

## **OLMSTEAD CONSUMER TASKFORCE AGENDA**

*Friday July 8, 2011, 10:00 a.m. – 3:00 p.m.*

*Pleasant Hill Public Library Program Room*

*5151 Maple Drive, Pleasant Hill, Iowa 266-7815*

<http://www.ci.pleasant-hill.ia.us/library/>

*Conference Phone 1-866-685-1580, Conference Code 8957365810*

*\*Action Items*

- 10:00 \* Approval of Agenda
- 10:05 Business Agenda
- Welcome, introductions, comments –Chair Jerry Mayes
  - \*Approval of minutes from March 11, 2011 and May 13, 2011 (Attachments 1,2)
- 10:40 Standing Committee Reports
- Legislative Study Committee (Attachment 3)
  - Strategic Planning Committee
  - Public Information Committee
  - Nominations Committee
- 11:30 DHS update by Theresa Armstrong, Bureau Chief, Community Services Division, Mental Health and Disability Services
- 12:00 Lunch
- 12:45 Presentation by Todd Lange, Office of Consumer Affairs
- 1:00 Presentation by Carolyn Lange, Crisis Intervention Program, Hillcrest Family Services, Dubuque, Iowa

- 1:30 Taskforce Discussion on Money Follows the Person:  
the Story Behind the Numbers, lead by Jerry Mayes  
(Attachment 4)
- 2:30 State Agency Reports
- 2:50 Member Announcements and Public Comment
- 3:00 Adjourn

Next meeting Friday September 9, 2011, also at Pleasant Hill  
Public Library.

## **OLMSTEAD CONSUMER TASKFORCE**

### **Minutes**

**May 13, 2011, Pleasant Hill Library, Pleasant Hill, Iowa**

**Voting Members Present:** Randy Davis, Dawn Francis, Steve Garrison, Ray Gerke, Alice Holdiman, Geoff Lauer, Jerry Mayes, Rik Shannon, Casey Westhoff, Janie Woodhouse. **Voting Members Present by phone:** Carrie England, Janice Hoffman, Jim Paprocki , Doug Sample, Ingrid Wensel

**State Agency Representatives Present:** Robin Jenkins, Joe Sample, Jean Johnson , Terry Rosonke, Rhonda Bennett, Deb Johnson, Patrick Clancy, Diane Blackburn

**Guests and DHS staff present:** Bob Bacon, Ann Riley, Brooke Lovelace, Jule Reynolds, Liz O'Hara, Connie Fanselow, and Becky Flores

**CALL TO ORDER.** Meeting was called to order by Chair Jerry Mayes at 10:05 AM and turned over to Vice Chair Geoff Lauer to conduct the meeting as Jerry is recovering from illness. A quorum was present. Dawn Francis moved to approve the agenda, seconded by Janie Woodhouse. **The agenda was approved unanimously.** Jerry Mayes moved to table approval of the May 13 minutes, seconded by Janie Woodhouse, as different versions were available hard copy and by e-mail. **The motion to table carried, with Dawn Francis opposed.**

**BUDGET AND FINANCE.** Terry Cunningham will present a proposal for OCTF collaboration on a project called The Voices Project to the Public Information Committee. The collaborators would be looking for approximately \$3052 in funding from the Taskforce. The Committee can bring the proposal forward. Dawn Francis suggested another Public Information project be brought forward. It is modeled on the awesome website and Public Service Announcements that the state of Kansas uses. The Taskforce Executive Committee is putting together a framework for a Taskforce budget to present to DHS.

### **BYLAWS**

**Motion 1** is a Bylaws Committee recommendation as described on the handout. The motion was seconded by Dawn Francis. The motion carried unanimously.

**Motion 2** is a Bylaws Committee recommendation as described on the handout. The motion was seconded by Jerry Mayes. The motion carried unanimously. **Motion 3** changes numbers of voting members to 21. It is a Bylaws Committee recommendation as described on the handout. The motion was seconded by Jerry Mayes. The motion carried unanimously. **Motion 4** is a Bylaws Committee recommendation as described on the handout. The motion was seconded by Dawn Francis. Consensus was reached in discussion that there was no intent to put anyone out of office immediately. There was also consensus that the limitation on terms of office was not intended to prevent a person from serving in a different office (being Chair and then being Secretary, for example). The motion carried, with one abstention by Jerry Mayes.

This issue was put in a “parking lot”: whether bylaws should be amended to avoid need for a second and third reading to become final.

