

## Appendix A: Waiver Administration and Operation

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1. **State Line of Authority for Waiver Operation.** Specify the state line of authority for the operation of the waiver (*select one*):

**The waiver is operated by the State Medicaid agency.**

Specify the Medicaid agency division/unit that has line authority for the operation of the waiver program (*select one*):

**The Medical Assistance Unit.**

Specify the unit name:

**Bureau of Long Term Care, Iowa Medicaid Enterprise**

(*Do not complete item A-2*)

**Another division/unit within the State Medicaid agency that is separate from the Medical Assistance Unit.**

Specify the division/unit name. This includes administrations/divisions under the umbrella agency that has been identified as the Single State Medicaid Agency.

(*Complete item A-2-a*).

**The waiver is operated by a separate agency of the State that is not a division/unit of the Medicaid agency.**

Specify the division/unit name:

In accordance with 42 CFR §431.10, the Medicaid agency exercises administrative discretion in the administration and supervision of the waiver and issues policies, rules and regulations related to the waiver. The interagency agreement or memorandum of understanding that sets forth the authority and arrangements for this policy is available through the Medicaid agency to CMS upon request. (*Complete item A-2-b*).

## Appendix A: Waiver Administration and Operation

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2. **Oversight of Performance.**

- a. **Medicaid Director Oversight of Performance When the Waiver is Operated by another Division/Unit within the State Medicaid Agency.** When the waiver is operated by another division/administration within the umbrella agency designated as the Single State Medicaid Agency. Specify (a) the functions performed by that division/administration (i.e., the Developmental Disabilities Administration within the Single State Medicaid Agency), (b) the document utilized to outline the roles and responsibilities related to waiver operation, and (c) the methods that are employed by the designated State Medicaid Director (in some instances, the head of umbrella agency) in the oversight of these activities:  
**As indicated in section 1 of this appendix, the waiver is not operated by another division/unit within the State Medicaid agency. Thus this section does not need to be completed.**
- b. **Medicaid Agency Oversight of Operating Agency Performance.** When the waiver is not operated by the Medicaid agency, specify the functions that are expressly delegated through a memorandum of understanding (MOU) or other written document, and indicate the frequency of review and update for that document. Specify the methods that the Medicaid agency uses to ensure that the operating agency performs its assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify the frequency of Medicaid agency assessment of operating agency performance:

**As indicated in section 1 of this appendix, the waiver is not operated by a separate agency of the State. Thus this section does not need to be completed.**

## Appendix A: Waiver Administration and Operation

- 3. Use of Contracted Entities.** Specify whether contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable) (*select one*):

**Yes. Contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or operating agency (if applicable).**

Specify the types of contracted entities and briefly describe the functions that they perform. *Complete Items A-5 and A-6.*

The Medical Services Unit (Telligen, formerly Iowa Foundation for Medical Care), as part of a contract with the IME, conducts level of care evaluations for member enrollment and recertification of eligibility. The Medical Services unit also completes post audits to review the member's service plan and are part of the State's HCBS quality assurance/quality improvement activities. Telligen is a CMS certified Quality Improvement Organization.

The Home and Community Based Quality Assurance Oversight Unit (Telligen), as part of a contract with the IME, are responsible for quality assurance and technical assistance functions for all waiver programs for the state. Telligen conducts provider quality assurance oversight activities, interviews recipients of services, and implements the States' HCBS quality assurance/quality improvement activities including the provider incident management reporting process.

Provider Services Unit (Maximus), as part of a contract with the IME, coordinates provider recruitment, enrolls providers based on specified qualifications, and executes Medicaid provider agreement.

Provider Audit and Rate Setting (Myers and Stouffer), as part of a contract with the IME, establishes statewide rate methodology, rate setting and payments amounts for agencies. Myers and Stouffer also review and reconcile cost reports submitted by providers for services not reimbursed on a fee-schedule.

Member Services Unit (Maximus), as part of a contract with the IME, disseminates information as part of their customer service contract to Medicaid members. IME Member Services has a toll-free call center, and conducts member services business by mail, e-mail, fax and the occasional in person meeting at the IME facility. Maximus, as part of the Member Services contract function, performs clinical reviews of encounter data to identify Medicaid member risk pools that may inform or benefit from policy changes.

Program Integrity Unit (Optum Insight), as part of a contract with the IME, performs reviews of Medicaid provider claims, documentation, and business practices to ensure compliance with state and federal laws and regulations. Optum performs a variety of dynamic algorithms that assists in identifying outlying trends in provider billing practices and performs reviews surrounding fraud, waste and abuse of Medicaid funds.

Revenue Collections Unit (HMS), as part of a contract with the IME, performs recovery of identified overpayments related to program integrity efforts, cost report reconciliations, third-party liability, and trusts.

