

May 29, 2020

Dear Council Member:

The following amendments to the administrative rules are presented for adoption at the June 10, 2020, Council on Human Services meeting.

R-1. Amendments to Chapter 113, “Family Foster Homes”. The President signed the Bipartisan Budget Act of 2018, Public Law (P.L.) 115-123 into law on February 9, 2018. P.L. 115-123 includes the Families First Prevention Services Act (FFPSA) in Division E, Title VII. Section 50731 of the FFPSA directs the federal Department of Health and Human Services (HHS) to “identify reputable model licensing standards with respect to the licensing of foster family homes” (as defined in section 472(c)(1) of the Social Security Act). In response to this directive, the Children's Bureau of HHS issued the National Model Foster Family Home Licensing Standards.

The proposed amendments pertain to the licensing and regulation of foster family homes and are required to align with the federal model licensing standards. The Model Licensing Standards were to be in effect April 1, 2019. The Department requested additional time from the federal Department of Health and Human Services (HHS) to implement the standards through administrative rules. Additional time was approved by HHS. We are moving forward with this rulemaking as Iowa is out of compliance in several areas. Failure to meet the Model Family Home Foster Licensing Standards could result in the loss of Iowa's IV-E federal funding.

The following requirements have been added to the administrative rules:

- Applicants must be able to communicate with the licensing agency, health care and other service providers.
- At least one applicant in the home must have functional literacy; a level of reading, writing and calculation skills sufficient to function in the community in which an individual lives. An example for a foster parent would be to have the ability to read labels on medications in order to properly administer the medications to a child.
- Applicants and all household members must disclose any past or current mental health and/or substance abuse issues. The agency may require further documentation and/or evaluation to determine the suitability of the home.
- There must be at least one scheduled in-home, individual interview of each household member to observe family functioning and assess the family's capacity to meet the needs of a child in foster care. The contracted agency will

determine whether to interview or just observe each household member based on his or her age and development.

- All household members who are caregivers must have up to date whooping cough vaccines unless contrary to the person's health.
- The contracted agency must obtain at least three references, including at least one from a relative and one from a non-relative.
- The applicant's home must meet the following standards concerning swimming pools, hot tubs and spas:
 - Swimming pools must have a barrier on all sides at least four feet high.
 - Swimming pools must have their methods of access through the barrier equipped with a safety device, such as a bolt lock.
 - Swimming pools must be equipped with a life saving device, such as a ring buoy.
 - If the swimming pool cannot be emptied after each use, the pool must have a working pump and filter system.
 - Hot tubs and spas must have safety covers that are locked when not in use.
- The applicants' home must meet the following standards concerning hazardous materials and first aid supplies:
 - Applicants must prevent the child's access, as appropriate for his or her age and other development, to all medications, poisonous materials, cleaning supplies, other hazardous materials and alcoholic beverages. All medications should be kept in a locked cabinet.
 - Applicants must maintain first aid supplies as recommended by the American Red Cross.
- Assurances from applicants must be agreed upon including:
 - They will not use any corporal or degrading punishment on any child in the home.
 - They will not use any illegal substances, abuse alcohol by consuming it in excess amounts, or abuse legal prescription and nonprescription drugs by consuming them in excess amounts or using them contrary as indicated.

Weapons and ammunition must be separately store, locked, unloaded and inaccessible to children. Previously the rules listed that weapons and firearms shall be maintained in a locked place such as a gun case. Federal requirements now specify the type of place and a listing of weapons and ammunition which must be identified in the rule.

The following amendment to the administrative rules is presented as a Noticed rule.

N-1. **Amendments to Chapter 75, “Conditions of Eligibility.** The proposed rule is amended to adjust the federal poverty levels increments used to assess premiums for applicants and recipients with income over 150% of the federal poverty level under the Medicaid for Employed People with Disabilities (MEPD) program.

Sincerely,

Nancy Freudenberg

Nancy Freudenberg
Bureau Chief
Policy Coordination

Enclosures

HUMAN SERVICES DEPARTMENT [441]

Adopted and Filed

Rule making related Foster Family Homes

The Human Services Department hereby amends Chapter 113, “Licensing and Regulation of Foster Family Homes,” Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is adopted under the authority provided in Iowa Code section 217.6.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code section 217.6.

Purpose and Summary

The President signed the Bipartisan Budget Act of 2018, P.L. 115-123, into law on February 9, 2018. P.L. 115-123 includes the Families First Prevention Services Act (FFPSA) in Division E, Title VII. Section 50731 of the FFPSA directs the federal Department of Health and Human Services (HHS) to “identify reputable model licensing standards with respect to the licensing of foster family homes” (as defined in section 472(c) (1) of the Social Security Act). In response to this directive, the Children’s Bureau of HHS issued the National Model Foster Family Home Licensing Standards. The amendments pertain to the licensing and regulation of foster family homes and are required to align with the federal model licensing standards. The following requirements are added to the administrative rules:

- Applicants must be able to communicate with the licensing agency and health care and other service providers.
- At least one applicant in the home must have functional literacy; a level of reading, writing and calculation skills sufficient to function in the community in which an individual lives. An example for a foster parent would be to have the ability to read labels on medications in order to properly administer the medications to a child.
- Applicants and all household members must disclose any past or current mental health and/or substance abuse issues. The Department may require further documentation and/or evaluation to determine the suitability of the home.
- There must be at least one scheduled in-home, individual interview of each household member to observe family functioning and assess the family’s capacity to meet the needs of a child in foster care. The contracted agency will determine whether to interview or just observe each household member based on the household member’s age and development.
- All household members who are caregivers must have up-to-date whooping cough vaccines unless contrary to the person’s health.
- The contracted agency must obtain at least three references, including at least one from a relative and one from a nonrelative.
- The applicant’s home must meet the following standards concerning swimming pools, hot tubs and spas:
 - Swimming pools must have a barrier on all sides at least four feet high.
 - Swimming pools must have their methods of access through the barrier equipped with a safety device, such as a bolt lock.
 - Swimming pools must be equipped with a lifesaving device, such as a ring buoy.
 - If the swimming pool cannot be emptied after each use, the pool must have a working pump and filter system.
 - Hot tubs and spas must have safety covers that are locked when not in use.
- The applicant’s home must meet the following standards concerning hazardous materials and first aid supplies:
 - Applicants must prevent the child’s access, as appropriate for the child’s age and development, to all medications, poisonous materials, cleaning supplies, other hazardous materials and alcoholic beverages. All medications should be kept in a locked cabinet.
 - Applicants must maintain first aid supplies as recommended by the American RedCross.

- Assurances from applicants must be agreed upon including:
 - They will not use any corporal or degrading punishment on any child in the home.
 - They will not use any illegal substances, abuse alcohol by consuming it in excess amounts, or abuse legal prescription and nonprescription drugs by consuming them in excess amounts or using them contrary as indicated.

