IOWA OFFICE OF OMBUDSMAN
Annual Report 2017

From the Ombudsman

Our Numbers and the Stories They Tell . . .

Kristie Hirschman
Ombudsman

In 2017, citizens filed 4,855 jurisdictional complaints, information requests, and non-jurisdictional complaints with our office, representing a 6.7 percent increase from last year. But even this considerable increase does not represent the full impact on our office. That's because jurisdictional complaints—the ones that take us the most time and effort to review and investigate—were up 14 percent. So what are the stories behind these numbers?

Managed Medicaid
These numbers tell a story of accurate predictions and frustration.

Before managed Medicaid was implemented, my predecessor, Ruth Cooperrider, expressed concerns that Medicaid privatization would increase the number of complaints the Office of Ombudsman would receive. Based on experience, I had similarly predicted an increase in these types of complaints in our 2016 annual report. Our concerns came to fruition. In the past year, my office has seen a 157 percent increase in cases about the managed care organizations (MCO) that are responsible for approving and coordinating care for Iowa Medicaid members. The majority of the complaints we received came from providers, as we are the only agency authorized to accept such complaints. (A separate state agency, the Managed Care Ombudsman, is authorized to advocate only for members who receive long-term support services (LTSS). The other 500,000-plus Iowans who receive Medicaid have only our office to turn to for assistance.)

To manage these numbers, I have assigned one full-time staff member to respond to all of our managed care complaints.

Late in 2016, I co-signed a letter with the Long Term Care Ombudsman and Disability Rights Iowa to the director of the Department of Human Services (DHS), listing problems we had identified with the transition of Medicaid services to MCOs. We shared our concerns about the MCOs' lack of adequate notices, shortened service authorization periods, and problems with denials and payments of provider claims. We were also troubled by the lack of a process for granting exceptions to policy. Over a year later, we continue to receive and substantiate complaints about these same issues.

Select case summaries found in this report provide a small sampling of the complaints filed with our office, but they do not begin to describe the systemic frustration voiced by our complainants. We share in their frustration. In one case, it took us 18 months to get a provider's payment problems resolved (see Page 2).

I have yet to be convinced that DHS is providing adequate oversight of the MCOs.

I am pleased that the Legislature is taking steps to correct some of the problems we and others have identified with the MCOs. As of the publication of this report, legislation remains alive that if passed and signed by the Governor would address payment of provider claims, standardize provider enrollment forms and uniform credentialing standards, and provide services when members win appeals. The proposed law also would require DHS to review and approve a member's reassessment if there is a decrease in level of care. In addition, the bill would require DHS to facilitate a work group to review home health programs and initiate a review process to determine the effectiveness of prior authorizations. Lastly, DHS would have to hire an independent auditor to perform an audit of LTSS small-dollar claims.

(Continued on page 2)

From the Ombudsman's Case Files

MANAGED MEDICAID

Medicaid provides health care coverage for children, low-income parents with children, individuals with disabilities, pregnant women, and the elderly. As of April 1, 2016, most Iowa Medicaid members were enrolled in the IA Health Link managed care program, which provides health coverage through private Managed Care Organizations (MCOs). This is sometimes referred to as "privatized" Medicaid because the program is administered by private, for-profit companies rather than state government.

Many of the most disabled individuals enrolled in the Medicaid program receive services through Home and Community Based Waivers (HCBS). HCBS Waivers are for people who need services to allow them to stay in their home and community rather than going to an institution. The majority of individuals who have contacted our office with Medicaid complaints are either receiving HCBS Waiver services or are providers of HCBS Waiver services.

Services Reduced Without Opportunity for Appeals

We have received numerous complaints in the past year from patients whose services were reduced without an official notification, although such notices are required by federal law.

Among the patients affected were a 74-year-old woman with Lou Gehrig's disease, a young woman with Down syndrome, and a man with a severe eating disorder. Family members of all three patients asked us for help after they learned that their MCOs had made significant cuts to previously approved hours of paid care.

In each case, we asked the MCOs what had changed in the member's medical condition to merit the reduction in hours. We were invariably told that the member's condition had not changed. Instead, we were told the member did not need all the services they were receiving, or that services were duplicative. Members and their families disagreed.

When we asked whether official notices of the reductions were provided, the MCOs said notices were not required because services were technically not reduced. They said that service plans were approved and signed by the members, their service providers, and their case managers. When we asked the members about this, they said that their case managers had to submit multiple service plans to the MCOs, each with diminishing services, until the MCO would accept it.

In our view, this tactic by the MCOs amounted to strong-arming members into accepting reduced services against their better judgment. It also deprived members of their due-process rights to appeal the reductions in hours since they never received an official rejection. Family members of these patients, some of whom quit work to care for their loved ones, often continued to provide services at a much-reduced rate. In these situations, we have suggested to members that they appeal reductions even when they do not receive an official notice from the MCOs.

We conveyed our concerns to a state agency that oversees the MCOs. The agency agreed with us and instructed the MCOs to provide written notices to members whenever they approve fewer hours of services than requested. The agency also has asked for monthly monitoring reports from the MCOs so that they can regularly review the numbers of service terminations and reductions.

Elderly Patient Denied Services Despite Winning Appeal

Some disagreements with MCOs continue to persist even after they have been settled.

The provider of an 80-year-old woman with several medical conditions called us after her approved hours of care were reduced, despite no improvements in the woman's condition. The woman needs support hose for peripheral vascular disease and high blood pressure, but also has osteoarthritis and is physically unable to pull the hose on or take them off.

The patient's home health aide had been visiting her twice daily to assist her with the hose and provide other services. But her MCO decided to approve only one visit a day.

When we asked the MCO to explain the reduction in services, it said that two visits a day were not medically necessary. We asked whether the patient was expected to abandon the support hose as a treatment or leave it on all day. The MCO never responded to our question. We suggested that the patient and her health aide appeal the MCO's physician reviewer's determination.

The MCO denied the woman's appeal at the first step. She then filed a second appeal to an independent administrative law judge (ALJ) who works for the state. While the patient worked through her appeals, she left her support hose on for 24 hours a day, which she said caused her pain and interfered with her sleep.

