

COUNCIL ON HUMAN SERVICES

MINUTES

October 11, 2017

COUNCIL

Mark Anderson
Phyllis Hansell
Alexa Heffernan
Kimberly Kudej
Kim Spading
Sam Wallace (absent)

EX-OFFICIO LEGISLATIVE MEMBERS

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

STAFF

Jerry Foxhoven
Sandy Knudsen
Nancy Freudenberg
Wendy Rickman

Liz Matney
Connie Fanselow
Theresa Armstrong

GUESTS

Tony Leys, Des Moines Register
Natalie Koerber, Amerigroup Iowa
Sandi Hurtado-Peters, Iowa Department of Management
Kris Bell, Senate Democratic Caucus
Emily Hockins, Advocacy Strategies
Jess Benson, Legislative Services Agency
Molly Driscoll, BrownWinick
Paige Petitt, UnitedHealthCare
John Stoebe, University of Iowa Hospitals and Clinics
M Jennings, Amerihealth Caritas
Lisa Burk, Amerihealth Caritas
Matt Meyer, Amerihealth Caritas
Mary Nelle Trefz, Child and Family Policy Center
Charlotte Eby, LS2 Group
Sheila Hanson, Child and Family Policy Center
Jane Brown, UnitedHealthCare
Joyce Russell, Iowa Public Radio

CALL TO ORDER

Mark Anderson, Chair, called the Council meeting to order at 10:00 a.m.

ROLL CALL

All Council members were present with the exception of Wallace. All Ex-officio legislative members were present with the exception of Representative Heddens.

RULES

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

R-1. Amendments to Chapters 52 and 54, Medicaid. Removes the requirement for an annual cost report for privately operated residential care facilities (RCFs) and changes the cost reimbursement methodology to be based on the maximum per diem rate per subrule 52.1(3)

Motion was made by Heffernan to approve and seconded by Hansell. MOTION CARRIED UNANIMOUSLY.

R-2. Amendments to Chapters 152, 156, and 202, Foster Care. Aligns program and payment changes under the competitive child welfare services procurement for supervised apartment living (SAL) based on child welfare crisis intervention, stabilization and reunification service request for proposal (RFP).

Motion was made by Hansell to approve and seconded by Kudej. MOTION CARRIED UNANIMOUSLY.

Notices of Intended Action

N-1. Amendments to Chapter 74, Medicaid, Amends definition of “Medical Home” and adds definition of “Personal provider,” “Primary care provider,” and “Primary medical provider.”

N-2. Amendments to Chapter 75, Medicaid. Implements process to compare costs to Managed Care Organization capitation fees. Also updates definitions and provides technical updates to the rule.

N-3. Amendments to Chapters 77, 78, 79, and 80, Medicaid. Adds two new provider types for the purpose of member’s cost-sharing protections related to Qualified Medicare Beneficiaries (QMB) and Health Insurance Premium Payment (HIPP) members.

N-4. Amendments to Chapter 78, Medicaid. Revises language used to describe the Home and Community Based Services (HCBS) Home-delivered meal benefit in order to provide clarity on how the benefit is to be administered.

N-5. Amendments to Chapter 155, Child Abuse. Updates technical language around procurement procedures and assists in maintaining compliance with federal and state laws that require program evaluation.

Motion was made by Heffernan to approve the noticed rules and seconded by Kudej. MOTION CARRIED UNANIMOUSLY.

APPROVAL OF MINUTES

A motion was made by Hansell and seconded by Kudej to approve the minutes of September 13, 2017. MOTION CARRIED UNANIMOUSLY.

REVIEW OF OLMSTEAD PLAN

Connie Fanselow and Theresa Armstrong, Division of Mental Health and Disability Services reviewed the Olmstead Plan.

Background:

- “Olmstead” is a 1999 US Supreme Court decision that interpreted part of the Americans with Disabilities Act (ADA).
- Olmstead is specifically concerned with Title II of the ADA, which prohibits discrimination against individuals with disabilities by public entities. Federal regulations require public entities to administer services, programs and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities.
- The “integration mandate” which goes beyond where people live, applies to daily activities, interactions, access to employment, transportation and other aspects of choice and community integration.

Olmstead Plan Framework:

- The DHS is committed to promoting the vision of “Life in the Community for Everyone.”
- The Framework document is built on nine outcome goals: 1) access to services; 2) life in the community; 3) employment; 4) housing; 5) transportation; 6) person-centeredness; 7) health and wellness; 8) quality of life and safety; and 9) family and natural supports

Hansell requested a copy of Fanselow's presentation.

