



Full Council Meeting

Tuesday, May 17, 2016

Time: 1:00 p.m. – 4:00 p.m.

Iowa State Capitol, Room 116 (Main Floor)
1007 East Grand Avenue, Des Moines, IA 50319

Phone Conference

Dial: 1-866-685-1580

Code: 515-725-1031#

AGENDA

- 1:00 Introductions
- 1:05 Approval of Minutes from Previous Meeting (February 18, 2015)
- 1:10 Council Governance from Attorney General's Office
- 1:40 Executive Committee Report
- 1:45 Review and Discussion of Full Council Guidelines –Action Item
- 1:50 Legislative Update and MAAC Elections and Vacant MAAC Positions
 - Vice-Chair Election*
 - *consider whether to defer pending legislation*
- 2:05 Transition Updates from DHS
- 2:20 Updates from MCOs (15 minutes each)
 - a. Amerigroup Iowa, Inc.
 - b. AmeriHealth Caritas, Iowa, Inc.
 - c. UnitedHealthcare Plan of the River Valley
- 3:05 Public Comment Listening Sessions
 - a. Mason City
 - b. Burlington
 - c. Dubuque
- 3:25 Workplan Review
- 3:30 Public Comments
 - *Individual speakers will be permitted three (3) minutes for making comments*
- 3:45 Adjourn



MAAC Full Council Meeting Summary of Meeting Minutes February 18, 2016

EXECUTIVE COMMITTEE MEMBERS	DEPARTMENT OF HUMAN SERVICES
Gerd Clabaugh – present	Mikki Stier – present
Dennis Tibben –	Deb Johnson – present
Nancy Hale – present	Matt Highland – present
Kristie Oliver – present	Lindsay Buechel – present
Paula Connolly – present	Sean Bagniewski – present
Shelly Chandler – present	Amy McCoy – present
Anthony Carroll – present	
Jim Cushing – present	
Kate Gainer –	
Cindy Baddeloo – present	
Sara Allen – present	
OTHERS - PRESENT	
Brian Maieski	Jim Donoghue
Sandi Hurtado-Peters	Angie Doyle-Scar
Patty Funaro	Kris Bell
Matthew Flatt	Nick Boyer
Larry Carl	Kevin Kruse
Leah McWilliams	Barbara Nebel
Denise Rathman	Cyndi Miller
Rik Shannon	Megan Bendixen
Matt Blake	David Carlyle
Jennifer Harbison	Jodi Tomlonovic
Maribel Slinde	David Beeman

OTHERS - ON PHONE	
Holly Lopez	Leanne O'Brien
Kyle Hildebrand	Chelsea Clark
Dan Britt	Doug Sample

Introduction:

Gerd Clabaugh went through introductions of those in attendance and requested those in the meeting room use the sign in sheet to indicate their attendance. He asked those on the phone to self-identify. Gerd requested unanimous consent to declare a quorum to conduct business. No objections were raised and a quorum was declared.

Approval of November 25, 2015 Minutes

Gerd called for approval of the minutes of the last Full Council meeting dated November 25, 2015. Leanne O'Brien asked for clarification regarding the Listening Sessions and Gerd stated that this will be covered fully as part of the day's agenda. No other changes were suggested and Gerd requested unanimous consent that the minutes of November 25, 2015 be approved. No objections were raised and the minutes were approved.

IA Health Link Communications Update

Matt Highland provided an update regarding the Iowa Medicaid Enterprise (IME) call centers, and that Customer Service Representative (CSR) scripts were being updated on an almost daily basis to ensure that messaging remains up-to-date. Changes to IME CSR scripts have been sent to the Managed Care Organizations (MCOs) for updating to MCO CSR scripting, and secret shopping has been done regularly to ensure that call drop-off rates and the length of calls remain low. IA Health Link website updates have been made with the Frequently Asked Questions (FAQs) webpage being updated frequently, and the recordings of webinars for Member Services Enrollment events and Provider Services training sessions made available to persons unable to attend the recently concluded member meetings and provider trainings. Communication efforts also included the weekly Medicaid e-News, the MCO reassignment of former WellCare members, rolling member enrollment mailings, Informational Letters (ILs) as needed, and the addition of Facebook and Twitter IA Health Link pages. A question was asked regarding the WellCare reassignment process and Matt stated that members would have 90 days to change their MCO for any reason and for reasons of "Good Cause" after that. A question was then asked regarding verification of eligibility and Deb Johnson summarized the IME eligibility system process.

Medicaid Modernization Update

Mikki Stier reminded the group that in December 2015, CMS issued a letter that had 16 points for the Department to work on toward readiness for a March 1 implementation date. Call center staff had been increased as necessary, updates were made to CSR scripting and distributed to IME and MCO CSRs, call statistics improved, and "Soft Skills" training had been given to improve rapport. Brief updates were provided regarding the outreach and training for Long Term Care (LTC) and Case Management agencies, and the daily communications with CMS on the Ombudsman and pharmacy tasks. Gerd invited questions and Dr. Carlyle questioned CMS' recommendation for the LTC ombudsman and if there was consideration for additional staffing. Mikki replied that the IME will continue to work with the ombudsman's office as they had prior to managed care implementation, and the LTC ombudsman was a new area but the IME call center is fully staffed and the IME will continue to work with the ombudsman's office as they had previously. Dan Britt stated that his organization had not signed a contract with UnitedHealthcare but they were listed as providers on the MCO's web portal per their review and the review of their members. Mikki affirmed she would reach out to UnitedHealthcare and get back with a response. Dan added that UnitedHealthcare had claimed his occupational-, physical-, and speech- therapists were considered institutional providers and did not need to be individually credentialed although they are in private practice and would need individual credentialing. Dan then

