OLMSTEAD CONSUMER TASKFORCE MEETING
July 11, 2014
Pleasant Hill Public Library, 5151 Maple Drive, Pleasant Hill

MINUTES

Handouts
Agenda
Minutes of Previous Meeting – May 9, 2014
Executive Committee Minutes – June 30, 2014
Taskforce comments on implementation of Iowa Health and Wellness Plan – May 21, 2014
Letter to Governor urging approval of appropriations to reduce HCBS Waiver waiting lists – May 14, 2014
Taskforce comments on Iowa Medicaid Enterprise Transition Plan for Implementation of CMS Integrated Settings Rule – May 31, 2014
Letter to Governor in support of HF 2463, mandating a streamlined prior authorization process for drugs not on an insurer's formulary – May 21, 2014
Letter to Iowa Economic Development Authority providing Taskforce comments on Five Year Consolidated Plan for Housing and Community Development (Draft)
Letter – Association of Professionals for Supported Employment (APSE) to Iowa Medicaid Enterprise/DHS – Mental Health and Disability Services Division regarding employment service system redesign – June 4, 2014
Map – MHDS Regions
Contact list – MHDS Regional CEOs and Disability Services Coordinators
"Balancing Incentive Program & Implementation of Core Standardized Assessments" – IME power point slides
Iowa's Integrated Health Home Program – Magellan power point slides
Map of Iowa IHH Providers

Taskforce Members Present: Joan Bruhn; Paula Connolly; Carrie England; Jackie Dieckmann, Ann Gallagher; Tracy Keninger; June Klein; Ashlea Lantz, Geoff Lauer; Gary McDermott; Linda Moore; Michele Meadors; Kathleen O'Leary; May Roberts; Len Sandler; Rik Shannon; Bruce Teague; Jennifer Wolff

Taskforce Members Absent:

State Agency Representatives Present: Theresa Armstrong and Karen Hyatt Smith (DHS – MHDS); Deb Johnson and Pat Johnston (DHS - IME); Kristin Haar (IDOT); Terri Rosonke (IFA); Ruth Thompson (IDA)

Staff: Bob Bacon; Connie Fanselow; Liz O'Hara

Guests: Teresa Bomhoff; Dawn Francis; Jane Hudson; Jan Jordan (Telligen, Inc.); Dave Klinkenborg (Magellan Behavioral Health)

I. Welcome and Introductions

In the absence of Chair Geoff Lauer, Vice Chair Carrie England opened the meeting at 10:10. Those present introduced themselves. New member Ann Gallagher, attending by phone due to health issues, was welcomed by the Taskforce. A quorum was declared.

II. Review, Additional Items, and Approval of the Agenda

Carrie noted that an item needs to be added to the agenda: the request for endorsement of the Taskforce's letter to the Governor urging his signature on HF 2463, mandating a streamlined prior authorization process for drugs not on an insurer's formulary. This would become a new item (IV.F) under the Executive Committee's report. Paula Connelly moved that the agenda be approved as amended. Linda Moore supported the motion. Motion carried.

III. Review, Corrections and Approval of the Minutes of the Previous Meeting – May 9, 2014

Michele Meadors moved to approve the minutes of the May 9, 2014 meeting. June Klein supported the motion. Motion carried.

IV. Executive Committee Report

A. Iowa Health and Wellness Plan Update. DHS invited public comment on implementation of the Iowa Health and Wellness Plan (I-HAWP) and also on its new Healthy Behaviors initiative, which is a component of I-HAWP. At the May Taskforce meeting June Klein and Paula Connolly had expressed concern whether many I-HAWP participants would be able to take advantage of the financial incentives available under Healthy Behaviors, and would thus be required to pay premiums on their I-HAWP coverage in future years. Barriers such as lack of transportation or child care, or of basic understanding of Plan requirements could be faced by many I-HAWP participants, leading to a failure to keep medical appointments or fulfill other requirements. These concerns, along with a strong recommendation that partnerships be established with community service or advocacy organizations to educate consumers, were included in comments on general I-HAWP implementation. The Taskforce continue to advocate for inclusion of transportation services under I-HAWP. Len Sandler moved to endorse the Olmstead Consumer Taskforce comments on I-HAWP implementation submitted on May 21, 2014. Kathleen O'Leary supported the motion. Motion carried.

