

# Council on Health and Human Services

## Meeting Minutes

FEBRUARY 7, 2024

COUNCIL MEMBERS	HHS STAFF
Rebecca Peterson ✓	Director Kelly Garcia
Dr. Donald Macfarlane ✓	Matt Highland ✓
Sam Wallace ✓	Sarah Reisetter ✓
Jack Willey ✓	Zach Rhein
Monika Jindal ✓	Sarah Ekstrand ✓
Kay Fisk ✓	Elisabeth Matney
Andrew Allen	Cory Turner
Sandra McGrath ✓	Erin Drinnin
Samantha Rozeboom	Janee Harvey
	Marissa Eyanson
	Robert Kruse ✓

EX-OFFICIO LEGISLATIVE MEMBERS
Senator Jeff Edler
Senator Sarah Trone Garriott
Representative Heather Matson
Representative Ann Meyer

### Call To Order

Council Chair, Rebecca Peterson called the Council meeting to order at 10:03 a.m. via zoom teleconference.

### Roll Call

Seven Council members were in attendance. Andrew Allen and Samantha Roseboom were unable to attend.

No Ex-Officio members were present.

Sam Wallace moved to approve the December minutes and Kay Fisk seconded this. The council members said “aye” no changes or issues.

Sam Wallace moved to approve the January minutes and Sandra McGrath seconded this. The council members said “aye” no changes or issues.

### Substance Use and Problem Gambling Licensure

#### HHS Council Subcommittee Report

Canceled. Will resume next month.

### Director’s Report

HHS Director, **Kelly Garcia** (presented by **Matt Highland**, Director of Strategic Operations)

#### Behavioral Health Bill:

- Legislation was introduced this week to establish a Behavioral Health Service System (HSB 653 and SSB3146).

- This legislation stems from our service delivery alignment assessment work with HMA this last year and that we shared with you in January.
- The legislation establishes a new code chapter for Iowa's Behavioral Health Service System effective July 1, 2025.
  - It outlines the structure, function, governance, and authority for a new district Administrative Service Organization structure to truly stand up a BH system in the state that integrates mental health and addictive disorders into on cohesive system.
  - It also integrates disability services language with Aging to concentrate on home and community based long term services and supports.
- Overall, the feedback we've received has been positive. We've been engaging with our providers, elected officials, and other partners to gather their thoughts and talk through potential concerns.
- To establish a baseline for monitoring outcomes for the HHS system, HHS created county system snapshots. [HHS System County Snapshots | Health & Human Services \(iowa.gov\)](https://hhs.iowa.gov/initiatives/system-alignment/hhs-system-county-snapshots)
  - Each snapshot includes demographic information as well as 15 key indicators.
  - The indicators describe social, economic, and environmental factors, as well as healthy behaviors and outcomes.
  - The indicators are data from Healthy Iowans, our state health assessment and state health improvement plan.
- HHS is using these snapshots to educate stakeholders about successes and challenges within counties and the needs of the overall system.
- The house HHS subcommittee is meeting this morning, and the senate HHS subcommittee is meeting Monday next week.

#### Want to Provide a Brief Update on the Boys State Training School

- As it relates to personnel, there is limited information I can share.
- Jason Soddors, Talana Holman and Travis Galloway are no longer employed with the Department of Health and Human Services effective January 31, 2024.
- While we are working quickly to hire a new superintendent, Cory Turner, State-Operated Specialty Care Division Director will remain the interim superintendent of the Boys State Training School.
- Again, I am limited in what I can share, but did want to acknowledge that change in leadership at the facility.

#### SNAP Error Rate

- Our SNAP accuracy error rate is at the lowest it has been in many years. In Jul. 2019, the SNAP error rate was 10.02%, above the allowable 6% threshold and national average of 6.8%. In Jul. 2020, the SNAP error rate was 12.47%. Our 2023 SNAP unofficial error rate is 5.09%.

Iowa County Snap Shots can be found at: [https://hhs.iowa.gov/initiatives/system-alignment/hhs-system-county-snapshots?utm\\_medium=email&utm\\_source=govdelivery](https://hhs.iowa.gov/initiatives/system-alignment/hhs-system-county-snapshots?utm_medium=email&utm_source=govdelivery).