stated that UnitedHealthcare had confirmed that prior authorization was not required although AmeriHealth and Amerigroup had not confirmed this. Mikki restated that IME will reach out to the MCOs and get back with a response. Denise Rathman (National Association of Social Workers) inquired about not receiving reimbursement from the IME. Sean Bagniewski requested she contact IME Provider Services for resolution. Jim Cushing inquired why the MCOs had been reaching out to members, and Deb replied that the MCOs were trying to establish a connection with their members regarding their insurance plan and perhaps inform them of internal case managers that will be available to support the Community-Based case managers. Paula Connolly requested the primary contact for the member if the MCO has a community-based case manager and also have an internal case manager. Deb Johnson suggested that the community-based case manager for LTSS should be the main point of contact. Jim asked if there would be a specific transition process to be followed for members or case managers when they transitioned to managed care case management. Deb stated that there would not be a specific process but there will be oversight from the Department and that the transition would take place over one-year with the community-based case manager being present for the first six months and six additional months of transition activity. Kristie Oliver asked when members should expect to receive their ID cards from their MCOs and Lindsay Buechel replied that members will receive their IDs after the end of the choice period when member information will go to the MCOs. Kristie sighted confusion in the issuance of the WellCare reassignment letter and Dave Beeman voiced concern about MCO network adequacy and meeting the needs of members. Dave stated he had sent an email to the Department on January 23, 2016, requesting statistics regarding provider networks and geographical reasons without a response. Mikki stated the Department would follow up with him. A question from the audience requested further information on the "opt-out letter" sent by UnitedHealthcare. The commercial providers were asked to notify the IME if they wished to "opt-out" of providing services to Medicaid members but, UnitedHealthcare providers chose to opt-in to providing Medicaid services. Mikki stated that she would get further clarification. Kevin Kruse stated that one of their members had found discrepancies in coverage between the three MCO provider agreements and manuals and Mikki replied that the Department would meet with persons individually if there were questions regarding coverage or the manuals. Doug Sample cited a case regarding UnitedHealthcare and requested evidence of improvement be shown for coverage to continue. Mikki stated that IME will follow up. Dan Britt confirmed Doug's point and voiced concern regarding claims from UnitedHealthcare that they had reached out to his group regarding opting-out however, they had not. Dan also cited issues concerning the *hawk-i* transition of Wellmark to UnitedHealthcare on speech therapy and others affirmed that both speech therapy and occupational therapy will not be covered by any of the MCOs. Mikki stated the Department would follow up. Paula asked for clarification on role of EPSDT and Mikki stated that she would get back to her. Dr. Carlyle asked how the MCOs were related to the ACOs, and how the MCOs were working in coordination with the ACOs regarding care coordination. Mikki reviewed the use of the Value Index Score (VIS) and that this would continue, further clarifying that MCO contracts specify that they need to meet specific VIS scores. Anthony Carroll suggested that the website highlight the May 18, 2016, date relative to the implementation date change of March 1. He also suggested incorporating the top 10 member questions into the FAQ on the webpage as it is listed on the top 10 list of questions document.

Public Comment/Listening Session Meeting Details and Overview

Lindsay outlined the schedule of the IA Health Link Public Comment meetings in ten cities throughout Iowa. She stated that members of the Executive Committee will be tasked with reviewing comments that are received and making recommendations to the Department accordingly. Lindsay stated that moving forward, the Full Council meetings will receive a summary of comments and reviewed the points outlined in the document that was handed out titled, "Process for IA Health Link Public Comment Meetings". Meetings will not be Q&A format but rather comment-based, and if the number of speakers are limited due to time-constraints, there will be post-meeting opportunities to write in comments. Meetings will be held between 3 p.m. and 5 p.m. for the convenience of the largest number of people. The schedule is to be posted on the IA Health Link website along with other relevant documents for the meetings, and will be promoted via social media, Medicaid e-News, IME website, community partners, and so forth. Representatives from Member Services, Provider Services, and the MCOs will be present to answer questions, and two Executive Committee representatives will be

present at the meetings to take notes to be summarized to the Full Council and the Executive Committee. Gerd thanked the Executive Committee as well as Mikki and her staff on their active engagement in collecting feedback.

Upcoming Meetings and MAAC Workplan Review

Gerd reviewed the work plan discussion from the January 19, 2016, Executive Committee meeting and presented a draft of a work plan document. The document was created for the Executive Committee and Full Council to record ideas discussed in meetings, to be updated as necessary and serve as a pipeline for tasks to prioritize agenda items. Gerd then discussed the sequencing of meetings as had been brought up in the previous Executive Committee meeting, and it was decided that it would be more productive if the sequence were switched so that the Full Council met first and followed by the series of Executive Committee meetings. He stated that this allows Full Council issues to have follow-up discussions, tracking, and action at the subsequent Executive Committee meetings and will begin with the May 2016 meeting. Jodi Tomlonovic suggested the creation of a standing agenda for the Full Council agenda to allow a summary form of the topic discussion. Gerd acknowledged that meeting minutes are posted on the MAAC webpage. Dr. Carlyle suggested that Full Council be more active in agenda items to be discussed prior to formal recommendations and Gerd agreed.

Notice of Election of Vice Chairperson at May 2016 Meeting

Gerd reviewed the rules governing the election of the Vice Chairperson and indicated he would be appointing a nominating committee. A committee of three selected from the council would serve on the nominating committee and would develop a list of candidates for the position to be selected by the Full Council. Council members were given until Friday, February 26, 2016, to express interest in serving on the nominating committee. Once formed, Gerd would meet with the committee to review selection and election process. Gerd then informed the group of the position opening on the Executive Council to be vacated by Nancy Hale and of the vote to be taken at the May Full Council meeting for replacement. Lindsay stated that said position is held by someone in the public member and consumer organization category, and that a listing of corresponding organizations is available. Dr. Carlyle asked who would be eligible for the position of Vice Chairperson and Gerd stated that the person did not have to be a member of the Executive Committee. If the person elected were not a member of the Executive Committee, they would not automatically become a member as there are set limits on the number of Executive Committee members. Persons interested in being on the nominating committee should email Gerd directly.

Public Comments

Dr. Carlyle discussed the long-term care ombudsman's report and moved that the MAAC recommend to the Department of Human Services to consider the recommendations made to establish an ombudsman for non-Long Term Care (LTC) members and activities. Gerd received the motion and expressed concern that an action item was not listed on the group's agenda for today's meeting. Jodi cited confusion around the process of adding discussion and action items to the agenda, and timeliness of bringing those actions. Gerd stated that an item of re-evaluation is to understand better the role of the MAAC as a recommender of policy to the department and to have a clearer, rules-compliant process of formulating such recommendations. Dave Beeman expressed disagreement with Gerd on what the administrative code meant in the process of making a recommendation to the Department, as he interpreted the administrative code to mean that both the Executive Committee and the Full Council should collectively establish a recommendation. Gerd indicated that differences do exist between the administrative rules and the Iowa Code with regard to how recommendations are made to the Department from the MAAC and its Executive Committee. Gerd suggested he and Dave have a separate discussion on the topic following the meeting, and provide additional information back to the full Council at its next meeting. Dr. Carlyle suggested that the Attorney General's office be invited to address the Full Council as well. Gerd indicated that this had been done for the Executive Committee to provide them some background information on roles and responsibilities, and agreed this would be useful for the Full Council. Paula recommended the Department consider providing an opportunity for members to provide feedback on agenda items through the website. Gerd stated that the Executive Committee had addressed this earlier and he would address this again at an upcoming

Executive Committee Meeting. Anthony recommended that Paula's suggestion be presented again after the Executive Committee has discussed. Dave wondered whether Roberts Rules of Order should be used as the rules governing deliberation of the full Council. Gerd stated that while use of Robert's rules would be customary, the size of the full Council might make using Robert's rules somewhat challenging. The point was also made that consumer groups are not well represented in the council. Lindsay stated that professional organizations and consumer organizations are appointed as outlined in the administrative code and the public representatives are appointed through the Governor's office.

