

Medical Assistance Advisory Council (MAAC)

MEETING MINUTES

November 14, 2024

CALL TO ORDER AND ROLL CALL

Angie Doyle-Scar, Division of Public Health and Co-chairperson of the MAAC, called the meeting to order at 1:00 p.m. Scar called the roll, attendance is reflected in the separate [roll call sheet](#)¹ and a quorum was achieved.

APPROVAL OF PREVIOUS MEETING MINUTES

The [minutes from the August 22, 2024](#)², meeting were approved by the council.

BENEFICIARY ADVISORY COUNCIL (BAC) PRESENTATION

Jessica McBride, Project Officer of Compliance, presented on updates regarding the [Beneficiary Advisory Council \(BAC\)](#)³.

McBride explained that the BAC will consist of individuals who are currently or have been Medicaid beneficiaries and individuals with direct experience supporting Medicaid beneficiaries.

The BAC will advise the MAAC regarding:

- Their experience with the Medicaid program,
- Matters of concern related to policy development and
- Matters related to the effective administration of the Medicaid program.

A BAC member interest form, McBride noted, was being developed by Medicaid and will be sent out to Medicaid recipients. The interest forms will be reviewed by Medicaid and the Medicaid Director will be responsible for selecting BAC members. The BAC term length is still being determined but will be set by the State.

¹ <https://hhs.iowa.gov/media/15462/download?inline>

² <https://hhs.iowa.gov/media/15003/download?inline>

³ <https://hhs.iowa.gov/media/15013/download?inline>

BAC members will be able to decide whether they include their names in the membership list and meeting minutes that will be posted publicly. Additionally, BAC members will be given stipends for their participation on the BAC.

McBride announced that, in the winter of 2025, the above information and interest form would be shared during a [Medicaid member town hall](#)⁴.

A certain number of BAC members will need to be on the MAAC board:

- July 2025 through July 2026, 10% of the MAAC members must come from the BAC.
- July 2026 through July 2027, 20% of MAAC members must come from the BAC.
- Thereafter, 25% of MAAC members must come from the BAC.

The BAC must meet separately from the MAAC, on a regular basis and in advance of each MAAC meeting to ensure BAC member preparation for each MAC meeting.

The BAC will advise the MAAC on the below topics and related topics:

- Additions and changes to services
- Coordination of care
- Quality of services
- Eligibility, enrollment and renewal processes
- Beneficiary and provider communications by State Medicaid agency and Medicaid managed care organizations (MCOs), prepaid inpatient health plans (PIHPs), prepaid ambulatory health plans (PAHPs), primary care case management (PCCM) entities or PCCMs
- Cultural competency, language access, health equity, and disparities and biases in the Medicaid program
- Access to services
- Other issues that impact the provision or outcomes of health and medical care services in the Medicaid program as determined by the MAAC, BAC or State

Following McBride's presentation and in response to Dr. Dave Carlyle's, Iowa Academy of Family Physicians, question, it was clarified that BAC members who are also on the MAAC will **not** be voting MAAC members.

⁴ <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/public-meetings/medicaid-town-halls>

Hawki Coverage Options

Kendra Sales, Iowa Health and Human Services (HHS), presented on [Hawki⁵ Coverage Options⁶](#). Sales and her team have been reviewing other state's Children Health Insurance Programs (CHIPs).

CHIP Coverage: States that Cover Unborn Children

Currently, Oklahoma and Missouri's CHIPs cover unborn children. Missouri provides coverage up to 305% of the Federal Poverty Level (FPL) and Oklahoma provides coverage up to 185% FPL. For Iowa to expand coverage to unborn children, a State Plan Amendment or waiver would need to be implemented.

CHIP Coverage: States that Cover Pregnant Women

Currently, Colorado, Kentucky and Missouri's CHIPs cover pregnant women. Colorado provides coverage up to 260% FPL, Kentucky provides coverage up to 218% FPL and Missouri provides coverage up to 305% FPL. For Iowa to expand coverage to pregnant women children, a State Plan Amendment or waiver would need to be implemented.

Iowa's CHIP: Hawki Coverage and Eligibility

Hawki covers prenatal and labor and delivery services. Coverage for pregnancy related services end for the mother after the birth of the child.

Hawki coverage is available to pregnant women with a household income up to 302% FPL and who meet certain immigration requirements.