MANAGED CARE UPDATE

Liz Matney, Bureau Chief, Iowa Medicaid Enterprise, reviewed the "Managed Care Organization Report: SFY 2017, Quarter 4 (April-June) Performance Data" report. As this report is newly issued and Council did not have time to review prior to the meeting, Matney will continue the review of the document next month. Council members were encouraged to email any comments and questions to Sandy Knudsen who will forward to the appropriate staff so they can be prepared to discuss at the November meeting.

Highlights of the quarterly report:

Over 53,000 adults and 40,000 children health risk assessments have been completed this quarter (pages 10 -13).

All MCOs are close to 100% of meeting the contract requirements of resolving grievances within 30 calendar days of receipt (and appeals within 45 calendar days of receipt). 'Transportation' continues to be the leading reason for grievances. Although all grievances are important, in SFY17 less than 1% of all members submit grievances. There was a suggestion to add 'national benchmarks' to this data for comparison. It was noted that 'provider' satisfaction information is found on page 46 of the report.

'Pharmacy' is high on the reasons for appeals in this quarter (page 41). Between 12 and 13% of appeals become certified to go forward with the ALJ (Administrative Law Judge). In SFY17 only 29 decisions were reversed.

Spading noted that what the report doesn't show is how much time providers are spending on prior authorizations and that providers may write-off an appeal due to the burdensome work required to appeal. She suggested that there should be discussions regarding what are meaningful measurements. Perhaps a survey of providers that would question how much time they are spending and at what point does it become too onerous.

Spading inquired as to what a 'service plan' entailed (page 43). Matney responded that the interdisciplinary team works together on a person-centered plan that incorporates the member's goals and all of the services they need to accomplish their activities of daily living, while working toward broader goals of services, who the provider is and how many units are required. The member is involved in this process.

All MCOs meet the contract requirements (80%) of member helpline calls being answered timely (page 45-47). Reasons for the calls are being reviewed to build training activities and include information in newsletters to highlight some of the issues. In response to a question from Heffernan on whether calls to the help desk are also resolving issues, efforts are being made to incorporate some of that information into the report to reflect the consistency and accuracy of the information communicated.

'Clean' claims must be paid or denied within 14 days. All of the MCOs are meeting the 90% requirement. Page 50 shows the top reasons for claims denials.

Ragan asked what are the most common value added utilized service. Matney responded that the provision of diapers, prenatal activities and gym memberships have all been popular. Matney offered to provide a more comprehensive listing.

Spading spoke to the 'Prior Authorization - Pharmacy' section of the report (page 65) stating that 'pharmacy' is challenging to quantitate. Submitted claims are completed within 24 hours most of the time, but if the result is a denial, then there is time spent writing appeal letters, etc. As much as 2-3 hours may be spent on each appeal because of the accessing of patient data, and pulling primary literature to support decisions - and staff involved could be physicians, nurses and sometimes the pharmacist or pharmacy technician. Spading expressed concern for the smaller providers who may not have the resources necessary for this effort. Matney offered to look into this issue.

Spading reiterated the importance of benchmarking and surveying provider and member experience.

In response to a question from Senator Segebart, 'duplication' is a leading cause of denials of electronic claim submissions. Much time is spent educating providers on how to follow-up on a claim.

Foxhoven noted that the State strives to reach a balance of being good stewards for Iowa taxpayers and providing appropriate services to the Iowans receiving Medicaid services.

REVIEW OF COUNCIL'S ANNUAL EXECUTIVE SUMMARY (REGARDING THE DELIBERATIONS OF THE COUNCIL ON HUMAN SERVICES RELATING TO MEDICAID MANAGED CARE)

Anderson requested that the Council review this draft document and email comments/revisions to Sandy Knudsen. Council will take action on the summary at the November 8, 2017 meeting.

COUNCIL UPDATE

Hansel shared that there was an interesting article in the Des Moines Register regarding the need for integration of mental health and substance abuse services. Staff will forward copies of the article to the Council.

Kudej reported that she attended a meeting of the Older Iowans Legislation (OIL) in which Director Foxhoven spoke. At this meeting, the topic of sexual offenders residing in nursing homes and at the Independence Mental Health Institution was discussed. She appreciated Rick Shults talking with her to clarify several issues on this topic.