Adjourned: 2:30 P.M.

Full Council Operating Guidelines
DRAFT 5/2/2016

Responsibilities of the Full Medical Assistance Advisory Council (MAAC)

Iowa Code 249A.4B outlines the responsibilities of the full MAAC:

"...to advise the director about health and medical care services under the medical assistance program."

Further, Iowa Code 249A.4B, subsection 3c provides:

"...Based upon the deliberations of the council and the executive committee, the executive committee shall make recommendations to the director regarding the budget, policy, and administration of the medical assistance program", and shall be advisory and not binding upon the department of human services. (441 IAC 79.7(7), subsection a)

In turn, Iowa Code 249A.4B, subsection 6 provides:

"The director shall consider the recommendations offered by the council and the executive committee in the director's preparation of medical assistance budget recommendations to the council on human services pursuant to section 217.3 and in implementation of medical assistance program policies."

Operationally, the Full MAAC determines that it will provide a conduit through which diverse organizations and consumers can deliberate productively regarding budget, policy, and administration of the Iowa Medicaid program, and provide the benefit of this deliberation to the MAAC Executive Committee, which will then make recommendations to the Director regarding the Iowa Medicaid program.

Agenda Development

The Chair shall be responsible for development of the agenda for the Full Medical Assistance Advisory Council (MAAC). Agendas will be developed and distributed in compliance with the advance notice requirements of the Iowa Code. Specifically, Iowa Code Section 21.4 requires meeting notice to be

"given at least twenty-four hours prior to the commencement of any meeting of a governmental body unless for good cause such notice is impossible or impractical, in which case as much notice as is reasonably possible shall be given...If another section of the Code requires a manner of giving specific notice of a meeting, hearing, or an intent to take action by a governmental body, compliance with that section shall constitute compliance with the notice requirements of this section."

441 IAC 79.7(4b) provides more specifically for the notice of meetings for the full MAAC as follows:

"Written notice of council meetings shall be mailed at least two weeks in advance of the meeting. Each notice shall include an agenda for the meeting."

The Chair shall be responsible for agenda development, which will be developed in consultation with staff at the Department of Human Services/Iowa Medicaid Enterprise. Agendas will be developed taking into the consideration the following tasks of the full MAAC:

1. Workplans - agenda items will be added to the full Council agenda as various tasks for the Council are due to be discussed based on calendar requirements. For example, the full Council is to engage in deliberations over policy and budget, making recommendations to the MAAC Executive Committee. These full Council deliberations are to be conducted within a timeframe to allow the Executive Committee to receive the Full Council's feedback, make recommendations to the

Director, and for the Director to consider these recommendations as budgets and policy for the Medicaid program are developed for the review of the Human Services Council, the Governor's review and action, as well as for the upcoming legislative session.

2. Topics identified by the Chairperson - the chairperson shall have the authority to add items to the agenda for upcoming meetings of the full MAAC.
3. Requests from the Director of Human Services - According to 441 IAC 79.7(7) subsection b, the council shall consider all matters referred to it by the Department of Human Services. The Department shall also present the Medicaid annual budget for review and comment.
4. Discussion and Action Items from Members - 441 IAC 79.7(4b), as stated above, requires the agenda for a meeting of the full Council to be distributed "at least two weeks in advance of the meeting." It is the policy of the full MAAC that, once agendas are distributed to the full MAAC, staff will notify members that there is an opportunity to suggest additional discussion or action items, and that these should be forwarded to the chair of the full MAAC one week prior to the scheduled full MAAC meeting. The Chairperson will review any additional suggestions from members for items to be added, and will revise and issue a final agenda five days prior to the time and date of the upcoming full MAAC meeting.

Officers of the Full Council

Iowa Code Section 249A.4B identifies the Director of Public Health as the chairperson of the full MAAC. Iowa Administrative Code 441 IAC 79.7(1) further specifies the election of a Vice-chairperson from among the membership of the full MAAC. The role of the Vice-chairperson is further defined in the administrative rule as follows:

- "...Elections for vice-chairperson will be held the first meeting after the beginning of the calendar year.
- b. The vice-chairperson's term of office shall be two years. A vice-chairperson shall serve no more than two terms.
 - c. The vice-chairperson shall serve in the absence of the chairperson.
 - d. The chairperson and vice-chairperson shall have the right to vote on any issue before the council.
 - e. The chairperson shall appoint a committee of not less than three members to nominate vice-chairpersons and shall appoint other committees approved by the council."

Staff Support for the Full MAAC

441 IAC 79.7(3) outlines the responsibilities for the Department of Human Services in supporting the full MAAC, as follows:

"...Expenses of the council and executive committee, such as those for clerical services, mailing, telephone, and meeting place, shall be the responsibility of the department of human services. The department shall arrange for a meeting place, related services, and accommodations. The department shall provide staff support and independent technical assistance to the council and the executive committee."

Meeting Frequency and Location

In accordance with Iowa Code Section 249A.4B, subsection 1, "The council shall meet no more than quarterly."

According to 441 IAC 79.7(4), "Meetings may be called by the chairperson, upon written request of at least 50 percent of the members, or by the director of the department of human services", in cases where meetings are not currently scheduled on a quarterly basis. Meetings are to be held in the Des Moines area unless other notification is provided.

Attendance

441 IAC 79.7(5), in part, provides that "Notice shall be given to a professional group or business entity represented on the council when the representative of that group or entity has been absent from three consecutive meetings."

Rules of Meeting Procedure

441 IAC 79.7(5), in part, provides that "In cases not covered by these rules, Robert's Rules of Order shall govern."

Minutes

As required in Iowa Code Section 21.3, minutes of the meetings of the full Council will be kept, "showing the date, time and place, the members present, and the action taken at each meeting. The minutes shall show the results of each vote taken and information sufficient to indicate the vote of each member present. The vote of each member present shall be made public at the open session. The minutes shall be public records open to public inspection." Staff of the Iowa Medicaid Enterprise support the full Council and will be tasked with taking minutes. The chair will review minutes before distribution with each meeting's final agenda.

