

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*