

OPEN MEETING MINUTES

Name of Governmental Body: Long Term Care Advisory Council (LTCAC)			Attending: Chris Witt, Cindy Bentley, Shanna Jensen, Stacy Ellingen, Beth Swedeen, Elsa Diaz Bautista, LaVerne Jaros, Shakita LaGrant, Beth Fields, Michael Bruhn, Jason Glozier, Jessica Trudell, Eric Kostrzak, Joel Gouker, Mackenzie Wann, John Schnabl, Sara Muhlbauer, Jennifer Jako, LaWanda Calhoun, Linda Bova, Jill Jacklitz, Don Wigington, Mike Pochowski, Lisa Davidson, Donna Hawley, Karina Chelsky
Date: 9/10/2024	Time Started: 9:32am	Time Ended: 12:30pm	
Location: Virtual Zoom Meeting			Presiding Officer: Jill Jacklitz
Minutes			

Members absent: None

DHS Staff present: Nicole Schneider, Brenda Bauer, Kevin Coughlin, Alicia Boehme, Christian Moran, Carrie Molke, John Grothjan, Shelly Glenn, Joyce Vue

Meeting Call to Order – Jill Jacklitz

- The meeting was called to order at 9:32am
- Minutes from July meeting reviewed
 - Motion to approve by Chris Witt. Seconded by Michael Bruhn. Minutes approved.
 - Donna Hawley Abstain.
- Council introductions were made

Public Comment

- **James V** – Cares for a person with Parkinson's, on diarrhetics, results in receiving a lot of care; received authorization and approved through PIR; have to submit every claim, can take 30-40 days to get response for reimbursement; reducing amount of assistance; issue is that this was already approved so why the long process; caregiver will need to cut hours and not able to assist; this will cause care giver to leave, which will lead to huge care giver crisis
- **Dan D** – Legal guardian of 20+ year old daughter; social security has a rule about going out of the country for 30 days; only gone 29 days; DHS has not re-instated benefits; has 2 more weeks; has been catastrophic for daughter; all services stopped; discontinued from Children's Long Term Support (CLTS) services; take 6-7 weeks in meeting to be fully re-assessed; probably 2-3 months from being re-instated
- **Melissa S** – President of supporting care services; DHS payment integrity review program; effective 7/1/24; supposed to provide enhanced technical support to providers; denying agencies payments; met with them on 8/30/24; OIG did not attend meeting; PIR questions were not answered and not addressed; programs must be paused immediately
- **Jason E** – Lives in Eau Claire, WI; IRIS participant in long term care programs; also has power of attorney for someone who needs 24 hour care; can only bill for 23 hours; issues with training and being paid; changed in the last couple of days; DHS to look at these advisory committees; can the committees give feedback on policy changes that DHS is going to implement; caregivers are about to quit because they are not getting paid
- **Lee Y** – Personal care agency; takes care of patients in their own homes; issues with PIR; impacted many agencies in WI; created hardships during the past 2 months; did not provide correct specific information, specifically the type of documentations needed for review for payments to be paid; more than 20% of claims being delayed and denied for payment; code T1019 under PIR; paid claims at the reduction amount; no funds to pay worker
- **Karina B** – Calling from personal care agency; based in MN; not able to attach documentation into the forward health portal; when mailed documents, they come back denied or unmatched; very difficult process
- Received four (4) Public Comments via email
- Jason Glozier, Vice-Chair will read each email in 3 minutes
 - **Laurine L** – I'm not able to participate in tomorrow's LTC Advisory Committee meeting, when public comments are taken regarding the WI DHS choice to "disenroll" people from MAPP, just because WI DHS hadn't yet processed their new MAPP Premium payments. I will be busy supporting my daughter who has disabilities of autism, intellectual disability, physical disability and PTSD. Therefore I'm sharing my concerns here, in hopes that

