

## Council on Human Services Meeting Minutes

SEPTEMBER 14, 2022

<b>COUNCIL MEMBERS</b>	<b>HHS STAFF</b>
Rebecca Peterson	Director Kelly Garcia
Skylar Mayberry-Mayes	Sarah Reisetter
Kimberly Kudej	Matt Highland
Sam Wallace	Sarah Ekstrand
Jack Willey	Faith Sandberg-Rodriguez
Monika Jindal	Nancy Freudenberg
Kay Fisk	Elizabeth Matney

<b>EX-OFFICIO LEGISLATIVE MEMBERS</b>
Representative Joel Fry
Senator Mark Costello
Senator Amanda Ragan
Representative Timi Brown-Powers

### **CALL TO ORDER**

Chair Rebecca Peterson called the Council meeting to order at 10:00 a.m. via zoom teleconference.

### **ROLL CALL**

All Council members were present, all ex-officio members were absent.

### **DIRECTOR'S REPORT**

Director Kelly Garcia provided an update on the juvenile justice tour with Chief Justice Susan Christensen highlighting the topics of child welfare, bed capacity, and staffing. She stated that when Dr. Kruse joins our team, he will be participating in the listening sessions with community partners to help develop recommendations for the legislature.

Director Garcia announced on August 31<sup>st</sup>, two MCO contracts were awarded to Amerigroup and Molina. Iowa Total Care is on a separate contract cycle and more updates regarding ITC

will come later. She shared an update on Monkeypox cases in the state and stated we are doing well in policy and vaccine rollout procedures.

Director Garcia shared that some patients have been moved from our Glenwood facility to our Woodward facility successfully. A quality oversight position will be filled to help facilitate this transition as well as other transitions between facilities to the community in the future.

## **HHS GOVERNANCE DISCUSSION**

Rebecca led the discussion and provided a short overview outlining the differences in how the DHS Council and Board of Health are structured.

Rebecca stated that the intent is to merge the separate governing bodies into a single governing body for the newly formed Department of Health and Human Services. Membership should be an odd number for voting purposes. She asked if an 11-member governing body is appropriate or should there be less or more. Several members of both the boards agreed that having at least 11 members on the board would be needed given the complexities of the current boards. Many stated it was important to have representation from physicians, substance abuse providers, and the child welfare field. A few members mentioned 13 members might be more appropriate.

Rebecca asked the boards how long each term should last, and what is the maximum term limit that should be established for the new governing body.

Newer members of the board and council expressed interest in having a longer term given that the first year is a learning experience for many, especially as it pertains to the structure, education, and comprehension of duties and responsibilities. Three years was determined to be a minimum; however, members did wish the future governing board to have between four to five years as a term.

Rebecca then inquired what the critical qualifications should be for the respective board members. Should these qualifications be unique to each board position (i.e. each of the board members hold a unique qualification), or should there be multiple board members with similar qualifications (e.g. two members with public health, two members with family well-being, etc.)

Board and council members discussed the need to have varied representation of members with unique qualifications. Members expressed great interest in having multiple board members with similar qualifications and significant past experiences. Those with other committees or work history that falls within scope of the board duties are a great need along with professional experience.

Rebecca asked the board members about meeting frequency.

Most of the members of both boards suggested meeting monthly to avoid delays in rule making.

She then asked what our board members think is the role, responsibility, and duty of the new governing board.

Board and council members want to understand the shift of the new agency in strategic planning. Some members stated they would like both entities to remain separate. Other members proposed having advisory committees and other boards within the agency share updates and summaries to the larger board at rule making meetings.

Rebecca concluded the discussion by asking the members how they envision the relationship between the governing body and the various advisory bodies that support the agency.

Most of the members expressed interest in having more collaboration with other board members. They would like additional input from other committees to understand the reasons behind rule changes, policies, and how programs are conducting their work.

## **APPROVAL OF MINUTES**

A motion was made by Wallace and seconded by Willey to approve the August 11, 2022, meeting minutes.

## **RULES**

R-1. Amendments to Chapter 36, "Facility Assessments," Iowa Administrative Code. (Align rules with current practice and the Iowa Code). This rule making enacts technical changes to remove the word "enterprise" from Iowa Medicaid. Rules are updated to remove form names and provide current unit names and addresses. This review is part of the department's five-year rules review process.

A motion was made by Wallace to approve and seconded by Jindal

**MOTION UNANIMOUSLY CARRIED**

R-2. Amendments to Chapter 62, "Rent Reimbursement," Iowa Administrative Code. (Sets criteria for rent reimbursement program).

