

STATE OF IOWA DEPARTMENT OF
Health AND **Human**
SERVICES

**Medicaid Managed Care Oversight
Quarterly Meeting Minutes**
SFY2023, Quarter I

Meeting Date Range:
April - June 2022

Published September 2022

Meeting History (April - June 2022)

This report consolidates meeting minutes on a quarterly basis from each of the following committees: Healthy and Well Kids in Iowa (Hawki) Board, Medical Assistance Advisory Council (MAAC), and the Iowa Council on Human Services Members (or DHS Council).

All information contained in this report is also available online.

Hawki Board: Also reference <https://dhs.iowa.gov/hawki/hawkiboard>

April 18, 2022

June 20, 2022

MAAC: Also reference https://dhs.iowa.gov/ime/about/advisory_groups/maac

May 19, 2022

DHS Council: Also reference <https://dhs.iowa.gov/about/dhs-council>

April 14, 2022

May 12, 2022

June 9, 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
	Guests
	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



**Hawki Board Meeting Minutes
June 20, 2022**

Hawki Board Members	Iowa Medicaid
Mary Nelle Trefz, Chair – present	Elizabeth Matney, Director
Angela Burke Boston – present	Paula Motsinger
Jim Donoghue – present	Julie Lovelady
Mike Stopulos –	Kurt Behrens
Angela Doyle Scar –	Heather Miller
Mary Scieszinski – present	Tashina Hornaday
Shawn Garrington – present	Katie McBurney
Senator Nate Boulton – present	Emily Eppens
Senator Mark Costello –	Dr. William Jagiello
Representative Shannon Lundgren –	Shelley Horak
	Eric Richardson
	Guests
	Gretchen Hageman, DDIA
	John Hedgecoth, Amerigroup
	Lindsay Paulson, Maximus
	Jean Johnson, IDPH
	Sarah Smith, WCPH
	Jennifer Findlay, ITC
	Peter Schumacher
	Abby Less
	Kelli Soyer

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 the list above reflects the attendance. A quorum was established.

Approval of the Hawki Board Meeting Minutes

Chair Trefz called for a motion to approve the minutes from the April 18, 2022, meeting. The motion carried and the Board approved the minutes.

Public Comment

There were no public comments.

New Business

There was no new business.

SFY 2022, Quarter 2 Report and Executive Summary

Kurt Behrens, Iowa Medicaid, offered a brief synopsis of the report and executive summary. Current Managed Care Organization (MCO) enrollment is 775,507 members, which represents an increase of 1.21% between quarter 1 (Q1) and quarter 2 (Q2). Disenrollment stabilized between Q1 and Q2 because open enrollment ended, and the Department of Human Services (DHS) resumed some eligibility processes currently suspended under the public health emergency (PHE). Kurt touched on the financial summary, noting that third party liability (TPL) decreased by \$2.9M, or 5.35%, between Q1 and Q2. The final medical loss ratio (MLR) reconciliation for State Fiscal Year (SFY21) data is projected to be complete by September 2022. Additionally, Iowa Total Care (ITC) increased and rededicated staff to address the pharmacy prior authorization workload and prevent insufficient staffing. ITC also conducted member outreach for the flu vaccine as a value-added service. Lastly, Kurt covered call center performance metrics, specifically the non-emergency medical transport (NEMT) helpline. Both Amerigroup and ITC improved from October to November, bringing their metrics to required levels.

Strategic Planning Discussion

Shelley Horak, Iowa Medicaid, lead the discussion. Shelley stated the objectives for the discussion: 1) Review all strategic planning up to this point and identify educational opportunities, and 2) have a brief planning session around conditions and outcomes, focusing on identifying opportunities to engage with the MCOs, providing recommendations to the governor's office and legislature, and updating the narrative within Iowa code that establishes the Hawki Board. Shelley then presented what the Board developed in previous strategic planning discussions as its key priorities, and shared the vision statement, which says that the Hawki Board is a group of leaders that supports standards for pediatric coverage that result in a high performing program that prioritizes positive outcomes for children. This also defines the scope of the program, which includes the range of medical, dental, and mental health services available to accomplish its goals. Additionally, the Board maintains engagement with the MCOs, the Medical Advisory Assistance Council (MAAC), and the Clinical Advisory Council (CAC). A shared vision, along with the steps for achieving it, guide these partnerships. Robust engagement with the public is also critical. The lifespan perspective and social determinants of health are guiding frames of reference for the Board's approach.

The Board articulated several reasons for fulfilling their charge, including improving the lives of members, supporting a bridge between Medicaid and private insurance, and promoting system development. Shelley presented several mechanisms for accomplishing these objectives, including building action-oriented agendas, learning from partners including Medicaid and the MCOs, supporting outcomes for children through assessment of programmatic activities and developing recommendations, engaging with outreach activities and existing initiatives, and providing a link between decision makers and the public. The Board reiterated the importance of collaboration with other oversight entities such as the MAAC and CAC, and stressed the value of using data to form and guide an advisory group focused on children with special healthcare needs.