my information will be forwarded to the committee. First, just a bit about me, for context. I've helped my daughter navigate a school system that didn't want to obey state and federal law, and it cost me and my family tens of thousands of dollars advocating for her, throughout her school years. I helped to start the WI Birth-3 program, working with the first director. I was the "family centered specialist" hoping to create a program that was more family-friendly and person-centered than public school. Then when daughter became an adult I worked for the WI IRIS Program, so I could learn that program from the inside-out. In all of my 40 years of advocacy work, what has recently happened to my daughter and our family is the most upsetting, disappointing and darn-right scary! My daughter has worked two jobs for around 25 years and with the income from that long work history, she was moved from straight Medicaid to the MAPP Program. She was recently given a MAPP premium for the first time. That has increased the deficit that she has each month to over \$200 (less income than expenses). As long as her parents are alive we will continue to make up that difference, but we wonder what happens when we're gone. Daughter's MAPP Program covers the cost of staff support taking her to/from her jobs and supporting her on the job, and helping her at home in tasks such as: bath and washing hair, brushing teeth (she currently has 2 cavities and severe gum disease and needs to be under anesthesia to get this work done), plan meals, grocery shop and prepare meals, clean house and wash clothes, etc. When we received the notice of the new MAPP Premium, in July, I immediately contacted the Representative Payee agency that we've hired to be responsible for paying that premium. That agency researched the correct manner to pay that monthly premium and sent a check, while also researching how to set up future direct deposits. Then that same week I received a letter from the Capital Consortium saying the payment hadn't been made. I emailed the Representative Payee agency and was assured that it had been paid on time and, in fact, WI DHS had cashed the check. Then two days later I received a letter, saying the following, "Your long-term care program enrollment has ended due to NO MEDICAID ELIGIBILITY. If you have questions about why your enrollment is ending, please call your agency at the phone number below (Progressive Community Services). Your IRIS Enrollment has ended on AUGUST 31, 2024. You will receive a separate notice that explains why your benefits are ending." The notice goes on to explain who to ask for a FAIR HEARING if we don't agree with the DECISION. What Wisconsin's governor and DHS secretary have done, with this letter, is to terrorize me and any others who have loved ones with disabilities who receive Medicaid services through the MAPP Program. I've spent two weeks without sleep, considering what the loss of my daughter's Medicaid means. The thought of going through a hearing is no comfort as I've already learned that the hearing system is totally flawed, offering no chance for success. Without services, our daughter will no longer be able to work a job or live alone. My husband and I have been wondering whether we must sell our Belleville home and move in with daughter, or whether to bring her to live with Belleville to live with us. We wonder what sort of a person would create such a cruel letter, intentionally terrorizing people with disabilities and their parents/guardians. (see attached). Of course, I did attempt to call the Governor and couldn't get through. I called the consortium and waited over 2 1/2 hours on hold, before the consortium's system just dropped my call. I tried, unsuccessfully, for two weeks to connect with the consortium. Whoever would send this letter, in a short timeline before DHS has the time to process 1st payments of MAPP Premiums, needs to apologize to all he/she has harmed and should be fired. He/she should only be employed where they can no longer harm people, such as a factory putting together nuts and bolts. Please help address this WI issue with Medicaid/MAPP Program being dropped via letters to WI people with disabilities and their parents/guardians who paid the MAPP premiums on time and were then penalized for doing nothing wrong. FYI, I did get a call from a WI DHS rep, because of a WI legislator I'd contacted who, in turn, contacted WI DHS. The DHS rep tried to blame this problem on the WI IRIS program and tried to explain that WI DHS had too few people to process these first time MAPP premiums. I asked why WI DHS would not have chosen to take a few months to wait and see if anyone was intentionally refusing to pay their MAPP Premium before "disenrolling" all MAPP participants who had first time premiums that they had paid on time. Each time I asked a question the WI DHS rep attempted to blame what we had been put through onto someone else, passing the buck. I now feel that our vulnerable family members who have disabilities are even more vulnerable to something as cruel, or worse, happening again. There was no reasonable explanation and no apology, only blaming others.

- **Wendy K** – Effective communication is the lifeblood of Long-Term Care (LTC) Programs. Families supporting dependents who receive care through Family Care or IRIS must have a clear understanding of the scope of covered services. Representatives of the LTC system need to be flexible and adapt to their clients' changing needs. In mid-August, I reached out to the consortium regarding a benefits-related issue. The situation was complex, requiring multiple calls. Each consortium representative provided different answers about coverage. The wait times were lengthy - often ranging from 15- 30 minutes. On three occasions, I requested to speak with a supervisor, only to be told that I would receive a call back within 48 hours. Unfortunately, after waiting 48 hours each time, there was no supervisor follow-up. Additionally, I wrote to the Wisconsin Department of Health Services but did not receive a response. This is an ongoing issue and added to my frustration. While I understand the staffing challenges that organizations face, it is essential that commitments—such as returning calls within 48 hours—are honored. Families have received Medicaid disenrollment letters based on MAPP premium issues and a failure to process paperwork in a timely manner. This causes significant unnecessary stress and anxiety for families who are already under substantial pressure. I understood that when families inquired, eventually they were told it had been corrected but a

letter outlining the correction was never issued. This goes back to the importance of accurate and timely communication. There needs to be a single point of contact for family members to obtain accurate information and highlights the critical need for accurate and timely communication within the LTC Programs.

