes.

Operating Agency: DHS - Mental Health and Disability Services Division (MHDS). Also within DHS is MHDS, the State Mental Health Authority and DD Authority, which will serve as the Operating Agency. MHDS has the principal responsibility for disability and mental health policy and oversight of the MHDS system. MHDS organized and provided staff support for MHDS redesign workgroups in Fall 2011, and is now playing a lead role in working with the Legislature on legislation implementing final redesign recommendations. MHDS is working with legislators to identify the objectives of the BIP and the need to incorporate BIP requirements within the MHDS system infrastructure. MHDS works closely with IME; frequent inter-agency staff meetings, including meetings leading up to submission of this BIP application, ensure that a unified vision is maintained and communicated to stakeholders.

Co-Operating Agency: Iowa Department on Aging (IDA). IDA's mission is to develop a comprehensive, coordinated and cost-effective system of long term living and community support services to help individuals maintain health and independence in their homes and communities. As Iowa's State Unit on Aging, IDA's responsibilities include coordinating all state activities related to the purposes of the Older Americans Act (OAA) and developing a State Plan on Aging. IDA reviews plans submitted by the State's Area Agencies on Aging (AAAs), and is the conduit for federal funds distributed by the Administration on Aging under the OAA as well as State appropriated funds. IDA works with the AAAs to promote expansion of home and community based services for older Iowans. Iowa AAAs provide a significant share of case management services for participants in Iowa's Elderly Waiver. Since 2004 IDA has developed the ADRC in Iowa by establishing a website (http://www.LifeLongLinks.org) for information and access to local LTSS and the establishment through two regional ADRCs in Eastern Iowa. Since 2006 the IDA has been required by statute to coordinate the ADRC in Iowa. Through its own redesign legislation (HF 45) Iowa will modernize the aging network through reducing the

number of Area Agencies on Aging in the state and increasing the number of ADRCs, as described by its ADRC five-year plan approved by Administration on Aging in 2011.

Regional Administrative Entities and Local Offices. It is widely anticipated that the new regional delivery system for MHDS will build on the strengths and resources of the existing county-based system and the aging network. Through redesign efforts for individuals with disabilities and/or who are aging, the service delivery system will establish local NWD/SEP/ADRC entities through the regions. The partnering State departments will provide technical assistance, training, and establish rules and procedures for the NWD/SEP/ADRC entities.

As NWD/SEP/ADRCs, these entities will provide: 1) informational referral and access that includes Level 1 assessment; 2) referral for Level 2 assessment; 3) assistance with completion of eligibility application; 4) follow up to referred services including case management and/or health homes.

d. NWD/SEP Person Flow: The State has provided an initial description of the planned "person flow" through the NWD/SEP system (i.e., the experience of the eligibility determination process from an individual's perspective, from start to finish), including how the State plans to coordinate functional and financial eligibility within the eligibility determination process and how these processes differ from the current system.

Proposed Single Entry Point/No Wrong Door System

The "Person Flow" described below provides an illustration of the steps Iowa is exploring to streamline, simplify and improve consistency in the process. The BIP presents an opportunity to review *additional* options as well as lessons learned from other states. The sample "Person Flow" is specific to ID services, but the flow is interchangeable for other populations seeking LTSS.

Our consumer is John Doe, who is in his 30's, has an ID and has been living with his parents since birth. He has never received publicly funded services for his disability. He has worked at occasional odd jobs. His mother has died and his father is experiencing early-onset dementia. Due to the stress of these circumstances, John has begun to engage in challenging behavior that is threatening his ability to safely remain in the home with his father. His siblings are unfamiliar with the services available but know that they need to find some options.

1. *Marketing and outreach of SEP/NWD/ADRC web site and toll-free number.* Iowa will research the most effective methods to marketing the availability of the official state website as a source of information, referral, online applications and the Level I assessment for services. The web site also provides appropriate web links as well as a searchable directory of local NWD/SEP/ADRC services and/or entities keyed to the web user's zip code. John's siblings may have heard of this resource.
2. *Information and Referral*. The family's first contact may be through a web site, which links visitors to the statewide I & R database providing uniform and comprehensive information on LTSS for all populations of persons who are aging, have a disability and/or mental health needs. It is intended that the web site will display a toll free number that the family can call for assistance in determining service needs and identifying and connecting with supports. If the family utilizes the toll free number they should be able to ask questions, get assistance with the Level I assessment, and be forwarded to a local NWD/SEP/ADRC entity or provider.
3. *Online Applications for Services*. The web site will have a link to the existing online applications for Medicaid assistance and other programs. Completed applications are assigned identifiers and submitted electronically to one of the five DHS service

areas, which also forward the application to the NWD/SEP/ADRC nearest to John. At the point when the family submits the electronic application, they are immediately notified that they will hear by mail or phone within two working days the name of a SEP entity who is assigned to John.

