



Department of  
**HUMAN SERVICES**

***Medicaid Managed Care Oversight  
Quarterly Meeting Minutes  
3rd Quarter State Fiscal Year (SFY) 2022  
(Meetings Held October – December  
2021)***

**Published March 2022**



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**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 28<sup>th</sup>. 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](https://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



**Teleconference Meeting Minutes  
November 9, 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 – absent
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 Tuesday, November 9, 2021.

**Roll Call**

All council members were present, all Ex-Officio members were absent.

**Approval of Minutes**

A motion was made by Wallace and seconded by Willey to approve the minutes of the October 14, 2021, meeting.

**MOTION UNANIMOUSLY CARRIED**

**Rules**

**R-1. Amendments to Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” Iowa Administrative Code. (Aligns rules with current policy for diabetic education)**

The rule removes the one-time limit for diabetic education for Medicaid members. In most cases once in a lifetime in not adequate treatment for diabetic education, especially with the prevalence of diabetes. The Department has already been paying for more than one education series for some members and this will allow the rule to match the current practice. A member can receive as much education as needed to help them manage their diabetes with a provider referral for the education. The managed care organizations will also follow this rule change.

A motion was made by Kudej to approve and seconded by Wallace.

**MOTION UNANIMOUSLY CARRIED**

### **Child Care Task Force Update**

Ryan Page, Child Care Regulatory Program Manager, informed the Council about her participation in the Governor's task force on childcare from March through July of this year. The goal was to address obstacles around access to high quality and affordable child care for families. Multiple state agencies, stakeholders, advocates, and parents participated in the task force. DHS was part of the regulatory barriers and financing work group. Some of the specific recommendations that were addressed were creating a cared services model, providing more flexibility to the childcare assistance program, paying for more worker absent days, and to improve the central online hub for parents to find providers and childcare openings. More updates will be provided to the Council as implementation of the recommendations occur.

### **Medicaid Strategic Plan Update**

Medicaid Director Liz Matney reviewed the Medicaid Strategic Plan with the Council. She reviewed the mission, vision, and key objectives for Medicaid with the Council. A copy of the plan is attached.

### **Director's Report**

Director Garcia paid tribute to former DHS Director Charles Palmer who passed away recently. She informed the Council of our upcoming 2022 legislative session planning. HHS alignment work continues and will be large part of the upcoming session. She stated work is being done on a functional organizational chart with the goal of building a one front door concept for clients and providers. The other component is making sure we have a very strong public health policy. Director Garcia shared that workforce challenges continue. Rates and wages are a key component but not the only component. We are working on being more flexible as employers, looking for creative solutions on how to recruit and retain good employees. Much of the central office workforce works a hybrid schedule and employees are very happy with it. Director Garcia reported that the monitor's report at the Boys State Training School has been filed. The report shows the incredible ongoing commitment from our leadership team and all the other employees at the school to changing practices and imbedding a therapeutic approach at the school. We will continue to make a dedicated effort in infusing therapy and the right type of specialty care for the youth that we serve. The interview process will be starting after Thanksgiving for a new Superintendent at the BSTS.

### **Adjournment**

A motion was made by Kudej to adjourn the meeting and was seconded by Mayberry-Mayes

Meeting adjourned at 12:34p.m.

Respectfully Submitted by:

Julie McCauley  
Council Secretary  
jkm



**DHS Council Meeting Minutes  
December 9, 2021**

EXECUTIVE COMMITTEE MEMBERS	DEPARTMENT OF HUMAN SERVICES
Rebecca Peterson - present	Director Kelly Garcia – present
Skylar Mayberry-Mayes – present	Jean Slaybaugh - present
Kimberly Kudej – absent	Matt Highland – present
Sam Wallace – absent	Alex Carfrae - present
Jack Willey – present	Cory Turner - present
Monika Jindal - present	Nancy Freudenberg – present
Kay Fisk - present	Julie McCauley - present
	Aza Adam - 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 10:20 a.m. at the Independence Mental Health facility in Independence, Iowa, on Thursday, December 9, 2021.

**Roll Call**

Council members Sam Wallace and Kim Kudej were absent, all other members were present. Senator Amanda Ragan was present, all other Ex-Officio members were absent.