Weapons and ammunition must be separately stored, locked, unloaded and inaccessible to children. Currently, the rules require that weapons and firearms be maintained in a locked place such as a gun case. Federal requirements now specify the type of place and a list of weapons and ammunition that must be identified in the rule. The Model Licensing Standards were to be in effect April 1, 2019. The Department requested additional time from the federal Department of Health and Human Services (HHS) to implement the standards through administrative rules. Additional time was approved by HHS. The Department is moving forward with this rule making, since Iowa is out of compliance in several areas. Failure to meet the Model Family Home Foster Licensing Standards could result in the loss of Iowa's IV-E federal funding.

Public Comment and Changes to Rule Making

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on April 8, 2020, as **ARC 5024C**.

No public comments were received.

No changes from the Notice have been made.

Adoption of Rule Making

This rule making was adopted by the Council on June 10, 2020.

Fiscal Impact

This rule making has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rule making, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to rule 441-1.8, (17A, 217).

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rule making will become effective on August 19, 2020.

The following rule-making action is adopted:

See attached pages.

The following rules are adopted effective August 19, 2020:

ITEM 1. Amend paragraph **113.3(4)“a”** as follows:

a. Process. Information for the home study is gathered primarily through the required preservice training as described in rule 441—117.1(237). ~~In addition:~~ Tribal agencies may also be involved in conducting home studies for American Indian and Alaska Native children. 42 U.S.C.A. Section 671(a)(26)(B) provides that any receiving state must treat any tribal home study report as meeting the requirements imposed by the state for the completion of a home study.

(1) No change.

(2) The worker shall hold at least one face-to-face interview with each member of the household in the applicant's home to observe family functioning and to assess the family's capacity to meet the needs of a child in foster care. The worker will determine whether to interview or just observe each household member based on the household member's age and development.

(3) and (4) No change.

ITEM 2. Amend subparagraph **113.3(4)“b”(5)** as follows:

(5) Medical, mental, and emotional conditions that may affect the applicant's ability to parent a child; treatment history; current status of treatment; and the evaluation of the treatment. Applicants and all household members must disclose any past or current mental health or substance abuse issues, or both. The department may require further documentation or evaluation, or both, to determine the suitability of the home.

ITEM 3. Renumber subparagraphs **113.3(4)“b”(6)** to **(16)** as **113.3(4)“b”(7)** to **(17)**.

ITEM 4. Adopt the following new subparagraph **113.3(4)“b”(6)**:

(6) All children who are household members must be up to date on immunizations jointly recommended by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, and the American Academy of Family Physicians, unless the immunization is contrary to the child's health as documented by a licensed health care professional.

ITEM 5. Amend paragraph **113.5(2)“c”** as follows:

c. ~~When there is a swimming pool or child's plastic pool on the premises:~~ The applicant's home must meet the following standards concerning swimming pools, hot tubs and spas:

(1) A child's plastic pool shall be drained daily and shall be inaccessible to children when it is not in use. Swimming pools must have a barrier on all sides at least four feet high.

(2) An aboveground or in-ground swimming pool that is not fenced shall be covered whenever the pool is not in use. The cover shall meet or exceed the ASTM International (formerly known as the American Society for Testing and Materials) specification intended to reduce the risk of drowning by inhibiting access to the water by children under five years of age. Swimming pools must have their methods of access through the barrier equipped with a safety device, such as a bolt lock.

(3) ~~An uncovered aboveground swimming pool shall be enclosed with an approved fence that is nonclimbable and is at least four feet high. The height of the side of the pool may be included.~~ Swimming pools must be equipped with a lifesaving device, such as a ring buoy.

(4) ~~An uncovered in-ground swimming pool flush with the ground shall be enclosed with an approved fence that is nonclimbable and is at least four feet high. If the swimming pool cannot be emptied after each use, the pool must have a working pump and filtering system.~~

(5) Hot tubs and spas must have safety covers that are locked when not in use.

The foster parent or other adult shall provide reasonable supervision according to the ages and swimming abilities of the foster children when they are using the pool.

ITEM 6. Rescind paragraph **113.5(2)“d.”**

ITEM 7. Amend subparagraph **113.5(6)“a”(1)** as follows:

(1) Children over ~~6~~ five years of age shall not share a bedroom with a child of the opposite sex.

ITEM 8. Amend paragraph **113.5(6)“b”** as follows:

b. Children ~~≥~~ two years of age or older shall be provided bedroom space other than in the foster parents'

bedroom. Foster children under the age of 2 two may share a bedroom with the foster parent in an individual crib.

ITEM 9. Amend subrule 113.5(9) as follows:

113.5(9) ~~Toilet Bathroom facilities.~~

a. Bathroom facilities shall have at least one toilet, sink, and tub or shower in safe operating condition.

~~a- b.~~ Toilet Bathroom facilities shall have natural or artificial ventilation.

~~b. All toilet facilities shall be maintained in a clean and working condition.~~

ITEM 10. Amend paragraph **113.5(10)“b”** as follows:

b. Fireplaces and water heaters shall be vented to the outside atmosphere. The temperature of any water heaters must be set in accordance with the manufacturer’s recommendations. Kerosene heaters and gas-fired space heaters shall not be used to heat any space in the home.

ITEM 11. Adopt the following **new** subrule 113.5(12):

113.5(12) *Phone.* A working phone or access to a working phone shall be in close walking proximity to an applicant’s living space.

ITEM 12. Amend subrule 113.6(1) as follows:

113.6(1) *Food preparation and storage.* Food preparation areas shall be clean, and ~~there shall be facilities to store perishable food at cold temperatures and storage areas for other nonperishable food supplies~~ the home shall have kitchen facilities with a sink, refrigerator, stove, and oven in safe operating condition.

ITEM 13. Adopt the following **new** subrule 113.6(6):

113.6(6) *Rodent and insect infestation.* The home shall prevent or eliminate rodent and insect infestation.

ITEM 14. Amend paragraph **113.7(1)“a”** as follows:

a. A working At least one UL (Underwriter’s Laboratory)-approved smoke detector. On floors that are used for sleeping, the smoke detector shall be in a location where sleeping areas can be alerted. For hearing-impaired children, the foster parent shall install a smoke detector in the child’s bedroom that will use an alternative means of waking the child.

ITEM 15. Amend subrule 113.7(3) as follows:

113.7(3) *Safety plan.* The family shall have an emergency safety plan to be used for fire, tornado, blizzard, flood, other natural or manmade disasters, accidents, medical issues, and other life-threatening situations for children in out-of-home placements. The safety plans shall state the action that the foster parents and children are to take in each situation that may occur and shall be posted in a prominent place in the home.

a. to c. No change.

d. Applicants must maintain a comprehensive list of emergency telephone numbers, including poison control, and post those numbers in a prominent place in the home. If there is a landline phone located in the home, the numbers must be posted next to the phone.

ITEM 16. Amend subrule 113.7(4) as follows:

113.7(4) *Medications, first aid and poisonous substances.* ~~All medications and poisonous, toxic, or otherwise unsafe substances shall be kept secured from access by children.~~

a. and b. No change.

c. Applicants must prevent the child’s access, as appropriate for the child’s age and development, to all medications, poisonous materials, cleaning supplies, other hazardous materials and alcoholic beverages.

d. Applicants must maintain first aid supplies as recommended by the American Red Cross.