a. *Web-based Level I Assessment.* The web site will also provide a link for an online Level I assessment to establish preliminary eligibility for services. If John's family decides to complete the assessment, they also receive confirmation and a notice that they will be contacted by a SEP entity. If the family wants help completing the Level I assessment they can call the toll free number. The call center will submit John's Level I assessment to the appropriate entities.
b. *Triggering Review of Medicaid Income Eligibility Determination*. If John chooses to apply for medical assistance, the DHS Field Office assigns the application to an IM worker's process page in the Electronic Case File. If John and his family are interested in long-term care supports, the case is entered electronically into the web-based Individualized Supports Information System (ISIS), which is used to track eligibility determinations, assessments, service planning and utilization of HCBS Waivers. The IM worker reviews the application and notifies the family and the SEP coordinator if additional information is needed.

4. ALTERNATIVE Iowa will be exploring further: *Local Physical NWD/SEP/ADRC Access.* John's family may not have access to the internet, or may prefer talking to someone face-to-face. The identified NWD/SEP/ADRC offices will be physically accessible with staff equipped to provide other accommodations as needed. Staff will be provide the same assistance as described in steps 1 through 3, including the same information about available services, eligibility criteria, and how to access them. John will be walked through the Level I assessment, and a discussion will occur on his eligibility for the services he wants and needs. It may appear that John is a candidate for the ID Waiver so the staff electronically initiates income eligibility determination for both Medicaid and non-Medicaid services. The case is entered in ISIS.
   a. *Requirements for ID.* John's family provides records of John's ID. The SEP entity arranges for confirmation of the diagnosis.
   b. *Income Eligibility Determination.* Medicaid eligibility determination will remain the responsibility of DHS field staff (IM workers), who are located in most counties. In the past two years, IME has moved to a system of electronic case files (ECFs) for Medicaid recipients (members); face to face interviews are no longer required. The SEP entity will initiate the income eligibility process electronically with the DHS Field Office, and will monitor progress for both Medicaid and regional services.

   As noted above, IMs maintain an electronic "process list" of applicants and members and are able to track individual ECFs. As electronic documentation of income (such as SSA confirmation of eligibility for SSI or SSDI, employer pay records, etc.) is received it is dropped into each member's ECF. As John's documentation is received, and income eligibility is established, the field office notifies the NWD/SEP/ADRC entity who initiated John's eligibility determinations.
5. *Coordination of Core Standardized Assessment (CSA) Process*. When the diagnosis is confirmed, the SEP entity hands off the responsibility of the Level II Assessments to the identified assessor although they will monitor the process to its completion. John's Level II Assessment will consist of the Supports Intensity Scale (SIS). The SIS assessment is conducted by a member of Iowa's team of SIS specialists, and involves participation by an interdisciplinary team of professionals,

family members and others who know John well. The LOCUS must be done by a qualified mental health professional. The two tools in combination constitute the Core Standardized Assessment (CSA) for John.

6. *Service Planning*. John is assisted in creating a consumer-directed options plan for his LTSS based upon all of his needs, any identified diagnoses, and financial picture. The plan includes a proposed follow-up by the NWD/SEP/ADRC to determine if John had any barriers to implementing his plan.

<u>How These Processes Differ From the Current System</u>

Iowa is exploring the system reflected in the above example. The BIP will give Iowa the opportunity to define and research the NWD/SEP/ADRC process that meets the needs of Iowans as well as builds upon current infrastructure. The differences between the system in the example and the current system are:

1. Consolidation of the current databases into a single, web-based, searchable database for information and referral;
2. A well-publicized website and toll-free number for all individuals and their families, regardless of mental health needs, disabilities, income, age or location, along with Level I assessments and applications for services will provide a streamlined method of connecting people with what they need;
3. The designation of physical NWD/SEP/ADRCs in locations accessible to every Iowan with in-home/in-community outreach where possible and where needed;
4. The alignment of aging and disability work flow and employee duties to more efficiently respond and coordinate the path for individuals seeking services;
5. The improvement and streamlining of the eligibility process throughout the LTSS.

e. NWD/SEP Data Flow: The State has provided a discussion of the "data flow" within the eligibility determination process and has described where functional and financial assessment data will be housed and how they will be accessed by SEP Agencies to make eligibility determinations.

