



Department of
HUMAN SERVICES

***Medicaid Managed Care Oversight
Quarterly Meeting Minutes
2nd Quarter State Fiscal Year (SFY) 2022
(October – December 2021)***

December 2021



**Teleconference Meeting Minutes
September 9, 2021**

DHS COUNCIL MEMBERS	DEPARTMENT OF HUMAN SERVICES
Rebecca Peterson – present	Director Kelly Garcia – present
Kimberly Kudej – present	Faith Sandberg – present
Sam Wallace – absent	Matt Highland – present
Jack Willey – present	Cory Turner – present
Skylar Mayberry-Mayes - present	Liz Matney - present
Kay Fisk - present	Janee Harvey – present
Monika Jindal – present	Jean Slaybaugh – present
	Marissa Eyanson – present
	Joe Havig – present

EX-OFFICIO LEGISLATIVE MEMBERS
Representative Joel Fry – absent
Senator Mariannette Miller-Meeks – absent
Senator Amanda Ragan – present
Representative Timi Brown-Powers – absent

Call to Order

DHS Council Chair Rebecca Peterson called the Council meeting to order at 10:00 a.m. via zoom teleconference call on Thursday, September 9, 2021.

Roll Call

All Council members were present. Senator Ragan was present, all other Ex-Officio legislative members were absent.

Approval of Minutes

A motion was made by Kudej and seconded by Willey to approve the August 12, 2021, meeting minutes.

MOTION UNANIMOUSLY CARRIED

Budget Hearing Presentations

Director Kelly Garcia and COO Jean Slaybaugh – Both gave opening remarks and an executive summary of the status quo budget for SFY 23.

Fiscal Public Service Manager Joe Havig – Joe gave an overview of the SFY23 Budget requests including more funding for the Children’s Health Insurance Program (or CHIP) and MHDS Regional Services. Medicaid Director Liz Matney and MHDS Division Administrator Marissa Eyanson provided more information to the council about both programs.

SFY 2023 Budget Decisions

Approval of the proposed SFY 2022/23 status quo Budget request

A motion was made by Wallace to approve the Budget request for SFY 2022/23 and seconded by Willey

MOTION UNANIMOUSLY CARRIED

Approval of Budget recommendations SFY 2022-2023

A motion was made by Wallace to approve the Budget recommendations for SFY 2022/23 and seconded by Kudej

MOTION UNANIMOUSLY CARRIED

Approval of changes relative to final FMAP (if available before September 23rd)

A motion was made by Wallace and seconded by Fisk allowing the Director to amend the budget relative to the final FMAP.

MOTION UNANIMOUSLY CARRIED

Director's Report

Director Kelly Garcia introduced our two new Council members Dr. Monika Jindal and Kay Fisk. She expressed her appreciation to both for serving on the Council. She then gave a COVID-19 update including the vaccination status of our staff working in the DHS facilities. Director Garcia shared a brief update on the realignment work taking place with IDPH. She stated that over the last month we've engaged small groups of staff from both agencies around "connection points". Known as change teams, these groups are charged with taking deep dives into how to better align the work of the departments around these connection points and developing *preliminary* recommendations and options for further consideration.

Adjournment

A motion was made by Kudej to adjourn the meeting and was seconded by Jindal.

Chair Rebecca Peterson adjourned the meeting at 11:45 a.m.

Respectfully Submitted by:
Julie McCauley
Council Secretary

jkm



**Teleconference Meeting Minutes
October 14, 2021**

EXECUTIVE COMMITTEE MEMBERS	DEPARTMENT OF HUMAN SERVICES
Rebecca Peterson - present	Director Kelly Garcia – present
Skylar Mayberry-Mayes – present	Jean Slaybaugh – present
Kimberly Kudej – present	Faith Sandberg – present
Sam Wallace – present	Matt Highland – present
Jack Willey – present	Marissa Eyanson - present
Monika Jindal - present	Liz Matney - present
Kay Fisk - present	Janee Harvey – present
	Carrie Malone - present
	Vern Armstrong – present

EX-OFFICIO LEGISLATIVE MEMBERS
Representative Joel Fry – absent
Senator Mariannette Miller-Meeks – absent
Senator Amanda Ragan – present
Representative Timi Brown-Powers – absent

Call to Order

Chair Rebecca Peterson called the Council meeting to order at 10:00 a.m. via zoom teleconference call on Thursday, October 14, 2021.