- **Nicosia K** – I am Nicosia King, the owner-operator of Goldenpath Home Care and Golden Path Services II. I am reaching out to discuss my agency's challenges in implementing the PIR program. While I understand and respect the rules and expectations set by the state (DHS/OIG) for personal care agencies, I want to highlight the importance of providing adequate notice, guidance, and training when rolling out new expectations. The PIR program was aggressively rolled out without sufficient support or tools provided to us in advance. When our agency faced this matter, we contacted Forward Medicaid, which was a bit oblivious and unable to support us. After over-explaining what was happening to our claims and asking to speak to someone who would understand, the rep gave me several topic numbers from the handbook to review, some of which didn't even pertain to personal care agencies. Furthermore, they explained that they would have to end the call because they could only be on it for a certain amount of time. We then contacted other resources and agencies, which resulted in contacting our field rep for all questions and concerns. Our field rep forwarded our agency two attachments to follow. For the last couple of months, we have had several claims weekly under PIR. We followed the process and uploaded the required documents into the system. Waiting for responses and reimbursements after compensating our caregivers, office team, and other business-related expenses has become exhausting. Most of our claims were significantly reduced or denied when we received updates. One of our challenges is requiring multiple markings on a single line for tasks completed by our caregivers. This is not always feasible due to limitations on our timesheets and in most EVV systems. Next, physician orders not signed by the prescribing physician per Act 119 (which gave authority for nurse practitioners and physician assistants to sign plans of care and orders for personal care services). Additionally, issues related to illegible information on submitted documents have resulted in claim denials (forms go through several fax transmissions from clinics, doctor offices, etc., and the faxed copy becomes blurry). In addition, we cannot control the physicians' signatures. Whatever the case, there was no clarity based on which document was illegible when these same forms were sent to Forward Health for authorizations and were approved. Furthermore, we received responses on other issues, such as the quantity reduction in DHS policy and missing clinical documents. As a result, my agency has experienced numerous denied claims and reduced payments, and there is a need for clarity on the reasons behind these issues. This has created financial hardships for my organization, including paying caregivers, business expenses, and incentive programs, resorting to other sources of payments, and diverting our focus from our core mission of serving our members effectively. Our goal as an agency is to fully comply with all rules and regulations, ensuring that we provide the best possible service to our members. With over a decade of experience in the home care industry, we know that proper training, tools, and guidance are crucial for agencies like ours to succeed. With adequate support, it is easier for us to navigate the complexities of the PIR program and address all issues effectively. Most agencies like ours love what we do, thrive daily, and overwhelm ourselves and the team to stay compliant. All errors are not acts of fraud but a lack of clarity regarding expectations. We have the handbook for guidance in starting this business and for reference. Still, everyone's perception of terminology will be different. If we had more of the state working with us to become successful than against, it could lower the number of errors and the thousands of dollars that were recouped from agencies when these funds have been expensed out. I urge the DHS/OIG to consider temporarily pausing the PIR program and providing agencies like ours with the necessary support and training to ensure our success in this industry. Clear guidance, training resources, and a transparent appeals process for reduced/denied claims would greatly benefit agencies striving to comply with the program requirements. Thank you for taking the time to listen to my concerns and advocate for the needs of agencies like mine. Your support in helping us navigate the challenges of the PIR program would be immensely valuable in ensuring our members' quality and continuity of care, employment security, and the survival of our business.
- **Cindy L** – I am writing to share our agency's public comment regarding the recent Zoom meeting. Our agency, Midwest Home Health Care, LLC, is based in Green Bay, WI (Brown County), and we have been directly affected by the PIR program since its implementation on July 5, 2024. The introduction of the PIR program has significantly disrupted our operations, causing considerable stress and challenges for our team. Before this program, we could effortlessly copy claims from the past week, streamlining the claims process. Now, we are required to start a new claim form for each member, complicating the process and increasing the workload. We have found that the same members are repeatedly flagged for the PIR audit, week after week, or every other week. Although the OIG states that the selection is random, our experience suggests otherwise. This inconsistency has led to significant stress and frustration for both our agency and our direct care workers. Our reserve fund is nearly exhausted from covering unpaid wages, and we are struggling to meet necessary business expenses to keep our doors open. Our claims have remained in suspension for weeks without payment or denial. Even when we provide the required documentation, claims are often denied. Despite following the chain of command by contacting the ForwardHealth Provider line and our Provider Field Representative, we receive no clarity or assistance—only referrals back to the online handbook, which is not helpful. The PIR program has caused sleepless nights, stress, and emotional exhaustion for our team. We were informed that Milwaukee County agencies were flagged for the PIR program since February, which makes us question why we were included in the rollout, given that we are located in Brown County. We have observed that