DHS has been working on strengthening IT systems for a number of years, and some significant improvements have a bearing on implementation of the BIP, such as online application for Medicaid, and converting DHS case management files to electronic databases.

While not all decisions have been made about the SEP/ ADRC data flow, it is anticipated that online applications for waiver services will be reviewed by DHS central office staff and sent to the Income Maintenance unit to set up the electronic work flow for the applications. Eligibility data are entered into the Iowa Automated Benefit Calculation (IABC). Once eligible, the application is entered into the ISIS (Individualized Services Information System), which is used to track the case history of all long-term care supports.

Iowa will work closely with CMS to develop systems for integration of Core Standardized Assessment data with the existing DHS data warehouse, and to provide mechanisms for coordination and data sharing among the network partners.

f. Potential Automation of Initial Assessment: The State has described potential opportunities for and challenges of automating, the initial assessment tool via the NWD/SEP website.

Level I assessments will be available online along with the current online applications for services, and Iowa is exploring its ability to forward the Level I data to appropriate NWD/SEP/ADRC entities, just as the electronic application for Medicaid is currently transmitted

to a DHS IM worker. The compatibility between DHS and local NWD/SEP/ADRC data systems, and the I & R website, will continue to be developed through the award period.

g. Potential Automation of CSA: The State has described potential opportunities for and challenges of automating a CSA/functional assessment tool. Automation includes, at a minimum, real time electronic collection of functional assessment data.

Protocols for electronic collection of functional assessment data will be incorporated into state contracts with the regional entities under the redesigned system and as part of the I&R website. DHS will have to work with the regions and the NWD/SEP/ADRC network on development of data sharing systems. DHS will seek to ensure that BIP requirements will be followed in the recommendations for data collection and reporting.

h. Incorporation of a CSA in the Eligibility Determination Process: The State has described the current functional assessment instruments and processes used to determine eligibility for LTSS. Does the State currently use a single CSA for all LTSS populations? If not, how might the State incorporate a CSA into its current process? What would be the major challenges to adopting a CSA? What technical assistance might the State need to make this happen?

Current Functional Assessment Instruments and Processes. Iowa does not use a single CSA for all LTSS. A variety of assessment tools are used in Iowa depending on IME requirements and service provider types. IME has a standard tool administered by targeted case managers for individuals accessing TCM services. Providers utilize a variety of other assessment tools to determine service needs. Some counties require a standard assessment tool to determine level of services required.

Incorporation of the CSA into Current Processes.

1. A standard CSA tool will be researched and established. The MHDS redesign legislation has recommended standardized assessment tools for individuals seeking services for intellectual disabilities, mental illness, and brain injury which will support the establishment of this requirement. The current MHDS redesign recommendations include supports intensity scale (SIS) for ID and the level of care utilization system (LOCUS) for mental illness.
2. Rules and requirements will be established related to use of the tool, administering the tool, management of the process, and staff qualifications and supervision.
3. Training related to the use of the tool will be established
4. Based on results of CSA, the individual in need of further assessment will be referred to appropriate professionals for further evaluation

Major Challenges/Need for Technical Assistance. The major challenges with incorporation of a CSA into current processes come in the form of decisions related to redesign of the service system and determining how best to ensure a streamlined process for people who may be dually eligible. Technical assistance with these design decisions and with the selection and possible augmentation of appropriate tools would be helpful.

i. Staff Qualifications and Training: The State has discussed considerations related to staff qualifications and training for administering the functional assessment.

The CSA tool used and the staff qualifications and training required will depend on requirements related to the licensing requirements and use of the tool and the service population. DHS must determine how the assessments will be completed.

j. Location of SEP Agencies: The State has provided a discussion of the issue of access to physical SEP agency locations. How will the State ensure access to physical SEP agency locations? What share of the State's population is likely to live within the service area of at least one SEP? What will the State do to maximize the share of the State's population living within the service area of at least one SEP? How will the State arrange evaluation services for individuals who do not live within the service area of any SEPs? How will the State ensure that these physical locations are accessible by older adults and individuals with disabilities requiring public transportation?