ITEM 17. Amend paragraph **113.7(5)“a”** as follows:

a. Weapons and firearms shall be maintained in a locked place, such as a gun case. The following weapons must be stored in an inoperative condition in a locked area inaccessible to children:

(1) Firearms;

(2) Air guns;

(3) BB guns;

(4) Hunting slingshots;

(5) Any other projectile weapons.

ITEM 18. Amend paragraph **113.7(5)“b”** as follows:

~~b. Ammunition~~ All ammunition, arrows or projectiles for such weapons shall be maintained in a locked place separate from the firearms.

ITEM 19. Adopt the following **new** paragraph **113.7(5)“f”**:

f. Foster parents who are also law enforcement officials and can document that their jurisdiction requires them to have ready and immediate access to their weapons may be exempt from these weapon requirements provided they adopt and follow a safety plan approved by the department.

ITEM 20. Amend subrule 113.7(6) as follows:

113.7(6) Transporting foster children.

~~a. Foster parents shall have a valid Iowa driver's license and adequate motor vehicle insurance when the foster parents transport foster children in a motor vehicle.~~

~~b. Foster parents shall ensure that appropriate child safety restraints, as required by Iowa law, are used for all foster children when the foster parents transport the children in a motor vehicle.~~

a. Foster parents will ensure that if a privately owned vehicle, owned by the applicants, family or friends, is used to transport the child in foster care, it must be inspected (if applicable under state law), registered, and insured and meet all applicable state or tribal requirements to be an operable vehicle on the road.

b. The driver will have a valid Iowa driver's license.

c. Safety restraints will be used that are appropriate to the child's age, height, and weight.

~~d.~~ d. Any motor vehicles used to transport foster children shall be smoke-free when foster children are being transported.

e. Weapons must not be transported in any vehicle in which the child is riding unless the weapons are made inoperable and inaccessible.

f. Foster parents will have access to reliable public transportation if they do not have access to a reliable, registered, and insured vehicle.

ITEM 21. Renumber subrule **113.11(3)** as **113.11(4)**.

ITEM 22. Adopt the following **new** subrule 113.11(3):

113.11(3) Whooping cough vaccine. All household members who are caregivers must have up-to-date whooping cough vaccines unless contrary to the person's health.

ITEM 23. Reletter paragraphs **113.12(5)“d”** to **“i”** as **113.12(5)“f”** to **“k.”**

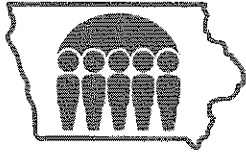
ITEM 24. Adopt the following **new** paragraphs **113.12(5)“d”** and **“e”**:

d. Be able to communicate with the licensing agency and health care and other service providers.

e. Have functional literacy, a level of reading, writing and calculation skills such as having the ability to read labels on medications in order to properly administer them.

ITEM 25. Amend subrule 113.14(1) as follows:

113.14(1) At least three additional unsolicited references shall be checked for all foster family home applicants in addition to a minimum of three references provided by the applicant. Required references shall include a minimum of one relative and one nonrelative.



Iowa Department of Human Services
Information on Proposed Rules

Name of Program Specialist Nancy Swanson	Telephone Number 515-281-6379	Email Address nswanso@dhs.state.ia.us
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1. Give a brief purpose and summary of the rulemaking:

These rule changes pertain to the licensing and regulation of foster family homes per 441 IAC 113 and are required to align with the federal model licensing standards.

The following requirements have been added to the rules:

- Applicants must be able to communicate with the licensing agency and health care and other service providers
- At least one applicant in the home must have functional literacy, a level of reading, writing and calculation skills sufficient to function in the community in which an individual lives. An example for a foster parent would be to have the ability to read labels on medications in order to properly administer to a child.
- Applicants and all household members must disclose any past or current mental health and/or substance abuse issues. The agency may require further documentation and/or evaluation to determine the suitability of the home.
- There must be at least one scheduled in-home, individual interview of each household member to observe family functioning and assess the family's capacity to meet the needs of a child in foster care. The contracted agency will determine whether to interview or just observe each household member based on his or her age and development.
- All household members who are caregivers must have up to date whooping cough vaccines unless contrary to the person's health.
- The contracted agency must obtain at least three references, including at least one from a relative and one from a non-relative.
- The applicant's home must meet the following standards concerning swimming pools, hot tubs, and spas:
 - Swimming pools must have a barrier on all sides at least four feet high.
 - Swimming pools must have their methods of access through the barrier equipped with a safety devise, such as a bolt lock.
 - Swimming pools must be equipped with a life saving device, such as a ring buoy.
 - If the swimming pool cannot be emptied after each use, the pool must have a working pump and filtering system.
 - Hot tubs and spas must have safety covers that are locked when not in use.
- The applicants' home must meet the following standards concerning hazardous materials and first aid supplies:
 - Applicants must prevent the child's access, as appropriate for his or her age and development, to all medications, poisonous materials, cleaning supplies, other hazardous materials, and alcoholic beverages. All medication should be kept in a locked cabinet.
 - Applicants must maintain first aid supplies as recommended by the Red Cross.
- Assurances from applicants must be agreed upon including:
 - They will not use any corporal or degrading punishment on any child in the home.
 - They will not use any illegal substances, abuse alcohol by consuming it in excess amounts, or abuse legal prescription and nonprescription drugs by consuming them in excess amounts or using them contrary to as indicated.

2. What is the legal basis for the change? (Cite the authorizing state and federal statutes and federal regulations):

The Iowa Standards in IAC 441-113 were not consistent with the Model Family Foster Home Licensing Standards established by the Federal Government.

3. Describe who this rulemaking will positively or adversely impact.

Standardizing the Iowa Rules to align with the federal requirements will provide clarity to field staff as well as clear direction to providers for the contracted agency.

4. Does this rule contain a waiver provision? If not, why?

No. These rule changes are based on federal policy.

5. What are the likely areas of public comment?

The public would likely support these changes as they will provide greater clarity and would allow the Department to meet federal requirements. Current contractors may feel that it will create additional work, but ultimately the changes will hold them more accountable and allow more oversight to ensure compliance.

6. Do these rules have an impact on private-sector jobs and employment opportunities in Iowa? (If yes, describe nature of impact, categories and number of jobs affected, state regions affected, costs to employer per employee.)

No impact is expected to private sector jobs or employment opportunities in Iowa.



Administrative Rule Fiscal Impact Statement

Date: January 7, 2020

Agency: Human Services

IAC citation: 441 IAC 113

Agency contact: Nancy Swanson

Summary of the rule:

These rule changes pertain to the licensing and regulation of foster family homes per 441 IAC 113 and are required to align with the federal model licensing standards.

Fill in this box if the impact meets these criteria:

- ☒ No fiscal impact to the state.
- ☐ Fiscal impact of less than \$100,000 annually or \$500,000 over 5 years.
- ☐ Fiscal impact cannot be determined.

Brief explanation:

Budget Analysts must complete this section for ALL fiscal impact statements.

No fiscal impact to the state is anticipated due to the following reasons:

There isn't any increase in the workload of DHS workers as the responsibility falls on foster homes and our contractor to be in compliance.

