Supporting Individuals. Strengthening Communities.

CICS Adult Regional Advisory Committee Meeting
Tuesday October 12, 2021 @ 1:30 pm
Agenda

In-person Location at:
Story County Human Services Center, 126 S. Kellogg Ave., Conference Room West 2nd Floor, Ames, IA 50010

Join by Zoom Meeting at:
https://us02web.zoom.us/j/85498618000?pwd=KytuQkpST01YMFRBMGNobkNXenFtZz09
Meeting ID: 854 9861 8000
Passcode: 428371

Join by Phone at:
+1 312 626 6799 US
Meeting ID: 854 9861 8000
Passcode: 428371

1. Welcome and Introductions: Roll Call of Committee Members

☐ BJ Hoffman	☐ JD Deambra	☐ Jennifer Ellis
☐ Diana Dawley	☐ Deb Williams	☐ Sharon Swope
☐ Kathy Hanzek	☐ Julie Smith	☐ Jody Eaton
☐ Mary Nelson	☐ Leatha Slauson	☐ Kelly Kratz
☐ Brandon Greenfield	☐ Jeff Vance	☐ Brittany Palmer
☐ Anthony Wubben		

2. Adoption of the Agenda – Action
   Motion to Approve: _____
   Second: _____
   Vote on Motion: _____

3. Approval of 7/13/21 Meeting Minutes – Action
   Motion to Approve: _____
   Second: _____
   Vote on Motion: _____

4. Highlights of Regional Governing Board – Julie Smith and JD Deambra, Informational

5. Recognition of Advisory Committee Terms Ending 12/31/21: JD Deambra, Jennifer Ellis, Deb Williams, Sharon Swope, Brittany Palmer, Jeff Vance, Mary Nelson

6. Performance Based Contracting – Russell Wood, Informational

7. Evidenced Based Practices (EBPs) – Russell Wood, Informational

8. FY2021 Service Coordination Report – Linn Adams, Informational

9. Agency Update/Information Sharing

10. Next Meeting Date: January 11, 2022 @ 1:30 p.m. In-person and Zoom Option

11. Adjournment

Supporting Individuals. Strengthening Communities.

CICS Adult Regional Advisory Committee Meeting Minutes
Tuesday July 13, 2021 @ 1:30 pm

SPECIAL NOTE TO THE PUBLIC: Due to the COVID-19 virus, access to the meeting was provided via conference call.

1. Welcome and Introductions: Roll Call of Committee Members

   Chair Ellis called the meeting to order, those present: BJ Hoffman, JD Deambra, Jennifer Ellis, Sharon Swope, Julie Smith, Nikki Fischer, Mary Nelson, Jeff Vance, Kelly Kratz, Kathy Hanzek. Others in Attendance: Karla Webb, Betsy Stursma, Patti Treibel Leeds

2. Adoption of the Agenda – Action

   Deambra motioned to approve the agenda, Fischer seconded, motion passed.

3. Approval of 4/13/21 and 6/3/21 Meeting Minutes – Action

   Fischer motioned to approve 4/13/21 and 6/3/21 meeting minutes, Hoffman seconded, motion passed.

4. Highlights of Regional Governing Board – Julie Smith and JD Deambra, Informational

   Deambra shared work has been taking place with brining the four new counties into the region. Smith noted contract renewals have been taking place and Russell has spent a lot of time discussing the levy and finances.

5. Discussion and Review of Senate File 619 – Betsy Stursma, Informational

   Stursma explained SF619 moves funding from county property tax dollars to state funding over the next two years. The State will be funding $15.86/capita for FY22 and any county levying over $21.19 had to come down to $21.19 for July 1, 2021. Since CICS had already approved levying less than $21.19, no adjustment was required for FY22. CICS will be receiving $6.9 million in additional revenue from the State in FY22. In FY23 no property taxes will be levied for mental health and disability services and the state will provide $38/capita, or $16.6 million total paid on a quarterly basis to CICS. FY24 CICS will receive $17.5 million ($40/capita), FY25 will be $18.4 million ($42/capita) and FY26 and ongoing will be on the $40 per capita plus a growth factor.

   Fund balance carryover for regions has changed also, FY22 40%, FY23 20%, FY24 5% which equals out about to 2 weeks of expenditure. July 1 should have been our first quarterly payment from the state, we did not receive it, it should come the end of July or beginning of August is what has been indicated.

The state will be requiring performance based contracts with DHS and each region, these will be effective 1/1/22. We have not seen the contract yet, are hoping to see it within the next couple of months. Six items will be in the contract for sure:

Authority for DHS to approve/deny each region's ASBP and revise it. Require regions to fund all core services, intensive residential service homes is the only service CICS does not have available yet – no region in Iowa has this service available yet. Specify utilization of other funds prior to state funds, regions are to be the funder of last resort, CICS has always required this. A review of the region's administrative costs, clarification has not been provided on this yet. Authority for DHS to establish outcome improvement goals for populations served by regions, this could be improving supported employment outcomes, increased utilization of mobile crisis response services. We will need to partner with providers to gather outcome information in order to report information to the State. If we need to track outcomes for individuals who receive Medicaid funded services, we will need access to this information. Authority for DHS to address violations of the contract.

If we do not spend up to our funding cap, then dollars not spent will be put into an incentive fund for other regions to access. DHS is required to publish quarterly reports regarding the performance of regions. DHS is to study the current regional structure and state of mental health services with a report due to the Legislature in December 2022.

Regions are taking a proactive approach to identifying outcomes that would like to see and are hoping the state will come along side of regions on the outcomes regions have identified. We will need to work with providers to help us in collecting the outcome data.