Legal Overview for New Board and Commission Members

Pamela Griebel, Assistant Attorney General
Director, Licensing and Administrative Law Division
Iowa Department of Justice
Hoover Building, 2nd Floor
Des Moines, IA 50319
Pamela.Griebel@iowa.gov

April 24, 2015

Every board or commission is assigned an Assistant Attorney General (AAG) to provide legal advice. If you do not know which AAG is assigned to your board or commission, ask the board or commission's staff or send me an email and I will let you know.

This outline provides a general overview of laws and is not intended to cover all applicable laws or the nuances of applicable laws. The outline uses the term "board" to refer to both boards and commissions.

Mission and Authority

1. Boards are created by statute, sometimes called an “enabling act.”
2. Boards only have that authority granted by law.
 - a. Boards are guided by laws in addition to the law that creates a board.
 - b. For example, Iowa Code chapter 272C identifies many duties and powers for all professional licensing boards.
3. Boards may not expand their authority beyond that granted by law.
4. The law may be very specific about how decisions shall be made or may grant a board discretion within specified limits.

Tip: Bring a copy of the main laws governing your board to each meeting.

5. New members should read - and reread - the laws governing the board.
 - a. Staff, other board members, prior minutes of meetings, and websites are good sources of information, but board terms are staggered for a reason: new board members bring a new perspective and vitality.
 - b. Don't rely exclusively on what others tell you about the mission of the board or its authority.
6. A board's mission is always a public purpose.
7. When serving on a board, you are representing the citizens of Iowa. Be inclusive and listen, but always make decisions with the board's public purpose in mind.

Rulemaking

1. Most boards have rulemaking authority.
2. Rules are in a very real way the board's laws.
3. Rules must be authorized by and consistent with statutes.
4. Rulemaking is a powerful authority. Rules:
 - a. Describe the organization and procedures of the board.
 - b. State how the board will implement laws.
 - c. Inform people about guidelines and policy choices that impact their legal rights and duties.

Tip: Bring a copy of board rules to every meeting.

4. The Governor, Legislature, Attorney General, and the public all have a role to play when boards adopt rules -- there are many checks and balances. Starting July 1, 2012, all boards and other agencies are required to review rules on a five-year rolling cycle.
5. In addition to consistency with statutes, rules should be:
 - a. Easy to read and understand.
 - b. Tied to specific needs and objectives.
 - c. Sensitive to costs - benefits should outweigh costs.
 - d. Effective.
 - e. Developed with input by those affected.
 - f. Fair - use rulemaking power wisely.

Decisionmaking

1. No single board member makes decisions for boards.
2. Boards make decisions by taking votes at board meetings.
3. A “quorum” of the board is needed to take a vote.
 - a. A “quorum” may be a majority of board members (e.g., 4 out of 7) or two-thirds of board members (e.g., 5 out of 7).
 - b. Many boards’ enabling acts state what a quorum is. If the board’s law is silent, then a quorum is two-thirds of the members.
4. Once a quorum is attained, most board action is taken upon a majority vote of those participating – but there are important exceptions.
 - a. Boards may only go into closed session upon a public vote by two-thirds of the members or all members present.
 - b. Discipline can only be imposed on a licensee by a majority vote of members or a higher percentage if required by law.

Tip: Before you vote, determine if there is a quorum and how many “aye” votes are required to take the particular action.

5. The votes of all members must be public and clear during the meeting and in the minutes.
 - a. Only take a voice vote when the vote is unanimous.
 - b. Use roll call votes whenever voting to go into closed session or when any member abstains or votes “nay.”
 - c. Never use a secret ballot.

Board Meetings - Inviting the Public

1. Count Heads! If a majority of the board is present (in person or electronically), do not discuss board business unless you are at a board meeting preceded by proper notice to the public and a posted agenda.
2. Purely social or ministerial gatherings are not meetings as long as no board business is discussed, but be careful to avoid even the appearance of holding an illegal meeting.
3. Agendas are a board's invitation to the public to watch the board in action.
 - a. Post agendas at least 24 hours in advance.
 - b. Identify all topics on which votes will be taken and matters that will be discussed.
 - c. The detail needed will depend on the public's familiarity with the matter. The less familiar the public is, the more detail is needed.

Tip: Read the agendas posted for your board over the past year. Can you tell what the board planned to vote on or discuss? If not, advocate more detail in your board's agendas.

4. Stick to the posted agenda. If a new idea comes up at a meeting and there is no emergency requiring immediate action (which would be very rare), place the topic on the agenda for the next meeting.
5. Lights! Cameras! Action! The public has a right to observe the open sessions of your board meetings and may record them or take photographs.
6. The public does not have the right to participate in your meetings, but boards typically provide an opportunity for public comment at meetings.

Board Meetings - Minutes

1. Minutes of board meetings create a permanent record of who met, when they met, what they discussed, what they decided, and by what votes.
2. Accurate minutes are a key tool for conducting the public's business in an open and accountable way.
 - a. Minutes are a vital organizational tool for boards.
 - b. Minutes are a crucial way for citizens to review public action taken on their behalf.
3. Minutes of open sessions must always include:
 - a. The date, time, and place of a meeting.
 - b. Which members were present.
 - d. Actions taken, with sufficient information to reflect members' votes.

Tip: Read your board's minutes for the past year. Can you tell what the board voted on or discussed? If not, advocate more detail in your board's minutes.

4. If a closed session is held, the minutes of the open session must include the legal grounds for a closed session, the vote of each member on whether to go into closed session, and any final action taken – no final votes may be taken in closed session.
5. When applicable, minutes must also explain the legal basis for holding a telephonic meeting, an emergency meeting (less than 24 hours notice), or a meeting at a time or place not reasonably accessible to the public.

Board Meetings - Closed Sessions

1. Closed sessions are serious business! Never ask the public to leave the meeting so the board can talk in private – unless the board has a legal basis to hold a closed session.
2. In order to go into closed session, a board must first meet in open session with proper advance notice and posted agenda.
3. A board can only close an open session if expressly authorized by statute. For example, a board is authorized to go into closed session to discuss pending litigation with counsel, certain personnel matters, or whether to initiate disciplinary action against a licensee.

Tip: You should always ask your board's assigned AAG for legal advice if you are not confident you have grounds to vote to go into closed session. Get the advice in writing or make sure the advice is reported in the minutes of the meeting.