Roll Call

All council members were present, Senator Amanda Ragan was present, all other Ex-Officio members were absent.

Approval of Minutes

A motion was made by Wallace and seconded by Willey to approve the minutes of the September 9, 2021, meeting.

MOTION UNANIMOUSLY CARRIED

Rules

R-1 Amendments to Chapter 75, “Conditions of Eligibility,” and Chapter 80, “Procedure and Method of Payment,” Iowa Administrative Code. (Aligns rules with current policy and federal regulations)

The rules remove exemptions from third party liability for prenatal services. Updates the minimum community spouse resource allowance to allow for the federal amount and links to the federal references so, the amounts do not need to be updated annually. Adds language to better describe the income considered in determining client participation.

A motion was made by Kudej to approve and seconded by Mayberry-Mayes
MOTION UNANIMOUSLY CARRIED

R-2. Amendments to Chapter 109, “Child Care Centers,” Chapter 110, “Child Development Homes,” and Chapter 120, “Child Care Homes,” Iowa Administrative Code.

The amendments increase the number of children allowed at any one time in a nonregistered childcare home to six or fewer if at least one of the children is school-aged. The number of children allowed to be cared for at any one time in a registered child development home is increasing from six or more to seven or more. In addition, the Department is simplifying regulatory requirements by removing the definition of “Part-time hours.” The rules are also updated to reduce the paperwork burden for providers by limiting the information needed in provider files to verify professional development requirements. Other regulatory requirements have been updated.

A motion was made by Willey to approve and seconded by Wallace
MOTION UNANIMOUSLY CARRIED

Analysis of Disability and Behavioral Health Needs

Medicaid Director Liz Matney provided an update on our intent for the American Rescue Plan Funds. Director Matney explained how many of the service agencies overlap with DHS. Using the funds, an outside consultant will be hired to understand how we can better serve Iowans by coordinating care and communication with all service agencies. Proposals are due October 28th. Once a contract has been awarded the evaluation will take a year and with the report due next December.

Community Integration Update

MHDS Division Administrator Marisa Eyanson shared the progress that has been made on the Community Integration plan. One year into the plan, 39% of the 108 action items have been completed, and 48% are in progress. She added that assessments and individual planning meetings have been completed for every resident residing in a state resource center. Also, over a dozen conversations have been had with stakeholders, associations, providers, and managed care organizations. The year one progress report was sent to the Council with their meeting materials.

Refugee Services Update

Mak Suceska, Bureau Chief at the Iowa Bureau of Refugee Services explained that they are the statewide agency under DHS that helps to serve all refugees with initial and post resettlement needs. He shared that over the last several weeks the bureau has been working with different stakeholders, government agencies, and community partners in planning for the arrival of 695 Afghan refugees to Iowa. These refugees will be settling in Des Moines, Cedar Rapids, Council Bluffs, and Sioux City. The bureau and all the agencies involved are working hard to establish a welcoming infrastructure for the refugees.