6. Agency Update/Information Sharing

Mary Nelson shared have started back to full attendance at the Friendship Club, have had 20-22 people a day, people are excited to be back, staff is adjusting to being busier, have a few activities coming up, are trying to get back to normal and realize with the Covid variant things could change. Jeff Vance with CIRSI, shared things are going great, except for staff shortages, they are doing sign on bonuses, referral bonuses, is concerned and not optimistic things will turn around soon. Current staff have been good about covering open hours, but they cannot do this long term, they have normally 150 FT employees and have 20 openings right now. Julie Smith with Capstone Behavioral Healthcare indicated they are struggling with workforce also; they just hired their last open position. They did not have any luck with Indeed, their best luck has been with posting on Facebook. Are struggling with the MCOs paying in a timely fashion, one MCO requires prior auth for psychological evaluations and the process is cumbersome and difficult to get approved, have almost one FTE addressing the authorizations. Capstone BHC is very busy, are trying to get more people to come into the office, patients are leery of coming into the office and they do not understand their insurance may not pay if they are not seen in the office. Sharon Swope with Mid-Iowa Triumph Center shared they did try to start back up with regular hours, they started to have issues with behaviors, they are still requiring face coverings and people do not like wearing the face covering, have had people get Covid after being vaccinated. They are open 3 hours/day M-F instead of 5 hours/day, have 20 plus people per day coming to the drop-in center. Peer supports were getting burned out quickly, things seem to be calmer for the staff now that have the open hours, members are realizing they need to do their part, will take time to get back to where they were with the drop-in center. JD Deambra with NAMI CI shared they are

experiencing some staff shortage, are in the process of opening a satellite office in Hampton for the northern counties, JD will take this over, and is looking forward to getting this started, due to staff shortages he has been needed in the office in Ames. Kelly Kratz with 43 North Iowa shared they have staff shortages; she is seeing that a person can put in an application anywhere and the person can identify the schedule they want to work. They have enough applicants that want to apply for jobs but do not have job coaches to support them. Are working to open a crisis stabilization residential site in Mason City, are targeting opening in August. Have added Wright Co. for IPS services for employment as they have not had as many referrals in Hardin Co. Nikki Fischer with BooSt Together for Children is finishing up year end and new contracts starting. Jennifer Ellis with Friendship Ark Homes and Community Services noted they are facing workforce shortages also, they are piloting Nite Owl technology for nighttime hours and staff during the day for SCL services, they are waiting for DHS approval, hoping to open in August.

7. Next Meeting Date and Location In-person or Conference Call/Zoom - Action

   Motion by Vance to continue Adult Advisory Committee meetings via zoom, Smith seconded, motion passed. Next meeting is October 12, 2021 @ 1:30 p.m.

8. Adjournment

CICS

Supporting Individuals. Strengthening Communities.

Service Coordination Annual Report Fiscal Year 2021

(July 1, 2020-June 30, 2021)

Submitted by:

Linn Adams, Coordination Officer

September, 2021

Every day, individuals turn to CICS in 11 central Iowa counties (expanded to 15 counties as of 7/1/21) for health, hope and successful outcomes to improve their quality of life. It could be an adult struggling with depression, an individual in crisis who does not know who to turn to, or someone recently released from prison trying to get their feet back on the ground. Whatever the situation, CICS is here to help by coordinating a multitude of services and securing financial assistance for individuals struggling with mental health or intellectual and other developmental disabilities. No one knows what services and funding sources are available better than the local CICS Service Coordinators. Helping people navigate the system, regional Service Coordination staff provide the valuable link with community resources best suited to meet individuals' personal needs and goals. Service Coordinators are available to assist with applications for Medicaid, food assistance, housing, Social Security and more.

Service Coordination Staff

The CICS Coordination Officer, Linn Adams, oversees the service coordination functions performed in the CICS region. Other Service Coordination staff include: Liza Howard, Lead Worker; Meghan Freie, Specialist; and Robin McKee, Children's Behavioral Health Coordinator. In addition, 13 Service Coordinators are assigned to individual local county offices in CICS with at least one designated as the Adult Coordinator of Disability Services in each county. CICS Service Coordinators include the following:

BOONE COUNTY
KIM SCHOMAKER
kim.schomaker@cicsmhds.org
515.433.4883

FRANKLIN COUNTY
ROBIN MCKEE
robin.mckee@cicsmhds.org
641.456.2128

GREENE COUNTY
KIM SCHOMAKER
515.433.4883

HAMILTON COUNTY
CARRIE HISLER
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515.832.9550

HARDIN COUNTY
JODI HAMILTON
jodi.hamilton@cicsmhds.org
641.939.8165

JASPER COUNTY
JARICA WHITE
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641.841.1167

