



Hawki Board Meeting Materials
Monday, February 20, 2023

1. February 20, 2023, Hawki Board Meeting Agenda
2. December 19, 2022, Hawki Board Meeting Minutes
3. Hawki Board Strategic Planning Results



AGENDA
Hawki Board Meeting
Monday, February 20, 2023
12:30 – 2:30 PM

Virtual Meeting via Zoom
<https://www.zoomgov.com/j/1615852453?pwd=cFVsQzFxMUVJNDNDNEEIT2ZFck1ldz09>
Meeting ID: 161 585 2453
Passcode: 274203

- 12:30 PM Roll Call – **Mary Nelle Trefz**
- 12:35 PM Approval of Minutes from December 19, 2022 – **Mary Nelle Trefz**
- 12:40 PM Public Comments
- 12:45 PM New Business
- 12:50 PM Member Reassignment – **Joanne Bush**
- 1:20 PM Educational Presentation: Overall Health of Kids on Hawki and Hawki Members with Special Healthcare Needs – **Tashina Hornaday**
- 1:40 PM Quarter I MCO Report – **Kurt Behrens**
- 1:55 PM Updates – **Various Presenters**
 - Director’s Update
 - MCO Updates
 - Well-Child Visits
 - Outreach Update
 - Communications Update
- 2:30 PM Adjourn

For more information, contact John Riemenschneider at jriemen@dhs.state.ia.us or Emily Eppens at eeppens@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 Board Meeting Minutes

Monday, December 19, 2022

Hawki Board Members	Iowa Medicaid
Mary Nelle Trefz, Chair – present	Elizabeth Matney, Director
Angela Burke Boston – present	Julie Lovelady
Jim Donoghue – present	Tashina Hornaday
Mike Stopulos –	Joanne Bush
Angela Doyle Scar – present	Rebecca Curtis
Mary Scieszinski – present	Shelley Horak
Shawn Garrington –	Heather Miller
Senator Nate Boulton – present	Emily Eppens
Senator Mark Costello – present	
Representative Shannon Lundgren –	Guests
	John Hedgecoth, Amerigroup
	Kristin Pendegraft, ITC
	Gretchen Hageman, DDIA
	Jean Johnson, IDPH
	Lindsay Paulson, Maximus
	Mikki Stier
	Sandi Hurtado-Peters

Call to Order and Roll Call

Board Chair Mary Nelle Trefz called the meeting to order at 12:31 PM via Zoom. Chair Trefz conducted a roll call, and the list above reflects the attendance. A quorum was established.

Approval of the Hawki Board Meeting Minutes

Chair Trefz called for a motion to approve the minutes from the October 17, 2022, meeting. The motion carried and the Board approved the minutes.

Public Comment

There were no public comments.

New Business

There were no new business items.

Strategic Planning

Shelley Horak presented a summary document to the Board. She began by noting that the Board's discussions over the past several months have been based strictly on Iowa Administrative Code (IAC) and that each process is aligned with the strategic plan and IAC. The Board identified five strategic plan priorities: carry out the vision and mission; engage with committees and managed care organizations (MCOs) to improve outcomes for covered children including those with special healthcare needs; review issues and outcomes; provide recommendations to the Governor's office and legislature; and provide updates to the narrative within IAC that establishes the Board and the charge. Shelley then provided the Board's vision, touching on steps for achieving the vision, the Board's goals, guiding frames of reference, and the scope of the Hawki program. She briefly discussed the Board's mission and the statements that have helped guide the mission, including ensuring eligible children have access, reinforcing the importance of behavioral healthcare for children, promoting transparency, and improving the lives of members. Next, Shelley covered the planning and implementation cycle and the development of a foundational action plan, which the Board will complete annually. This plan will outline educational platforms and MCO engagement. The Board also develops the agenda, analyzes meeting minutes for activities, findings, and recommendations, and shares those recommendations with the Governor and other stakeholders via the annual report. Shelley went into more detail about planning the educational platform, noting that the Board will identify three to five topics each year, prioritize those topics, identify presenters, and incorporate those presentations into the Hawki Board meeting agenda. In this case, the Board chose behavioral health, telehealth, volume of dollars/unique lives, overall health of Hawki children, and comparing Hawki to programs in other states. Shelley talked about planning MCO engagement and how this process will look similar to planning educational platforms. The Board will identify topics, prioritize them, and invite MCO representatives to present at Hawki Board meetings. Topics can mirror educational platforms. Plans for engagement with the Clinical Advisory Council (CAC) and the committee for Children with Special Healthcare Needs (CSHCN) are still in development. Next, Shelley touched on how the Board will develop recommendations for the governor, and shared an example Hawki Board meeting agenda that includes presentations on educational topics, MCO engagement, and updates from the CAC and CSHCN committee. All of this leads to the development of the annual report, which will be presented in a modified format moving forward.

Chair Trefz then led a discussion with the Board to identify potential educational topics for presentation at meetings. She revisited the Board's educational platform and asked that the Board keep in mind the prioritized list of broad educational topics. Angela Burke Boston proposed focusing on the volume of dollars/unique lives; and the comparison of Hawki with similar programs in other

states. A discussion of these topics at the February Hawki Board meeting would coincide with the state legislature being in session. Angie Doyle Scar suggested that the Board look at a program comparison with other states and the overall health of kids on Hawki to establish a foundation to work from. She also recommended that the group invite guests who can speak from a national perspective, and that dollars/unique lives and overall health of the kids on Hawki fit well together and could be combined in some fashion. Jim Donoghue agreed that a national perspective would benefit the group, and that the snapshot of dollars/unique lives and overall health could be combined in some way. Mary Scieszinski recommended that the Board focus on the snapshot first to develop a better understanding of the current condition of the Hawki program. Senator Costello added that it would benefit lawmakers to look at the program from a cost perspective, while Senator Boulton suggested that the Board look at success stories in other states and how they used those successes in areas other than children's health. Jim noted that some of these statistics are already in place and accessible via the dashboard.