most agencies expressing similar frustrations are located in Milwaukee County through our PCA group WPSA. The rollout process has been chaotic and poorly managed, with a lack of information and support from the provider helpline and our Provider Field Representative. Additionally, the supposed random audits appear inconsistent and inaccurate. We were told that one in four people would be audited, but our experience does not align with this. The same members are repeatedly flagged, regardless of the order in which we submit claims. We urgently need clarity and a more streamlined process from the OIG if the PIR program is to continue. We request that the program be paused until a more effective and transparent system is developed and implemented statewide, rather than being tested only in certain counties. Thank you for your attention to this critical matter. We look forward to your prompt response and action to address our concerns.

- **Council Feedback**

- **Chris W** - We have had many individuals we support dropped from MAPP and subsequently from MCOs and IRIS. Their on-time payments were not processed on time. They are having to prove their payment was cashed prior to the date due and then having to ask to be reinstated. Then individuals are being asked to go to the ADRC and reenroll for LT services. I am surprised there was only one public comment on this. Because their MAPP was discontinued there is no way for MCOs to back date supports for individuals, as they lost services. They need to reenroll, and their supports can be paid for once a plan is established again.
- **Linda B** - There currently are 61 agencies that are being impacted by PIR. Based on survey responses, 56 replies OIG's PIR program is slashing prior authorizations that were already provided by Forward Health and the RN Consultants. These prior authorizations are based on MD orders and the usage of a screening tool that is implemented and managed by DHS. This is a very serious issue that needs to be addressed quickly or there will be agencies closing. This is based on survey results. If the Council would like our WPSA survey I would be happy to provide.

Managed Care Program Annual Report (MCPAR) – Kimberly Schindler

- Presentation shared with council
- Reports also attached
- **Council Feedback**
 - Beth S – Can we get actual numbers in the reports? Regarding network adequacy, number seems very high. Did you meet standards? Other ways to gauge rather adequacy is met?
 - Kim S will take back and report out next time
 - Nicole S - There's new CMS requirements around access; around waitlist and wait times; those rule are coming out
 - Jason G – Any future plans of this report to include measuring on preferred residents and working on getting people into those locations?
 - Kim S – CMS does not tell us what to include in MACPAR; they have not made indication of HCBS related items

Governor's Task Force on Healthcare Workforce – Janet Zander, Angela Miller

- Presentation shared with council
- Joined by Angela Miller
- Next Steps:
 - Read and share report and summary
 - Governor's Office reviews recommendations
 - Governor submits budget proposal, incorporating recommendations
 - Legislature debates and modifies proposal
- **Council Feedback**
 - Jessica T – Any data or discussion about reduction in CNA hours – from 120 to 75 hours; removing barriers to a CNA; impact on quality of care?
 - Janet Z – Question was raised; do not know the impact of that change
 - Angela M – heard from both sides of the issues; balance between quality; hard to isolate if this effected efforts
 - Joel G – Spend a lot of time recruiting caregivers and nurses; over the pandemic, the wage expectations of nurses has changed; many are offered to join travel agencies; did this impact that change at all?