DHS workers are ensuring compliance with regulations and licensing; nothing new is being added to their responsibility of oversight.

No required training so therefore no increase in DHS worker responsibility.

There are no system changes required; therefore, no cost to the state for updates to information systems.

Fill in the form below if the impact does not fit the criteria above:

- ☐ Fiscal impact of \$100,000 annually or \$500,000 over 5 years.

Assumptions:

Describe how estimates were derived:

Estimated Impact to the State by Fiscal Year

	<u>Year 1 (FY 2021)</u>	<u>Year 2 (FY 2022)</u>
Revenue by each source:		
General fund	_____	_____
Federal funds	_____	_____
Other (specify):	_____	_____
TOTAL REVENUE	_____	_____
Expenditures:		
General fund	_____	_____
Federal funds	_____	_____
Other (specify):	_____	_____
TOTAL EXPENDITURES	_____	_____
NET IMPACT	_____	_____
 <input type="checkbox"/> This rule is required by state law or federal mandate. Please identify the state or federal law: Identify provided change fiscal persons:		
 <input type="checkbox"/> Funding has been provided for the rule change. Please identify the amount provided and the funding source:		
 <input checked="" type="checkbox"/> Funding has not been provided for the rule. Please explain how the agency will pay for the rule change: There is no fiscal impact to the state.		
Fiscal impact to persons affected by the rule: Current contractors may feel that it will create additional work, but ultimately the changes will hold them more accountable and allow more oversight to ensure compliance.		
Fiscal impact to counties or other local governments (required by Iowa Code 25B.6): None anticipated.		
Agency representative preparing estimate:	David Philmon	JH 1-8-2020 JPH
Telephone number:	515-281-6856	

HUMAN SERVICES DEPARTMENT [441]

Notice of Intended Action

Proposing rule making related to premium payments for the Medicaid for Employed People with Disabilities Program and providing an opportunity for public comment.

The Human Services Department hereby proposes to amend Chapter 75, "Conditions of Eligibility," Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is proposed under the authority provided in Iowa Code section 249A.3.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code section 249A.3.

Purpose and Summary

This proposed rule is amended to adjust the federal poverty level increments used to assess premiums for applicants and recipients with income over 150% of the federal poverty level under the Medicaid for Employed People with Disabilities (MEPD) program.

Iowa Code section 249A.3(2) a(1)b requires that the maximum premium payable by an individual whose income exceeds 150% of the official poverty guidelines shall be commensurate with the cost of state employees' group health insurance in this state. The average cost to the state for state employees' health insurance for a single person is \$829 effective January 1, 2020. Therefore, the maximum premium can't be above that amount.

The new premium scale updates the increase in the maximum premium allowed to reflect the increase in the cost of state employees' health insurance by adding an additional premium tier (\$1,550% FPL and above equals the \$829 premium). All other amounts will be increased a small amount.

Fiscal Impact

The impact to members from the increase in premiums is expected to be minimal, so the savings to the state from the premium increase also would be minimal. Based on current members, the average monthly premium increase is expected to be approximately \$1.20. With approximately 4,200 members paying premiums each month, this equates to an annual revenue increase of appropriately \$61,000 (total) and of that \$23,000 is the state share.

Jobs Impact

After analysis and review of this rule making, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to rule 441 - 1.8(17A, 217).

Public Comment

Any interested person may submit written comments concerning this proposed rulemaking. Written comments in response to this rule making must be received by the Department no later than 4:30 p.m. on July 7, 2020. Comments should be directed to:

Nancy Freudenberg
Iowa Department of Human Services
Hoover State Office Building, Fifth Floor
1305 East Walnut Street
Des Moines, Iowa 50319-0114
Email: appeals@dhs.state.ia.us

Public Hearing

No public hearing is scheduled at this time. As provided in Iowa Code section 17A.4(1)“b,” an oral presentation regarding this rule making may be demanded by 25 interested persons, a governmental subdivision, the Administrative Rules Review Committee, an agency, or an association having 25 or more members.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee’s meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rule-making action is proposed:

See attached pages

ITEM 1. Amend rule ~~441~~—75.1(39)(3)(b) as follows:

441 IAC 75.1(39)"b"(3) Premiums shall be assessed as follows:

IF THE INCOME OF THE APPLICANT IS ABOVE:	THE MONTHLY PREMIUM IS:
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150% of Federal Poverty Level	\$35
165% of Federal Poverty Level	\$48
180% of Federal Poverty Level	\$57
200% of Federal Poverty Level	\$67
225% of Federal Poverty Level	\$79
250% of Federal Poverty Level	\$92
300% of Federal Poverty Level	\$115
350% of Federal Poverty Level	\$140
400% of Federal Poverty Level	\$165
450% of Federal Poverty Level	\$190
550% of Federal Poverty Level	\$237
650% of Federal Poverty Level	\$286
750% of Federal Poverty Level	\$337
850% of Federal Poverty Level	\$398
1000% of Federal Poverty Level	\$477
1150% of Federal Poverty Level	\$559
1300% of Federal Poverty Level	\$644
1480% of Federal Poverty Level	\$744
<u>1550% of Federal Poverty Level</u>	<u>\$829</u>



Iowa Department of Human Services
Information on Proposed Rules

Name of Program Specialist Melissa Boens	Telephone Number 515-725-2015	Email Address mboens@dhs.state.ia.us
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1. Give a brief purpose and summary of the rulemaking:

This rule is amended to adjust the federal poverty level increments used to assess premiums for applicants and recipients under the Medicaid for Employed People with Disabilities (MEPD) program with income over 150% of the federal poverty level (FPL).

The Department is requesting these changes because Iowa Code section 249A.3(2)(a)(1)(b) requires that “the maximum premium payable by an individual whose income exceeds one hundred fifty percent of the official poverty guidelines shall be commensurate with the cost of state employees’ group health insurance in this state.” The average cost to the state for state employees’ health insurance for a single person is \$829 effective January 1, 2020. Therefore, the maximum premium must not be above that amount.

2. What is the legal basis for the change? (Cite the authorizing state and federal statutes and federal regulations):

Code of Iowa 249A.3(2)(a)(1)(b); 441 IAC 75.1(39)“b”; and Social Security Act section 1916A(a)(2)(B), (b)(1)(B)(ii), (b)(2)(A) (42 USC § 1396o-1(a)(2)(B), (b)(1)(B)(ii), (b)(2)(A)).

3. Describe who this rulemaking will positively or adversely impact.

MEPD members will see an increase in premiums.

The new premium scale reflects the increase in the maximum premium allowed to reflect the increase in the cost of state employees’ health insurance by adding an additional premium tier (1,550% FPL and above = \$829 premium). All other premium amounts will be increased.

MEPD eligibility is based upon countable household income of no more than 250% of the FPL for the household size. MEPD premiums are assessed based on gross individual income. Currently, there are no MEPD members with gross individual income higher than 550% of the FPL.

4. Does this rule contain a waiver provision? If not, why?

This amendment does not provide for waivers in specific situations because all members should be subject to the same sliding scale for MEPD premiums.