B. HCBS Waiver Waiting List Funding Update. Iowa advocates were successful in preserving the appropriation of $6 million in additional funding. The Executive Committee had authorized a letter to the Governor's Office in May

urging his approval of the appropriation. Mary Roberts moved to endorse the Olmstead Consumer Taskforce letter to the Governor on May 14, 2014, urging his approval of legislative appropriations to reduce HCBS Waiver waiting lists. Paula Connolly supported the motion. Motion carried.

C. Iowa Implementation of CMS Rule on Integrated Settings for HCBS services. This was temporarily tabled as not all members had had a chance to read the comments.

D. Governor's Proclamation on the Anniversary of the *Olmstead* Decision. Carrie expressed appreciation for Geoff Lauer's efforts to secure the proclamation from the Governor's Office. Possible ways to use the proclamation might come out of discussion of agenda item IV.E.

E. Iowa Events Honoring Senator Tom Harkin. Senator Harkin is approaching retirement from the Senate. The Harkin Institute at Drake University is hosting an event on July 25th, which will include a press conference, a panel on the impact of the ADA, and a reception. The panel will include some nationally known speakers and also the Governor and Taskforce member Michele Meadors. The Iowa Disability and Aging Advocates Network is arranging with event organizers to present Senator Harkin with an award on behalf of dozens of member organizations. It is also possible Governor Branstad could read his Olmstead proclamation at either the press conference or the panel. The Institute focuses not just on disability but on all policy issues on which Senator Harkin worked. There was a brief discussion of ways to engage the Institute with disability and provide an understanding of the context of disability issues, such as inviting them to disability events, involving them in the initiative of the SILC and other partners in leadership development, or providing opportunities for first hand interaction with families.

F. Prior Authorization of Medications by Commercial Insurance Plans Participating in the Health Exchange. At the May meeting Roxanne Cogil had drawn attention to an important provision in the DHS appropriations bill (HF 2463) which would streamline the prior authorization process for medications not in a commercial plan's formulary. The process would be simplified by using a standardized form to make the request, and the insurance company would have to act on the request within 72 hours. This would greatly benefit people with epilepsy, mental illness and other chronic conditions who may require frequent changes in medication.

The Executive Committee authorized a letter to the Governor urging his support for this provision in the bill. Liz said she had been told that he nevertheless vetoed the provision; however, the letter still needs Taskforce endorsement. Teresa Bomhoff stated that the Governor did not veto the entire provision but only the 72-hour deadline. The situation is confusing, however. That Governor's Office said that the entire provision had been

vetoed. There is also the question of how this is effected by a new CMS rule imposing a 24-hour limit on prior authorizations. Paula Connolly moved that the Executive Committee develop and disseminate information on the issue. Jackie Dieckmann supported the motion. Motion carried. Paula also moved to endorse the Taskforce letter to the Governor (9/21/14) urging his support for the provision in HF 2463 mandating the streamlining of prior authorization and establishing the 72-hour timeframe. June Klein supported the motion. Motion carried.

C. (Deferred) Iowa Implementation of CMS Rule on Integrated Settings for HCBS services. The Executive Committee authorized submission of comments on IME's five year plan to achieve compliance with the new federal rule defining "integrated setting" for purposes of HCBS Waivers. The comments are basically supportive but caution that transition should proceed carefully so as not to leave any consumers without services. Geoff Lauer moved to endorse the comments on the IME five year Transition Plan submitted on 5/31/14. June Klein supported the motion. Len Sandler asked that in the future the Executive Committee distribute copies to the Taskforce of communications that have been developed in time for a deadline that comes prior to the next Taskforce meeting. He felt this would make the endorsement process more meaningful. Carrie said that the Executive Committee will try to respond to this concern. Motion carried.