- Janet – No, it did not; expanding and sustaining funding to increase home-based nurses and to increase those rates; may not be sufficient to meet that competition for those nurses; hoping this will help home and community-based workers to receive adequate pay
- Linda B – Concur with Joel; for personal care agencies, we have RNs that oversee our cares; really struggling to recruit RNs; going back to CNA issue with hours; in 2016/2017, was restricted access to platform to track CNA hours; this created another obstacle; only way to track is very cumbersome and manual; being told from WPSA that hard copies are not being processed as well; should be able to use the technology that exists
- Michael B – Two quick questions; How did the reduction from 120 to 75 hours create a BOOM of CNAs? Was there any discussion about the RN struggles and how we as a state are going to respond to an additional struggle for RN recruitment with the new CMS rules for skilled-nursing facilities? Worry about the number of RNs we have
 - Janet Z – Has recognized the shortage of nurses; educational pipeline and needing way more faculty to meet that demand; allowing people to do clinical work and teach; hope the change will help; the executive order in 6 months; hopefully through state budget actions
- Lisa D – Any discussions about looking at changing regulations and scaling back; growing the workforce?
 - Angela M – There are recommendations about clearing pathways for education workers, etc.; changes through licensing process; recognition of other concerns and how to better support
- Kevin C – DQA does track active nurse aides on the registry. This number reflects new certifications but also individuals dropping off: <https://www.dhs.wisconsin.gov/caregiver/nurse-aide/statistics.htm>
- LaVerne J – Way back when we had the LTC taskforce; had a presentation by a demographer; overall workforce shortage in WI; concern is that we'll never have enough workers; hard to compete with others; talked about the immigration issue; any discussion about hiring?
 - Janet Z – Yes, there was a discussion about this
- Karina C – Is currently a nurse; would love to help in home as well; what would be the possibilities? Requirements changed several years ago; everyone asking for a masters degree; losing a group of people who are capable of helping
 - Janet Z – That is the exact issue; providing the flexibility; heard that this is an issue; in addition to the pay inequity; looking to broaden into the faculty space
- Cindy B – Worried about the system; still need care but if something seriously happen; Who will help? We need to have enough staff
 - Janet Z – We're scared too; we want to grow and expand; we don't want people not having the service providers they need; hoping to meet current and future needs

Medicaid/Medicare Integration and Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNP) – Linda Kaestner, Maya Kiel

- Presentation shared with council
- Provide overview of a project
- Project funded by Arnold Ventures
- Brie and Emily also on the meeting for questions from ATI Advisory
- Project began in June and will end by 2025
- Discussion questions:
 - What do you view as the most common needs of people who are dual eligible?
 - What is the overall experience for members, families, providers, and other interested parties with Wisconsin's coverage options for dual eligible individuals?
 - For organizations and providers serving dual eligible individuals, what are the most frequent gaps in long-term care or services that providers struggle to address on behalf of these individuals?
 - How should the state think about expanding FIDE SNP options including by geography or by population?
- **Council Feedback**
 - Karina C – Hard for home care; there is a waiver for people who have medicare but looking for dual coverage for home care; no one wants to go into a facility; only help for a couple hours

- Nicole S – They need to apply for full Medicaid first; need Medicaid benefit to receive the Medicaid service
- Beth S – Challenge is mental health and dental; another concern is no plain simple information; bombarded with plans and most people don't know they're dual eligible; there needs to be more information; use programs but only heard through word of mouth; catch 22 – some providers take Medicaid but not Medicare, and vice versa
- Don W – Positive experience so far; heard through benefits specialist; proceeded in Madison area; under Dean healthcare plan; Went through Medicare.com; Son continued to see same doctor; worked fine; recently in past year, son moved to Stevens Point area and had to start all over again; local insurance provider did work out well too
- May need to bring this topic forward again
- Beth S – Suggest creating a focus group of people currently using the advantage plus programs; few people know about them
- Linda K – Would agree with Beth. As a provider I can tell you that we were negatively impacted at the beginning of 2024 when a MCO which we were providing PERS services ended authorizations for PERS without any notice. We were told that the clients that the authorizations were ended were dual eligible for Medicare and that these individuals would need to utilize their Medicare to receive PERS services. The number of individuals impacted were approximately 100 and this impacted 25% of our PERS services. We had to recovery all of our equipment and also had to have the hard discussion about these consumers losing their PERS services without any notice. These individuals had very little understanding of their next steps to take. And we as an agency were given no option to continue with these consumes due to our not being a national contract with Medicare. NOTE: we have personalized service and troubleshooting and physically assist all of our services with direct in-home training and assistance.
- Linda K - DHS does plan to engage partner groups for feedback throughout this process and appreciates hearing the experiences. Please watch for future updates on this project and opportunities to provide feedback.