4. After announcing the legal basis for a closed session, take a roll call vote. Remember, a board can only close a session upon an affirmative vote of two-thirds of the members or all members present.
5. While in closed session, boards must:
 - a. Record the session (and keep the recording at least a year).
 - b. Take detailed minutes.
 - c. Limit the discussion to the announced basis for the closed session.
6. Final action must be taken in open session. When the closed session discussion is finished, return to open session and allow those who left the room for the closed session to return. Then make a motion and take a vote on any final action in open session.

Public Records

1. Board records are open to public examination unless specifically made confidential under the law.
2. Public records can be in any form, including e-mail. Board members should not commingle official board business emails with personal emails. Your board's staff or AAG can advise on methods of separating emails.
3. Assume any record you create or receive as a board member is a public record that may be open to the public upon request.

Tip: Practice that old adage -- only say what you would be comfortable reading on the front page of your local newspaper!

4. Find out who the public records contact is for your board. The contact person (lawful custodian) is most likely your board's executive officer or administrator.
 - a. Requests for public records should be referred to your board's public records contact.
 - b. The public records contact is familiar with the law and can assure proper response to requests for public records.
5. Find out if any of the board records you create or receive are confidential.
 - a. There may be severe penalties for releasing some types of confidential records -- another good reason to refer all requests for records to the board's public records contact!
 - b. Examples of records that may be fully or partially confidential include applications containing social security numbers or credit card numbers, mental health or other patient records, complaints against licensees, and criminal history background reports.

Sunshine Law Enforcement

1. Actions to enforce Iowa's Open Meetings and Public Records Laws can be brought by a citizen of Iowa, a person who pays taxes of any type to the state of Iowa, a person individually aggrieved by a violation, a county attorney, and the Attorney General. Such actions may be brought in court or before the Iowa Public Information Board.
2. Complaints about alleged violations may be made directly to the board, its staff or counsel, or to the Ombudsman's Office, Attorney General, the Governor's Office, the Iowa Public Information Board or legislators.
3. Take all alleged violations seriously.
4. Remedies include removal from office upon a second violation, damages (up to \$2,500 for a knowing violation), expenses and attorney fees, and injunctive relief.

Tip: Iowa public officials, by and large, will comply with Iowa's Sunshine laws when they know what they are. Educate yourself and ask staff or the AAG assigned to the board if you are unsure.

5. Even an honest mistake can be a violation of Iowa's Sunshine laws, but individual board members can avoid personal liability when they rely upon the advice of counsel, formally given in writing or provided orally and memorialized in the minutes.
6. Attorney General Tom Miller has issued dozens of "Sunshine Advisories" to educate public officials and the public about Iowa's Open Meetings and Public Records Laws. The advisories (with index) are found at: <https://www.iowaattorneygeneral.gov/about-us/sunshine-advisories/>. You may also wish to consult the web page of the Iowa Public Information Board at: <https://www.ipib.iowa.gov>.

Additional Laws Governing Board Members

1. Gift Law. Board members may not accept gifts (i.e., receiving something for free or for less than it is worth) from those they regulate or contract with. Ask your AAG, board staff, or the Ethics and Campaign Disclosure Board (<http://www.iowa.gov/ethics>) for guidance on gift law compliance.
2. Sales or leases of goods or services If you sell or lease goods or services to those regulated by your board, ask your AAG, board staff, or the Ethics and Campaign Disclosure Board for guidance on applicable laws.
3. Lobbyist. If a board designates a member to represent the board for the purpose of “encouraging the passage, defeat, approval, veto, or modification of legislation, a rule, or an executive order by members of the general assembly, a state agency, or any statewide elected official,” the member is required to register as a lobbyist under Iowa Code chapter 68B. Seek advice if this is a matter that may arise with your board.
4. Conflicts of interest. Conflicts of interest should be avoided, but how and when they arise can be unique to certain boards, especially because the law often requires the appointment of at least some persons who are regulated by the board. Anytime your objectivity may be impaired, seek advice.
5. Judicial review. All board action (or inaction) is subject to review in court on a variety of grounds including whether the action is:
 - a. Compliant with the U.S. or Iowa Constitution, statutes or rules.
 - b. Consistent, nonarbitrary, logical, and reasonable.
 - c. Supported by the facts and law.
6. Anti-trust: If your board is controlled by those it regulates, be especially cautious about actions that may impact competition – seek advice first!

Tip: Board members acting in good faith in their official board capacity are generally defended by the Attorney General and indemnified by the State.

Code of Federal Regulations

Title 42 - Public Health

Volume: 4

Date: 2010-10-01

Original Date: 2010-10-01

Title: Section 431.12 - Medical care advisory committee.

Context: Title 42 - Public Health. CHAPTER IV - CENTERS FOR MEDICARE & MEDICAID SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES (CONTINUED). SUBCHAPTER C - MEDICAL ASSISTANCE PROGRAMS. PART 431 - STATE ORGANIZATION AND GENERAL ADMINISTRATION. Subpart A - Single State Agency.

§ 431.12 Medical care advisory committee.

(a) *Basis and purpose.* This section, based on section 1902(a)(4) of the Act, prescribes State plan requirements for establishment of a committee to advise the Medicaid agency about health and medical care services.

(b) *State plan requirement.* A State plan must provide for a medical care advisory committee meeting the requirements of this section to advise the Medicaid agency director about health and medical care services.

(c) *Appointment of members.* The agency director, or a higher State authority, must appoint members to the advisory committee on a rotating and continuous basis.

(d) *Committee membership.* The committee must include—

(1) Board-certified physicians and other representatives of the health professions who are familiar with the medical needs of low-income population groups and with the resources available and required for their care;

(2) Members of consumers' groups, including Medicaid recipients, and consumer organizations such as labor unions, cooperatives, consumer-sponsored prepaid group practice plans, and others; and

(3) The director of the public welfare department or the public health department, whichever does not head the Medicaid agency.

(e) *Committee participation.* The committee must have opportunity for participation in policy development and program administration, including furthering the participation of recipient members in the agency program.

(f) *Committee staff assistance and financial help.* The agency must provide the committee with—

(1) Staff assistance from the agency and independent technical assistance as needed to enable it to make effective recommendations; and

(2) Financial arrangements, if necessary, to make possible the participation of recipient members.

(g) *Federal financial participation.* FFP is available at 50 percent in expenditures for the committee's activities.

249A.4B Medical assistance advisory council.

1. A medical assistance advisory council is created to comply with 42 C.F.R. §431.12 based on section 1902(a)(4) of the federal Social Security Act and to advise the director about health and medical care services under the medical assistance program. The council shall meet no more than quarterly. The director of public health shall serve as chairperson of the council.