MADISON COUNTY

CHRISTY CHRISTENSON

christy.christenson@cicsmhds.org

515.493.1453

MARSHALL COUNTY

LISA SODER

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641.754.6390

POWESHIEK COUNTY

BRENDA DAILY

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STORY COUNTY

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STORY COUNTY

TYLER LENNON

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STORY COUNTY

STACI SHUGAR

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515.663.2947

STORY COUNTY

NIKKI SPRECHER

nikki.sprecher@cicsmhds.org

515.663.2939

WARREN COUNTY

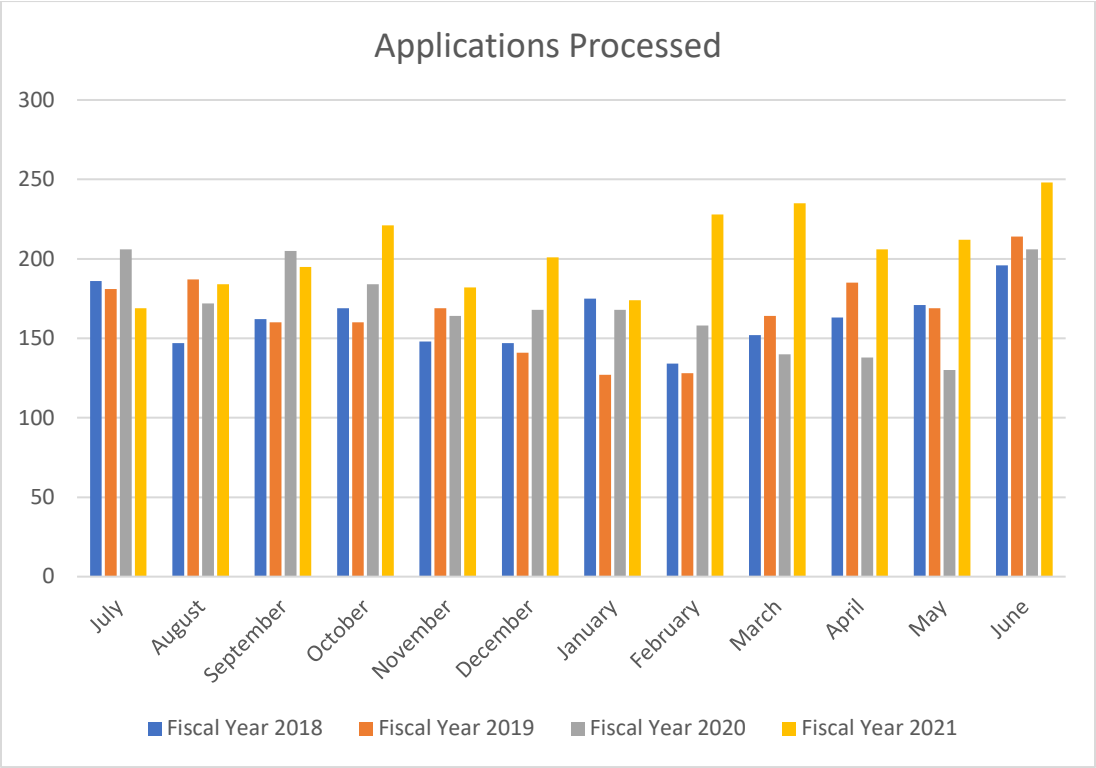
JESS VAN DE VOORT

jess.vandevoort@cicsmhds.org

515.961.1075

Applications

One of the primary functions of the local Service Coordinators is to process all funding applications received by CICS. In FY21, there was a 20% overall increase in the number of applications received and processed. In FY21, 2,455 applications were processed compared to 2,039 in FY20, 1,985 in FY19, and 1,950 in FY18. An average of 205 applications were processed monthly. COVID-19 continued to have an impact on the number of applications in the first part of the year, however, the number of applications exceeded all previous years for the months of October, 2020 through June, 2021. The number of applications for FY 21 was impacted by the addition of "short" applications received for ITP services in the hospital emergency departments.

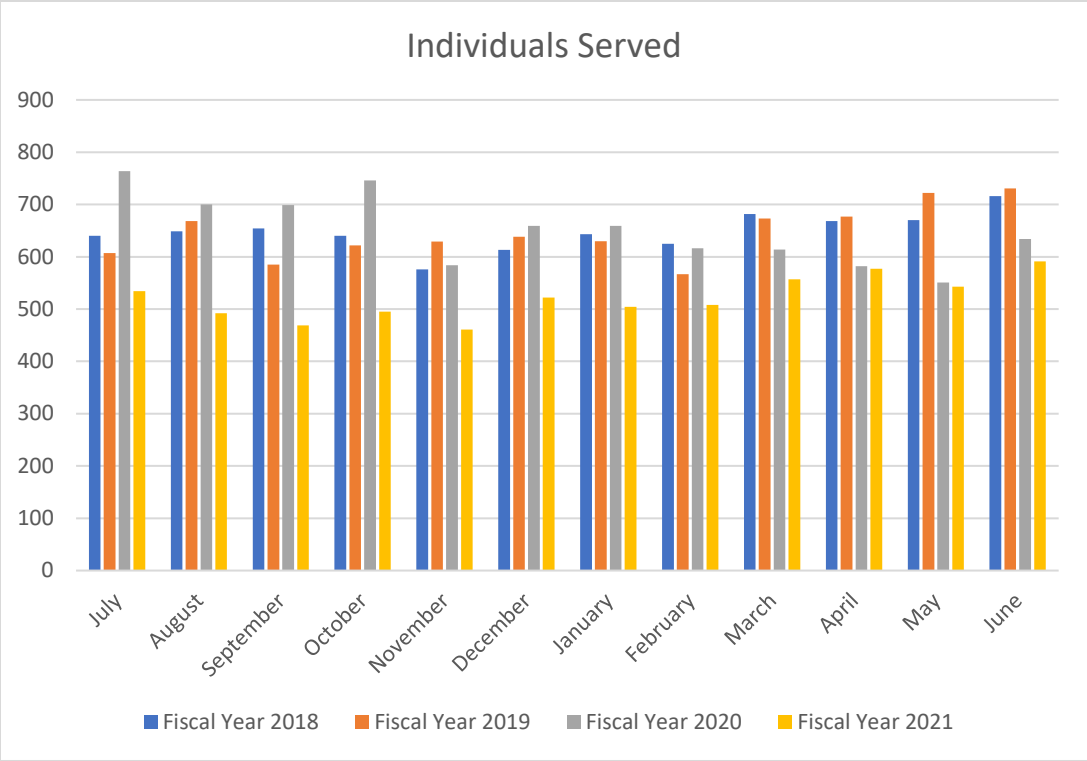


Coordination of Services

In addition to processing applications and requesting funding authorizations, the Service Coordinators provide the local connection to the individuals accessing the services CICS funds. In addition to helping access mental health services, they also provide information and referral to a multitude of community resources, including, but not limited to, Medicaid health insurance, food assistance, General Assistance, food pantries, housing resources, and Social Security. The number of individuals truly served by Service Coordinators is much greater than the number of applications received and processed.

CICS tracks how many individuals are served each month. This includes those with applications as well as contact with ongoing clients, collateral contact with provider agencies, contact with family members and other interested parties, email correspondence regarding ongoing clients,

and other activities on behalf of those we serve. In FY21, CICS served an average of 523 individuals monthly. This number is down significantly from FY20, when an average of 651 individuals were served monthly. In addition to the continued effects of the pandemic, a change in those considered "served" was necessitated. Previously we had counted individuals that were assisted but did not need a full CICS application. Due to the need to comply with the State rules for reporting, CICS no longer counted individuals that did not have an application eligibility. In FY18 and FY19 CICS served an average of 647 individuals each month. The monthly average was 579 in FY17.