Ad Hoc Report Out – Jill Jacklitz

- Jill shared a quick update
- Rich discussions still happening; continue in planning
- More information at next meeting
- **No Council Feedback**

2025-27 Managed Care Quality Strategy Update – Christian Moran

- Presentation shared with council
- Public Comment Period is September 23 – October 25, 2024
- Dedicated DHS webpage will feature Quality Strategy and public comment period:
<https://www.dhs.wisconsin.gov/medicaid/quality-strategy.htm>
- Public comments can be submitted via email or postal mail
 - Email: DHSDMSQualityStrategy@dhs.wisconsin.gov
 - Postal Mail:

Wisconsin Department of Health Services
Division of Medicaid Services
Bureau of Programs and Policy
Attn: Managed Care Quality Strategy
PO Box 309
Madison, WI 53701-0309
- **No Council Feedback**

Council Business – Jill Jacklitz

- Grant Cummings from BRS in attendance to speak about the algorithm change for functional screen

- In 2023, initiated IRIS budget; acquired IRIS data for the first time
- Use updated data and updated algorithm; add trend factors
- Looked at data, before and after implementation, seen increases in average budgets for participants
- Functional needs may change
- In 2023, budget allocations did not decrease for 1 year until re-screen; began January 1, 2024
 - Chris W – Changes to functional screen; don't apply to mental health or behavioral health issues; people who have had no changes in abilities or needs have had their budgets decreased; this has caused issues with people's daily needs; they are having to go through appeals when none of their needs have changed. The changes have made a huge difference since 2023 for individuals and the number of BAs; the functional screen continues to focus on ADLs but needs to include mental health issues and other aspects of their care.
 - Grant C – General intent was not to change – we are required to have a method for waiver compliance and our own fiscal responsibility for the program; measure for which we say these prepared budgets need to be reviewed by the state to make sure their allowable; this is the tool we have now for this program;
 - Beth S – What were the elements that changed? What are the factors? For those who got budget cuts, is there any reason to improve the model? People aren't given clear messages or communication
 - Grant C – Do not have all adjustments to the model; actuaries take items from functional screen to do a statistical analysis; what needs are most predictive of a participants' costs; calculations on how the model is updated; budget adjustment factors are applied; intended to provide for 80% costs of 90% of participants; for many participants, some are getting reductions and some are getting more than before as well; understand the concerns;
 - Shanna J – How often the department look at this adjustment? Grant – trying to balance not falling into a 6-year gap within updates; will need to get back on when the next update will be
- **Council Feedback**
 - Future Meeting Topics:
 - Algorithm Functional Screen Topic
 - What is it we need to understand?
 - What data we need available?
 - What recommendations do we need to make as a council?
 - Previous Updates from July?
 - Nicole S to send out to LTCAC group via email?
 - Nicole S – Explore how to get a more public message out to everyone
 - Nicole S – Invite OIG on PIR
 - Nicole S – Invite Mackey to discuss the MAPP
 - Jason G – Re-enrollment; Inefficiencies from Consortium? Multiple submissions? Training issue?
 - Michael B – Suggest a conversation with DQA regarding a series of articles in Milwaukee Sentinel, relating to training regulations, memory care, etc.; total of 6 articles now; Wheeler report; series of long term care
 - Beth S – Regarding the magnitude with MAPP and disenrollment; department to change its policy? 3 to 4 months wait for paperwork process; develop a waiver?
 - Beth S – In response to the IRIS budget allocation changes, asking for specifics to be presented at a later meeting on what the specific changes to the algorithm were and what elements are leading to different budgets and why?
 - Beth S – Would like an update on employment rates in LTC
 - Nicole S – Speed of processing with our vendors; Marlia can speak to this; if policy can be changed if they're disenrolled? Marlia can explain too (add a response to the minutes??) what is going out to participants?? Asking for a time extension and a clear communication back to them?
 - Linda B – PIR; hot topic; level of urgency around follow-up; OIG should come; more specifics – council drive the questions instead of their links, etc.; there has been a pause on PIR; not a full pause; continue with PIR reviews; concern that it should be a FULL pause; lack of training and

communications, etc.; deeply impacting agencies; serious concern; Nicole – spoke to Secretary’s office last week; transcribe all comments on PIR and send to their office to address; do want to hear from OIG as well; we have some work to do in a couple weeks;

- Jessica T – Family Care, IRIS, MAPP – what issues are coming out? Themes? Trends? More information on the process and what DHS is seeing?
- Jill – pledge –
 - Look at the very best ways to use this forum; the meetings and the way we gather information and how to move things forward;
 - How does this council deal with urgent issues?
- Elsa D – There is a sense of urgency to address all these items; Expressing the need to address
- Chris W – Update on MAPP at the next meeting

Adjourn

Motion to adjourn by Don Wigington; seconded by Elsa Diaz Bautista

Meeting adjourned at 12:30 pm

Prepared by: Joyce Vue on 9/10/2024.

These minutes are in final form. They were approved by the governmental body on: 1/14/2025