



**Medicaid Managed Care Oversight  
Quarterly Meeting Minutes  
4th Quarter State Fiscal Year (SFY) 2022**

**Meeting Date Range:  
January to March 2022**

**Published June 2022**

## Meeting History (January - March 2022)

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**Healthy and Well Kids in Iowa (Hawki) Board:**

<https://dhs.iowa.gov/hawki/hawkiboard>

February 28, 2022

**Medical Assistance Advisory Council (MAAC):**

[https://dhs.iowa.gov/ime/about/advisory\\_groups/maac](https://dhs.iowa.gov/ime/about/advisory_groups/maac)

February 25, 2022

**Iowa Council on Human Services Members:**

<https://dhs.iowa.gov/about/dhs-council>

January 13, 2022

February 10, 2022

March 10, 2022



**Hawki Board Meeting Minutes  
February 28, 2022**

Hawki Board Members	Iowa Medicaid
Mary Nelle Trefz, Chair – present	Elizabeth Matney, Director
Angela Burke Boston – present	Julie Lovelady
Jim Donoghue – present	Paula Motsinger
Mike Stopulos – present	Amela Alibasic
Angela Doyle Scar – present	Jennifer Steenblock
Mary Scieszinski – present	Heather Miller
Shawn Garrington – present	Tashina Hornaday
Senator Nate Boulton –	Katie McBurney
Senator Mark Costello –	Kurt Behrens
Representative Shannon Lundgren –	Dr. William Jagiello
	Shelley Horak
	Carrie Malone
	Anna Casteel
	Allison Scott
	<b>Guests</b>
	Gretchen Hageman, DDIA
	John Hedgecoth, Amerigroup
	Jean Johnson, IDPH
	Sarah Smith, WCPH
	Jennifer Findlay, ITC
	Sandi Hurtado-Peters, Dept. of Management
	Tia Siegwarth, SCPH

**Call to Order and Roll Call**

Board Chair Mary Nelle Trefz called the meeting to order at 12:00 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 December 13, 2021, meeting. The motion carried and the minutes were approved.

**Public Comment**

There were no public comments.

**New Business**

Jim Donoghue noted that at the recent Medical Assistance Advisory Council (MAAC) meeting, Eric Kohlsdorf was still listed as the designee from the Hawki Board, and that the Board should designate someone to be the new Hawki Board representative to the MAAC. Chair Trefz suggested that the discussion about the relationship between MAAC and the Hawki Board be added to the Board's strategic planning discussion.

Chair Trefz asked that Iowa Medicaid provide an update on the disenrollment freeze at the April Board meeting. Julie Lovelady said that Iowa Medicaid would have that update ready and would present it at the April meeting.

### **Five-Year Iowa Administrative Rule Review Process**

Jennifer Steenblock provided an update. She began by explaining that state law requires every state agency conduct a comprehensive review of all administrative rules every five years. Reviews were conducted in 2012 and 2017, and another must be conducted in 2022. The goal of this review is to identify and eliminate any rules that are determined to be outdated, redundant, or inconsistent with current statutes or other rules and regulations, including new legislation and/or laws, rules, or regulations at the federal level. As an example, Jennifer said that there are three chapters of Iowa Medicaid administrative rules that have been repealed within Iowa Code, and therefore must be removed. All changes must be identified by mid-April and submitted to the departments and the Bureau of Policy Coordination by July 31, 2022. Angie Doyle Scar asked if the Hawki Board is responsible for reviewing Hawki administrative rules. Chair Trefz and Jennifer said that, yes, the Board reviews Hawki rules, but they don't foresee any changes to those rules.

### **Action Plan Discussion**

Shelley Horak led this portion of the meeting. She began with a review of the Hawki Board's strategic planning discussion from the October 2021, Board meeting. She discussed defining the Board's vision, reviewing the Board's charges, and identifying opportunities for change. Shelley presented three key questions the Board had discussed at the October meeting: 1) What should be created or defined by the Board? 2) How should the Board change or support the conditions experienced by covered children? and 3) How should the Board's current strategies change or grow? This discussion allowed the Board to develop next steps: Define a shared vision for the future; identify opportunities to increase engagement with the Clinical Advisory Committee (CAC), MAAC, contracts, and benchmarks; develop an educational platform; and supply recommendations for consideration by stakeholders. Shelley then discussed the process of reviewing the Board's charges, including how the Board can identify charges from administrative code and how those charges change over time. She also touched on reporting, the Board's role in making recommendations to the governor, and approvals. Shelley then presented the model for strategic planning. Chair Trefz asked how the Hawki Board's next steps might tie in with the five-year administrative rule review, and Jennifer made a point of distinguishing between administrative rules and Iowa Code, noting that Iowa Code must be changed through legislation. The rule review is more of a technical cleanup, rather than a way to address potential changes to policy.

Shelley concluded her presentation and transitioned to a discussion about the Board's vision and mission. She explained that the mission is the who, what, why, and for whom;

while the vision represents the group's guide, or "north star." Shelley had Board members think of where they see the Hawki Board 1-2 years from now, including the ideal state of the Board, what the Board looks like, what the Board has accomplished, and how the Board works together. Jim noted that the Board has benefitted from public input in the past, whether from providers or parents, and recommended that the Board encourage further public input through Director Matney's town hall events. Shawn Garrington recommended that the Board clearly define metrics for success, so that they can more accurately determine what a success story is and what is not; or, if something is a success story, or simply an organization attempting to improve their statistics. Mike Stopulos suggested that the Board engage the Managed Care Organizations (MCOs) and providers regarding mental health, so that MCOs and providers understand the big picture; and the Board, MCOs, and providers can establish a shared vision. Angie Doyle Scar proposed using social determinants of health (SDOH) as a framework for action, allowing the Board to have a greater impact on health outcomes. Mary Scieszinski said she would like to see the Board focus more on mental health and take a more holistic approach to members' health and assessing health outcomes. Angela Burke Boston said that, as an insurance regulator, she would like to see a scenario where the Hawki program is not necessary, explaining that insurance companies aren't willing to take on the risk of insuring children, which makes the Hawki program necessary. Chair Trefz added that the Board should keep in mind the scope of the Hawki program as it develops its mission and vision.