Eventually, after a hearing, the ALJ sided with the patient and reversed the decision of the MCO to cut the home health aide's visits in half. The ALJ noted that the definition and requirement for services payable under the Medicaid program had not changed since July 2016, and there was no proof that the patient's needs had changed. The patient's provider had testified during the hearing that a mechanical device would not assist her in getting the support hose on or off. The provider also argued that helping her patient with the hose at home would keep the woman out of the hospital.

The MCO did not file an appeal of the ALJ's decision, and the head of a state agency overseeing the MCOs signed off on the decision.

Nevertheless, less than three weeks later, the MCO denied the patient's request to preauthorize two more months of the home health aide's visits. The MCO's refusal to continue services at the same level likely guarantees that the patient and her provider will be caught in a revolving appeal cycle for the same issue, again and again.

In our view, the MCO's position on the matter was stubborn and absurd, and it makes a mockery of the fair-hearing appeal process.

(Managed Medicaid—Continued from Page 1)

Quadriplegic Moved to Nursing Facility After Services are Reduced

A woman who provided in-home care to her brother-in-law, a quadriplegic, contacted us after she was told that the number of hours she could be paid for her help would be cut from 177 per month to 45. The Consumer Directed Attendant Care (CDAC) services she provided allowed the man to remain in a home setting rather than a nursing facility. The patient needed daily assistance with bathing and grooming, dressing, general housekeeping, and meal preparation. He also needed the services of a home health aide multiple times per week to change his catheter and to provide other services his sister-in-law could not perform.

When we questioned the MCO and the state office that oversees Medicaid about the reduction, they said they were concerned that there was a duplication of services between the sister-in-law and the home health aide. Nevertheless, they insisted that no final decision had been made on the matter, adding that the patient would receive an official notice of any changes.

A month and a half later, the MCO informed us that the cut in hours had been decided: the man would receive care for only 51 hours a month—less than one-third of what he previously had. Although the family had not initially received an official notice as officials had promised and is required by federal law, we urged him and his family to appeal the decision.

The following week, the man entered the hospital to have a kidney removed and spent a week in recovery in a nursing home. Shortly thereafter, his family informed us that they would not appeal the drop in CDAC hours and had decided instead to let the man remain in a nursing home. The family made it clear that the MCO's decision to reduce CDAC services was instrumental in its decision to have the man remain in the nursing facility.

We made our displeasure known to state officials overseeing the Medicaid program. It seemed ludicrous to us that a 71 percent reduction in the man's monthly services was justified, especially since the MCO had not cited any evidence that the patient's condition had improved. We also questioned whether the man would have received notice of the reduction in hours had we not been involved. This is not the only case we have reviewed where patients did not know that such a drastic change in care would occur.

Ironically, the decision to remove the man from his home and family has been more expensive for taxpayers. At-home care had cost the state $3,735 per month, according to the man's family; the nursing home costs a minimum of $5,550 per month, plus doctor's visits, medications, and supplies.

According to the family, at-home care had cost the state $3,735 per month…….the nursing home costs a minimum of $5,550 per month…….

We understand that the MCOs aim to reduce care and costs by keeping consumers healthy. But sometimes these decisions backfire. Further, we do not feel that significant cost-cutting is appropriate for patients who receive waiver services since their conditions in most cases will never improve significantly.

Payment Disputes Finally Resolved After a Year and a Half

A company that provides care to Medicaid patients contacted our office in September 2016 because it was having difficulty obtaining rate agreements for services it provided to members with high needs. Despite a delay, the agreements were eventually signed.

Only a month had passed before the provider contacted us again—this time, because it had not yet received any payments from the MCO. After we initiated communication, the MCO assured us that the claims would be processed and the company would be paid within seven to ten business days. The company was finally paid $141,000 for its initial work, but said that was $165,000 short of the full amount owed.

Before we could get the discrepancy ironed out, the shortage continued to grow. By January 2017, the provider claimed the MCO was more than $289,000 behind in making timely payments. The MCO denied that the amount owed was that high, and even after the two sides reviewed spreadsheets, a resolution could not be reached.

We set up a meeting in March 2017 with the provider, the MCO, and state officials who oversee Medicaid. At the meeting, the MCO said the provider needed to re-bill for many of its past claims. The provider said this was the first time they had been told to do this. The provider re-billed, but the MCO had to manually re-process the billings. Some claims continued to be denied—in error. By May 2017, the discrepancy had dwindled but still approached $50,000. We continued to work with both sides and were finally able to close the complaint in February 2018 with all claims paid.

(From the Ombudsman—Continued from Page 1)

Corrections

The trends we have seen in complaints about Iowa's prisons, jails, work-release facilities, and parole offices tell a story of deficiencies. From 2016 to 2017, these complaints to our office increased 24 percent. All told, corrections-related cases represented over 44 percent of all the cases we opened last year. Complaints against the Iowa Department of Corrections were up 25 percent, while complaints against county jails went up 34 percent.

When I shared these statistics with state and local corrections officials, they attributed much of the discontent to their growing population of the mentally ill, who are unwilling or unable to abide by rules and accept decisions. We can attest to the observation that the state's prisons and jails have become de facto warehouses for the mentally ill. Despite the efforts of many, I do not believe Iowa has yet made significant strides to implement programs that would divert the mentally ill to more suitable facilities, or to improve the availability of treatment in all parts of the state.

Governor Kim Reynolds recently signed legislation that establishes intensive core mental-health services in strategic locations around the state. This is a step that we hope may divert individuals from incarceration, but funding for these and other mental-health services and programs, especially long-term inpatient care, must be a priority.

I believe, however, that there are other reasons for the increase in corrections complaints to our office.

First, in many cases, we have seen that staff responses to inmate requests, grievances, and appeals are curt and dismissive, even when legitimate questions are raised. We frequently receive complaints that could have been handled without our involvement, such as the case where an inmate was found guilty of assaulting an officer and his dog despite video evidence contradicting the claim (see Page 3 for more). It stands to reason that a diligent investigation and a thoughtful response could deter complaints to our office in many cases. We will continue to work with agency officials to address deficiencies in this area.