**Committee Assignments for 2011** (until the 2012 annual meeting), based upon the results of the recent survey of preferences:

Nominations Committee (5): Carrie England, Ray Gerke, Alice Holdiman, Connie Smith, Janie Woodhouse

Public Information Committee (6): Randy Davis, Steve Garrison, Janice Hoffman, Linda Moore, Jerri Sloan, Connie Smith

Legislative Study Committee (8): Randy Davis, Dawn Francis, Geoff Lauer, Jim Paprocki, Doug Sample, Ingrid Wensel, Rik Shannon, Casey Westhoff

Strategic Planning Committee (5): Paula Connolly, Steve Garrison, Alice Holdiman, Jim Paprocki, Doug Sample

## **COMMITTEE REPORTS**

Public Information Committee: No report.

Nominations Committee: Considering recruitment suggestions from Jim Paprocki, Terry Cunningham, and others.

Legislative Study Committee: Will consider DHS Olmstead state plan ideas when they meet.

Strategic Planning Committee: No report.

**FEDERAL DEPARTMENT OF JUSTICE UPDATE.** Bob Bacon recently attended a presentation by Alison Barkhoff, special counsel for Olmstead Enforcement, in Washington D.C. Implementation of Olmstead is top cross-agency priority of the administration. 35 states have DOJ activity, including settlement agreements, finding letters, and responses to complaints by individuals. A state of Virginia findings letter includes observations about sheltered workshops and PASRR.

**MONEY FOLLOWS THE PERSON DISCUSSION** (not on agenda)

Brooke Lovelace talked about the May 2011 MFP update. She reported they did not meet their initial goal of numbers of people helped to leave institutions. Their goal is now 75 individuals per year, which they have not quite met this year. Beds “left behind” when the MFP people move out are refilled with new people moving in. Rhonda Bennett, Department of Inspections and Appeals, reminded the Taskforce that some ICF-MRs are very small and can be considered to be already in the community. Bob Bacon announced that the Money Follows the person federal grant has now been extended through 2016, and they are hiring an additional Employment Specialist to work with this program. Bob Bacon will send the job announcement. It requires a bachelors degree and is posted on Jobs information at the University of Iowa.

**Iowa Co-Occurring Recovery Network (ICORN) update.** This group is working with national advisors Minkoff and Cline to help providers better address people with multi-occurring disorders. People can attend continuing Iowa training opportunities. Bob Bacon, Casey Westhoff, and Geoffrey Lauer from the OCTF are part of ICORN.

**DHS UPDATE.** Though no legislation has passed to date, it looks likely that the legislature will mandate workgroups coordinated by DHS to produce legislative recommendations by October in the areas of adult mental health, developmental disability/intellectual disability, adult brain injury, child MHDD BI, and regional infrastructure for mental health and disability systems. \$250,000 will be available to help with staffing of the legislative workgroups. More specifics on what the legislature might pass this year are unavailable at this time.

Regarding implementing Iowa Olmstead State Plan priorities, Olmstead Taskforce needs to lean on Legislature to do what law requires. Doug Sample recently was on a teleconference that talked about the Georgia experience with Olmstead compliance. Apparently in the Georgia case, lack of waiver slots was not an excuse for not providing services. Go to [www.iowaplan.org](http://www.iowaplan.org). to find the latest actions taken on the 18- month Olmstead State Action Plan. The DHS April report is posted there.

DHS representatives were pressed to publicize measurable timetables for progress. The OCTF sees itself as having an accountability duty, and it cannot monitor DHS progress without those specific quantitative (and qualitative) measures in place. DHS representatives said they will push toward that. There are huge binders of books on the internal efforts of DHS available in the Division, though the work plan may not be as detailed as what the Taskforce is asking for. The Taskforce does not want to look back at the end of 2012 or 2013 and say “Ok, some things happened and they looked kind of Olmsteady.” It is important that the Olmstead Plan that the Taskforce worked on be the guide for the work the legislatively mandated workgroups do this summer.

Janice Hoffman talked about the need for a handrail in the restroom where she lives. There was acknowledgement of the need for IFA and DHS to be involved in reviews of funding for building or apartment living so that the needs of people with disabilities are considered.

## **LUNCH**

A quorum was re-established for the afternoon

## **TASKFORCE DISCUSSION**

There was consensus that the Taskforce should have at least one member on each of the workgroups mandated by the legislature this summer.