Director’s Report

Director Garcia informed the Council that Iowa, like other states, has seen an increase in virus activity over the past several months. However, in the past few weeks there has been some early signs of stabilization at the state and national level. She added that IDPH recently launched a testing locator map at coronavirus.iowa.gov that helps Iowans find testing near them. The map includes all Test Iowa test kit pick-up sites and locations across the state where in-person testing is available. Director Garcia stated that we are currently focused on urging Iowans to get their flu vaccines and we are launching our flu campaign in the next few weeks. Director Garcia shared that we continue to move forward on our alignment work and sent out an update earlier in the week. She encouraged the council members to sign up for the alignment newsletter. Over the past few weeks, we have conducted 26 “deep dive” working sessions to identify recommendations and options for strengthening alignment in areas of Aging, Disability, Behavioral Health, Food and Nutrition, Health Promotion, Supports to Families, and Maternal Health and Childhood. Engaged in this “change team” work is close to 40 staff members from a range of business units and roles across IDPH and DHS. The team has begun preparing to present a preliminary change package to health and human services stakeholders across Iowa for review, feedback, and discussion.

Council Update

Kim Kudej asked to have an update on refugee services from Mak Suceska in 6 months.

Monika Jindal shared that they are dealing with staffing issues at UIHC, as many others are.

Adjournment

A motion was made by Kudej to adjourn the meeting and was seconded by Willey

Meeting adjourned at 12:02 p.m.

Respectfully Submitted by:

Julie McCauley

Council Secretary

jkm

Summary of Meeting Minutes August 26, 2021

Call to Order and Roll Call

Sarah Reissetter, Iowa Department of Public Health (IDPH) and Chair of the Medical Assistance Advisory Council (MAAC), called roll at 1:01 P.M. Attendance is reflected in the separate roll call sheet. A quorum was achieved.

Approval of Previous Meeting Minutes

Maribel Slinde, Iowa CareGivers, provided a correction to previous meeting minutes regarding which organization Amerigroup Iowa, Inc. provided a donation to, namely the Iowa Healthcare Association Foundation. Sarah called for a motion to approve minutes from the August 26, 2021, meeting including the proposed correction. The minutes were approved as corrected.

Update from Managed Care Ombudsman

Pamela Rupprecht, Iowa Managed Care Ombudsman, gave an update on the work of her office. Pam discussed trends in issues raised by members for State Fiscal Year (SFY) 2020 and SFY 2021. For SFY 2020 the top trends related to access to services and benefits; members identified issues with accessing providers for approved daily chore services. A second trend was transportation issues; including a lack of training by transportation providers to understand specific needs of members, and a lack of specialized equipment necessary to transport members. Consumer Directed Attendant Care (CDAC) and Consumer Choice Option (CCO) impacts were another trend where members reported dissatisfaction with services. Specifically, these complaints included the difficulty of finding providers and denial or reduction of service units. Another trend was the lack of service providers, where members reported a lack of providers available to provide services for which they were approved.

Pam stated that for the last three months, the top complaints have been related to access to service and benefits. Members have reported a lack of CDAC staff available to them, a lack of chore providers available, and challenges finding skilled care and bath aides. Members have also reported issues with case management; complaining of getting assigned new case managers without requesting a change and a lack of face-to-face visits.

Managed Care Organization (MCO) Quarterly Report Quarter 3 SFY 2021

Kurt Behrens, Iowa Medicaid Enterprise (IME), reviewed the MCO Quarterly Report for Q3 SFY 21. Kurt reviewed enrollment numbers, noting that as the federal Public Health Emergency (PHE) continues IME cannot disenroll members. Kurt continued into the report, discussing MCO financials, claims data, a new section of data focusing on children, and Long-Term Services and Supports (LTSS) data.

Susie Roberts, Iowa Academy of Nutrition and Dietetics, asked if data showing which category claims were coming from is available. Kurt stated that information would have to be requested ad hoc.

Dr. Amy Shriver commented that the data presented on children was excellent but asked for percentage of eligible children served. Kurt replied that he is developing a way to show the children's data in relation to healthcare effectiveness data and information sets (HEDIS) data.

Liz Matney, Medicaid Director, stated that IME staff are happy to provide data requested by MAAC members, even if that data is not present in the quarterly reports.