Second, it is our observation that prisons and jails are simply understaffed. Our office has substantiated complaints about inadequate staffing levels at several jails and at least one of the state's prisons. By law, jails must be able to respond to life-threatening situations and emergencies within a reasonable time period. They also are required to conduct in-person checks of individual prisoners on at least an hourly basis. We have identified, and the state's jail inspector has critiqued, multiple jails for sometimes having only one staff member on duty; this officer usually is a 9-1-1 dispatcher cross-trained as a jailer. This kind of staffing decision makes it almost impossible to adequately respond to an emergency such as an inmate heart attack or assault. How, for example, could a dispatcher resuscitate an unconscious inmate if he or she is tied up on a 9-1-1 call? We were told by one sheriff that a dispatcher would have to wait to respond to an emergency in the jail until a deputy arrived.

We also know of one case where failure to follow a staffing policy resulted in injuries to two prison inmates. It is our belief that a greater staff presence could have deterred the assault. Unfortunately, this singular case may be just a microcosm of the situation statewide.

Stretched Thin

Inadequate funding and resources may foretell a horror story in the making.

The understaffing of some county jails is purposeful, and is directly correlated to a shortfall of funding. Funding issues in prison results in unfilled positions, which means longer hours and more work for existing staff. We have seen a marked increase in complaints about rude and unprofessional staff behavior at the prisons. This makes us question whether these behaviors are an indication of staff burnout and frustration.

Resource and funding problems are not unique to prisons and jails. Last year, we received complaints about delays in autopsies, egregious hold times on the telephone, prolonged decisions on applications, lack of road repairs, a discontinuation of nursing-home visits, and antiquated computer systems. It is impossible to quantify how many agency errors we have substantiated that may be the result of workers who were stretched too thin. We also are commonly experiencing delayed responses from agencies to our inquiries.

A response we often receive from agencies is, "We don't have the money"—whether it be to hire more staff, or to make necessary changes to facilities' infrastructure.

It is difficult for us to publicly criticize agencies for making mistakes or allowing problems to languish when they lack the staff or resources to perform their jobs well. But the reality is, the mission of some of these agencies requires their staffs to make vital, life-changing decisions. If those staffs lack the resources or support to make timely decisions, or the right decisions, I fear that there will be a terrible price to pay. It could be a horror story in the making.

CORRECTIONS

K-9 Use of Force

A distraught sister of a prison inmate reported to us that her brother had been beaten by guards, attacked by a prison dog, and dragged unconscious from an elevator. The seriousness of the allegations prompted us to launch an immediate investigation, including a visit to the prison and interviews with staff and inmates who witnessed the incident.

The inmate admitted to us that he had lost his temper following a search of his cell. He said he did resist officers' attempts to handcuff him, which he later regretted. He denied being "beaten" by officers or rendered unconscious during his encounters with staff. But he said that a prison dog (also called a K-9) used to remove him from his cell was out of control and unnecessary.

Several officers had accused the inmate of assaulting the K-9 and its handler, a sergeant. However, in our review of the video, we saw no evidence that the inmate had done any such thing. To the contrary, it was evident that the dog had repeatedly lunged at and attacked the inmate, unprovoked. Nevertheless, the inmate was wrongfully found guilty in a disciplinary hearing of assaulting the K-9 and handler.

Prison officials resisted our call to pull the dog out of service and to review its actions more closely, so we appealed to an agency administrator. The administrator agreed with our finding that the use of the dog was unnecessary and its behavior was troubling. It was this administrator's responsiveness, attention, and willingness to admit error that helped resolve the complaint appropriately.

Several changes in policy and practice were made as a result of our investigation. The K-9 was temporarily removed from service for additional training, and new criteria were imposed on when the dogs can be used. The policy revisions also call for more training by dog handlers and a mandatory review of all K-9 engagements with inmates. Prison supervisors received training with an agency official. Officials also agreed to retract claims that the inmate had assaulted the sergeant and his dog, and the inmate's disciplinary sanctions were reduced. As a result the inmate was allowed to reside in general population, rather than a long-term restrictive unit.

Revocation Rewind

A prison inmate contacted us after he failed to receive a response to his appeal of a work-release disciplinary report. The report had caused the inmate to be revoked to prison, but he argued that he should have been allowed to remain in work release. The inmate had been found guilty of assaulting another resident, but he insisted there was no evidence in support of this accusation—no video, no injuries, and no third-party witnesses. He wanted assistance in getting his appeal heard, but he also said he should not have been revoked to prison on the hearsay of one person and no other supporting evidence.

We reviewed the report and the hearing decision, and agreed that something seemed amiss. For that reason, we contacted the official who hears appeals of work-release revocations and shared the complaint we received. We also voiced our concern about a lack of evidence in the case.

We learned that the complainant had appealed his revocation, but not the report. Given the circumstances, the facility said it would disregard the appeal deadline and consider the inmate's arguments. The facility manager reviewed the decision and the appeal, and agreed to dismiss the inmate's violations for assault and fighting. The manager upheld the inmate's violation for threats/intimidation, but said he did not think the infraction was serious enough to merit a revocation to prison.

A second official thought the complainant's behavior was suspect, but agreed to reinstate his work-release status since it was his first violation at the facility and his history made him a low risk to reoffend. The complainant was released from prison and returned to work release within a week.

Of Mice and Money

After his release from several months in disciplinary detention, a prison inmate tried to retrieve $45 in food products he had previously purchased, only to be told it had been destroyed by mice while in storage. The inmate filed a grievance on the matter, but was denied reimbursement, even after two appeals.

The inmate asked us for help, offering a complete description of his complaint and all of the steps he took to resolve the problem himself.

We reviewed the inmate's electronic prison records, including all of the materials related to the grievance. A grievance officer had determined that the inmate had ordered from the commissary when he was not allowed to do so, and had filed his complaint too long after the food was destroyed.