5. What are the likely areas of public comment?

No specific topics of issue are foreseen.

6. Do these rules have an impact on private-sector jobs and employment opportunities in Iowa? (If yes, describe nature of impact, categories and number of jobs affected, state regions affected, costs to employer per employee.)

This change will not have any impact on private sector jobs.



Administrative Rule Fiscal Impact Statement

Date: March 4, 2020

Agency: Human Services
IAC citation: 441 IAC 75.1(39)"b"(3)
Agency contact: Melissa Boens 725-2015

Summary of the rule:

The sliding scale used to determine premiums for medical assistance benefits under the Medicaid for Employed People with Disabilities (MEPD) program is revised to adjust the federal poverty level increments at which premiums are assessed.

Fill in this box if the impact meets these criteria:

- ☐ No fiscal impact to the state.
☒ Fiscal impact of less than \$100,000 annually or \$500,000 over 5 years.
☐ Fiscal impact cannot be determined.

Brief explanation:

[Budget Analysts must complete this section for ALL fiscal impact statements.](#)

The impact to members from the increase in premiums is expected to be minimal so the savings to the state from the premium increase also would be minimal. Based on current members, the average monthly premium increase is expected to be approximately \$1.20. With approximately 4,250 members paying premiums each month, this equates to an annual revenue increase of approximately \$61,000 (total); \$23,000 (state share).

Fill in the form below if the impact does not fit the criteria above:

- ☐ Fiscal impact of \$100,000 annually or \$500,000 over 5 years.

Assumptions:

Describe how estimates were derived:

TELECONFERENCE MINUTES: COUNCIL ON HUMAN SERVICES: APRIL 8th 2020

EXECUTIVE COMMITTEE MEMBERS	DEPARTMENT OF HUMAN SERVICES
Mark Anderson, Chair – present via phone	Director Kelly Garcia – absent
Kimberly Kudej – present via phone	Faith Sandberg – present via phone
Sam Wallace – present via phone	Matt Highland – present via phone
Carol Forristall – present via phone	Annie Lukens – present via phone
Rebecca Peterson – present via phone	
Skylar Mayberry-Mayes – present via phone	

EX-OFFICIO LEGISLATIVE MEMBERS
Representative Joel Fry – absent
Senator Mariannette Miller-Meeks – absent
Senator Amanda Ragan – present via phone
Representative Timi Brown-Powers – absent

CALL TO ORDER

Mark Anderson, Council Chair, called the Council meeting to order at 10:01 a.m. via conference call on Wednesday, April 8th, 2020.

ROLL CALL

Annie Lukens, held roll call of the Council of Human Services. Attendance details listed above.

Mark Anderson read aloud: “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 First Floor Conference Room of the Hoover State Office Building. An agenda was sent to interested groups as well as the press advising that the meeting will be held via conference call. Minutes will be kept of the meeting.”

RULES

Presented by Nancy Freudenberg

R-1. Amendments to Chapter 170, “Child Care Services,” Iowa Administrative Code. The current Child Care Assistance (CCA) Plus program is based on an income limit of 85 percent of the state median income and is limited to 12 months. The 12 month time limit is in conflict with federal regulations. The time limit will be eliminated and the income eligibility criteria will be reduced to 225 percent of the federal poverty level. The change recommended by the Governor to increase the age of the infant and toddler definition up to three years of age is also incorporated in this rule filing. The Department is continuing this rulemaking as we are under a federal corrective action plan under the Office of Child Care and the rules need to be in place effective July 1, 2020 so there is not a fiscal penalty.

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

N-1. The President signed the Bipartisan Budget Act of 2018, Public Law (P.L.) 115-123 into law on February 9, 2018. P.L. 115-123 includes the Families First Prevention Services Act (FFPSA) in Division E, Title VII. Section 50731 of the FFPSA directs the federal Department of Health and Human Services (HHS) to "identify reputable model licensing standards with respect to the licensing of foster family homes" (as defined in section 472(c)(1) of the Social Security Act). In response to this directive, the Children's Bureau of HHS issued the National Model Foster Family Home Licensing Standards.

The proposed amendments pertain to the licensing and regulation of foster family homes and are required to align with the federal model licensing standards. The Model Licensing Standards were to be in effect April 1, 2019. The Department requested additional time from the federal Department of Health and Human Services (HHS) to implement the standards through administrative rules. Additional time was approved by HHS. We are moving forward with this rulemaking as Iowa is out of compliance in several areas. Failure to meet the Model Family Home Foster Licensing Standards could result in the loss of Iowa's IV-E federal funding.

The following requirements have been added to the administrative rules:

- Applicants must be able to communicate with the licensing agency, health care and other service providers.
- At least one applicant in the home must have functional literacy; a level of reading, writing and calculation skills sufficient to function in the community in which an individual lives. An example for a foster parent would be to have the ability to read labels on medications in order to properly administer the medications to a child.
- Applicants and all household members must disclose any past or current mental health and/or substance abuse issues. The agency may require further documentation and/or evaluation to determine the suitability of the home.
- There must be at least one scheduled in-home, individual interview of each household member to observe family functioning and assess the family's capacity to meet the needs of a child in foster care. The contracted agency will determine whether to interview or just observe each household member based on his or her age and development.
- All household members who are caregivers must have up to date whooping cough vaccines unless contrary to the person's health.
- The contracted agency must obtain at least three references, including at least one from a relative and one from a non-relative.
- The applicant's home must meet the following standards concerning swimming pools, hot tubs and spas:
 - Swimming pools must have a barrier on all sides at least four feet high.
 - Swimming pools must have their methods of access through the barrier equipped with a safety device, such as a bolt lock.
 - Swimming pools must be equipped with a life saving device, such as a ring buoy.
 - If the swimming pool cannot be emptied after each use, the pool must have a working pump and filter system.
 - Hot tubs and spas must have safety covers that are locked when not in use.
- The applicants' home must meet the following standards concerning hazardous materials and first aid supplies:
 - Applicants must prevent the child's access, as appropriate for his or her age and other development, to all medications, poisonous materials, cleaning supplies, other hazardous materials and alcoholic beverages. All medications should be kept in a locked cabinet.
 - Applicants must maintain first aid supplies as recommended by the American Red Cross.

- Assurances from applicants must be agreed upon including:
 - They will not use any corporal or degrading punishment on any child in the home.
 - They will not use any illegal substances, abuse alcohol by consuming it in excess amounts, or abuse legal prescription and nonprescription drugs by consuming them in excess amounts or using them contrary as indicated.

Weapons and ammunition must be separately store, locked, unloaded and inaccessible to children. Previously the rules listed that weapons and firearms shall be maintained in a locked place such as a gun case. Federal requirements now specify the type of place and a listing of weapons and ammunition which must be identified in the rule.

VOTE: MOTION UNANIMOUSLY CARRIED

DIRECTORS REPORT

Matt Highland presented the Directors Report on behalf of Director Kelly Garcia.

Hi Everyone, Director Garcia asked me to apologize on her behalf for not being able to join today's call and has asked me to provide an update.