## **STATE AGENCY REPORTS**

**Diane Blackburn, Marshalltown Veterans Home.** The Veterans Home is really a nursing home. It is the 2<sup>nd</sup> largest nursing home in the United States. She is working on the re-entry (into the community) program. 54 people have been moved out. One half are in conjunction with Hazelton model called “living your life in balance”. Some individuals have part time income that helped them go into community. But a lot of them are not able to work. There is a program called VA VASH. This program gives vouchers for Veterans in certain geographic areas. Des Moines tried for priority vouchers but was not successful. Individuals that are eligible can waive the cost of care for three months, and this is very helpful. Some of the individuals in residential part of the VA hospital are not eligible for SSI and have to wait until they move out to apply. Then it is hard to find the money they need to live. Federal VA has a grant per diem for individuals that are working with a caseworker. There is also the HUD VASH money, which is money for homeless vets. Some individuals are on the physical disability waiver. Strategies for doing something to get services until the money starts:

- She follows people for about a year
- VA has a vocational specialist with reentry to work or school
- IDEA programs work in 8-12 months

The Veterans home residential program remains full, and has waiting lists. Diane is trying to help vets that are young get back into workforce. It would be nice to have some money to pay for furniture, deposits. The Veterans Administration sets the number of housing units available. That can superseded by the HUD waiting list. Public Health supports their program, and local VA satellite health care has expanded to locations beyond Knoxville, Des Moines, and Iowa City.

It used to be that an individual discharged from a residential facility was considered homeless and went to the top of the list for housing through local public housing authorities. That is not true now. Dawn Francis questioned this, saying the local PHAs can get sued if they are not compliant. Advocates need to work with apartment owners to assure that needed housing is available. Terry Cunningham will send a guide from the Steve Gold Network regarding advocating with local public housing authorities.

**Rik Shannon, Iowa Developmental Disabilities Council.** The Council will make local grants available this summer.

**Terry Rosonke, Iowa Finance Authority.** The HCBS Rent Subsidy Waiver has 338 participants statewide. In 2011 \$487,000 was expended. The budget for the rent subsidy waiver is holding strong. Currently they are processing some more applications. There may be an across-the-board cut for next year. In Des Moines, applications for Section 8 will be opening up soon. People are expected to apply for section 8 to maintain HCBS rent waiver subsidy eligibility. A new revolving loan fund was proposed for Medicaid waiver eligible individuals, but it did not pass the legislature. Instead, there is a direct appropriation to a local provider.

**Jean Johnson, Department of Economic Development.** Jean described her Department's work: it tries to look at the big picture of economic development. That includes more jobs and better jobs. They target certain kinds of jobs. "Green streets" is her branch. It serves on Early Childhood Iowa, because early investment in youngsters is the future workforce. The DOM was active in the 2007 successful campaign to create 1,000 new or rehabilitated housing units for individuals with disabilities. Jean is looking at how the DOM might contribute to Olmstead issues. Possibilities include

- Using the Community Development Block Grant (a federal grant from HUD)
- Using Career Link, which is to help under-employed individuals into better skilled, higher paying jobs. They haven't funded anything here for last four years. Criteria should include persons with disabilities
- Interacting with Employers Disability Resource Network.

**Joe Sample, Department of Aging.** The Aging and Disability Resource Center has received 200 contacts in the last 6 months. The Department of Aging has contracted with the Department of Human Services regarding the "Section Q Minimum Data Set." This is the federal mandate that people be assessed regarding health conditions, treatments, abilities, and plans for discharge as they enter skilled nursing facilities, and quarterly, yearly, and whenever there is a significant change in an individual's condition. Due to these assessments in the preceding quarter, 13

people planned to move out of nursing homes. One did move out. The biggest challenge is that often an individual spends down resources in order to be Medicaid-eligible, so there is no funding available for start up costs back in the community until other funding begins.

The aging network is undergoing major changes due to new law found in House File 45. The existing network of 16 Public Service Areas and 13 Area Agencies on Aging has been abolished, with a mandate to “make it smaller”. They are to go through a Request for Proposal Process to do this, with no funding provided to do it. Joe urged the Taskforce to be part of the forums as this restructuring happens so that disability interests are represented. The plan has to be in place by December 15, 2011. He will make sure the Taskforce receives notice of public meetings. He asks for guidance on producing talking points. There will be a website.

The Taskforce discussed aligning new regions with the mental health/disability system county groupings of regions or housing trust fund regions.

**INSTITUTIONAL COSTS AND COMMUNITY LIVING COSTS** (not on agenda). The Taskforce discussed showing the cost differences between community living and living in a nursing home or in the Marshalltown Veterans Home. The Money Follows the Person handout shows the annual cost of public and private ICF-MR stays. However Iowa is not closing the beds behind those that are transferring out, so Iowa is not realizing cost savings. Janice Hoffman noted that she gets sick a lot less at home than she did when she lived in the facility. Possible approaches to this issue were described as “bean eaters” versus “bean counters”, that is, looking at quality of life versus what it costs. A certificate of need process determines need for new beds. The Taskforce discussed advocating against new bed certifications, and for policy changes to prevent backfill of ICF-MR beds.

**Patrick Clancy, Board of Regents.** The School for Braille residential unit is closing. Providing community services for the children previously served in residential will be costly, so it is not about saving money. It is about quality of services. The school is facing a legislative budget cut.