Dennis Tibben asked about the Provider Network Access Summary. Dennis noted that provider counts for both Adult and Pediatric Primary Care Physicians (PCPs) decreased by roughly one thousand for Amerigroup's network between Q2 and Q3. Kurt stated that he would check into the issue. Kurt added that the contract requirement percentage had not changed from quarter to quarter; and IME, typically, only investigates provider network issues when the contract requirement percentage changes.

Shelley Chandler raised concerns about the ratios of case managers to members enrolled in HCBS waivers. Shelley then asked for more useful measures for the LTSS population. Liz stated that the Department will take that back and work to develop more meaningful measures in this report.

Health Dashboard Demonstration

Kurt presented the new informational dashboard section of the Department's website. Kurt showed the Council how to navigate the menus and information presented in the dashboard. Shelly asked how often the dashboards are updated. Kurt answered that the intent is to have the dashboard updated monthly.

Medicaid Director's Update

Liz began her update by addressing the Department's unwinding plans for the PHE. Following guidance from the Centers for Medicare and Medicaid Services (CMS), the Department planned to reduce administrative strain by beginning eligibility reviews for members prior to the end of the PHE. Members found to be ineligible would then be sent letters notifying them that once the PHE ends they will be automatically disenrolled from Medicaid. However, CMS recently issued new guidance stating that members could not be automatically disenrolled in this way, and that prior to disenrollment a member must have their eligibility redetermined.

Liz then turned to the Iowa Total Care capitation payment withhold from January 2020; about \$44 million was withheld from Iowa Total Care. The Department contracted with a third party, accounting firm Myers and Stauffer, to review Iowa Total Care's claims configurations and appropriate claims payment. The withhold was released in three phases; with the final payment released in July 2021, following the final report from Myers and Stauffer.

The American Rescue Plan Act provided enhanced federal funds for Home- and Community-Based Services (HCBS) for the period of April 2021 through the end of March 2022 - the enhanced funds amount to a little over \$100 million. CMS has given states the ability to submit plans on how they would like to spend the money. The Department has submitted a plan which includes: the development of a robust personal care registry; improved provider retention and recruiting bonuses; training for providers, ideally a statewide software system, but face-to-face training will be included; and a large assessment of services available to individuals across the state for behavioral health, disability services, and services tied to aging.

Shelly asked if CMS has responded to IME's submitted plan, stating she has not heard of any plans from states being approved. Liz answered that while IME has not received a response, she has heard of some states receiving approval for their plans, although more states have received denials.

Liz announced a series of Member and Provider Town Halls focusing on Community Integration, beginning on August 26, 2021. Branden Hagen asked if these town halls would replace the quarterly provider trainings. Liz answered that these town halls are not replacing provider trainings but are a platform for more direct communication with broader provider community and with the individuals we serve.

Iowa Wellness Plan Annual Report

Anna Ruggle, IME, discussed the Iowa Wellness Plan (IWP) Annual Report for SFY 2021. The IWP covers adults ages 19-24, with an income between 0% and 133% of the federal poverty level (FPL). In 2020 that was just slightly less than 17,000 per year. The enrollment number in 2019 was 177,000 members; in 2020 went up to 209,000 members, a 15% increase. As of July 2021, enrollment was 228,578 members. Some of the reasons for these increases include: the ban on disenrollments due to the PHE; member contributions and healthy behavior requirements waived, again due to the PHE; and job losses due to the COVID-19 pandemic.

With the new waiver approval by CMS, a lot of new performance measures are required to be reported on. These measures include topics of enrollment statistics, enrollment, disenrollment, members who chose not to renew; divided into categories such as gender, population such as FPL. Quality measures include: smoking cessation programs, access to care, number of providers, number of specialty providers, healthy behaviors, who's paying contributions.

Updates from the MCOs

Amerigroup Iowa, Inc.