V. Nominations Committee Report

Carrie noted that the Taskforce had received the resignation of Lynsie Hannsen. The Nominations Committee decided not to fill the vacancy because the year is half over. Carrie encouraged members to submit nominations for the Ray Gerke Systems Advocacy Award, or for someone within state government who has engaged in effective systems advocacy. These awards could be made in September. Carrie also indicated that she is beginning work on her doctorate and needs to give up chairmanship of the Committee. She said that the Nominations Committee requires little time for most of the year, and since the chair sits on the Executive Committee it is a good learning experience even for a newer member. She encouraged people to consider taking this on. Paula echoed that since the rating system to select among Taskforce applicants is now in place, the selection of new members has become simpler.

VI. Housing Committee Report

The Economic Development Authority's period for public input on the next Five Year Consolidated Plan for Housing and Community Development is coming to a close. Taskforce members participated in a teleconference sponsored by the consulting firm assisting the EDA with its housing needs assessment. It was not clear that the consultant fully understood the significance of Taskforce member comments about the need to avoid creation of "disability ghettoes," or other

Olmstead-related issues. There is also still a concern that the EDA has not participated in the inter-agency efforts to create integrated employment options. A preliminary draft was presented to the Taskforce making some of these points. Len Sandler said that the purpose of the Plan is to lay out priorities for the use of funds, and applicants for those funds must respond to the Plan's priorities. On July 17th he is meeting with Iowa Finance Authority (IFA) staff to discuss universal design provisions that could be incorporated into the Low Income Housing Tax Credit Qualified Allocation Plan. He invited other Taskforce members to join him. He also stated that IFA will need to take steps to strengthen construction oversight in order to ensure compliance with accessibility requirements, as the Department of Justice has made findings regarding some Iowa housing projects. Tracy Keninger asked if the Taskforce also needs to seek a meeting with the EDA to promote understanding of disability concerns. Dawn thanked Len for his work with IFA. She thought broader input from consumers on the issues was needed, perhaps similar to Len's IDA listserv survey.

Terri Rosonke says there is a link to a citizen's survey on the EDA website. There is also a public hearing at the close of the initial comment period. She did not expect the draft Five Year Plan to be completed until mid September, with submission to HUD in November.

Teresa Bomhoff raised a public housing issue. The Des Moines Metropolitan Housing Authority has a new policy in which subsidies will be set on the basis of two household members per room, regardless of age, sex or familial status. People who want to provide individual bedrooms will have to pay more. This will allow the authority to serve 142 more people, but have a negative impact on hundreds of families. Jane Hudson asked that the Housing Committee share some of the information it has, such as Len Sandler's materials on housing development in New Orleans after Katrina. Michele Meadors said she has first hand experience with accessibility issues that demonstrates the importance of IFA's bonus points in the LIHTC Qualified Allocation Plan.

Len said that IFA could offer developers a menu of universal design features from which they could select, at their option, for additional scoring points in their LIHTC proposals. Paula asked why developers quote higher prices for accessibility features like widened doorways. Len stated that custom designs cost more than the standard ones. It was agreed that the Housing Committee would look at the draft comments on the Consolidated Plan and make recommendations to the Executive Committee.

VII. Transportation Committee Report

Gary McDermott reported that the Refueling Assistance Act, on which he had worked for six years, will be reintroduced by State Senator Hart. It will require a call button, accessible from the driver's window and able to be operated with a closed fist, connected to a monitor inside the gas station. The system will be

wireless, so no work on the pavement will be required. Last year the bill passed out of the Senate but the House would not take it up. Senator Hart is willing to sponsor the bill again in the next session. The fate of Iowa's bill is similar to what happened in Illinois. Gary has approached an Illinois Congresswoman who is now sponsoring HR 4992, legislation calling for a study of the issue by the U.S. Department of Transportation. Currently, the ADA requires stations with two people currently in the store to provide assistance, but it does not mandate the method to get their attention. Gas stations make more money on store products than on gas, and want to keep staff in the store. Gary will provide further information as he gets it.