**New Business.** After discussion, it was agreed that the Executive Committee would give guidance on a process for deciding what Taskforce expenditures are appropriate, what projects and ideas to fund, and how the Taskforce is to work with DHS to assure that Taskforce priorities are funded.

**Member Announcements and Public Comment.** Geoff Lauer reminded members to turn in their conflict of interest forms.

The Taskforce committees were reminded to elect chairs by June 6. The meeting adjourned at 3:00.

## **Money Follows the Person (MFP) Update**

*May 2011*

### **General Transition Information**

<b>128</b>	<b>Consumers have transitioned out of the ICF/MR since September 2008</b>
10	Consumers transitioned out of the ICF/MR and are living in a qualified living arrangement in the community in calendar year 2011
56	Consumers transitioned out of the ICF/MR and are living in a qualified living arrangement in the community in calendar year 2010.
53	Consumers have transitioned out of the ICF/MR and are living in a qualified living arrangement in the community in calendar year 2009.
9	Consumers transitioned out of the ICF/MR and are living in a qualified living arrangement in the community in calendar year 2008.
46%	Percentage of consumers who transitioned two to six months after enrollment.
31%	Percentage of consumers who transitioned less than two months after enrollment.
17%	Percentage of consumers who transitioned six to twelve months after enrollment.
4%	Percentage of consumers who transitioned twelve to eighteen months after enrollment.
2%	Percentage of consumers who transitioned eighteen to twenty-four months after enrollment
<b>285</b>	<b>Consumers referred since September 2008</b>
36	Consumers signed informed consent to begin transition planning in Calendar year 2011
49	Consumers signed informed consent to begin transition planning in calendar year 2010.
89	Consumers signed informed consent to begin transition planning in calendar year 2009.
46	Consumers signed informed consent to begin transition planning in calendar year 2008.
27	Consumers signed informed consent to begin transition planning but decided not to participate.
2	Consumer signed informed consent but was determined not eligible.
31	Consumers were referred but did not sign the informed consent and are not interested in participating.
<b>134</b>	<b>Consumers are currently active in MFP as of May 1st. This includes those who have moved to the community within the past 365 days and those that are in the transition planning phase.</b>

59	<i>Consumers successfully completed 365 days of MFP services and have transitioned to the Intellectual Disabilities Waiver.</i>
15	<i>Consumers have returned to an ICF/MR after transition.</i>
2	<i>Consumers had to be admitted to a nursing home for rehabilitation.</i>
2	<i>Consumers returned to an ICF/MR and have decided not to participate in MFP</i>
3	<i>Consumers who returned to an ICF/MR/nursing home have transitioned back into the community</i>
3	<i>Consumers have moved home with family</i>

**Fiscal year transition information**

8	<i>Consumers have transitioned from Woodward Resource Center during this fiscal year 2011</i>
5	<i>Consumers have transitioned from Glenwood Resource Center during this fiscal year 2011</i>
26	<i>Consumers have transitioned from Private ICF/MR's during this fiscal year 2011</i>
12	<i>Consumers have transitioned from Woodward Resource Center during fiscal year 2010</i>
16	<i>Consumers have transitioned from Glenwood Resource Center during fiscal year 2010</i>
32	<i>Consumers have transitioned from private ICF/MRs during fiscal year 2010</i>
10	<i>Consumers transitioned from Woodward Resource Center during fiscal year 2009</i>
6	<i>Consumers transitioned from Glenwood Resource Center during fiscal year 2009</i>

10  
12  
14

**Referral information**

79	<i>Referrals received from Woodward Resource Center</i>
50	<i>Referrals received from Glenwood Resource Center</i>
60	<i>Referrals received from other ICF/MR providers</i>
19	<i>Referrals received from family members</i>
46	<i>Referrals received from consumers county of legal settlement</i>
27	<i>Referrals received from DHS/Targeted Case Manager</i>
3	<i>Referrals received as a self referral</i>
1	<i>Referral received from a community HCBS provider</i>
64	<i>Community meetings have been provided to providers, CPCs, family members and caregivers by the Transition Specialists across the state</i>

### ***Provider enrollment***

<b>115</b>	<b><i>Providers have enrolled to provide MFP services.</i></b>
<b>6</b>	<i>Providers have enrolled to provide Mental Health Outreach</i>
<b>9</b>	<i>Providers have enrolled to provide Nurse Delegation</i>
<b>10</b>	<i>Providers have enrolled to provide Behavioral Programming</i>
<b>3</b>	<i>Provider have enrolled to provide Crisis Intervention Services</i>