After some research, we concluded that the grievance was not untimely; in reality, the inmate did not have access to his food items for six months and had no way of knowing that it had been destroyed. Documentation also showed that the food had been ordered before the inmate went to disciplinary detention, meaning the inmate's commissary order was perfectly proper under prison policies.

We explained our findings to a unit manager at the prison, who ultimately agreed to reimburse the inmate for the full cost of the food.

Carbon-Paper Commotion

Who knew defective office supplies could cause such a hubbub?

A prison inmate ordered a carbon-paper tablet through the prison commissary, but upon receiving the product, found that each sheet in the tablet was inked on both sides. This imperfection made the paper very messy to write on. The inmate asked for a replacement, but was denied by prison commissary officials. He then sent the tablet to us and asked for our assistance.

His request seemed simple enough, as it was obvious to us that the paper was defective and impossible to use. But prison officials were not so easily swayed. The manager of the prison commissary insisted the paper was not, in fact, a problem. Instead of replacing the defective table, he created a video specifically to show us how the paper should be used. When we tried to view the video, it would not play. When we asked the manager for help viewing the video, we were ignored.

Our next step was to approach the commissary director. The director denied there was a problem with the carbon paper, though he refused repeatedly to examine the defective paper. "I'm sure you have better things to meet about than a $1.36 item," he told us. It was not the sort of reply we are accustomed to hearing.

Baffled by commissary officials' stubborn refusal to correct the issue, we contacted the company that makes the carbon paper, which apologized for the inconvenience and sent us a replacement.

Although we were still unable to settle the issue with the commissary director, we felt it was unfair to keep the inmate waiting any longer. We contacted the deputy warden where the inmate was housed, explained the issue, and asked if it would be acceptable to send the replacement tablet to the prison. The deputy warden promised to deliver the tablet to the inmate, and he thanked us for making the effort to resolve the problem.

(Corrections—Continued from Page 3)

Well-Meaning Policy Goes Astray

State prison officials take pains to protect people from being harassed or even contacted by the convicted criminals who victimized them. On occasion, however, that well-meaning policy goes awry.

An inmate called us for help after he was told he could no longer visit or correspond with a close female friend. The inmate's visiting privileges were nixed after officials reviewing his criminal history noticed that he was the suspected driver in a 2014 accident where his friend suffered serious injuries and was paralyzed. The man was charged with intoxication after the crash, but OWI charges were eventually dropped. He ended up pleading to a lesser charge and received probation.

The man was living with his female friend and serving as her primary caregiver when he was accused in 2017 of violating his probation. When his probation was revoked and he was ordered to prison, officials reviewing the couple's visitation application identified her as his "victim" and decided not to allow them to visit one another.

The friend pleaded with officials to reconsider their decision, explaining that the inmate had been her "best friend/boyfriend" since the accident. "He was 100 percent taking care of me, clothing me, showering me, everything" she wrote. "My family supports him 100 percent. Please, I'm missing him a lot."

The appeal was unsuccessful. We asked higher-ranking officials to review the case, arguing that the spirit of the policy did not apply to this specific situation. They wondered why the alleged "victim's" wishes were not taken into account and directed the prison to allow visits to resume. Said one of the officials: "We believe in doing the right thing."

HUMAN SERVICES

Due-Process Problems Identified in Child-Abuse Cases

When state officials investigate allegations of child abuse, the person accused of abuse must be notified of the report and be given an opportunity to rebut the charges or explain their actions through an interview. State law allows exceptions to this requirement, but only for reasons of safety and only with a court order. The offer of an interview must be given before any determination is made that the person in fact committed the alleged abuse.

Despite this requirement, our office continues to receive complaints from parents or other caregivers who were found responsible for abuse before they were given a chance to speak with child-protective workers. Some complainants told us they first learned of the allegations against them when they received a copy of the assessment findings. In other cases, people said they had received a basic phone message or a business card without being told of the reason for the messages.

After we substantiated several of these complaints, state officials agreed to accept our recommendation to increase training for its workers and their supervisors on the notification requirements.

Staff Reminded About Patients' Rights to File Complaints

State law requires mental health institutes (MHIs) to establish a means for their patients to file grievances when they believe there are problems with their treatment or living conditions. A proper grievance process provides a formal means for documenting, investigating, and resolving complaints.

A female resident of one of the MHIs reported to us that she had been assaulted by other residents on three different occasions. We suggested she file a grievance. She called back later that day and said that staff told her they were unaware of any existing grievance processes.

We contacted officials with the MHI and its parent office and pointed out the law that requires a grievance process to be in place. Officials promptly acknowledged the requirement and accepted our recommendation to establish a method for fielding and responding to grievances. They also agreed to train staff on the grievance process.

An important additional step was taken to inform patients, their families, and their legal representatives of the existence of the grievance process through an MHI brochure.

Child Support Guidelines - DID YOU KNOW?

Each state is required to maintain uniform child support guidelines and review its guidelines at least once every four years. The Iowa Legislature has designated this responsibility to the Iowa Supreme Court. The Court appoints a Child Support Guidelines Review Committee to assist with the scheduled reviews. The Committee is made up of lawyers and judges who consult with policy and economic experts and the Child Support Advisory Committee (CSAC), of which our office is a member.

During the review process, the public is given the opportunity to submit comments on the guidelines. The public may also comment on proposed changes to Chapter 9 of the Iowa Court Rules, which deals with child support.

In 2017, the Guidelines Review Committee gave special attention to economic data and its impact on the schedule of basic support obligations. A final report containing 14 recommendations was adopted by the Iowa Supreme Court on July 20, 2017, and went into effect on January 1, 2018. The report is available online at: https://www.iowacourts.gov/collections/112/files/175/embedDocument/

OTHER AGENCIES

An Empathetic Gesture

Imagine the surprise of the landlord who receives a letter in the mail demanding $2,500 for her tenant's unpaid water and sewer bill. That happened to a woman in eastern Iowa, who had innocently allowed a friend of a friend to stay in her vacant home.