Gary said that the Committee has not yet met, and he is not familiar with the Non Emergency Medical Transportation issue. A current Taskforce priority is to get NEMT services included under the Iowa Health and Wellness Plan. Dawn suggested the Committee contact Peer Action Disability Support in Cedar Rapids, which has been working on the issue. Jane Hudson said there are many problems with the current transportation brokerage contractor which coordinates the delivery of NEMT to Medicaid members who need transportation assistance. Scott Lyon of DRI has been working both on the operational issues with the broker and on how to advocate effectively for the inclusion of NEMT under I-HAWP. One important issue is that the current broker was not made to fulfill the pledges made in its proposal. Paula said that the Affordable Care Act promotes inclusion of transportation services. Kristin Haar attended a recent Transportation Coordination Council meeting which included discussion of stakeholder comments in response to the recent DHS Request for Information, issued prior to the RFP for the next NEMT brokerage contract.

VIII. Employment Committee Report

Ashlea Lantz referred to a letter from the Association of People Supporting Employment 1st, which had been distributed to Taskforce members. Ashlea had signed the letter as President of APSE. The letter, to MHDS Division Director Rick Shults and IME Director Jennifer Vermeer, refers to the important work being done, with a broad base of stakeholder involvement, in employment services redesign, to create more integrated employment options. The work is multi-faceted, including defining appropriate services for reimbursement, restructuring reimbursements to incentivize supported employment, and building the case for hiring people with disabilities with employers. Ashlea said that after a year of work, progress seems to have stalled pending decisions within DHS to proceed. Ashlea said her concern was for a loss of momentum.

Paula said she has participated in one of the workgroups, and believes there is a lot of work to be done with families, who believe that all services are being taken away from their family members. Paula said the message needs to be crafted that employment service funds are meant to help people get jobs, as opposed to putting them in pre-vocational services for extended periods simply for want of

something else to do. Len said this is an important issue for youth in transition, who fall through the cracks after special education in the public school system. He sees this as a civil rights issue. Jane Hudson stated that she has two staff people doing an in-depth survey of sheltered work by people in institutional settings, who are paid very little.

Dawn Francis said that passage of the Workforce Innovation and Opportunity Act, which includes the reauthorization of the Rehabilitation Act, will benefit people with disabilities in many way. There are limitations on use of subminimum wage for people with disabilities in facility-based services, and mainstream employment becomes the first option for young people transitioning from school to work. Jane said that her work with youth centers on ways to divert or transition them from the State Resource Centers. Many of them have a primary diagnosis of autism, and DRI hosts monthly meetings with stakeholders to discuss how best to support them in the community.

IX. Redesign Committee Report

June Klein reported that she has communicated with Geoff and the Executive Committee regarding concerns on the impact of the rollout of Integrated Health Homes on individuals with mental illness previously served by the county-based system. The Medicaid-funded Integrated Health Homes are an excellent concept but problems with the rollout have left some people without services. She is collecting stories of people's experiences, and would like to send out a survey. She asked Taskforce members to email her any anecdotes they have heard.

X. Integrated Health Homes: Update on Implementation

Dave Klinkenborg of Magellan Behavioral Health provided information on the Integrated Health Homes (IHH) initiative currently being implemented in Iowa. Magellan is under contract with DHS to implement IHH for adults with serious mental illness (SMI) and children with Serious Emotional Disturbance (SED). Dave acknowledged that the initiative has created some confusion, even related to the word "home," which suggested to many people that it meant a physical facility for the delivery of services. The intent is to build the capacity of behavioral health providers and children's mental health providers to serve as IHHs, thereby improving the coordination of care and the management of chronic conditions to reduce reliance on emergency rooms, managing the costs of care, and optimizing the use of community resources. Behavioral health providers are linked with primary care and social services providers to develop a holistic, coordinated approach.