All of the above contracted entities, as well as the policy unit, conduct training and technical assistance concerning their particular area of expertise in regards to waiver requirements. Please note that ultimately it is the Medicaid agency that has overall responsibility for all of the functions of the Intellectual Disability Waiver. Some of the functions are performed by contracting agencies. In regards to training, technical assistance, recruitment and disseminating information, this is done by both the Medicaid agency and contracted agencies while conducting regular day-to-day business.

**No. Contracted entities do not perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable).**

## Appendix A: Waiver Administration and Operation

- 4. Role of Local/Regional Non-State Entities.** Indicate whether local or regional non-state entities perform waiver operational and administrative functions and, if so, specify the type of entity (*Select One*):

**Not applicable**

**Applicable** - Local/regional non-state agencies perform waiver operational and administrative functions.

Check each that applies:

**Local/Regional non-state public agencies** perform waiver operational and administrative functions at the local or regional level. There is an **interagency agreement or memorandum of understanding** between the State and these agencies that sets forth responsibilities and performance requirements for these agencies that is available through the Medicaid agency.

*Specify the nature of these agencies and complete items A-5 and A-6:*

**Local/Regional non-governmental non-state entities** conduct waiver operational and administrative functions at the local or regional level. There is a contract between the Medicaid agency and/or the operating agency (when authorized by the Medicaid agency) and each local/regional non-state entity that sets forth the responsibilities and performance requirements of the local/regional entity. The **contract(s)** under which private entities conduct waiver operational functions are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

*Specify the nature of these entities and complete items A-5 and A-6:*

## Appendix A: Waiver Administration and Operation

- 5. Responsibility for Assessment of Performance of Contracted and/or Local/Regional Non-State Entities.** Specify the state agency or agencies responsible for assessing the performance of contracted and/or local/regional non-state entities in conducting waiver operational and administrative functions:

The Iowa Department of Human Services, Iowa Medicaid Enterprise policy staff, is responsible for oversight of the contacting entities. The DHS IME is the state agency responsible for conducting the operational and administrative functions of the Intellectual Disability Waiver

## Appendix A: Waiver Administration and Operation

- 6. Assessment Methods and Frequency.** Describe the methods that are used to assess the performance of contracted and/or local/regional non-state entities to ensure that they perform assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify how frequently the performance of contracted and/or local/regional non-state entities is assessed:

The Iowa Medicaid Enterprise (IME) is an endeavor that unites State Staff and "Best of Breed" contractors into a performance-based model for the administration of the Iowa Medicaid program. The IME is a collection of specific units, each having an area of expertise, and all working together to accomplish the goals of the Medicaid program. Housed in a single building, the IME has contract staff who participates in the following activities: provider services, member services, provider audit and rate setting, processing payments and claims, medical services, pharmacy, program integrity, and revenue collections. All contracts are selected through a competitively request for proposal (RFP) process. Contract RFPs are issued every five years.

All contracted entities are assigned a contract manager. The contract manager is a state employee charged with managing the individualized performance based contracts. At regularly scheduled monthly meeting, each contractor is required to inform the Medicaid Director and policy staff of where the contractor is regarding their performance. In addition, all contracted agencies are required to complete a full quarterly report outlining their performance. This report includes not only information obtained from returned satisfaction surveys but all functions performed by those entities.

All contracted staff and Medicaid Policy staff are located at the same site.

**Appendix A: Waiver Administration and Operation**

**7. Distribution of Waiver Operational and Administrative Functions.** In the following table, specify the entity or entities that have responsibility for conducting each of the waiver operational and administrative functions listed (*check each that applies*):

In accordance with 42 CFR §431.10, when the Medicaid agency does not directly conduct a function, it supervises the performance of the function and establishes and/or approves policies that affect the function. All functions not performed directly by the Medicaid agency must be delegated in writing and monitored by the Medicaid Agency.

*Note: More than one box may be checked per item. Ensure that Medicaid is checked when the Single State Medicaid Agency (1) conducts the function directly; (2) supervises the delegated function; and/or (3) establishes and/or approves policies related to the function.*

Function	Medicaid Agency	Contracted Entity
Participant waiver enrollment		
Waiver enrollment managed against approved limits		
Waiver expenditures managed against approved levels		
Level of care evaluation		
Review of Participant service plans		
Prior authorization of waiver services		
Utilization management		
Qualified provider enrollment		
Execution of Medicaid provider agreements		
Establishment of a statewide rate methodology		
Rules, policies, procedures and information development governing the waiver program		
Quality assurance and quality improvement activities		

**Appendix A: Waiver Administration and Operation**

**Quality Improvement: Administrative Authority of the Single State Medicaid Agency**

*As a distinct component of the State’s quality improvement strategy, provide information in the following fields to detail the State’s methods for discovery and remediation.*