Through redesign efforts in both the MHDS system and the aging network, NWD/SEP/ADRC agencies will be designated by the State as coordination centers for the network of local service providers. Though the NWD/SEP/ADRCs will be regionally positioned, they will be responsible for identifying local access points to further coordinate local networks that assist consumers in gaining access to needed information and referral, applications for eligibility, core assessments as needed and conflict-free case management services. The AAAs serving as NWD/SEP/ADRCs will hold formal partnership agreements with regional and/or county MHDS entities, and vice versa, to ensure effective coordination of all services with the consumer experiencing no-wrong-door to services regardless of where they enter the system.

Regional NWD/SEP/ADRC coordination centers will be responsible for every county in their region and will further coordinate with local access points to ensure 100% of Iowans will have access to the NWD/SEP/ADRC system.

k. Outreach and Advertising: The State has described plans for advertising the NWD/SEP system.

Currently there is public dialogue surrounding the proposed redesign of Iowa's service system. DHS maintains a website dedicated to the redesign process and regularly posts new reports, notices of legislative action and links, and any upcoming opportunities for stakeholder input. The state's intention to apply for the BIP has received public and legislative input. As DHS continues to engage in public education on the shape of redesign, including BIP requirements, the department can also begin to lay out its expectations for organization of the NWD/SEP/ADRC system.

DHS will work through a variety of dependable channels to conduct public outreach. Such channels include:

1. Training of DHS Field Office staff, the department's Office of Consumer Affairs Regional Coordinators, and case managers;
2. Presentations and distribution of materials to the Mental Health and Disability Services Commission, the Mental Health Planning Council, the Olmstead Consumer Taskforce and numerous stakeholder groups (Iowa Association of Community Providers, Iowa Brain Injury Association, the Iowa Developmental Disabilities Council, and others as invited and time permits);
3. Posting of public information, including electronic materials for distribution on the DHS and MHDS Redesign web sites;
4. Training specifically geared to the toll free call center staff, as well as the I & R Network members' staffs;
5. Posting of materials on the I & R Network member websites and the major disability advocate listservs and e-newsletters;

6. Distribution of materials to the new regional entities and ADRCs and training of their staff;
7. Organized public awareness campaign that includes press releases and outreach to the general public through general human service organizations, the faith-based community, etc.

l. Funding Plan: The State has provided a discussion of anticipated funding sources to support the requirements of the Balancing Incentive Program, including development of a NWD/SEP system and use of CSA.

The major components of Iowa's work plan requiring significant resources are the NWD/SEP/ADRC infrastructure, implementation of Core Standardized Assessment processes, and data collection and reporting.

1. NWD/SEP/ADRC Infrastructure. Some elements of the NWD/SEP/ADRC infrastructure already exist. This includes the I & R databases, trained I & R specialists, and web-based applications for Medicaid services. DHS has several call centers or subunits which might be utilized to answer toll-free calls for the NWD/SEP/ADRC system. IME is working to coordinate the design of an enhanced web based application and assessment process under the BIP with on-going work on the Health Exchange. Additional local access points can be facilitated by building on the existing mental health and disability county offices and creating collaborative networks of entry points with ADRCs and community resources.
2. Implementation of Core Standardized Assessment Processes. The Iowa Governor's proposed budget for FY 2013 allocates $3 million for licensing and implementation of standardized assessment tools, for which Medicaid administrative funds can be matched for eligible efforts. Design of a uniform CSA process across populations and staff training necessary for implementation will require DHS staff time and may be incorporated into technical assistance contracts. IME has explored the use of the SIS and has discussed with CMS the use of Money Follows the Person rebalancing funds to contract for staged implementation.
3. Data collection and reporting. As noted elsewhere in the narrative, the Department of Human Services has engaged the services of contractors in numerous IT systems initiatives. DHS will work with personnel managing the DHS data warehouse (repository of eligibility and service utilization data) to identify the possibilities for further use of federal matching funds. This will be explored with CMS during development of the work plan.

m. Challenges: The State has provided a discussion of the characteristics of the State's current system of LTSS that might present barriers to rebalancing.

The Iowa Olmstead Plan for Mental Health and Disability Services, which was developed with substantial stakeholder input, identified five goals to overcome barriers to community living for all Iowans with mental illness or other disabilities: the creation of *welcoming, supportive communities*; improving *access*; building *community capacity*; service *quality*; and *accountability* for results.

In effort to address the first goal, Iowa has implemented strategies to educate the public, such as videos highlighting successes in integrated employment or community living for Money Follows the Person participants. DHS has increased public engagement in policy development, through large public meetings, appointments to workgroups and taskforces, etc. Over the past

year, DHS and IDA held community meetings throughout the state to receive consumer input on their needs for services and access to services.