IHH interdisciplinary teams involve peer support for adults and family support where there is a child with SED. Peer support providers can share their recovery experiences, help individuals and families access appropriate resources and assist with wellness self-management. Jane Hudson asked if individuals in

nursing homes are eligible for services. IHH is a community-based approach to services; however, IHHs can help manage transitions from out of home placements back to the home.

The IHH models for adults and children differ. For adults the focus is on physical health, in light of the fact that on average people with SMI live 25 fewer years than the general population. IHH provides financial support for primary care nurses to participate on the care coordination team, which also can include representatives from community resources. Children's teams can include representatives from schools or a host of other agencies with which they are involved. The idea is to get mental, physical and social service providers access to a single care plan. The children's model is based on the System of Care model developed in northeast Iowa by the University of Iowa.

A service profile for each individual is built from his or her demographic data, medical history and diagnoses, and claims data. The profile is used to identify gaps in care and adherence to preventive care plans. The profiles are currently available to the care coordination team; they may eventually be available to the members themselves. The members can authorize the sharing of information with healthcare professionals outside the IHH team.

Dave reviewed the timeframe for the three-phased rollout of IHH, which began in July 2013 and will be completed at the end of September. Implementation required the hiring of many new staff and a lot of training to prepare teams to be operational. Phase I of the rollout, which began last year in five counties, has resulted in 13 IHHs serving potentially 15,000 adults and children. Another 36,000 are expected when Phase II and III are complete. Magellan used its community reinvestment funds to conduct outreach. The IHH initiative is intended to complement and support mental health and disability services redesign. People previously receiving county-based services may be determined eligible for IHH services, at which point they receive assessments and participate in their care planning. In response to a question about the number of people supposedly enrolled in an IHH who have not yet begun to receive IHH services, Dave replied that Magellan has had to "lay the tracks as the train keeps moving forward." He commented that the Phase I providers are much more sophisticated today than they were a year ago, and much more so than the Phase III providers who are just beginning.

The IHH initiative does stratify customers, focusing the most resources on those with the highest need (an estimated 15% of those served). People should get what they need, and not more. However, the IHH also seeks to engage people with preventative services. It is too early for Magellan to think about outcomes measurement, which will likely include such factors as out-of-home placements and hospitalization. Services should be available 24/7, and include more on Saturday nights than just law enforcement or the ER. Paula asked about quality control activities such as on-site visits. Dave replied that some sites are doing

very well, while others are still evolving. Every IHH receives technical assistance. Children's IHHs work with the University of Iowa, while those for adults receive help from a Colorado consulting firm. Magellan expects IHHs to work to make behavioral health intervention services more responsive, to avoid keeping people waiting for services, and to be accessible when families are stressed.

IHH replaces the targeted case management (TCM) function, though many TCMs have been hired to serve on care coordination teams. The transition from TCM to IHH can take up to six months; the entire transition should be complete by January 2015. The loss of their TCM has been a concern to some members; Dave stated that care coordination under IHH is more robust and more individualized based on needs. Jane Hudson asked how members get corrective action. Dave responded that there is a customer service line at Magellan to handle a wide variety of members issues. Complaints about individual providers have a separate system; calls may come in to IME or to Laura Larken at MHDS, but Magellan receives information on the complaints. If an individual opts out of the IHH, they do not become ineligible for mental health services; if they lose services, they should contact Magellan.

Carrie suggested that if there are additional questions they should send them to Liz O'Hara. Dave added that he can be available to make presentations in local communities.

XI. Update on MHDS Redesign

Theresa Armstrong passed out a current map of the MHDS regions, and a contact list for regional CEOs and "Disability Coordinators. These will also be available online. The regions officially became operational on July 1st. Though there are "pockets" of issues, Theresa said that she is hearing many positive things.

Some changes since her last update are that Marion and Mahska Counties have been approved as a two-county region, but only provisionally for one year. If they cannot demonstrate their effectiveness as a region they will be reassigned to other regions.