John McCalley, of Amerigroup Iowa, Inc. (Amerigroup), presented Amerigroup's update. John began by discussing Amerigroup's response to the PHE. Amerigroup continues to work closely with IME to implement any required State Plan Amendments (SPAs) and any other policy changes, as well as reinforce messaging around vaccination efforts. Amerigroup has made over 200,000 phone calls from case managers to members on the

topic of vaccination. John highlighted the work of the Iowa Developmental Disability Council in creating a video on the benefits of vaccination and stated that Amerigroup has provided this video to case managers to share with members. Amerigroup continues to work closely with the Department's community integration strategy, with the goal of transitioning members from facility-based care to community-based living environments. This work has included enhancing Amerigroup's provider network, including recruiting out-of-state providers to provide services to members within the state.

John noted that community-based case managers resumed face-to-face member meetings beginning July 2021, at member choice. Zoom options are still an option for members. Case managers use member meetings to perform required assessments, develop care plans, and check-in with members. Case managers are in full personal protective equipment (PPE) protocols during these meetings. Vast majority of members choose face-to-face meetings, member feedback is a sense of relief to have the face-to-face option.

John discussed Amerigroup's work to address social determinants of health and move more into addressing health inequities. John highlighted Amerigroup's housing stability initiative: piloted in Des Moines, the program will be rolled out to 23 counties across the state. Work on food insecurity has grown, work begun with Double-Up Food Bucks has developed into a partnership between Amerigroup, Double-Up Food Bucks, and Broadlawns called Food Is Medicine. The partnership is currently pursuing federal grants to expand the program across the state of Iowa. Amerigroup announced a partnership with the Iowa State University Extension Program supporting community gardens. Amerigroup has donated funding to support two dozen community gardens.

Iowa Total Care (ITC)

Brian Sanders, Senior Vice President for Population Health and Clinical Operations for ITC, presented an update. Brian began by stating ITC's commitment to forming strong partnerships with IME and their fellow MCOs, highlighting the work of all three organizations during the PHE. Brian discussed the move to virtual platforms during the PHE, both for ITC operations and for coordinating and communicating with members. Throughout the course of the PHE ITC distributed digital tablets to members and provider organizations, for the purposes of engaging with the MCO. Brian noted that these tablets were not only used for communicating with the MCO, but for things like cooking and exercise classes. ITC implemented texting and auto-dialer campaigns to share and collect information about the COVID-19 vaccine. Brian discussed ITC's telehealth efforts through the vendor Babylon. Brian highlighted Babylon's capacity for members to have a virtual appointment with their providers outside of normal office hours and noted how this flexibility has increased member usage of services. ITC's My Health Pays program is very popular with members, members are rewarded for completing healthy behaviors. In July 2021, ITC added an electronic breast pump benefit for new and expecting mothers. ITC has partnered with several organizations and programs to support literacy in the state of Iowa. ITC has partnered with the National Council on Independent Living on an initiative called the Barrier Removal Fund, which provides grants that pay for removing of barriers for individuals with a disability to access health care across Iowa. Grants fund things such as paving parking lots, curb cuts, noise-

canceling headphones. Brian ended his update with a member story about a case manager learning Russian to cultivate a relationship with a member's family.

Dr. Shriver commented that she applauded ITC's efforts to promote literacy and encouraged ITC to connect with the state-wide organization Reach Out and Read Iowa. Brian said that ITC would reach out to Dr. Shriver for more information on Reach Out and Read Iowa.

Mental Health Subcommittee Establishment

Liz provided an update on ongoing work the Department is performing related to behavioral and mental health. In 2020, IME made CARES Act funds available to behavioral health providers: up to \$10 million was available for mental health providers; and another \$10 million was made available for substance use providers. In the 2021 legislative session, the legislature appropriated \$8 million in state funds to enhance Home-Based Habilitation rates; this includes a higher tier to support intensive residential services. Telehealth for mental health services is ongoing and has been a success for the program. The Department has been monitoring the utilization of telehealth services and has been considering how it improves members outcomes. Additional inpatient services have been in development in Clive and Bettendorf. Liz shared a preliminary draft of a continuum of care document designed to assist in the identification of available behavioral and mental health services.