The landlord grudgingly struck an arrangement with the city water utility to pay $68 a month toward the debt, but began to wonder whether she had a legal obligation to pay. We looked into her question by reviewing state laws, city ordinances, and a copy of the city's billing statements. Landlords do indeed inherit their tenants' unpaid bills if they fail to ask a city utility to sever their account from their tenants'.

However, we saw that the city had the authority to shut off customers' water for unpaid bills. We asked why officials had not done so with the tenant in this case when it became clear he was not paying up. The city explained that it had previously controlled only the city's sewer lines; the water was actually supplied by a private company and could not then be shut off by the city. The city has since taken over the water company.

In researching the matter further, we found a three-year-old newspaper article that informed residents of an amnesty on their delinquent water bills. Residents were allowed to wipe away the penalties and interest on their debts if they paid the entirety of their outstanding principle.

We asked city officials if they would extend this now-expired amnesty to the landlord, since the offer expired just before she learned of her tenant's delinquency. The city kindly agreed and forgave the remaining $800 on the landlord's bill.

"You did a great job for me," the landlord told us. "I'm going to keep your number."

(Other Agencies—Continued from Page 4)

State Licensing Boards Not Publicly Accountable

In our special report issued on February 27, 2017, we discovered that a culture of secrecy among select state regulators had caused weak investigations, unprofessional conduct, and frustration for citizens who were never told why their complaints were dismissed.

Our 17-page report called for the 36 boards who license doctors, real-estate agents, and other professionals to commit to greater transparency in order to improve public confidence in their work.

"It has been easy for these boards to do less than their best because, for years, no one has been in a position to evaluate their work," the report reads. "Regardless of how it is done, we believe it is imperative that the state's licensing boards be more accountable to the public they serve."

We had received almost a dozen contacts from citizens whose complaints about licensees were closed by the boards without explanation. Our investigation focused on four of those boards, each of which discussed and decided their cases in meetings closed to the public. All four boards, with the support of the Iowa Attorney General, resisted the Ombudsman's requests to obtain recordings and minutes from closed-session meetings that would shed light on their work.

Eventually, through a law change in 2015, we obtained the boards' closed-session records, which showed that complaints often were not fully investigated or vetted. In some cases, we found that board members friendly to licensees under investigation participated in board decisions, despite their conflicts of interest. One of those board members falsely told our office under oath that she had recused herself from those meetings.

We also found that one board had made several disparaging remarks about complainants and licensees during meetings. Those remarks raised questions about the board's commitment to deciding its cases fairly and impartially.

We made 20 recommendations to the four boards, many of which were accepted. A member of one board said the report's findings spurred immediate improvements. "This was THE best meeting I attended in three years," he told us.

We also asked lawmakers and agency officials to consider opening up the boards' processes systemically.

A copy of the full report can be found on our website: (https://www.legis.iowa.gov/docs/publications/OSR/854006.pdf

A member of one board said the report's findings spurred immediate improvements. "This was THE best meeting I attended in three years," he told us.

Cameras Reveal Flaws in Officer's Explanations

When a citizen makes a claim of police misconduct, there usually is no better tool for reviewing that allegation than a video camera. Cameras are objective in their role: They do not have faulty memories and they are not prone to exaggeration or omission. Quite often, they can settle discrepancies definitively.

Such was the role played by two squad-car cameras present at the scene of an arrest where the suspect said he was assaulted by an officer. The suspect, who had led police on a high-speed car chase that ended in a farm field, told us that he was punched repeatedly in the face after he had given himself up. The suspect claimed that he lost teeth in the incident and suffered a black eye.

We asked the officer's supervisor, a police chief, to review the incident. Less than a week later, the chief reported that there was "no conclusive evidence" to support the suspect's accusation that the officer had punched him. We were not convinced. We requested reports from three different agencies involved in the chase, as well as video and medical records. We also interviewed two officers who witnessed the arrest.

The arresting officer said in his report that he had struck the suspect's bicep with his elbow in order to free his arms. He said the suspect, lying face down, had slipped his hands underneath his body while the officer was trying to handcuff him. The videos, however, showed the officer using a fist to strike the suspect four times—three of which landed on spots higher than the suspect's bicep. Moments after the confrontation, an in-car camera captured the suspect complaining repeatedly about being beaten. "I was just lying there, and he was punching me in the face," he said. The officer who brought the suspect to the hospital said he saw the man spit out a tooth.

We also learned that the officer had filed for worker's compensation after the incident. A review of the officer's medical records showed that he had suffered a "boxer's fracture" to the same hand he used to punch the suspect.

A new police chief reviewed our findings and substantiated the complaint against his officer, who was disciplined. The new chief also cited the incident as a reason to implement improved policies on the use of cameras and oversight of his officers' use of force.

The new chief cited the incident as a reason to implement improved policies on the use of cameras and oversight of his officers' use of force.