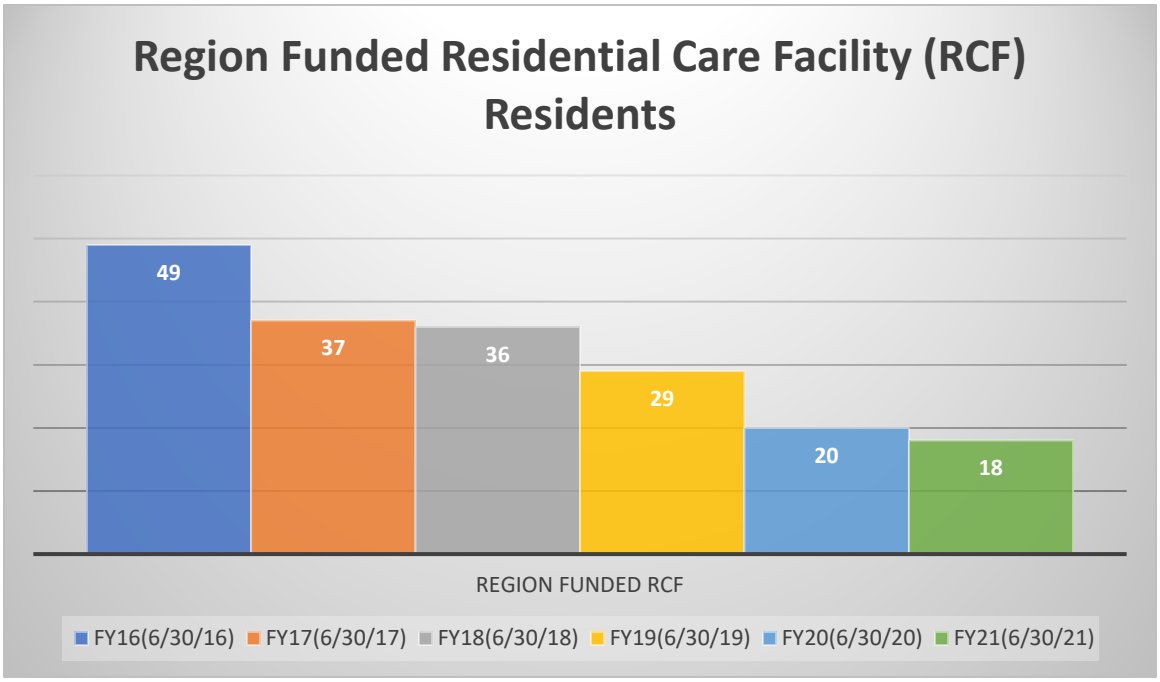


Decreasing Institutionalization

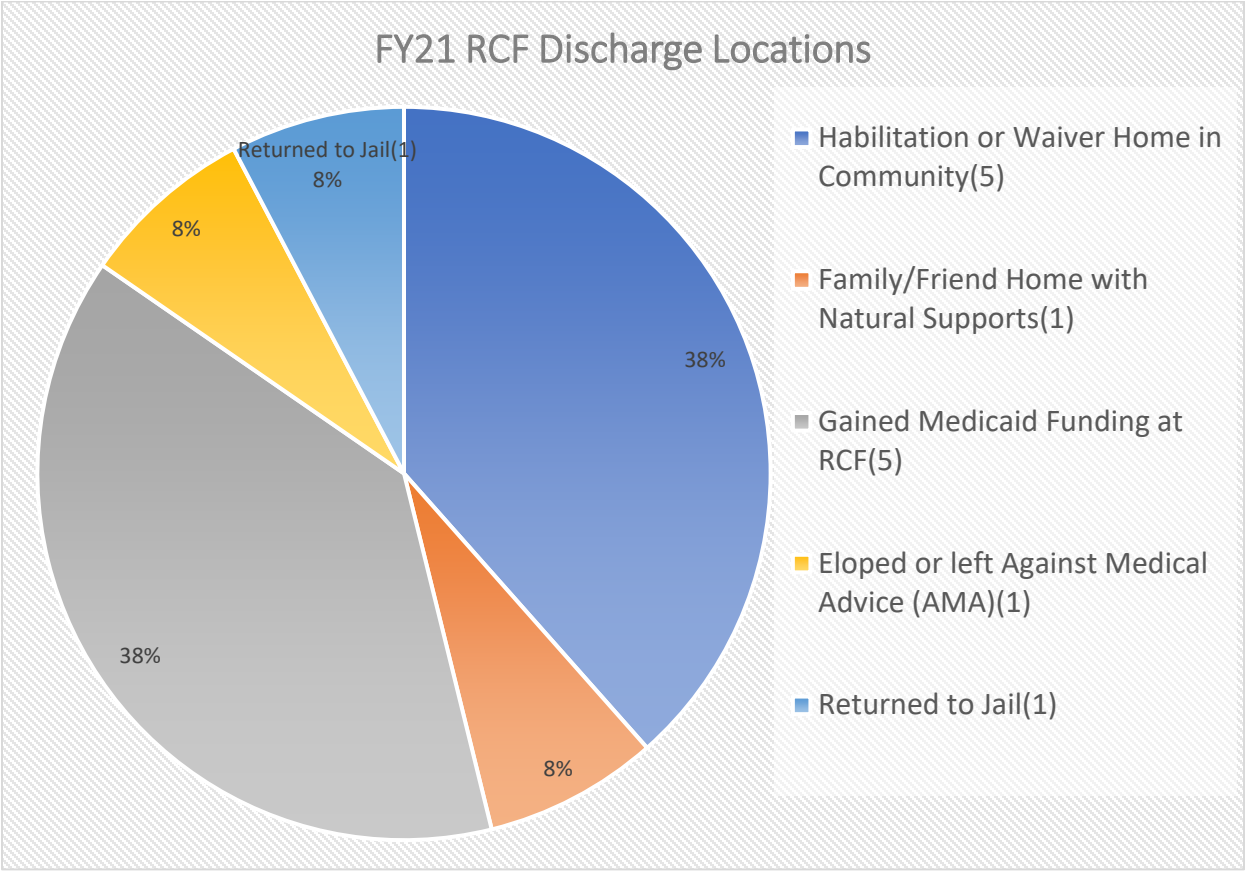
A primary service goal of CICS is to serve individuals in community-based settings. Since 2016 the Service Coordination Specialist and Coordination Officer have worked diligently to reduce the number of individuals in institutional settings. The Specialist coordinates services to all individuals funded by CICS that are in Residential Care Facilities (RCFs) and long-term (more than 30 days) at the Mental Health Institutes (MHIs). Strategies to reduce the number of individuals at Residential Care Facilities (RCF) have included working to reduce the number of admissions to RCFs, identifying RCF providers who have shown a willingness to stabilize and assist in community placement, focusing on a targeted list of individuals appropriate to move to a lower level of care, and building a base of community providers willing to work with individuals discharging from RCFs. Additionally, in FY20 the CICS RCF Policy was revised to reduce the amount of time that

individuals spend in RCFs that are otherwise eligible to be served in community-based Habilitation funded settings. Efforts were also strengthened to look to services other than RCFs, such as sub-acute, crisis stabilization, and transitional living, to help an individual be stabilized and back in their home.