The Board then shifted to the topic of an educational platform. Shelley noted that pursuing these educational opportunities can help fulfill the relevant duties in the Board's charge. The Board would need to decide topics, formats, and presenters. Shelley also mentioned some possible educational topics, including data outreach activities, demographic and enrollment information, financial enrollment, and member feedback. The Board discussed prioritizing these learning opportunities when developing a long-term educational calendar. The Board will examine similar programs in other states and discuss these examples in future meetings.

Director's Update

Julie Lovelady, Iowa Medicaid, provided an update. She began by reminding the Board that the next town hall event is on June 30, 2022. The previous town hall covered Medicaid 101, and Iowa Medicaid received positive feedback regarding the topic. She also reminded the Board that recordings of the town hall meetings are available on the DHS website. Julie mentioned that there are several new staff who will be introduced at the next Hawki Board meeting. The accompanying updated organizational chart will also be available at that time. Additionally, Iowa Medicaid is developing implementation plans for legislature-approved appropriations. Julie then discussed the timeline for ending the PHE. The PHE will not end in July, as previously thought, but will likely continue through October and into calendar year 2023. Julie concluded by stating that federal Health and Human Services (HHS) personnel will be coming to Iowa for a two-day discussion about behavioral health statistics and how to brace the system for an increase in behavioral health needs.

MCO/Outreach/Communications Updates

John Hedgecoth from Amerigroup provided an update. John said that with the extension of the PHE, Amerigroup has time to plan and implement processes regarding flexibilities, and ways to address those flexibilities when the PHE eventually ends. Amerigroup also reminded providers about the third round of American Rescue Plan Act (ARPA) funds and encouraged them to apply. In anticipation of Food and Drug Administration (FDA) and Centers for Disease Control and Prevention (CDC) approval of a COVID-19 vaccine for children, Amerigroup is developing a COVID-19 vaccine campaign directed toward parents of children up to five years of age. Amerigroup is also addressing healthcare disparities through their vaccine campaigns. Amerigroup recently rolled out a new social determinants of health (SDOH) training series available through the provider training academy portal. John concluded by briefly mentioning that there is an active work group addressing the issue of pediatric child welfare case management.

Jennifer Findlay from ITC provided an update. ITC is focusing on literacy by partnering with Raising Readers in Story County, which provides children with quality, age-appropriate books. They are also partnering with the Iowa Alliance for Healthy Kids to provide tools for improving the social and emotional well-being of Iowa children. Jennifer noted that there are resources on the Iowa Alliance for Healthy Kids website as well as the ITC website. ITC also partners with food pantries to promote healthy eating and distribute tote bags with healthy recipe cards and educational materials and offers healthy cooking classes with Hy-Vee dietitians. Jennifer then briefly discussed ITC's collaboration with the Refugee Alliance of Central Iowa to provide health education; meeting with the West Des Moines school intercultural outreach coordinator; and partnering with the National Council on Independent Living to support provider practice accessibility improvements.

Gretchen Hageman from Delta Dental of Iowa (DDIA) provided an update. DDIA continues to focus their outreach on members who have received prior dental services but have not been seen during the fiscal year, as well as members who have had no prior service. Currently, 62% of members have had preventative service during the fiscal year. DDIA has partnered with Amerigroup to promote the COVID-19 vaccine for children ages 1-5. DDIA is also working with the Refugee Alliance of Central Iowa to find dental homes for refugees new to Iowa.

Jean Johnson, Iowa Department of Public Health (IDPH) provided an update. Jean briefly discussed the 2022 Hawki parent brochure and encouraged Board members to review it. IDPH outreach continues to focus on schools, school nurses, medical and dental providers, faith-based organizations, and vulnerable populations. Jean stated the Hawki outreach coordinators distribute brochures and other materials in communities around the state to raise awareness for programs that may be available to those populations. Jean also noted that the outreach program has recently added several new outreach coordinators, and a main focus will be new-employee and refresher trainings. Jean added that summer is a busy time for outreach coordinators, who regularly participate in traditional summer events, such as vacation bible schools and county fairs. Finally, she stressed the importance of collecting data so the program can make informed decisions.

Emily Eppens, Iowa Medicaid, provided a brief update. She mentioned that work continues on the Department's new website and the use of the term "Iowa Health Link" will be discontinued. She also noted that open choice letters continue to go out to members.

Next Meeting

Meeting adjourned at 2:05 PM.

The next meeting will be Monday, August 22, 2022.

Submitted by John Riemenschneider

Recording Secretary

jr

Meeting Minutes May 19, 2022

Call to Order and Roll Call

MAAC Chair Angie Doyle-Scar, Iowa Department of Public Health (IDPH), called the meeting to order at 1:00 PM. Angie then 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 May 19, 2022, meeting. Shelly Chandler, Iowa Association of Community Providers, moved to approve the minutes, John Dooley seconded the motion, the motion carried, and the minutes were approved.

Upcoming Professional and Business Entities Election

Michael Kitzman, Iowa Medicaid, discussed the upcoming election of voting members to the MAAC from among the Professional and Business Entities as laid out in Iowa Administrative Code. Michael distributed ballots to eligible entities shortly before the meeting began. Michael asked representatives to return their ballots to him by 5:00 PM on June 17, 2022. The ballot allows representatives to select five entities to hold voting member seats. The three organizations with the most votes will be elected to these seats. Currently these three seats are held by: the Iowa Pharmacy Association; the Iowa Hospital Association; and the Iowa Healthcare Association. Once elected entities will begin their term as voting members of the MAAC on July 1, 2022, serving until June 30, 2024. In the case of a tie, run-off ballots will be distributed to be returned before July 1, 2022.