Shelley then asked Board members to focus on what specifically the Hawki Board will do 1-2 years from now. Chair Trefz said the Board will ensure children who are eligible for the program are able to access the services that they need to grow up and be healthy. Angela Burke Boston said that the Board will be accountable and accessible to the public. Angie Doyle Scar agreed, saying that the Board should be transparent and accountable to the public, stakeholders, and other programs. Mary Scieszinski suggested the Board look into their role in reviewing contracts, and Angie Doyle Scar added that the Board should focus on outcomes to ensure the Hawki program is serving members' needs. Shawn Garrington agreed that the Board should focus on outcomes and be able to translate those outcomes into recommendations for change.

Shelley asked who the Hawki Board should target, and Chair Trefz said that, while the Board makes recommendations to the governor and legislature, the Board should target children who qualify for Hawki benefits, as well as their families and caregivers. Shawn and Angie added that the Board should target lowans and the general public.

Shelley then asked Board members why they want to serve on the Hawki Board. Shawn said he wants to make a difference in children's lives; Mary said she wants to ensure that families are aware of the programs available to children; Angie said that she is a public servant, and she wants to be of service to lowans; Jim said he has a general interest in public sector healthcare.

Shelley asked how the Board would accomplish these tasks. Chair Trefz suggested restructuring Hawki Board meetings. Jim recommended that the Board continue to monitor MCO and Iowa Medicaid initiatives. Mary and Shawn emphasized the importance of collaboration with stakeholders and other agencies. Shelley concluded by saying that she would take her discussion notes back and produce a vision and mission for the next Board meeting.

### **Director's Update**

Director Matney began her update by discussing the current legislative session. She mentioned the public assistance oversight bill package, which consists of several bills broken off from a larger bill. Iowa Medicaid has worked with legislators on some of the points of those bills to find workable solutions for all parties, with the goal being to create a reliable and more automated system. She noted a bill that will address behavioral health issues, including long emergency department stays for members as they wait for inpatient bed placement, and a maternal health bill that would extend postpartum coverage up to 12 months.

Director Matney encouraged Board members to attend the monthly Iowa Medicaid town halls. She also offered a brief recap of the topic-specific listening sessions held over the previous two months, noting that the topics of those listening sessions were determined based on feedback from the town halls. Director Matney said that Iowa Medicaid will likely hold these listening sessions again.

Director Matney stated that the public health emergency (PHE) will likely end in July 2022, and Iowa Medicaid will begin the redetermination process again. The process will take place over the course of several months, and Iowa Medicaid will ensure a warm handoff for members who no longer qualify for the program. A timeline for restarting the redetermination process is forthcoming. Director Matney concluded by saying that Iowa Medicaid will re-evaluate its PHE-specific programs once the PHE has been lifted to determine which elements should be phased out and which should remain in place.

### **MCO Updates**

John Hedgecoth, Amerigroup Iowa, Inc. (Amerigroup), offered an update. Amerigroup is offering a \$100 Amazon voucher for health and wellness products as a self-care transition benefit for members ages 17 to 21 who are exiting foster care. Amerigroup is also offering caregiver tool kits to licensed caregivers in the child welfare system. John mentioned the health equity population health plan, which includes a focus on access to and coordination of pre- and postpartum care. He added that Amerigroup has partnered with the Iowa Department of Public Health (IDPH) on an initiative aimed at training black doulas. Amerigroup has also partnered with ChildServe to develop Spanish language behavioral health services.

Jennifer Findlay, Iowa Total Care (ITC), offered an update. Jennifer said that ITC has an internal SDOH dashboard which they use to target specific members and connect them with medical, employment, and housing services. They also use SDOH to determine broader trends, where to focus outreach and resource awareness campaigns, and the relationship between SDOH and chronic conditions. Jennifer mentioned that ITC is using SDOH to allocate funds for transportation, education, childcare, food, and clothing programs. She concluded by saying that ITC has shared data with providers to begin tracking a small cohort of members and determine how these interventions have affected member outcomes.

Gretchen Hageman, Delta Dental of Iowa (DDIA), provided an update. She noted that DDIA is focusing their Hawki outreach on Cavity Free Iowa, a program for children ages 0 to 3. They have also been reaching out to pregnant women to promote home visiting programs, and adolescents who have not received dental care within the past 12 months. Gretchen added

that the Delta Dental Foundation has provided the Eastern Iowa Health Center with \$500K to expand dental operations.

**Outreach Update**

Jean Johnson, IDPH, provided an update on outreach efforts. Jean stated that they are preparing new brochures that will address Hawki eligibility and the new federal poverty guidelines that will go into effect April 1, 2022. Additionally, Hawki outreach coordinators continue to work with school nurses and local providers to focus on special populations. Jean also noted that outreach coordinators have been working with Afghan refugees to educate them about and enroll them in Medicaid programs.

**Next Meeting**

Meeting adjourned at 1:56 PM.

The next meeting will be Monday, April 18, 2022.

Submitted by John Riemenschneider

Recording Secretary

jr

## **Meeting Minutes February 25, 2022**

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

Jason Haglund, Co-Chair of the Medical Assistance Advisory Council (MAAC), opened the meeting at 1:00 PM and introduced Angie Doyle-Scar who has been appointed Co-Chair as the Iowa Department of Public Health's (IDPH) designee. Angie called the roll. Attendance is reflected in the separate roll call sheet. A quorum was achieved.

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

Angie called for a motion to approve minutes from the November 10, 2021, meeting. Brandon Hagen, Iowa Health Care Association, motioned for the minutes to be approved, the motion carried, and the minutes were approved.

### **Home Health Electronic Visit Verification (EVV) Stakeholder Meetings**

Lisa Cook, Iowa Medicaid, announced two Home Health stakeholder meetings: the first on Thursday, April 7, and the second on Thursday, May 5, from 4:30 to 5:30 PM. These meetings are intended to gather feedback from Home Health providers on the federally-mandated implementation of EVV. In addition to the stakeholder meetings, the Department has created a [Home Health Survey](#)<sup>1</sup> to gather information about the EVV systems providers currently have in place.