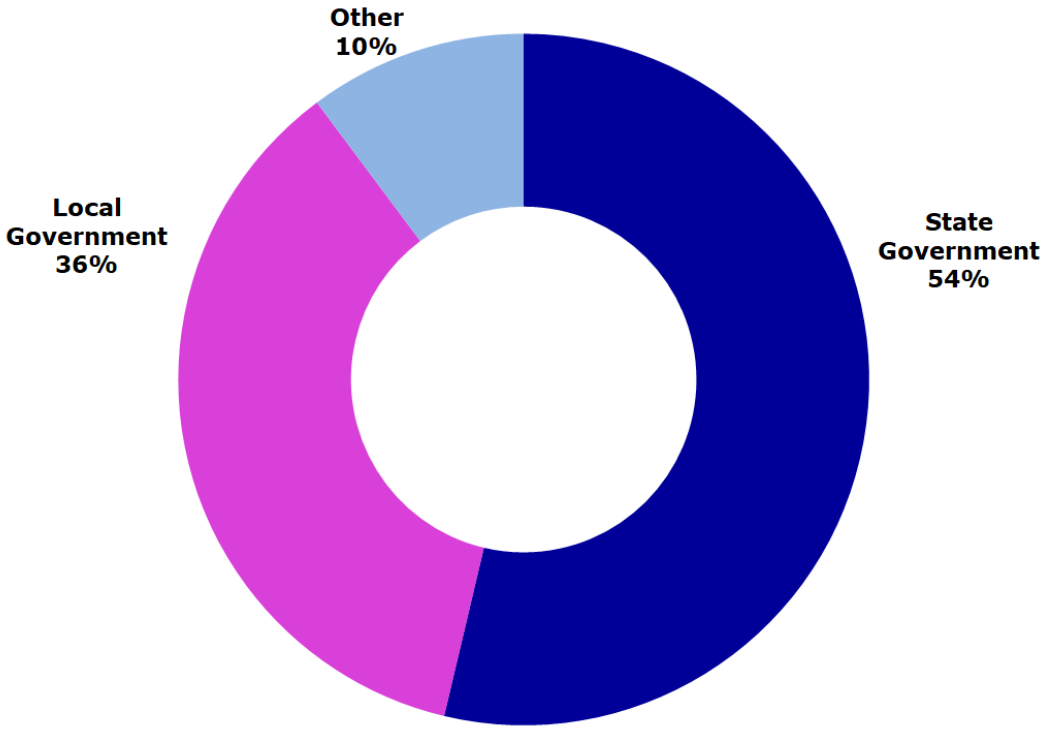
Paying Their Fair Share

Most charities in Iowa are not required to pay property taxes, but what if a charity is not really a charity? That is a question that was raised by one resident about a self-described "welfare club" in her neighborhood.

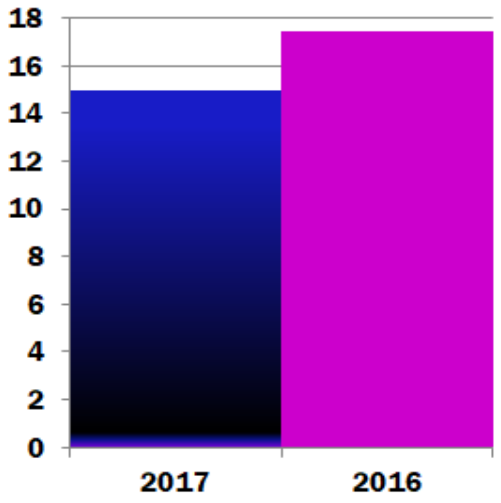
The resident grew suspicious after learning that the club charged membership fees and made space available only to its members or invited guests. The county assessor, when contacted, took the club's word that it was a charity without checking into its activities. By law, a bona fide charity (which exists to help the general public) must be recognized by the Internal Revenue Service (IRS) before it can benefit from tax breaks. Without IRS recognition, any organization that charges for its services could be viewed a private entity and should be taxed accordingly.

In a review of the club's records, we found it had never registered with the IRS, even though it had been in existence for more than 50 years. When we persisted with our questions, a county attorney examined the group's articles of incorporation and found that the club did not, in fact, pledge money to charitable purposes. The county attorney found that the club's property-tax exemption had been "erroneously granted." He directed the assessor to begin assessing the club's property as taxable.

