



Executive Committee Meeting

Tuesday, December 20, 2016

Time: 2:30 p.m. – 4:30 p.m.
Hoover State Office Building,
A-Level Conference Room 5,
1305 E. Walnut St.,
Des Moines, IA

Dial: 1-866-685-1580

Code: 515-725-1031#

AGENDA

- 2:30 Introduction and roll call – Gerd Clabaugh
- 2:32 Approval of minutes from previous meeting – Gerd Clabaugh
 - Executive Committee: November 29, 2016
- 2:35 Review and discuss the ten primary set of recommendations relating to Public Listening Sessions – Subcommittee Update– Gerd Clabaugh
- 3:20 Review the remaining four out of the six secondary set of recommendations from the Full Council meeting
- 3:50 Presentation of the SFY17 Quarterly Report – Liz Matney
- 4:20 Review Action Items Update – Mikki Stier
- 4:23 Public Comment Listening Sessions Summary – Gerd Clabaugh
 - Des Moines Session (December 7, 2016)
- 4:25 Public Comment (Non-Executive Committee Members) – Gerd Clabaugh
- 4:30 Adjourn



Executive Committee Summary of Meeting Minutes November 29, 2016

EXECUTIVE COMMITTEE MEMBERS	DEPARTMENT OF HUMAN SERVICES
Gerd Clabaugh – present	Chuck Palmer –
David Hudson – present	Mikki Stier – present
Dennis Tibben – present	Deb Johnson – present
Natalie Ginty – present	Liz Matney –
Shelly Chandler – present	Matt Highland – present
Cindy Baddeloo –	Lindsay Paulson – present
Kate Gainer – present	Sean Bagniewski – present
Lori Allen –	Amy McCoy –
Richard Crouch –	Luisito Cabrera – present
Julie Fugenschuh – present	Alisha Timmerman – present
Jodi Tomlonovic – present	

Introduction

Gerd called the meeting to order and performed the roll call. Executive Committee attendance is as reflected above.

Approval of the Executive Committee Meeting Minutes of November 4, 2016

Minutes of the Executive Committee meeting of November 4, 2016 was approved.

Review and Discuss the Sixteen Recommendations from the Full Council Meeting

Gerd and Dennis' recommendation documents were presented to the Committee. The Committee reviewed the 16 recommendations on the documents, discussing additional recommendations, and agreed that the recommendations would be divided as follows:

Quarterly Public Comment Listening Session Recommendations

1. Prior Authorization
2. Case Management
3. Credentialing
4. Timeliness of reimbursement
5. Consistency of MCO customer service
6. Access to care
7. Mental health access
8. Reduced geographical access

9. Increase in provider administrative cost recommendation
10. Consumer navigation of new system

General Recommendations

1. Medication approval
2. Dual eligibility coordination
3. Housing for mental health and cognitive impairment and impact on patient and care
4. Overall mental health plans
5. Health Home
6. Medicaid reapplication

The Committee agreed that a subcommittee workgroup would be developed to evaluate recommendations and Public Comment Listening Session notes to bring feedback to the Committee for quarterly suggestions and recommendations to the Department. The workgroup would consist of David, Natalie, Dennis, and Julie and the first feedback would be presented at the December 20, 2016, Executive Committee meeting. The general recommendation topics of Medication Approval and Dual Eligibility Coordination were discussed.

Medication Approval

Clarification was given that Medication Approval was to reference when members transitioned to a Managed Care Organization (MCO) and were required to restart the step therapy process under the Preferred Drug List (PDL). Recommendations were to consider members being removed from non-preferred medications and placed on preferred medications. Mikki stated that the IME sends MCO files with member medication information when members transition and that the IME and MCOs had recently met to discuss the PDL process and requirements. The Committee agreed with recommendations made regarding Medication Approval as outlined in Dennis' document and the recommendation that the MCOs provide data regarding medication denial rates for the Committee to monitor for future recommendations. A vote was taken to approve the two recommendations and motion carried.