Anderson spoke about families in crisis in local communities - often multi-generational with multi-diagnosis. He suggested that this topic be placed on a future agenda to discuss interagency collaborations striving to move families to more stability.

DIRECTOR REPORT

Jerry Foxhoven, Director, provided the following report:

Foxhoven has visited all the DHS facilities except for Independence MHI (which is on a future schedule). All of the facilities are operating at the bare minimum, and a difficult decision was made earlier in regard to the implementation of a reduction in force at the Cherokee MHI.

Foxhoven has been meeting with department social workers. In many instances, the caseloads are high and morale is suffering. In these meetings, the social workers are asked to identify things they can 'take off their plates' so they can concentrate their time on other things.

Deputy Director Mikki Stier has been asked to look for potential savings throughout the department so resources can be better managed (i.e. supplies, postage, printing, etc.) Sen Ragan, pointed out that the legislature last year cut \$16M from the department's Field Operations budget (which is 94% staff) and that doesn't leave much room for additional savings.

The department continues to be in contract negotiations with the managed care organizations. Foxhoven's hope is to start earlier in the process for next year's contracting cycle.

ADJOURNMENT

Meeting adjourned at 1:00 p.m. The next meeting of the Council on Human Services will be Wednesday, November 8, 2017.

Submitted by Sandy Knudsen, Recording Secretary

**COUNCIL ON HUMAN SERVICES
TELECONFERENCE MEETING**

MINUTES

November 8, 2017

COUNCIL

Mark Anderson
Phyllis Hansell
Alexa Heffernan
Kimberly Kudej
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

Rick Shults
Sandy Knudsen
Nancy Freudenberg
Wendy Rickman

Julie Allison
Connie Fanselow
Ryan Paige

GUESTS

Natalie Koerber, Amerigroup Iowa
Molly Driscoll, BrownWinick
Paige Petitt, UnitedHealthCare
Flora A. Schmidt, IBHA

CALL TO ORDER

Mark Anderson, Chair, called the Council meeting to order at 10:00 a.m.

ROLL CALL

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

ELECTRONIC MEETING PROTOCOL

Anderson read the following statement:

“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 1st 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, Bureau of Policy Coordination, presented the following rules to Council:

R-1. Amendments to Chapter 75, Medicaid. Implements process to compare costs to Managed Care Organization capitation fees. Also updates definitions and provides technical updates to the rule.

Motion was made by Heffernan to approve and seconded by Hansell. MOTION CARRIED UNANIMOUSLY.

R-2. Amendments to Chapters 77, 78, 79, and 80, Medicaid. Adds two new provider types for the purpose of member’s cost sharing protections related to Qualified Medicare Beneficiaries (QMB) and Health Insurance Premium Payment (HIPP) members

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

R-3. Amendments to Chapters 78, 79, and 83, Medicaid. A tiered rate methodology establishes a tiered system of reimbursement based on the identified acuity level for persons from the results of the Supports Intensity Scale ® core standardized assessment. This amendment is being Adopted and Filed Emergency. Notice of Intended Action (See N-3 below) for this rule making is also being filed to allow for public comment.

In response to a question from Council, Freudenberg noted that the Council will see the comments to these rules at the January meeting.

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

R-4 Amendments to Chapter 155, Child Abuse. Updates technical language around procurement procedures and assists in maintaining compliance with federal and state laws that require program evaluation.

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

Notices of Intended Action

N-1. Amendments to Chapter 77, 78, and 79, Medicaid and Mental Health Services. Clarifies services covered and provides standards for operation for Medicaid crisis response providers. Also establishes a process to enroll and reimburse qualified subacute mental health facility providers.

N-2. Amendments to Chapter 78, Medicaid. Allows hospice agencies to use the Medicare election of hospice benefits as an alternative to using the election of Medicaid hospice benefits.

N-3. Amendments to Chapters 77, 78, and 79, Medicaid. Implements a tiered-rate methodology to establish a tiered system of reimbursement based on the identified acuity level from the results of the Supports Intensity Scale ® (SIS) core standardized assessment. This amendment is being Adopted and Filed Emergency (See R-3 above). This Notice of Intended Action is being filed to allow for public comment on this rule making.

N-4. Amendments to Chapter 109, Child Care. Allows programs serving children who are 3 years old and receiving special education under Iowa Code 265B to be exempt from child care licensing.