Expanded CHIP Eligibility

The unborn child option allows the State to consider the unborn child a low-income child for purposes of CHIP coverage. Additionally, this option could allow pregnant women, regardless of immigration status, to receive prenatal care and labor and delivery services up to 302% FPL.

Open Discussion on Hawki Coverage Options

In response to Mary Nelle Trefz, Public MAAC member, Tashina Hornaday, HHS, stated that Medicaid is still in the process of researching what the best course of action – be it a State Plan Amendment or waiver – would be regarding expanding Hawki coverage. Hornaday clarified, also in response to Trefz, that

1. Expanded Hawki coverage for **an unborn child** would **end** after the child is born and
2. Expanded Hawki coverage for **pregnant women** would **not end** after their child is born.

⁵ Hawki (Healthy and Well Kids in Iowa).

⁶ <https://hhs.iowa.gov/media/15009/download?inline>

Trefz requested that Medicaid research the estimated cost of both options. Trefz noted that both would draw down a higher federal match and that covering more individuals would result in additional costs.

Dr. Carlyle expressed appreciation for the State looking into the issue of pregnant women being unable to access the “Obamacare⁷” marketplace. He stated that this issue is a high priority for the medical community, Iowa and other states as well as for the American Academy of Family Physicians and the American Medical Association.

Another potential solution to address this issue, Dr. Carlyle pointed out, was to take steps to make pregnancy a qualifying life event (QLE) in Iowa. Granted, to make pregnancy a QLE, this would require federal regulation which could take great effort and time to implement.

Marcie Strouse, Public MAAC member, in response to the points raised by Dr. Carlyle, raised the question of if it was better to attempt to expand Hawki coverage by working at a state or national level.

Rebecca Curtiss, Deputy Director of Medicaid, stated that Hawki coverage was not included in the legislative session briefs. Additionally, without a bill to react to, there cannot be a fiscal note. While this issue can be further researched, conducting fiscal assessments requires gathering data and collaborating with multiple departments, which takes a significant amount of time and effort.

To move this issue forward, Strouse suggested that a bill be written. For a bill to be written, an appropriate association would have to draft a bill and then the bill would have to find a sponsor to “champion” it at a state leadership level. Strouse remarked that the American Medical Association could perhaps assist with drafting such a bill and/or lobbying for it.

Dr. David Beeman, Iowa Psychological Association, pointed out that the MAAC – according to regulations – is supposed to receive information from HHS as well as to advise HHS.

Following the MAAC’s open discussion of expanding Hawki coverage to pregnant women or their unborn children, the MAAC voted to have Dr. Carlyle and Trefz send questions regarding this issue to Deputy Director Curtiss and to have further discussion on this issue at the next MAAC meeting with the goal of potentially reaching an official recommendation. Quorum was achieved.

⁷ “Obamacare” is an informal name for the Affordable Care Act (ACA).

MEDICAID DIRECTOR'S UPDATE

The Medicaid Director's Update was provided by Deputy Director Curtiss.

At about 47 minutes into the meeting, due to an unknown technical issue, some of the Zoom attendees (mostly HHS staff) temporarily lost connection, including Deputy Director Curtiss. Doyle-Scar facilitated the meeting during this time. While Deputy Director Curtiss and others who lost connection were able to rejoin the meeting within a few minutes – at about 49 minutes into the meeting - this slightly impacted the order of presentations. Deputy Director Curtiss began to present after the Hawki Coverage discussion and resumed her presentation after the managed care plan (MCP) updates.

Iowa Medicaid Director Announcement

Director Liz Matney's resignation was announced, and Deputy Director Curtiss detailed nationwide recruitment efforts for a new director.

Provider Rate Reviews

To prepare for the upcoming legislative session, Iowa Medicaid has assembled a provider rate packet for the government relations team to circulate during session.

Medicaid Reference Guide

Deputy Director Curtiss detailed upcoming changes to the Medicaid reference guide, which can now be found on the [HHS website](#)⁸. Doyle-Scar asked whether the Medicaid reference guide would include a section on In Lieu of Services (ILOS) which was a topic discussed earlier in the meeting.

Medicaid Administrative Rule Review

The state is reviewing extensive Medicaid administrative rules to improve efficiency in how the program is administered. The review process is complex and ongoing, and the public can follow updates on the administrative rules website.