Chair Trefz then asked for the Board's input to identify potential MCO engagement presentation topics. The Board had previously named five priority conditions as a base for these presentations: childhood mental illness; speech and language conditions; well-child visits; oral and dental health; and autism. Chair Trefz and Angela suggested looking at well-child visits and oral and dental health to provide a broad picture of the program and the state of children's health. Angie recommended the Board look at mental health but acknowledged that the Board would not be able to cover that topic in one meeting and suggested they start with well-child visits and oral and dental health. Chair Trefz noted the Board's input and stated that she would schedule presenters for the February and April meetings.

Annual Report

Tashina Hornaday, Iowa Medicaid, provided a brief update. She stated that the annual report will be distributed for internal review soon, and upon completion, will go to the Hawki Board for review. The Board will hold an ad hoc meeting before the end of the year to approve the report.

Director's Update

Director Matney provided an update. She began by discussing the potential end of the public health emergency (PHE). The PHE has been extended through April 2023 and there is no word if it will be extended further. Iowa Medicaid continues to work on the unwind plan and solicit feedback from stakeholders on topics such as telehealth and home- and community-based services (HCBS). Director Matney stated that the unwind plan contains different levels of communication, including outreach to community ambassadors, and that the timing of plan implementation is key. She then briefly reviewed the PHE unwind dashboard on the Department of Human Services (DHS) website. The dashboard contains data on enrollments, applications, renewals, and unwind workload. Director Matney then discussed the recent Health Policy Oversight Committee meeting where Iowa Medicaid briefed on several topics including Molina onboarding, the PHE unwind, the Glenwood Resource Center closure, and the community-based services evaluation (CBSE). Additionally, she reminded the Board of the upcoming provider and member town halls at the end of December. Director

Matney concluded by stating that Iowa Medicaid is focused on, and preparing for, the beginning of the legislative session after the first of the year.

MCO Updates

John Hedgecoth, Amerigroup, provided an update. Amerigroup presented several statistics at the recent Health Policy Oversight Committee meeting, and John discussed those statistics with Hawki Board. More than 68% of Amerigroup members have been enrolled with Amerigroup for at least three years. Amerigroup is contracted with over 50 thousand practitioners and over 14 thousand long-term services and supports (LTSS) providers. John touched on Amerigroup's social determinants of health (SDOH) programs, including recruiting and training doulas in rural areas, and Shine a Light on Depression, a program for schools and parents that aims to prevent depression. Shine a Light on Depression is currently in place at Ankeny Middle and High Schools. Amerigroup continues to hold weekly meetings to discuss PHE matters, including a review of flexibilities and preparing for enrollment redeterminations upon the termination of the PHE. John added that Amerigroup is monitoring a monthly Centers for Medicare and Medicaid Services (CMS) webinar series on processes for managing redeterminations.

Kristin Pendegraft, Iowa Total Care (ITC), provided an update. ITC is working with Broadlawns Hospital on a member engagement campaign and recently completed a member engagement campaign specifically targeting children ages three through 17 who had not completed an annual wellness exam in 2021 or 2022. Additionally, ITC has collaborated with Peoples Clinic and the University of Iowa on identifying members who are eligible for the HPV vaccine. Kristin concluded by stating that, in 2023, ITC will provide books and literacy toolkits to 100 libraries across the state while continuing to expand Doc's Kids Club.

Gretchen Hageman, Delta Dental of Iowa (DDIA), provided an update. DDIA's focus this quarter has been on reaching out to members who had dental exams last year but have not had exams in the first six months of this year, with the goal of getting those members back into care. Additionally, DDIA continues to focus on children ages 0-5 and how to connect with parents to promote preventative dental exams. Gretchen stated that they do this primarily through a home visiting program DDIA works with and by talking directly with dental providers. There is typically a significant drop off in care among adolescents, specifically those ages 14 through 18, and DDIA conducts an outreach campaign aiming to get those members back in to see their dental providers. Gretchen then briefly discussed medical-dental integration and how DDIA and the MCOs can share member data to enhance overall care, as well as how care coordination teams refer members to DDIA, who then connects those members with dental providers. Gretchen concluded by stating that DDIA has partnered with Crescent Community Health Center in Dubuque, who is expanding their practice to include oral surgery, pediatric dentistry, and a dental lab. Crescent Community Health Center will also begin hosting dental and dental hygienist students for on-site training.

Outreach

Jean Johnson, Iowa Department of Health and Human Services (HHS), provided an update. She stated that Hawki outreach coordinators are now present in all 15 collaborative service areas across the state. Outreach continues to target small businesses, gig economy workers, and others who may not have health

coverage. Additionally, the outreach program has focused on areas of the state that have greater numbers of uninsured residents, and outreach coordinators have been conducting needs assessments to determine reasons behind the high uninsured rates. The outreach program is compiling data for their monthly report which has a strategic focus, and Jean emphasized the importance of collecting thorough, accurate data. She concluded by briefly discussing the importance of well-child visits and commended the Board for focusing on this aspect of the Hawki program.

Communications

Emily Eppens, HHS, stated that HHS does not have a specific launch date for the new website, but it will launch sometime in the next month.

Next Meeting

Meeting adjourned at 1:52 PM.

The next meeting will be Monday, February 20, 2023.