2. The council shall include all of the following members:

a. The president, or the president's representative, of each of the following professional or business entities, or a member of each of the following professional or business entities, selected by the entity:

- (1) The Iowa medical society.
- (2) The Iowa osteopathic medical association.
- (3) The Iowa academy of family physicians.
- (4) The Iowa chapter of the American academy of pediatrics.
- (5) The Iowa physical therapy association.
- (6) The Iowa dental association.
- (7) The Iowa nurses association.
- (8) The Iowa pharmacy association.
- (9) The Iowa podiatric medical society.
- (10) The Iowa optometric association.
- (11) The Iowa association of community providers.
- (12) The Iowa psychological association.
- (13) The Iowa psychiatric society.
- (14) The Iowa chapter of the national association of social workers.
- (15) The coalition for family and children's services in Iowa.
- (16) The Iowa hospital association.
- (17) The Iowa association of rural health clinics.
- (18) The Iowa primary care association.
- (19) Free clinics of Iowa.
- (20) The opticians' association of Iowa, inc.
- (21) The Iowa association of hearing health professionals.
- (22) The Iowa speech and hearing association.
- (23) The Iowa health care association.
- (24) The Iowa association of area agencies on aging.
- (25) AARP.
- (26) The Iowa caregivers association.
- (27) The Iowa coalition of home and community-based services for seniors.
- (28) The Iowa adult day services association.
- (29) Leading age Iowa.
- (30) The Iowa association for home care.
- (31) The Iowa council of health care centers.
- (32) The Iowa physician assistant society.
- (33) The Iowa association of nurse practitioners.
- (34) The Iowa nurse practitioner society.
- (35) The Iowa occupational therapy association.
- (36) The ARC of Iowa, formerly known as the association for retarded citizens of Iowa.
- (37) The alliance for the mentally ill of Iowa.
- (38) The Iowa state association of counties.
- (39) The Iowa developmental disabilities council.
- (40) The Iowa chiropractic society.
- (41) The Iowa academy of nutrition and dietetics.
- (42) The Iowa behavioral health association.
- (43) The midwest association for medical equipment services or an affiliated Iowa organization.

b. Public representatives which may include members of consumer groups, including recipients of medical assistance or their families, consumer organizations, and others, equal in number to the number of representatives of the professional and business entities

specifically represented under paragraph "a", appointed by the governor for staggered terms of two years each, none of whom shall be members of, or practitioners of, or have a pecuniary interest in any of the professional or business entities specifically represented under paragraph "a", and a majority of whom shall be current or former recipients of medical assistance or members of the families of current or former recipients.

c. The director of public health, or the director's designee.
d. The director of the department on aging, or the director's designee.
e. The dean of Des Moines university — osteopathic medical center, or the dean's designee.

f. The dean of the university of Iowa college of medicine, or the dean's designee.

g. The following members of the general assembly, each for a term of two years as provided in section 69.16B:

(1) Two members of the house of representatives, one appointed by the speaker of the house of representatives and one appointed by the minority leader of the house of representatives from their respective parties.

(2) Two members of the senate, one appointed by the president of the senate after consultation with the majority leader of the senate and one appointed by the minority leader of the senate.

3. a. An executive committee of the council is created and shall consist of the following members of the council:

(1) Five of the professional or business entity members designated pursuant to subsection 2, paragraph "a", and selected by the members specified under that paragraph.

(2) Five of the public members appointed pursuant to subsection 2, paragraph "b", and selected by the members specified under that paragraph. Of the five public members, at least one member shall be a recipient of medical assistance.

(3) The director of public health, or the director's designee.

b. The executive committee shall meet on a monthly basis. The director of public health shall serve as chairperson of the executive committee.

c. Based upon the deliberations of the council and the executive committee, the executive committee shall make recommendations to the director regarding the budget, policy, and administration of the medical assistance program.

4. For each council meeting, other than those held during the time the general assembly is in session, each legislative member of the council shall be reimbursed for actual travel and other necessary expenses and shall receive a per diem as specified in section 7E.6 for each day in attendance, as shall the members of the council or the executive committee who are recipients or the family members of recipients of medical assistance, regardless of whether the general assembly is in session.

5. The department shall provide staff support and independent technical assistance to the council and the executive committee.

6. The director shall consider the recommendations offered by the council and the executive committee in the director's preparation of medical assistance budget recommendations to the council on human services pursuant to section 217.3 and in implementation of medical assistance program policies.

2005 Acts, ch 120, §3; 2008 Acts, ch 1156, §36, 58; 2009 Acts, ch 23, §55; 2011 Acts, ch 129, §93, 156; 2012 Acts, ch 1023, §32; 2012 Acts, ch 1068, §1; 2013 Acts, ch 30, §48

Referred to in §217.3

C.F.R. §160.103 for the purpose of recipient case resolution. When providing assistance and advocacy services under this section, the office of long-term care ombudsman shall act as an independent agency, and the office of long-term care ombudsman and representatives of the office shall be free of any undue influence that restrains the ability of the office or the office's representatives from providing such services and assistance. The office of long-term care ombudsman shall adopt rules applicable to long-term care ombudsmen providing assistance and advocacy services under this section to authorize such ombudsmen to function in a manner consistent with long-term care ombudsmen under the federal Act.

MEDICAL ASSISTANCE ADVISORY COUNCIL

Sec. 99. Section 249A.4B, Code 2016, is amended to read as follows:

249A.4B Medical assistance advisory council.

1. A medical assistance advisory council is created to comply with 42 C.F.R. §431.12 based on section 1902(a)(4) of the federal Social Security Act and to advise the director about health and medical care services under the medical assistance program. The council shall meet no more than quarterly. The director of public health and a public member of the council selected by the public members of the council specified in subsection 2, paragraph "b", shall serve as ~~chairperson~~ co-chairpersons of the council.

2. The council shall include all of the following voting members:

a. The president, or the president's representative, of each of the following professional or business entities, or a member of each of the following professional or business entities, selected by the entity:

- (1) The Iowa medical society.
- (2) The Iowa osteopathic medical association.
- (3) The Iowa academy of family physicians.
- (4) The Iowa chapter of the American academy of pediatrics.
- (5) The Iowa physical therapy association.
- (6) The Iowa dental association.
- (7) The Iowa nurses association.
- (8) The Iowa pharmacy association.