- We are one of the few agencies that is impacted top to bottom by the COVID-19 pandemic.
- It impacts the way facilities protect the individuals we serve and places a huge strain on our direct care workforce. It impacts the mental health of countless lowans. It impacts the needs of Medicaid members and lowans receiving other assistance. And it impacts our IT and Fiscal operations.
- Before any confirmed cases of COVID-19 in the State of Iowa, DHS began analyzing our operations across the agency and conferring with other states. Our leadership team quickly mobilized to assess our emergency response protocols and tailor those plans to this unique pandemic. As you know, things progressed very quickly, as did our response.

FACILITIES

- COVID-19 for DHS, sort of began at Glenwood.
- Before there were any cases in Iowa, there was a case in Omaha.
- We knew we needed to take immediate action, because of the proximity, but also because we know the individuals we serve—not just at Glenwood but at all of our facilities—are extremely vulnerable.
- On March 10, Director Garcia reached out to all DHS staff to provide protocols for potential exposure, to limit all non-essential business travel and to encourage suspension of personal travel, to provide detail on sick leave, to notify them of coming visitor restrictions at our facilities.
- On March 12, we notified guardians and loved ones of visitor restrictions at all DHS facilities.
 - The message indicated all visitors would be screened for illness and risk to previous exposure, including temperature screenings, and those permitted entry would be asked to take further precautionary measures to mitigate risk of potential exposure.
- The next day, on March 13, DHS notified guardians and loved ones that we suspended all in-person visitation, with limited exception, at all DHS facilities.
- We continue to check temperatures at every shift change, and have put in place robust and evolving mitigation strategies at all of our facilities.
- Throughout this period, Director Garcia has had multiple phone calls daily with our facility superintendents to monitor all aspects of their operations. We will continue to adjust our approach to assure the health and safety of those we serve.

SOCIAL WORK / CHILD WELFARE

- COVID-19 impacts the way social workers interact with families.
- We've put out a significant amount of guidance for our team members and our partners.
- We've put policies in place to screen interactions and provide sanitizer and PPE.

- Most recently, this week we've shifted in-person family interactions to video and phone options, with limited exception.
 - This was a very difficult decision; we know family interaction is critical to the wellbeing of children and to the goal of reunification.
- We're also paying very close attention to abuse reports, which have dropped, due to teachers and other mandatory reporters not seeing children. We also know with the added stress of economic hardship and fear that our most vulnerable children are especially at risk.
- We'll really going to try to highlight this through a variety of methods.
 - We're working with the Department of Education on this effort, encouraging comfort calls to check in on their students.
 - We're also putting the call out to communities, neighbors and all Iowans, If you hear something, or see something, say something.
 - We will continue to closely monitor this.

MEDICAID AND FOOD AND ECONOMIC ASSISTANCE

- The Medicaid and ACFS teams kicked into high gear and set in forth waivers that will truly help those most in need; ensuring access to medical care, food and economic assistance. And we have income maintenance workers who stand ready to assist those families who have questions or find themselves now in need.
- We're just beginning to see the signs of an uptick in people applying for assistance, and expect this to really begin to materialize in numbers in the coming month.
- We've removed barriers and expanded home delivered meals, stopped disenrollment and waived all premiums.

DHS OPERATIONS

- We went from an agency with no telecommute policy, to deploying more than 1,700 people to work from home, deploying more than 500 in one day.
- Our IT team stepped in to help disassemble and lift computers for those team members who couldn't.
- Our fiscal team shifted paper approval processes to electronic streamlined processes to assist our new telecommute capabilities.
- Many team members have stepped into roles when asked because an immediate need arose.

FIELD OPERATIONS

- We have equipped most staff to work from home, while maintaining a minimal footprint in offices to assist individuals on a by appointment only basis.
- We've equipped them with sanitizer and PPE, such as gloves and masks.
- We continue to work with our team throughout the state to accommodate their needs.

LEADS TO NEW PARTNERSHIPS

- We have been working closely with Department of Corrections to get hand sanitizer, masks and gloves to our teams at facilities, to our social workers and to our partners including childcare providers and HCBS providers.
- You may have recently seen our press release announcing a unique partnership with Cedar Ridge Distillery, who produced enough sanitizer for all of our frontline staff.
 - Director Garcia spoke with Senator Mathis about our need for sanitizer, she made one phone call
- Director Garcia asked to share that she's been incredibly impressed and humbled with how everyone has come together to help us make every effort we can to protect your loved ones and those who serve them. In this challenging time, it is inspiring and deeply moving.
- Please know, that all of this work will continue and as we closely monitor events and tailor our response to anticipate the future needs of our team and those we serve as this progresses.

OTHER:

- This past Saturday we held a virtual town hall with the families and loved ones of Glenwood.
- Director Garcia gave an update on our COVID efforts, an update on the DOJ investigation and kicked off a conversation on community integration.
- It was a really special event. It was so nice being able to see the faces of families in their homes on video.
- While the conversations were inherently difficult, the families were appreciative of all the efforts we've taken related to COVID-19, of our continued openness and communication with them, and for Director Garcia's directness in answer their questions, acknowledging that sometimes we don't have great answers to give.
- The MCOs joined us as well for the entire town hall and we had a few legislators that joined at the end.
- We committed to doing more of these to keep in touch, and we will expand these to other facilities as well.

NEXT MEETING

The next meeting of the Council on Human Services is Wednesday, May, 13th 2020 and will be a teleconference.

ADJOURN

Council on Human Services teleconference meeting held on April 8th, 2020 adjourned at 10:42am CST.

TELECONFERENCE MINUTES: COUNCIL ON HUMAN SERVICES: May 13th, 2020

EXECUTIVE COMMITTEE MEMBERS	DEPARTMENT OF HUMAN SERVICES
Mark Anderson, Chair – present via phone	Director Kelly Garcia – present via phone
Kimberly Kudej – present via phone	Faith Sandberg – present via phone
Sam Wallace – present via phone	Matt Highland – present via phone
Carol Forristall – present via phone	Mike Randol – present via phone
Rebecca Peterson – present via phone	Annie Lukens – present via phone
Skylar Mayberry-Mayes – present via phone	Janee Harvey – present via phone
	Cory Turner – present via phone

EX-OFFICIO LEGISLATIVE MEMBERS
Representative Joel Fry – absent
Senator Mariannette Miller-Meeks – absent
Senator Amanda Ragan – present via phone
Representative Timi Brown-Powers – absent
GUESTS
Iowa Attorney General's Iowa Dental Hygienist's Association Des Moines Register Iowa Office of the Ombudsman Brown Winnick Advocacy Iowa Forrest Ridge Youth Services Iowa Medicaid

CALL TO ORDER

Mark Anderson, Council Chair, called the Council meeting to order at 10:00 a.m. via conference call on Wednesday, May 13th, 2020.

ROLL CALL

Annie Lukens, held roll call of the Council of Human Services. Attendance details listed above.

Mark Anderson read aloud: "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 First Floor Conference Room of the Hoover State Office Building. An agenda was sent to interested groups as well as the press advising that the meeting will be held via conference call. Minutes will be kept of the meeting."