HOME Program Update

The HOME (Hope and Opportunity in Many Environments) program is focused on redesigning Medicaid waivers for individuals with disabilities. The goal is to streamline multiple programs into two waivers, involving a wide range of stakeholders. The project is large and comprehensive, and while there was an intended timeline for public comments to be posted in November, progress has been delayed to ensure thorough evaluation. Deputy Director Curtiss assured the MAAC that the project is not stopping, just temporarily pausing for further consideration.

⁸ <https://hhs.iowa.gov/>

Open Discussion

After the director's update concluded, the floor was opened for questions. Dr. Carlyle raised a question on behalf of the Iowa Academy of Family Physicians about Medicaid's provider rates from March to October of 2024. Deputy Director Curtiss stated that this was due to an IT mistake and that an Informational Letter (IL) had been published explaining the mistake. Hornaday included a link to [IL No. 2636-MC-FFS](#)⁹ in the meeting chat.

Trefz asked whether the postpartum State Amendment Plan had been submitted to the Centers for Medicare & Medicaid Services (CMS), and Deputy Director Curtiss confirmed that it had been submitted to CMS.

MANAGED CARE PLAN (MCP) UPDATE

Molina Healthcare (MOL)

Briana Alexandres, Manager of Member Communications and Materials at MOL, provided a brief update on [MOL's recent activities](#)¹⁰.

On November 8, Molina, partnering with Hy-Vee, distributed fresh produce and offered free flu shots in Ottumwa, Keokuk and Sioux City.

Alexandres presented on MOL's new value-added benefits:

- If MOL members receive a flu shot, they can earn \$10 in healthy rewards.
- If MOL members complete an annual adult physical exam or a well-child visit, they can receive an annual YMCA membership.
- If pregnant MOL members notify MOL about their pregnancies in the first, second or third trimester, members can receive between \$25 to \$50 gift cards once per pregnancy. The goal of this initiative is to let MOL know which of their members is pregnant so that they can reach out to offer them interventions and additional care.
- If MOL members set up a member portal for them or their child, they can earn \$20 in healthy rewards.
- If diabetic MOL members (ages 18+) completes an annual A1c and diabetic eye exam, they can earn up to \$50.
- In 2025, MOL will be introducing a Virtual Diabetes Care Series. Members (ages 18+) with type 1 or 2 diabetes or pre-diabetes can earn up to \$100 for completing the series.

⁹ <https://secureapp.dhs.state.ia.us/IMPA/Information/ViewDocument.aspx?viewdocument=07b376e8-0054-40ec-9536-e138abd3de58>

¹⁰ <https://hhs.iowa.gov/media/15011/download?inline>

Following Alexandre's presentation, Susie Roberts, Iowa Academy of Nutrition and Dietetics, stated that the Knoxville Hospital will be launching a pilot diabetes prevention program (DPP) in January. Roberts went on to ask if claims from this program could be submitted to Iowa Medicaid. Curtiss stated that Iowa Medicaid and the MCOs have been working on this DPP reimbursement issue, but that further research is needed.

Iowa Total Care (ITC)

Paul Mulhausen, Chief Medical Officer at ITC, provided a brief update on ITC's recent activities.

ITC has partnered with Central Iowa Shelter & Services (CIS) to address homelessness by working on an app and creating housing command centers. The app will help to connect people at risk of or experiencing homelessness or food insecurity connect with resources. The app, tentatively, will launch in December. Additionally, there will be three housing command centers in Des Moines, Ottumwa and Grinnell. The groundbreaking for the Grinnell location is set for December 11, 2024, and the groundbreaking for the Ottumwa location is set to occur in 2025 during the first quarter.

Using the Find Help platform, ITC has helped to address social determinants of health (SDOHs).

- In 2024, ITC's Find Help online portal had over 20,000 searches.
- ITC has used Find Help over 900 times and has had a success rate of roughly 60% when it came to ensuring "closed loop referrals."
- To increase people reached and helped through Find Help, ITC will be distributing QR codes (that direct people to Find Help) in over 100 Iowa locations such as churches, schools, colleges, food pantries and so on.

In addition to CIS, ITC has also partnered with Hy-Vee:

- ITC and Hy-Vee have distributed fresh produce to families through the "Be Well. Eat Well." program.
- The My Health Pays Rewards program has been expanded to include Hy-Vee. ITC members can use their rewards card at Hy-Vee grocery stores, pharmacies and even gas stations.
- As a part of a pilot program, ITC will work to connect diabetic members with Hy-Vee dietitians in two counties, Poweshiek and Wapello. So far, 40 members have been enrolled. ITC plans to have the number of enrollees grow and to expand to other counties.