### **Five Year Iowa Administrative Rule Review Process**

Jennifer Steenblock, Iowa Medicaid, provided an overview of the five year administrative rule review process. State law requires each state agency to conduct a comprehensive review of their administrative rules. This law went into effect in 2012, Iowa Medicaid completed a review in 2017, and is in process of completing a review again in 2022. Iowa Medicaid is responsible for reviewing 28 chapters of administrative rules. The review is largely focused on technical changes and inaccuracies but will also flag any policy changes that need to be made. The review will be completed by April 22, 2022. This will allow time to prepare a report to the rules coordinator and the Administrative Rules Review Committee (ARRC). The report is due on July 1, 2022. Any necessary policy changes will be submitted in a comprehensive package to the Department of Human Services' Bureau of Policy Analysis by July 31, 2022.

Senator Mark Costello asked how the Department determines whether a rule needs to be changed to conform to current practice. Jennifer answered that it is often a matter of providing further clarity on the intention of the rule.

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<sup>1</sup> [https://dhs.iowa.gov/sites/default/files/Home\\_Health\\_Survey\\_2021.pdf](https://dhs.iowa.gov/sites/default/files/Home_Health_Survey_2021.pdf)



## Managed Care Organization (MCO) Quarterly Report Quarter 1 SFY 2022

Kurt Behrens, Iowa Medicaid, reviewed the [MCO Quarterly Report for Q1 SFY 22](#)<sup>2</sup>. Kurt began by noting that the reports for State Fiscal Year 2021 constituted a big overhaul in the way the reports are structured. Kurt asked for any feedback the Board may have on these reports, as February is when his team begins preparations for the next state fiscal year reporting. Kurt turned to enrollment numbers. There was an increase in membership by 12,164 members from SFY 21 Quarter 4, a 1.61 percent increase. Kurt called the Board's attention to page 5 of the report where his team has made a change separating out the M-CHIP Expansion members and the Hawki members. Previously these two numbers were aggregated. Liz Matney, Iowa Medicaid Director, highlighted statistics showing members enrolled in intermediate care facilities for individuals with intellectual disabilities (ICF/IDs). Liz stated that decrease from Q4 to Q1 is due to an increased movement of members from these facilities out into the community with Home- and Community-Based Services (HCBS) providers. Liz also called attention to a slight uptick in Nursing Facility (NF) enrollments, but that overall, these numbers have declined since the Public Health Emergency (PHE) began in March 2020. Kurt highlighted financials and claims before turning to prior authorizations (PAs), and grievances and appeals, the MCO Children Summary, Long-Term Services and Supports (LTSS), and Call Center Performance Metrics.

Regarding claims, Brandon asked what constitutes a suspended claim, and if there is a timeframe in which a suspended claim needs to be moved out of suspension and either paid or denied. Kurt answered that a claim that needs no additional paperwork or review upon submission is considered a "clean claim", otherwise the claim goes into suspended status. Kurt stated that there is no time limit per se for suspended claims, but that the metric Average Days to Pay will reflect claims held in suspended status. Liz added that suspended claims require additional paperwork, but once additional paperwork is received the claim is subject to the "clean claim" requirement of paying within 30 or 45 days. Regarding LTSS, Liz noted that there were some reductions in services provided to members enrolled in HCBS programs, and that a significant portion of these decreases is due to workforce shortages.

Kurt presented updates to [the Iowa Medicaid Infographic](#)<sup>3</sup>. The Infographic is not required by legislation, but was created in the past few years through a grant with the Centers for Medicare and Medicaid Services (CMS). Kurt noted how he had formatted the infographic to show membership enrolled in three main groups: traditional Medicaid, the Iowa Health and Wellness Plan (IHAWP), and the Children's Health Insurance Program (CHIP). The infographic now shows more information about medical and dental coverage programs. Finally, the infographic shows some claims data.

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<sup>2</sup> [https://dhs.iowa.gov/sites/default/files/Q1\\_SF2022-Report\\_Final.pdf](https://dhs.iowa.gov/sites/default/files/Q1_SF2022-Report_Final.pdf)

<sup>3</sup> [Infographic.xlsx \(iowa.gov\)](#)

In regard to HCBS provider workforce shortages, Brandon asked whether documentation requirements could be streamlined, reducing the workload of providers. Liz answered that the Policy Bureau has already begun the process of addressing documentation requirements and has identified some areas of the issue to target. Paula Motsinger, Iowa Medicaid, added that her team is working to identify where checklists can be used versus the current narrative documentation requirements.

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

Liz began her update by discussing [a request for proposal \(RFP\) the Department issued last week for a MCO](#)<sup>4</sup>. Liz highlighted a section of the RFP regarding network adequacy, mentioning that the section incorporates feedback from Dr. David Beeman as revisions to network adequacy standards.

The Department has several ongoing workgroups regarding the authorization of services. One of these groups is focused on PAs; the PA workgroup has a goal of lifting as much administrative burden from providers as possible. The Department is targeting behavioral health, durable medical equipment, and home health codes for the first phase of the PA streamlining process.

The federal PHE is likely to end in July. The Department is working to prepare for the end of the PHE: developing eligibility redetermination processes; developing communication strategies for members, providers, and stakeholders; and determining which service flexibilities implemented during the PHE will be preserved. Liz specifically mentioned telehealth services for mental health providers as a flexibility that will be preserved.

Liz turned to discussing the HCBS provider workforce shortage across the state. The Department has submitted an enhanced HCBS spending plan to the CMS. CMS has previously approved the State's overall HCBS plan, but still needs to approve the spending plan. Once approved the Department will issue recruitment and retention grants.