ACFS COVID UPDATE

Presented by: Janee Harvey; Division Administrator for Adult Children and Family Services

CHILDCARE SUSTAINABILITY PLAN

The Iowa Department of Human Services (DHS) recognizes the critical role childcare plays in supporting the state's essential workforce and economy as schools remain closed. Childcare providers have demanding jobs supporting families and children in the best of times, and even more so during the global COVID-19 pandemic. To support these providers and Iowa families, we have worked closely with our partners to develop this plan, looking across all potential funding sources, and will continue to do so and adjust as needed. This plan prioritizes funding to help licensed centers and registered homes to remain open or, if temporarily closed, reopen to assist Iowa's essential workforce to remain at work.

COVID-19 IMPACT

As of January 1, 2020, there were 154,095 childcare slots across the state of Iowa between licensed, registered, and non-registered programs.

Non-registered programs are typically in-home providers serving five or less children. However, if these programs wish to be eligible for Childcare Assistance (CCA) payments, they must sign an agreement with DHS. Slot counts for this provider type represent those programs with an active agreement. This number grew to 159,204 by March 1, 2020. However, as of March 31, 2020, 793 licensed centers and 28 licensed childcare development homes had reported temporary closure to DHS as a result of COVID-19, representing a loss of 49,750 slots. As of April 21, 2020, 829 centers and 171 homes had reported temporary closure. While this loss of slots has not caused immediate strain on the childcare system given that many parents or guardians are able to stay home with their children, downstream impacts are expected. Because these providers are closed and not receiving revenue through tuition payment at this time, their ability to come back online during or after the COVID-19 pandemic is negatively impacted.

To address this hurdle, some providers could raise tuition payments and effectively price families out of affordable childcare. In the future, as the economy begins to recover from the impact of COVID-19, increased costs and reduced availability of affordable childcare will likely present a significant barrier to Iowans reentering the job market.

FUNDING

- The CARES Act provides an additional \$3.5 billion in discretionary funding for the Child Care and Development Block Grant, also known as the Childcare Development Fund (CCDF).
- On April 14, 2020, Iowa received its supplemental allocation of \$31,899,093. This funding is intended to serve two key purposes.
- Support members of the essential workforce, irrespective of income, through CCA.
- Assist childcare providers to remain open or reopen, whether these providers serve CCA families or not.
- Per the CARES Act, the supplemental funds must be obligated by the end of federal fiscal year
- 2022 and liquidated by the end of federal fiscal year 2023.

SUSTAINABILITY PLAN

- Unless noted otherwise, providers are eligible for a strategy if they meet the following qualifications.
- Currently open and agree to remain open or temporarily closed but reopen.
- In the event that the center does not feel they can remain open safely, they will work with
- DHS and health officials to try to take needed steps to remain open.

- Prioritize serving families with essential services workers.
- Comply with current CDC, IDPH, and DHS guidance.
- Strategies and associated details are laid out in Table 1, below.
- DHS will monitor expenditures under this plan and may shift allocated amounts to best meet identified needs.

CHILD WELFARE SUPPORT PLAN

Due to school closures, foster group care and shelter care providers have incurred additional costs associated with caring for youth when they would normally be at school or on home visits. Foster parents with children who test positive for COVID-19 incur additional costs to provide appropriate care for the children in their homes. The Department of Human Services (DHS) is committed to assisting with the increased costs associated with the public health emergency. The federal Coronavirus Aid, Relief, and Economic Security (CARES) Act provided additional funds to the State of Iowa to prevent, prepare for and respond to the pandemic. DHS has developed a thoughtful plan to support group and shelter care providers, as well as foster parents.

COVID-19 IMPACT

- As of March 2020, there were 5,791 children and youth in foster care.
- DHS provided guidance to minimize the number of in-person contacts between caseworkers and the families they serve. This guidance impacts the ability of many parents to have in-person family interactions with their children.
- The majority of biological parents whose children are in foster care are participating in community based mental health and/or substance use treatment. Many of these services have also shifted to virtual platforms in order to maintain social distancing guidelines.
- Group care and shelter providers are required to maintain specific staff-to-youth ratios. Because youth are no longer leaving campus to physically attend school and because youth cannot go on home visits, these residential providers have been required to increase the number of staff hours needed to maintain licensing ratios.
- During this same time period, there were 1,700 children placed in foster homes.
- Children who are positive for COVID-19 will have increased supervision and support needs, transportation costs for testing or medical appointments, and deep cleaning of the home following the exposure.

FUNDING

- The CARES Act provided Iowa with an allocation \$476,722 in discretionary funding for child welfare services.
- These funds must be used to prevent, prepare for and respond to coronavirus, consistent with the regulatory requirements under Title IV-B, Subpart 1 of the federal Social Security Act.
- Federal guidance provided in the award notice gives flexibility to ensure the funds are used to support the well-being, permanency and stability of children who are in, or at risk of entering, foster care.
- Per the CARES Act, the supplemental funds must be obligated by the end of federal fiscal year 2021 and liquidated by December 31, 2021.

CONSIDERATIONS

- In developing this plan, DHS used information from internal data systems and research from other states, and also engaged in conversations with the child welfare provider community.
- DHS tailored this plan to address immediate financial concerns associated with the provision of residential services and address the impact of reducing in-person contacts with parents and children.

FOOD ASSISTANCE

- DHS will increase April and May Food Assistance benefits to the maximum allowable amount per household.
- If a household is not already receiving the maximum amount for April and May, those additional benefits will be added to their EBT card with their normal monthly benefits.
- Currently evaluating if we will do the same for June
- Food Assistance households who would normally have a recertification due in March, April, or May, have had their cases recertified for six months. A Notice of Decision will not be sent to households regarding this extension.
- Amazon and Walmart now offer online options for Iowans using their Food Assistance EBT card to purchase food. This service is available statewide. Amazon will deliver to all Iowa ZIP codes. Walmart provides this service for all store locations that offer online grocery. DHS is exploring additional opportunities to expand this program to include other retailers.
- Iowans who are in need of emergency assistance due to an income change are now eligible for TEFAP.

P-EBT Specific:

- Continue to work with Department of Education (DOE) for the data match
 - Updated date to receive information from DOE is May 25, 2020
- Anticipate a call with DOE to finalize timeline tomorrow – will update you once completed
- Expected issuance: June 2020

MEDICAID COVID UPDATE

Presented by: Mike Randol; Division Administrator for Iowa Medicaid Enterprise and Mary Stewart; Bureau Chief for Iowa Medicaid Enterprise

NO DISENROLLMENTS/PREMIUMS

- No one is being disenrolled or having their services reduced due to an inability to pay a premium, incomplete Healthy Behaviors, or other means throughout the duration of the COVID-19 pandemic.
- All co-pays, contributions and premiums have been waived through at least June. Members who already paid their co-pay, premium, or contribution for a waived month will receive a credit on their account when billing resumes.
 - We've disabled the online payment option temporarily so that members can't make a payment.

WAIVERS

- We've received approval from CMS for several different waivers to ensure continuous and expanded services for Medicaid members during this pandemic.
- There's a comprehensive matrix posted on the DHS website that lists all the flexibilities we've requested, along with the implementation date or status of each request.

