

Beneficiary Advisory Council (BAC)

MEETING MINUTES

August 20, 2025

CALL TO ORDER AND ROLL CALL

Jessica McBride, Medicaid Project Officer of Compliance, called the meeting to order at 1:00 p.m. Medicaid staff and BAC members gave short introductions, Jessica expressed appreciation for participants joining the first official BAC meeting and acknowledged their role as the inaugural group. The council aims to integrate beneficiary voices into Medicaid planning and operations. Participants were encouraged to provide feedback, suggestions and ideas to help shape the council.

W-9 SUBMISSIONS

Participants were reminded to submit their W-9 forms. Those who already submitted W-9s have been assigned a Vendor ID by the State's Vendor Management system. This Vendor ID is required for processing stipend payments. Stipends will be issued as paper checks due to system limitations. BAC members will receive an email from MedicaidMAC-BAC@hhs.iowa.gov containing their Vendor ID.

GAX FORM REIMBURSEMENTS

Reimbursements will be processed using the GAX form, which must include the Vendor ID. A sample GAX form will be sent to participants with instructions on how to complete it. One GAX form must be submitted per meeting (e.g., one for orientation, one for today's meeting). Some fields will be pre-populated; others must be filled in by the participant (e.g., name, address, date of meeting). BAC members may complete the form digitally or by hand and submit via scan or photo to the MAC-BAC inbox. To avoid impacting Medicaid eligibility, stipends will be issued one check per month. Payments are considered income in the month received, not the month earned. Processing time may vary due to routing through the Fiscal Management Department. While meetings will always have a virtual option, in-person attendance may be reimbursed for mileage if applicable. Additional coding will be required for travel-related reimbursements.

MAC MEETING PARTICIPANT PREPARATION

BAC members are encouraged to attend the next Medical Advisory Council (MAC) Meeting on Thursday, September 11, from 1:00–3:00 PM. BAC members will be given an opportunity to introduce themselves to MAC attendees. Participation fulfills the federal requirement for 10% beneficiary representation on the MAC.

BYLAWS UPDATE

Jessica McBride provided an update on the bylaws, which are still under review by HHS. Bylaws will be shared with the council and posted online once approved.

OPEN DISCUSSION

A council member requested an update on the transition from current Home and Community-Based Services (HCBS) to a new three-waiver system. They requested additional communication about timeline and rollout, impact on services, continuity of case management, and overall structure and expectations. Facilitators will work to provide updates on the HCBS waiver transition at future BAC meetings, and members are encouraged to send questions, feedback, or subscribe to the newsletter at HOMEwaivers@hhs.iowa.gov.

A council member requested an update on the Integrated Health Home (IHH) program sunset, reporting that they received two notices with conflicting information. Another council member asked whether parents could be allowed to serve as host home providers for their adult children under Iowa's Host Home program. Under Iowa HHS guidelines, parents are currently not allowed to serve as host home providers for their own adult children. This is due to federal and state rules that define a host home as a setting separate from the member's own home and operated by an independent contractor. Jessica McBride acknowledged the suggestion and committed to taking the idea back for further discussion and checking for current flexibility or updates that could be shared with BAC. The [IHH Sunset FAQ](#) can be found on the HHS website.

A council member requested clarity on upcoming work requirements for IHAWP members. Jessica McBride clarified that the projected implementation date for the work requirement would be 2027, and that there would be exceptions which are to be determined. More information about [Member Work Requirements](#) can be found on the HHS website.

A council member stated that families often don't receive timely or clear updates about changes that directly affect them and expressed the need for a centralized, proactive communication system for members and caretakers to receive updates directly from Medicaid. Will Linder, Medicaid Communications Specialist, outlined the member, provider and stakeholder categories for outgoing communications.

Another council member flagged lack of dental coverage across the state as a serious health concern, citing long travel times and limited providers accepting adult patients. Medicaid will onboard a new dental plan in 2026 called [DentaQuest](#).

A council member expressed concern that Medicaid members are not receiving timely Notices of Decision (NODs) when services are requested, either by themselves or their providers. Federal law requires that NODs be issued within 14 calendar days of a service request. Starting January 1, 2026, this timeframe will be reduced to 7 calendar days for services requiring prior authorization¹. The state acknowledged the concern and shared links to existing resources like the [Rights and Responsibilities](#) and [How to Appeal](#) pages on the HHS website.

After no further questions, the first meeting of the Beneficiary Advisory Committee was concluded.

ADJOURNMENT

Meeting adjourned at 2:08 p.m.

Submitted by

Nell Bennett

Recording Secretary

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¹ <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-422/subpart-M/section-422.568>