

HEALTHY AND WELL KIDS IN IOWA (*hawk-i*)  
BOARD MEETING  
MINUTES

June 16, 2008

**BOARD MEMBERS:**

Susan Salter, Chair (via conference call)  
Julie McMahon, Vice Chair (for Thomas Newton)  
Angela Burke Boston (for Susan Voss)  
Dann Stevens (for Judy Jeffrey) (absent)  
Dr. Selden Spencer  
Kim Carson  
John Ortega

**LEGISLATIVE BOARD MEMBERS:**

Senator Amanda Ragan (absent)  
Senator Dave Mulder (absent)  
Representative Polly Granzow (absent)  
Representative Mary Mascher (absent)

**DEPARTMENT OF HUMAN SERVICES:**

Anita Smith  
Anna Ruggle  
Mike Baldwin

**DEPARTMENT OF JUSTICE:**

Diane Stahle

**GUESTS:**

Diane Schroeder  
Nancy Lind  
Lynn Tague  
Kelly Peiper  
Dave Weieneth  
Jenny Hodges  
Laura DeBoer  
Angie Doyle Scar  
Brenda Freshour-Johnston  
Carrie Fitzgerald  
Jess Benson  
Tracy Smith

**AFFILIATION:**

Delta Dental of Iowa  
AmeriChoice  
Wellmark Blue Cross Blue Shield of Iowa  
Policy Studies, Inc. (PSI)  
MAXIMUS  
Iowa Department of Public Health  
Iowa Department of Public Health  
Iowa Department of Public Health  
Iowa Department of Human Services  
Child & Family Policy Center  
Legislative Service Agency  
ZLR Ignition

### **MEETING CALLED TO ORDER AND ROLL CALL:**

The Healthy and Well Kids in Iowa (*hawk-i*) Board met on Monday, June 16, 2008, at the Hoover State Office Building, 1305 E Walnut, Des Moines, Iowa. Julie McMahon, Vice-Chair, called the meeting to order at 12:30 p.m. A quorum was present.

### **WELCOME, INTRODUCTIONS:**

Ms. McMahon asked the Board, staff, and audience members to introduce themselves. Ms. McMahon informed the guests that there would be an opportunity for public comment later in the agenda.

### **APPROVAL OF APRIL 7, 2008, MINUTES:**

Angela Burke Boston made a motion to approve the April 7, 2008, minutes as written. Selden Spencer seconded the motion. Unanimous approval was made by Angela Burke Boston, Selden Spencer, Kim Carson, Susan Salter, and Julie McMahon.

### **CORRESPONDENCE, REPORTS & OTHER STATE NEWS:**

Ms. Smith told the Board that the Department of Human Services has been impacted by the recent flooding in Iowa, in particular the Cedar Rapids area. The Department is working with CMS, FNS, and other federal partners to get waivers. The Department will be asking CMS for a statewide waiver so that the local offices will not have to do any eligibility reviews for any program for the next three months; essentially granting continuous eligibility during this period. The request is being made because there are post offices under water, people are displaced, local offices in some areas are unable to operate, and there has been a tremendous increase in applications from people needing assistance. A waiver would provide "good cause" criteria to waive many administrative requirements for customers who live in disaster-declared counties and have issues about premium payments or reviews. It will also provide some relief to administrative offices as well.

#### Other State News:

Arkansas – The State of Arkansas received a "Finish Line Grant" from the David and Lucile Packard Foundation. They will use the grant to begin a three-year outreach initiative to enroll 22,000 of their current 70,000 uninsured. They will work to increase eligibility to 300% of the federal poverty level (FPL).

New Jersey – If the August 17, 2007, CMS directive is implemented, as many as 35,000 children would no longer be eligible for New Jersey's SCHIP program.

Indiana – Wants to expand their SCHIP program to 300% of FPL, but CMS would only approve them up to 250% of FPL based on the August 17, 2007, directive. Their new premiums will be \$42 for one child and \$53 for families between 200 and 225% of FPL and \$53 for single and \$70 for a family between 226 and 250% of FPL.

Iowa – A “Des Moines Register” article discussed changes passed by the Legislature regarding outreach funding and how it was reduced from the \$750,000 in SFY 08 to \$250,000 for SFY 09. Ms. Smith said it is anticipated there will be a \$300,000 carryover from this year because of the delay in launching the outreach activities. The major costs of creating and producing the advertising have already been incurred, so the SFY 09 funding and carryover will still allow for a robust outreach campaign for the coming year.