Marcie Strouse, public member, asked about member eligibility redetermination; specifically, the Department's plans to communicate options to members that may be disenrolled from the Medicaid program. Liz answered that the Department is working on that issue, and added that disenrollments will not be immediate following the end of the PHE. The Department is working with federal Health and Human Services (HHS) partners to send disenrolled members directly to the federal health insurance marketplace. Marcie stated that she asked about the issue because she is concerned members may choose a plan that does not provide for their needs. Amela Alibasic, Iowa Medicaid, acknowledged the validity of Marcie's concerns, and added that her team has been developing strategies to ease the

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<sup>4</sup> [PROC/DAS Bidding Opportunities | Iowa Department of Administrative Services](#)

burden on members and make their transition from Medicaid into a private insurance plan as seamless as possible.

Dr. Amy Shriver, public member, thanked Liz for the work to streamline PAs, citing personal experience with the difficulty of getting customized wheelchairs approved for her patients. Dr. Shriver also thanked Liz for extending the telehealth flexibility for mental health services.

### Amerigroup Iowa, Inc.

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

John McCalley, of Amerigroup Iowa, Inc. (Amerigroup), presented Amerigroup's update. John congratulated Angie on her appointment as the designee of the IDPH to this council. John began his update by reviewing highlights of Amerigroup's activities in 2021. Amerigroup expanded their value-based agreement systems by adding the community pharmacy enhanced network (CPEN). Amerigroup's CPEN is a network of pharmacists that provide a level of case management services for their members experiencing difficulty with certain issues, such as controlling diabetes, controlling asthma, and behavioral health matters. In 2021, Amerigroup launched population health initiatives, which is work focused on chronic conditions, like diabetes and asthma, but also focusing on supporting pregnant mothers and children in the maternal child health area. Amerigroup's population health initiatives also include partnering with the State's Mental Health and Disability Services (MHDS) Regions providers and Iowa Total Care to get community integration projects moving. John stated that Amerigroup's population health initiatives highlight Amerigroup's integrated case management, which sees both behavioral health and physical health case management teams working together. John then turned to Amerigroup's efforts in improving social determinants of health (SDOH) for Iowa Medicaid members. Amerigroup considers housing to be a healthcare issue; between 2019 and the end of 2021, Amerigroup has invested \$3.9 million to support their members who are housing insecure, or even houseless. In addition, Amerigroup's Anthem Foundation has invested \$804,000 over the past three years, largely focused on donations to the Boys and Girls Club of America, and disease-oriented advocacy organizations like the American Heart Association and the American Cancer Association. In the context of the PHE, Amerigroup contacted 202,000 of their members directly, with a focus on individuals who were most likely to be at risk of contracting the virus. In 2021, Amerigroup piloted a new partnership with the Iowa Chronic Care Consortium and Des Moines Area Community College (DMACC) aimed at addressing the lack of community health workers in Iowa. This partnership has trained 100 new community health workers. In 2021, Amerigroup completed their National Committee for Quality Assurance (NCQA) accreditation, which now includes a 100% accreditation score for LTSS case management, as well as previously achieved accreditation in Medicaid MCO and multicultural healthcare distinctions.

Turning to 2022, John announced Amerigroup will be launching a new Health Equity Plan. Building off their SDOH and population health programs, Amerigroup will implement work plans around seven main chronic conditions. Amerigroup will review their Healthcare Effectiveness Data and Information Set (HEDIS) data to find statistically significant health disparities that they can address with member-level interventions. These interventions are aimed at improving the member's chronic conditions, such as diabetes or asthma.

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

Mitch Wasden, ITC CEO, began his update by highlighting ITC's active participation in the Iowa Medicaid town halls and listening sessions. ITC is participating in several work groups with Iowa Medicaid leading to several initiatives. One such example is an effort to reduce the burden PAs place on providers. ITC is working to eliminate PAs that are approved at a high rate. This month ITC launched a CareBridge product called 24/7; LTSS members at high risk are given a tablet which will connect the member to a clinician if they have any issues. Mitch shared a success story from this program wherein a member being trained on the use of the tablet was diagnosed with an easily curable condition that otherwise would have led to the member going to the emergency room. Mitch turned to ITC's efforts regarding SDOH. ITC has added a connection to their member portal with a vendor that will help match members with potential employers and improve their resumé and interviewing skills.

### **Open Discussion**

Dr. Beeman had previously met with Liz and Department of Human Services Director Kelly Garcia, in that meeting he raised concerns about the state of Iowa's Children's Mental Health system, citing closures of facilities, and concerns that all qualified residential treatment programs (QRTPs) may close by July of 2022. Dr. Beeman asked if he could be provided with an update on this issue to take back to the Iowa Psychological Association, specifically looking for strategies to address concerns he raised. Liz answered that she would provide him with an update offline, but that she could assure him that not all QRTP facilities would close. Dr. Beeman asked if there would be any movement from the legislature on this issue, specifically increasing Medicaid funding to improve QRTPs and Psychiatric Medical Institutions for Children (PMICs). Liz answered that she did not disagree with the need for increased funding, but PMICs did receive a large investment in 2021 that would increase their rates. On the QRTP side, Liz stated she and Director Garcia have been discussing strategies the Department could implement.

Cheryll Jones, Iowa Chapter of the National Association of Pediatric Nurse Practitioners (NAPNAP), praised Amerigroup for their work with housing insecurity. Cheryll commented that the workforce shortage is keenly felt across the state, and that often the loss of one provider is the loss of services for a community.

### **Adjournment**

Meeting adjourned at 3:42 PM.

Submitted by,  
Michael Kitzman  
Recording Secretary  
mk



**DHS Council Meeting Minutes  
January 13, 2022**

<b>EXECUTIVE COMMITTEE MEMBERS</b>	<b>DEPARTMENT OF HUMAN SERVICES</b>
Rebecca Peterson - present	Director Kelly Garcia – present
Skylar Mayberry-Mayes – present	Jean Slaybaugh - present
Kimberly Kudej – present	Matt Highland – present
Sam Wallace – present	Alex Carfrae - present
Jack Willey – present	Faith Sandberg-Rodriguez-present
Monika Jindal - present	Nancy Freudenberg – present
Kay Fisk - present	Carrie Malone - present
	Vern Armstrong - present
	Janee Harvey - present
	Liz Matney – present

<b>EX-OFFICIO LEGISLATIVE MEMBERS</b>
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.