Dual Eligibility Coordination

It was clarified that there had been a lack of communication and coordination between Medicare and the MCOs for members who were dual eligible to crossover information from Medicare. A recommendation was made to develop consistent communication for providers and ACOs related to care coordination between payers such as Medicare and Medicaid. It was suggested that the recommendation be discussed in the subcommittee. A vote was taken and motion carried.

The four remaining general recommendations were to be discussed at the December 20, 2016, Executive Committee meeting.

Review Action Items Update

Mikki reviewed the outstanding items on the Action Items document. The clarification on the EVV process was completed with the issuance of IL 1739-MC, and the report on deliberations of the prior year was reviewed and completed in the November 4, 2016, Committee meeting. The 2017 IA Health Link Public Comment meetings calendar was distributed at the November 21, 2016, Full Council meeting and Committee members to attend are to be determined.

Public Comment Listening Sessions Summary

Matt stated that the last meeting had taken place in Ottumwa on November 17, 2016 and next meeting would be December 7, 2016, in Des Moines. Matt provided some key issues that were raised in the Ottumwa meeting as reflected in the summary document. Discussion primarily focused on Integrated Health Homes and the denial or services delivered in the same day which resulted in scheduling issues and member accessibility to services.

Health Policy Oversight Committee Meeting

Gerd informed the Committee that they had been invited to attend the December 13, 2016, Health Policy Oversight Committee meeting. The Executive Committee is to give a presentation regarding the IA Health Link Public Comment Listening Sessions and an update for the Health Policy Oversight Committee on the status of discussions about quarterly recommendations.

Public Comment (Non-Executive Committee Members)

Gerd solicited comments. No comments were made.

Adjourned

4:34 P.M.



MAAC Recommendations Subcommittee Quarterly Public Comment Listening Sessions

Monday, December 12, 2016

1. Prior Authorization

Recommendations

- Require that all provider manuals be clearly posted in an easily accessible format and location
- Develop a new methodology to track consistency of authorizations within MCOs
- Track the length of PA determinations that exceed the seven-day limit
- Encourage MCOs to develop consistent service groups or crosswalk standards for Prior Authorizations to allow for instances where approval is obtained for a specific service.
 - Recommend that each of the MCOs develop an exemption process based on medical necessity.

Potential Future Recommendations

- Establish a cap after which a PA request is deemed approved if the MCO has not taken action
- Develop a standardized process across the MCOs

2. Case Management

- Request additional information
 - Jim Cushing
 - Sue Whitty (on behalf of Judith Collins)
 - Shelly Chandler
 - Richard Crouch

3. Credentialing

Recommendations

- Standardize the location of credentialing materials in the MCO provider manuals.
- Clearly articulate within the MCO provider manuals that providers must be credentialed with the state prior to credentialing with the MCOs.

4. Timeliness of reimbursement

Recommendations

- Determine the percentage of clean claims payments that were paid on time and accurately based upon the established rates to track the accuracy of provider payments and initial claims rejection rates.
- Regarding clearinghouse to clearing house issues: Request that the MCOs provide data related to the denial rates from the clearinghouses and include this data in the Quarterly Report
 - Include the denial rates from individual MCO clearinghouses

5. Consistency of MCO customer service

Recommendations

- Consider adding the accuracy and consistency of information provided by the MCO Customer Service Representatives to both providers and members in the Quarterly Report.
- Add secret shopper results to the Quarterly Report.

6. Access to care

- Request additional information
 - Anthony Carroll

7. Mental Health access

- Request additional information

8. Reduced geographical access

- Request additional information

9. Increase in provider administrative cost

Recommendations

- Addressed in numbers 1 and 5 of this document.

10. Consumer navigation of new system

- Request additional information
 - Jim Cushing

Iowa Department of Human Services
 Medical Assistance Advisory Council (MAAC)
 Action Items from the Executive Committee Meeting of November 29, 2016