Regarding the second goal, barriers to access have been noted: public challenges identifying available LTSS, lack of assistance with service system navigation, inconsistencies in assessment tools, and risk of inequities in service access across the state. Populations with multiple needs face the additional barrier of program and funding complexities for example, individuals with co-occurring mental health and substance abuse issues. In the past, providers of mental health services have been reluctant to serve individuals with substance abuse, and vice versa. The last five years Iowa has seen serious attempts by provider networks to build co-occurring capability. Dual eligibility for Medicare and Medicaid presents another type of system complexity that Iowa will seek to address under the BIPP, through the creation of the NWD/SEP/ADRC system and enhancements in case management.

The lack of community capacity may be the most challenging goal. The Olmstead Plan cites wide-ranging issues such as provider staff training to address the needs of individuals with challenging behaviors, under-developed supportive employment services, lack of accessible housing and transportation, and the lack of systems of care and flexible funding to address the needs of children and families. Within the large rural population, Iowa has seen the shortage of mental health professionals and excessive "windshield time" for provider staff limit available supports and services. Lack of services for individuals in crisis has contributed to Iowa's high rate of mental health commitments. Redesign legislation, as well as other on-going initiatives, are intended to address these issues. Such initiatives will need to continue to ensure growth of the HCBS system through enhanced federal funding and an increased percentage of state funding towards aging and disability networks while simultaneously decreasing the percentage of institutional-based expenditures. These efforts will assist in securing infrastructure of the HCBS system.

Finally, quality and accountability are related to the rebalancing mission due to consensus that Iowa needs a sharper focus on evidence-based, best and promising practices and outcome performance measurement.

The redesign legislation also calls for creation of an Outcomes and Performance Measures Committee that will recommend specific outcomes and performance measures to be utilized by the regional system and, to the extent possible, to be consistent across the mental health and disability populations served. The Committee is also to evaluate data collection requirements. The regional strategic plans will address how the regions must proceed towards these measurable outcomes and "the results necessary for moving the regional services system toward an individualized, community based focus". Outcomes will be measured in accordance with Iowa Code requiring provision of services and supports "in a manner which enhances the ability of …persons to live, learn, work, and recreate in communities of their choice." In addition, IDA will continue its work with the Administration on Aging to ensure NWD/SEP/ADRC outcome and performance measures meet the quality expectations that have been established. As suggested in the RFP, Iowa will work with CMS to develop performance measures that accurately and effectively measure rebalancing outcomes.

n. NWD/SEP's Effect on Rebalancing: The State has discussed how the NWD/SEP system will help the State achieve rebalancing goals.

The NWD/SEP/ADRC infrastructure which Iowa will be developing will help to achieve its rebalancing goals by directly supporting Goal 2 of Iowa's Olmstead Plan: Improving access. A

statewide website with current information on all available services, web-based applications and Level I assessments, a toll free number navigating individuals to the appropriate network, and a statewide network of local access points will streamline the system to create a more comprehensive and efficient process for individuals seeking LTSS. An effective NWD/SEP/ADRC system will be a powerful mechanism to divert individuals from unnecessary institutionalization. Iowa will extensively market the NWD/SEP/ADRC system so that people who need home and community based services can find out if they are eligible and how to access the service system.

A second component of the NWD/SEP/ADRC infrastructure that will be important in achieving rebalancing goals is access to SEP coordinators that can provide assistance in navigating the system. Many consumers and family members express the need for this assistance but cannot get access to case management until after eligibility is established; for waiver participants, case management becomes available at the same time as their waiver slot. Having these supports available will assist in more timely access to services for individuals in their homes and communities.

Finally, the lack of standardized assessments may explain inconsistencies in individual's ability to access the services they need and want. Valid, comprehensive tools will establish what supports are needed for successful and integrated community living.

o. Other Balancing Initiatives: The State has described other current initiatives in which it is currently involved that share similar goals and requirements as the Balancing Incentive Program. The State has described any more general commitment made toward rebalancing LTSS.