FAQS/TOOLKIT

- Also on the DHS website is a comprehensive list of the questions we've received related to COVID-19, and our answers.
- I'd encourage everyone to go to the website and look through those FAQs. New ones are posted regularly.
- We've answered a lot of questions around telehealth and Home- and Community-Based services, as well as other program and general Medicaid operations questions. If you don't see an answer to your question on the website, you can email us at IMECOVID19@dhs.state.ia.us and we'll get

INFORMATIONAL LETTERS

- In addition to the FAQs, we've published several ILs that offer guidance for services and billing during the pandemic:
 - Telehealth services and billing
 - Teledentistry
 - Pharmacy
 - Expanded home delivered meals, homemaker and companion services
- Those ILs are all posted on the website

TIMELY FILLING EXTENDED

- The MCOs are extending the timely filing deadline by 90 days due to COVID-19.
- Effective with dates of service beginning April 1, 2020, providers will have 270 calendar days from the date of service to submit first time claims and encounters.
- Fee-for-Service and dental timely filing is at 360 days and remains unchanged right now.
- After this interim period, we'll return to normal billing guidelines.

PRIOR AUTHORIZATIONS (PAS)

- At this time, we're not waiving all PAs for Medicaid members during the pandemic.
- We're also NOT extending all PAs for continuity of care.
- What we are doing is extending PAs that were approved by the MCOs, dental plans and IME, for Fee-for-Service, for elective procedures that were delayed or cancelled due to the pandemic, that expire in March, April or May. We're extending those PAs an additional 90 days from the date of expiration. And, they'll be extended in 90-day increments through the end of the emergency period.
- We're monitoring PAs daily, including the time period for approval, and we'll use this data to make changes, if necessary.

STAKEHOLDER CALLS

- I've been holding a weekly call with providers on Fridays to talk about Medicaid updates related to COVID-19 and answer questions.
- I'm going to continue these calls as providers find them very helpful to get the latest updates.

CIVIL MONEY PENALTIES FUNDING DURING COVID-19

- We released an Informational Letter last week with details about how nursing facilities can apply for civil money penalties funding to purchase communicative technology during the COVID-19 public health emergency.
- The grants will be used to purchase communicative technology devices like iPads, tablets or webcams for residents to use.
- Instructions on how to apply for a grant are listed in the Informational Letter and are posted on our website on the COVID-19 Provider webpage.

RETAINER PAYMENTS

- We have requested authority through CMS to make retainer payments to HCBS and habilitation providers.
- We're still working with CMS on how this will work.

CARES ACT PROVIDER RELIEF FUND

- CMS requested a data file from us that contained all of the funding provided to every Medicaid provider for state fiscal years 2018 and 2019.
- We submitted this file to CMS last week.
- The data included both Fee-for-Service as well as managed care data and dental.
- CMS intends to use this data to determine payments to Medicaid specific providers.

- We are not aware at this point, of what calculation CMS will be using to determine the payment amount for providers.

OTHER MEDICAID UPDATES – NOT RELATED TO COVID-19

THIRD PARTY LIABILITY VERIFICATION CHANGE

- Our eligibility system no longer provides third-party liability verification for members assigned to an MCO.
- The MCOs will provide TPL verification for their members.
- TPL changes for members in managed care should now be reported to the member's MCO.

ELECTRONIC VISIT VERIFICATION

- We've determined that the service codes that will require EVV starting January 1, 2021. We issued an Informational Letter about that in March.
- We're going to reconvene the EVV Stakeholder work group to provide an update on EVV implementation and answer questions.
- We're looking at holding the workgroup meeting on June 4. Look for an IL with details soon.
 - If you're unable participate in the conference call, you'll be able to send in questions beforehand that we can answer, as well.

MANAGED CARE UPDATE

Presented by: Mary Stewart; Bureau Chief for Iowa Medicaid Enterprise

This quarterly report is focused on key descriptors and measures that provide information about the managed care implementation and operations. • While this report does contain operational data that can be an indicator of positive member outcomes, standardized, aggregate health outcome measures are reported annually. This will include measures associated with HEDIS®1 and CAHPS2 . • The reports are largely based on managed care claims data. Because of this, the data will not be complete until a full 180 days has passed since the period reported. However, based on our knowledge of claims data this accounts for less than 15% of the total claim volume for that reporting period. • The Medical Loss Ratio information is reflected as directly reported by the MCOs.

DIRECTORS REPORT

TOWN HALLS

- Conducted our 2nd virtual town hall with Glenwood families and loved ones
- These continue to be a great way to have ongoing dialog with the loved ones and families of our Glenwood residents.
 - We plan to do the same with our other facilities in the coming weeks.
- At the town hall we provided information on our COVID-19 Response, and update on the DOJ investigation, and we've begun our discussion on our community integration plan.

GLENWOOD UPDATE

- The DOJ continues their work remotely.
 - They conducted interviews with past and present leadership of the past two weeks.
- You likely saw in the news Dr. Rehman is no longer with the agency.
 - He resigned in lieu of termination.
- Continue HR on campus presence

COMMUNITY INTEGRATION

- DOJ has two parts to their investigation, and one is focused on how we serve individuals in the community.
- We've put together a plan, which we discussed at the town hall, and we've also been talking to legislators about the framework.
- This will be a person-centered approach.
 - No set target numbers
 - Creating individual plans for each of the people who currently reside at both Resource Centers
- When DOJ was at GRC, they visited residents and a dozen self-identified that they wanted to live in the community.
- We have some work to do to build out capacity in the community.
- We also need to work on our pipeline.
- This is a state-led effort. I want to make sure everyone is engaged and feels like a partner in this effort.
- Not focused on closure. Not DOJ's goal either. Right sizing of facilities
- We know these are tough conversations with families and loved ones, but so far they have gone really well.

COVID-19

- Last month Matt provided an update on our response to the pandemic so far, this really effects every part of our work at the agency.
- Today we had Director Randol and Janee Harvey, the new DA for ACFS, provide you an update on their respective division's efforts around COVID-19.
 - Moving forward we're going to have two DAs come to provide an update on their division's response each month.
- We continue to update our timeline on our website for the overall agency response, and we're also providing regular updates on our facilities.

WOODWARD RESOURCE CENTER

- You've likely seen that unfortunately we have had 10 residents test positive at WRC.
- This is the only facility with positive residents to date.
- Our thoughts go out to our team members at WRC.
- We are doing everything we can to protect those in our care and equipping our team with the tools, resources and sick policy they need to ensure their safety as well.
- With the nature of the virus we knew it was a matter of when, not if, we would have positive cases, and we continue to take strong swift action.
- U of I consult on our mitigation measures-confirmed we're using best practices.
- We put in place policies very early on, which I believe have really helped keep it out of most of our facilities, and to limit the spread at WRC.
- Each facility has staffing contingency plan to ensure proper levels of care

NEXT MEETING

The next meeting of the Council on Human Services is Wednesday, June, 10th 2020 and will be a teleconference.

ADJOURN

Council on Human Services teleconference meeting held on May 13th, 2020 adjourned at 11:02am CST.