**Approval of Minutes**

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

**MOTION UNANIMOUSLY CARRIED**

**Rules**

**R-1. Amendments to Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” Chapter 79, “Other Policies Relating to Providers of Medical and Remedial Care,” and Amendments to Chapter 83 “Waivers,” Iowa Administrative Code. (Implements provider increases). Adopted and filed Emergency, now being finalized.** During the 2021 Legislative Session HF891 appropriated funds to increase specific providers reimbursement rates. The proposed changes include revisions to 441-Chapters 78, 79 and 83 as follows:



- Increase the reimbursement rates and upper rate limits for providers of Home and Community Based Service (HCBS) Waiver and HCBS Habilitation services beginning July 1, 2021, by 3.55 percent over the rates in effect on June 30, 2021.
- Increase the monthly caps on the total monthly cost of HCBS waiver services and Habilitation.
- Increase the monthly cap on HCBS Supported Employment and Intellectual Disabilities Waiver Respite services.
- Increase annual or lifetime limitations for Home and Vehicle Modifications and Specialized Medical Equipment.
- Increase air ambulance rates to \$550 beginning July 1, 2021.
- Implement the Home Health Agency low utilization payment adjustment (LUPA) rate increase. This rate is applied when there are three or less visits provided in a 30-day period.

A motion was made by Willey to approve and seconded by Mayberry-Mayes.

**MOTION UNANIMOUSLY CARRIED**

The following amendments to the administrative rules are presented as Noticed rules.

**N-1. Amendments to Chapter 2, “Contracting out Department of human Services Employees and Property,” Iowa Administrative Code. (Aligns rules with current practices)**

The Department is updating the administrative rules for entering into contracts with department employees in a service program or for the use of buildings and grounds of state institutions. This will allow the proposed rules to come into alignment with current practices and will also eliminate outdated definitions. Part of the department’s five-year rules review process for MHDS rules.

**N-2. Amendments to Chapter 34, “Alternative Diagnostic Facilities,” Iowa Administrative Code. (Aligns rules with current practices)**

The Department is revising outdated language used when a person is being assessed for admission to a state mental health institution on a voluntary basis. Language is being replaced with more current, person-centered language to be consistent with best practices for persons with mental illnesses. Part of the department’s five-year rules review process for MHDS rules.

**N-3. Amendments to Chapter 81, “Nursing Facilities,” Iowa Administrative Code. (Decreasing minimum occupancy limitation to 70%)**

2021 Iowa Acts, Senate File 891, Division 7, amends the nursing facility reimbursement methodology for the fiscal period of July 1, 2023, through June 30, 2025. The department shall rebase case-mix nursing facility rates using the Medicaid cost reports on file for the period ending December 31, 2022, and apply a minimum occupancy factor of 70 percent. The decreased minimum occupancy limitation is being used because of the concerns providers will continue to experience a decrease in nursing facility occupancy due to the public health emergency.

**N-4. Amendments to Chapter 101, “Iowa Juvenile Home,” Iowa Administrative Code. (Rescind the chapter)**

Rescinds Chapter 101 as the Iowa Juvenile Home is closed. Part of the department’s five-year rules review process for MHDS rules.

A motion was made by Jindal to approve and seconded by Mayberry-Mayes.

**MOTION UNANIMOUSLY CARRIED**

**Director’s Report**

Director Garcia provided an update on the Department of Justice investigation into the State Resource Centers that recently wrapped up. The DOJ released their final report on the investigation on December 8, 2021. She informed the Council that Iowa is in violation of the ADA as well as CRIPA. Iowa over utilizes institutionalization for individuals with IDD because we lack a full array of services. The findings are significant but not surprising. The way we use the state resource centers and other privately run facilities needs to change. She stated that her team has worked closely with DOJ over the last two years and is committed to solving these issues and we

have already made great strides. One way we're working to solve the issues is through building out access to services in the community. Everyone has the option of living out their life in the least restrictive setting as possible. She stated that even with the backdrop of the pandemic, there has been tremendous progress made in this space, but there is still significant work to do. Iowa will need to make significant effort in building out an array of services in several different areas to close the loop with DOJ. Director Garcia added that this includes negotiating the consent decree, having more vigorous conversations with guardians to make confident decisions for their loved ones being cared for outside an institution, and looking at the role of managed care. We need to ensure that our Medicaid team can do that work in a meaningful way.