1. The goals of the BIP are consistent with the Iowa Olmstead Mental Health and Disability Services Plan. The Olmstead Plan includes identification of eleven strategic priorities, some of which have been touched on elsewhere, such as promoting full inclusion of Iowans with disabilities in such areas as policy development, improving access to services for people in crisis, strengthening tools and processes used to assess support needs, and promoting best practices and accountability. The Plan provided a framework for an action agenda that began to be implemented in 2010, with regular meetings by an internal Olmstead workgroup. The Olmstead workgroup resources were leveraged for redesign efforts and Olmstead-related strategic initiatives were integrated into redesign workgroup recommendations and legislation.
2. The Legislature has mandated that the MHDS redesign be consistent with *Olmstead* principles. Major strategic initiatives folded into redesign include, but are not limited to:
    a. An expansion of crisis mental health services statewide
    b. Adoption of standardized assessments for mental health, ID/DD and brain injury;
    c. Establishment of a workforce development workgroup;
    d. Development of capability of providers serving individuals with co-occurring mental illness, ID, BI and/or substance abuse;
    e. Development of children's systems of care statewide; and
    f. Improving data collection and reporting with a focus on outcomes.
    g. The Legislature has been an active partner in the expansion of HCBS services, repeatedly increasing appropriations for Iowa's waivers to reduce or eliminate waiting lists.

3. Consistent with Iowa's Olmstead Plan, DHS secured approval for extension of its $51 million MFP grant to 2016. The grant dollars will continue to assist in transitioning interested individuals from ICFs/ID, to the community. In addition the grant has developed program enhancements, such as hiring an employment specialist and dedicating a FTE to technical assistance and training in crisis services and positive behavioral supports. To date, 174 individuals have been transitioned from ICFs/ID to their own homes in the community.
   a. DHS contracted with the University of Iowa Center for Disabilities and Development to secure a subcontract with the College of Direct Support (CDS), providing MFP providers free access to the CDS web-based curriculum. The expertise of one of the state-run institutions for people with ID was also deployed to train and provide on-site assistance to HCBS providers. The Legislature has appropriated additional funds for a CDS demonstration currently implemented by the Iowa Association of Community Providers.
   b. DHS contracted with IDA to perform evaluations and transition support for nursing facility residents seeking a non-institutional option for residence through MDS 3.0 Section Q.
4. DHS has contracted since 2007 with national consultants in co-occurring disorders to provide training and technical assistance to mental health, substance abuse, and developmental disabilities services providers to build their capacity to serve individuals with complex conditions.
5. In 2006 DHS secured a six-year SAMHSA grant to fund development of a children's system of care in northeast Iowa. The success of the project in avoiding out of home placements and keeping families together led to state appropriations to fund an additional system of care in central Iowa and east central Iowa and to the formation of a children's system workgroup to develop recommendations for a redesigned system.
6. DHS has developed a statement of its vision for employment outcomes: *Employment in the general workforce is the first priority and the expected and preferred outcome in the provision of publicly funded services for all working age Iowans with disabilities."* Iowa has several important initiatives underway to promote employment of people with disabilities in integrated settings and to facilitate a shift from center-based employment services. Among these initiatives are:
   a. The use of Medicaid Infrastructure Grant (MIG) funding to study rate restructuring methodologies to facilitate expansion of supported employment services;
   b. Bringing in a State Employment Leadership Network (SELN) team to consult with key Iowa stakeholders on the barriers to competitive employment and strategies to refocus employment services on competitive employment as the desired outcome; and,
   c. Researching the relationship between employment of people with disabilities and a decline in utilization of Medicaid services. Iowa also has a vigorous grassroots Employment First initiative.
7. DHS has secured two grants funding a Family 360/Family to Family Health Information Center project which has thus far trained 46 parent mentors/navigators to assist families of children with disabilities in accessing essential supports.
8. IDA has received Administration on Aging (AoA) Title IV discretionary funds for development and establishment of the ADRC model.
9. IDA has been granted AoA and CMS funds to implement the Medicare Improvements for Patients and Providers Act (MIPPA) program to collaborate with community partners to accomplish the goals of the grant, which include ensuring that

Medicare beneficiaries with limited income and resources receive eligibility for additional assistance.

10. DHS and IDA will continue to partner with other state departments to develop a vision for Iowa's LTSS, as recommended by Thomson Reuters' 2011 *State Profile Tool Update*.

p. Technical Assistance: The State has described anticipated technical assistance needs to achieve rebalancing.

Iowa's plans for implementation of the BIP are preliminary and any guidance from CMS would be welcomed, particularly information on the approaches other states have taken in the design of NWD/SEP/ADRC systems. While Iowa has plans to proceed with implementation of the SIS and the LOCUS, the incorporation of these assessments into processes that are streamlined and standardized across populations would benefit from technical assistance. Iowa will certainly need consultation on approaches to ensuring conflict free case management. Technical assistance would also be appreciated regarding expectations under the BIP for integration and coordination of application, assessment data and provision for data sharing within the partners.