**Roll Call**

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

**Approval of Minutes**

A motion was made by Willey and seconded by Mayberry-Mayes to approve the minutes of the December 9, 2021, meeting.

**MOTION UNANIMOUSLY CARRIED**

**Rules**

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

**N-1. Amendments to Chapter 12, “Volunteer Services,” Iowa Administrative Code. (Rescind chapter)**

The Department is rescinding this chapter as the legal framework for volunteers is covered under the Code of Iowa. This review is part of the department’s five-year rules review process for MHDS rules.

**N-2. Amendments to Chapter 29, “Mental Health Institutes,” Iowa Administrative Code. (Aligns rules with current practices)**

The Department is updating the administrative rules for the Mental Health Institutes. References to four catchment areas are being removed. Rules listing specific visiting hours are being revised to state visiting hours shall be posted in each facility. References to the central point of coordination are being removed as that terminology is no longer in use. This review is part of the department’s five-year rules review process for MHDS rules.

**N-3. Amendments to Chapter 30, “State Resources Centers,” Iowa Administrative Code. (Align rules with current practice)**

The department is updating information on application processing and the admission process. The catchment area for the two resource centers is identified in the current rules. The rules are being amended to state individuals may be admitted to a state resource center in another catchment area if that facility has a more suitable opening. References to the central point of coordination are being removed as that terminology is no longer in use. This review is part of the department’s five-year rules review process for MHDS rules.

**N-4. Amendments to Chapter 31, “Civil Commitment Unit,” Iowa Administrative Code. (Align rules with current practice and the Iowa Code)**

The department is updating proposed rules for the Civil Commitment Unit (CCUSO) to include adding the facility administrator or designee is authorized to approve visits outside the facility. The rule on gifts or bequests of value is updated to align with the Iowa Code. This review is part of the department’s five-year rules review process for MHDS rules.

**N-5. Amendments to Chapter 103, “State Training School,” Iowa Administrative Code. (Aligns rules with current practice and the Iowa Code)**

The department is updating proposed rules for the State Training School to remove Toledo as a listed facility and update the visiting hours. The rule on gifts or bequests of value is updated to align with the Iowa Code. This review is part of the department’s five-year rules review process for MHDS rules.

**N-6. Amendments to Chapter 118, “Child care Quality Rating System” Iowa Administrative Code. (Updates the child care quality rating system for new applications).**

The Quality Rating System which is a voluntary program for child care providers to achieve bonuses as providers meet rating standards has been redesigned. The new program is Iowa Quality for Kids (IQ4K). These rules provide the framework for the program and will be used for new applications. The departments’ goal is to improve the quality of care at child care providers.

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

**MOTION UNANIMOUSLY CARRIED**

**Director’s Report**

**Covid Update**

Director Garcia informed the Council that we are seeing a spike in numbers due to the Omicron variant and it is putting a strain on our hospital capacity throughout the state.

It is also having a major impact in the clinical space outside of hospitals. She encouraged providers who are experiencing that stress to reach out to the public health department for help. She stated that we don’t want to see a disruption in services that are equal parts important to mitigating Covid.

**Medical Director Update**

Director Garcia stated that Medical Director interviews have been completed. This position will oversee the public health functions of our newly structured health and human services structure.

Multi-disciplinary interview teams participated in the interview process. A verbal offer has been extended to an incredibly talented individual whose skill set would be perfect for this position. Director Garcia informed the Council that they would be notified of before we issue a press release.

### **HHS Alignment**

Director Garcia notified the Council that over the past few months our Executive team has been gathering external feedback and working internally with our vendor PCG to develop a functional organizational chart. This will create a pathway for how we come together. Our leadership team met to walk through the first drafts, and plan to meet again, as will bureau chiefs, to put forward a recommendation, which she will review. We will want to carve out time with the Council to review what it looks like and the why around the changes and goals we hope to achieve in this new arrangement. More to come.

### **DHS Policy Package for 2022 Legislative Session**

Janee Harvey, Division Administrator for Adult, Child, and Family Services announced that 204 million dollars will be issued from ARPA funds to stabilize our child care network in the state. Any child care provider who experienced a loss due to the pandemic is eligible to apply online. Our child care bureau is working on a recruitment and retention bonus program to incentivize the people that do this work. We have also executed a contract with Opportunity Exchange to come into Iowa and help us develop shared services for people who open up child care centers in their home who need assistance with managing payment processing and other business functions. Janee reviewed the Family First policy, highlighting the successes we have had in the state including reducing the number of youths in group care by 48%. She stated that 50% of all children and youth in foster care are living with relatives or fictive kin. This legislative session we are making significant changes to Iowa Code Chapter 232 which is the primary chapter that deals with juvenile justice and child welfare matters. The three major areas of change we are making modifications to are technical concerns, Family First aligned changes, and other substantive changes that including extending foster care to the age of 21 years of age.

### **Behavioral Health, Aging, Disability Services Evaluation**

Medicaid Director Liz Matney updated the council on our enhanced home and community-based services spending plan that is funded through the American rescue plan. The goal is to proceed with efforts to increase our provider capacity, which will translate to increased access for our members, to improve quality and support the workforce. This centers around our HCBS which services our members who are in the community in lieu of institutional care. One of the biggest pieces of this centers around our behavioral health, aging and disability services evaluation. The contract was awarded to Mathematica late last year and they are close to kicking off. The goal of this evaluation is to look at the entire behavioral health, disability, and aging system which Medicaid is a very big part of. A few of the outputs that we are looking for with this evaluation is to look at the system as a whole and find opportunities to provide additional care and possibly redesign the way we offer services today. At the end of the day, we want to get closer to our mission that we are providing equitable services no matter what population group our members fall into. Another goal is to find opportunities to synergize with other systems in the state that serve very similar populations to Medicaid. We would like to work better together from process perspective, to maximize funding. Director Matney stated we would like to improve care coordination for members as well.