### **Resource Centers Progress Update**

MHDS Facilities Division Administrator Cory Turner added to Director Garcia's comments regarding the DOJ findings. He stated that many of the areas that the DOJ cited were already identified and significant work is being done to fix and improve these issues. He stated that the team is constantly working on the issues which include oversight, working with providers, and working with social workers on community integration. That is a huge area of focus right now. He informed the Council that staffing continues to be an issue at the facilities. They are using more advertising and a job fair to help with the issue. They have hired a board-certified behavior analysis, two psychology administrators, and a nurse practitioner. Next steps are hiring a full-time Medical Director.

### **Adjournment**

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

Meeting adjourned at 11:40 a.m.

Respectfully Submitted by:  
Julie McCauley  
Council Secretary



**Hawki Board Meeting  
October 25, 2021**

<b>Hawki Board Members</b>	<b>Department of Human Services</b>
Mary Nelle Trefz, Chair – present	Elizabeth Matney, Medicaid Director
Angela Burke Boston – present	Julie Lovelady, IME
Jim Donoghue – present	Paula Motsinger, IME
Mike Stopulos – present	Amela Alibasic, IME
Dr. Bob Russell – present	Kevin Kirkpatrick, IME
Mary Scieszinski – present	Tashina Hornaday, IME
Shawn Garrington – present	Shelley Horak, IME
Senator Nate Boulton –	Kurt Behrens, IME
Senator Mark Costello –	
Representative Shannon Lundgren –	
	<b>Guests</b>
	Gretchen Hageman, DDIA
	John Hedgecoth, Amerigroup
	Lindsay Paulson, MAXIMUS
	Jean Johnson, IDPH
	Alesia Houser, AHFA
	Tara Brown, guest speaker
	Tia Siegworth, Scott Co. Health Dept.

**Call to Order and Roll Call**

Board Chair Mary Nelle Trefz called the meeting to order at 12:30 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 August 16, 2021, meeting. Chair Trefz asked for a motion to approve the minutes and the motion carried.

**Business Items**

Chair Trefz introduced the topic of electing a new chair and new vice chair. Jim Donoghue suggested that the Board meet with the two new members outside of the Hawki Board meeting to discuss the roles and what they entail. He then recommended that the Board gauge interest in filling these roles and report back at the December meeting. Chair Trefz, Vice Chair Garrington, and new member Mary Scieszinski agreed to this course of action.

## **Public Comment**

Chair Trefz had each Board member give an introduction and talk about their connection to the Hawki program. This was primarily to allow new members Mary Scieszinski and Mike Stopulos to get to know their fellow Board members and understand Board member roles. Chair Trefz also had Board members briefly talk about the organizations they represent and how those organizations work with Hawki.

Chair Trefz then introduced guest speaker Tara Brown. Tara talked about how the Hawki program helped her and her family. She shared her personal story of attending college, finding out she was expecting, and having to put her academic plans on hold. This eventually led to a state of financial insecurity for her and her daughter. Tara found out about Hawki through a co-worker, and she was able to access programs through Hawki that ensured she could afford necessities and get adequate healthcare for her daughter. Tara expressed her gratitude to the Board and said that Hawki kept a roof over her and her daughter's heads when they were at serious risk of becoming unhoused. Tara now works for The Bridge Home, a non-profit organization devoted to bridging the gap between homelessness and housing by providing shelter, support, and inspiring a pathway forward for individuals and families experiencing or on the verge of homelessness.

## **Strategic Planning**

Medicaid Director Elizabeth Matney opened this portion of the meeting by discussing how the Hawki Board members can use their expertise and experience to develop long-term goals that will guide the program over the next several years. She specifically mentioned the importance of developing quality control, clinical, and financial goals. Chair Trefz then introduced Shelley Horak, Iowa Medicaid Enterprise (IME), who facilitated the strategic planning discussion. Shelley provided a PowerPoint slide deck with her presentation.

Shelley began by asking the question of what should be defined and/or created by the Board. Chair Trefz suggested that the Board exists to ensure Iowa's pediatric population can easily enroll in and access Hawki programs. Dr. Russell agreed, saying that the Hawki program should be functional, accessible, and effective. Mike Stopulos then suggested that the Board should use the next several meetings to craft a mission statement.