### ***Day activity services utilized***

<b>28%</b>	<i>Consumers are using pre-vocational services (this only includes current MFP consumers)</i>
<b>18%</b>	<i>Consumers are in school (this only includes current MFP consumers)</i>
<b>42%</b>	<i>Consumers are using day habilitation (this only includes current MFP consumers)</i>
<b>2%</b>	<i>Consumers are currently not in an employment or day activity service (this only includes current MFP consumers)</i>
<b>2%</b>	<i>Consumers are currently using supported employment to obtain a job. (this only includes current MFP consumers)</i>
<b>0</b>	<i>Consumers are competitively employed (this only includes current MFP consumers)</i>
<b>0</b>	<i>Consumers are using supported employment with a job coach (this only includes current MFP consumers)</i>
<b>0</b>	<i>Consumers are using adult day services (this only includes current MFP consumers)</i>
<b>4%</b>	<i>Consumers are using enclave services (this only includes current MFP consumers)</i>
<b>4%</b>	<i>Consumers are using sheltered workshop funded by the county (this only includes current MFP consumers)</i>

### ***Cost Information***

***Please note that the following cost information is based on paid claims processed through March 1, 2011. There may be outstanding paid claims or adjustments not reflected with these costs.***

- ❖ *\$86,290 is the average cost per person for all qualified waiver services, permanent services to be added to the waiver, demonstration services and supplemental services received during the 365 days of the MFP period. (Please see the attached chart at the end of this document as to what these services can include). This is based on the costs of forty-one people that completed the 365 days of MFP and have a higher probability of paid claims processed. This information will continue to be updated as more people transition from MFP onto the waiver and more paid claims are processed.*

- ❖ *\$83,765 is the average cost per person for only the qualified waiver services received during the 365 days of the MFP period. (Please see the attached chart at the end of this document as to what these services can include). This is based on the costs of forty-one people that completed the 365 days of MFP and have a higher probability of paid claims processed. This information will continue to be updated as more people transition from MFP onto the waiver and more paid claims are processed.*
- ❖ *\$5,044 is the average cost per person for all other Medicaid services received during the 365 days of the MFP period (this may include any medical, prescriptions, dental and some mental health services). This is based on the costs of forty-one people that completed the 365 days of MFP and have a higher probability of paid claims processed. This information will continue to be updated as more people transition from MFP onto the waiver and more paid claims are processed*
- ❖ *\$230,412 is the average cost per person for the state resource centers ICF/MR services for the year prior to the start date of MFP. This is based on the costs of 27 people that completed the 365 days of MFP and have a higher probability of all paid claims processed. These costs may not include some specialized medical services. This information will continue to be updated as more people transition from MFP onto the waiver and more paid claims are processed.*
- ❖ *\$105,179 is the average cost per person for private ICF/MR services for the year prior to the start date of MFP. This is based on the costs of 21 people that completed the 365 days of MFP and have a higher probability of all paid claims processed. These costs may not include some specialized medical services. This information will continue to be updated as more people transition from MFP onto the waiver and more paid claims are processed.*
- ❖ *\$1575 is the average cost per person for demonstration purchases such as assistive devices, community provider participation and ICF/MR trial overnights. This is based on the costs for all MFP consumers who received these services.*
- ❖ *\$2137 is the average cost per person for supplemental purchases such as initial household set up costs, clothing and durable medical equipment. This is based on costs for all MFP consumers who received these services. Examples of supplemental purchases: Furniture, clothing, rent deposits, kitchen supplies, bathrooms items, lawn mower, cleaning supplies, cell phones, televisions, bath chair, calling cards, basketball hoop, garden supplies, bicycles, weed eaters, pool passes, sign language books, weighted blanket and vest, padding for walls and floors, exercise equipment and back up medical supplies.*
- ❖ *\$237 is the average daily rate cost for Supported Community Living Services for 115 of the consumers with paid claims.*

***The following is based on calendar year 2010 data for all MFP consumers who had paid claims through December 2010***

- ❖ *\$39,843 is the average cost per person for Supported Community living*
- ❖ *\$300 is the average cost per person for Mental Health Outreach*
- ❖ *\$10,451 is the average cost per person for Adult Day*
- ❖ *\$39,435 is the average cost per person for Consumer Choices Option*
- ❖ *\$4,093 is the average cost per person for Pre-vocational*
- ❖ *\$5,303 is the average cost per person for Day Habilitation*
- ❖ *\$5,213 is the average cost per person for Supported Employment Job Coaching*
- ❖ *\$2270 is the average cost per person for Enclave services*
- ❖ *\$1052 is the average cost per person for Transportation*
- ❖ *\$700 is the average cost per person for Crisis Services In-home*
- ❖ *\$10,380 is the average cost per person for Crisis Services Out-of-home*
- ❖ *\$518 is the average cost per person for Behavioral Programming*
- ❖ *\$700 is the average cost per person for Nurse Delegation*