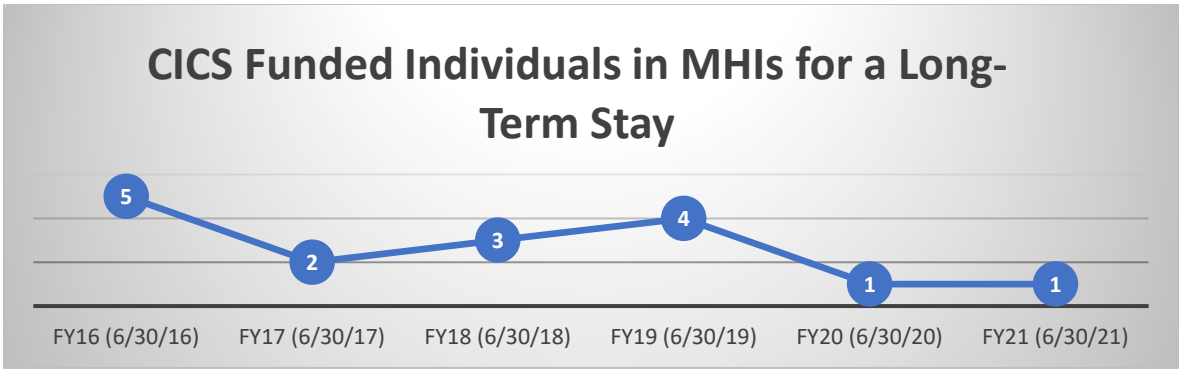
During FY21 there were 11 admissions to RCFs and 13 discharges, resulting in a net reduction of 2 from the end of the previous year. This compares with 28 admissions and 37 discharges in FY20. At the end of FY21 (6/30/21) the number of regionally funded individuals in RCFs was 18, a decrease of 10% from the previous year, and a decrease of 63% from the baseline year of FY16. Efforts will continue to enhance community-based services and reduce individuals in RCFs.



The graph below shows data for the 13 individuals that were discharged or accessed other funding in FY21. 46% moved to a community based setting accessing Habilitation homes, apartments, or natural supports. 38% accessed Medicaid funding for RCF. 1 individual eloped and 1 individual returned to jail.



In FY21, there remained just 1 individual at the State Mental Health Institutes (MHIs)at the end of the fiscal year. There was 1 at the end of FY20 also, compared to 4 at the end of FY19. During FY21 there were 4 individuals considered "long-term" (stays of 30+ days) that were admitted at MHI and 4 discharges. The Specialist works with all long-term (30+ days) individuals at both the Independence and Cherokee MHIs to coordinate services and assist with transition.



Barriers to De-Institutionalization

The Service Coordination Specialist and the Coordination Officer regularly review the barriers to individuals moving out of congregate care to community based residential settings. The barriers that have been identified include the following:

Safety Due to Behaviors:

This includes safety of the individual, as in areas of self-injury, leaving the home or work area without notifying staff if unsupervised time creates a risk of harm, behavior toward others that invites others to cause harm to the individual, or lack of understanding of illness or situations that place the individual at risk. A second, but equally important concern is safety of others, such as situations involving aggression, sexual assault, or fire-setting. The final concern would be the use of substances, when reintegrated into the community. These behaviors make it difficult for individuals to be served by community providers, due to the cost and ability to hire and maintain staff properly trained to effectively respond with the intensity or frequency of the behaviors.

Social Skills Underdeveloped:

This area has to do with the need for further social skill development. Disruptive behavior is at a level of intensity that people around the person are unwilling or unable to tolerate living, working, or socializing with the individual. This results in difficulty finding housing, jobs, and staff to support these individuals. Housemates may not have the opportunity to participate in activities because this person has to be removed from social events, as well as, the provider may have difficulty maintaining consistent staff due to burnout or repeated threats and accusations.

Health and Safety:

This category has to do with individuals with significant medical needs. Barriers tend to be a lack of understanding or willingness for individuals to seek proper medical treatment. Additionally, they may be older and/or medically fragile and need someone familiar with their medical needs to recognize signs of discomfort or medical need prior to the individual being able to verbally express this. Additionally, they may have many medications, which are difficult for a community provider to manage. Community providers are typically not equipped with medical personnel to be able to provide the needed medical care of these individuals.

Legal Issues:

Individuals on the sex offender registry or with aggressive criminal backgrounds have difficulty finding community providers and affordable housing, due to their legal issues.

Lack of Community Support – Income or Entitlements:

Individuals that do not have income or entitlements such as Medicaid or Social Security benefits, often have difficulty establishing services with community providers.

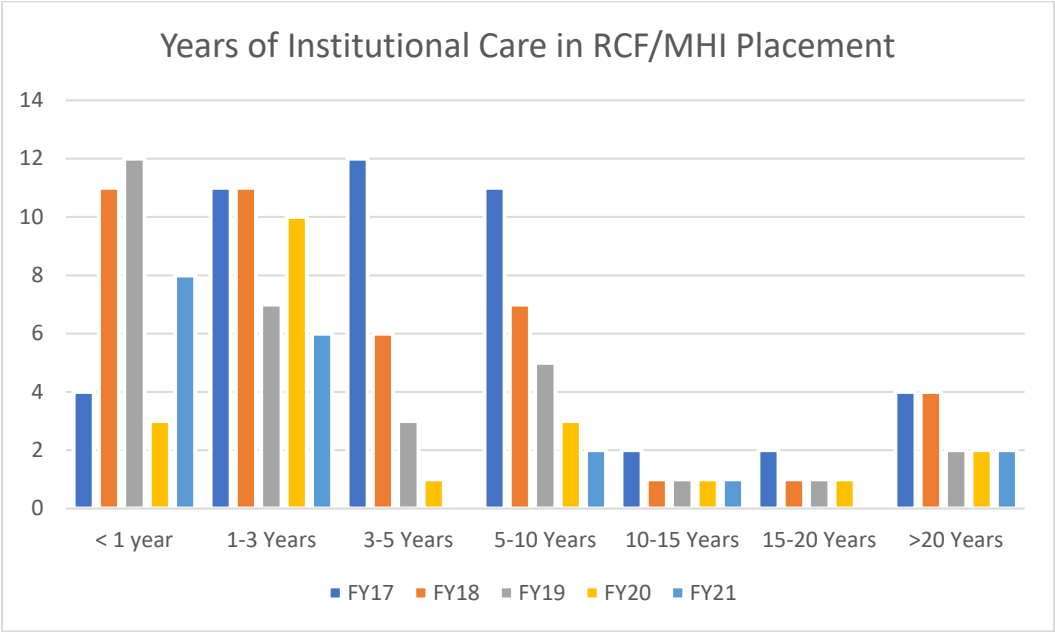
Lack of Community Support – Affordable Housing:
This area recognizes that individuals may want to live in a community of their choice but are unable to find affordable housing. Their community of choice could be for a variety of reasons, such as natural supports, familiarity, or provider choice.