Submitted by John Riemenschneider

Recording Secretary

jr

STATE OF IOWA DEPARTMENT OF
Health AND **Human**
SERVICES



Hawki Board Strategic Planning Results

October 2022

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Executive Summary

Purpose:

In the summer of 2021, the chair and agency sponsors of the Hawki Board identified a need for an action-oriented framework to enhance the group’s efficiency and effectiveness. Strategic planning began in October 2021 and ended in August 2022. The results shared within this report depict the outcomes of the planning sessions that were held within each Board meeting during that timeframe.

Background:

The Hawki Board has a robust charge identified in Administrative Code 514I.5. Opportunity for maintaining fidelity to the charge was found in the duties, reporting, recommendations, and approvals sections articulated in the code.

The group identified the following activities as cornerstones for strategic planning:

1. Creating a mission and vision statement.
2. Identifying opportunities to increase interactions with aligned councils and boards.
3. Developing an educational platform for reviewing issues and outcomes.
4. Engaging with the MCOs to support children's health outcomes.
5. Providing recommendations to the Governor's Office and legislators.

Members identified a contrast between the narrative within the code and the present status and maturity of the program and the Board. Modernizing the code was noted as a future action step.

The Hawki Program’s benefit package was used as the foundation for planning.

Required Services:	Doctor visits	Primary Care Provider (PCP)	Specialists	Immunizations (shots)	Check-ups
Hospital Care	Surgery	Emergencies	Non-Emergency use of the ER	Out-of-network Coverage	Eye exams
Eyeglasses & contact lenses	Prescriptions	Mental Health Services	Substance Use Disorder	Some Additional Benefits:	Healthy Families Program
Boys and Girls Club Membership	Focus on Fitness Program	Telehealth Services and Telemonitoring Program	Health Wellness and Education Programs	Non-Emergent Transportation	

Defining Discussions

As planning began, Board members were engaged in dialogue to outline where the challenges and opportunities were to expand their engagement with the charge outlined in Iowa code. The questions and answers were used as a guide for the next steps in outlining the strategic plan.

How should the Board's current strategies grow? What more should the Board know?
The Board should address health inequities.
What can we share and learn to make Hawki and Medicaid better? Can we evaluate the connections and outcomes (coverage reimbursement, etc.)?
Is it possible to learn more about the program by reviewing reports and results of oversight activities?
How will the Board change or support circumstances for covered children? What circumstances negatively impact the outcomes of covered children?
Ensuring the Hawki Board is viewed as a key stakeholder in the oversight of children's health.
Build a more robust connection with the MAAC and tie Hawki children's outcomes to Medicaid outcomes.
Could the Board be more active in accepting and approving contracts and benchmark plans?
What are the key problems to be solved?
Supporting children enrolled in Hawki to access the services they need and define those services, as they are unique from services for adults.
Providing guidance to assist carriers as they make decisions about coverage for children enrolled in Hawki.
Sharing information for a more holistic approach.
What should be created or defined by the Board?
We have a defined population and program: Hawki members and the Hawki plan.
We make sure that kids who are eligible for the program can access the services they qualify for.
We ensure a network of providers and provision of care for those children who are covered.
We support a functional and effective system.
SUMMARY
Access, outcomes, and representation for the children enrolled in the Hawki program were priority areas for the Board. The group indicated there was value in learning more from and engaging with entities outlined within the charge and those whose services impact the population.

As a next step, each section of the Iowa Administrative Code was analyzed for opportunities to expand Board engagement. The sections are noted here, followed by comments or suggestions from the Board members for improvement.

STRUCTURE	
Establishing policies and adopting rules is limited	
CAC and Advisory Committees: This connection could be increased.	
CSHCN Committee: Most of these kids would qualify for Medicaid full coverage, indicating the need a closer connection.	
Consider adding a parent representative to the Board.	
DUTIES	
Increase communication with CAC.	
The language reflects what the Board used to do. It should be updated to reflect the Board's status.	
Coordinate with Medicaid and potentially other private programs.	
Any of the items within the Duties could be areas for improvement for the Board.	
We get outreach updates, but the other items are not covered by the agenda.	
REPORTING	
The report is considerably shorter than it was in the past. This is due to the volume of activities that needed to be completed in the beginning.	
There could be synergy between the Hawki report and the Department report. Data should be included.	
Last year's report did not include recommendations for the Governor.	
The educational platform may inform the Report.	
RECOMMENDATIONS	
Update the language to address the Board's present status.	
Separate populations for CSHCN: Full Medicaid and Hawki.	
APPROVALS	
Past success in rules consultation and adoption includes PE.	
Monitor capacity of MCOs: a large scope.	
SUMMARY	
<p>The Board was most clear in these areas:</p> <ul style="list-style-type: none"> • The charge includes many opportunities for the Board. • To support outcomes, ask: How are the lives of Hawki kids improving because of the program? • Update/modernize the language. Shift the focus to improving lives and outcomes. 	<p>The Board was less clear in these areas:</p> <ul style="list-style-type: none"> • What does the charge mean for Board members? Will more time outside of meetings be required? • What are the next steps? • Does the Board have a charge here without a statutory role? The Board needs guidance from the Department to understand their role. Is the need for the Board still the same as the program has evolved?