The budget estimates are based on historical spending from fiscal years 2007-2011 and include projections for years 2012 through 2016. Projections are trended with increases in future annual spending due increased enrollment, inflation and the initiation of the balancing efforts.

Attachment B

DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
BALANCING INCENTIVE PAYMENTS PROGRAM (Balancing Incentive Program) APPLICANT FUNDING ESTIMATES
LONG TERM SERVICES AND SUPPORTS

State	Iowa
Agency Name	Department of Human Services
Quarter Ended	
Year of Service (1-4)	FFY 2012 - FFY 2015

State FMAP Rate	60.71%
Extra Balancing Incentive Program Portion (2 or 5 %)	2.00%

LTSS	Total Service Expenditures	Regular FEDERAL Portion	Regular STATE Portion	Amount Funded By Balancing Incentive Program (4 year total)	Projected LTSS Spending: Year 1 FFY 2012 (7/1/12 Effective Date)	Year 2 FFY 2013	Year 3 FFY 2014	Year 4 FFY 2015
	(A)	(B)	(C	(D)	(E)	(F)	(G)	(H)
Case Management								
Total	$ 248,114,079	$ 150,630,057	$ 97,484,022	$ 4,962,282	$ 17,980,137	$ 72,837,811	$ 76,607,158	$ 80,688,973
Homemaker								
Total	$ 29,292,726	$ 17,783,614	$ 11,509,112	$ 585,855	$ 2,139,063	$ 8,643,694	$ 9,022,167	$ 9,487,802
Homemaker Basic								
Total	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Homemaker Chore Services								
Total	$ 4,315,644	$ 2,620,028	$ 1,695,617	$ 86,313	$ 315,144	$ 1,273,460	$ 1,329,219	$ 1,397,821
Home Health Aide								
Total	$ 120,935,750	$ 73,420,094	$ 47,515,656	$ 2,418,715	$ 8,881,815	$ 35,961,848	$ 37,525,370	$ 38,566,717
Personal Care								
Total	$ 232,926,902	$ 141,409,922	$ 91,516,980	$ 4,658,538	$ 17,009,186	$ 68,732,039	$ 71,741,545	$ 75,444,133
Personal Care ADLs								
Total	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Personal Care IADLs								
Total	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Personal Care Health-Related								
Total	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Personal Care Adult Companion								
Total	$ 418,009	$ 253,773	$ 164,236	$ 8,360	$ 30,525	$ 123,346	$ 128,747	$ 135,392
Personal Care PERS								
Total	$ 8,851,618	$ 5,373,817	$ 3,477,801	$ 177,032	$ 646,378	$ 2,611,934	$ 2,726,300	$ 2,867,005
Pers. Care Assistive Technology								
Total	$ 5,674,645	$ 3,445,077	$ 2,229,568	$ 113,493	$ 414,384	$ 1,674,474	$ 1,747,792	$ 1,837,996
Habilitation Day								
Total	$ 94,122,092	$ 57,141,522	$ 36,980,570	$ 1,882,442	$ 6,873,144	$ 27,773,534	$ 28,989,628	$ 30,485,786
Habilitation Behavioral								
Total	$ 272,910,250	$ 165,683,813	$ 107,226,437	$ 5,458,205	$ 18,316,776	$ 75,656,985	$ 85,037,061	$ 93,899,429
Habilitation Prevocational								
Total	$ 58,831,213	$ 35,716,429	$ 23,114,784	$ 1,176,624	$ 4,296,073	$ 17,359,907	$ 18,120,028	$ 19,055,205
Hab. Supported Employment								
Total	$ 21,942,100	$ 13,321,049	$ 8,621,051	$ 438,842	$ 1,602,293	$ 6,474,672	$ 6,758,172	$ 7,106,962
Hab. Educational Services								
Total	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Respite Care								
Total	$ 103,857,831	$ 63,052,089	$ 40,805,742	$ 2,077,157	$ 7,584,114	$ 30,646,461	$ 31,988,259	$ 33,638,998
Day Treatment / Partial Hosp.								