**a. Methods for Discovery: Administrative Authority**

*The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.*

**i. Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Performance measures for administrative authority should not duplicate measures found in other appendices of the waiver application. As necessary and applicable, performance measures should focus on:*

- Uniformity of development/execution of provider agreements throughout all geographic areas covered by the waiver
- Equitable distribution of waiver openings in all geographic areas covered by the waiver
- Compliance with HCB settings requirements and other new regulatory components (for waiver actions submitted on or after March 17, 2014)

*Where possible, include numerator/denominator.*

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

**Performance Measure:**

**AA-1a: Number and percent of quarterly contract management reports, from the Medical Services Contractor, submitted within ten business days of the end of the reporting period. Numerator = # of timely quarter contract reports Denominator = # of quarterly contract management reports**

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:

**Contracted entity performance monitoring**

<b>Responsible Party for data collection/generation (check each that applies):</b>	<b>Frequency of data collection/generation (check each that applies):</b>	<b>Sampling Approach (check each that applies):</b>
<b>State Medicaid Agency</b>	<b>Weekly</b>	<b>100% Review</b>
<b>Operating Agency</b>	<b>Monthly</b>	<b>Less than 100% Review</b>
<b>Sub-State Entity</b>	<b>Quarterly</b>	<b>Representative Sample Confidence Interval =</b>
<b>Other Specify: Contracted entity</b>	<b>Annually</b>	<b>Stratified Describe Group:</b>
	<b>Continuously and Ongoing</b>	<b>Other Specify:</b>
	<b>Other Specify:</b>	

**Data Aggregation and Analysis:**

<b>Responsible Party for data aggregation and analysis (check each that applies):</b>	<b>Frequency of data aggregation and analysis (check each that applies):</b>
<b>State Medicaid Agency</b>	<b>Weekly</b>
<b>Operating Agency</b>	<b>Monthly</b>

Responsible Party for data aggregation and analysis <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<b>Sub-State Entity</b>	<b>Quarterly</b>
<b>Other</b> Specify:	<b>Annually</b>
	<b>Continuously and Ongoing</b>
	<b>Other</b> Specify:

**Performance Measure:**

**AA-2a: Number and amount of compensation withholdings, for the Medical Services Contractor, annually applied for inaccurate level of care determinations. Measured by the monetary units withheld as compensation from contract payments.**

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:

**Contracted entity performance monitoring**

<b>Responsible Party for data collection/generation</b> <i>(check each that applies):</i>	<b>Frequency of data collection/generation</b> <i>(check each that applies):</i>	<b>Sampling Approach</b> <i>(check each that applies):</i>
State Medicaid Agency	Weekly	100% Review
Operating Agency	Monthly	Less than 100% Review
Sub-State Entity	Quarterly	Representative Sample Confidence Interval =
Other Specify:	Annually	Stratified Describe Group:
	Continuously and Ongoing	Other Specify:
	Other Specify:	

**Data Aggregation and Analysis:**

<b>Responsible Party for data aggregation and analysis</b> <i>(check each that applies):</i>	<b>Frequency of data aggregation and analysis</b> <i>(check each that applies):</i>
State Medicaid Agency	Weekly
Operating Agency	Monthly
Sub-State Entity	Quarterly
Other Specify:	Annually
	Continuously and Ongoing
	Other Specify:

**Performance Measure:**

**AA-3a: Number and percent of quarterly contract management reports, from the Provider Services Contractor, submitted within ten business days of the end of the reporting period. Numerator = # of timely quarterly contracts reports Denominator = # of quarterly contract management reports**

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:

**Contracted entity performance monitoring**

<b>Responsible Party for data collection/generation (check each that applies):</b>	<b>Frequency of data collection/generation (check each that applies):</b>	<b>Sampling Approach (check each that applies):</b>
<b>State Medicaid Agency</b>	<b>Weekly</b>	<b>100% Review</b>
<b>Operating Agency</b>	<b>Monthly</b>	<b>Less than 100% Review</b>
<b>Sub-State Entity</b>	<b>Quarterly</b>	<b>Representative Sample Confidence Interval =</b>
<b>Other Specify: Contracted entity</b>	<b>Annually</b>	<b>Stratified Describe Group:</b>
	<b>Continuously and Ongoing</b>	<b>Other Specify:</b>
	<b>Other Specify:</b>	

**Data Aggregation and Analysis:**

<b>Responsible Party for data aggregation and analysis (check each that applies):</b>	<b>Frequency of data aggregation and analysis (check each that applies):</b>
<b>State Medicaid Agency</b>	<b>Weekly</b>
<b>Operating Agency</b>	<b>Monthly</b>
<b>Sub-State Entity</b>	<b>Quarterly</b>
<b>Other Specify:</b>	<b>Annually</b>