#### Update Regarding Matt Highland's Role, he related that:

- He is proud to have worked alongside the team at HHS and the growth that has afforded him.
- He is grateful for his team who pushed him and helped me to grow. He is also grateful to have been part of such a dynamic and forward-thinking executive team.
- He is particularly proud of our work around equity and transparency. These are things he cares deeply about, as does his team, and HHS more broadly.

With his departure and other recent changes, like IT moving to Department of Management and time over the past six months for teams to settle in from other departments, there will be refinements to our structure.

- Performance, Transformation and Health Equity will move to Administration, now led by our Deputy Director Liz Matney,
- Volunteer Iowa and Refugee Services will join Community Access.
- FaDSS and our Community Advocacy team will join Family Wellbeing and Protection.
- Criminal and Juvenile Justice Planning will join compliance, which has similar functions like the long-term care ombudsman.

You'll see these changes reflected on our org chart online in the coming weeks.

### **State Medical Director's Report**

State Medical Director, **Dr. Robert Kruse** presented.

#### Iowa National Guard Primary Prevention Programs

- There is a new partnership between Iowa HHS and the Iowa National Guard.
- The entire Department of Defense is starting up a Primary Prevention Program based on the public health model for all armed services, active and reserve, worldwide. Part of that work is for the Iowa National Guard to create teams and assist in establishing a professional network with Local, County, and State government agencies.
- The primary prevention efforts are targeted at four primary prevention focus areas are:
  - Family Violence
  - Self Harm
  - Workplace Violence
  - Sexual Violence
- The primary goal is to improve the lives of National Guard Service men and women and their families, but we also see possible positive second and third-order effects on Iowa communities.
- Each National Guard team is responsible for assessing service men and women and their families' needs, risk and protective factors, and the prevention capabilities in their area. Then, they build a comprehensive integrated primary prevention plan based on that assessment and provide evidence-based solutions to service men and women and their units to prevent adverse outcomes.
- We had our first meeting last month to open initial communication channels in this programming area.
- This is another great example of cross agency partnership with the Divisions of Community Access, Public Health, and Behavioral Health in Iowa Health and Human Services.

#### Senior Leadership Meeting- Essential Services presentation

- At our Senior Leadership meeting last month, we had teams from across the agency present on the core public health functions and the 10 essential services as a framework.
- This session provided an opportunity to learn more about the work of public health and how it supports the work we do throughout HHS. The 10 Essential Public Health Services, often referred to as the Essential Services, describe the public health activities that all communities should undertake. Although widely used in the field of public health, the Essential Services can also be applied to our work across HHS.

- A little background on the 10 Essential Public Health Services. It provides a framework for public health to protect and promote the health of *all people in all communities*. To achieve equity, the Essential Public Health Services actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities.
- Our goal is to have our leadership team understand the 10 Essential Services, connect these concepts to their individual work, and then think about how they might apply the entire framework to help advance the work of a comprehensive health and human services system for Iowa.
- This is another way of how we are able to collaborate across the agency and utilize frameworks to support each other's Division's work.

#### Bureau of Rad Health - Radiation Drill

- Last month, the Bureau of Radiation Health participated in a Radiation Emergency Preparedness rehearsal exercise for the Quad Cities Generation Station nuclear plant.
- The Bureau of Rad Health is the radiation authority for the State of Iowa
- The state of Iowa is a Nuclear Regulatory Commission (NRC) Agreement state to license entities for the use of radioactive materials within Iowa. We also participate in specific exercises such as those related to acts of radiological terrorism.
- This bureau requests and coordinates Federal radiological asset support as well as documents dose and tracks all exposed persons – both the public and emergency workers.
- This was a dress rehearsal exercise to prepare for an additional FEMA evaluated exercise at the end of the month.
- We exercise a plume exercise cycle of once every two years when Quad Cities Generating Station is required to be evaluated by FEMA.
- Within that every 2-year cycle, the Hostile Action Based (HAB) exercise is evaluated by FEMA once every eight years. (February 2024 with QCGS).
- We also have an Ingestion Pathway Exercise that is evaluated by FEMA once every eight years. We will be participating with Cooper Nuclear Station in Brownville, NE in September of this year.
- We also drill internally on a quarterly basis to ensure readiness for a real-world incident.
- We participate with designated hospitals for nuclear power plant medical responses exercises (Medical Service I drills) annually as they are evaluated every other year and are required to drill in the off years.
- It is also recommended IPX drills are held every 2 years in between the evaluation cycle for preparedness purposes.
- Our other big effort is training with our state partners including the 71st Civil Support Team, Iowa HazMat teams, Bomb Squads, Des Metro S.T.A.R. SWAT Team, and additional first responder teams in Iowa for preparedness and response efforts for radiological and nuclear incidents.

