

November 14, 2019

Michael Randol, Medicaid Director
c/o Brian Wines
Iowa Department of Human Services
Iowa Medicaid Enterprise
611 Fifth Avenue
Des Moines, IA 50309

RE: Home- and Community-Based Services (HCBS) Settings Statewide Transition Plan (STP)

Submitted electronically via HCBSsettings@dhs.state.ia.us

Dear Director Randol,

UnityPoint Health (UPH) welcomes the opportunity to offer comment on the proposed HCBS Settings STP for HCBS Waiver programs and HCBS Habilitation Services. UPH is one of the nation's most integrated healthcare systems and provides care to patients across Iowa, Illinois and Wisconsin through 310 clinics, 39 hospitals and 19 home care locations. In the state of Iowa, UPH is the largest integrated health system and includes HCBS providers.

On March 17, 2014, the Centers for Medicare and Medicaid Services (CMS) issued a final rule for Home and Community-Based Services (HCBS), which requires all HCBS settings be integrated in and supports full access of members receiving Medicaid HCBS to the greater community to the same degree of access as individuals not receiving Medicaid HCBS. Under the rule, states shall identify and assess compliance of all settings providing HCBS programs and services. In March 2016, the State of Iowa submitted an initial STP to CMS. On August 9, 2016, CMS granted initial STP approval for HCBS Waiver programs and HCBS Habilitation Services. Final CMS approval was made contingent upon the completion of five actions, which are the subject of this proposed STP by the State of Iowa.

UPH appreciates the time and effort of Iowa Medicaid Enterprise (IME) in developing and ultimately proposing this STP, and we respectfully offer the following comments.

GENERAL COMMENTS ON THE HCBS SETTINGS STP

The State of Iowa has proposed this final draft plan to comply with the CMS final rule for Home and Community-Based Services.

Comment: In our review of the proposed plan, UPH has several comments that relate to the plan in its entirety as opposed to the individual actions identified for inclusion by CMS.

- **Co-location / co-existence of services.** The STP is silent as to how co-location or co-existence of services for beneficiaries will be addressed. In particular, we would encourage the State to include specific authority within the STP to enable facilities with less than 16 beds to serve crisis services / subacute services along with HCBS Waiver programs and HCBS Habilitation Services. The ability to co-locate services would not only promote efficiency but enable greater beneficiary satisfaction.
- **Home-based habilitation.** The STP identifies Adult day care, Assisted living, Day habilitation, Home-based habilitation, Interim medical monitoring and treatment, Mental health outreach, Prevocational services, Supported community living, and Residential-based supported community living (for children) as services subject to the setting assessment process. The STP assessment results do not detail the progress of each service by program to date. For instance, one of our UPH providers is listed on the “Appendix A – Providers in Compliance” table. While it is our understanding that this particular UPH provider have been reviewed and found in compliance for its day habilitation services, it has yet to receive its onsite non-residential review for its home-based habilitation services. This lack of service-level detail within the STP gives us pause as we are uncertain how the State will conduct these onsite reviews by service line as opposed to the provider self-assessments. Without more detail about progress and impact by particular services and programs, it is difficult to wholeheartedly support the STP assessment process.
- **Fiscal Impact.** Attachment D is ARC 3784C, which is the Iowa revisions to state administrative code to promulgate the HCBS Settings rules. These rules became effective on August 8, 2018. At that time, the fiscal impact within ARC 3784C indicated that no additional funding was provided despite an acknowledgement that members would be affected, and costs would increase (page 68 of the STP). With the passage of an additional 15 months, we are extremely discouraged that the State of Iowa has not revisited rates related to this rule change and that the fiscal impact of these rules has not been further discussed in the STP.

REMEDATION STRATEGIES AND TIMELINE

CMS requested that the State of Iowa draft remediation strategies and a corresponding timeline that will resolve issues that the site-specific settings assessment process and subsequent validation strategies identified by the end of the HCBS rule transition period. This plan uses a Corrective Action Plan (CAP) process to remediate non-compliance.

Comment: UPH fully supports the State’s use of the CAP process to address remediation. This process is familiar to the providers, is interactive between providers and the State, and allows providers to offer a plan that best meets needs of our beneficiaries and providers.

ASSESSMENT OF HCBS SETTINGS WITH INSTITUTIONAL CHARACTERISTICS

CMS requested that the State of Iowa outline a detailed plan for identifying settings that are presumed to have institutional characteristics, including qualities that isolate HCBS beneficiaries, as well as the proposed process for evaluating those settings and preparing for the submission to CMS for review under heightened scrutiny. This plan sets forth a separate residential setting assessment process, which includes demographics, member outcomes and final outcomes, as well as the heightened scrutiny review process for those settings that have HCBS qualities but are presumed to be institutional.

Comment: We have general concerns related to the subjectivity of the “IV. The Bottom Line” questions within the residential assessment and how these responses should be rolled up from the member outcomes. Ultimately, we believe that a “yes” response is based upon our members beliefs and preferences – access and opportunity to use the community resources to meet individual needs and preferences as well as residential setting supports to live, work, and recreate in the community to the degree desired by the member. The STP does not detail how the State evaluates a “yes” response or provide examples of when such a response may not align with rule expectations. Any guidance in the STP on how these Bottom Line questions are scrutinized by the HCBS QIO Unit would be helpful.

We look forward to continuing to work with the State of Iowa to ensure compliance with the CMS final rule for Home and Community-Based Services. We appreciate this opportunity to provide feedback and its impact on our providers, Medicaid beneficiaries and communities. To discuss our comments or for additional information on any of the addressed topics, please contact Sabra Rosener, Vice President of Government & External Affairs at Sabra.Rosener@unitypoint.org or 515-205-1206.

Sincerely,

A handwritten signature in blue ink that reads "Sabra Rosener". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Sabra Rosener, JD

VP, Government & External Affairs