Strategic Plan Priorities: Alignment with the Charge

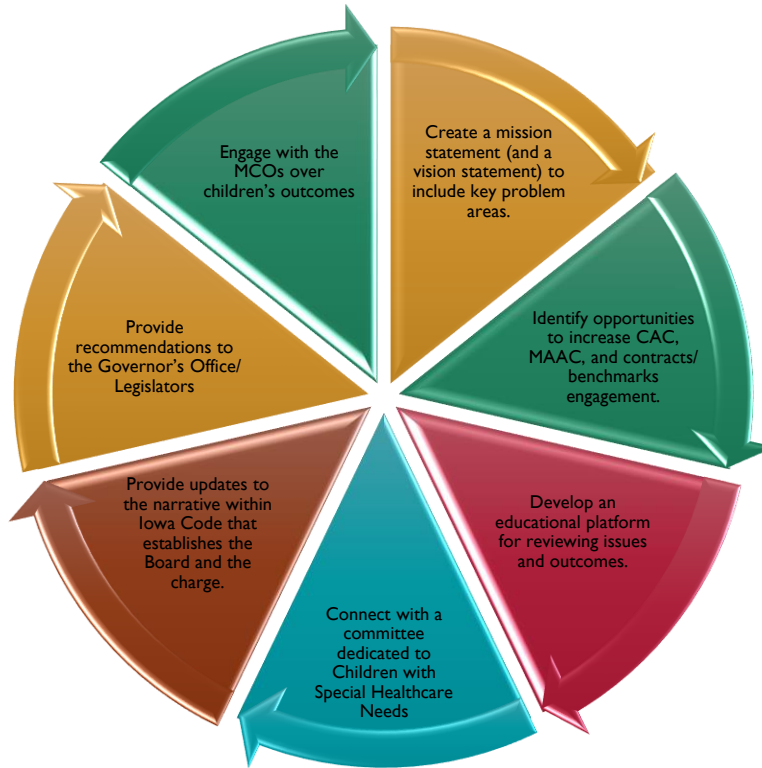
The Board identified seven priorities for action, as expressed within the charge, within their Strategic Plan. Each of the priorities identified by the Board are listed here.

Priority	Purpose of the Priority	Supporting Language from Administrative Code	How the Priority was Addressed in the Plan
<p>Create vision and mission statements to include key problem areas.</p>	<p>Development of a vision and mission enables the Board to communicate its direction and act on its values.</p>		<p>These statements could be an interim step toward addressing the need to update the language in Iowa Code.</p>
<p>Identify opportunities to increase CAC, MAAC, and contracts/ benchmarks engagement.</p>	<p>Increasing engagement with committees who support the health care system for the Hawki population enables the Board to glean important information needed to guide the program using a systems perspective.</p>	<p>Establish and consult with a clinical advisory committee to make recommendations to the board regarding the clinical aspects of the Hawki program.</p> <p>In consultation with the clinical advisory committee, assess the initial health status of children participating in the program, establish a baseline for comparison purposes, and develop appropriate indicators to measure the subsequent health status of children participating in the program.</p>	<p>A proposal has been developed to clarify the charge of the Hawki CAC. The proposed charge includes the following duties:</p> <ul style="list-style-type: none"> • Provide clinical expertise and recommendations to the Hawki Board • Develop “pediatric criteria” for Hawki to help clarify the unique health and developmental needs for children covered by Hawki • Help identify gaps in Hawki benefits <p>This clarified charge will help ensure that the Hawki CAC is leveraging its unique clinical expertise to inform the work of the Board. Moving forward it will be very important to delineate expectations and authority of the Hawki CAC and clearly delineate how and when the Hawki CAC will interact and liaise with other groups (Hawki Board, MAAC, Medicaid CAC, PA group, etc.) Findings and recommendations of this group will be included in the Hawki Board’s annual report.</p>

<p>Connect with a committee dedicated to Children with Special Healthcare Needs</p>	<p>There are 6 required elements for the recommendations for CSHCN listed in the code. Attention to these elements ensures the Board maintains a focus on CSHCN within the Hawki population.</p>	<p>Establish an advisory committee to make recommendations to the board and to the general assembly by January 1 annually concerning the provision of health insurance coverage to children with special health care needs. The committee shall include individuals with experience in, knowledge of, or expertise in this area.</p>	<p>To develop a better understanding of children with special health care needs on Hawki, a working group will develop a clear definition of CHSCN. Once the definition has been developed, data will be collected and analyzed to identify how many children meet the definition of children with special health care needs, the number of kids with special health care needs, and what services these children are accessing. Next a crosswalk will be completed that compares the benefits covered under Hawki and the needs of the chronic conditions of the kids who are on Hawki. Findings and recommendations of this work group will be included in the Board's annual report.</p>
<p>Develop an educational platform for reviewing issues and outcomes.</p>	<p>Regular educational presentations ensure the Board is continually informed and incorporates the most relevant information into its decision-making processes.</p>	<p>Develop an outreach plan and periodically assess its effectiveness.</p> <p>Coordinate with other public and private programs. Review and improve interactions between Hawki and those programs that provide services to eligible children.</p> <p>Establish a baseline for comparison purposes and develop appropriate indicators to measure subsequent health status of participating children.</p> <p>Prescribe the elements to be included in a health improvement program plan required to be developed by a participating insurer. The elements shall include but are not limited to health maintenance and prevention and health risk assessment.</p>	<p>Information received from subject matter expert presentations on topics chosen by the Board will incite Board activities, result in key findings, and culminate in recommendations. Three priority topics will be chosen each year for inclusion in the meeting agendas. Results and action items from the discussions will be captured in the meeting minutes.</p>