N-5. Amendments to Chapters 109, 110, and 120, Child Care. Establishes parameters on weapons being present in a child care setting.

N-6. Amendments to Chapters 109, 110, and 120, Child Care. Implements requirements for federally-mandated professional development for child care homes that are not registered but have a child care assistance agreement. Also provides enhancements to sleep practices to assure that children who are sleeping in child care facilities are using items designed for sleeping which meet CPSC and ASTM requirements.

Motion was made by Heffernan to approve the noticed rules and seconded by Hansell. MOTION CARRIED UNANIMOUSLY.

APPROVAL OF MINUTES

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

APPROVAL OF OLMSTEAD PLAN

A motion to adopt the Olmstead Plan, as presented last month, was made by Hansell and seconded by Heffernan. MOTION CARRIED UNANIMOUSLY.

2018-2022 PARK AND INSTITUTIONAL ROAD PROJECTS

Shults reviewed the yearly 'Parks and Institutional Road Projects' plan with the Council.

A motion was made by Wallace and seconded by Spading that the '2018-2022 Park and Institutional Road Projects' plan be approved. MOTION CARRIED UNANIMOUSLY.

REVIEW OF COUNCIL'S ANNUAL EXECUTIVE SUMMARY (REGARDING THE DELIBERATIONS OF THE COUNCIL ON HUMAN SERVICES RELATING TO MEDICAID MANAGED CARE)

A motion was made by Wallace and seconded by Heffernan to approve the draft as submitted. The motion carried unanimously.

Following discussion, it was determined that Spading would communicate with Sandy Knudsen to strategize on how the Council, in the future, would like to format the Executive Summary. Spading suggested creating a spreadsheet or tool that would be a blueprint for the Council to use, going forward. The tool would identify an issue, make a recommendation, and follow up on an outcome. A draft of this blueprint shall be shared with the Council at the next meeting for review.

COUNCIL UPDATE

Spading shared her view that the recent news of AmeriHealth Caritas ending their contract with Iowa was predictable as they had a larger burden of highly challenging members. Spading noted that the short timeline for the transition will put additional stress on providers and support staff. She reiterated the need for more parity in the assignment of the more challenging populations.

Kudej questioned how the department could find the resources to fund the 3.3% rate increase to the two remaining managed care organizations. Kudej shared with the Council that on November 13th there is a consumer, provider and

advocates forum regarding Medicaid managed care at the Coralville Public Library and the Council is welcome to attend.

Hansell reported that she was appreciative of the State Auditor's report on the Department (dated October 26, 2017) and the responses from the department. In response to Hansell's question regarding the monthly Ombudsman report on managed care, it was shared that the report is posted on the Department of Aging's website and the Council will be either provided a link to the site or a copy in their monthly packet.

Anderson reported that he attended the Iowa conference for FEMA and also stood in for Vern Armstrong regarding DHS's role in disaster responses. Anderson noted he was saddened to learn of more DHS layoffs (Independence MHI).

Anderson reminded Council to email any questions or comments concerning the most recent MCO Quarterly Report to Sandy Knudsen so she can forward them to staff in preparation for the December Council meeting.

ADJOURNMENT

Meeting adjourned at 11:00 a.m. The next meeting of the Council on Human Services will be Wednesday, December 13, 2017.

Submitted by Sandy Knudsen, Recording Secretary

COUNCIL ON HUMAN SERVICES

MINUTES

December 13, 2017

COUNCIL

Mark Anderson
Phyllis Hansell
Alexa Heffernan
Kimberly Kudej
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

Jerry Foxhoven
Sandy Knudsen
Nancy Freudenberg
Wendy Rickman

Mikki Stier
Michael Randol
Matt Highland

GUESTS

Tony Leys, Des Moines Register
Natalie Koerber, Amerigroup Iowa
Sandi Hurtado-Peters, Iowa Department of Management
Kris Bell, Senate Democratic Caucus
Jess Benson, Legislative Services Agency
Paige Petitt, UnitedHealthCare
Kelsey Thies, HDC
Flora A. Schmidt, IBHA
Kristie Hirschman, Ombudsman's Office
Kent Ohms, Legislative services Agency

CALL TO ORDER

Mark Anderson, Chair, called the Council meeting to order at 10:00 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 Council:

R-1. Amendments to Chapters 51 and 52, State Supplemental Assistance (SSA). Implements January 1, 2018 cost of living adjustments to income limits and benefit amounts for several SSA categories. This rule amendment is being Adopted and Filed Emergency. Noticed rule N-1 is being filed as a Notice of Intended Action to allow for public comment.