Iowa Code Chapter 425 provides for a property tax credit for low-income elderly and disabled Iowans. To provide parity for low-income elderly and disabled individuals who do not own property the law also establishes reimbursement for rent. Currently both the property tax credit and the rent reimbursement programs are administered by the Iowa Department of Revenue. Effective January 1, 2023, DHS takes over administration of the rent reimbursement

portion of the program. This rulemaking provides the criteria for filing and processing those claims.

A motion was made by Kudej to approve and seconded by Fisk

**MOTION UNANIMOUSLY CARRIED**

R-3. Amendments to Chapter 65, “Supplemental Nutrition Assistance Program Administration,” Administrative Code. (Align rules with current practice, Iowa Code, and federal regulations).

This rule making updates the name of Iowa’s food assistance program to the Supplemental Nutrition Assistance Program (SNAP), updates the name of the chapter and provides current definitions. Incorrect or obsolete cross references are removed, and obsolete rules are rescinded. Rules on application processing are also updated. This review is part of the department’s five-year rules review process.

A motion was made by Wallace to approve and seconded by Mayberry-Mayes

**MOTION UNANIMOUSLY CARRIED**

R-4. Amendments to Chapter 66, “Emergency Food Assistance Program,” Iowa Administrative Code. (Align rules with current practice and federal regulations).

This proposed rulemaking updates the name of the Division to Financial, Food and Work Supports. Additional information is provided on The Emergency Food Assistance Program (TEFAP) for additional guidance to consumers on how eligibility is determined for the program and how claims are established against TEFAP entities. This review is part of the department’s five-year rules review process.

A motion was made by Wallace to approve and seconded by Kudej

**MOTION UNANIMOUSLY CARRIED**

R-5. Amendments to Chapter 79, “Other Policies Relating to Providers of Medical and Remedial Care,” Iowa Administrative Code. (Implements new documentation requirements related to delivering services. Adopt Emergency after Noticed)

This rule making amends the documentation requirements for narrative service documentation for each service encounter and each shift for 24-hour services. This rule making removes the requirement for narrative service documentation for each service encounter or shift and replaces it with the requirement to provide a narrative only when the incident, illness, unusual or atypical event occurs during the service encounter. The rules clarify Medicaid providers must include records and documentation to substantiate the services provided to the member and all information necessary to allow accurate adjudication of the claim. In addition, documentation requirements must meet the professional standards pertaining to the service provided.

Providers have requested the proposed amendments in response to the direct care workforce shortage.

A motion was made by Fisk to approve and seconded by Jindal

**MOTION UNANIMOUSLY CARRIED**

R-6. Amendments to Chapter 89, “Debts Due from Transfer of Assets,” Iowa Administrative Code. (Align rules with current practice and Iowa Code).

This rule making updates the effective date for transfers of assets that took place between July 1, 1993, and December 31, 2018. This portion of the program was suspended effective January 1, 2019, and there have not been any referrals to recover resources from anyone who received the transferred resources since then. This review is part of the department’s five- year rules review process.

A motion was made by Willey to approve and seconded by Wallace

**MOTION UNANIMOUSLY CARRIED**

R-7. Amendments to Chapter 91, “Medicare Drug Subsidy,” Iowa Administrative Code. (Align rules with current practice and federal law)

Chapter 91 provides the framework for the Medicare Drug Subsidy program for Medicare Part D beneficiaries. This rule making removes forms that have become obsolete, updates the rules, and provides correct rules references as part of the department’s five-year rules review process.

A motion was made by Kudej to approve and seconded by Mayberry-Mayes

**MOTION UNANIMOUSLY CARRIED**

R-8. Amendments to Chapter 109, “Child Care Centers,” Iowa Administrative Code.

(Implements new child care ratio legislation, HF2198; Adopt Emergency after Noticed)

These rules allow an increased number of children to be served per staff person in the 2-year-old and 3-year-old age categories in licensed child care centers. The rules modify requirements for combining age groups and allows a staff person under the age of 18 to provide care to school age children, without being under the direct supervision of an adult. The rules also clarify that persons under the age of 18 shall not be the sole provider on the premises of a child care facility or transport children.

A motion was made by Fisk to approve and seconded by Willey

**MOTION UNANIMOUSLY CARRIED**

R-9. Amendments to Chapter 170, “Child Care Services,” Iowa Administrative Code

(Implements HF 2252 from the 2022 legislative session; Adopt Emergency after Noticed).

Previously for a parent to be eligible for child care assistance (CCA) a medical incapacity

needed to be considered “temporary”. Under HF 2252 the Code of Iowa requirements are changed and removal of this temporary requirement will allow a family with one permanently disabled parent to be CCA-eligible based upon the needs of the parent who is not disabled. The following amendments to the administrative rules are presented as Noticed rules.