Managed Care Organization (MCO) Quarterly Report Quarter 2 SFY 2022

Kurt Behrens, Iowa Medicaid, reviewed the [MCO Quarterly Report for Q2 SFY 22](#)¹. Kurt began by reviewing the MCO Member Summary, for this quarter MCOs had 775,507 members enrolled, this represents a 1.21 percent increase over the previous quarter. The estimate of the annual Medical Loss Ratio (MLR) as of Q2 SFY 22, combined for both MCOs, was 88.2 percent. Kurt noted that this is an estimate, and the actual MLR for SFY 21 will not be available until September 2022.

Kurt moved on to discuss pharmacy prior authorizations (PAs), federal guidelines require 100 percent of these to be completed within 24 hours. For December, Amerigroup Iowa, Inc. (Amerigroup) completed 8,399 of 8,404, or 99.9 percent within the 24-hour window. Iowa Total Care (ITC) completed 4,880 of 4,882, or 99.9 percent, in October. In November ITC completed 5,606 of 5,613, or 99.8 percent, within the 24-hour window. In November, ITC determined they had insufficient staffing levels to address the workload. ITC has since increased and redirected staff to address this issue.

¹ https://dhs.iowa.gov/sites/default/files/Q2_SF2022_Report.pdf

Value Added services were discussed next, highlighting ITC's vaccination outreach efforts, noting an increase from 759 to 14,683 ITC members who received a flu shot.

Kurt then turned to discussing Call Center Performance Metrics, specifically for Non-Emergency Medical Transportation (NEMT) helplines. Both MCOs use the same vendor, Access2Care, for NEMT services. The State requires NEMT Helplines to meet an 80 percent service level, and call abandonment rates must be 5 percent or less. In October, Amerigroup's service levels were at 47.7 percent with an abandonment rate of 6.56 percent. For the same month, ITC's service levels were at 45.36 percent, with an abandonment rate of 4.83 percent. These October service levels are due to high turnover and absenteeism of Access2Care's call center staff, combined with high call volumes and increased handle times. ITC noted that they had sent a notice of noncompliance to Access2Care, requested a remediation plan, and issued a penalty. Access2Care's remedies included continued hiring, re-instituting a regional service model, reinforcing quality, re-training staff, and developing incentive programs to encourage attendance and boost productivity. Access2Care went on to meet the required metrics in November and December of 2021.

As requested by stakeholders, Kurt's team has developed new templates to track children's mental health metrics for the MCO Children's Summary section of the Managed Care Quarterly Report. These templates will focus on Mental Health Diagnosis, and Mental Health Treatment and Services.

Dr. Amy Shriver praised these additions to the quarterly report, adding that a couple of the diagnoses listed as mental health issues are considered neurodevelopment conditions rather than mental health, but still important to measure. Kurt asked Dr. Shriver if she would like to see a template with ICD-10 codes included, Dr. Shriver said yes.

Angie asked if mental health questions were included on Iowa Medicaid's social determinants of health (SDOH) screening tool, Kurt said these questions were included. Angie requested a breakdown of self-reporting compared to diagnosis from these data sources, adding that in public health they are aware of differences between self-reporting data and data from formal diagnoses. Kurt said he would look into this request. Kurt added that the Department is planning to tie a lot of this mental health information into the SDOH dashboard available on the Department's website.

Shelly said she appreciated the focus on mental health and the coming efforts to document different treatments and services that are available that members utilize. Shelly said she would be interested to see trends in these areas from quarter to quarter, specifically trends regarding usage of emergency department (ED) and inpatient hospitalization services compared with community-based services.

Dr. Shriver commented that she is interested in the data science of these mental health issues as they relate to SDOH, stating that poverty is an SDOH metric that can impact mental health, but not all children in poverty report mental health issues. She stated she

would be interested to identify protective vectors for mental health issues. In Dr. Shriver's experience children and adolescents involved in activities outside of school have fewer mental health issues.

Medicaid Director's Update

Liz Matney, Director of Iowa Medicaid, began her update by discussing the Federal Public Health Emergency (PHE). The Department was not given notice that the Federal PHE would end on July 16, 2022, it is likely the PHE will extend through the rest of 2022. Liz discussed the Department's plans for the eventual end of the PHE, highlighting work that needs to be done regarding eligibility reviews and evaluating which service flexibilities the Department will preserve after the PHE.

Dennis Tibben, Iowa Medical Society, asked if there would be dramatic changes to the package of covered telehealth services from the draft package previously shared by the Department. Liz answered that there may be some additional codes, but there would not be significant changes to the draft package.