House File 2460, p. 105

- (9) The Iowa podiatric medical society.
- (10) The Iowa optometric association.
- (11) The Iowa association of community providers.
- (12) The Iowa psychological association.
- (13) The Iowa psychiatric society.
- (14) The Iowa chapter of the national association of social workers.
- (15) The coalition for family and children's services in Iowa.
- (16) The Iowa hospital association.
- (17) The Iowa association of rural health clinics.
- (18) The Iowa primary care association.
- (19) Free clinics of Iowa.
- (20) The opticians' association of Iowa, inc.
- (21) The Iowa association of hearing health professionals.
- (22) The Iowa speech and hearing association.
- (23) The Iowa health care association.
- (24) The Iowa association of area agencies on aging.
- (25) AARP.
- (26) The Iowa caregivers association.
- (27) The Iowa coalition of home and community-based services for seniors.
- (28) The Iowa adult day services association.
- (29) Leading age Iowa.
- (30) The Iowa association for home care.
- (31) The Iowa council of health care centers.
- (32) The Iowa physician assistant society.
- (33) The Iowa association of nurse practitioners.
- (34) The Iowa nurse practitioner society.
- (35) The Iowa occupational therapy association.
- (36) The ARC of Iowa, formerly known as the association for retarded citizens of Iowa.
- (37) The national alliance for the mentally ill of Iowa on mental illness.
- (38) The Iowa state association of counties.
- (39) The Iowa developmental disabilities council.
- (40) The Iowa chiropractic society.
- (41) The Iowa academy of nutrition and dietetics.
- (42) The Iowa behavioral health association.

(43) The midwest association for medical equipment services or an affiliated Iowa organization.

~~b. Public~~ Ten public representatives which may include members of consumer groups, including recipients of medical assistance or their families, consumer organizations, and others, ~~equal in number to the number of representatives of the professional and business entities specifically represented under paragraph "a",~~ appointed by the governor for staggered terms of two years each, none of whom shall be members of, or practitioners of, or have a pecuniary interest in any of the professional or business entities specifically represented under paragraph "a", and a majority of whom shall be current or former recipients of medical assistance or members of the families of current or former recipients.

c. A member of the hawk-i board created in section 514I.5, selected by the members of the hawk-i board.

3. The council shall include all of the following nonvoting members:

~~e.~~ a. The director of public health, or the director's designee.

~~f.~~ b. The director of the department on aging, or the director's designee.

c. The long-term care ombudsman, or the long-term care ombudsman's designee.

~~g.~~ d. The dean of Des Moines university — osteopathic medical center, or the dean's designee.

~~h.~~ e. The dean of the university of Iowa college of medicine, or the dean's designee.

~~i.~~ f. The following members of the general assembly, each for a term of two years as provided in section 69.16B :

(1) Two members of the house of representatives, one appointed by the speaker of the house of representatives and one appointed by the minority leader of the house of representatives from their respective parties.

(2) Two members of the senate, one appointed by the president of the senate after consultation with the majority leader of the senate and one appointed by the minority leader of the senate.

~~3.~~ 4. a. An executive committee of the council is created

and shall consist of the following members of the council:

(1) Five of the professional or business entity members designated pursuant to subsection 2, paragraph "a", and selected by the members specified under that paragraph, as voting members.

(2) Five of the public members appointed pursuant to subsection 2, paragraph "b", and selected by the members specified under that paragraph, as voting members. Of the five public members, at least one member shall be a recipient of medical assistance.

(3) The director of public health, or the director's designee, as a nonvoting member.

b. The executive committee shall meet on a monthly basis. The director of public health and the public member serving as co-chairperson of the council shall serve as ~~chairperson~~ co-chairpersons of the executive committee.

c. Based upon the deliberations of the council and the executive committee, the executive committee shall make recommendations to the director regarding the budget, policy, and administration of the medical assistance program.

~~4-~~ 5. For each council meeting, other than those held during the time the general assembly is in session, each legislative member of the council shall be reimbursed for actual travel and other necessary expenses and shall receive a per diem as specified in section 7E.6 for each day in attendance, as shall the members of the council or the executive committee who are recipients or the family members of recipients of medical assistance, regardless of whether the general assembly is in session.

~~5-~~ 6. The department shall provide staff support and independent technical assistance to the council and the executive committee.

~~6-~~ 7. The director shall consider the recommendations offered by the council and the executive committee in the director's preparation of medical assistance budget recommendations to the council on human services pursuant to section 217.3 and in implementation of medical assistance program policies.

Sec. 100. APPOINTMENT OF PUBLIC REPRESENTATIVES TO

MEDICAL ASSISTANCE ADVISORY COUNCIL — 2016. The director of human services shall make recommendations to the governor for appointment of public representatives to the medical assistance advisory council pursuant to section 249A.4B, subsection 1, paragraph "b", in order to fill all public representative positions on the council no later than June 30, 2016.

Sec. 101. EFFECTIVE UPON ENACTMENT. The following provision of this division of this Act, being deemed of immediate importance, takes effect upon enactment:

1. The section of this division of this Act directing the appointment of public representatives to the medical assistance advisory council no later than June 30, 2016.

CONTINUATION OF STATEWIDE PUBLIC MEETINGS

Sec. 102. 2015 Iowa Acts, chapter 137, section 63, is amended to read as follows:

SEC. 63. HEALTH POLICY OVERSIGHT — MEDICAID MANAGED CARE.

1. The department of human services shall partner with appropriate stakeholders to convene monthly statewide public meetings beginning in March 2016, and bi-monthly statewide public meetings beginning March 2017 and continuing through December 31, 2017, to receive input and recommendations from stakeholders and members of the public regarding Medicaid managed care, ~~beginning in March 2016~~. The meetings shall be held in both rural and urban areas, in small communities and large population centers, and in a manner that is geographically balanced. The department shall encourage representatives of Medicaid managed care organizations to attend the public meetings. The input and recommendations of the public meetings shall be compiled by the department of human services and submitted to the executive committee of the medical assistance advisory council created in section 249A.4B .

2. a. The executive committee of the medical assistance advisory council shall review the compilation of the input and recommendations of the public meetings convened pursuant to subsection 1, and shall submit recommendations based upon the compilation to the director of human services on a quarterly basis through December 31, 2017.

b. The director of human services shall submit the compilation and the recommendations made under paragraph "a" to the legislative health policy oversight committee created in section 2.45 through December 31, 2017.

Sec. 103. EFFECTIVE UPON ENACTMENT. The sections of this division of this Act amending 2015 Iowa Acts, chapter 137, section 63, being deemed of immediate importance, takes effect upon enactment.

HAWK-I PROGRAM

Sec. 104. Section 514I.5, subsection 8, paragraph d, Code 2016, is amended by adding the following new subparagraph:

NEW SUBPARAGRAPH . (17) Occupational therapy.

Sec. 105. Section 514I.5, Code 2016, is amended by adding the following new subsection:

NEW SUBSECTION . 10. The hawk-i board shall monitor the capacity of Medicaid managed care organizations to specifically and appropriately address the unique needs of children and children's health delivery.