A motion was made by Kudej to approve and seconded by Wallace

**MOTION UNANIMOUSLY CARRIED**

N-1. Amendments to Chapter 61, “Refugee Services Program,” Iowa Administrative Code. (Align rules with current practice and the federal code).

This proposed rule making updated the definition of “refugee” to match the definition in the federal regulations. References to federal agencies are updated to reflect the current name of those agencies. Services that are specifically designed to assist refugees with obtaining employment and improving the employability of work skills of the individual are revised to match federal regulations and clarify services that are available. The time frame to which services may be provided to newly arriving refugees is increased to five years after arrival in the United States to reflect the Department’s current practices. Outdated processes are removed from the rules. This review is part of the department’s five-year rules review process.

N-2. Amendments to Chapter 85, “Services in Psychiatric Institutions,” Iowa Administrative Code. (Aligns rules with current practice and Iowa Code)

This rule making updates federal code references and cross references to other Department rule chapters. Obsolete form names were removed from the rules. The locations of the state mental health institutes were updated. This review is part of the department’s five-year rules review process.

N-3. Amendments to Chapter 117, “Foster Parent Training,” Iowa Administrative Code. (Aligns rules with current practice and Iowa Code)

Before a foster parent is licensed the individual must complete a variety of agency-approved training courses that teach foster parents how to support a child’s overall well-being and emotional needs. This rule making allows in-service training to be provided whether face-to-face or through interactive virtual training when provided to a group or an individual foster family. Training requirements are updated. This review is part of the department’s five-year rules review process.

N-4. Amendments to Chapter 133, “IV-A Emergency Assistance Program,” Iowa Administrative Code. (Aligns rules with current practice and Iowa Code)

Definitions are being updated to match those used in other Department programs and to be consistent across programs. Services that are no longer available have been removed from the rules. A reference to the food assistance program is being updated to the Supplemental Nutrition Assistance Program (SNAP) to reflect the current program's name change. The list of specified relatives a child must be living with or has lived with in the past six months has been expanded to match current policy. This review is part of the department's five-year rules review process.

N-5. Amendments to Chapter 142, "Interstate Compact on the Placement of Children," Iowa Administrative Code. (Align rules with current practice and the Iowa Code).

Proposed changes are being made to reflect what appears in the Code. Cross-references to Iowa Code have been updated. A clarification is made that placement into Iowa from any location or from Iowa to another location may include to or from any state, territory or possession of the United States, the District of Columbia, the Commonwealth of Puerto Rico and with the consent of Congress, the government of Canada or any providence thereof. This review is part of the department's five-year rules review process.

N-6. Amendments to Chapter 143, "Interstate Compact on the Placement of Juveniles," Iowa Administrative Code. (Align rules with current practice and the Iowa Code)

The name of the governing body of the Interstate Compact on the Placement of Juveniles is updated to reflect the current name, the Interstate Commission for Juveniles. This Commission includes representatives from all 50 states, the District of Columbia and the US Virgin Islands who work together to preserve child welfare and promote public safety. Form names used to send a juvenile out of state under the commission are revised to reflect the current name. The proposed rulemaking clarifies the Department must pay for the return of any runaway, escapee, or absconder to the State of Iowa for whom the Department has legal custody or guardianship.

N-7. Amendments to Chapter 166, "Quality Improvement Initiative Grants," Iowa Administrative Code (Align rules with current practice and the Iowa Code).

Proposed rules are updated to align with federal regulations regarding the use of civil money penalties (CMP) imposed by the Centers for Medicare and Medicaid (CMS). These rules also update the Department's purposes for CMP emergency reserve fund grants. This proposed rulemaking is part of the department's five-year rules review process.

N-8. Amendments to Chapter 177, "In-Home Health-Related Care," Iowa Administrative Code. (Align rules with current practice and the Iowa Code).

Currently the In-Home Health-Related Care (IHHRC) Program requires a registered nurse to provide supervision of a client's care plan to receive services. Over the past several years the Department has experienced more nursing agencies opting out of providing supervision services for this program. Medicaid programs providing similar services under the home-and community-based programs do not require a supervising practitioner when the services being provided are considered unskilled or is for personal care services. These proposed amendments remove nursing supervision for unskilled personal care services and maintains nursing supervision for skilled services. Proposed amendments also identify how the program is implemented from the application process through termination if termination is required. This rule making is part of the department's five-year rules review process.

A motion was made by Mayberry-Mayes to approve and seconded by Willey  
MOTION UNANIMOUSLY CARRIED

## **ADJOURNMENT**

A motion was made by Kudej to adjourn the meeting and was seconded by Mayberry-Mayes  
Meeting adjourned at 12:00 p.m.

Respectfully Submitted by:

Julie McCauley

Council Secretary