Hawki
Iowa HHS

Hawki Board Meeting Materials

Monday, December 18, 2023

1. December 18, 2023, Hawki Board Meeting Agenda
2. October 16, 2023, Hawki Board Meeting Minutes

Hawki
Iowa HHS

Elizabeth Matney, Medicaid Director **Healthy and Well Kids in Iowa (Hawki)**

AGENDA
Hawki Board of Directors Meeting
Monday, December 18, 2023
12:30 PM – 2:30 PM

Virtual Meeting via Zoom
https://www.zoomgov.com/j/1616694781
Meeting ID: 161 669 4781

12:30 PM	Roll Call – **Mary Nelle Trefz**
12:35 PM	Review and approval of Annual report — **Tashina Hornaday and all Board members**
12:40 PM	Approval of Minutes from October 16, 2023 — **Mary Nelle Trefz**
12:45 PM	New Business and Updates
1:00 PM	Public Comments
1:15 PM	Updates (Director, MCOs, Outreach, Communications)
1:45 PM	Identification and Discussion of priorities for educational Presentations and MCO engagement in 2024 — **Board members**
2:30 PM	Adjourn

For more information, contact Nell Bennett at nbennet@dhs.state.ia.us or Emma Nutter at enutter@dhs.state.ia.us.

Note: Times listed for items on the agenda are approximate and may vary depending on the length of discussion for preceding items. Please plan accordingly.

Hawki
Iowa HHS

Elizabeth Matney, Medicaid Director	Healthy and Well Kids in Iowa (Hawki)

Hawki Board of Directors Meeting

Monday, October 16, 2023

Hawki Board Members	Iowa Medicaid
Mary Nelle Trefz, Chair – present	Elizabeth Matney, Director
Angela Burke Boston – present	Rebecca Curtiss
Angie Doyle Scar – present	Paula Motsinger
Jim Donoghue – present	Joanne Bush
Shawn Garrington – present	Kurt Behrens
Representative John Forbes – present	Heather Miller
Senator Janice Wiener – present	Dr. William Jagiello
Representative Devon Wood –	Amela Alibasic
Senator Mark Costello –	Emily Eppens
Mary Scieszinski, Vice Chair –	Emma Nutter
Mike Stopulous –	Jamie Beskow
	Anna Casteel
	Guests
	Lynh Patterson, Amerigroup
	Kristin Pendegraft, ITC
	Theresa Jennings, Molina
	Nicole Miller, DDIA
	Dr. Gutshall, Molina
	Tashina Hornaday
	Julie Hibben
	Robert Aiken
	Laura Larkin
	Jamie Beskow

CALL TO ORDER AND ROLL CALL

Hawki Board chair Mary Nelle Trefz called the meeting to order at 12:30 PM. Mary Nelle called the roll and a quorum was achieved.

APPROVAL OF MEETING MINUTES

Mary Nelle and Angela Burke Boston noted minor corrections in the October 16 meeting minutes. The corrections were made and motion to approve was made by Jim Donoghue, and Angela Burke Boston seconded the motion. The motion carried and the minutes were approved.

PUBLIC COMMENT

There was no public comment.

NEW BUSINESS

Mary Nelle introduced Dennis Haney, Executive Officer with Iowa Medicaid, to speak on behalf of Director Matney regarding the Hope and Opportunity in Many Environments initiative. Dennis outlined the HOMEtown Conversations taking place this Fall across the entire state of Iowa. Medicaid's Home- and Community-Based Services team has enlisted the help of Mathematica to evaluate and redesign the waiver program currently in place. The HOMEtown Conversations are meant to gather feedback, new ideas and suggestions from the community, as well as providing a transparent update to those affected by the redesign. The goals of this waiver redesign will be shortened wait times for Medicaid members, and a more tailored, accessible, wraparound HCBS Waivers system.

Mary Nelle thanked Dennis and opened the floor for additional new business. No additional new business was raised.

COMPARISON OF BEHAVIORAL HEALTH SERVICES

Robert Aiken, Community Systems Consultant with the Behavioral Health Division, presented on the core services under the children's behavioral health system. He highlighted the recent merger of two regions in the southeastern part of the state, leading to a current count of 13 regions. Aiken emphasized the pivotal role of MHDS regions as a safety net, providing essential core services when individuals lack other forms of insurance coverage. He noted the eligibility criteria for children's services, emphasizing the importance of Medicaid coverage.

Aiken delved into the specifics of children's eligibility for services, mentioning the age criteria (under 18 years old), residency requirements for custodial parents, income thresholds, and the necessity of an SED diagnosis. He emphasized the role of regions in assisting with Medicaid enrollment for necessary mental health services. The presentation moved on to discuss the mandated core services available in every region, mirroring those provided by community mental health centers. These included assessment and evaluation, outpatient therapy, medication management, prevention efforts, education, and early intervention. Additionally, Aiken highlighted comprehensive crisis services and the introduction of outpatient competency restoration for youth involved in juvenile proceedings.