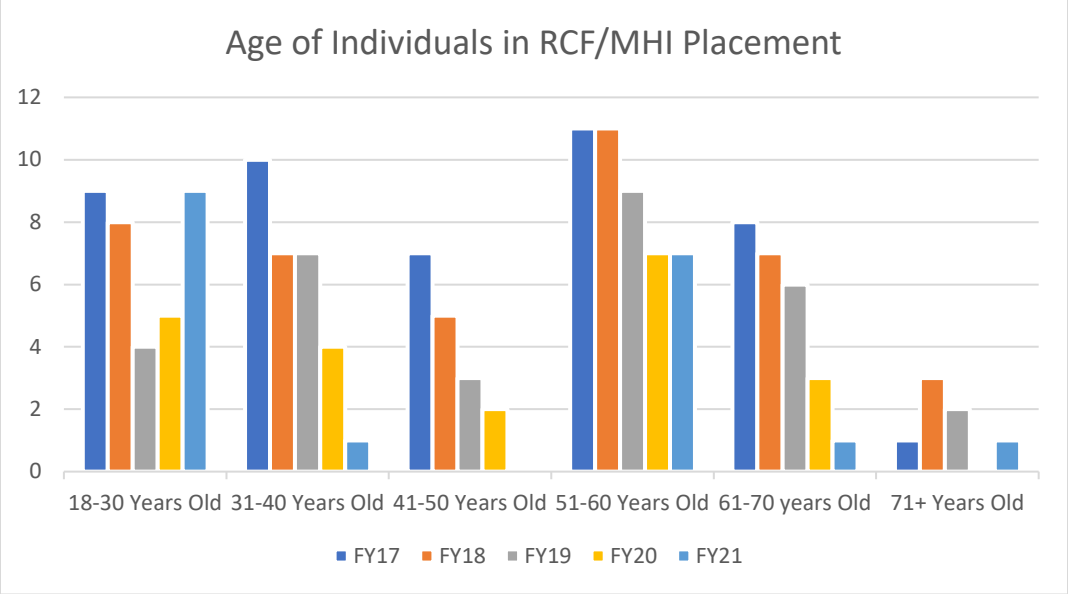
Family/Guardian/Individual/Provider Reluctance:
For many of the individuals living in congregate care settings, they have been there a significant period and are comfortable remaining in the current situation. Often, they have tried community services prior and the team (family, guardian, provider, etc.) express fear and concern about the individual's needs being met by a community provider. There is concerns expressed that the individual will be discharged from a community provider, experience hospitalization, or their health (physical and/or mental) will be jeopardized.

Summary:
Based on information collected over the past several years the biggest reasons for individuals remaining institutionalized at residential care facilities (RCFs) and the Mental Health Institute (MHI) are:

- Reluctance to Leave. This includes reluctance not only of the individual, but reluctance of family members, providers, and others.
- Safety Due to Behaviors. Although community providers should be equipped to handle behavioral issues in community-based settings, there is at least a perception that community based providers can not handle behavioral issues. Many providers are also reluctant to accept individuals that exhibit any problematic behavioral issues.

Another area we measure when reviewing barriers to community-based settings is the number of years the individuals have lived in their current institutional setting. At the end of FY21, 74% of individuals in RCFs and MHI had been institutionalized for less than 3 years compared with 62% for both FY20 and FY19. Shorter institutional stays have been noted since data began being tracked. In FY18, 54% had been institutionalized less than 3 years and in FY17 only 33% of individuals had been institutionalized less than 3 years. We continue to utilize RCFs for individuals following incarceration or hospitalization, as they are needing stabilization prior to entering community-based services. CICS continues to work on alternatives to this institutional care through the utilization of Sub-Acute services, crisis stabilization services, and expanded community-based residential services. We are also hopeful that the Intensive Residential Service Homes (IRSH) will meet the complex needs of those currently going to RCFs for stabilization or because they are unable to find a community-based service provider able and willing to accept them.