The “Des Moines Register” also ran a “guest column” on June 9, 2008, by Charles Bruner, Director of the Child and Family Policy Center. His position is that while congratulating the legislature on passing the health care reform bill (HF 2536), he points out that immigrant children are still not covered, those that are here as legal permanent residents and those that are undocumented. The article states that if the intent is truly to cover all children, those children should be included in any future expansion.

Montana – Advocates have until June 20, 2008, to secure enough support to get a ballot initiative to expand their SCHIP program from 175% of FPL to 250%. Montana is one of four states currently below 200% of FPL.

Pennsylvania – An article reviewed the success of increasing enrollment since raising income limits to 300% of FPL. Between February and April enrollment grew by 3,000 kids. Pennsylvania does not have an income limit; they will allow anyone to buy into their program at full cost.

South Carolina – Although the Governor vetoed the SCHIP expansion, the legislature overrode the veto to add \$21 million to their program. This will cover an additional 88,000 children.

Other News – Currently there are 17 states with income limits above 250% of FPL. CMS has indicated that nine of these will meet the August 17, 2007, guidance letter, but a decision on the other eight is still unknown. Individual congressmen continue to challenge CMS on their legal authority to enforce the directive.

According to the General Accounting Office (GAO), a Bush Administration directive to enroll low-income children in SCHIP before expanding coverage is unenforceable because it violates federal law. Both the GAO and Congressional Research Services (CRS) have released legal opinions that CMS’s August 17<sup>th</sup> directive is a rule under the Congressional Review Act and accordingly should have gone through the formal rulemaking and public comment period. Neither the GAO or CRS has the authority to rescind the letter, but some Congressmen believe the Administration should based on the findings. At least four states are suing CMS over the directive. After the GAO opinion was released, Senator Rockefeller stated, in part, that CMS now has a critical choice to make, either rescind the rule or continue to expend taxpayer money defending a growing list of lawsuits they are unlikely to win.

The Bush Administration released another letter through CMS to state health officials attempting to clarify that the August 17<sup>th</sup> directive that children currently covered could remain covered, but the provisions would apply to newly enrolling children. If a child

lost eligibility and had to reapply they would not necessarily get covered again under the directive. The Administration continues to reiterate its belief that states can meet the 95% requirement, but the letter didn't rescind the directive as requested by Chairman Baucus.

### Reports:

"U.S. Variations in Child Health System Performance A State Scorecard" was released by The Commonwealth Fund. Iowa is ranked as having the highest score for indicators of access, quality, cost, equity, and health outcomes for children. Following Iowa are Vermont, Maine, Massachusetts, and New Hampshire. Under the heading "High Performance is Possible" the report states, "Iowa and Vermont have created children's health care systems that are accessible, equitable, and deliver high quality care, all while controlling levels of spending and family health insurance premiums. Over the last decade, both states adopted policies to expand children's access to care and improve their quality of care. In particular, Iowa and Vermont expanded SCHIP and mandated that all child health plans and local and regional children's health systems publicly report data on quality care."

### **ADMINISTRATOR'S REPORT:**

#### ***Enrollment and Statistics:***

Since the outreach campaign began in January, ***hawk-i*** enrollment continues to rise slowly. Currently 38,173 children are enrolled; 21,719 were enrolled in ***hawk-i*** and 16,454 were enrolled in Medicaid expansion. Ms. Smith told the Board the number enrolled in ***hawk-i*** is expected to exceed 22,000 in April when the final numbers come in. There has been a significant increase in the number of children enrolled in Medicaid with 5,160 being added since January. Ms. Smith said this leads her to believe that children in Iowa are either poorer than previously estimated or the way the estimates of uninsured have been conducted there are more in the lower income brackets of the uninsured than there are in the ***hawk-i*** income limits.

Ms. Smith said she believes that when continuous eligibility is implemented in Medicaid not as many children will be referred to ***hawk-i*** because they will not be losing Medicaid eligibility as often. Ms. Smith said that if the ***hawk-i*** enrollment begins to decline she doesn't want people to think something is wrong, because more kids will be staying in Medicaid longer. If the flood-related waiver is approved by CMS, children will be staying in Medicaid, reducing the number of referrals to ***hawk-i***.