### **Adjournment**

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

Meeting adjourned at 11:27 a.m.

Respectfully Submitted by:  
Julie McCauley  
Council Secretary





**DHS Council Meeting Minutes  
February 10, 2022**

<b>EXECUTIVE COMMITTEE MEMBERS</b>	<b>DEPARTMENT OF HUMAN SERVICES</b>
Rebecca Peterson - present	Director Kelly Garcia – present
Skylar Mayberry-Mayes – present	Jean Slaybaugh - present
Kimberly Kudej – present	Matt Highland – present
Sam Wallace – present	Alex Carfrae - present
Jack Willey – present	Faith Sandberg-Rodriguez-present
Monika Jindal - present	Nancy Freudenberg – present
Kay Fisk - present	Carrie Malone - present
	Vern Armstrong - present
	Janee Harvey - present
	Liz Matney – present

<b>EX-OFFICIO LEGISLATIVE MEMBERS</b>
Representative Joel Fry – present
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 10:02 a.m. via zoom teleconference.

**Roll Call**

All council members were present, Representative Joel Fry 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 January 13, 2022 meeting.

**MOTION UNANIMOUSLY CARRIED**

**Rules**

**R-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.

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

**R-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.

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

**R-3. 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 Willey to approve and seconded by Wallace  
**MOTION UNANIMOUSLY CARRIED**

**R-4. 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.

A motion was made by Fisk to approve and seconded by Kudej.  
**MOTION UNANIMOUSLY CARRIED**

**R-5. 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 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 77, “Conditions of Participation for Providers of Medical and Remedial Care,” Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” and Chapter 79, “Other Policies Relating to Providers of Medical and Remedial Care,” Iowa Administrative Code. (Adds greater clarification of the home health agency rules)**

The proposed rules update rules for the Integrated Homes and Chronic Health Homes based on the deficiencies identified in the audit completed in 2019 by the Office of the Inspector General for the Health

Homes (HH) program. Adds greater clarification of the HH programs and overall quality improvement. Defines documentation requirements that HH providers must follow to bill and receive home health payments for intensive services and outreach services.

**N-2. Amendments to Chapter 170, “Child Care Services,” Iowa Administrative Code. (Implements Child Care Assistance Exit Child Care Program)**

The Department is implementing the new Child Care Assistance Exit program for families who are on child care assistance with income about 225% of the federal poverty level (current CCA Plus program) and goes up to 250% of the federal poverty Level (FPL). For families with special needs children the income level will be up to 275% of the FPL. Without these increases in income limits families currently on child care assistance who have an increase in income while on the program would no longer be eligible for CCA. These proposed rules are implementing 2021 Iowa Acts, Chapter 178, HF 302.

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

**MOTION UNANIMOUSLY CARRIED**

**Annual Report and Strategic Plan**

Shelley Horak, DHS Project Manager, shared the DHS Annual Report highlighting the Director’s observations and recommendations, Covid 19 DHS Resources, IDPH-DHS Alignment, and our Dashboard initiatives. She then reviewed the 2022 strategic plan, reviewing our mission, vision, and guiding principles. She covered the development of the health and human services agency adding that the intended outcomes of our division’s initiatives and strategies are supporting Iowans, collaborative efforts, increasing efficiency and quality, and supporting the workforce.

**Behavioral Health Crisis and 988**

Marissa Eyanson, Division Administrator of Mental Health and Disability Services-Community provided an overview of the 988 program that will go into effect nationwide in July 2022. 988 is modeled after the 911 program and provides the caller someone to talk to, someone to respond, and a place to go. 988 is an important component of an integrated and coordinated continuum of care for individuals with a mental health crisis.

**Juvenile Justice Taskforce**

Janee Harvey, Division Administrator of Adult, Child, Family Services Division, gave an update on the Juvenile Justice Task Force that Chief Justice Christensen formed in November of 2021. She provided a description of each of the six work groups and the task they are assigned to. Work groups will be meeting from January through November of 2022. A written report will come out with recommendations from each group at that time.

**NYTD Survey Outcomes**

Doug Wolfe, ACFS Program Planner, shared with the Council The State of Older Youth in Foster Care 2021 Annual Report. Iowa uses a blend of state and federal funds to support older youth. There were 3,116 youth, ages 14 and older that received independent living services in FFI 2021. Doug highlighted that we have had 100% federal compliance since the inception of this program.

**Director’s Report**

Director Garcia informed the Council that the Governor has announced the end of the public health emergency. We are making sure our providers understand the changes. The data that was being reported on the Covid-19 website is now reported on the IDPH website and we will be relying on some federal data points. This will not affect our Medicaid members; we will be waiting to hear from our federal partners to see if there will be another extension in benefits. We will inform the Council of what disenrollment will look like when that time comes. There has been a change to our SNAP benefits. We will be ending max allotments but have a month to transition into that. Postcards will be mailed out to members with talking points, so everyone is aware of what is happening.

She reported that our vaccine numbers are up at our facilities, we have two facilities that are at 80%. We are proud of our teams that have worked hard to increase these numbers.

Director Garcia shared that we continue to work with our partners at the Department of Justice. She met with them a few weeks ago. She stated we have asked for two consent degrees and will keep the Council updated when we have more to share.

**Adjournment**

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

Meeting adjourned at 12:14 p.m.

Respectfully Submitted by:  
Julie McCauley  
Council Secretary



**DHS Council Meeting Minutes  
March 10, 2022**

<b>EXECUTIVE COMMITTEE MEMBERS</b>	<b>DEPARTMENT OF HUMAN SERVICES</b>
Rebecca Peterson - present	Director Kelly Garcia – present
Skylar Mayberry-Mayes – present	Jean Slaybaugh - present
Kimberly Kudej – present	Matt Highland – present
Sam Wallace – present	Cory Turner - present
Jack Willey – present	Faith Sandberg-Rodriguez-present
Monika Jindal - present	Nancy Freudenberg – present
Kay Fisk - present	Carrie Malone - present
	Vern Armstrong - present
	Janee Harvey - present
	Liz Matney – present

<b>EX-OFFICIO LEGISLATIVE MEMBERS</b>
Representative Joel Fry – present
Senator Mark Costello – absent
Senator Amanda Ragan – absent
Representative Timi Brown-Powers – absent

**Call to Order**

Chair Rebecca Peterson called the Council meeting to order at 10:02 a.m. via zoom teleconference.