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
	Continuously and Ongoing
	Other Specify:

**Performance Measure:**

**AA-4a: Number and amount of compensation withholdings, for the Provider Services Contractor, annually applied for inaccurate provider enrollment functions. Measured by the monetary units withheld as compensation from contract payments.**

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:

**Contracted entity performance monitoring**

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
State Medicaid Agency	Weekly	100% Review
Operating Agency	Monthly	Less than 100% Review
Sub-State Entity	Quarterly	Representative Sample Confidence Interval =
Other Specify:	Annually	Stratified Describe Group:
	Continuously and Ongoing	Other Specify:
	Other Specify:	

**Data Aggregation and Analysis:**

<b>Responsible Party for data aggregation and analysis (check each that applies):</b>	<b>Frequency of data aggregation and analysis(check each that applies):</b>
State Medicaid Agency	Weekly
Operating Agency	Monthly
Sub-State Entity	Quarterly
Other Specify:	Annually
	Continuously and Ongoing
	Other Specify:

**Performance Measure:**

**AA-5a: Number and percent of quarterly contract management reports, from the HCBS QA Contractor, submitted within ten business days of the end of the reporting period. Numerator = # of timely quarterly contract reports Denominator = # of quarterly contract management reports.**

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:

**Contracted entity performance monitoring**

<b>Responsible Party for data collection/generation (check each that applies):</b>	<b>Frequency of data collection/generation (check each that applies):</b>	<b>Sampling Approach(check each that applies):</b>
State Medicaid Agency	Weekly	100% Review
Operating Agency	Monthly	Less than 100% Review
Sub-State Entity	Quarterly	Representative Sample Confidence Interval =
Other Specify: Contracted entity	Annually	Stratified Describe Group:
	Continuously and Ongoing	Other Specify:

	<b>Other</b> Specify:	
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**Data Aggregation and Analysis:**

Responsible Party for data aggregation and analysis <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
State Medicaid Agency	Weekly
Operating Agency	Monthly
Sub-State Entity	Quarterly
Other Specify:	Annually
	Continuously and Ongoing
	Other Specify:

**Performance Measure:**

**AA-6a: Number and percent of monthly major incident reports, from the HCBS QA Contractor, submitted within ten business days of the end of the reporting period. Numerator = # of timely monthly contract reports on incidents Denominator = # of monthly major incident reports.**

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:

**Contracted entity performance monitoring**

Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
State Medicaid Agency	Weekly	100% Review
Operating Agency	Monthly	Less than 100% Review
Sub-State Entity	Quarterly	Representative Sample Confidence Interval =
Other Specify: Contracted entity	Annually	Stratified Describe Group:

	<b>Continuously and Ongoing</b>	<b>Other</b> Specify:
	<b>Other</b> Specify:	

**Data Aggregation and Analysis:**

<b>Responsible Party for data aggregation and analysis (check each that applies):</b>	<b>Frequency of data aggregation and analysis (check each that applies):</b>
State Medicaid Agency	Weekly
Operating Agency	Monthly
Sub-State Entity	Quarterly
Other Specify:	Annually
	Continuously and Ongoing
	Other Specify:

**Performance Measure:**

**AA-7a: Number and amount of compensation withholdings, for the HCBS QA contractor, annually applied for inappropriate quality assurance activities. Measured by the monetary units withheld as compensation from contract payments.**

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:

**Contracted entity performance monitoring**

<b>Responsible Party for data collection/generation (check each that applies):</b>	<b>Frequency of data collection/generation (check each that applies):</b>	<b>Sampling Approach (check each that applies):</b>
State Medicaid Agency	Weekly	100% Review
Operating Agency	Monthly	Less than 100% Review
Sub-State Entity	Quarterly	Representative Sample

		Confidence Interval =
Other Specify:	Annually	Stratified Describe Group:
	Continuously and Ongoing	Other Specify:
	Other Specify:	

**Data Aggregation and Analysis:**

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
State Medicaid Agency	Weekly
Operating Agency	Monthly
Sub-State Entity	Quarterly
Other Specify:	Annually
	Continuously and Ongoing
	Other Specify:

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

Beyond the oversight provided by the policy staff collective, each contracted entity within the Iowa Medicaid Enterprise is assigned state staff to serve as a contract manager. This position oversees the quality and timeliness of monthly scorecards and quarterly contract reports. Further, the Iowa Medicaid Enterprise holds a monthly manager meeting in which the account managers of each contracted unit presents the operational and performance issues discovered and remediated within the past month. This allows all state staff to collectively sustain transparent administrative oversight.

**b. Methods for Remediation/Fixing Individual Problems**