OUTSTANDING ACTION ITEMS				
Date Added	Action Item	Item Category (Process, Systemic, Legislative)	Who is Responsible for Follow-Up	Status (Outstanding/Complete)
5/19/2016	One pager regarding the role of MAAC that members can use with the organizations in which they are representing and stakeholders		Medicaid Director	Outstanding- One pager in drafting process and is to be based on the Administrative Rules. At 9/28/2016 EC meeting, determined that previous members of the EC plus one new member will meet to draft the final rules and guidelines document (Gerd, Shelly, Dennis, and David) for October 18, 2016. At 11/4/2016 EC meeting determined that meeting to draft document will take place in November and December 2016 following submission of recommendations for the Administrative rules to DHS. As of 11/29/2016 EC meeting, the document is still in process as the Administrative Rules were recently reviewed.
11/4/2016	Request that the Attorney General's office attend a future meeting for orientation and the expectations for the EC members in addition to governance training and new sunshine advisory. (To take place in January 2017)		Medicaid Director	Outstanding - 11/29/2016: Attorney General's office has been requested to attend the January 2017 Committee meeting.
11/4/2016	One-pager as preamble to Administrative Rules outlining changes that have been made to the document and submitted to the DHS Council		Medicaid Director	In-Progress
11/4/2016	Calendar to be developed regarding when reports are to be due and process timeline for when data is to be reviewed and recommendations made. Information to be added to the workplan.		Medicaid Director	In-Progress
11/4/2016	Update on the new CMS managed care rules and whether changes are necessary to be in compliance		Medicaid Director	In-Progress

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Iowa Department of Human Services
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OUTSTANDING ACTION ITEMS				
Date Added	Action Item	Item Category (Process, Systemic, Legislative)	Who is Responsible for Follow-Up	Status (Outstanding/Complete)
11/4/2016	Provide information on status of individuals who are institutionalized in a hospital or facility for beyond 30 days and had been on waiver services although when transitioning out of institution to lose their waiver services.		Medicaid Director	In-Progress

Iowa Department of Human Services
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COMPLETED ACTION ITEMS				
Date Added	Action Item	Item Category (Process, Systemic, Legislative)	Who is Responsible for Follow-Up	Status (Outstanding/Complete)
5/19/2016	Email Address from FC and EC for connecting with one another		Medicaid Director	Completed- Email addresses determined after 6/21/2016 EC meeting.
5/19/2016	Request opinion from the Attorney General's office as to which body can make recommendations		Chair of MAAC and Medicaid Director and AG	Completed- Addressed in the drafted Administrative Rules handed out in EC meeting on 7/21/2016.
5/19/2016	Utilize the administrative process to clarify role of Co-chair and Vice-chair		Medicaid Director and AG	Completed- Addressed in the drafted Administrative Rules handed out in EC meeting on 7/21/2016.
5/19/2016	Job descriptions		Medicaid Director and AG	Completed- Addressed in the drafted Administrative Rules handed out in EC meeting on 7/21/2016.
5/19/2016	Information on the 834 file and process for the waiver programs		Chair of MAAC	Completed- discussed and completed at 6/21/2016 EC meeting.
5/19/2016	Information from the Ombudsman		Medicaid Director	Completed - Report revied at 6/21/2016 EC meeting. Document available in 6/21/2016 MAAC documents on DHS MAAC webpage.
5/19/2016	Process of member changing MCOs - how member, provider, and MCOs are aware of change and potential updating of member-facing materials		Medicaid Director	Completed - Flow charts reviwed at 6/21/2016 EC meeting.
5/19/2016	Is it possible to make choice period cut-off dates for members changing MCOs		Medicaid Director	Completed - Flow charts reviwed at 6/21/2016 EC meeting.
5/19/2016	Data on how many members are switching MCOs and if possible information as to why		Medicaid Director	Completed - Flow charts reviwed at 6/21/2016 EC meeting.