**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 Kudej to approve the minutes of the February 10, 2022 meeting.

**MOTION UNANIMOUSLY CARRIED**

**Rules**

**R-1. Amendments to Chapter 12, “Volunteer Services,” Iowa Administrative Code. (Rescind chapter)**

The Department is rescinding this chapter as the legal framework for volunteers is covered under the Code of Iowa. This review is part of the department’s five-year rules review process for MHDS rules.

A motion was made by Wallace to approve and seconded by Willey

**MOTION UNANIMOUSLY CARRIED**

**R-2. Amendments to Chapter 29, “Mental Health Institutes,” Iowa Administrative Code. (Aligns rules with current practices)**

The Department is updating the administrative rules for the Mental Health Institutes. References to four catchment area are being removed. Rules listing specific visiting hours are being revised to state visiting hours shall be posted in each facility. References to the central point of coordination are being removed as that terminology is no longer in use. This review is part of the department’s five-year rules review process for MHDS rules.

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

**MOTION UNANIMOUSLY CARRIED**

**R-3. Amendments to Chapter 30, “State Resources Centers,” Iowa Administrative Code. (Align rules with current practice)**

The department is updating information on application processing and the admission process. The catchment area for the two resources centers is identified in the current rules. The rules are being amended to state individuals may be admitted to a state resource center in another catchment area if that facility has a more suitable opening. References to the central point of coordination are being removed as that terminology is no longer in use. This review is part of the department’s five-year rules review process for MHDS rules.

A motion was made by Willey to approve and seconded by Jindal

**MOTION UNANIMOUSLY CARRIED**

**R-4. Amendments to Chapter 31, “Civil Commitment Unit,” Iowa Administrative Code. (Align rules with current practice and the Iowa Code)**

The department is updating proposed rules for the Civil Commitment Unit (CCUSO) to include adding the facility administrator or designee is authorized to approve visits outside the facility. The rule on gifts or bequests of value is updated to align with the Iowa Code. This review is part of the department’s five-year rules review process for MHDS rules.

A motion was made by Kudej to approve and seconded by Willey

**MOTION UNANIMOUSLY CARRIED**

**R-5. Amendments to Chapter 103, “State Training School,” Iowa Administrative Code. (Aligns rules with current practice and the Iowa Code)**

The department is updating proposed rules for the State Training School to remove Toledo as a listed facility and update the visiting hours. The rule on gifts or bequests of value is updated to align with the Iowa Code. This review is part of the department’s five-year rules review process for MHDS rules.

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

**MOTION UNANIMOUSLY CARRIED**

**R-6. Amendments to Chapter 118, “Child care Quality Rating System” Iowa Administrative Code. (Updates the child care quality rating system for new applications).**

The Quality Rating System which is a voluntary program for child care providers to achieve bonuses as providers meet rating standards has been redesigned. The new program is Iowa Quality for Kids (IQ4K). These rules provide the framework for the program and will be used for new applications. The department’s goal is to improve the quality of care at child care providers.

A motion was made by Jindal to approve and seconded by Wallace

**MOTION UNANIMOUSLY CARRIED**

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

**N-1. Amendments to Chapter 3, “Procedures for Rulemaking” Iowa Administrative Code. (Aligns rules with current practice)**

This rulemaking updates information on the current rulemaking process, including contact information and electronic availability of documents. This review is part of the department’s five-year rules review process.

**N-2. Amendments to Chapter 4, “Petitions for Rulemaking,” Iowa Administrative Code. (Aligns rules with current practice)**

This rulemaking makes changes to contact information and non-substantive changes to verbiage for consistency throughout the agency’s rules regarding the process for filing a petition for rulemaking. This review is part of the department’s five-year rules review process.

**N-3. Amendments to Chapter 8, “Payment of Small Claims,” Iowa Administrative Code. (Align rules with current practice and the Iowa code)**

When an employee’s personal items are damaged or destroyed during an employee’s tour of duty, the Department may reimburse the employee for repair or replacement of the items. Claims that are approved are to be paid from the Department’s support allocation and cannot exceed \$300 per item. This is an increase in the maximum allocation of \$150 per item and is being done to bring the rules into compliance with the Iowa Code. This review is part of the department’s five-year rules review process.

**N-4. Amendments to Chapter 14, “Offset of County Debts,” Iowa Administrative Code. (Rescind chapter)**

The department is eliminating Chapter 14 in its entirety. The process for offsets of debts owed to state agencies in this chapter is duplicative of the requirement in 11 IAC chapter 40 and the set off procedures in Iowa Code 8A.604. As the Department of Administrative Services has established a process by which state agencies can participate in the offset program by identifying debts who owe liabilities to that agency and offset those liabilities against claims owed to debts by agencies, this rule chapter is no longer necessary. This review is part of the department’s five-year rules review process.

**N-5. Amendments to Chapter 28, “Policies for Mental Health Institutes and Resource Centers,” Iowa Administrative Code. (Aligns rules with current practice and the Iowa Code)**

The department is updating rules for Mental Health Institutes and Resources Centers. Definitions are being updated to eliminate outdated terminology. The application process was aligned with current practices. This review is part of the department’s five-year rules review process for MHDS rules.

**N-6. Amendments to Chapter 81, “Nursing Facilities,” Iowa Administrative Code. (Aligns rules with federal regulations regarding hours of training required for nurse aid programs)**

The department is updating rules to reflect federal regulations regarding the increased number of hours of training required for nurse aid programs. There is also a proposed increase of the instructor-to-student ratio which will allow more students to attend nursing programs. Additional language is being added for laboratory and clinical training options.