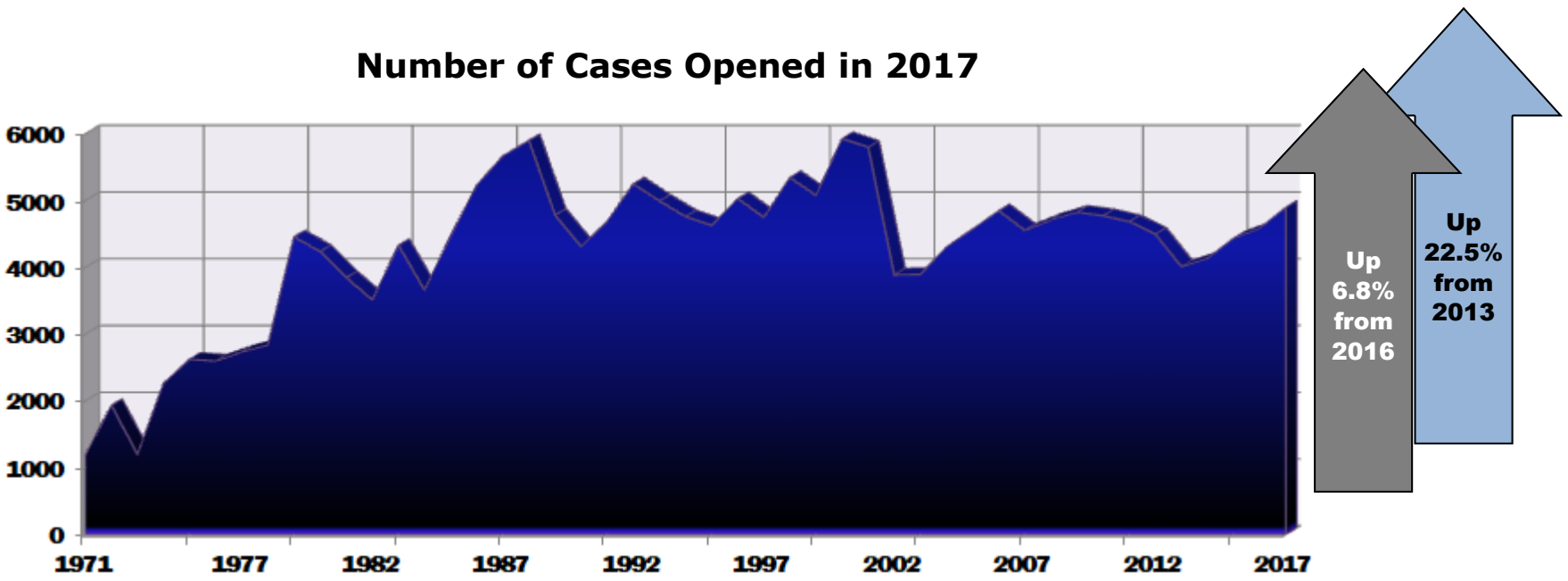
Subjects of Complaints



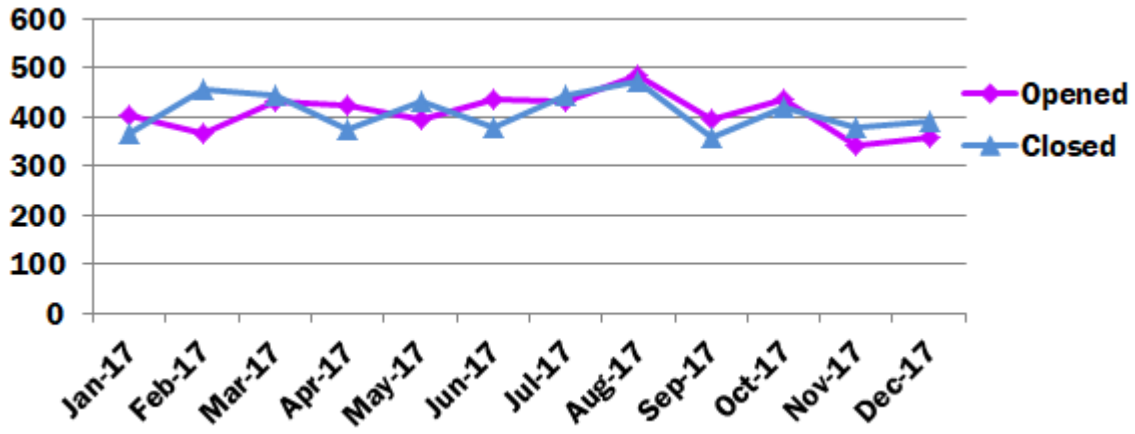
Completed Investigations Percentage of Partially & Fully Substantiated Cases



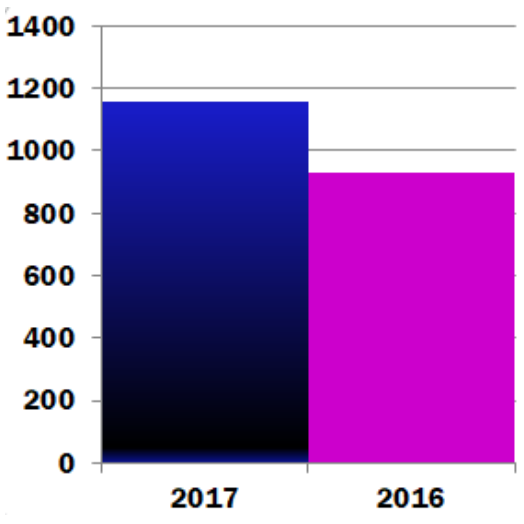
Number of Cases Opened in 2017



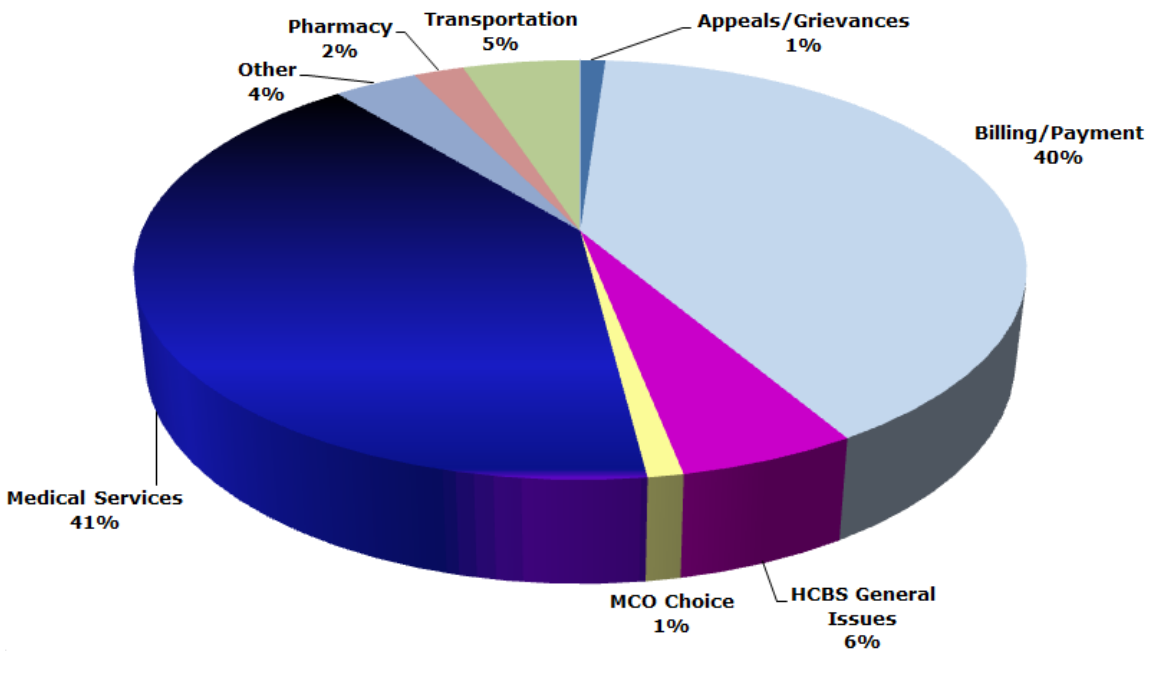
Number of Cases Opened and Closed



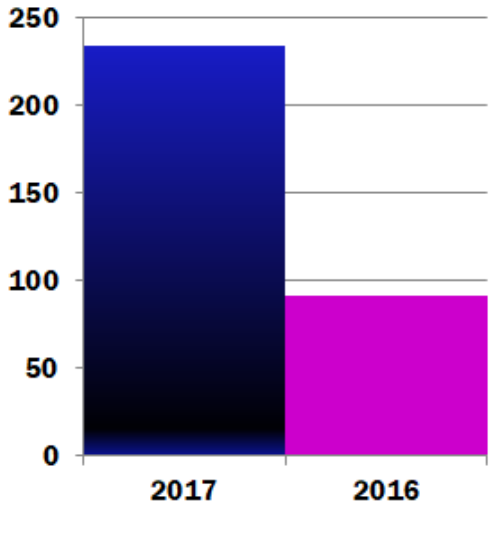
Corrections Cases 24% Increase from 2016