#### ***SFY '08 Budget Update:***

As of April, 63 percent of the ***hawk-i*** budget has been expended.

#### ***Federal Update:***

Ms. Smith recapped the August 17, 2007, CMS directive. This directive indicated that states above 250% of FPL must use gross income to determine eligibility. For those

over 250% of gross income, the guidance will require the state to impose a one-year waiting period between dropping private coverage and enrollment into SCHIP with no exceptions. States asked if this would be the case even in a situation where the child's parents were killed and as a result lost coverage. The answer was yes, they would still be bound to the one-year lockout. Ms. Smith said that she believes CMS is now reconsidering those instances. States that want to go above 250% of FPL must prove they have already reached a 95% threshold of covering kids. The states are concerned because there is no way they can meet the 95% threshold. As stated earlier, states also believe that this is a policy change and that CMS did not follow regular rulemaking procedures that allowed for notice and comment periods.

Ms. Smith said she recently attended a meeting with her peers and they were told that CMS cannot deny state plan amendments that are not based on code of federal regulations. States were advised to go ahead and submit state plan amendments and dare CMS to deny the state plan amendment. Ms. Smith said that CMS is talking to individual states and have approved a Rhode Island state plan amendment saying they meet the requirement. The fear is that if CMS talks to states individually and makes deals, then states will not be able to get this change made.

Ms. Smith said that she has no further information on SCHIP reauthorization although some feel it may be in September and a compromise might be reached because it will be just before elections. Another scenario is that reauthorization may not occur until March, 2009. In this case, the legislation that will probably be passed is the same that President Bush has vetoed twice. Ms. Smith said that the problem with this legislation is that although it was pretty good, there are some things in that bill that states do not like; primarily verification of citizenship and identity for SCHIP. States would like certain things added to the bill, such as being able to cover legal immigrant children, state employees children, and single service/dental only coverage. There is also the possibility that SCHIP reauthorization could get caught up in the broader health care reform debate. Worse case scenario is that it could be caught up in "extension limbo" such as what happened with the TANF program that went through seven years of extensions before reauthorization.

Dr. Spencer asked about the percent of poverty level for the SCHIP program in other states and how Iowa compares with other states. Ms. Smith responded that Iowa is at 200% of FPL with a 20% earned income disregard, making those with earned income actually at 250% of FPL. This year's legislature authorized Iowa to go to 300% of FPL in July, 2009 with a 20% earned income disregard, which will put Iowa closer to 350% of FPL. Seventeen states are above 250% of FPL, and four are below 250%, so the majority of states are right at 200% of FPL.

### ***Legislative Update – H.F. 2539:***

Ms. Smith outlined the provisions in HF 2539 that directly impact the Department:

- Expands coverage under Medicaid to infants up to 300% of FPL effective July 1, 2008
- Implements continuous eligibility to children on Medicaid effective July 1, 2008

- The Department of Revenue is required to add a question to the state income tax form about dependent child health insurance coverage
- Expands **hawk-i** to 300% of FPL effective July 1, 2009
- Requires other state agencies to cooperate with the Department with outreach efforts
- Requires the Department to develop options and recommendations to allow children eligible for **hawk-i** to participate in employer plans through a premium assistance program. This report is due to the Governor and Legislature by January 1, 2009.
- Enrollment maximization and retention report is due to the Governor and Legislature by December 1, 2008. To be addressed for **hawk-i** and Medicaid: streamlined enrollment (express lane eligibility); conditional eligibility (presumptive eligibility); expedited renewals; voluntary employer-sponsored health care coverage demonstration project for direct care workers; implementation of the family opportunity act by January 1, 2009.

Ms. Smith said that the Department is required to work with advocates, Covering Kids and Families, the **hawk-i** Board, and other state agencies in coming up with recommendations. Ms. Smith has asked her staff to research the issues, call other states to get reports and data, and identify best practices and successes. They will then convene meetings with other groups for recommendations and put together some fiscal estimates. Ms. Smith said that they have until the end of August to secure the information, will work with groups in September to draft recommendations for a draft report in October, go through sign-offs in November, and have the report submitted by December 1, 2008.

Ms. Smith asked the Board and audience members if they had comments or suggestions.