Sarah discussed the alignment work between the Department of Human Services (DHS) and the IDPH. The Departments are holding multiple planning meetings between department staff and leadership. DHS and IDPH have also engaged in meetings with external partners: the Mental Health Planning Council, the Iowa Board of Health, provider associations, the Integrated Provider Network (IPN), and community mental health centers (CMHCs). The goal of these meetings is to seek public comment from the mental health and substance use providers, review block grant statutory requirements and identify shared alignment goals between departments. Additionally, DHS and IDPH are developing joint system block grant goals.

Cheryl Jones, Iowa Association of Nurse Practitioners, and Dr. Shriver applauded the presentation on the Mental Health Subcommittee. Cheryl highlighted the presentation's focus on children's mental health, particularly children in foster care.

Open Discussion

Maribel stated that she was pleased with Liz's comments regarding direct care workers.

Dave Beeman, Iowa Psychological Association, stated he and other psychologists would be happy to join in on the conversation on children's mental health.

Adjournment

Meeting adjourned at 3:12 P.M.

Submitted by,
Michael Kitzman
Recording Secretary
mk



**Hawki Board Meeting
August 16, 2021**

Hawki Board Members	Department of Human Services
Mary Nelle Trefz, Chair – present	Elizabeth Matney, Medicaid Director
Angela Burke Boston – present	Julie Lovelady, IME
Jim Donoghue – present	Paula Motsinger, IME
Mike Stopulos –	Jennifer Steenblock, IME
Dr. Bob Russell – present	Mary Stewart, IME
Mary Scieszinski –	Kevin Kirkpatrick, IME
Shawn Garrington –	Tashina Hornaday, IME
Senator Nate Boulton – present	
Senator Mark Costello –	Guests
Representative Shannon Lundgren –	Gretchen Hageman, DDIA
	John Hedgecoth, Amerigroup
	Lindsay Paulson, MAXIMUS
	Kim Flores, ITC
	Jean Johnson, IDPH
	Alesia Houser, AHFA
	Sanela Karajic, Black Hawk Co. Public Health
	Brenda Sedlmayr, MATURA
	Tia Siegworth, Scott Co. Health Dept.

Call to Order and Roll Call

Board Chair Mary Nelle Trefz called the meeting to order at 12:33 PM via Zoom. Chair Trefz conducted a roll call, and attendance is as reflected above. A quorum was established.

Approval of the Hawki Board Meeting Minutes

Chair Trefz called for the Board to review the minutes from the June 21, 2021, meeting. Chair Trefz asked for a motion to approve the minutes and the motion carried.

Public Comment

There were no public comments.

New Business

Chair Trefz began by asking each Board member if they had any new business to discuss. Jim Donoghue stated that the Board should identify a new chair and vice chair, but it would be more appropriate to wait for a Board meeting in which the new Board members are in

attendance. Chair Trefz commented that she had met with Director Matney and other Iowa Medicaid Enterprise (IME) staff, and that she'd like to have a discussion about strategic thinking at the October Hawki Board meeting.

Director's Report

Director Matney gave her update. She began by saying that IME is fortunate to have boards and commissions that provide input regarding the direction of the program, including areas of success and those that have opportunities for growth. She also stressed the importance of identifying Board member goals, as well as how the Board can effectively work with IME and its partners. Director Matney then talked about how IME has been doing its own strategic planning, and has identified four main areas to focus on: identifying program and service gaps and ways to mitigate them; developing innovative ways of healthcare delivery with the goal of making it more mobile; modernizing programs, services, and processes, and how information technology would support this; and increasing effective communication and transparency between both external and internal partners, and taking stakeholder feedback into account before implementing any new programs or services. She also highlighted the need for transparency and effective communication between IME and Hawki Board members, and how this will allow Board members to most effectively serve Hawki members. She added that IME is focusing on compiling data and making it available to Board members. She concluded by saying that IME is focusing on the public health emergency (PHE) unwind and how it will affect member eligibility.