### *Challenges*

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- ❖ *Finding employment options or meaningful daytime activities for the individuals in many communities continues to be challenging. The transition specialists struggle to locate Pre-vocational services for MFP consumers as well as Supported Employment Providers. If a consumer has behavioral incidents in their social history, some providers, even Pre-vocational providers, are unwilling to accept MFP consumer into their programs.*
- ❖ *The Transition Specialists continue to have some difficulty with recruiting providers in rural or smaller communities that the consumers may want to move to, possibly due to county funding limitations and reluctance to authorize providers to open new homes.*
- ❖ *In September 2009, the Iowa Finance Authority announced that until further notice they would not be able to take any new applications for the HCBS Rent Subsidy Program. The transition specialists continued to work with consumers to locate housing that they can afford without the subsidy. The Iowa Finance Authority began accepting new applications October 1, 2010.*
- ❖ *Providers continue to experience high turn-over with staff. Staff originally trained on MFP consumers' behavioral plans may not be the staff that continues to work with the consumer. MFP is able to continue to provide on-going training to new staff but sometimes crisis situations arise before this can happen.*
- ❖ *We have had a few individuals in need of crisis intervention services that may not be immediately available. This has led to a few hospitalizations for some and a return to the resource center for others.*

- ❖ *Some counties continue to express concern about funding for the MFP consumers on day 366, although to date, exceptions for higher rates have only been needed for two consumers at day 366.*
- ❖ *A few guardians continue to refuse to sign an informed consent agreement at this time and begin the transition planning. We continue to receive some referrals from case managers or CPC's who had not contacted the guardian prior to making the referral. The transition specialists continue to provide information about the benefits of participating in MFP and the availability of supports in the community.*
- ❖ *We continue to have delays (up to 90 days) in changing the payee from the ICF/MR to a new provider. This limits the consumers' access to their SSI for rent and monthly spending money.*

### Opportunities

- ❖ *Transition Specialists continue to assist providers selected by an eligible MFP participant to become an MFP provider through the enrollment process.*
- ❖ *Providers interested in offering one of the new MFP services (Mental Health Outreach, Behavioral Programming, Nurse Delegation or Crisis Intervention) are still being encouraged to apply with Iowa Medicaid Enterprise, Provider Services.*
- ❖ *Providers will also have opportunities for additional training through the Iowa Program Assistance Response Teams (I-PART). This training will assist providers, as well as families, with managing serious and challenging behaviors of individuals with co-occurring intellectual disabilities and mental illness.*
- ❖ *Providers working with MFP consumers and their team members continue to have the opportunity for free access to the College of Direct Support web based trainings for their staff. Modules include information on autism, teaching new skills to people with developmental disabilities and positive behavior supports. Additional modules and tools are available to help supervisors support their direct care workers. To date, 1176 direct care workers have been enrolled from 43 provider agencies and have completed 7110 lessons.*
- ❖ *Crisis Prevention/Intervention training as well as Positive Behavioral Support training is available free to providers accepting MFP participants, to help prepare their direct care staff in supporting individuals who may have behavioral issues. Forty trainings have been held with providers to date with 667 people attending.*

- ❖ *Community ICF/MR providers may request an individual consultation with IME staff to address barriers that impact their ability to increase HCBS services or transition people out of their ICF/MR setting.*

## **SERVICES FOR IOWA'S MFP PROJECT**

<b>Qualified HCB Program Services (80.9% match)</b>	<b>HCB Demonstration Services (80.9% match)</b>	<b>Supplemental Services (62% match)</b>
<ul style="list-style-type: none"> <li>• Adult Day Care</li> <li>• CDAC*</li> <li>• Day Habilitation</li> <li>• Consumer Choices Option**</li> <li>• Home Health Aide</li> <li>• Home/Vehicle Modifications</li> <li>• Interim Medical Monitoring†</li> <li>• Nursing</li> <li>• Personal Emergency Response</li> <li>• Prevocational Services</li> <li>• Respite</li> <li>• Supported Community Living‡</li> <li>• Supported Employment</li> <li>• Transportation</li> </ul> <p><b>Permanent Services to be added:</b></p> <ul style="list-style-type: none"> <li>• Mental Health Outreach</li> <li>• Behavioral Programming</li> <li>• Crisis Intervention Services</li> </ul>	<ul style="list-style-type: none"> <li>• Transition Services Coordination</li> <li>• ICF/MR staff participation in trial overnights</li> <li>• Community provider participation in transition planning and preparation (***)</li> <li>• Assistive Technology not covered in MR Waiver (e. g. computers, med. dispensing equipment Environmental modifications (e.g. for safety</li> <li>• Nurse Delegation</li> </ul>	<ul style="list-style-type: none"> <li>• Initial household set up costs</li> <li>• DME °</li> <li>• Clothing</li> </ul>

\* Under this option consumers are responsible for finding, hiring, training, directing and firing individuals who enable consumers to do things they are unable to do without assistance because of disability.

