

**COUNCIL ON HUMAN SERVICES TELECONFERENCE MEETING**

**MINUTES**

**January 11, 2017**

**COUNCIL**

Mark Anderson  
Phyllis Hansell  
Alexa Heffernan  
Kimberly Kudej  
Guy Richardson  
Kim Spading  
Sam Wallace

**EX-OFFICIO LEGISLATIVE MEMBERS**

Representative Joel Fry (absent)  
Representative Lisa Heddens (absent)  
Senator Mark Segebart (absent)  
Senator Amanda Ragan (absent)

**STAFF**

Chuck Palmer  
Sandy Knudsen  
Amy McCoy

Nancy Freudenberg  
Jean Slaybaugh  
Merea Bentrott

**GUEST**

Tony Leys, Des Moines Register  
Rod Boshart, Cedar Rapids Gazette  
Molly Driscoll, Brown Winick

**CALL TO ORDER**

Mark Anderson convened the meeting at 10:02 a.m.

Roll was taken.

Anderson read the following:

"This meeting of the Iowa Council on Human Services is being held in accord with Section 21.8 of the Code of Iowa entitled "electronic meeting." The Code states that a governmental body may conduct a meeting by electronic means if circumstances are such that a meeting in person is impossible or impractical, or if the governmental body complies with the rules. The rules essentially state that access must be provided to the public. The meeting is being held

on a speaker phone in the Director's fifth floor conference room of the Hoover State Office Building. An agenda was sent to interested groups as well as the press advising them the meeting will be held via conference call. Minutes will be kept of the meeting."

## **RULES**

Nancy Freudenberg reviewed the following rules:

R-1 Amendments to Chapters 77, 78, and 79, Medicaid. These amendments change the outpatient drug reimbursement methodology for drugs provided to Medicaid recipients who are American Indians for Alaska natives by health facilities that are operated by the U.S. Indian Health Service.

Hansell inquired about "encounter rates" - Slaybaugh responded that "encounter" would mean all-inclusive (includes office visits, dispensing charges, etc.).

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

R-2 Amendments to Chapters 78, 79, and 83, Medicaid. These amendments increase fee-for-service upper payment limits and reimbursement rates by 1% over the rates in effect June 30, 2016 for providers of HCBS waiver services. These amendments were Adopted and Filed Emergency at the November 9, 2016 DHS Council meeting. These rule amendments were filed as Notice of Intended Action to allow for public comment.

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

R-3 Amendments to Chapter 79, Medicaid. These amendments increase the Home Health Low Utilization Payment Adjustment (LUPA) rates by 2.93 percent. These amendments were Adopted and Filed Emergency at the November 9, 2016 DHS Council meeting. These rule amendments were filed as Notice of Intended Action to allow for public comment.

A motion was made by Hansell and seconded by Richardson to approve. MOTION CARRIED UNANIMOUSLY.

## **APPROVAL OF MINUTES**

A motion was made by Wallace and seconded by Kudej to approve the minutes of December 14, 2016. MOTION CARRIED UNANIMOUSLY.

## **DIRECTOR'S UPDATE**

Chuck Palmer provided the following updates:

Merea Bentrrott was introduced to the Council. Merea is the Department's new Legislative Liaison.

Palmer announced that Wendy Rickman has been recognized by the Casey Foundation by being awarded the "2017 Casey Excellence for Children Award in Leadership."

Palmer reported that yesterday the Governor, in his 'Condition of the State' address, noted the significant revenue shortfall and the impacts on the current fiscal year budget (SFY17) and the biennium budget going forward (SFY18 and SFY19).

Jean Slaybaugh reported that the Governor announced a \$110M shortfall in the current SFY17 budget. DHS budget adjustments will be covered by managing within current projected surpluses (\$20M primarily from TANF, in addition to a \$13M adjustment in the Medical Assistance program). The Department will be working with the Governor's Office and Legislature regarding adjustments to the SFY18 budget and will keep the Council apprised.

Palmer reported that time will be allotted on the agenda in February to discuss how savings are calculated in the Medicaid managed care program.

### **COUNCIL UPDATE**

Council asked that the Chair send a letter to Wendy Rickman, on behalf of the Council, congratulating her on receiving the Casey award.

### **ADJOURNMENT**

Council adjourned at 10:48 a.m.