Aiken discussed additional core services funded by some regions but not mandated by law, such as IHH respite, family supports, habilitation, employment services, transportation, and education trainings. He emphasized the significance of crisis services, notably mobile response teams, crisis stabilization residential services, and community-based crisis stabilization. He also delineated the responsibilities of regional service coordinators, who serve non-Medicaid funded individuals akin to case managers or IHH care coordinators. Their duties encompass completing applications, facilitating service connections, and engaging in preventive activities.

Mary Nelle inquired about annual reporting requirements to distinguish services available for children versus adults. Aiken confirmed that all reporting, including quarterly and annual data, separates services by age categories. He highlighted the distinct tracking and reporting of services developed after the 2018-19 legislation for children's services.
Angela Burke Boston asked whether the standard of 60-minute response time was a state or federal requirement, and Robert confirmed it is a state law. Burke Boston then inquired about plans to coordinate with the justice system in the future. Aiken stated that there is existing capacity for adults involved with the justice system, and that future work to collaborate with the outpatient competency restoration is forthcoming.

OVERVIEW OF MENTAL HEALTH PARITY GUIDELINES

Tashina Hornaday outlined a comparison between the behavioral mental health services covered by Medicaid and Hawki. She highlights the differences in coverage for various services:

- Assertive Community Treatment and Behavioral Health Intervention Services, including applied behavioral analysis, are covered for Medicaid members but not for Hawki.
- (b)(3) services, such as intensive psychiatric rehabilitation, community support services, peer support, and residential substance use treatment, are covered for Medicaid members with an assigned MCO but not for Hawki.
- Inpatient mental health and substance abuse treatment, typical office visits for mental

health follow-ups, outpatient mental health and substance abuse services are covered for both Medicaid and Hawki members.

- Psychiatric Medical Institutions for Children (PMIC) are covered for Medicaid but not for Hawki members. However, there are crosswalks in place to assist Hawki members in accessing these services, though they're not covered at present.
- Children on Medicaid have EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) for additional medically necessary benefits, which are unavailable for Hawki members.

Following this presentation there was a discussion about the coverage differences and implications for services not covered by Hawki but required as (b)(3) services. Clarification was sought on whether the regions would pay for these services as the payer of last resort, considering they are required core services not covered by Hawki. Robert Aiken and Tashina Hornaday confirm that the regions pay for these services while attempting to transition the child to full Medicaid, even if they might not qualify based on income but could be eligible under medically needy criteria due to severe conditions requiring these services. Director Matney added a clarification on the differences between Hawki and other Medicaid programs like the Iowa Health and Wellness Plan (IHAWP). Certain block grants are available to offset gaps in the Hawki program, such as the Residential Substance Use Treatment Program and the Autism Support Program.

Hornaday went on to discuss the Federal Mental Health Parity Act, which has been in effect since 1996. Federal regulations demand parity in medical and mental health coverage. The ongoing assessment of Hawki coverage aims to ensure alignment with these requirements, considering the necessity for equitable coverage for children under Hawki.

DATA DASHBOARD ON CHILDREN'S BEHAVIORAL HEALTH

Kurt Behrens returned to continue the conversation around Medicaid's data dashboard, specifically the access and outcome measures for behavioral health and substance use services for ages 0-21. Behrens provided a refresher on the Medicaid dashboard filters and features. He spoke briefly on upcoming efforts to create a dashboard filter for the Hawki program so that the data can be viewed and compared to IHAWP and standard Medicaid data.

Mary Nelle invited a group discussion among the board. Jim Donoghue remarked that the dashboard looks good, and there was no further discussion.

PREVENTION OVERVIEW

Julie Hibben, Prevention Lead with the Bureau of Prevention, Treatment and Recovery,

presented a high-level overview of prevention models and current prevention projects in Iowa. Hibben shared a quote from the Substance Abuse and Mental Health Services Administration (SAMHSA) – "Prevention approaches focus on helping people develop the knowledge, attitudes and skills they need to make good choices or change harmful behaviors." She spoke about her path to this work and shared that the Iowa Board of Certification offers a Certified Prevention Specialist program. Hibben outlined prevention models such as the public health model, risk and protective factors, resiliency research, and the Strategic Prevention Framework (SPF). The steps of SPF are Assessment, Capacity, Planning, Implementation, and Evaluation. Interwoven in those five steps are Sustainability and Cultural Competence. Hibben stated the importance of prevention services which are data-driven, outcomes-based, focus on the lifespan of an individual, and which use Evidence-Based Programs, Practices and Policies (EBPs). Hibben went on to outline substance abuse trends, which included stable or declining rates of youth alcohol, tobacco, and vape usage. Current prevention projects and grants within Iowa include:

- County Substance Use Project
- Improving Tomorrow: Prevention Focused Mentoring Grant
- Integrated Provider Network Grant (Provides prevention services for all 99 Iowa counties)
- Overdose Data to Action in States
- Partnerships for Success: Preventing Alcohol Misuse Grant
- Strategic Prevention Framework for Prescription Drugs Grant

Senator Wiener asked whether the Bureau of Prevention, Treatment and Recovery collaborates with medical providers with respect to surgery and painkillers so that fewer opioids are being prescribed. The Senator recently met with a group based in Iowa City called Goldfinch Health which works toward the goal of ending the opioid crisis. Hibben confirmed the importance of collaborating with healthcare providers and highlighted a strategy called Academic Detailing through the Overdose State Action Grants for the CDC. This strategy involves meeting with healthcare providers to educate and encourage changes in practices, particularly regarding opioid prescriptions, leveraging CDC training called Public Guideline. Local counties were funded for academic detailing initiatives, which has been a supported approach in their prevention work.

OVERVIEW OF CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC (CCBHC)

Laura Larkin, Project Director for Iowa's CCBHC Planning Grant, presented an overview of the CCBHC project. Iowa received of a one-year planning grant by SAMHSA for the CCBHC program in March, aiming to prepare the state for a four-year CCBHC demonstration opportunity. The planning grant entailed several activities, including stakeholder engagement through focus groups across the state. Nearly 300 participants provided insights into common themes, notably the shortage of children's mental health

providers, transportation issues, and the need for flexible service hours. Laura detailed the state's responsibilities, which encompass certifying providers as CCBHCs, developing payment methodologies, and submitting a demonstration application by March 2024. An ongoing RFP process was mentioned, though specifics could not be addressed due to confidentiality. The CCBHC model aims to provide comprehensive mental health and substance use services, focusing on adults with serious mental illness, children with serious emotional disturbance, and individuals with significant substance use disorder. The model emphasizes whole-person care, coordination, and integration with healthcare providers. Larkin outlined the nine mandatory services under CCBHC, covering screening, comprehensive outpatient behavioral care, care coordination, peer and family support, psychiatric rehabilitation, medical screening, services for armed forces and veterans, mobile crisis, and designated collaborative organization (DCO) utilization. Positive outcomes reported in other states implementing CCBHC included reduced hospitalization, emergency department visits, and wait times, with improved health outcomes. Benefits for Iowa providers included cost-based reimbursement and enhanced FMAP for CCBHC services. A timeline for key activities leading to the application for the demonstration project in March 2024 was presented, covering the RFP process, selection of potential bidders, certification, and preparation for the application. Larkin concluded by sharing the state's ongoing activities, directing attendees to the website for additional information, and inviting questions.

Mary Nelle expressed gratitude and highlighted the significance of the board's awareness regarding the CCBHC initiative, particularly emphasizing its relevance concerning Hawki members. Seeking clarification on how the CCBHC would cater to the distinct behavioral health needs of children within its framework, she acknowledged the necessity to avoid solely adapting adult-centric approaches for kids. Larkin outlined proposals to integrate child-specific evidence-based practices within the CCBHC framework, specifically mentioning trauma-focused cognitive behavioral therapy and intensive in-home services tailored for children's needs. Stressing that care coordination would be available for children regardless of their Medicaid status, Laura emphasized the model's focus on serving individuals based on their needs, rather than their coverage. This approach, she suggested, held potential benefits, especially for children.

ANNUAL REPORT DISCUSSION

Mary Nelle directed the group’s attention to the impending annual report due to the legislature by year-end. Acknowledging Tashina's instrumental role in compiling this report, Mary Nelle anticipated reviewing and seeking approval for it in the next meeting, possibly necessitating an ad hoc meeting due to internal approval timelines. It is the Hawki Board’s responsibility to incorporate recommendations in the report for submission to the governor and legislature.

Angela Burke Boston contributed to the discussion, expressing eager anticipation of future developments with the dashboard to include Hawki-specific information. Shawn Garrington expressed concern at the discrepancies in behavioral health interventions between Medicaid and the Hawki program, which were discussed earlier in the meeting. Garrington stated that supplemental grants may not be enough to properly address the needs of children on the Hawki program. Angie Doyle Scar raised the subject of legislation around the consolidation of Hawki with the Medical Assistance Advisory Council but did not make any formal recommendations. Mary Nelle adjourned the meeting after stating there may be an Ad Hoc Hawki Board meeting to approve recommendations before the next Hawki Board meeting on December 18th.

Meeting adjourned at 2:29 PM.
The next meeting will be Monday, December 18, 2023.

Submitted by Nell Bennett Recording Secretary
nb