To become operational by July 1st, regions had to have submitted a Letter of Intent, a 28E agreement, set up a governing board, hired a CEO, and submitted a Transition Plan. The Plan had to identify providers of core services, set billing rates, etc. MHDS has now received all Management Plans, large documents that have to comply with Code. They consist of Policies and Procedures and an annual service plans and budgets. They were sent back for revisions to many regions; the revised Policies and Procedures must be resubmitted by October 1st, and the service plans and budgets by August 1st.

It appears from draft service plans that 14 out of the 15 regions will pay for 24-hour crisis services, and nine will pay for crisis stabilization services. The regions are reviewing service gaps; many are working with providers. Jane Hudson ask how regions coordinate with the Integrated Health Homes. Theresa clarified that regions are responsible for the funding of core services which are not fundable from any other source. If people are eligible for IHH services those are funded by Medicaid. If people are not eligible, the region should address their service needs.

The top three issues with the draft management plans (causing them to be returned to the regions for further work) were: failure to address revenues along with expenditures; failure to address trauma-informed care, co-occurring disorders and evidence-based practices; and weaknesses in data collection systems. The approved plans will be posted on the MHDS website.

Teresa Bomhoff commented that the regional governing boards decide which services will be available. A county may want to continue other services, and the regions say counties are free to do so, but the region will not pay for them and counties have no other funding source other than the funds controlled by the regional system. Teresa also commented that regions are beginning to understand the full impact of I-HAWP, and some are spending more now on non-Medicaid funded services to address gaps.

Theresa Armstrong said that DHS and the regions are identifying the savings to counties under I-HAWP which will be the basis for the Medicaid "clawback." A first step was to identify the billing codes for services covered by I-HAWP. Therapeutic and clinical services formed most of the billings. It became "muddier" in the case of community supports, which Medicaid is less likely to cover. Savings are to be determined by October 15th, based on a comparison of the first and a portion of the second half of 2014. The disposition of savings is as follows: (1) 20% stays in the region to be spent on MHDS services; (2) if a county has received equalization funds, it must repay the remaining savings to DHS, but those funds will still go to support MHDS services; (3) if a county did not receive equalization funds, the county must lower its property tax levy commensurate with the savings. This appears to satisfy advocates. June asked if the clawback goes into a single pot of funds or is returned to the respective county for MHDS services. Disposition of the money is to be determined by the Legislature.

Crisis rules were approved by the MHDS Commission and will be published this month in the Iowa Administrative Bulletin. Subacute rules have been put out for public comment. Theresa urged Taskforce members to send her any comments.

XII. Standardized Assessment: Report on Implementation

Pat Johnston, BIP Program Manager at IME provided background information on standardized assessment. Iowa received a Balancing Incentive Program award in 2012, which consists of a 2% increase in the federal match for Medicaid in Iowa in exchange for implementation of three initiatives: development of a No Wrong Door system of access to services; development of conflict free case management policies; and implementation of Core Standardized Assessments (CSAs) for disability populations. These three initiatives are intended to help states rebalance their long term care spending so that over 50% is spent on HCBS rather than institutional services. Partners in this effort by IME are the MHDS Division, and the Iowa Departments on Aging and Transportation.

Jan Jordan of Telligen, Inc, the contractor for CSA implementation,. presented a power point on progress. Standardized assessments are intended to be person-centered. The Supports Intensity Scale (SIS) will be used for persons with intellectual disability (ID); assessments will be selected for other disability populations receiving HCBS. The SIS, developed by the American Association on Intellectual and Developmental Disabilities, covers 85 domains, requires trained people to administer, and can take several hours. Telligen has hired only part of the staff that will be required. Assessments will get underway in August, and capacity will be built over time. DHS working to engage stakeholders, and has set up a webpage (http://dhs.iowa.gov/ime/about/initiatives/BIPP/CSA).

For other populations, listening sessions will be held to inform section of an assessment tool. Feedback and research will be compiled in a report, which IME will use to select the most appropriate tool. Telligen will then hire and train the required staff. June Klein asked how Co-Occurring Disorders will be covered in tools. Jan said each tool would be reviewed to see if it addresses COD adequately or needs questions added.