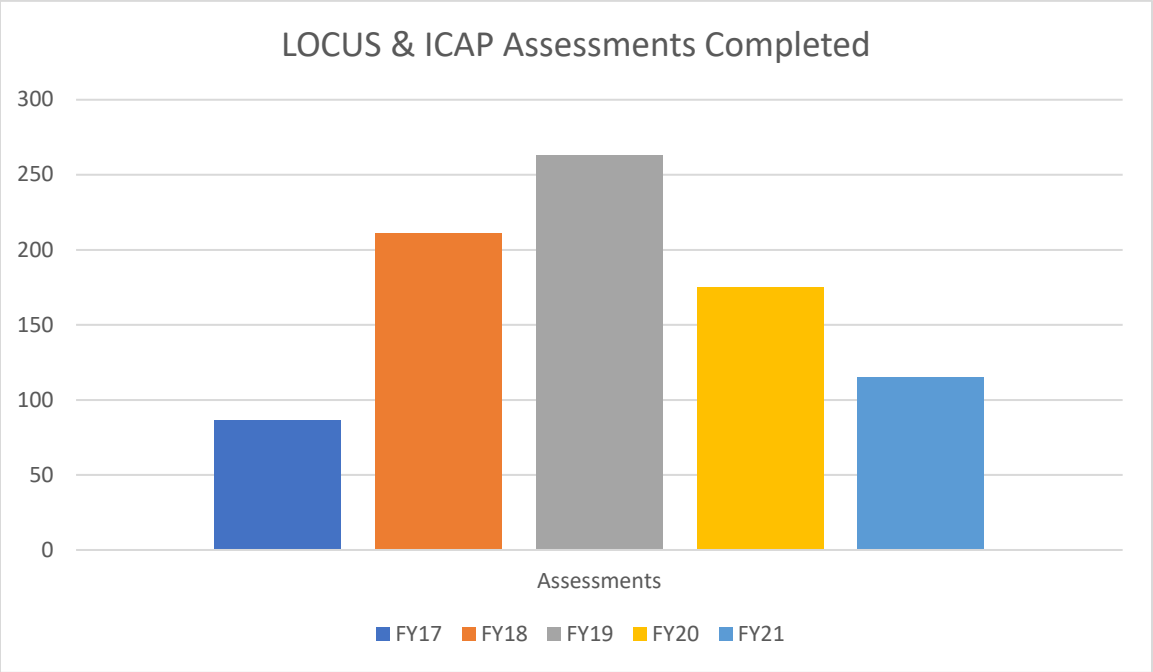




Assessments

In December 2016, CICS implemented the Level of Care Utilization System (LOCUS) assessment tool to assist in determining level of care and needed services for individuals with a mental illness diagnosis. Additionally, we utilize the Inventory for Client and Agency Planning (ICAP) assessment tool for individuals with Intellectual Disabilities (ID) and Development Disabilities (DD). The Service Coordination Specialist assesses individuals when RCF or ongoing regionally funded services are requested. An updated LOCUS is needed annually while an ICAP is good for 3 years.

A standardized assessment is not currently utilized for those not needing ongoing regional funding (considered "gap" funding). In FY21, 115 assessments were completed compared with 175 in FY20, 263 assessments in FY19, 211 assessments in FY18 and 86 assessments in FY17. The primary reasons FY21 assessments continued to decrease were the reduced number of individuals in RCF care, the continued phaseout of the TLCs, and the overall decrease in individuals served due to the pandemic.



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Medicaid Waiting List Funding

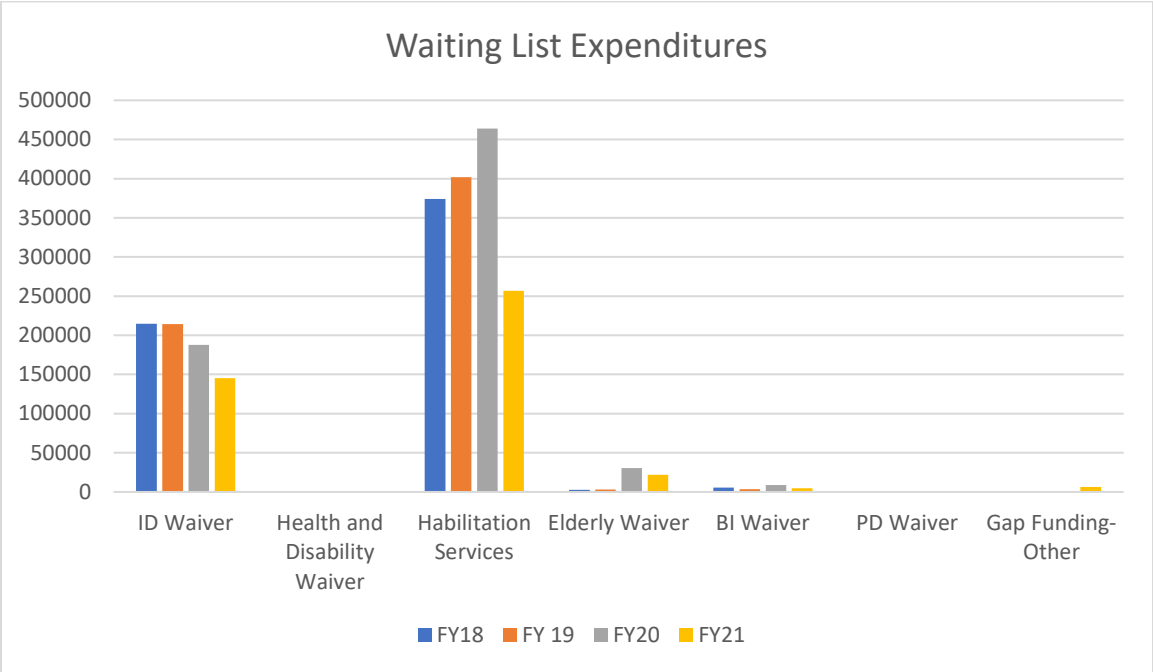
During FY17, CICS began tracking the Medicaid gap funding. CICS funded 84 individuals in FY21 who were waiting for Medicaid waiver funding. This is compared to 141 in FY20, 121 in FY19, 128 in FY18, and 114 in FY17. Individuals funded for this purpose dipped significantly for FY 21, as it did for overall individuals served, primarily due to issues related to the COVID pandemic. According to the Iowa Code, MHDS Regions are not required to fund individuals that are on a Medicaid waiting list. However, CICS implemented a policy that states we will fund necessary services for individuals while they are waiting for Medicaid funding.

CICS expenditures for services that should be Medicaid funded for FY21 were $435,580.30, a significant decrease. CICS funded services totaling $691,838.67 for these individuals in FY20, $624,567.51 in FY 19, and $597,152.37 in FY18.

The funding streams for which individuals may be waiting for include Intellectual Disability (ID) Waiver, Health and Disability (H&D) Waiver, Habilitation Services, Elderly Waiver, Physical Disability (PD) and Brain Injury (BI) Waiver. A new category (Other Gap Funding) was added to account for those waiting for straight Medicaid funding for services such as outpatient, ACT, and IPR.