The Department has contracted Mathematica and the Harkin Institute to evaluate the State's behavioral health, disability, and aging systems. The Harkin Institute and Mathematica have convened a consumer advisory board. The majority of this board's members are also Medicaid members. Members of this consumer advisory board live in various places around the state and have an array of different diagnoses or identified disabilities, which is important to inform their work. Mathematica and the Harkin Institute are developing a series of listening sessions to be held across the state later this summer. These listening sessions will be held in various cities around the state, in person; virtual listening sessions will be hosted as well to provide access for those who may not have an easy time traveling or may not be able to attend in person. The Department is working on providing Mathematica with data they need to perform a sophisticated analysis of the program's utilization data. The goal of this analysis is to identify geographic differences in service utilization. Additionally, the Department hopes to find a way to identify members with unmet needs before they require crisis services such as the emergency department. Mathematica and the Harkin Institute are also performing a comprehensive review of the Federal and State regulations governing Iowa's Medicaid program; they will then look for opportunities and best practices other states are leveraging that would work in Iowa.

Liz gave some updates regarding the Department's Home- and Community-Based Services (HCBS) Spending Plan. The Department has provided about \$76 million in recruitment and retention grants to HCBS providers, with additional rounds of funding planned for later this year. These funds come from the American Rescue Plan Act (ARPA) and are to be used to support community-based providers. The Department is making progress in developing a community neural-restorative pilot program for children. Currently the state of Iowa has community neural-restorative services for adults, but not for children. Many of the children that need these services end up going out of the state. The Department would like to be able to stand up some of these services in the state of Iowa so that children can stay closer

to their homes and support networks. The Department will eventually release a request for proposal (RFP) related to this topic. Similarly, the Department is looking into developing a pilot program for therapeutic foster care.

Angie asked if Liz would be sharing the recommendations that come out of the work performed by Mathematica and the Harkin Institute; Liz said she would.

Dr. Shriver said she appreciated that Medicaid members are being given a voice, on the consumer advisory board. Liz agreed that it is important to give Medicaid members a voice, because ultimately the system needs to be built to serve their needs.

The Department is monitoring the end of this year's legislative season. Medicaid staff are preparing for the legislature to pass rate increases, potentially allowing increased rates to take effect July 1, 2022.

Updates from the MCOs

Amerigroup Iowa, Inc. (Amerigroup)

John McCalley presented Amerigroup's update. Amerigroup opened their West Des Moines office for the first time, entering a hybrid work model where staff will work partly from home and partly from the office. Field staff, case management staff, behavioral health staff, physical health and Long-Term Services and Support (LTSS) staff will remain working from home, as well as LTSS staff.

Regarding the PHE, Amerigroup continues to follow the direction and leadership of Iowa Medicaid. Internally, Amerigroup is scheduling safety trainings with their staff, and performing outreach to members that may not be vaccinated. Amerigroup is working closely with the Department to initiate and track post-PHE communications to their members.

John then discussed the State's community-integration strategy, specifically as it relates to the State Resource Centers. Amerigroup is collaborating in this work with Iowa Medicaid, the Mental Health and Disability Services (MHDS) Regions program, and ITC. An intensive residential service home is coming online this month. Amerigroup expects one or two more providers to come online very early this summer, potentially in June. Amerigroup has begun fast tracking credentials and contracting for providers working in this space. Amerigroup recognizes that there will be an increased demand on HCBS providers across the state and is moving to assist providers entering this market. Last December, Amerigroup launched a series of new capacity building grants; three providers have received these grants. The grants are focused on helping HCBS providers build capacity to serve members transitioning out of the State's Resource Centers. 68.1 percent of

Amerigroup LTSS members receive services from HCBS providers rather than institutional providers; the State's standard is 65 percent.

Amerigroup has submitted a Health Equity Population Health Plan to the State; launching July 1, 2022, the plan will continue through June of 2025. Amerigroup is preparing for the launch; they have begun tracking data associated with the plan and are creating dashboards to track the plan's progress. Amerigroup has included opportunities for stakeholder engagement in their plan and is seeking to have stakeholders serve on a Health Equity Taskforce.

John then provided updates on Amerigroup's efforts around SDOH. Amerigroup's Champ Housing Stability Initiative continues to serve members who are housing insecure, with over 600 Amerigroup members in the program. The initiative helps members to avoid eviction or transition out of homelessness into stable affordable housing. Amerigroup has seen a significant increase in demand across the state due to economic shifts and policy changes. Amerigroup is preparing to launch their second year of community health worker training in partnership with the Iowa Chronic Care Consortium. They are in the final stages of designing this second year of trainings, which will launch in the third or fourth quarter of this year. Amerigroup launched a new partnership with the Iowa Black Doula Collective; providing grants for the collective to train 30 black doulas from around the state to support individuals in their community.

Angie asked John if they have identified member stakeholders for the Health Equity Task Force. Amerigroup has a goal of appointing 20 members to the task force, and currently has 17. John stated there is a good geographic distribution of these members, as well as representation from diverse genders, races and ethnicities, and gender identities.

Dr. Shriver voiced her support for Amerigroup's efforts on transitional care, emphasizing the importance of programs such as Reach Out and Read and Amerigroup's Healthy Families Initiative.