Shelley continued by asking what changes Board members would want to see if given unlimited resources. Angela Burke Boston pointed out that services are not always uniformly available across the MCOs and used speech therapy as an example.

Shelley then asked what changes could be made to improve quality of care for covered children. Jim Donoghue noted that there is little communication between the Hawki Board and the Medical Assistance Advisory Council (MAAC) and proposed that the Hawki Board become engaged with the MAAC in a more meaningful way. Chair Trefz added that the Hawki Board could communicate with the MAAC to determine if the MAAC oversees any portion of Medicaid as it pertains to the pediatric population. Angela then stated that the Board has the opportunity to expand in the areas of diversity, equity, and inclusion. Jim recommended that the Board have some oversight of program expenditures. Dr. Russell proposed that the Board consider data and scientific literature regarding advances in the field of pediatric health and wellness.

Shelley steered the conversation toward the Board's charge as established by Iowa Administrative Code. The charge has five areas: structure, duties, reporting, recommendations, and approvals. Dr. William Jagiello, a Des Moines-based family physician, stated that he facilitates the Hawki clinical advisory council meetings, but they normally do not have anything substantive to discuss at those meetings. Dr. Jagiello said that the clinical advisory council is open to assuming more responsibility in this area. In discussing an advisory committee for children with special health care needs (CSHCN), Mary Nelle suggested the possibility of adding a parent representative to the Board. Shawn Garrington highlighted the need for better communication between the Hawki Board and the clinical advisory council.

In reference to the Board's duties, Angela suggested that the list of duties be updated to reflect the Board's current role, and not its previous role in establishing the Hawki program. Chair Trefz added that the Board ideally will work with both public and private entities. Similarly, in reference to the Board's reporting responsibilities, Jim stated that the Hawki report is considerably shorter than it was 7-10 years ago, but that the current Hawki annual report still addresses all the same elements as in the earlier reports. Angela added that there is likely some overlap between the Hawki report and the broader Medicaid report.

Regarding the approvals portion of the Board's responsibilities, Chair Trefz noted that the Board's role in monitoring the capacity of the MCOs to address unique needs of children and children's health delivery is broad in scope and represents the evolution of the Board's role from establishing the program to overseeing the operation of the program. Kurt Behrens, IME, stated that this aspect of the program is covered in MCO quarterly reports and two additional annual reports. Kurt provided links to those reports in the chat.

Shelley then offered a recap of the strategic discussion with highlights of each of the five aspects of the Board's charge. Chair Trefz restated that the Board should be focused on current operations, such as ensuring access and improving quality of care, rather than establishing the program, and language in the Board's charge should change to reflect that. Additionally, Chair Trefz raised the question of whether Board members are willing to take on additional responsibilities outside of the Board's required six meetings per year. Angela added to this, asking if the Board has a charge outside of these six required meetings.

### **MCO Update**

John Hedgecoth from Amerigroup offered a brief update. John stated that Amerigroup is discontinuing the outpatient dental prior authorization originally announced April 2021. He stressed that this is a policy decision and not yet an operational change, and that Amerigroup will provide more information when it becomes available.

### **Next Meeting**

Meeting adjourned at 2:21 PM.

The next meeting will be Monday, December 13, 2021.

Submitted by John Riemenschneider

Recording Secretary

jr



## Hawki Board Meeting Minutes December 13, 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 – present	Amela Alibasic, IME
Dr. Bob Russell – present	Heather Miller, IME
Mary Scieszinski – present	Tashina Hornaday, IME
Shawn Garrington –	Katie McBurney, IME
Senator Nate Boulton –	Kurt Behrens, IME
Senator Mark Costello – present	Dr. William Jagiello, IME
Representative Shannon Lundgren –	
	Guests
	Gretchen Hageman, DDIA
	John Hedgecoth, Amerigroup
	Lindsay Paulson, MAXIMUS
	Jean Johnson, IDPH
	Alesia Houser, AHFA
	Cristee Miner, Dubuque Visiting Nurse Assn.
	Jennifer Findlay, ITC
	Jess Benson, Legis. Services Agency
	Sandi Hurtado-Peters, Dept. of Management
	Josh Carpenter, Iowa Dental Assn.

### **Call to Order and Roll Call**

Board Chair Mary Nelle Trefz called the meeting to order at 1:32 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 a motion to approve the minutes from the October 25, 2021, meeting the motion carried and the minutes were approved.