\*\* Provides consumers with a flexible monthly budget based on functional and service needs, allows consumers to direct and manage their own support services.

\*\*\* Includes cost of provider participation in IDT, staff training and support, and HCBS provider staff time during community visit and trial overnight stay in community.

† Monitoring and treatment of a medical nature beyond what is normally available in a day care setting for persons age 20 and under. May include medical assessment, monitoring, and intervention as needed. Used when regular caregiver is unavailable due to employment, academic or vocational training, illness or death. May not be duplicative of any regular Medicaid or waiver services provided under the state plan.

‡ Assistance with daily living needs. Services may include, but are not limited to: personal and home skills, community skills, personal needs, transportation and treatment services. Services provided vary according to the needs of the individual receiving services but can include 24-hour residential services.

° Durable Medical Equipment in excess of coverage provided by waivers, state plan, or otherwise provided by this demonstration project. (e.g. bathroom safety equipment, wheelchair upgrades, back-up supplies

**PRIORITY ACTIVITIES APPROVED BY OCTF ON 1-14-2011**  
**RECOMMENDED ACTION FROM OCTF LEGISLATIVE COMMITTEE 6/23/11**

**Olmstead Consumer Task Force**

**Olmstead Activities to Support The DHS Olmstead Mental Health & Disability State Plan**

**RECOMMENDED ACTIONS FROM OCTF LEGISLATIVE COMMITTEE**

**The Olmstead Consumer Task Force Legislative Committee met on 6/14/2011. The following in BLUE are being recommended to the full Task Force by the Committee as activities to prioritize for approval for action this year.**

**Approved Priority 1/1.1.c:** The Olmstead Consumer Task Force members will participate in a task force with Sarah Renner and Tammy Amsbaugh to develop the marketing package to promote public awareness and to make the business case for hiring people with disabilities, and members will assist Sarah and Tammy with eventual community presentations for public awareness.

**RECOMMENDED ACTION FROM OCTF LEGISLATIVE COMMITTEE:** **Dawn Francis contacted Sarah Renner and offered to provide assistance on this committee. Right now there is a two person committee of Sarah Renner and Becky Harker. Dawn has not heard back yet from Sarah as to when this committee will meet. Apparently Sarah and Becky are already doing some activities regarding the marketing piece. Geoff Lauer suggested a letter from OCTF to Sarah Renner recommending Olmstead member participation.**

**Approved Priority 3/2.1.a and 2.1.b:** The Olmstead Consumer Task Force will advocate to expand services to all types of disabilities.

**RECOMMENDED ACTION FROM OCTF LEGISLATIVE COMMITTEE:** The MHDS redesign is in both the House Omnibus Appropriations Bill and Senate File 525 which is currently in conference committee. There's at least one major difference between what Jack Hatch wants and what Heaton and Schulte want and we have no idea if they're close to resolving that. But this is really huge, and has implications for Olmstead because there's a requirement that the system be redesigned in such a way as to support Olmstead. They're talking maybe resolving differences on the bill the week of June 13th, and if that happens, the ball is out of the chute on this gigantic planning process that has to produce recommendations to the Legislature by 12/9. We need OTF involvement in the planning process. A word of caution: the planning process will be intense with two meetings a month. There are five legislative committees that the OCTF Legislative Committee recommends have OCTF member participation. **Due to the tight timeline on this**

**PRIORITY ACTIVITIES APPROVED BY OCTF ON 1-14-2011**  
**RECOMMENDED ACTION FROM OCTF LEGISLATIVE COMMITTEE 6/23/11**

(committees will be formed most likely before the next OCTF meeting in July), the OCTF Legislative Committee came up with some names of OCTF members who have expertise in these committee areas, and have contacted them to see if they would be interested in putting their name in to be considered to be a member of the committee. The OCTF Legislative Committee forwarded these names as a recommendation to the OCTF Executive Committee, and asked the OCTF Executive Committee to send an e-mail to DHS Director Chuck Palmer to recommend these OCTF members for these legislative committees. Each individual will also send a letter to DHS indicating their interest in participating on the committee. Here are the committees and individuals who agreed to be considered by Director Palmer for participation in the committees:

Children: Paula Connolly

BI: Geoff Lauer

MH: Jerry Mayes

ID/DD: Casey Westhoff and Dawn Francis

Regional Administration: Rik Shannon

Workforce Work Group: We need a volunteer from OCTF to be on this Work Group.

Having OCTF members as participants on these legislative redesign committees will be one way to promote this priority of advocating to expand services to all types of disabilities.

Approved Priority 3/2.3.b: The Olmstead Consumer Task Force will advocate for funding for Iowa's web based Information & Referral services for people with disabilities, i.e., COMPASS, ADRC Life Long Links websites.