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5/19/2016	What does ISIS capture, what does IMPA capture, and who has access to it			<p>Completed: ISIS - individualized Services Information System. Its purpose is to support LTC facilities and Waivers programs. Within ISIS, IM Workers, Case Managers, and others involved in establishing individualized service plans have access. It is a web-based system. Both Level of Care and Service Plan workflows are built into the system to step users through these two core processes. ISIS then provides LOC information back to IM Workers to support eligibility determination and sends authorized service plans for FFS members to MMIS that supports claims processing. We have around 1,000 daily ISIS users. IMPA - Iowa Medicaid Portal Application. Our primary user base are Medicaid Providers. Several different role-based functions/business processes are supported within IMPA. Some of the main support items within IMPA include: (a) MCO Look-Up tool. This web based programming uses web services for real-time access to eligibility information, child welfare information, IM Electronic Case File, and IME Services data; (b) Provider Re-Enrollment and certification. The re-enrollment process is supported through structure work-flow/programming to capture all the information necessary from providers to support re-enrollment; and, (c) Remittance Advices - All Medicaid Providers use IMPA to electronically access their remittance advice. There are other sets of functionality and business processes supported as IMPA is a roles-based portal. We currently have about 17,000 registered IMPA users; some use it daily, some weekly or other periodic users.</p>
5/19/2016	A designated email account that can be used for MAAC business		Medicaid Director	Completed- discussed and completed at 6/21/2016 EC meeting.

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**Iowa Department of Human Services
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Action Items from the Executive Committee Meeting of November 29, 2016**

COMPLETED ACTION ITEMS				
Date Added	Action Item	Item Category (Process, Systemic, Legislative)	Who is Responsible for Follow-Up	Status (Outstanding/Complete)
6/21/2016	New legislation and MAAC administrative rules to be reviewed by EC workgroup and suggestions to be brought back to Council		EC Workgroup	Completed- Addressed in the drafted Administrative Rules handed out in EC meeting on 7/21/2016.
6/21/2016	How can providers process batch verifications of members' MCO		Medicaid Director	Completed- Addressed and discussed utilizing online verifications through Electronic Data Interchange Support Services (EDISS) in 6/21/2016 EC meeting. Information will be posted to the DHS website.
6/21/2016	Setting up a workgroup consisting of mostly EC members and some FC members to determine roles of the committee and their oversight per legislation. Initial volunteers from the EC include Jim Cushing, Anthony Carroll, Cindy Baddeloo and Shelly Chandler.		EC and FC Workgroup Members	Completed- Information has been updated to the DHS website.
6/21/2016	Review flow charts to see if additional revisions are necessary		Chair of MAAC	Completed- Information has been updated to the DHS website.
7/21/2016	Reformat the Action Items Reporting Grid to clearly show when items have been completed. Suggested to move previously completed items to the end of the grid		Medicaid Director	completed- Reformatted prior to 8/18/2016 EC meeting
5/19/2016	Create a mechanism for consistent reporting from MCOs such topics as claims, call times and reasons for cases that are escalated		Medicaid Director	Completed- Reports created
5/19/2016	Tracking and dashboard moving forward		Medicaid Director	Completed
5/19/2016	Prior Authorizations		Medicaid Director	Completed- Copies of Prior Authorization grid handed out at 8/18/2016 meeting and posted to the DHS web page
7/21/2016	Post the copy of the tracked- drafted version of the Administrative Rules on the MAAC web page.		Medicaid Director	Completed- posted to the DHS web page

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**Iowa Department of Human Services
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COMPLETED ACTION ITEMS				
Date Added	Action Item	Item Category (Process, Systemic, Legislative)	Who is Responsible for Follow-Up	Status (Outstanding/Complete)
7/21/2016	Executive Committee to call a special meeting by phone to discuss legislation regarding five professional positions and five public/consumer positions of the MAAC Executive Committee. Meeting is to take place prior to August Full Council meeting.		EC Members and Medicaid Director	Completed- Held on 8/5/2016
7/21/2016	Executive Committee members to review details of the new Administrative Rules and provide feedback to discuss at the special meeting to be held prior to August Full Council meeting. Recommendations to be presented at the Full Council meeting on 8/17/2016.		EC Members	Completed
8/18/2016	Follow up on Electronic Visit Verification (EVV) systems		Cindy Baddeloo	Completed - Informational Letter No. 1718-MC released on 9/14/2016 and discussed in EC meeting on 9/28/2016; IL in meeting materials.
8/18/2016	Outstanding Status of the Public		Anthony Carroll	Completed - To be discussed in EC meeting on 9/28/2016.
8/18/2016	Additional Items to add to the Oversight Committee presentation		Gerd Clabaugh	Completed
5/19/2016	Listening sessions - how to address concerns raised in sessions in both FC and EC meetings		Chair of MAAC and Medicaid Director	Completed - Summaries of listening sessions to be reviewed at the FC meeting on 11/21/2016 and suggestions will be made by members to EC. Upon final review of suggestions by the EC, final suggestions to be made to the Department.
7/21/2016	Develop a workgroup comprised of Executive Committee and Full Council members to review the role of the Committee and their oversight in analyzing data.		EC Members and FC Members	Completed - Report Review Workgroup to be discussed at 11/21/2016 FC meeting and first meeting to take place on 11/29/2016.

