

## **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*