<p>Engage with the MCOs over children’s outcomes</p>	<p>Managed Care Organizations are a key partner in health improvement for the Hawki population. Engagement with these entities fosters the coordination needed to achieve the outcomes prioritized by the Board.</p>	<p>Develop an outreach plan and periodically assess its effectiveness.</p> <p>Coordinate with other public and private programs. Review and improve interactions between Hawki and those programs that provide services to eligible children.</p> <p>Establish a baseline for comparison purposes and develop appropriate indicators to measure subsequent health status of participating children.</p> <p>The Hawki board shall monitor the capacity of Medicaid managed care organizations to address the unique needs of children and children’s health delivery specifically and appropriately.</p>	<p>Identifying children's health conditions and outcomes of interest to the Board presents an opportunity to build important dialogue with Managed Care partners. The Board will prioritize three health conditions experienced by the Hawki population as the foundation for discussions with the MCOs each year. These discussions will be included in the meeting agendas. Results and action items from the discussions will be captured in the meeting minutes.</p>
<p>Provide recommendations to the Governor’s Office/ Legislators</p>	<p>Sharing recommendations with the Governor and other state leaders ensures advocacy for the Hawki population and inspires action among partners across the state.</p>	<p>By January 1, annually, prepare, with the assistance of the department, and submit a report to the governor, the general assembly, and the council on human services, concerning the board’s activities, findings, and recommendations.</p>	<p>Information gleaned from education provided by the Board's partners on topics chosen by the Board and discussions with the MCOs will assist in the development of a high-quality, informative annual report. This information will incite Board activities, result in key findings, and culminate in recommendations. Meeting minutes will capture the information needed for making the recommendations and building the annual report.</p>
<p>Provide updates to the narrative within Iowa Code that establishes the Board and the charge.</p>	<p>While a code change may be useful, the process may be intensive. The vision and mission statements could be an interim step toward addressing this need.</p>		<p>This item will be slated for future action by the Board.</p>

Strategic Plan Results: Addressing the Priorities



PRIORITY I: ESTABLISH A VISION AND MISSION

The Board created a mission and vision describing for their role and actions. They also identified their target audiences and process.

<p>VISION STATEMENT</p>	<p>The Hawki Board is a group of leaders who support standards for pediatric coverage that result in a high-performing program where positive outcomes for children are prioritized.</p> <p>The scope of the program includes the range of medical, dental, and mental health services.</p> <p>To accomplish its goals, the Board maintains engagement with the MCOs; MAAC, CAC, and CSHCN boards, committees, and councils; families; and covered individuals.</p> <p>A shared a vision, along with the steps for achieving it, guides these partnerships. Robust engagement with the public is valued.</p> <p>The lifespan perspective and social determinants of health are guiding frames of reference for the Board's approach.</p>
<p>MISSION STATEMENT</p>	<p>We ensure eligible children can access the health services they need to grow and be healthy.</p> <p>We promote transparency and serve as a conduit for communication with other programs and stakeholders.</p> <p>We reinforce the importance of behavioral health care for children.</p> <p>We provide recommendations for change through a data-driven and informed process.</p> <p>We act to:</p> <ul style="list-style-type: none"> Improve the lives of members. Support a bridge between Medicaid and private insurance. Promote system development. <p>We have a shared interest in public sector healthcare.</p>
<p>TARGET AUDIENCES</p>	<ul style="list-style-type: none"> • The Governor and Legislature • Members, families, and caregivers • Providers • Other Boards Focused on Children • Community-Based Organizations • MCOs
<p>OUR PROCESS</p>	<ul style="list-style-type: none"> • Building action-oriented agendas • Learning from our partners including Medicaid and the Managed Care Organizations • Supporting outcomes for covered children through assessment of programmatic activities and developing recommendations • Engaging with outreach activities and existing initiatives • Providing a link between decision-makers and the public

PRIORITIES 2 AND 3: IDENTIFY OPPORTUNITIES TO INCREASE CAC, MAAC, AND CONTRACTS/ BENCHMARKS ENGAGEMENT; CONNECT WITH A COMMITTEE DEDICATED TO CHILDREN WITH SPECIAL HEALTHCARE NEEDS

The Board has proposed a charge to establish the duties and actions of the Hawki Clinical Advisory Committee (CAC). The proposed charge includes the following:

- Provide clinical expertise and recommendations to the Hawki Board
- Develop “pediatric criteria” for Hawki to help clarify the unique health and developmental needs for children covered by Hawki
- Help identify gaps in Hawki benefits

Over the next year, updates on adoption of these duties and actions will be provided and expectations and authority of this entity will mature. Additional steps may be required to ensure the voice of the Hawki CAC is included in the Board’s agendas, recommendations, and reports.

The Board’s duties associated with establishing an advisory committee to make recommendations concerning the provision of coverage to children with special healthcare needs (CSHCN) were central to the strategic planning discussions. The infrastructure for this task within the charge was minimal and required development. A working group was established to develop a clear definition of CSHCN and understand the footprint of the population within Hawki. Upon completion of assessment activities, additional steps may be required to ensure topics relevant to CSHCN are included in the Board’s agendas, recommendations, and reports.

PRIORITY 4: DEVELOP AN EDUCATIONAL PLATFORM FOR REVIEWING ISSUES AND OUTCOMES

The Board developed the process for establishing an educational platform and including subject matter expert presentations into their meetings. In addition, members suggested developing a library of documents to be accessed Board members who do not have state agency experience.

Several categories of information were identified as priorities for the Board. In addition, their benefits were described.