Iowa Total Care (ITC)

Mitch Wasden, ITC CEO, provided an update for ITC, beginning with an update on ITC's preparations for the unwinding of the federal PHE. ITC is developing communication plans for their members, including text campaigns, email campaigns, and web updates. ITC has made concerted efforts to find good contact information for their membership, and now has 190,000 members they can communicate with via text. ITC has had several successful text-based communication campaigns in the past year, Mitch gave medication adherence and COVID-19 vaccination outreach as examples. ITC reports only six percent of members opt out of their texting campaigns.

ITC has been developing a "pay for performance" program for HCBS providers. This program pays HCBS providers for things like helping members find stable housing, or community employment or for things like follow up after hospitalization for mental illnesses.

ITC has partnered with First Corinthian Baptist Church and Broadlawns Medical Center in Des Moines to develop a program in the SDOH space that focuses on diabetes and hypertension for underserved communities. Broadlawns will train community health workers from First Corinthian Baptist Church, and ITC will provide case management support. Mitch said ITC would report on this initiative at coming MAAC meetings.

ITC has rolled out a telehealth service app called Babylon, free to their members. The app will allow members to have free telehealth visits with healthcare professionals. ITC reports over 17,000 visits through the Babylon app, 9,000 of which were behavioral health appointments. This service is available twenty-four hours a day, seven days a week. General medicine visits are typically connected within 45 minutes, behavioral health appointments are scheduled within three to five days.

Mitch said that a primary focus of his team is investigating how care management can positively impact Medicaid members. ITC's Start Smart for Baby program, which is designed to ensure members enroll in prenatal care, reports an 8 percent decrease in newborn intensive care unit (NICU) stays for members enrolled in the program. On the topic of NICU stays, ITC is launching a program supporting doula services in Johnson, Polk, and Muscatine Counties. ITC has found members in these counties are at a higher risk for low birth weights. ITC's goal for the doula program is to investigate whether providing doula services pre- and post- delivery can positively impact these outcomes. Mitch said they expect to have data in a year or so.

Mitch closed his update with a story about a member who was in a State Resource Facility. The member had made several attempts to integrate into their community but was unsuccessful. After their most recent unsuccessful attempt, the member ended up in an emergency room in southeast Iowa. The member was diagnosed with late-stage dementia and terminal agitation, at this time the diagnosis indicated the hospital should not take measures to sustain life. Hospital staff believed the member was likely to pass away. For 19 days the member subsisted solely on intravenous fluids. The member's case manager and some patient advocates at the hospital pushed for a second opinion on the member's diagnosis. The case manager decided she was going to just visit the member and try to feed them solid food while they were in the hospital. After quite some time of doing this the member responded to the solid food, and eventually began to feed themselves. The case manager and others worked with the University of Iowa Clinics to have the member transferred. The member's condition stabilized, they were able to return to Woodward and achieve their baseline health before this episode. Mitch said this story emphasizes case manager's commitment to advocacy.

Dr. Shriver stated her appreciation for ITC's focus on prenatal care and care for mother and child in the first 1,000 days after birth. Mitch

Shelly thanked Mitch for implementing value-based contracting with HCBS providers, she recalled discussing this at their first meeting.

Shelly thanked both MCO's for their housing stabilization efforts, particularly for members transitioning out of State Resource Facilities. Shelly highlighted the grants provided to members to pay for their first month's rent, a flexibility that cannot be offered in traditional Medicaid.

Open Discussion

Cheryll Jones, Iowa Chapter of the National Association of Pediatric Nurse Practitioners (NAPNAP), applauded the efforts to collect data regarding children. Cheryl said her Southeast Iowa clinic works with a lot of children with neurodevelopment type disorders, particularly autism, and they have seen a dramatic rise in these diagnoses. Additionally, Cheryl said it is challenging to find mental and behavioral health resources for children, citing a lack of counselors, speech therapists and psychologists in her area.

Sarah Adams, Unified Therapy Services, raised concerns about communications sent to members regarding prior authorizations. Sarah said that her organization has seen cases where a prior authorization modified, triggering letters sent to the member and provider, the member's letter states that services were denied, the provider's letter states that services were partially denied, a further letter states services were partially approved, and the online portal states services were approved. Sarah requested clearer written communication from the MCOs. Mitch asked Sarah to send this issue directly to him.

Adjournment

Meeting adjourned at 2:26 PM.

Submitted by,
Michael Kitzman
Recording Secretary
mk



**DHS Council Meeting Minutes
April 14, 2022**

EXECUTIVE COMMITTEE MEMBERS	DEPARTMENT OF HUMAN SERVICES
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

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

Call to Order

Chair Rebecca Peterson called the Council meeting to order at 10:02 a.m. at the Boys State Training School in Eldora, Iowa.

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 March 10, 2022, meeting.

MOTION UNANIMOUSLY CARRIED

Rules

R-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 rules update provider requirements 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. The rules adds greater clarification of the HH programs and provide overall quality improvement. Documentation requirements are identified for HH providers to follow to bill and receive home health payments for intensive services and outreach services.

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

MOTION UNANIMOUSLY CARRIED

R-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 above 225% of the federal poverty level (current CCA Plus program) and goes up the 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 rules are implementing 2021 Iowa Acts, Chapter 178, HF 302.