Carrie Fitzgerald responded that she thought the plan looks great. She just attended a meeting in Washington DC where holding a summit in August or September was discussed in order to go over some of the parts of the legislation. They would like to bring in some people, including CHS, Public Health, **hawk-i** Board, and Covering Kids and Families, to work together. Ms. Fitzgerald indicated the grant will pay to bring folks in to the event and have key legislators and other stakeholders attend.

Ms. Smith said that because the legislation requires the involvement of the Departments of Public Health and Education and the Insurance Commission, she asked if the **hawk-i** Board designees would be the ones involved, or if other staff of these agencies will be involved. The Board designees of the respective Departments will find out and let Ms. Smith know.

***State Auditor's Finding:***

Ms. Smith told the Board that the last audit of the **hawk-i** program by the State Auditor's Office resulted in the Department being cited for **hawk-i** Board attendance. There is an Iowa Code requirement that any person appointed by the Governor to any board will be deemed to have submitted their resignation if the person does not attend three or more

consecutive regular meetings or the person attends less than one half of the meetings within any period of 12-calendar months beginning July 1 or January 1. The attendance of one Board member didn't comply with the requirement, so the audit report recommends the Department work with the Governor's Office to ensure compliance. The Department's response was that they would monitor Board member attendance and in the event that a member fails to attend or meet the requirements, the Department will report the noncompliance to the Board chair to take appropriate action. Ms. Smith said she wanted to make the Board aware that attendance is something the State Auditor's office does review and it was a finding against the Department. The Department argued that the Board is governing and the Department merely staffs the Board, but the Auditor's Office still feels it is the Department's responsibility to ensure compliance.

***John Ortega arrived at the meeting at this time.***

***Media Outreach Update:***

Ms. Smith told the Board that the First Lady's Poverty Summit originally scheduled for this week has been postponed until September 16<sup>th</sup>. ZLR Ignition prepared outreach materials for the ***hawk-i*** booth at the summit.

The Board was provided with a report they requested earlier detailing the results of the Free and Reduced Lunch mailing to identify schools that did and did not comply with the new requirement.

Ms. Smith told the Board that at a recent SCHIP meeting she attended to discuss ways to increase retention and renewal one of the participants stated, "you can't schedule your child's next accident". Ms. Smith said that the group thought this was such a great statement that she decided to use it on ***hawk-i*** renewal forms and other communication. She shared a sample of the sticker her staff created with this message. It will be tested on ***hawk-i*** renewal forms.

As current supplies of applications, bookmarks, and other ***hawk-i*** materials are exhausted, the new ***hawk-i*** logo will be introduced as materials are reprinted.

***Transition to Policy Studies, Inc.:***

Ms. Smith told the Board that she and her staff have been meeting daily over the past two weeks with PSI staff to go over systems requirements and business rules in order for PSI to be up and running January 1, 2009. As part of these discussions PSI has presented some intriguing ideas on things that can be changed because they have the technology to do it and have shared some of the things the State of Georgia does in their SCHIP program.

Some of the changes the Department believes will improve the program.

### Customer service:

Propose an administrative rule change to not require the first premium payment until the third month of coverage. This approach removes confusion about how many payments are due at enrollment and some issues that arise due to the timing of when families are approved. The way the program is currently designed is a premium isn't asked for until the month after decision. For example, if a family was informed today (June 16) they were eligible, they would owe a premium for July before they can be enrolled. Ongoing premiums are due by the tenth day of the month before the month of coverage. So, the family's August premium is due July 10. So the closer it is to the end of the month, the family would owe premiums for two months. What Georgia does is not charge the premium until the third month of the enrollment, which eliminates the confusion over the number of premiums due. Delaying the first premium payment until the third month of coverage permits time for setting up for electronic funds transfer or automatic bank account withdrawal.

Discussions have also been held with the State Treasurer's office about doing electronic fund transfers, credit card payment, and automatic bank account withdrawals for families to pay their premiums. Ms. Smith said a lot of people don't pay their premiums because they forget. If it can be set up for them to have automatic withdrawals or electronic transfers, they will not see families falling off.

### Process improvement:

When an application is received but is incomplete, the applicants will have 10 days to provide the missing information. On day 11 if the information is still missing, a reminder letter is sent. If the information still has not been provided on day 16, the application will be denied. This gives applicants extra time to supply missing information before the application is denied. This will all be tracked through PSI's system, which will automatically generate letters stating specifically what information is needed. Applicants who provide missing information within 30 days from the original date of application will not be made to submit a new application.