### **Electing Chair and Vice Chair**

Chair Trefz introduced the topic of electing a new chair and new vice chair. Jim Donoghue stated that he, Mary Scieszinski, and Mary Nelle met to discuss the roles and expectations of the chair and vice chair. The group recommended that Chair Trefz remain as chair and

that Mary step in as vice chair. Mary Nelle asked for a motion to move forward with this recommendation and the motion carried.

### **Public Comment**

There were no public comments.

### **New Business**

Chair Trefz raised the topic of Hawki Board meeting format. She stated that she met with Jim Donoghue, Mike Stopulos, and Mary Scieszinski to discuss continuing holding the meetings over Zoom. Chair Trefz noted that Zoom allows people in different areas of the state to attend more easily. Jim suggested that the Board continue meeting via Zoom. Mike also stated that, while it will be good to meet everyone in person at some point, Zoom is working well at present.

Chair Trefz then had Tashina Hornaday, Iowa Medicaid, briefly discuss the Hawki annual report. Tashina said that she hoped to have the report available for review by the end of the week. The report would need to be approved by the Board by December 31, 2021, so she is working with John Riemenschneider, Iowa Medicaid, to schedule an ad hoc Board meeting before the end of the year.

Dr. Bob Russell, Iowa Department of Public Health (IDPH), noted that this meeting will be his last as a member of the Board. Angela Doyle Scar has been selected as his replacement and will attend the next Hawki Board meeting. Chair Trefz thanked him for his service to children and families in Iowa.

Jim acknowledged that Anna Ruggle will be retiring. Jim stated that Anna is one of the early founders of the Hawki program and has been critical to its success over the years. Director Matney agreed and encouraged Board members and meeting attendees to send Anna a note of appreciation for her service.

### **Social Determinants of Health (SDOH) Dashboard**

Kurt Behrens briefed the group on the Social Determinants of Health (SDOH) dashboard. Kurt explained that the Department of Human Services (DHS) sent a survey with 13 questions to the Managed Care Organizations (MCOs) and have so far received over 100,000 responses. These have been used to generate the data. Kurt gave a brief tutorial on how to navigate through the dashboard and how to apply filters to generate more precise data. He also noted that there is a website link that can be used to submit feedback to DHS on ways to improve the dashboard. Chair Trefz added that the dashboard contains general Medicaid data, not just Hawki data.

Mary raised the topic of mental health and how it fits in with SDOH data and Hawki in general. Director Matney explained that the SDOH data are focused more on external factors, while mental health focuses more on internal factors. However, there is correlation between the two, and they are certainly connected when talking about health outcomes.

Mike asked about the possibility of crafting a mission statement for the Board. He also suggested that the Board develop an onboarding process for new members that includes

background on the Hawki program, how the program works, and the scope of the Board's responsibilities.

Senator Mark Costello asked what decisions will be made based on the SDOH data. Director Matney explained that there are correlations between SDOH and potential physical and/or behavioral health outcomes. Specifically, she discussed how SDOH can be used to target and provide care for individual members, but also how the data can be used to promote more generalized population health and encourage positive population health outcomes. Additionally, Director Matney stated that SDOH data can be used to strategize how to distribute resources most effectively.

### **Strategic Discussion Follow-up**

Chair Trefz offered a brief recap of the Board's strategic discussion from the October meeting. She mentioned specifically the Clinical Advisory Council and the Medical Assistance Advisory Council (MAAC), and how the Hawki Board must work with these councils to ensure that the needs of Iowa's pediatric population are met. In reference to the Hawki Board's responsibilities, Chair Trefz noted that language in the Iowa code outlining the Board's charges is outdated. She added that it is the Board's charge to give recommendations to the governor and the legislature. The Board will discuss an action plan and next steps at the February Hawki Board meeting.

### **Director's Update**

Director Matney began her update by discussing Iowa Medicaid's strategic plan and that she would like Board members to look at the strategic plan documents for a better understanding of the Medicaid vision. She encouraged Board members to come to the next Hawki Board meeting with any input they may have regarding the plan.