*Submitted by Sandy Knudsen,  
Recording Secretary*

**COUNCIL ON HUMAN SERVICES**

**MINUTES**

**February 8, 2017**

**COUNCIL**

Mark Anderson  
Phyllis Hansell  
Alexa Heffernan  
Kimberly Kudej  
Guy Richardson  
Kim Spading  
Sam Wallace

**EX-OFFICIO LEGISLATIVE MEMBERS**

Representative Joel Fry (absent)  
Representative Lisa Heddens (absent)  
Senator Mark Segebart (absent)  
Senator Amanda Ragan (absent)

**STAFF**

Chuck Palmer  
Sandy Knudsen  
Nancy Freudenberg  
Lisa Bender  
Jean Slaybaugh

Amy McCoy  
Harry Rossander  
Wendy Rickman  
Mikki Stier  
Vern Armstrong

**GUESTS**

Tony Leys, Des Moines Register  
Corrin Hatala, Brown Winick Attorneys at Law  
Natalie Koerber, Amerigroup Iowa  
Dan Royer, Iowa Hospital Association

**CALL TO ORDER**

Mark Anderson, Chair, called the Council meeting to order at 10:02 a.m.

**ROLL CALL**

All Council members were present. All Ex-officio legislative members were absent.

## **RULES**

Nancy Freudenberg, Bureau of Policy Coordination, presented the following rules to the Council.

R-1. Amendments to Chapters 51 and 52, State Supplementary Assistance (SSA). Amendments implement the January 1, 2017, cost of living increases to several SSA categories, income levels, and benefit amounts were filed to allow for public comment. These amendments were Adopted and Filed Emergency by the Council on Human Services at the December 16, 2016 meeting.

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

### **Notice of Intended Action:**

N-1. Amendments to Chapter 58, Emergency Assistance. Amendments restructure the emergency assistance programs managed by the Department. Specifically, these amendments update definitions to the Iowa Individual Disaster Aide Grant Program and update damage assessment criteria and amounts. In addition, these amendments implement the Iowa Disaster Case Management program.

N-2. Amendments to Chapters 77, 78 and 79, Medicaid. Amendments implement changes related to multiple references to comprehensive functional assessment tool under waiver programs. In addition, these amendments provide technical clarification and updates to references and definitions.

N-3. Amendments to Chapter 78, Medicaid. Amendments change the requirement for a review of the treatment plan for home health services to be conducted every 60 days instead of 62 days. Amendments also define the timeframe that a face-to-face encounter between a physician or certain non-physician practitioners and members must occur for home health services to be received.

N-4. Amendments to Chapter 79, Amendments clarify the roles, responsibilities and membership of the Medical Assistance Advisory Council (MAAC) in accordance with 2016 Iowa Acts, HF 2460, section 99.

N-5. Replacement of Chapter 106, Standards for Children's Residential Facilities. Amendment rescinds and replaces the existing Chapter 106. Amendments places the Department in compliance with the legislative requirement to adopt new rules regarding standards for children's residential facilities. These rule changes implement 2016 Iowa Acts, SF 2304.

A motion was made by Wallace and seconded by Heffernan to approve the noticed rules. MOTION CARRIED UNANIMOUSLY.

### **APPROVAL OF MINUTES**

A motion was made by Hansell and seconded by Kudej to approve the minutes of January 11, 2017. MOTION CARRIED UNANIMOUSLY.

### **UPDATE/BACKGROUND ON COMMUNITY ACTION CONTRACTS RELATING TO DISASTER EVENTS**

Vern Armstrong, Administrator, Division of Field Operations, provided background on the Iowa Individual Assistance Grant Program (IIAGP) and the Iowa Disaster Case Management (IDCM) program.

- When the Governor proclaims a disaster in a county he activates the DHS IIAGP
- The program pays up to \$5000 to applicants to repair or replace property affected by disasters for individuals who meet the guidelines
- Since 2013, DHS has entered into contracts with Community Action Associations to manage the program
- Recent legislation created the IDCM program to address individual's unmet needs (financial, emotional, physical supports, etc.) and develops a recovery plan. DHS has entered into contacts with Community Action Association agencies to provide this service.
- If a State declared disaster turns into a 'Presidential Disaster Declaration' the State program would shut down and defer to FEMA (the IDCM program may continue).

Armstrong noted that legislation has been introduced to allow local counties the opportunity to provide the services on their own.

Armstrong reported that the funding for this program is requested of the Executive Council as the need arises (not to exceed \$1 Million).