**N-7. Amendments to Chapter 109, “Child Care Centers” Iowa Administrative Code. (Updates the child care quality ratios for licensed child care centers).**

The department is revising the administrative rules for child care centers to allow an increased number of children to be served per staff person in a licensed child care center in the two-year old and three-year old categories. In addition, the proposed rule modifies requirements for combining age groups and also allows a staff person to be 15 years of age to provide child care while still requiring the staff person to be supervised. The proposed rule will provide additional flexibility for child care centers dealing with workforce shortages.

**N-8. Amendments to Chapter 153, “Funding for Local Services” Iowa Administrative Code. (Updates the child care quality ratios for licensed child care centers).**

This review is part of the department’s five-year rules review process. Division I sets the requirements for

developing a social services block grant pre-expenditure report. This rulemaking adds references to the intended use plan, which is done in tandem with the social services block grant pre-expenditure report. The proposed report and intended use plan need to be available for public review and comment for a minimum of ten days, instead of two weeks. Division II updates the number of the Department's service areas from eight to six and updates the name of community empowerment board to Early Childhood Iowa. Division IV is rescinded as the program no longer exists and the Iowa Code Section that authorized the program has been repealed.

**N-9. Amendments to Chapter 184, "Individual and Family Direct Support," Iowa Administrative Code. (Aligns rules with current practice and the Iowa Code)**

This review is part of the department's five-year rules review process. Division I regarding the Family Support Subsidy Program updates the definition of a family member based on the federal Development Disabilities Assistance and Bill of Rights as codified in 42 U.S.C. The Department is no longer accepting new applications for the program after January 1, 2010. Members who are currently enrolled in the program remain eligible until one of the reasons for termination is met. This rulemaking brings the rules into compliance with the Iowa Code. Division II regarding the Comprehensive Family Support Program updates an outdated reference to the U.S.C. and removes the form name and number of the application used to apply for the program from the rules as the application form became obsolete effective July 1, 2016.

A motion was made by Kudej to approve and seconded by Jindal

**MOTION UNANIMOUSLY CARRIED**

**Adult Protective Services Update**

Gloriana Fisher, ACFS Adult Program Manager, gave an update to the Council stating in April 2021 the agency dedicated adult protective workers separate from child protective workers due to an increase in abuse cases for adults during the Covid 19 pandemic. We have 30 adult protective workers for our 99 counties. They were appropriated federal funds of over \$800,000 to improve the direct response to the increase in cases. Significant improvements have been made to our technology systems to streamline efforts and we have sponsored and provided training specific to adult protective services to internal and external stakeholders.

**Equity Strategy Update**

Oliviah Walker, Health Equity Coordinator with IDPH, presented framework and understanding of the program to the Council. Health Equity is the attainment of the highest possible level of health for all people. It means achieving the environmental, social, economic, and other conditions in which all people have the opportunity to attain their highest possible level of health. She shared guiding principles, and the mission of building health equity for all communities.

**Refugee Services Update**

Matt Highland, Director of Strategic Operations, provided an update on resettlement efforts in the State of Iowa. A lot of the direct resettlement work happens through our partners at Lutheran Services of Iowa, Catholic Charities, and other agencies. The Bureau then supports these agencies in a partnership role. With the increase of arrivals to our state we decided it was time to take a hard look at how we could improve the Bureau. The first change that was made is the Bureau of Refugee Services is now part of the Strategic Operations team. This allows the Bureau to be more closely connected with the Director's office, the Governor's office, and other state agencies. We have also added three new positions and are restructuring one current position. One of these positions will be located within our Iowa Workforce Development division. The goal is to work with refugees to employ them at the top of their skill set. Another new position will be with the Iowa Finance Authority and will act as a housing coordinator. This individual will work closely with landlords to understand there may be no paperwork or other challenges that regular tenants don't have. We have already established an emergency rental assistance program with IFA. The third new position will be a supervisory role at the Bureau to help the Bureau Chief. More updates to come.



## **MCO 1<sup>st</sup> Quarter Report**

Kurt Behrens, Medicaid Management Analyst, provided an overview of the MCO 1<sup>st</sup> Quarter Report. He highlighted the new infographic which breaks down all the Medicaid member details and is very easy to understand.

## **Director's Report**

Director Kelly Garcia started her report with a DOJ update stating we are continuing negotiations on the first part of the investigation. We had discussed that those negotiations included having two separate agreements for the two different parts of the investigation and they've signaled they want to revisit that decision. She added that the Governor's budget recommendation includes funding to address facility needs related to the first part of the DOJ investigation. This includes an increase in general funds for both State Resource Centers and flexibility to use carry forward funds. She stated that we provided legislators with a framework for their specific target of 25 million investment in community capacity.

Director Garcia reminded the Council that a few months ago Janee talked through our updates to the 232 legislation. This aligns Iowa Code with Federal law under Title IV-E of the Social Security Act, which requires that to receive federal funding the state shall consider giving preference to an adult relative over a nonrelated caregiver when determining placement of a child. The bill revises the rules to ensure a court must secure the least restrictive care for a child's placement with a preference for placement with the child's family or fictive kin. We are happy to report that the legislation has passed the funnel deadline and is on the debate calendar in both chambers. More to come.

She informed the Council of some work we've been focused on relating to suicide prevention. We have been working with our partners at Polk County Mental Health Services, lead by Liz Cox. We received word of a suicide cluster in the past month, more than 10 in 30 days, and we quickly gathered our internal team and met with the Polk County staff to discuss and determine needs and next steps. After our initial conversations with Polk County, IDPH identified funding to work quickly on a statewide messaging campaign.

Director Garcia provided an alignment update stating that we've been working with our vendor PCG for more than a year now to assess the coming together of our two agencies. We are very close to releasing the final change package with the functional organization chart. We are in the final stages of approval. We will have a robust communications plan around that and will take time to walk our stakeholders through the recommendations. This is a very big step that we are all excited about, then the real work begins.

## **Adjournment**

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

Meeting adjourned at 12:03 p.m.

Respectfully Submitted by:  
Julie McCauley  
Council Secretary