Director Matney discussed some projects on the horizon, including an enhanced Home- and Community-Based Services (HCBS) spending plan that Iowa Medicaid submitted to the Centers for Medicare and Medicaid Services (CMS). Iowa Medicaid is awaiting CMS approval of the plan. As part of the plan, Iowa Medicaid created a request for proposals (RFP) for an overall assessment of disability, behavioral health, and aging services, with the contract being awarded to Mathematica.

Director Matney touched on the listening sessions held for a community neural restorative service for children pilot program. The program currently exists for adults but not children. This would allow those children to stay in state for treatment.

Director Matney briefly mentioned Iowa Medicaid's plan to expand the direct care registry to include more HCBS healthcare professionals. The registry currently focuses on long-term care facility personnel and certified nursing assistants (CNAs). Director Matney stated that she would keep Hawki Board members informed as this and other projects are implemented.

Director Matney added that after the recent town hall events, Iowa Medicaid compiled a list of common issues and will hold listening sessions specific to those issues in the coming weeks and months.



### **MCO Updates**

John Hedgecoth, Amerigroup Iowa, Inc. (Amerigroup), offered an update. John began by discussing Amerigroup's vaccine initiative. They have been reaching out to members telephonically to ensure those members have all necessary information about the vaccine's safety and efficacy. He specifically mentioned outreach targeting pregnant and recently-delivered members. This ties in with Amerigroup's focus on vaccine health equity and implementing programs that combat vaccine disparities. They also continue to cross-reference their records with the Iowa Immunization Registry Information System (IRIS) to identify gaps in immunization coverage. John added that Amerigroup is doing appropriate follow-up related to the member and provider town hall events and focusing on complex and urgent issues.

Jennifer Findlay, Iowa Total Care (ITC), offered an update. ITC is also using IRIS to determine vaccination gaps among members. They also recently launched a campaign to promote the vaccine to children ages 5 to 11. Jennifer added that ITC is working with a doula association to identify disparities in the pregnant and recently-delivered populations. She concluded by briefly discussing ITC's ongoing campaign to promote immunizations for children and the adolescent population.

Gretchen Hageman, Delta Dental of Iowa (DDIA), began her update with news of DDIA's outreach program. DDIA continues outreach through mailings, calls, and text messaging focused on members who have not had service this fiscal year. They have also focused on members ages 15 to 18, and ages 0 to 3. Once DDIA establishes contact with a member, they will assist that member in scheduling an appointment with their current dental provider or finding an appropriate dental provider in their area.

### **Outreach Update**

Jean Johnson, IDPH, provided an update on IDPH outreach efforts. IDPH staff continue to work with schools, faith-based organizations, and local communities to identify special populations, including refugee populations. She added that IDPH has seen a recent increase in referrals to the Women, Infants, and Children (WIC) program. Jean also noted that IDPH outreach providers recently held their annual fall conference. The conference focused on the year in review and identifying outreach gaps and how to effectively cover those gaps with targeted outreach.

### **Next Meeting**

Meeting adjourned at 2:57 PM.

The next meeting will be Monday, February 28, 2022.

Submitted by John Riemenschneider  
Recording Secretary

jr

## **Summary of Meeting Minutes November 10, 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 2:02 P.M. Attendance is reflected in the separate roll call sheet. A quorum was achieved.

### **Approval of Previous Meeting Minutes**

Sarah called for a motion to approve minutes from the August 26, 2021, meeting. Casey Ficek motioned to approve the minutes, the motion carried, and the minutes were approved.

### **Managed Care Organization (MCO) Quarterly Report Quarter 4 SFY 2021**

Kurt Behrens, Iowa Medicaid, reviewed the MCO Quarterly Report for Q4 SFY 21. Kurt began by reviewing enrollment numbers. There was an increase in membership by 15,364 members from Quarter 3, roughly a 2 percent increase. Related to enrollment numbers, Kurt pointed council members to information on the Department's plans for the unwinding of the federal Public Health Emergency (PHE). Liz Matney, Iowa Medicaid Director, added that the Department's plans for later phases of unwinding may be affected by legislation before congress, but that the early phases the Department has already initiated will remain unchanged. Over the past year, enrollment in the Medicaid program increased by 78,055 members, roughly an 11 percent increase from Q4 SFY 20 to Q4 SFY 21. Kurt noted that, overall, since the PHE began Medicaid enrollment has increased by roughly 15 percent.