Motion was made by Hansell to approve and seconded by Heffernan. MOTION CARRIED UNANIMOUSLY.

R-2. Amendments to Chapter 74, Medicaid. Amends definition of “Medical home” and adds definitions of “Personal provider,” Primary care provider,” and “Primary medical provider.”

Motion was made by Kudej to approve and seconded by Wallace. MOTION CARRIED UNANIMOUSLY.

R-3. Amendments to Chapters 74, 75, and 76, Medicaid. Eliminates the three-month retroactive benefit provisions for initial applications and applications to add new households with the exception of two special populations, pregnant mothers and infants.

Motion was made by Wallace to approve and seconded by Heffernan. MOTION CARRIED with Spading opposed.

R-4. Amendments to Chapters 75 and 76, Medicaid. Removes the references to “medical assistance for family planning services” which refers to Medicaid under the Family Planning Network waiver. This rule amendment was Adopted and Filed Emergency at the September 13, 2017 meeting.

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

R-5. Amendments to Chapters 77, 78, and 79, Medicaid and Mental Health Services. Clarifies services covered and provides standards for operation for Medicaid crisis response providers. Also establishes a process to enroll and reimburse qualified subacute mental health facility providers.

Motion was made by Wallace to approve and seconded by Kudej. MOTION CARRIED UNANIMOUSLY.

R-6. Amendments to Chapter 78, Medicaid. Allows hospice agencies to use the Medicare election of hospice benefits as an alternative to using the election of Medicaid hospice benefits.

Motion was made by Heffernan to approve and seconded by Hansell. MOTION CARRIED UNANIMOUSLY.

R-7. Amendments to Chapter 78, Medicaid. Revises language used to describe Home and Community-Based Services home-delivered meal benefit in order to provide clarity on how the benefit is to be administered.

Motion was made by Hansell to approve and seconded by Kudej. MOTION CARRIED UNANIMOUSLY.

R-8. Amendments to Chapter 79, Medicaid. Allows Medicaid providers to provide narrative documentation of service in a checkbox form format. These amendments were also Adopted and Filed Emergency at the September 13, 2017 meeting.

Motion was made by Hansell to approve and seconded by Heffernan. MOTION CARRIED UNANIMOUSLY.

R-9. Amendments to Chapter 109, Child Care. Allows programs serving children who are 3 years old and receiving special education under Iowa Code 265B to be exempt from child care licensing.

Motion was made by Spading to approve and seconded by Hansell. MOTION CARRIED UNANIMOUSLY.

R-10 was rescinded.

R-11. Amendments to Chapters 109, 110, and 120 Child Care. Implements requirements for federally-mandated professional development for child care homes that are not registered but have a child care assistance agreement. Also provides enhancements to sleep practices to assure that children who are sleeping in child care facilities are using items designed for sleeping which meet CPSC and ASTM requirements.

Motion was made by Hansell to approve and seconded by Heffernan. MOTION CARRIED UNANIMOUSLY.

Notices of Intended Action

N-1. Amendments to Chapters 51 and 52, State Supplemental Assistance (SSA). Implements January 1, 2018 cost of living adjustments to income limits and benefit amounts for several SSA categories. This rule amendment is being Adopted and Filed Emergency.

N-2. Amendments to Chapters 81 and 82, Medicaid. Expands the special population nursing facility criteria to include persons residing in an intermediate care facility for persons with medical complexity up to age 30. Also increases the number of providers available to meet the needs of young adults with complex medical conditions.

Motion was made by Wallace to approve the noticed rules and seconded by Spading. MOTION CARRIED UNANIMOUSLY.

APPROVAL OF MINUTES

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

INTRODUCTIONS

Director Foxhoven introduced Matt Highland. Highland has been appointed as the Department's Public Information Officer. Mr. Highland, who succeeds Amy McCoy, was formerly the Information Officer for the Iowa Medicaid Enterprise.

Director Foxhoven introduced Michael Randol. Randol has been appointed as the Director of the Iowa Medicaid Enterprise. Randol, was the former Medicaid Director for the State of Kansas.