Iowa Department of Human Services
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Date Added	Action Item	Item Category (Process, Systemic, Legislative)	Who is Responsible for Follow-Up	Status (Outstanding/Complete)
6/21/2016	Clarification whether each MCO will have their own Electronic Visit Verification (EVV) process, the standards of each MCO's EVV, and variations among each.		Medicaid Director	Completed - Informational Letter 1739-MC released on 11/1/2016 regarding EVV.
7/21/2016	Report on deliberations of prior year need to be submitted by November 15, 2016.		Chair of MAAC and Medicaid Director	Completed - Executive Committee reviewed at 11/4/2016 Committee meeting
9/28/2016	Determine Executive Committee members to attend Public Comment meetings		EC members	Completed
11/4/2016	2017 IA Helath Link Public Comment meetings calendar		Medicaid Director	Completed - Distributed at 11/21/2016 Full Council meeting



Des Moines IA Health Link Public Comment Meeting

Wednesday, December 7, 2016

Time: 3 p.m. – 5 p.m.

Des Moines Central Library

Meeting Room

1000 Grand Ave., Des Moines, IA 50309

Meeting Comments and Questions

IME/DHS Staff	MCO Representatives	MAAC Representatives
Matt Highland - present	Amerigroup Iowa, Inc. - present	Dennis Tibben - present
Lindsay Paulson - present	AmeriHealth Caritas Iowa, Inc. - present	David Hudson - present
Sean Bagniewski - present	UnitedHealthcare Plan of the River Valley, Inc. - present	Jim Cushing – present
Allie Timmerman - present		Anthony Carroll - present
Korey Buchanan - present		Natalie Ginty - present
Adrian Olivares - present		

Comments:

Communications, Comments and Suggestions

A member raised concern about the lack of communication and advertisement for the meeting stating that they had not been notified of the meeting until the day prior and notice of the meeting was not posted on the main DHS or MCO webpages. The meeting was held at an inconvenient time for members and some members may not have been able to find transportation to the meeting due to the short notice. In regards to grievances, a member experienced issues with their MCO not clearly explaining their rights under the grievance process and after involving the Ombudsman’s Office, was able to receive assistance with the filing of a grievance against their MCO. The member had also been told that there were no time limits for responses from the MCOs and the Ombudsman’s Office had limited enforcement authority although issuing subpoenas on every MCO inquiry would be unrealistic. It has taken members extensive time to get issues sorted out due to misinformation and communication. A member advocate indicated that new members were receiving multiple, confusing packets of information in the mail and were not able to identify what information was importation and what was simply MCO promotional materials; members were accidentally throwing out necessary paperwork. Many of the documents sent to members are not available in the member’s native language so members who speak English as a secondary language were throwing away important information and were having to ask friends for assistance with the materials. Limited English proficiency members were also having trouble filing complaints because the process was confusing and not easily accessible. There are issues with limited English proficiency members trying to utilize the MCO call center language lines and the MCO not offering the dialect or the specific language the member required; they struggle to communicate and members receive little assistance.

Comments from the State and MCOs today are the same comments as 7 months ago where providers are told to call their account representatives, the MCO would look into their issue,



and so forth. Account Managers are consistently changing and are not getting back to providers so the providers have little confidence in the State and MCO responses.

Value-Added Services

Healthy Behavior incentives and other MCO-specific value-added benefits were not being administered as originally stated, and the MCOs were not clearly conveying how the programs worked or qualifications for the services. As the value-added services were beyond the required Medicaid services, there was not oversight over the benefits beyond the MCOs.