Kurt highlighted financials, claims, prior authorizations, and grievances and appeals. Iowa Total Care (ITC) showed a spike in grievances, Kurt stated this is likely due to an ITC outreach campaign soliciting feedback from members. There was an increase in appeals; specifically, in pharmacy appeals due to providers requesting non-preferred drugs.

Kurt reviewed the children's summary of the report, noting that future reports will include a 90-day claims lag, which should improve the quality of the data presented. Kurt then discussed call center performance metrics, noting that both MCOs had issues with their shared Non-Emergency Medical Transportation (NEMT) vendor Access2Care. Kurt stated that both MCOs are taking aggressive measures to resolve issues with their NEMT vendor.

### **Medicaid Director's Update**

Director Matney began her update by addressing the Department's unwinding plans for the PHE. The Department is closely monitoring the current legislative language included in the reconciliation bill before congress. The bill currently includes increased Federal Medical Assistance Percentage (FMAP) funding, which would allow for provider rate increases. Additionally current language in the bill provides permanency to several programs including

the Children's Health Insurance Program (CHIP), Money-Follows-The Person, and spousal impoverishment rules. As the bill is written currently, Iowa Medicaid can begin performing eligibility redeterminations starting in April of 2022. The Department is working with the Centers for Medicare and Medicaid Services (CMS) to develop further plans for the unwinding of the PHE.

Director Matney stated that she is getting a lot of questions from providers about vaccine mandates, and what the Occupational Safety and Health Administration (OSHA) and CMS may expect. The Department is waiting for guidance on this issue from the CMS. Director Matney said she wishes we had more clarity but has been given a promise of 30 days' notice prior to the start of any mandates. The Department is compiling information to give to providers and plans to share this information in coming days.

Director Matney discussed plans for telehealth policy once the PHE ends. Mental health and behavioral health telehealth services will largely remain unaffected by the ending of the PHE. The Department's Quality Improvement Organization (QIO) along with the Dr. William Jagiello, Iowa Medicaid Medical Director, and the Clinical Advisory Committee (CAC) performed a review of telehealth codes implemented prior to, and expanded during, the PHE. This group put together a set of recommendations for which codes should be preserved once the PHE ends. Director Matney stated that after the PHE ends, the Department will continue to monitor the usage of telehealth services and ensure that members have access to in-person services.

Monthly Member and Provider Town Halls continue, typically held the fourth Thursday of each month. November and December Town Halls will be held on different dates due to holidays. Director Matney believes the Town Halls are providing a good forum for feedback from members and providers, raising issues with the Medicaid system that need to be addressed. The Department recently held a series of community integration town halls in partnership with the Division of Mental Health and Disabilities Services (MHDS). Director Matney stated that from these town halls the Department has learned: provider reimbursement rates need to be increased; the Department needs to do more to increase access to services in the community and provide more specialized services; and this all needs be done in partnership with individuals who have lived experience.

Dennis Tibben, asked whether the list of recommended telehealth codes has been finalized. Director Matney stated these codes have not been finalized yet, and that hopefully a finalized set will be ready by the next MAAC meeting. Dennis asked if existing codes would be removed during the PHE. Director Matney said that nothing would change until the PHE ends.

Senator Joe Bolkcom asked what the current timeframe for ending the PHE would be. Director Matney stated that CMS has promised to give 60 days' notice. The last extension they gave in October did not have an explicit end date.

Marci Strouse asked if face-to-face visits were required by the state. Director Matney asked to take the question back, stating that she did not know the limits of what the Medicaid program can require of providers, but that the Medicaid program needs to ensure face-to-face visits are available to members.

Branden Hagen asked if there was a list of procedure codes not approved for telehealth services. Director Matney stated she would take that back and reach out to him with an answer.