OVERSIGHT OF MANAGED CARE UPDATE

Mikki Stier, Deputy Director, distributed copies of the draft "Managed Care Organization: SFY 2018, Quarter 1 (July-September) Performance Data report." Mike Randol and Liz Matney will review it with Council at the January meeting.

Stier provided an update on the progress of the transition following AmeriHealth's departure from Iowa:

- Most of the 218,000 Iowans served by AmeriHealth were transitioned to UnitedHealthcare (with 10,000 temporarily added to Iowa Medicaid's fee-for-service).
- AmeriGroup will add more members as they build their capacity
- Iowa Medicaid Enterprise (IME) has been working closely with the Center for Medicaid Services (CMS) throughout this transition. Iowa will mostly

likely need to submit a corrective action plan to CMS to come into compliance with the waiver for managed care.

- Through the Request for Proposal (RFP) process, Iowa will seek to contract with an additional managed care organization.
- UnitedHealthcare has hired over 400 new employees including Care Coordinators (case managers)
- IME continues to monitor prior authorization issues where they arise. Also, IME will be monitoring any issues regarding billings as we head into that phase
- Call Centers are answering questions and concerns as quickly as they can and IME has put FAQ's on their website.

Spading shared her view that problems arise when one MCO carries the weight of too many in the disabled population causing an imbalance and asked Stier what can be done to prevent that from happening. Stier replied that much of the situation was impacted due to members choice of plan and that DHS continues to have conversations with CMS regarding the distribution of members among the plans.

There was discussion regarding the Kansas Medicaid Program's similarities with Iowa. Also discussed were possible factors in the overutilization of the Medicaid program prior to managed care. Foxhoven offered to provide growth information regarding Medicaid use after the expansion, but prior to managed care.

Stier reported on the December 1st implementation of tiered rates for providers of daily supported community living and care for persons with an intellectual disability under the HCBS waiver program.

DIRECTOR'S REPORT

Jerry Foxhoven, Director, reported that the Governor's Revenue Estimating Committee's report was issued yesterday. Iowa is showing growth, but not at the rate that was originally expected. As a result, State departments have been preparing for the possibility of further budget cuts this fiscal year.

The Child Welfare Policy & Practice Group is expected to issue their initial review next week. This group was contracted to review Iowa Department of Human Services' child welfare system focusing on child protection and assessment.

COUNCIL UPDATES

Hansell reported that she attended two public meetings. One was a forum regarding Medicaid, held at the Des Moines Public Library. She noted that staff did a stellar job in a difficult atmosphere. The other meeting was a forum attended by gubernatorial candidates discussing mental health services in the state.

Kudej reported that she attended a Medicaid forum in Coralville, presenters included case workers, providers and some legislators attended. Heffernan also attended this

forum and noted there was much concern expressed regarding the continuity of case management. She also attended a presentation on mental illness issues held in Cedar Falls.

CHILD WELFARE REPORT UPDATE

Wendy Rickman, Administrator, Division of Adult, Children and Family Services provided the Council with an update on the Child Welfare Policy & Practice Group's report that was mentioned in the Director's report. The contract with the Child Welfare Policy & Practice Group requires them to conduct a systemic review on the department's child welfare system and then report on two things, the first being the methodology they used to approach the problem. To date, the group has spoken to approximately 140 groups and made visits to the DHS offices in Des Moines and Cedar Rapids to gather information. In this first report they were tasked with separating recommendations into two tiers. The first tier would address things the department should pay attention to immediately and the second tier would address issues warranting a "deeper dive."

At the end of the second tier work, the department will receive a final report

REVIEW OF EXECUTIVE SUMMARY BLUEPRINT

Spading, distributed a draft chart "MCO Performance Issue Review" document to assist the Council in their oversight responsibilities regarding managed care. The document could be used as a management tool to track the issues the Council has discussed over the year and puts the issues in categories, assigning them ownership and the next steps for review and resolution. The categories include "Safety/Accessibility," "Quality," "Financial," and "Patient & Provider Satisfaction."

Foxhoven suggested that staff put together additional information that DHS gathers regarding surveys, complaints and requests for information (RFIs) that may help to add to the Council's annual report.

Anderson suggested this be discussed in February as the January meeting will be via conference call and the discussion would be better in-person.

ADJOURNMENT

Meeting adjourned at 1:00 p.m. The next meeting of the Council on Human Services will be via teleconference on Wednesday, January 10, 2018.

Submitted by Sandy Knudsen, Recording Secretary