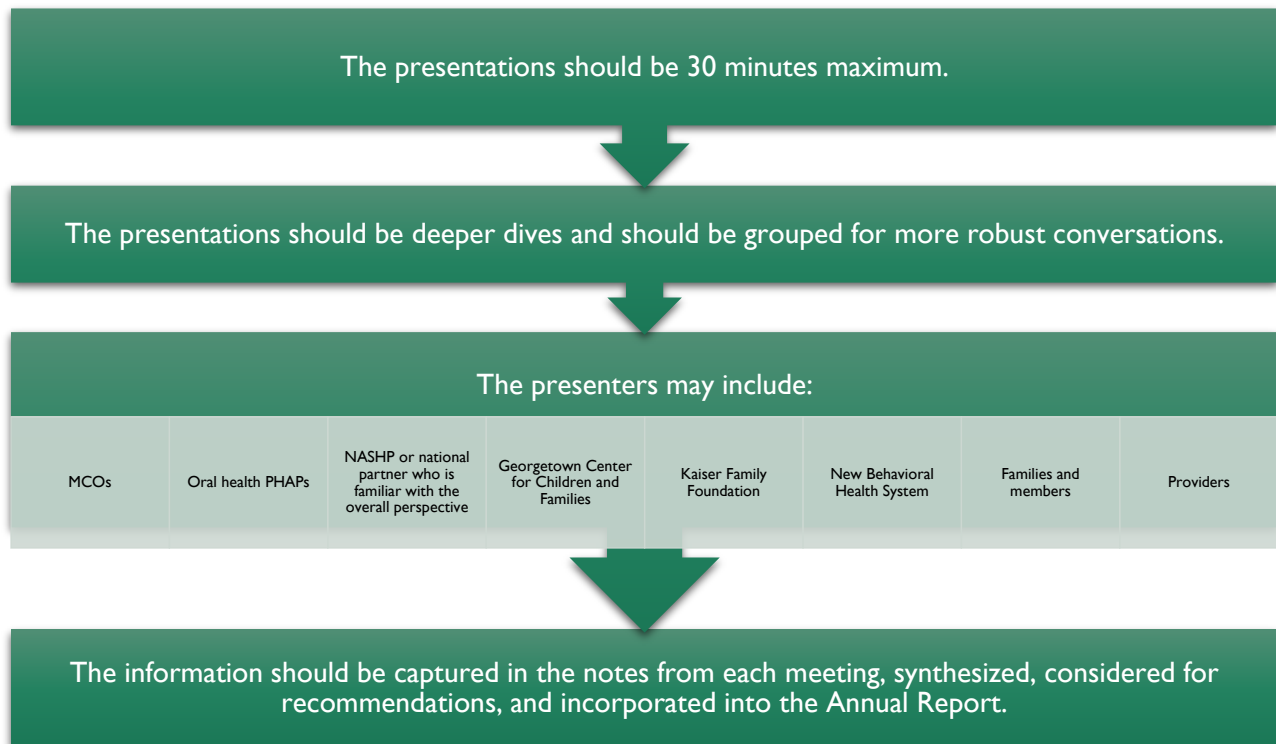
Educational Categories	Benefit
Data: Quality and Outcomes	Establish baselines and indicators
Outreach Activities and Results	Assess effectiveness
Demographic and Enrollment Information	Understand the population
Financial Information	Understand the program's fiscal status
Member Feedback	Solicit information from the public on program-related issues

Members expanded on their interests in each category. The resulting list of opportunities to learn and their associated results were:

Opportunity: Data and Data-Driven Practices	Result
Snapshot of the volume of the dollars/ unique lives for different service types, codes, diagnosis	This may result in a greater understanding their significance to the covered children and the package of services offered.
Practices that impact the population	For example, what data do we have that tells the story of the impact of COVID on kids?
	Health care encounters or inquiries from parents who are on Hawki about mental health issues experienced by their children.
	These data stories or practices may result in recommendations to replicate practices that are working or innovations in areas of need.
Opportunity: Describing the Population	Result
Enrollment and demographics of children and families	This may result in identifying what we can do to improve the completeness of the data collected and analyzed to better inform our engagement
Access: Hawki vs. Medicaid: The disparities related to access to dental services.	How does the reimbursement rate for Hawki (vs. that of Medicaid) impact access?
	This may result in suggestions for adjustments.
More information about the Outreach program from the school nurse perspective	We are interested in who in the districts they are targeting. Some districts are stating they have not been contacted and school nurses are out of the loop.
	This may result in a modified approach to conducting outreach with school systems.

The overall health of the kids on Hawki.	This may assist in identifying the best indicators of health for covered children, within the scope of the program.
	We may then understand the acuity of the kids for certain medical conditions.
Opportunity: Enhancing the Program Model	Result
What does the Hawki program look like in other states? What is the comparison and what recommendations are they making?	This may result in an assessment of our program's strengths and opportunities for improvement.
Ongoing discussions about the new children's behavioral health system and its connection to Hawki	This may result in identifying roles and responsibilities (or joint activities) for providing navigation to the new core required services (coverage vs. new package).
Look into the pediatric definition of medical necessity and its relevance to the Hawki population	This may result in identifying barriers to care.
Snapshot from MCOs of services that do and do not require preauthorization.	This may help inform how this works and how it impacts access For example, the ability of provider directories to assist people in accessing services.
Telehealth Services Updates	This may assist in identifying the impact of this delivery mechanism on health outcomes. It may also assist in identifying the need for expanding the mechanism to other services or conditions (or those that are not appropriate for telehealth).

The following process for including the educational presentation into the Board's agendas was defined:



PRIORITY 5: MEANINGFUL ENGAGEMENT WITH THE MANAGED CARE ORGANIZATIONS

The Board developed a framework for engaging with the managed care organizations (MCOs) to address health conditions and focus on outcomes. The group shared health conditions they felt were relevant to the Hawki population and used sources from the Commonwealth Fund, the Centers for Medicare and Medicaid Services to select a list of priority health conditions and outcomes. The final list will be used for annual planning. Three to five topics will be selected for emphasis over the calendar year. The topics will be incorporated into each meeting agenda. The MCOs will provide brief presentations and a dialogue with the Board will follow.