MCO Cases by Category



MCO Cases 157% Increase from 2016



Cases Opened in 2017 by Agency

Name	Jurisdictional Complaints	Jurisdictional Information Requests	Non-jurisdictional Cases	Total	Percentage of Total
Administrative Services	6	1	0	7	0.14%
Aging	2	68	0	70	1.43%
Agriculture & Land Stewardship	2	1	0	3	0.06%
Attorney General/Department of Justice	5	5	0	10	0.20%
Auditor	2	0	0	2	0.04%
Blind	1	0	0	1	0.02%
Civil Rights Commission	8	0	0	8	0.16%
College Aid Commission	1	0	0	1	0.02%
Commerce	9	1	0	10	0.20%
Corrections	1160	56	0	1216	24.82%
County Soil & Water Conservation Districts	0	0	0	0	0.00%
Cultural Affairs	0	0	0	0	0.00%
Drug Control Policy	0	0	0	0	0.00%
Economic Development	0	4	0	4	0.08%
Education	6	3	0	9	0.18%
Educational Examiners Board	3	0	0	3	0.06%
Ethics and Campaign Disclosure Board	0	0	0	0	0.00%
Executive Council	0	0	0	0	0.00%
Human Rights	1	2	0	3	0.06%
Human Services	577	36	0	613	12.51%
Independent Professional Licensure	11	2	0	13	0.27%
Inspections & Appeals	25	6	0	31	0.63%
Institute for Tomorrow's Workforce	0	0	0	0	0.00%
Iowa Communication Network	0	0	0	0	0.00%
Iowa Finance Authority	0	0	0	0	0.00%
Iowa Lottery	2	1	0	3	0.06%
Iowa Public Employees Retirement System	0	0	0	0	0.00%
Iowa Public Information Board	1	5	0	6	0.12%
Iowa Public Television	0	0	0	0	0.00%
Law Enforcement Academy	0	0	0	0	0.00%
Management	1	0	0	1	0.02%
Municipal Fire & Police Retirement System	1	0	0	1	0.02%
Natural Resources	3	2	0	5	0.10%
Office of Ombudsman	2	59	0	61	1.25%
Parole Board	27	10	0	37	0.76%
Professional Teachers Practice Commission	0	0	0	0	0.00%
Public Defense	0	0	0	0	0.00%
Public Employees Relations Board	0	0	0	0	0.00%
Public Health	10	2	0	12	0.24%
Public Safety	19	1	0	20	0.41%
Regents	5	1	0	6	0.12%
Revenue & Finance	35	7	0	42	0.86%
Secretary of State	4	3	0	7	0.14%
State Fair Authority	1	0	0	1	0.02%
State Government (General)	99	57	0	156	3.18%
Transportation	26	7	0	33	0.67%
Treasurer	2	1	0	3	0.06%
Veterans Affairs Commission	4	2	0	6	0.12%
Workforce Development	20	2	0	22	0.45%
State government - non-jurisdictional					
Governor	0	0	12	12	0.24%
Judiciary	0	0	143	143	2.92%
Legislature and Legislative Agencies	0	0	26	26	0.53%
Governmental Employee-Employer	0	0	0	0	0.00%
Local government					
City Government	489	36	0	525	10.72%
County Government	842	30	0	872	17.80%
Metropolitan/Regional Government	20	5	0	25	0.51%
Community Based Correctional Facilities/Programs	270	16	0	286	5.84%
Schools & School Districts	41	3	0	44	0.90%
Special Projects				44	0.90%
Non-Jurisdictional					
Non-Iowa Government	0	0	94	94	1.92%
Private	0	0	402	402	8.21%
Totals	**3743**	**435**	**677**	**4899**	100.00%

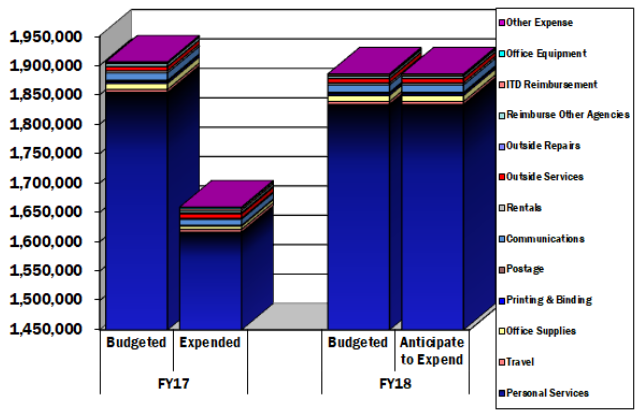
This annual report about the exercise of the Office of Ombudsman functions during the 2017 calendar year is submitted to the Iowa General Assembly and the Governor pursuant to Iowa Code section 2C.18.

What We Do:

- We investigate complaints against agencies or officials of state and local governments in Iowa.
- We work with agencies to attempt to rectify problems when our investigation finds that a mistake, arbitrary, or illegal action has taken place.
- We have unique statutory responsibility to investigate and determine if an action was fair or reasonable, even if in accordance with law.
- We have access to state and local governments' facilities and confidential records to ensure complete review of facts regarding a complaint.
- We make recommendations to the General Assembly for legislation, when appropriate.

FY17 & FY18 Financial Information

Presented to meet the requirement that state government annual reports to the Legislature include certain financial information



"Your information is a godsend, and I can't thank you enough. I have already taken several of the measures you advised, but your information suggested more possibilities.

I'll keep you posted and am very grateful for your kind and expert assistance."

—Resident of Central Iowa

Office of Ombudsman
Ola Babcock Miller Building
1112 East Grand Avenue
Des Moines, IA 50319-0231
Phone: 1-888-426-6283
(515) 281-3592
Fax (515) 242-6007
TTY (515-242-5065)
E-Mail: ombudsman@legis.iowa.gov
www.legis.iowa.gov/ombudsman