Following Mulhausen's presentation, Cheryl Jones, Iowa Chapter of National Association, expressed that she was excited to hear that ITC and community partners

are working to address issues like homelessness in counties like Wapello, Davis and Van Buren.

Wellpoint (WLP)

John McCalley, Health Equity Director WLP, provided a brief update on [WLP's recent activities](#)¹¹.

Through community partnerships and housing stability initiatives, WLP has helped over 1,000 members avoid eviction or transition from homelessness to safe housing. WLP has addressed housing stability in 23 counties and is planning on expanding to other counties, particularly, rural and medium sized counties.

Best Buy and Wellpoint have worked together to create and support a Teen Tech Center in the Oak Ridge community in Des Moines. This initiative provides support and skills to at-risk youth.

Regarding member impact, McCalley explained that WLP had helped 36 members with various physical and behavioral health needs. He also highlighted the many programs and organizations WLP coordinates with – such as Access2Care and the Hawkeye Area Community Action Program (HACAP) - to meet members' needs.

One of the 36 members who was helped was a member living at a Senior Center who needed hearing aids. The member's WLP case manager was able to provide the member with donated hearing aids and \$200 toward a hearing exam through the local Lion's Club. Milestone Area Agency on Aging donated the remaining \$125 for the exam and Access2Care provided transportation to the exam.

Additionally, WLP helped another member in a wheelchair secure a ramp through the In Lieu of Services (ILOS) program. ILOS allow individuals on Home and Community-Based Services (HCBS) waiver services waiting lists to get access to services like waiver services. ILOS help to bridge the gap for vulnerable Iowans, like this member, who are on a waiver services waiting list.

WLP has hosted, attended or had volunteers at 122 events, meetings and presentations across 29 counties. For example, WLP staff have volunteered at food banks and presented a check to Life Connections.

In Polk County, the YMCA and ITC have collaborated to provide individuals at risk of or experiencing homelessness with resources and assistance moving into stable and

¹¹ <https://hhs.iowa.gov/media/15010/download?inline>

secure permanent housing. WLP also sponsored and had volunteers attend NAMI's annual mental health awareness walk in Des Moines.

In Linn County, WLP partnered with YPN for its annual parenting resource fair in Cedar Rapids. Additionally, WLP partnered with VALOR, Inc. for its annual Stand Down for Veterans resource fair in Cedar Rapids.

In Johnson County, WLP sponsored IC Compassion's Neighborhood Welcome Festival for all cultures throughout Iowa City.

McCalley emphasized WLP's commitment to volunteering, noting that WLP associates' volunteer time exceeds ten hours.

Following McCalley's presentation, McCalley confirmed that WLP Iowa administers Hawki for the State. Additionally, Dr. Carlyle asked if research could be done into WLP Texas since, to Dr. Carlyle's understanding, Texas' CHIP covers unborn children. In response to Dr. Carlyle, McCalley recommended gathering data from Texas Medicaid rather than a single MCO so that a larger data pool could be referenced. Mulhausen agreed with McCalley.

Curtiss, responding to Dr. Carlyle, confirmed that Medicaid and Hawki are two separate programs and State Plan Amendments. Additionally, Hornaday, HHS, added that their funding is separate. Their matches¹² are different as well. However, Hawki is under the Medicaid umbrella.

PREPAID AMBULATORY HEALTH PLAN (PAHP) UPDATE

Delta Dental of Iowa (DDIA)

Gretchen Hageman, Vice President of Government Programs DDIA, provided a brief update on DDIA's recent activities.

DDIA has been working with the MCOs on an emergency room (ER) diversion project. DDIA and the MCOs¹³ have a data sharing agreement with the MCOs where their Emergency Department ICD-10 oral health codes data is shared weekly. This is done so that DDIA can reach out to members who have gone to the ER for oral healthcare needs and begin connecting them to dentists in their communities and providing care coordination services with the goal of getting members regular dental care so that they don't have to go to the ER in the future. DDIA has gathered a list of about 200 of these members and has connected with about 18% of these 200 members, some of whom

¹² Match refers to the money state governments receive from the federal government to help pay for their Medicaid programs.

¹³ Currently, just ITC, though MOL and WLP are working toward sharing their data.

now have dental appointments scheduled thanks to this project. DDIA is continuing to call the other 78% of members.