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

MOTION UNANIMOUSLY CARRIED

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

N-1. Amendments to Chapter 7, “Appeals and Hearings” Iowa Administrative Code. (Adds new service standards for mailing documents, ensures consistency with other state agencies)

This rulemaking updates information on the current appeal process, including adding additional days for mailing and receiving documents to allow for new service standards implemented for first class mail by the United States Postal Service effective October 1, 2021. Proposed amendments ensure consistency with other state agencies regarding the Rules of Civil Procedure for abandoned appeals. Further clarification has been added when an appeal hearing cannot be granted in specific situations. This review is part of the department’s five-year rules review process.

N-2. Amendments to Chapter 13, “Program Evaluation,” Iowa Administrative Code. (Aligns rules with current practice)

This rulemaking updates the name of Iowa’s food assistance program to the Supplemental Nutrition Assistance Program to be consistent with the name of the federal program and to alleviate confusion around food benefits. This review is part of the department’s five-year rules review process.

N-3. Amendments to Chapter 22, “Autism Support Program,” Iowa Administrative Code. (Align rules with current practice and the Iowa Code)

This chapter was updated to reflect the change that requirements for notices of adverse action were moved from Chapter 7 to Chapter 16. Code cites were updated. This review is part of the department’s five-year rules review process.

N-4. Amendments to Chapter 57, “Interim Assistance Reimbursement,” Iowa Administrative Code. (Align rules with current practice)

Form names are being removed from this chapter as the names are outdated. This will reduce confusion for individuals who obtain assistance through this program.

This review is part of the department’s five-year rules review process.

N-5. Amendments to Chapter 77, “Conditions of Participation for Providers of Medical and Remedial Care,” Iowa Administrative Code. (Applied behavior analysis services)

The proposed rulemaking allows registered behavior technicians to deliver applied behavior analysis (ABA) services under the direct supervision of behavior analysts or assistant behavior analysts licensed pursuant to Iowa Code chapter 154D. Claims for payment for such services must be submitted by the licensed supervisor.

ABA is a covered benefit under Medicaid. The rules will position providers to expand their organization by creating positions specific to registered behavior technicians while serving Medicaid members.

N-6. Amendments to Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services” Iowa Administrative Code. (Updates the prior authorization form used for medical child care).

The department is changing the forms used in the prior authorization approval process for medical child care. The revised form will provide greater detail on the child’s medical and behavioral needs. Medical child care is specialized child care for children with significant medical needs and developmental delays. Medical child care combines traditional child care and nursing care and provides additional services. Hours are determined through a prior authorization process. Changes were made to the form to better align and capture the needs of the children, including those on the autism spectrum.

N-7. Amendments to Chapter 161, “Iowa Senior Living Trust Fund, ” Chapter 162, “Nursing Facility Conversion and Long-Term Care Services Development Grant,” and Chapter 164, “Iowa Hospital Trust Fund,” Iowa Administrative Code. (Rescind rule chapters no longer in effect).

All three chapters are rescinded as these programs no longer exist and the legislation that authorized the programs has been repealed. This review is part of the department’s five-year rules review process.

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

MOTION UNANIMOUSLY CARRIED

Alignment Update

Sarah Reisetter, Deputy Director of Public Health, updated the Council on the realignment efforts that have been taking place to bring DHS and IDPH together to form the Department of Health and Human Services. She covered the mission, vision, and guiding principles for the new DHHS agency, State budget development, tables of organization, and many other areas of focus.

Director’s Report

Director Kelly Garcia updated the Council on the plans to close Glenwood Resource Center in 2024 and stressed the Governor’s commitment to residents and staff during the transition. Over the next two years GRC will continue to provide care for its residents while working with their guardians and families to transition them to community placements or the Woodward Resource Center. Retention incentives have been offered to existing staff members to ensure a smooth transition for residents. She added that the state will work with local government officials and community leaders to minimize the impact on the Glenwood community and Mills County, and to identify alternative uses for the GRC campus after the facility closes.

Adjournment

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

Meeting adjourned at 11:03 a.m.

Respectfully Submitted by:

Julie McCauley
Council Secretary



**DHS Council Meeting Minutes
May 12, 2022**

EXECUTIVE COMMITTEE MEMBERS	DEPARTMENT OF HUMAN SERVICES
Rebecca Peterson - present	Director Kelly Garcia – present
Skylar Mayberry-Mayes – absent	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 – absent	Carrie Malone - present
	Vern Armstrong - present
	Janee Harvey - present
	Liz Matney – present

EX-OFFICIO LEGISLATIVE MEMBERS
Representative Joel Fry – absent
Senator Mark Costello – absent
Senator Amanda Ragan – present
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

Peterson, Wallace, Kudej, Willey, and Jindal were present. Mayberry-Mayes and Fisk were absent. Senator 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 May 12, 2022, meeting.

MOTION UNANIMOUSLY CARRIED

Rules

**R-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.

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

MOTION UNANIMOUSLY CARRIED

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

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

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

MOTION UNANIMOUSLY CARRIED

R-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.

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

MOTION UNANIMOUSLY CARRIED

R-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.

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

MOTION UNANIMOUSLY CARRIED

R-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.