Services and Coverage

A member had experienced issues with a service initially being authorized by their MCO and after starting treatment the MCO retrospectively denied the authorization stating that it was not a covered benefit; the benefit was listed as authorized on the MCO's website. The member was also told following the denial that they were not a member of their MCO's patient panel and when trying to contact the MCO for resolution, the member had to place multiple calls to multiple contacts receiving different answers depending on the representative. A member advocate stated that access to children's care has been a significant issue and that families were now required to see a doctor that was in the member's MCO provider network as opposed to seeing any Medicaid provider. Children who received speech or occupational therapy services were no longer able to access the services through the health care system and were seeking the services through the child's school. Title V used to cover care coordination and the MCOs were no longer doing so due to the removal of funding following implementation. It was also stated that unless a child was receiving waiver services and assigned a CM, there was not an established system for identifying high risk families to address their barriers in accessing health care. Some families were also not able to access services as the child's needs fell outside of what was defined as medical necessity. The unique needs of children were not being considered or addressed under the new program. A provider recently hosted a flu clinic and members had shown up because the MCOs had told them it was a free, covered, benefit although all members were later billed for the flu vaccine and told it was not a covered benefit. A member's parent stated that following the transition, some services had been discontinued due to redeterminations of medical necessity members were receiving services that they didn't need. All members were afraid to complain because many had already lost services in the transition to managed care and they were afraid that they would lose additional services if they voiced their concerns.

Billing, Claims and Contracted Rates

Providers are encountering payment issues with all three MCOs. A provider encountered issues where claims were denied for not being submitted before the timely filing deadline, but the delay in filing was a result of MCO issues like delays in processing contracts and having providers loaded into the system incorrectly. Providers had also encountered issues with payment delays where the MCOs were telling the providers that the IME had paid claims more quickly under FFS because they were paying some claims incorrectly and it takes longer to pay claims correctly. Organizations that could not carry expenses for services rendered for long periods of time while the MCOs identified payment issues were going to be forced to close and some already had closed.



Home- and Community-Based Services (HCBS) Waivers

Many new Case Managers (CMs) had little or no experience with Medicaid or available HCBS waiver services. Prior to implementation the Health and Disability (HD) Waiver program had targeted case management although this was no longer available and the new CMs were not aware of the change. A member's parent had power of attorney for her son, but the MCOs would not speak to her when she contacted their call centers and had been directed back to the CM who was not aware of the waiver policies. When the member's parent requested to speak with the CM's supervisor, they had been told that it was not possible. Regarding living arrangements for members on HCBS waivers, members on waiver services were previously able to live with a sibling who could serve as their host family and receive a daily payment although payments were now a limited hourly payment. Due to the reduction of host family payments, many waiver families were working off the clock due to the necessary level of care for the member. A parent of a member stated that the Consumer Choice Options (CCO) program was a great program but proved problematic under managed care. Members speculate problems regarding the CCO program may be because the MCOs do not support the program or that the MCOs do not understand the program.

Non-Emergency Medical Transportation (NEMT)

A member's parent stated that NEMT services for HCBS waiver members had improved under their child's MCO. A member advocate stated that families who needed rides to medical appointments must follow a different process under managed care which may or may not result in being offered a ride, which may or may not be related to the marital status of the child's mother. There was a need for additional educational materials to help members to understand NEMT policies, processes, and so forth as MCOs were doing a poor job of communicating this information. The IME policies for NEMT were also not being consistently applied among the MCOs and transportation brokers.

Questions:

1. How can services be improved for member's who speak languages other than English? How can the materials be updated to notify members who speak English as a second language to contact the MCO or IME for documents in their language?
2. What is the current definition of a clean claim from the MCOs?
3. What percentage of claims submitted are clean claims?
4. Why aren't claims being paid in a timely manner?
5. Are peer-to-peer consultations tracked? If so, is this data publicly available?
6. How are each of the MCOs applying peer-to-peer reviews? Do the MCO policies differ? Is there a difference among the MCOs when defining medical necessity? It appears to be different for each MCO.
7. Does each of the MCOs have a specialized group that assists with only waiver populations? Who are waiver members and member representatives supposed to contact for assistance?