To complete assessments of the entire ID population, Telligen will conduct the SIS for all new applicants for ICFs or HCBS, and in addition pick a random sample from among one third of the population, completing work for the entire population in three years, when the cycle starts again. Len Sandler stated that he had checked with Developmental Disabilities Councils around the country, and is concerned that the SIS produces a numerical report to rate support needs. He was concerned that it would not uncover short term or transitional issues. Pat Johnston responded that the SIS was mandated by the Iowa Legislature. It is highly regarded generally. Len acknowledged that, but said he felt people need to understand it's a numerical report and be prepared to provide information that has not been asked for. He asked if consumers will be actively involved in the process. Jan Jordan replied that Telligen is working on materials to help people prepare for the assessment. Though regular assessment are done once every three years, if a person's situation or needs change, an emergency assessment can be done. Len said that the DD Council's guide to MHDS redesign and asked if the same kind of material couldn't be developed for the SIS. Pat agreed a user-friendly manual would be helpful. Len asked how this assessment process

meshes with that of the regions, who are not using the SIS. Pat said IME is looking at doing some CSAs through the regions.

Len asked who makes decisions on services based on the assessments, and how people challenge those decisions. Deb Johnson stated that it takes several years to accumulate good data on a population's service needs and develop service "tiers." There will be no changes soon, and in the meantime there will be a lot of stakeholder input. Paula said that IME should consider the involvement of community advocates in the appeals process, because families are not always comfortable raising issues on their own.

Jane said in her work with the Autism Summit it has surfaced that many different assessment tools are used for autism, and asked what CSA will be chosen for this population. Theresa stated that Magellan is managing the autism support program, and has pulled experts together to find the best assessment tool.

Jan discussed upcoming listening sessions regarding a brain injury tool, and asked Taskforce members for their ideas on what additional questions should be asked in these small group sessions. People can send ideas to Liz O'Hara.

Len asked what kind of report the consumer gets on the assessment. Jan said there is a sample report on the SIS website. [It is not available to people who have not purchased the tool.] Jan stated that once the assessment is complete, the targeted case manager uses it to develop an individual service plan with the consumer. Paula made the comment that the process is likely to cause anxiety among consumers and families and it should be as transparent as possible.

XIII. State Agency Reports

Iowa Medicaid Enterprise. Deb Johnson, Bureau Chief of Long Term Care, said that IME appreciated the Taskforce's supportive comments on the Transition Plan for compliance with the CMS rule on integrated settings. She expects to come back to the Taskforce frequently to discuss this, the SIS and other BIP strategies.

Regarding the BIP, there was a major breakthrough in the second quarter of this fiscal year, when HCBS accounted for 51% of all long term care expenditures. Some rule changes favorable to consumers have been made. As of July 1st, the cost of targeted case managers was taken out of waiver service cap calculations as well as the cost of home and vehicle modifications. (Some specialized equipment still requires authorization.) This will reduce the need for exceptions to policy requests.

Deb noted that the listening sessions held on the integrated settings rules surfaced more questions on what the rules mean than on the Transition Plan itself. IME is still waiting for more information from CMS, such as on how the rule

applies to day programming. Jane asked whether there would be another comment period on the transition plan for the ID Waiver. Deb clarified that there is one plan for all waivers, and that there will be many more opportunities for comment. She encouraged the Taskforce to send suggestions. She also said there is a lot of misinformation circulating about the rule, e.g., the rule has more to do with consumer outcomes than with the size of the residential setting. Iowa does have some large residential car facilities (RCFs) which will require transitioning some residents receiving waiver services, but many are offering more genuine community living than do some private apartments where consumers live. Jane commented that the State Resource Centers constitute Olmstead violations; Dev responded that they are not covered by the integrated settings rule, which applies to the waiver.