The following Guiding Principles will be used to support the selection of conditions and outcomes:

Experience of Care
Access and Affordability
Prevention and Treatment
Utilization and Cost
Healthy Lives
Income Disparities
Equity

Below is the list of conditions and outcomes for prioritization:

Conditions	Outcomes
Asthma	Control of the condition; Limiting ED visits
ADHD	Children have access to needed services, including counseling at school; Medications are monitored, and holistic care is provided for control of adverse events
Autism	Children have access to the range of needed services that support achievement of positive outcomes.
Diabetes	Control of the condition; Limiting ED visits
Childhood Injuries	ED visits by type of injury; Preventing injuries
Catheterizations	School nursing challenges; managing the condition
Feeding Tubes	School nursing challenges; managing the condition
Behavioral Health Conditions	Access and medications; parents' perspectives
Speech and Language Conditions	High incidence of claims; causes and prevention
Well child visits	Prevention of childhood illness and support of healthy development
Health screening	Prevention of childhood illness and support of healthy development
Overlap of our Hawki members enrolled in other public assistance programs	Is our system efficient and looking at the whole health of the child and the family? Behind the scenes in eligibility and enrollment.
Incidence of access to services	Ensuring children have access to needed services.
Antipsychotic Utilization	Medications are monitored and holistic care is provided; children do not have adverse health effects from antipsychotic medications

ED Visits and Hospitalizations for mental illness or intentional self-harm	Engagement in after care to avoid re-hospitalization or an event
Oral and dental health	At-risk children have received preventive care
Contraceptive care	Unintended pregnancies are avoided using most or moderately effective contraceptive methods, including LARCs.
Low birth weight	Surveillance of babies born with LBW
Prenatal and postpartum care visits	Women receive early and regular prenatal care and timely postpartum care
Cesarean deliveries	Risks for cesarean births are minimized; vaginal births are prioritized where possible
Developmental screening	Children are screened for developmental delays using a standardized tool
Nutrition and Physical Activity	Children receive assessment and counseling care
Immunizations	Immunization status is monitored across the population
Depression and Anxiety	Children are screened and receive follow-up services

PRIORITY 6: PROVIDE RECOMMENDATIONS TO THE GOVERNOR'S OFFICE AND LEGISLATORS

The Hawki Board is charged with preparing, with the assistance of the Department, and submitting a report to the Governor, the general assembly, and the Council on Human Services, concerning the Board's activities, findings, and recommendations. These details are due by January 1st each year. A process for delivering the content for this report may follow these steps:

1. Utilize the notes from each meeting to summarize the Board's activities. Presentations by subject matter experts, collaboration with councils or committees, and communication with the managed care organizations should be highlighted. This section should answer,
"What were the major actions taken by the Board this year?"

2. Glean the results of each meeting from the meeting notes to share key findings. Findings can be defined as conclusions reached as results from an inquiry into a topic or set of topics. This section should answer,
"What did the Board learn in the past year?"

3. Choose 2-3 major findings and build recommendations from this foundation. The recommendations could be as simple as a paragraph and as complex as an issue brief. This section should answer,
"What does the Board feel the Governor should know about the program or the population?"
and
"What should be done about this topic?"

PRIORITY 7: PROVIDE UPDATES TO THE NARRATIVE WITHIN IOWA CODE THAT ESTABLISHES THE BOARD AND THE CHARGE

Actions taken to address six of the seven selected priorities should result in modernizing the Board’s association with the charge identified in Administrative Code 514I.5. Updates to the Administrative Code are tabled for future action. Recommendations for changes to the narrative within the code may be developed as an action step at an appropriate time.

Incorporating the Changes: Framework for 2023

The Board’s adoption of a vision and mission, increased engagement with key stakeholders, implementation of an educational platform, and commitment to sharing recommendations with statewide leaders requires a few simple changes to the meeting structure, documentation of meeting outcomes, and modifications to the annual report. In addition, the Board’s priorities for the educational platform and MCO engagement should be included as a “Plan of Action”.

The priority educational topics for 2023 are noted in this table. Presenters should be selected in January or at least 1-2 months ahead of the meeting date.

Priority	Educational Topics	Presenter(s)	Date
1	Ongoing discussion of the Behavioral Health system		
2	Telehealth: Data on how easy it was to access telehealth during the pandemic		
3	Snapshot of the volume of the dollars/ unique lives for different service types, codes, diagnosis		
4	Overall health of the kids on Hawki		
5	What does the Hawki program look like in other states? What is the comparison and what recommendations are they making?		

The priority conditions selected for engagement with the MCOs are noted in this table. Data describing the impact of the condition on the population should be added for context prior to the discussions.

Priority	Condition	Data Describing the Impact of the Condition	Date
1	Childhood Mental Illness (Depression and Anxiety)		
2	Speech and Language Conditions		
3	Well-Child Exams		
4	Oral and Dental Health		
5	Autism		

The following is an example of how meetings may be organized in 2023. These are the Core Activities.

