



**Hawki Board Meeting
October 25, 2021**

Hawki Board Members	Department of Human Services
Mary Nelle Trefz, Chair – present	Elizabeth Matney, Medicaid Director
Angela Burke Boston – present	Julie Lovelady, IME
Jim Donoghue – present	Paula Motsinger, IME
Mike Stopulos – present	Amela Alibasic, IME
Dr. Bob Russell – present	Kevin Kirkpatrick, IME
Mary Scieszinski – present	Tashina Hornaday, IME
Shawn Garrington – present	Shelley Horak, IME
Senator Nate Boulton –	Kurt Behrens, IME
Senator Mark Costello –	
Representative Shannon Lundgren –	
	Guests
	Gretchen Hageman, DDIA
	John Hedgecoth, Amerigroup
	Lindsay Paulson, MAXIMUS
	Jean Johnson, IDPH
	Alesia Houser, AHFA
	Tara Brown, guest speaker
	Tia Siegworth, Scott Co. Health Dept.

Call to Order and Roll Call

Board Chair Mary Nelle Trefz called the meeting to order at 12:30 PM via Zoom. Chair Trefz conducted a roll call, and attendance is as reflected above. A quorum was established.

Approval of the Hawki Board Meeting Minutes

Chair Trefz called for the Board to review the minutes from the August 16, 2021, meeting. Chair Trefz asked for a motion to approve the minutes and the motion carried.

Business Items

Chair Trefz introduced the topic of electing a new chair and new vice chair. Jim Donoghue suggested that the Board meet with the two new members outside of the Hawki Board meeting to discuss the roles and what they entail. He then recommended that the Board gauge interest in filling these roles and report back at the December meeting. Chair Trefz, Vice Chair Garrington, and new member Mary Scieszinski agreed to this course of action.

Public Comment

Chair Trefz had each Board member give an introduction and talk about their connection to the Hawki program. This was primarily to allow new members Mary Scieszinski and Mike Stopulos to get to know their fellow Board members and understand Board member roles. Chair Trefz also had Board members briefly talk about the organizations they represent and how those organizations work with Hawki.

Chair Trefz then introduced guest speaker Tara Brown. Tara talked about how the Hawki program helped her and her family. She shared her personal story of attending college, finding out she was expecting, and having to put her academic plans on hold. This eventually led to a state of financial insecurity for her and her daughter. Tara found out about Hawki through a co-worker, and she was able to access programs through Hawki that ensured she could afford necessities and get adequate healthcare for her daughter. Tara expressed her gratitude to the Board and said that Hawki kept a roof over her and her daughter's heads when they were at serious risk of becoming unhoused. Tara now works for The Bridge Home, a non-profit organization devoted to bridging the gap between homelessness and housing by providing shelter, support, and inspiring a pathway forward for individuals and families experiencing or on the verge of homelessness.

Strategic Planning

Medicaid Director Elizabeth Matney opened this portion of the meeting by discussing how the Hawki Board members can use their expertise and experience to develop long-term goals that will guide the program over the next several years. She specifically mentioned the importance of developing quality control, clinical, and financial goals. Chair Trefz then introduced Shelley Horak, Iowa Medicaid Enterprise (IME), who facilitated the strategic planning discussion. Shelley provided a PowerPoint slide deck with her presentation.

Shelley began by asking the question of what should be defined and/or created by the Board. Chair Trefz suggested that the Board exists to ensure Iowa's pediatric population can easily enroll in and access Hawki programs. Dr. Russell agreed, saying that the Hawki program should be functional, accessible, and effective. Mike Stopulos then suggested that the Board should use the next several meetings to craft a mission statement.

Shelley continued by asking what changes Board members would want to see if given unlimited resources. Angela Burke Boston pointed out that services are not always uniformly available across the MCOs and used speech therapy as an example.

Shelley then asked what changes could be made to improve quality of care for covered children. Jim Donoghue noted that there is little communication between the Hawki Board and the Medical Assistance Advisory Council (MAAC) and proposed that the Hawki Board become engaged with the MAAC in a more meaningful way. Chair Trefz added that the Hawki Board could communicate with the MAAC to determine if the MAAC oversees any portion of Medicaid as it pertains to the pediatric population. Angela then stated that the Board has the opportunity to expand in the areas of diversity, equity, and inclusion. Jim recommended that the Board have some oversight of program expenditures. Dr. Russell proposed that the Board consider data and scientific literature regarding advances in the field of pediatric health and wellness.

Shelley steered the conversation toward the Board's charge as established by Iowa Administrative Code. The charge has five areas: structure, duties, reporting, recommendations, and approvals. Dr. William Jagiello, a Des Moines-based family physician, stated that he facilitates the Hawki clinical advisory council meetings, but they normally do not have anything substantive to discuss at those meetings. Dr. Jagiello said that the clinical advisory council is open to assuming more responsibility in this area. In discussing an advisory committee for children with special health care needs (CSHCN), Mary Nelle suggested the possibility of adding a parent representative to the Board. Shawn Garrington highlighted the need for better communication between the Hawki Board and the clinical advisory council.

In reference to the Board's duties, Angela suggested that the list of duties be updated to reflect the Board's current role, and not its previous role in establishing the Hawki program. Chair Trefz added that the Board ideally will work with both public and private entities. Similarly, in reference to the Board's reporting responsibilities, Jim stated that the Hawki report is considerably shorter than it was 7-10 years ago, but that the current Hawki annual report still addresses all the same elements as in the earlier reports. Angela added that there is likely some overlap between the Hawki report and the broader Medicaid report.

Regarding the approvals portion of the Board's responsibilities, Chair Trefz noted that the Board's role in monitoring the capacity of the MCOs to address unique needs of children and children's health delivery is broad in scope and represents the evolution of the Board's role from establishing the program to overseeing the operation of the program. Kurt Behrens, IME, stated that this aspect of the program is covered in MCO quarterly reports and two additional annual reports. Kurt provided links to those reports in the chat.

Shelley then offered a recap of the strategic discussion with highlights of each of the five aspects of the Board's charge. Chair Trefz restated that the Board should be focused on current operations, such as ensuring access and improving quality of care, rather than establishing the program, and language in the Board's charge should change to reflect that. Additionally, Chair Trefz raised the question of whether Board members are willing to take on additional responsibilities outside of the Board's required six meetings per year. Angela added to this, asking if the Board has a charge outside of these six required meetings.

MCO Update

John Hedgecoth from Amerigroup offered a brief update. John stated that Amerigroup is discontinuing the outpatient dental prior authorization originally announced April 2021. He stressed that this is a policy decision and not yet an operational change, and that Amerigroup will provide more information when it becomes available.

Next Meeting

Meeting adjourned at 2:21 PM.

The next meeting will be Monday, December 13, 2021.

Submitted by John Riemenschneider

Recording Secretary

jr