The Dental Connections Smile Squad Mobile Dental Unit and DDIA have collaborated to increase dental care access for children and adults in central Iowa in counties like Polk, Dallas and Warren. Recently, dental care was provided to 50 members at the Fort Dodge federally qualified health center (FQHC). There are plans to bring this service to five rural counties in Iowa with no nearby dental providers.

Starting January 1, 2025, eligible DWP members can receive a \$10 Amazon gift card for completing wellbeing activities:

1. Get a dental cleaning
2. Complete the PreViser Oral Health Survey

This aligns with Iowa Medicaid's Dental Quality Strategy to increase preventive care, improve oral health equity and improve coordination and continuity of care.

Hagemen, responding to a question raised by Diana Findley, Iowa CareGivers, stated that DDIA has provided funding to rural health clinics and hospital clinics to help prevent and treat aspirated pneumonia.

MCNA Dental

Nicole Cusick, Provider Relations Manager MCNA Dental, provided a brief update on [MCNA's recent activities](#)¹⁴.

Cusick began by summarizing MCNA's provider outreach for Quarter 1 State Fiscal Year 2025 (Q1 SFY25). In Q1, there were 104 provider site contact visits, 107 new providers were credentialed and 55 out of 107 providers went through the new provider orientations.

To reduce administrative burden and improve provider satisfaction, MCNA, during site contact visits, reviews the facility's quarterly Practice Site Performance Summary. By reviewing the summary, this

- Gives providers a snapshot of their claims/pre-authorization submission data in comparison to their peers,
- Tracks claim submission lag times and
- Helps providers identify common avoidable denials.

¹⁴ <https://hhs.iowa.gov/media/15012/download?inline>

- [Cusick provided the top five claims denial/rejection reasons for Q4 2024 and Q1 2025](#)¹⁵.

Cusick highlighted how MCNA's efforts to reduce administrative burden appear to be working as the avoidable denials trended down between Q4 2024 and Q1 2025.

During the summer and fall, MCNA participated in several community events where they educated attendees on the importance of routine dental care and how to locate MCNA dental providers as well as distributed various resources (like backpacks), dental care items (like toothbrushes and dental kits) and educational materials to attendees:

- July 2024
 - Community Health and Job Fair in Perry, IA
- August 2024
 - People's Community Health Fair in Waterloo, IA
 - Green to Go Rock the Center in Sioux City, IA
 - Green to Go Back to School Bash in Des Moines, IA
- September 2024
 - Green to Go Viva Ottumwa in Ottumwa, IA
 - Fairfield Hy-Vee Block Party in Fairfield, IA

Lastly, Cusick mentioned that MCNA is preparing and registering providers for their Fall Provider Seminar.

MCO QUARTERLY REPORT AND MEDICAID DASHBOARD

Kurt Behrens, Managed Care Reporting and Oversight (MCRO), reviewed the Managed Care Organization (MCO) Quarterly Report for Quarter 4 State Fiscal Year 2024 (Q4 SFY 24). All information available in the quarterly report will be available in some form in the [Iowa Medicaid Dashboard](#)¹⁶ which can be accessed on the [Agency Dashboards webpage](#)¹⁷.

The Iowa Medicaid Dashboard is divided into three categories, Traditional Medicaid, Hawki and the Iowa Health and Wellness Plan (IHAWP). The data in this dashboard is updated quarterly.

In the "Enrollment" section, Behrens noted that this was MOL's first full year with Iowa Medicaid. He also highlighted the MCO and fee-for-service (FFS) market share for Q4 SFY 24:

- FFS: 6.1%
- MOL: 28.5%

¹⁵ <https://hhs.iowa.gov/media/15012/download?inline>

¹⁶ <https://app.powerbigov.us/view?r=eyJrIjoiaMmlyMTQxNzltZmlwNS00ZDI2LTlhMDAtZGI1MzZhNmNiMmM3liwidCI6IjhhMmM3YjRkLTA4NWEtNDYxNy04NTM2LTM4YTc2ZDE5YjBkYSJ9>

¹⁷ https://hhs.iowa.gov/dashboard_welcome

- ITC: 31.4%
- WLP: 34.1%

It was also highlighted that charts, like the “Historical Medical Enrollment – MCO & FFS” chart, could be sorted by factors like date, health plan type, age group, race, county, etc.