### **CHILD ABUSE PREVENTION PROGRAM ADVISORY COMMITTEE (CAPPAC) DRAFT CHARTER**

Lisa Bender, Child Abuse Program Leader, Division of Adult, Children and Family Services, reviewed the draft document provided to Council regarding the background and proposed formal charter for the Child Abuse Prevention Program Advisory Committee. Highlights of discussion:

Approval of membership appointments should remain with the Council on Human Services

- One to two committee members should be professionals

- Inclusion of consumers on the committee
- Three year staggered terms with no more than two consecutive terms
- Council would like to see the annual report (a copy of the last report will be sent to Council members to see if that meets their need)

Hansell suggested it would be helpful to talk about trends and prevention in the field.

Bender will edit the document and re-submit to the Council at a later date.

### **DISCUSSION REGARDING CALCULATION OF PROGRAM COST SAVINGS DATA - MEDICAID MANAGED CARE**

Jean Slaybaugh, Administrator, Division of Fiscal Management, reviewed program cost savings in Medicaid managed care. Highlights of the discussion:

- DHS is charged with reporting program cost savings in quarterly reports to the Legislature.
- At this point, DHS does not have definitive cost savings absent the previous fee-for-service (FFS) for comparisons, so to develop the cost estimates, the department compared the FFS period immediately preceding the implementation of managed care (July 2015) to March 2016, looking at expenditures for that period and comparing those to expenditures under the managed care program.
- DHS is looking at the funds the department is paying out to support the program - previously that used to be largely FFS claims to providers, now it is largely capitation payments to Managed Care Organizations (MCOs) and that is where the savings estimate comes from.
- Eventually, DHS should be able to look at some 'downstream' numbers, not specifically related to dollars, but related to utilization. Outcome data takes time to develop and mature.
- Spading noted that some of the administrative cost shifting goes back to providers such as the state hospital.
- Spading is also concerned with insurance companies decreasing costs by delaying or denying care and the amount of staff time to obtain prior approvals.
- Anderson noted that some cost savings are achieved by providing ancillary and health services earlier to keep people healthier.
- Slaybaugh explained how the department adjusted rates using projected emerging trends

## **MANAGED CARE UPDATE**

Mikki Stier, Administrator, Iowa Medicaid Enterprise, provided an update:

One of the Managed Care Organizations, AmeriHealth Caritas Iowa, has a larger portion of the Long Term Services and Supports (LTSS) Medicaid population and are moving to a blended case management model. This means they are moving to a more internal model from a mostly external case management model. The department has approved a work plan for AmeriHealth for the transition of case management under the terms of their contract. The department will be monitoring case management ratios, where required, as well as service plans and peer assessments for all those members affected by the transition.

Also, AmeriHealth will be transitioning contracting the Home and Community Based Services (HCBS) waiver members to the rate floor. The HCBS waiver providers who were above the floor, will now be adjusted downwards to the floor rate. Last legislative session, legislators put a 1% increase on that floor, so AmeriHealth will be bringing those providers to the floor with the 1% increase that was established last year. Entities that are affected by this will be receiving a 30-day notice that the contract rate will be changing - they will work with AmeriHealth within that rate or enter into a 90-day process in terms of transitioning from AmeriHealth. The department's responsibility is oversight, and DHS will require network adequacy and have requested a weekly status report.

## **COUNCIL UPDATE**

Kim Kudej noted that two providers that she has been in contact with are reporting to her that they have seen progress in working with their Managed Care Providers in the payments of their bills.

## **DIRECTOR'S REPORT**

Chuck Palmer reported:

Possible Federal changes to the Affordable Care Act remain unknown.

Iowa Legislators enacted a de-appropriation bill of \$117M across state government for the current State Fiscal Year 2017. The department's portion was \$22M. DHS was able to identify a number of areas of surplus (like in the Social Services Block Grant) to meet that challenge. The department remains concerned about the budget implications going forward into State Fiscal Year 2018.



## Legislative Update:

Wendy Rickman, Administrator, Division of Adult, Children and Family Services, reported on the legislation that passed out of the Iowa Senate and is now in the House that directs the department to end the current waiver with the Centers for Medicaid Services (CMS) and creates a State Family Planning Program (disconnecting from the CMS requirement and the funds associated with it). The legislation requires the department to replicate the family planning program with a prioritized tiered reimbursement system. The legislation forbids the department from spending any money on organizations that provide abortions. The department would be required to issue a report every year delineating how the funds were spent. DHS is working on a document that explains the process and will distribute to the Council when it is finalized.