Instead of mailing the disenrollment survey to 30% of the people, it will be sent to all and a comment box will be added to the survey. The reminder postcards will continue, as well as reminder phone calls. A reminder to complete the baseline survey will be added to the welcome call. PSI's system will allow more to be done with reminder phone calls.

Additional notices will be provided during the appeals process so that if they want to continue benefits pending the appeal decision they will get notices.

All incoming mail will be scanned, indexed, and available for immediate retrieval for the customer service representatives on the same day it is received. PSI has a system where someone can listen to a phone call and watch what the customer service representative is typing into the case file at the same time to ensure they are properly documenting the case file.

Ms. Smith said that staff believes some of these changes will have a significant impact as far as streamlining enrollment and processing applications will be faster.

### **CONTRACTS FOR APPROVAL:**

Anna Ruggle discussed two contracts before the Board for their approval.

#### ***IFMC Amendment:***

This is the second amendment to the contract with the Iowa Foundation for Medical Care (IFMC). IFMC does the analysis of the survey results, reviews claims data, and does a review of the provider network for each of the plans. The base contract ends on June 30, 2008. The base contract provides for three one-year extensions. This amendment would extend the contract for one year until June 30, 2009.

Ms. McMahon asked if there had been any issues during the current contract period. Ms. Ruggle responded that everything had gone well.

Selden Spencer made a motion to approve the Second Amendment to the contract with IFMC. Kim Carson seconded the motion. Unanimous approval was made by Angela Burke Boston, Selden Spencer, Kim Carson, Susan Salter, John Ortega, and Julie McMahon.

#### ***Delta Dental:***

Ms. Ruggle told the Board that the contract *hawk-i* has with Delta Dental expires June 30, 2008. The new contract will be for a three-year period July 1, 2008, through June 30, 2011. The contract provides for three one-year extensions. Ms. Ruggle explained that the new contract is basically the same as the current contract, there is no change in scope of service.

Dr. Spencer asked for the Department's assessment of how the current contract with Delta Dental has gone and whether there had been any issues. Ms. Ruggle responded that since Delta Dental has joined the *hawk-i* program, she has not received any complaints. The Department is currently working with Delta Dental on clarifying some of the terms in the Business Associates Agreement. For example, the Business Associates Agreement doesn't have a time limit on it and Delta Dental wants to put a time limit on it.

Selden Spencer made a motion to approve the contract with Delta Dental subject to favorable legal review. Kim Carson seconded the motion. Unanimous approval was made by Angela Burke Boston, Selden Spencer, Kim Carson, Susan Salter, John Ortega, and Julie McMahon.

### **ADMINISTRATIVE RULE AMENDMENTS:**

Mike Baldwin presented two administrative rule documents to the Board.

The first is a Notice of Intended Action. The rule is amended to:

- add new language regarding the recovery of *hawk-i* overpayments and deletes two references to overpayments to give the Department a better legal basis for recovery when eligibility was incorrectly provided due to client error.
- clarify the length of the enrollment period for a child added to a family's existing enrollment period. The child is enrolled for the term of the existing enrollment period.
- clarify the definitions of "initial premium" and "ongoing premium" reinstatement due to late payment of premium. These amendments will allow more enrollees the possibility of reinstatement after a premium was paid late. Coverage can be reinstated when the first premium of an enrollment period based on a renewal is paid late, but is postmarked on or before the last day of the month for which the premium is intended.
- add language to allow electronic signature to be accepted in the future when the Department obtains the necessary technology.

Angela Burke Boston made a motion to approve the Notice of Intended Action. John Ortega seconded the motion. Unanimous approval was made by Angela Burke Boston, Selden Spencer, Kim Carson, Susan Salter, John Ortega, and Julie McMahon.

The other rule adopts the Notice of Intended Action the Board approved at their April 7, 2008, meeting. The amendments are the same as published in the Iowa Administrative Bulletin on May 7, 2008, as ARC 6751B, except a change to clarify the time limit for an eligibility decision when an application is referred to Medicaid, denied for Medicaid, and referred back to the third-party administrator. Current language unintentionally requires the determination to be made within ten calendar days of the date on the Medicaid notice of ineligibility, regardless of when the third-party administrator receives it. The language in 86.3(8)"a" has been modified to be ten working days from the date the third-party administrator receives the notice of Medicaid denial.