Iowa Department of Transportation. Kristin Haar reported on the department's Marshalltown summit on transportation issues held in May. She acknowledged the complaints Taskforce members made about the lack of transportation available to people with disabilities to attend the forum. She hoped that transit agencies could provide shuttles to the next summit. She said that a wide variety of issues were identified at the summit:

- Late night hospital discharges
- Communication and availability of services
- Baby Boomer transportation needs
- Senior isolation in rural areas
- Program barriers to shared use of vehicles (e.g., Veterans Home vehicles)
- Transportation to Amana-based employment
- Employment training transportation
- Evening and weekend service (employment/Waiver)

Kristin also mentioned that she had learned of a company in Pleasant Hill (Deery Brothers) which rents "MV-1s"—purpose built accessible vehicles as opposed to modified vans. The company rents them out, which could help address some transportation gaps.

IDOT continues to work with IME and IDA (with Ruth Thompson) on the "One Call/One Click" No Wrong Door system. There will be a call center for information on all kinds of supports and services. IDOT has issued an RFP for consulting assistance. The LifeLongLinks portal is being redesigned for web-based No Wrong Door access.

Iowa Department on Aging. Ruth Thompson reported that IDA has partnered with Iowa Vocational Rehabilitation Services (IVRS) to increase the non-federal match available to IVRS to draw down Title I funding. This has enabled the hiring of Susie Paulson by IDA to work on employment of older Iowans. The area agencies on aging contributed additional funding for a drawdown in order to hire a counselor at each AAA to work on employment as well.

Ruth reported that current Aging and Disability Resource Center (ADRC) funding, the Heritage AAA partnered with the Iowa City VA Hospital to give veterans the option of home and community based services in lieu of nursing home or VA home placement. It is hoped that applications from veterans can begin to be taken in the fall. Heritage would like to see these services extended to Des Moines to provide for statewide coverage.

Ruth stated that with the rebranding of LifeLongLinks, there will be no more reference to "ADRCs". IDA is working with the Statewide Independent Living Council, the Center for Disabilities and Development and other partners on the creation of the No Wrong Door system, and the integration of several service system databases into a unified database. IDA is working with IDOT on the creation of a call center. However, the only funding for services right now comes from the Older Americans Act. IDA is working intensely with IME to secure funding for capacity building and sustainability. IDA and DHS are meeting in Waterloo later in the month to refine collaborative efforts and bring more partners into the No Wrong Door work. A one year grant application has been submitted to help widen stakeholder involvement supporting sustainability.

Iowa Finance Authority. Terri Rosonke reported that IFA is continuing to accumulate a waiting list for the HCBS Waiver Rent Subsidy program. Right now 89 people are on the list. IFA will only be able to add two people to the program at the end of July.

There are now 35,000 units listed on the web-based rental housing search site entitled HousingSearch.org. Training is currently being offered on the use of the site. Terri had conference brochures for the annual IFA conference, the year called "AwesomeTown," which will once again include a Mental Health First Aid session.

The draft Low Income Housing Tax Credit Qualified Allocation Plan (LIHTC QAP) will be posted for public comment soon, with comments accepted until September 9th, when a public hearing will be held. Terri believed that the Olmstead-friendly language from last year has been largely retained. This year the QAP may include scoring incentives for projects to be located near public transportation. Such a reference is generally dislike by rural areas because they tend not to be able to qualify for such incentives.

IFA has been working on flood recovery in western Iowa with the Iowa Homeland Security and Emergency Management Department. Hope Haven had two separate intermediate care facilities destroyed, with residents currently in dorm rooms. The plan is to replace the ICF with HCBS services; IFA is limited in what it can support—fully integrated housing rather than group homes. MFP transition specialist Cherie Stowe is assisting with the effort.

XIV. Member Reports

Kathleen O'Leary reported that she had spoken to Senator Harkin's office, and learned that the UN Convention on the Rights of Persons with Disabilities (CRPD) is likely to be brought to the Senate Floor the third week in July. Advocate support in contacting Senators is sought. Kathleen asked Liz to send a link to information on the CRPD to members.

XV. Public Comment

None

XVI. Adjournment

The meeting adjourned at 3:10 pm.