Total	$ 16,350,491	$ 9,926,383	$ 6,424,108	$ 327,010	$ 1,207,839	$ 4,873,895	$ 5,045,546	$ 5,223,211
Psychosocial Rehabilitation								
Total	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Clinic Services								
Total	$ 9,401	$ 5,707	$ 3,694	$ 188	$ 631	$ 2,606	$ 2,929	$ 3,235
Other HCBS Services								
Adult Day Care	$ 16,050,422	$ 9,744,211	$ 6,306,211	$ 321,008	$ 1,172,061	$ 4,736,156	$ 4,943,534	$ 5,198,670
Consumer Choices Option	$ 86,342,592	$ 52,418,587	$ 33,924,004	$ 1,726,852	$ 6,305,056	$ 25,477,960	$ 26,593,540	$ 27,966,035
Counseling	$ 4,100,224	$ 2,489,246	$ 1,610,978	$ 82,004	$ 299,414	$ 1,209,894	$ 1,262,870	$ 1,328,047
Family and Community Supports	$ 3,188,999	$ 1,936,041	$ 1,252,958	$ 63,780	$ 232,873	$ 941,009	$ 982,212	$ 1,032,904
Home Delivered Meals	$ 54,223,083	$ 32,918,834	$ 21,304,249	$ 1,084,462	$ 3,959,571	$ 16,000,140	$ 16,700,723	$ 17,562,649
Interim Medical Monitoring & Treatment	$ 10,256,907	$ 6,226,968	$ 4,029,939	$ 205,138	$ 748,997	$ 3,026,607	$ 3,159,130	$ 3,322,173
Mental Health Outreach	$ 943,670	$ 572,902	$ 370,768	$ 18,873	$ 68,910	$ 278,458	$ 290,651	$ 305,651
Nursing	$ 183,175,411	$ 111,205,792	$ 71,969,619	$ 3,663,508	$ 13,451,292	$ 54,461,162	$ 56,829,320	$ 58,433,636
Nutritional Counseling	$ 494	$ 300	$ 194	$ 10	$ 36	$ 146	$ 152	$ 160
Supported Community Living	$ 996,045,735	$ 604,699,366	$ 391,346,369	$ 19,920,915	$ 72,734,952	$ 293,913,042	$ 306,782,337	$ 322,615,403
Transportation	$ 43,095,995	$ 26,163,578	$ 16,932,416	$ 861,920	$ 3,147,029	$ 12,716,760	$ 13,273,577	$ 13,958,628
Other	$ 3,568,454	$ 2,166,408	$ 1,402,045	$ 71,369	$ 260,582	$ 1,052,979	$ 1,099,085	$ 1,155,809
Total	$ 1,400,991,984	$ 850,542,233	$ 550,449,750	$ 28,019,840	$ 102,380,773	$ 413,814,314	$ 431,917,131	$ 452,879,765
Other Services In Approval Letter								
Behavioral Health Intervention Services	$ 232,424,825	$ 141,105,111	$ 91,319,714	$ 4,648,496	$ 17,541,554	$ 70,324,871	$ 71,292,882	$ 73,265,518
Medical Supplies/Equipment	$ 138,950,783	$ 84,357,020	$ 54,593,763	$ 2,779,016	$ 9,847,037	$ 40,257,747	$ 43,384,558	$ 45,461,441
Program of All Inclusive Care for the Elderly	$ 25,887,387	$ 15,716,232	$ 10,171,154	$ 517,748	$ 1,934,870	$ 7,787,853	$ 7,982,550	$ 8,182,113
Assertive Community Treatment (1915B Service)	$ 13,145,994	$ 7,980,933	$ 5,165,061	$ 262,920	$ 971,117	$ 3,918,671	$ 4,056,681	$ 4,199,525
Total	$ 410,408,989	$ 249,159,297	$ 161,249,692	$ 8,208,180	$ 30,294,579	$ 122,289,143	$ 126,716,670	$ 131,108,597
Capitated HCBS Services								
Total	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Health Homes								

LTSS	Total Service Expenditures	Regular FEDERAL Portion	Regular STATE Portion	Amount Funded By Balancing Incentive Program (4 year total)	*Year 1 FFY 2012 (7/1/12 Effective Date)*	*Year 2 FFY 2013*	*Year 3 FFY 2014*	*Year 4 FFY 2015*
	(A)	(B)	(C	(D)	(E)	(F)	(G)	(H)
Total	$ 58,517,347	$ 35,525,881	$ 22,991,466	$ 1,170,347	$ 2,250,000	$ 11,261,250	$ 19,821,931	$ 25,184,166
CFC								
Total	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTALS	$ 3,088,471,072	$ 1,875,010,788	$ 1,213,460,284	$ 61,769,421	$ 222,222,855	$ 902,011,372	$ 955,225,655	$ 1,009,011,190