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

MOTION UNANIMOUSLY CARRIED

R-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.

A motion was made by Kudej and seconded by Willey to hold this rule until the Council receives further information. This rule will be brought to the Council for a vote in June.

R-7. 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 preexpenditure report. This rulemaking adds references to the intended use plan, which is done in tandem with the social services block grant preexpenditure 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.

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

MOTION UNANIMOUSLY CARRIED

R-8. 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 Fisk to approve and seconded by Jindal

MOTION UNANIMOUSLY CARRIED

N-1. Amendments to Chapter 5, “Declaratory Orders,” Iowa Administrative Code. (Align rules with current practice and the Iowa Code)

This rule making makes changes to contact information and minor changes to wording for consistency throughout the rules. This review is part of the department’s five-year rules review process.

N-2. Amendments to Chapter 47, “Diversion Initiatives,” Iowa Administrative Code. (Align rules with current practice and the Iowa Code)

This rule making updates the name of Iowa’s food assistance program in Division I to the Supplemental Nutrition Assistance Program (SNAP) to be consistent with the federal program and alleviate confusion around food benefits. Division II clarifies rules in the PROMISE JOBS program and the duties of the division administrator.

N-3. Amendments to Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” Iowa Administrative Code. (Sets an annual benefit maximum for dental services for members 21 years of age or older).

This rule making clarifies that payment will be made for emergency dental services defined in federal regulations. The proposed rule also sets an annual benefit maximum of \$1,000 for members 21 years of age or older for coverage of dental services per state fiscal year.

N-4. Amendments to Chapter 158, “Foster Home Insurance Fund,” Iowa Administrative Code. (Updates insurance fund to cover auto damage)

This proposed rulemaking updates the insurance coverage under the foster Home Insurance fund to include auto damage by foster care children as a covered expense. This rulemaking does not change the premium or the total costs the Department currently pays. This review is part of the department’s five-year rules review process.

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

MOTION UNANIMOUSLY CARRIED

MCO Quarterly Report, SFY2022, Quarter 2

Kurt Behrens, Medicaid Management Analyst, provided an overview of the MCO 2nd Quarter Report. Kurt highlighted the addition of tracking and reporting on children's mental health diagnosis, treatment, and services to the quarterly report.

Director's Report

Matt Highland, Director of Strategic Operations, provided the Director's report to Council. Matt updated the Council on the 2022 Legislation session highlighting two bills that have been passed and are on their way to the Governor to sign. The first bill, HF 2252, is all about better supporting Iowa children and families. Highlights include expanding child care assistance for permanently disabled parents and increasing the age of foster care from 18 to 21. The second bill, HF 2507, is the Family First implementation bill that emphasizes that when a child is removed from their home, placement priority is given to a relative or fictive kin. Family First has resulted in significantly fewer children entering foster care. On the public health side, SF 2345, which the Governor has signed, expands the number of conditions screened for during newborn screenings.

Matt shared that we have been faced with some serious challenges related to children and providers who serve some of our most vulnerable youth. Family First requires Qualified Residential Treatment Providers, or QRTPs, (often referred to as group care) be available for youth with mental and behavioral health needs which prevent them from living safely in a home environment. Due to a variety of factors, many residential providers have terminated their contracts over the past 18 months. DHS recognized the need for action, and in January of this year, used carryforward dollars to increase both QRTP and shelter provider rates. We are also working to issue an RFP for a new 2-year contract with our QRTP and shelter providers. More updates to come.

Matt provided an update on our suicide prevention work and the response to some alarming trends we are seeing. We recently launched a statewide multi-media, multi-platform messaging campaign targeting youth and adults. We will send the links out after the meeting so folks can share those.

Adjournment

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

Meeting adjourned at 11:33 a.m.

Respectfully Submitted by:
Julie McCauley
Council Secretary



**DHS Council Meeting Minutes
July 14, 2022**

EXECUTIVE COMMITTEE MEMBERS	DEPARTMENT OF HUMAN SERVICES
Rebecca Peterson - present	Director Kelly Garcia – present
Skylar Mayberry-Mayes – absent	Sarah Reissetter - present
Kimberly Kudej – present	Matt Highland – present
Sam Wallace – present	Sarah Ekstrand - present
Jack Willey – present	Faith Sandberg-Rodriguez-present
Monika Jindal - present	Nancy Freudenberg – present
Kay Fisk – present	Elizabeth Matney - present
	Vern Armstrong - present
	Cory Turner - present

EX-OFFICIO LEGISLATIVE MEMBERS
Representative Joel Fry – absent
Senator Mark Costello – 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.

Roll Call

Peterson, Fisk, Kudej, Willey, Wallace, and Jindal were present. Mayberry-Mayes was absent. 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 June 9, 2022, meeting.
MOTION UNANIMOUSLY CARRIED

Rules

**R-1 Amendments to Chapter 5, “Declaratory Orders,” Iowa Administrative Code.
(Align rules with current practice and the Iowa Code)**

This rule making makes changes to contact information and minor changes to wording for consistency throughout the rules. This review is part of the department’s five-year rules review process.

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

R-2 Amendments to Chapter 47, “Diversion Initiatives,” Iowa Administrative Code. (Aligns rules with current practice).