DIVISION XXIII

FOOD PROGRAM

Sec. 106. IOWA EMERGENCY FOOD PURCHASE PROGRAM. There is appropriated from the general fund of the state to the department of agriculture and land stewardship for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

1. For purposes of supporting an Iowa emergency food purchase program:
..... \$ 100,000

2. The purpose of the Iowa emergency food purchase program is to relieve situations of emergency experienced by families or individuals who reside in this state, including low-income families and individuals and unemployed families and individuals, by distributing food to those persons.

3. The Iowa emergency food purchase program shall be managed by an Iowa food bank association selected by the department. The department may enter into a contract with the Iowa food bank association. The Iowa food bank association managing the program shall distribute food under the program

441—79.7 (249A) Medical assistance advisory council.

79.7(1) Officers. Officers shall be a chairperson and a vice-chairperson.

a. The director of public health shall serve as chairperson of the council. Elections for vice-chairperson will be held the first meeting after the beginning of the calendar year.

b. The vice-chairperson's term of office shall be two years. A vice-chairperson shall serve no more than two terms.

c. The vice-chairperson shall serve in the absence of the chairperson.

d. The chairperson and vice-chairperson shall have the right to vote on any issue before the council.

e. The chairperson shall appoint a committee of not less than three members to nominate vice-chairpersons and shall appoint other committees approved by the council.

79.7(2) Membership. The membership of the council and its executive committee shall be as prescribed at Iowa Code section 249A.4B, subsections 2 and 3.

79.7(3) Expenses, staff support, and technical assistance. Expenses of the council and executive committee, such as those for clerical services, mailing, telephone, and meeting place, shall be the responsibility of the department of human services. The department shall arrange for a meeting place, related services, and accommodations. The department shall provide staff support and independent technical assistance to the council and the executive committee.

79.7(4) Meetings. The council shall meet no more than quarterly. The executive committee shall meet on a monthly basis. Meetings may be called by the chairperson, upon written request of at least 50 percent of the members, or by the director of the department of human services.

a. Meetings shall be held in the Des Moines, Iowa, area, unless other notification is given.

b. Written notice of council meetings shall be mailed at least two weeks in advance of the meeting.

Each notice shall include an agenda for the meeting.

79.7(5) Procedures.

a. A quorum shall consist of 50 percent of the voting members.

b. Where a quorum is present, a position is carried by two-thirds of the council members present.

c. Minutes of council meetings and other written materials developed by the council shall be distributed by the department to each member and to the executive office of each professional group or business entity represented.

d. Notice shall be given to a professional group or business entity represented on the council when the representative of that group or entity has been absent from three consecutive meetings.

e. In cases not covered by these rules, Robert's Rules of Order shall govern.

79.7(6) Duties.

a. Executive committee. Based upon the deliberations of the medical assistance advisory council and the executive committee, the executive committee shall make recommendations to the director regarding the budget, policy, and administration of the medical assistance program. Such recommendations may include:

(1) Recommendations on the reimbursement for medical services rendered by providers of services.

(2) Identification of unmet medical needs and maintenance needs which affect health.

(3) Recommendations for objectives of the program and for methods of program analysis and evaluation, including utilization review.

(4) Recommendations for ways in which needed medical supplies and services can be made available most effectively and economically to the program recipients.

(5) Advice on such administrative and fiscal matters as the director of the department of human services may request.

b. Council. The medical assistance advisory council shall:

(1) Advise the professional groups and business entities represented and act as liaison between them and the department.

- (2) Report at least annually to the professional groups and business entities represented.
- (3) Perform other functions as may be provided by state or federal law or regulation.
- (4) Communicate information considered by the council to the professional groups and business entities represented.

79.7(7) Responsibilities.

a. Recommendations of the council shall be advisory and not binding upon the department of human services or the professional groups and business entities represented. The director of the department of human services shall consider the recommendations offered by the council and the executive committee in:

- (1) The director's preparation of medical assistance budget recommendations to the council on human services, pursuant to Iowa Code section 217.3, and
- (2) Implementation of medical assistance program policies.

b. The council may choose subjects for consideration and recommendation. It shall consider all matters referred to it by the department of human services.

c. Any matter referred by a member organization or body shall be considered upon an affirmative vote of the council.

d. The department shall provide the council with reports, data, and proposed and final amendments to rules, laws, and guidelines, for its information, review, and comment.

e. The department shall present the annual budget for the medical assistance program for review and comment.

f. The department shall permit staff members to appear before the council to review and discuss specific information and problems.

g. The department shall maintain a current list of members on the council and executive committee.



MAAC Executive Committee Voting Ballot

Please include your name and organization. Only ballots for designated organizations will be counted. Only one ballot per organization will be permitted.

Name: _____

Organization: _____

Public Members and Consumer Organizations

Please select ONE (1) from the list below. Mark X next to your selection.

Organization	Representative	Vote
Consumer Organizations		
AARP	Anthony Carroll	N/A Current Member
Alliance for the Mentally Ill of Iowa	VACANT	
ARC of Iowa	Doug Cunningham	
Coalition for Family and Children's Services in Iowa	Kristie Oliver	N/A Current Member
Iowa Association for Area Agencies on Aging	Jim Cushing	N/A Current Member
Iowa Developmental Disabilities Council	Richard Shannon	
Public Members		
Paula Connolly, Public Member (ASK Resource Center)		N/A Current Member
Brandi Jensen, Public Member (Brain Injury Alliance of Iowa)		
Jodi Tomlonovic, Public Member (Family Planning Council of Iowa)		
John Grush, Public Member		



MAAC Vice-Chairperson Voting Ballot

Please include your name and organization. Only ballots for designated organizations will be counted. Only one ballot per organization will be permitted.

Name: _____

Organization: _____

Vice-Chairperson

Please select ONE (1) from the list below. Mark X next to your selection.

Representative	Organization	Vote
Shelly Chandler	Iowa Association of Community Providers <i>*current Executive Committee Member</i>	
Kelsey Clark	Iowa Behavioral Health Association	
Rik Shannon	Iowa Developmental Disabilities Council	
Aaron Todd	Iowa Primary Care Association	
Jodi Tomlonovic	Iowa Family Planning Council	

Nominations

- Shelly Chandler, nominated by Kristie Oliver
- Kelsey Clark, nominated by Matt Blake
- Rik Shannon, nominated by Jodi Tomlonovic
- Aaron Todd, nominated by Sara Allen
- Jodi Tomlonovic, nominated by Aaron Todd