### Updates from the MCOs

#### **Amerigroup Iowa, Inc.**

John McCalley, of Amerigroup Iowa, Inc. (Amerigroup), presented Amerigroup's update. John began by highlighting vaccination outreach efforts targeting families and children. Amerigroup recently held a public discussion in Fort Dodge facilitated by Representative Ann Meyers centering around the direct care worker shortage Home- and Community-Based Services (HCBS) and adult day providers are facing. Amerigroup continues to participate in Medicaid monthly town hall meetings. Amerigroup continues to work very closely with MHDS and other stakeholders to attempt to help members transitioning from institutional settings to community-based settings. Amerigroup's Housing Stability and Homelessness Diversion Program is now in 23 counties and has served more than 450 Amerigroup members who are housing insecure or homeless. John stated that Amerigroup has capacity to double the number of Amerigroup members served by the Housing Stability and Homelessness Diversion Program and expects to reach around 1,000 members. Amerigroup has established programs to assist members who struggle to manage their diabetic needs and is developing similar efforts to assist members managing their asthma needs; these efforts are especially aimed at helping members who identify as black or Hispanic. Amerigroup has renewed its partnership with the Iowa Wild. Together they provide education and outreach to combat childhood obesity. The Amerigroup/Iowa Wild partnership is currently centered on the Des Moines Metropolitan Area, but the partnership plans to expand to other cities around the state. Amerigroup is deploying 32 telehealth kiosks in community action agencies, homeless shelters, and community-based and faith-based organizations. Each kiosk is essentially an iPad on a mobile stand that has the capability of managing Amerigroup's online primary health care and mental health telehealth services, with access to translation services.

Sarah asked John if the telehealth kiosks Amerigroup has deployed are able to be used by any Medicaid member. John answered that the kiosks can be used by any Medicaid member, regardless of their MCO assignment.

## **Iowa Total Care (ITC)**

Mitch Wasden, ITC CEO, began his update by noting ITC's local staff is still largely working from home. ITC has partnered with the National Council on Independent Living (NCIL) to create a barrier removal fund. ITC and the NCIL have awarded over \$168,000 in grants to 17 organizations in Iowa to remove barriers to access facilities. ITC has launched a new value-added benefit of electronic breast pumps; Mitch stated that on average 140 members a month are accessing this benefit. Typically, the breast pump is sent to the member 30 days before their delivery due date. Mitch turned to social determinants of health (SDOH) updates; ITC has a several ongoing campaigns related to SDOH in addition to sponsoring literacy programs of other organizations. ITC has partnered with around 100 schools to deliver books focusing on various parts of SDOH, such as the Be Well Eat Well program which focuses on healthy eating. ITC isolated zip codes with low-birth-weight deliveries; in the first quarter of 2022 ITC will be launching a pilot program to provide Doula services to members living in these zip codes. ITC has begun sharing data with providers to identify populations struggling with SDOH issues. ITC plans to use its large number of case management employees to assist these members and their providers. Mitch discussed the My Health Pays program, which rewards members for specific activities by loading dollars on a pre-paid debit card, which can only be used for items which positively impact SDOH metrics. Over half of ITC's membership participates in the My Health Pays program. Mitch discussed the value members are finding in Telehealth flexibilities; specifically, members can schedule appointments faster and show up to more appointments overall.

## **Open Discussion**

Denise Rathman, National Association of Social Workers, thanked Director Matney for work on telehealth codes. Denise asked if telehealth originating location requirements would be adjusted once the PHE comes to an end. Director Matney answered that some adjustments to the requirements are likely to be made, but she would have to take the question back to provide Denise with more information.

Cheryl Jones, Iowa Chapter of National Association of Pediatric Nurse Practitioners, stated that she really appreciates what's being done with telehealth. Cheryl stated that telehealth is an effective method to improve access to services, but that work must be done to ensure the services received via telehealth have comparable quality to services received in person.

Cheryl Garland asked if there is any conversation about Medicaid rates being raised for mental health services. Director Matney reiterated previous comments about rates being reviewed regularly for necessary increases.

Dave Beeman, Iowa Psychological Association, asked Director Matney and John about Amerigroup's requirements for private practices to see members within 15 minutes of arrival. Specifically, Dave asked if the temporary hold on this requirement would be made permanent. John and Director Matney stated they would send responses to him promptly.

Conversation turned to discussion of promotion of vaccinations. Dave had previously made a comment in the Zoom chat that promoting vaccines is an important strategy to prevent burnout among providers; Director Matney agreed with this comment and stated the Department is doing its best to promote vaccinations. Dr. Shriver added that she is willing to be a spokesperson for vaccinations. Sen. Bolkcom congratulated Dr. Shriver on her successful appearance on Iowa Public Radio promoting vaccination.

### Adjournment

Meeting adjourned at 3:42 P.M.

Submitted by,  
Michael Kitzman  
Recording Secretary  
mk