#### Child Care Update

Ryan Page, Director of Child Care, Division of Family Well-Being and Protection  
*presentation available online.*

551/764 (72%) of eligible families with valid email addresses were surveyed. We received 382 responses for a 69% response rate.

\$414 million has been spent including approximately:

- \$219 million stabilization grants
- \$37 million recruitment and retention
- \$84.5 million in stipends, supporting absent days, purchasing PPE
- \$30 million IICC

Funding also went to supporting new contracts for professional development, TEACH and WAGES\$, Shared Services, training reimbursements, Business Incentive Grants, and quality rating bonuses.

Opportunities Exchange is an organization that helps the early childhood field achieve financial sustainability and strong child outcomes through Shared Services.

### **Department of Inspections, Appeals, and Licensing Rule Making** **Ashleigh Hackel**, General Counsel, Administration Division

A Notice of Intended Action (NOIA) for new ambulatory surgical center rules will be submitted for publication in the IAB on February 21, 2024, and is presented to Council for feedback. No Council action needed.

DIAL's Notice of Intended Action proposed promulgation of new Chapter 49 “Ambulatory Surgical Centers,” and implements Iowa Code chapter 135R, as enacted by 2023 Iowa Acts, Senate File 75. The rulemaking establishes a license application and renewal process, including clarifying implementation of Iowa Code chapter 135R in association with the Certificate of Need program; implements an inspection frequency, substantive licensing standards, and external data reporting consistent with the federal Medicare program for ambulatory surgical centers as required by Iowa Code chapter 135R; and describes standard procedures as to access to records, referral of pertinent findings or allegations, notifications of final findings, inspector conflicts of interest, waiver processes, and enforcement for noncompliance. This Notice is expected to publish on February 21, after which it will be presented to the Administrative Rules Review Committee and be subject to two public hearings.

### **Regulatory Analysis Review**

Joe Campos, Compliance Division, Admin Rules Coordinator

Notice of Intended Action relating to HF 707

This proposed rulemaking implements the Child Care Assistance (CCA) program. The amendments to Chapter 170 update family income level to 160 percent of the federal poverty level (FPL), revises the provider reimbursement rates, and updates the minimum hours of participation from 28 hours to 32 for families who do not have a special needs child. Also, these amendments revise the CCA family fee chart to update annual Federal Poverty Level (FPL) changes. We have received two public comments, both relating to pay scale for childcare centers. You can find the definition of “special needs” included in the Child Care Update presentation shared by Ryan Page. It does need to be a diagnosable disability. Currently the hours of work being counted towards eligibility does not include substance abuse treatment. They would like to change the code. This is not being discussed during this legislation but will work towards this in future legislation along with residential services or outpatient services and mental health treatment.

### **Council Updates**

For HHS's re-alignment plan, HMA looked at the systems in many states. Within all states each county may have differing systems in place. They are looking not only at the states as a whole but regions within states.

Discussion of pre-authorization for medical procedures:

This is being changed to 72-hour turnover to receive approval for each procedure as well as for treatment. Could this time be brought down using "AI" and other modern techniques. Ideally you could put in the request and receive a response immediately. As insurance is under the control of the state, we could promote emergency medical approvals take one hour. Is this worth looking into down the road. Federal requirements restrict as well. However, the 72-hour rule is better than the week doctors are currently dealing with for approvals. It would likewise be helpful to lessen the amount of paperwork providers need to do.

Link to CMS Rule to expand access to health information and improve the prior authorization process: <https://www.cms.gov/newsroom/press-releases/cms-finalizes-rule-expand-access-health-information-and-improve-prior-authorization-process#:~:text=Beginning%20primarily%20in%202026%2C%20impacted,for%20medical%20items%20and%20services.>

Dr. Donald Macfarlane made a formal motion to show Matt Highland appreciation for his years of outstanding service to HHS and the Council.

### **Adjournment**

A motion was made by Jack Willey and seconded by Dr. Donald Macfarlane to adjourn the meeting. Meeting adjourned at 11:29a.m.

Respectfully Submitted by:  
Laura Myers  
Council Secretary