Angela Burke Boston asked Director Matney what the role of telehealth will be moving forward. Director Matney stated that telehealth will be a permanent tool in healthcare delivery. She noted that IME effectively used telehealth for behavioral healthcare delivery through the PHE, and that IME is looking at ways to expand its use in other areas.

Managed Care Organization (MCO) Updates

John Hedgecoth from Amerigroup provided an update. He stated that Amerigroup returned to field on July 1. This is an ongoing process requiring collaboration with providers and necessary COVID-19 safety measures, including use of personal protective equipment (PPE). Amerigroup has a return-to-office plan for their West Des Moines location, though it likely will not be implemented before the end of the year. When Amerigroup employees do return to work, there will be a vaccination mandate. John stated that Amerigroup is working with providers in their network to note any shut down in service because of COVID-19 so they can quickly and accurately pass this information to their members. Amerigroup also continues to promote the COVID-19 vaccine and has used the Iowa Immunization Registry Information System (IRIS) to identify geographic and demographic trends. They have focused outreach on vulnerable populations, including elder members, those with pre-existing conditions, and those age 12 to 18. They've also included in their outreach several "myth vs. fact" communications to help address vaccine hesitancy. John also touched on Amerigroup's PHE unwinding plan, and how Amerigroup will be awarding community transformation grants to meet specific health outcomes. The largest proportion of grant requests concern maternal and children's health.

Kim Flores from Iowa Total Care (ITC) provided an update. She stated that ITC has resumed face-to-face interactions with members, including in-home visits, but only as far as

members are comfortable. She also briefly mentioned ITC's return-to-work plan, which will be a phased plan that will take approximately three months. ITC is also continuing their COVID-19 vaccine outreach efforts with a focus on children, particularly as they return to school. Kim talked about ITC's monthly mailer program that encourages families to schedule well-child exams and bring their children in for immunizations. She concluded by mentioning that ITC began distributing breast pumps at the beginning of July and has handed out approximately 60 breast pumps. ITC's efforts in this area mirror those of Amerigroup and the two organizations use the same vendor.

Gretchen Hageman from Delta Dental of Iowa (DDIA) provided an update. She stated that DDIA has partnered with the MCOs to promote the COVID-19 vaccine. She noted that dentists' offices usually operate at full capacity during the summer months, as children are on vacation from school. DDIA has focused their outreach on members ages 6 to 9 to encourage their families to bring them in for preventative dental visits. Gretchen also touched on the importance of dental care for children up to age 3, as well as adolescents, as dental visits begin dropping off at age 14 or 15. She concluded by saying that DDIA conducted outreach at several community events this summer, including farmers' markets and the Iowa State Fair.

Outreach

Jean Johnson from the Iowa Department of Public Health (IDPH) provided an update. She stated that most IDPH agencies and employees have returned to work in an office setting. She also stated that IDPH continues to promote COVID-19 community vaccination clinics, though these clinics have seen a drop in numbers, likely because more entities now offer the vaccine. Outreach coordinators attended and performed outreach at several events over the summer, including county fairs, vacation bible schools, and job fairs. She briefly mentioned that IDPH is also in the strategic planning process and is compiling data as it pertains to Hawki outreach. Jean concluded by saying that she has been in contact with a recent Hawki recipient and hopes to have this member share their story at the October Hawki Board meeting.

Communications Update

Kevin Kirkpatrick provided an update. He stated that most Hawki families are currently in an open choice period and IME sent packets to members earlier in August with information on switching MCOs. He stated that IME is also sending review forms to families and is working with the MCOs on outreach to encourage members to return the review forms in a timely manner.

Next Meeting

The next meeting will be Monday, October 25, 2021.
Meeting adjourned at 1:27 PM.

Submitted by,
John Riemenschneider
Recording Secretary
jr