Amy McCoy, Public Information Officer, provided additional legislative information.

DHS remains neutral on most bills and meets with legislators and their staff frequently to provide information on programs. The department reviews legislative bills as they are presented for fiscal impact. DHS has three proposed bills submitted for consideration:

- 1) Senate Study Bill 1068, Clarifications on the definition of "child abuse."
- 2) Senate Study Bill 1069, Clarifications relating to the definition of child foster care for purposes of child care provided by a relative.
- 3) House Study Bill 80, Aligning public disclosure laws with federal law on child death or near-death in founded abuse cases.

## **ADJOURNMENT**

Council adjourned the meeting at 1:05 p.m.

*Submitted by Sandy Knudsen,  
Recording Secretary*

**COUNCIL ON HUMAN SERVICES**

**MINUTES**

**March 8, 2017**

**COUNCIL**

Mark Anderson  
Phyllis Hansell  
Alexa Heffernan  
Kimberly Kudej (absent)  
Guy Richardson (absent)  
Kim Spading (via phone)  
Sam Wallace

**EX-OFFICIO LEGISLATIVE MEMBERS**

Representative Joel Fry (absent)  
Representative Lisa Heddens (absent)  
Senator Mark Segebart (absent)  
Senator Amanda Ragan (absent)

**STAFF**

Chuck Palmer  
Sandy Knudsen  
Nancy Freudenberg  
Sally Titus

Amy McCoy  
Vern Armstrong  
Wendy Rickman  
Rick Shults

**GUESTS**

Tony Leys, Des Moines Register  
Peggy Huppert, National Alliance on Mental Illness/Iowa  
Natalie Koerber, Amerigroup Iowa  
Linda Brundies, Ombudsman's Office

**CALL TO ORDER**

Mark Anderson, Chair, called the Council meeting to order at 10:03 a.m.

**ROLL CALL**

All Council members were present with the exception of Kudej and Richardson.  
All Ex-officio legislative members were absent.

## **RULES**

Anderson reported that the following rules will be "on hold" until a future date:

- R-1 Amendments to Chapter 58 regarding Emergency Assistance.
- R-2 Amendments to Chapters 77, 78, and 79 regarding Medicaid.

Nancy Freudenberg, Bureau of Policy Coordination, presented the following rules to the Council.

R-3. Amendments to Chapter 78, Medicaid. Amendments change the requirement for a review of the treatment plan for home health services to be conducted every 60 days instead of 62 days. Amendments also define the timeframe that a face-to-face encounter between a physician or certain non-physician practitioners and members must occur for home health services to be received.

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

R-4. Amendments to Chapter 79, Amendments clarify the roles, responsibilities and membership of the Medical Assistance Advisory Council (MAAC) in accordance with 2016 Iowa Acts, HF 2460, section 99.

A motion was made by Hansell and seconded by Wallace. MOTION CARRIED UNANIMOUSLY.

R-5. Replacement of Chapter 106, Standards for Children's Residential Facilities. Amendment rescinds and replaces the existing Chapter 106. Amendments places the Department in compliance with the legislative requirement to adopt new rules regarding standards for children's residential facilities. These rule changes implement 2016 Iowa Acts, SF 2304.

A motion was made by Hansell and seconded by Heffernan. MOTION CARRIED UNANIMOUSLY.

## **APPROVAL OF MINUTES**

A motion was made by Wallace and seconded by Heffernan to approve the minutes of February 8, 2017. MOTION CARRIED UNANIMOUSLY.

## **UPDATE ON MANAGED CARE**

Mikki Stier, Administrator, Iowa Medicaid Enterprise, provided the Council with an update:

- As mentioned last month, DHS continues to monitor AmeriHealth's transition regarding their move to a more internal case management hybrid model and also moving home and community based (HCBS) waiver providers to the rate floor. DHS monitors for network adequacy.
- AmeriHealth plans to enter into contract re-negotiations with the Mercy Health Network.
- The next Managed Care Organization Performance Data quarterly report should be released shortly.
- Staff will continue to track on changes that are occurring over the next few months at the federal level.

Spading noted her concern that more local case managers are losing their positions in the coming months. She is also concerned that families are having to change their case managers as some chose the AmeriHealth plan specifically so they could keep their case managers.