This rule making updates the name of Iowa’s food assistance program to the Supplemental Nutrition Assistance Program to be consistent with the name of the federal program and to alleviate confusion around food benefits in Division I. Division II relates to the Family Self-Sufficiency Grants Program. Rules are updated to clarify the Bureau of Refugee Services can provide PROMISE JOBS Services to refugees who have not yet obtained United States citizenship. This review is part of the department’s five-year rules review process.

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

MOTION UNANIMOUSLY CARRIED

R-3 Amendments to Chapter 158, “Foster Home Insurance Fund,” Iowa Administrative Code. (Updates insurance fund to cover auto damage)

This rule making updates the insurance coverage under the Foster Home Insurance Fund to include auto damage by foster care children as a covered expense. This rule making does not change the premium or the total costs the Department currently pays. This review is part of the department’s five-year rules review process.

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

MOTION UNANIMOUSLY CARRIED

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

N-1 Amendments to Chapter 36, “Facility Assessments,” Iowa Administrative Code. (Align rules with current practice and the Iowa Code).

This rule making proposes technical changes to remove the word “enterprise” from Iowa Medicaid, removes form names and updates unit names and addresses. This review is part of the department’s five-year rules review process.

N-2 Amendments to Chapter 66, “Emergency Food Assistance,” Iowa Administrative Code. (Align rules with current practice and the Iowa Code).

This proposed rulemaking updates the name of the Division to Financial, Food and Work Supports. Additional information is provided on the Emergency Food Assistance Program (TEFAP) for additional guidance to consumers on how eligibility is determined for the program and how claims are established against TEFAP entities. This review is part of the department’s five-year rules review process.

N-3 Amendments to Chapter 79, “Other Policies Relating to Providers of Medical and Remedial Care,” Iowa Administrative Code. (Amends documentation requirements for narrative service encounters).

This proposed rule will positively impact direct care service providers by removing the requirement for narrative service documentation for each service encounter or shift and replace it with the requirements to provide a narrative only when the incident, illness, unusual or atypical event occurs during the service encounter. The proposed amendments will clarify that Medicaid providers must include all records and documentation to support the services provided to members and to allow accurate adjudication of the claim. In addition, documentation requirements must meet the professional standards pertaining to the service provided. Providers have requested the proposed rule amendments in response to the direct care workforce crisis.

N-4 Amendments to Chapter 89, “Debts Due from Transfer of Assets,” Iowa Administrative Code. (Align rules with current practice and Iowa Code).

This rule making updates the effective date for transfers of assets that took place between July 1, 1993, and December 31, 2018. This portion of the program was suspended effective January 1, 2019, and there have not been any referrals to recover resources from anyone who received the transferred resources since then. This review is part of the department’s five- year rules review process.

**N-5 Amendments to Chapter 91, “Medicare Drug Subsidy,” Iowa Administrative Code.
(Implements new child care ratio legislation, HF2198)**

Chapter 91 provides the framework for the Medicare Drug Subsidy program for Medicare Part D beneficiaries. This proposed rulemaking removes forms that have become obsolete, updates the rules and provides correct rules references as part of the department’s five-year rules review process.

**N-6 Amendments to Chapter 170, “Child Care Services,” Iowa Administrative Code
(Implements HF 2252 from the 2022 legislative session).**

Previously for a parent to be eligible for child care assistance (CCA) a medical incapacity needed to be considered “temporary”. Under HF 2252 the Code of Iowa requirements are changed and removal of this temporary requirement will allow a family with one permanently disabled parent to be CCA-eligible based upon the needs of the parent who is not disabled.

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

HHS Alignment Update

Public Health Deputy Director Sarah Reisetter provided an update on Phase 1 of the HHS alignment work that has been taking place. Her team has also been actively planning for the Phase 2 portion. She stated that the team has worked extensively on developing a new table of organization for our new HHS agency and is currently mapping all employees to it. Town Halls are scheduled for July 29th for all employees, and where the table of organization will be introduced. Her team surveyed over 1400 employees and have used those results to develop a new mission, vision, and guiding principles for our new agency. We will also be unveiling the new branding during the Town Halls.

Director’s Report

Director Kelly Garcia followed up Sarah’s update with more details regarding alignment. She shared that we have held 2 HHS Leadership retreats with over 90 team members in attendance. It was a great time to bring our vision to reality and to allow folks to get to know each other. Both retreats were a big success. Our new HHS agency went live on July 1st with a press release and much work continues including work on our new website which will launch in October.

Director Garcia informed the Council that have been 3 reported cases of monkeypox in Iowa. Public health team members have been working with local public health agencies to ensure contact tracing and vaccine administration are occurring. All 3 cases have gone as they should.

She also shared that beginning July 16th, the National Suicide prevention lifeline goes live. People experiencing thoughts of suicide can call 988 and reach an experienced counselor. The existing number will remain operational. HHS will issue a press release July 15th and has a social media campaign planned to ensure Iowans are aware of the new services and how to access them.

Adjournment

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

Meeting adjourned at 11:08 a.m.

Respectfully Submitted by:
Julie McCauley
Council Secretary