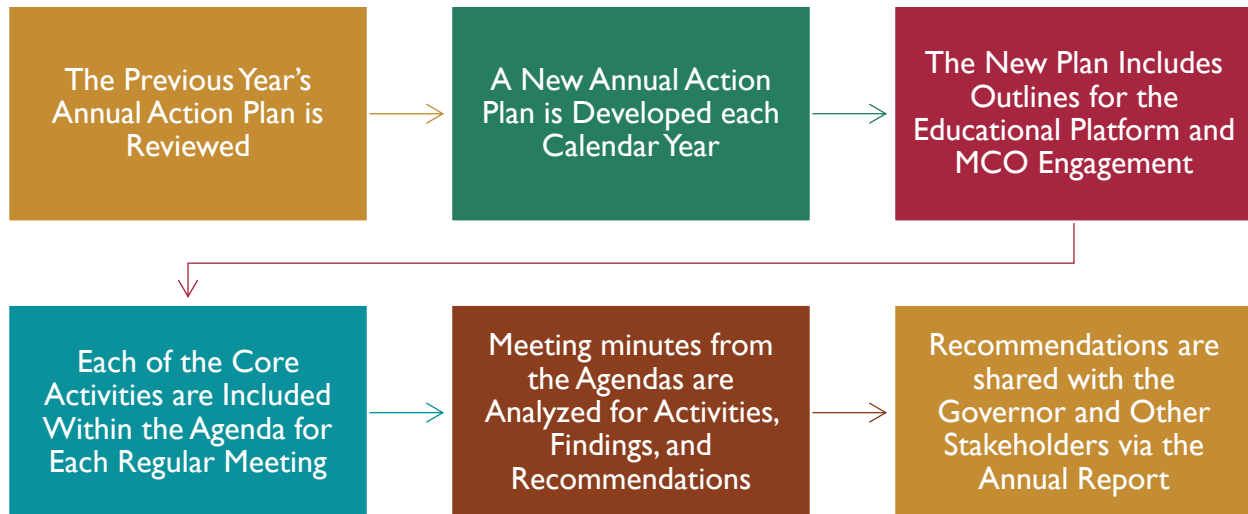
Draft Agenda Format	
XX: XX PM	Roll Call – Chair
XX: XX PM	Approval of Minutes – Chair
XX: XX PM	Public Comments
XX: XX PM	New Business
XX: XX PM	Educational Presentation Topic: XXX, Name of Presenter
XX: XX PM	MCO Engagement: Topic: XXX
XX: XX PM	Updates – various presenters including Hawki CAC and CSHCN Committees
XX: XX PM	Adjourn

The annual report may be modified to follow this outline:

Draft Annual Report Format
<ul style="list-style-type: none"> • Executive Summary: Overview of the Sections Below: A "Year in Review" • Budget: Current SFY funding • Enrollment and Demographics: Overview of the Population • Special Topic: (such as COVID-19) • Quality: Representation of Selected Quality Measures • Outreach Activities by Group: • Participating MCOs and Dental Plans and Review of Engagement and Collaboration: • Board of Directors Activities, Findings, and Recommendations Including those from the Hawki CAC and CSHCN Committees • Seven Attachments: Organization and History of the Program, List of Health Care Programs for Non-disabled Children, History of Participation, Budget Information (Federal Funding and Expenditure History, Referral Sources and Outreach Points, Presumptive Eligibility for Medicaid and Hawki Program Design, and Hawki Board Members

Annual Action Plan

The planning and implementation cycle contains the following steps:



STEPS FOR PLANNING THE ANNUAL EDUCATIONAL PLATFORM:

1. The Board will identify 3 to 5 topics each year
2. The topics may fall into three main categories:
 - Data and Data-Driven Practices
 - Describing the Population
 - Enhancing the Program Model
3. Topics will be prioritized
4. Topics will be assigned to a regular meeting and placed into the Annual Action Plan
5. 1-2 topics could be covered in a meeting
6. Presenters should be invited by Board members a month or 2 prior to the meeting
30 minutes max.; Deep dives
7. Each presentation followed by Q and A
8. All materials captured in the minutes along with results of the Q and A

STEPS FOR PLANNING THE ANNUAL MCO ENGAGEMENT:

1. The Board will identify 3 to 5 topics each year
2. Topics should be chosen from the Board's interests and from the lists of conditions and outcomes from Medicaid sources.
3. Guiding Principles should include:
 - Experience of Care
 - Access and Affordability
 - Prevention and Treatment

- Utilization and Cost
- Healthy Lives
- Income Disparities
- Equity

4. Topics will be prioritized.
5. Topics will be assigned to a regular meeting and placed into the Annual Action Plan.
6. 1-2 topics could be covered in a meeting.
7. MCOs should be made aware of the discussion topics a month or 2 prior to the meeting.
8. MCOs will present for 30 minutes max. per topic.
9. MCOs can collaborate to develop the presentations.
10. Each presentation can be followed by Q and A.
11. All materials captured in the minutes along with results of the Q and A

STEPS FOR PLANNING CAC AND CSHCN COMMITTEE ENGAGEMENT:

1. The CAC's clinical expertise and recommendations should be aligned with the Educational Platform and MCO Engagement topics. Pediatric criteria and gaps in benefits can be discussed in conjunction with these topics.
2. When a definition of CSHCN for the Hawki program is established, all discussions should include references to this sub-population's experiences and outcomes. The group selected to represent this sub-population should be empowered to deliver these assessments.

PROCESS FOR DEVELOPING RECOMMENDATIONS FOR THE GOVERNOR:

Recommendations for the Governor and other stakeholders can be developed through the Boards agendas and minutes. The proposed format for the recommendations includes answer three key questions:



Utilize the notes from each meeting to summarize the Board's activities. Presentations by subject matter experts, collaboration with councils or committees, and communication with the managed care organizations should be highlighted.

This section should answer, "What were the major actions taken by the Board this year?"



Glean the results of each meeting from the meeting notes to share key findings. Findings can be defined as conclusions reached as results from an inquiry into a topic or set of topics.

This section should answer, "What did the Board learn in the past year?"



Choose 2-3 major findings and build recommendations from this foundation. The recommendations could be as simple as a paragraph or as complex as an issue brief.

This section should answer, "What does the Board feel the Governor should know about the program or the population?" and "What should be done about this topic?"

Summary

The Hawki Board completed a robust strategic planning process over the course of 10 months. Established Mission and Vision Statements, an Educational Platform, MCO Engagement Strategies, CAC and CSHCN Committee Involvement, refreshed agendas, and an Annual Report inclusive of recommendations will drive the success of the Board moving forward. A focus on outcomes will result in higher quality services and a more comprehensive system of care for the target population.