Selden Spencer made a motion to adopt the rule. Angela Burke Boston seconded the motion. Unanimous approval was made by Angela Burke Boston, Selden Spencer, Kim Carson, Susan Salter, John Ortega, and Julie McMahon.

Ms. Smith said that some of these rules amendments would need to be amended to reflect the program enhancements resulting from the meetings with PSI that she discussed earlier in the meeting. In order for the amendments to be effective for the transition, the Department would like to have the Board's permission to proceed with filing Notice of Intended Action to amend the rules, and discuss with the Board at their August meeting. The Board indicated they would prefer to see a draft of the rule amendments and vote on the amendments before they are filed with the Administrative Rules Coordinator. A special Board meeting will be scheduled in July.

***Selden Spencer and Kim Carson left the Board meeting at this time. There is no longer a quorum present.***

**PUBLIC COMMENT:**

There were no public comments.

**hawk-i BOARD DUTIES:**

Recently the Board had some questions about their role and duties and has had some discussions concerning advocacy and their involvement in policy making during the legislative session. Diane Stahle from the Attorney General's office was asked to address the Board's concerns.

Ms. Stahle told the Board that the **hawk-i** Board is established by the Code of Iowa. Although the **hawk-i** program itself is run by the Department of Human Services it is unique because the Legislature did appoint an independent policy-making Board to have oversight of the program. The Board's duties and what the Board has the authority to do can be found in Iowa Code Chapter 514I. Subsection 5 sets out the responsibilities of the Board. The Board sets the scope of what is included in the health plans, they approve the contract for a third-party administrator, work with the Department and have input into those contracts, and is the policy making body that works with the Department to set the scope of the **hawk-i** program.

The Board is a public body so they are subject to all open meeting and open record laws in the State. The Board is also impacted by the restrictions on lobbying. Ms. Stahle said that as **hawk-i** Board members, whether private citizens serving, or in the capacity of state employee, the first amendment right to address elected officials on matters of concern in a personal capacity is not lost. Board members can always talk to legislators personally. Where it gets close to the line is when speaking to legislators and advocating in an "official" capacity as a member of the Board with respect to matters that impact the Board. Lobbying is defined as encouraging the passage, defeat, approval, veto, or modification of legislation, a rule, or executive order. Lobbying can apply to legislative matters, or the Governor's Office or other executive branch agencies. What is not considered lobbying is if facts are being provided or answering questions. Board members are allowed to provide data and information, but not allowed to advocate for or against a particular piece of legislation. A lot of Boards have found the easiest thing to do is if the Board wants to have discussions on a policy level with the legislature on a particular issue, it is safest to designate someone from the Board to be the spokesperson or lobbyist. That person completes the forms to register as a lobbyist. It would take an official action of the Board to designate someone as the Board's lobbyist.

Ms. McMahon asked if the DHS legislative liaison could be asked to be the lobbyist for the Board or if it had to be a member of the Board. Ms. Stahle said that the Department's legislative liaison could be designated.

Ms. Burke Boston asked if there are any special concerns because the Board does include four legislative members. There is potential for conflict that one or more of the legislative members wouldn't want the Board to take a particular position on something. Ms. Stahle said there is always a concern about separation of powers, legislative and

executive branch agencies, but because they are designated as members of the Board, and the legislation specifically authorizes them to be on the Board, there wouldn't be much of a concern.

Ms. Stahle said that if the Board had any further questions, or if a situation arises, to let her know and she will come back and discuss with the Board.

#### **NOMINATING COMMITTEE FOR SFY 09 OFFICERS:**

Ms. McMahon told the Board that Board Chair Susan Salter had asked if she would chair this year's nominating committee. Ms. McMahon said that she is asking that Ms. Burke Boston and Dr. Spencer to also serve on the nominating committee to bring a slate of officers to the August meeting.

#### **NEW BUSINESS:**

There was no other new business.

The next regular *hawk-i* Board meeting is scheduled for Monday, August 18, 2008, at 12:30 p.m. at the Des Moines Botanical Center, Levitt Room, 909 Robert D. Ray Drive, Des Moines, Iowa.