Medicaid Waiting List Information

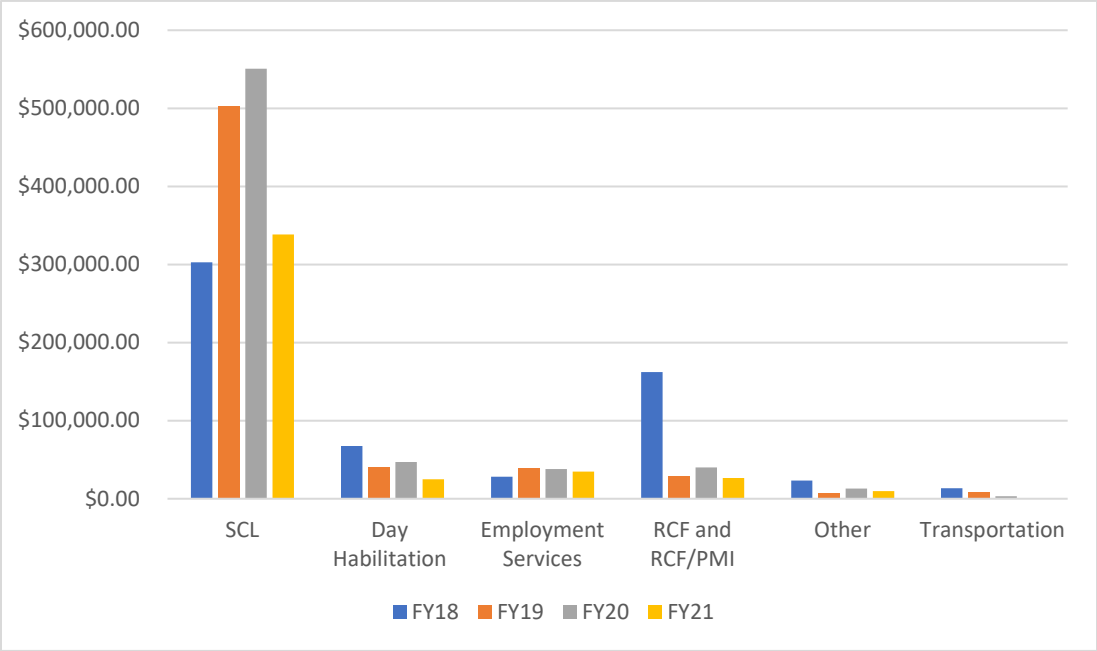
	FY19		FY20		FY21	
Waiver	**Individuals Funded**	**Amount Paid**	**Individuals Funded**	**Amount Paid**	**Individuals Funded**	**Amount Paid**
BI Waiver	2	$3,481.77	2	$8,720.40	1	$4,620.00
Elderly Waiver	4	$2,932.71	10	$30,434.65	6	$22,049.07
Habilitation Services	89	$401,965.39	97	$464,088.05	45	$256,847.41
ID Waiver	23	$214,324.74	29	$187,770.97	23	$145,422.29
H&D Waiver	2	$1,069.06	1	$410.90	1	$117.76
PD Waiver	1	$793.84	2	$413.70	0	$0
Other Gap	0	$0	0	$0	8	6,523.77
Total	**121**	**$624,567.51**	**141**	**$691,838.67**	**84**	**$435,580.30**



Waiver	FY18	FY19	FY20	FY21
ID Waiver	35.9%	34.3%	27.1%	33.4%
Habilitation Services	62.6%	64.4%	67.1%	59.0%
BI Waiver	1%	0.6%	1.3%	1.1%
Elderly Waiver	0.5%	0.5%	4.4%	5.1%
Health and Disability Waiver	N/A	0.2%	<1%	<1%
Physical Disability Waiver	N/A	0.1%	<1%	0
Gap Funding-Other	N/A	N/A	N/A	1.5%

We continue to fund a variety of services for individuals waiting on Medicaid funding.

Service	FY19 Amount	FY19 %age Of Total	FY20 Amount	FY20 %age Of Total	FY21 Amount	FY21 %age Of Total
Supported Community Living (hourly & daily)	$502,031.64	80.4%	$550,557.61	79.6%	$338,599.84	77.7%
Day Habilitation	$39,970.92	6.4%	$46,903.65	6.8%	$25,080.72	5.8%
Employment Services	$38,871.36	6.2%	$37,962.34	5.5%	$34,649.83	8.0%
RCF & RCF/PMI	$28,523.97	4.6%	$40,116.36	5.8%	$26,737.31	6.1%
Other	$7,301.43	1.2%	$13,072.65	1.9%	$9,759.24	2.2%
Transportation	$7,868.19	1.3%	$3,226.06	.4%	$753.36	.2%



Data was taken from paid claims in CSN, our online data system, where it was identified an individual was waiting for some type of Medicaid funding.

Exceptions to Policy

In addition to overseeing regional service coordination functions, the Coordination Officer reviews and approves funding authorizations to ensure compliance with the CICS Management Plan and eligibility policies.

The CICS Management Plan states that an Exception to Policy (ETP) may be considered in cases when an individual is significantly adversely affected by the regional eligibility policy. The Coordination Officer reviews the ETP request and submits a recommendation to the CEO. A written decision is issued to the individual requesting and the Service Coordinator submitting the ETP request.

In FY21, 37 ETP requests were submitted on behalf of 23 individuals. This is compared to 28 ETP requests on behalf of 21 different individuals for FY20 and 32 ETP requests on behalf of 27 individuals in FY19. Of the 37 requests, 27 were approved as requested, 9 were approved with revisions, and 1 was denied. The requests that were approved with revisions were primarily changes in the funding length, number of units, or amount the client would be required to pay towards their services.

Requests were submitted for residents of 9 of the 11 CICS counties.

	FY19 ETP Requests	FY20 ETP Requests	FY 21 ETP Requests
Boone County	2	1	4
Franklin County	3	1	3
Greene County	1	1	0
Hamilton County	0	0	1
Hardin County	1	0	2
Jasper County	6	8	11
Madison County	1	0	0
Marshall County	2	2	4
Poweshiek County	1	3	3
Story County	11	11	6
Warren County	4	1	3
TOTAL	32	28	37

The ETPs granted were related to the following:

	FY19	FY20	FY21
Income: Modifications or adjustments to income, required copayments, or household size	18	7	11
Resources: Property or other resources	1	1	0
Maximum Housing Assistance: Those needing more than allowed months of assistance per Housing Assistance Policy.	1	4	0
Rent in Subsidized Housing Units: Those who were waiting for their rent to be adjusted based on income change	2	0	0
Level of Care: Funding programs for safety when the level of care assessments did not score at service needed	1	1	1
Other Basic Need: Gap and other funding beyond the amount allowed by regional policies**.**	9	15	25
TOTAL	32	28	37

The 1 denied ETP request was related to the following:

- A request to waive a copayment for an individual considered to have the resources and ability to pay.