Chuck Palmer, Director, noted that he shares Spading's concerns regarding the disruptions for individuals and providers and has been in communication with Johnson County Case Management regarding the issue. After a year in Iowa, AmeriHealth, for management reasons, has decided to change course in the way they deliver case management services. DHS believes case management to be a critical service and that function still needs to meet standards. In regard to the HCBS rate floor, the floor represents what entities were being paid in the Fee-For-Service (FFS) program and are actuarially-sound and approved by the federal government.

There was some discussion regarding possible upcoming changes to the Affordable Care Act focusing on the effects to the expansion population.

## **OVERVIEW OF DHS BACKGROUND CHECK PROCESS**

Vern Armstrong, Administrator, Division of Field Operations, provided the Council with an overview of the DHS 'background check' process. Highlights:

- The Code of Iowa requires certain employers to conduct background checks prior to hiring. Some require the DHS to provide those checks. Examples of those entities include:
  - Health Care Facilities
  - Nursing Homes
  - Hospitals
  - Group Homes, Shelters, PMICs, Child Care Centers
  - DHS Facilities
  - Social Workers

- The types of checks include:
  - Division of Criminal Investigation (DCI) Registries
  - Sex Offender Registries
  - Children/Dependent Adult Abuse Registries
- The Iowa Code lays out what the Department needs to consider in the evaluation.
- The DHS Unit that conducts these reviews is comprised of 3 Social Workers and 1 Clerical staff.
- 10,000 checks are processed annually
- An average turnaround time is 5 working days

### **COUNCIL UPDATES**

Wallace complimented the Department on the difficult task of managing the budget cuts for this fiscal year.

Anderson thanked Palmer for speaking at the 'Lutheran Day on the Hill' event on February 21st.

### **UPDATE ON CHILDREN'S MENTAL HEALTH AND ADULT MENTAL HEALTH**

Wendy Rickman, Administrator, Division of Adult, Children and Family Services, reported on two grants (University of Iowa and Four Oaks) working on improving child well-being. The University of Chicago and the Casey Foundation continue to lend their expertise.

Palmer reported that the Department has been meeting with various groups, including family members, peer support specialists, sheriffs and associations, regarding how the system is currently dealing with complex cases. An individual with complex needs could include those with co-occurring mental illness with a substance abuse disorder or intellectual disability. The hope is that through a collaborative process, it can be determined where modifications can be made to improve the system to ensure people receive appropriate services.

Rick Shults, Administrator, Division of Mental Health and Developmental Disabilities, reported on two grants (Youth Shelter Services and Seasons Center) to develop services necessary for children's mental health crisis services by building on local collaborations and focusing on prevention and early intervention to avoid more critical situations.

### **Update on Glenwood Resource Center**

Shults reported that in September the Department began an investigation of unexplained injuries at the Glenwood Resource Center (GRC). DHS contacted

the Department of Inspections and Appeals (DIA) who also conducted their own individual investigation. As a result of the DHS investigation:

- 12 employees no longer work for GRC
- 5 employees have been disciplined due to reporting issues
- More supervisors are now on evening and weekend shifts
- Increased management oversight
- Instigated a significant amount of training and coaching of employees
- Shults has taken on the 'Interim Superintendent' role since the GRC Superintendent retired (with the assistance of Marcia Edgington, Superintendent of the Woodward Resource Center)

When DIA completed their assessment, they took the action "Not In Substantial Compliance" with two conditions of participation and determined that GRC needed to correct these conditions, or could not operate under the Medicaid program. Corrections were made and they are now found in compliance and were given a provisional license.

DHS contracted with an outside source "Joint Commission Resources" to provide an analysis and evaluation of GRC to find out what happened and what can be done to correct the problems. A copy of the report was provided to the Council. The Department will move forward by laying out their recommendations into a dynamic action plan.

Council decided to visit the Glenwood Resource Center at their next meeting.

## **LEGISLATIVE UPDATE**

Sally Titus, Deputy Director, provided a legislative update:

- The Department has reviewed over 100 bills this session
- Two of the three proposed Department bills are still being considered in the legislature (both regarding children services)
- The Department continues to monitor bills concerning mental health services, health care, insurance and other topics that concern DHS

## **DIRECTOR'S UPDATE**

Palmer reported that Mark Anderson and Kim Kudej have been re-appointed to the Council. The Governor will be appointing a county supervisor representative to replace outgoing Council member Guy Richardson.

## **ADJOURNMENT**

Council adjourned the meeting at 1:40 p.m.

*Submitted by Sandy Knudsen,  
Recording Secretary*