Using the “Historical Medical Enrollment – MCO & FFS” chart as a reference, Beherns showed how enrollment numbers in SFY2024 were similar to the pre-COVID pandemic numbers of SFY2019.

For data about the age of Medicaid members, such as how many Iowa Medicaid members are 20 years old, people can click the green button under the “Member Age” section in the Enrollment Summary Dashboard.

Iowa has two CHIPs, M-CHIP and Hawki. M-CHIP covers ages zero to one and ages six to 18. Hawki covers ages one to 18. Whether a child who is - for example, eight years of age - is covered under M-CHIP or Hawki depends on the FPL.

Waiver data can be accessed by clicking the green button labeled “Waiver” on the lefthand side Iowa Medicaid Dashboard homepage. The [HOME \(Hope and Opportunity in Many Environments\) project](#)¹⁸ has been reviewing this data, such as the enrolled member by HCBS data. Historical LTSS (Long-Term Services and Supports) enrollment data can also be accessed in the “Waiver” section. The historical LTSS enrollment data is sorted by waiver type, such as elderly, ICF/ID (Intermediate Care Facilities for the Instinctually Disabled), PACE (Program of All-Inclusive Care), etc.

Additionally, in the “Waiver” section, Iowa Participant Experience Survey (IPES) data can be accessed and sorted, including being able to filter the data by question. However, the IPES section will be replaced near the end of 2024.

The “Quality Scores” section can be accessed by clicking on the green button labeled “Quality Scores” on the lefthand side Iowa Medicaid Dashboard homepage. The NCQA Health Plan Ratings can be viewed in this section. In 2024,

- WLP was rated:
 - Overall: 4/5
 - Patient Experience: 3/5
 - Prevention and Equity: 3.5/5
 - Treatment: 3.5/5
- ITC was rated:

¹⁸ <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/current-projects/home>

- Overall: 3.5/5
- Patient Experience: 2.5/5
- Prevention and Equity: 3/5
- Treatment: 3/5
- Because MOL was a new MCO, it was not yet rated

Healthcare Effectiveness Data and Information Set (HEDIS) data is also in the “Quality Scores” section. In this section, each MCOs’ (ITC, MOL and WLP) HEDIS scores are compared to the national average. Doyle-Scar noted that the MAAC, several years ago, advised Iowa Medicaid to start tracking HEDIS data.

The Consumer Assessment of Healthcare Providers & Systems (CAHPS) data is also in the “Quality Scores” section. Behrens briefly reviewed some information from the CAHPS chartbooks. He shared links to these chartbooks in the Zoom chat:

- [2023 Medicaid and CHIP Chartbook](#)¹⁹
- [CAHPS HCBS Survey Database 2024 Chartbook](#)²⁰

It was noted that, due to new CMS regulations, CAHPS would be updated.

Following Behrens’ presentation, and in response to a question from Findley, Behrens stated that, in the “Waivers” section, there is data on the top five active services, which includes data on Consumer-Directed Attendant Care (CDAC). He also noted that there is more CDAC data in the “Outcomes” section. In the “Outcomes” section under “Waiver Plan Services,” there is CDAC data on HCBS services.

Additionally, Behrens, responding to a question from Dr. Carlyle, stated that the dashboard does not include data on individuals with “dual membership” or, i.e., those who have Medicaid and Medicare.

OPEN DISCUSSION

During the open discussion, Strouse asked the following questions regarding the waiver redesign, in particular, regarding the elderly waiver:

1. Would individuals on existing waivers have to reapply following rule changes?
2. Are individuals reimbursed for care they receive during the waiver application and approval process?

Deputy Director Curtiss explained, in response to the first question, that individuals on existing waivers would **not** have to reapply following rule changes.

¹⁹ <https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/cahps-database/2023-hp-chartbook.pdf>

²⁰ <https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/cahps-database/2024-hcbs-chartbook.pdf>

Deputy Director Curtiss went on to explain that the second question should be directed to the Medicaid Eligibility team. She stated that services included in the elderly waiver wouldn't typically apply to those in long-term care centers.

Additionally, because there's no wait time for the elderly waiver, there should not be a lag in service. Therefore, when Strouse mentioned how some people were experiencing lags, Deputy Director Curtiss requested more information on the lags to help determine potential causes for these lags.

ADJOURNMENT

Meeting adjourned at 3:19 p.m.

Submitted by,

Emma Nutter and Nell Bennett

Recording Secretaries

en