RECOMMENDED ACTION FROM OCTF LEGISLATIVE COMMITTEE: Casey and Dawn were invited to a group that was trying to coordinate the websites. Casey attended the one meeting the group had, and will keep us posted on what is happening.

Approved Priority 3/ 2.3. c: The OCTF will advocate to secure funding to expand availability of trained parent navigators, peer mentors, and other types of peer support for people with disabilities and their families.

RECOMMENDED ACTION FROM OCTF LEGISLATIVE COMMITTEE: Paula Connolly is active in the work of the Family to Family/Family 360 Initiative to train parent navigators and will keep the OCTF informed of opportunities to advocate.

**PRIORITY ACTIVITIES APPROVED BY OCTF ON 1-14-2011**  
**RECOMMENDED ACTION FROM OCTF LEGISLATIVE COMMITTEE 6/23/11**

**Approved Priority 5/3.1.a:** The Olmstead Consumer Task Force will have a representative on any SELN-related work group to help develop and implement a statewide competitive employment plan for people with disabilities, mental illness, or brain injury.

**RECOMMENDED ACTION FROM OCTF LEGISLATIVE COMMITTEE:** Casey Westhoff is on Task Force for SELN and will keep the OCTF informed.

**Approved Priority 7/3.5.a:** The Olmstead Consumer Task Force will advocate with the state legislature to expand funding for HCBS Waiver Rent Subsidies.

**RECOMMENDED ACTION FROM OCTF LEGISLATIVE COMMITTEE:** There are currently no recommended actions for this priority.

**Approved Priority 7/3.5b:** The Olmstead Consumer Task Force will develop a plan to help communities become involved in advocacy with local housing authorities on Section 8 Housing access for people with disabilities, mental illness, or brain injury. The Taskforce will also be involved with planning for local housing Disability Health Project with Len Sandler of the University of Iowa College of Law.

**RECOMMENDED ACTION FROM OCTF LEGISLATIVE COMMITTEE:** The OCTF Legislative Committee recommends developing talking points from federal letter of recommendations to local housing authorities, and ask for OCTF members to advocate with their local housing authorities.

**Approved Priority 9/4.3.a:** The Olmstead Consumer Task Force will advocate to identify an appropriate evidence-based training curriculum for direct support professionals working with people with disabilities in community-based living.

**RECOMMENDED ACTION FROM OCTF LEGISLATIVE COMMITTEE:** Direct Care Workforce training needs are probably going to be a part of the system redesign committees, and if possible, the OCTF needs a volunteer to be on the redesign Work Force Workgroup listed on page 2 of this document.

**PRIORITY ACTIVITIES APPROVED BY OCTF ON 1-14-2011**  
**RECOMMENDED ACTION FROM OCTF LEGISLATIVE COMMITTEE 6/23/11**

**Approved Priority 10/5.1.b:**

- The Olmstead Consumer Task Force will provide ongoing input and hold periodic community public forums for consumer input across the state on this DHS Mental Health and Disability Olmstead State Plan.

**RECOMMENDED ACTION FROM OCTF LEGISLATIVE COMMITTEE: Geoff recommend a couple of public input meetings done by Olmstead across the state For example, the Task Force could co-sponsor public input meetings on the DHS Mental Health and Disability System Redesign with DHS, much like the OCTF did last year with the DHS Olmstead State Plan for Mental Health and Disabilities. Also a way to recruit new members. Meeting agenda recommended by Geoff - overview of Olmstead, what Iowa has done, overview of DHS State Olmstead Plan. Educate PWD and others, and get input from PWD and others, and get involvement of PWD and others.**

- The Olmstead Consumer Task Force will convene state agencies periodically to review this Plan and the action steps, and to have the state agencies present what they can do to advance the implementation of the plan, and what they can do to implement Olmstead in the state that is not under the purview of the current state plan.

**RECOMMENDED ACTION FROM OCTF LEGISLATIVE COMMITTEE: At OCTF Meetings we have gone over Plan with state agencies present at Olmstead meetings and asked them how they can participate in the plan. Has been more participation and interest from state agencies in their own plan and how to mesh with DHS plan. The OCTF needs keep this going. Got updated strategic plan from DOC after last Olmstead meeting.**

**Approved Priority 11/5.5:**

- a. The Olmstead Consumer Task Force will advocate to promote the coordination and integration of services for people with disabilities so services are available to all Iowans regardless of type of disability.
- b. The Olmstead Consumer Task Force will collaborate with DHS and others to develop recommendations on the long-term system funding and will advocate for the recommended funding with state legislators.

**RECOMMENDED ACTION FROM OCTF LEGISLATIVE COMMITTEE: Being on legislative redesign committees will be one way to do this.**