Olmstead Consumer Taskforce Meeting
July 8, 2016
10:00am – 3:00pm
Pleasant Hill Public Library, 5151 Maple Drive, Pleasant Hill

Minutes

Taskforce Members Present: Kevin Dalin, Dawn Francis, Annie Gallagher, Kris Graves, Tracy Keninger, June Klein-Bacon, Ashlea Lantz, Kay Marcel (phone), Reyma McCoy McDeid, Michele Meadors, Kathleen O'Leary, Mary Roberts, Len Sandler (phone), Bruce Teague (phone), Ingrid Wensel (phone)

TF Members Absent: Roxanne Cogil (phone), Paul Kiburz, Gary McDermott

State Agency Representatives: Theresa Armstrong, Kim Barber (phone), Catie Campbell, Katrina Carter, Connie Fanselow, Deb Johnson, Terri Rosonke, Ljerka (phone).

Guests: Teresa Bomhoff, Jim Cushing, Frank Greise, Rose Kim, John McCalley, Peter Schumacher

Staff: Bob Bacon, Julie Christensen, Caitlin Owens

I. Welcome and Introductions

June Klein-Bacon called the meeting to order at 10:05am.

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

The agenda was approved.

III. Review, Corrections and Approval of the Minutes of the May Meeting

The May meeting minutes we approved.

IV. Iowa Medicaid Enterprise Update – Deb Johnson

HCBS Settings Transition Plan

Deb Johnson gave an update on the HCBS settings rule implementation and Iowa's state transition plan. She said Iowa was actually the first state to submit their plan about two years ago, and they just received the most recently submitted draft with additional questions from CMS a few weeks ago. She said CMS has been continuously refining what they want from states, and recently approved Tennessee's plan and provisionally approved two other states' plans, and are asking Iowa and other states to model their plans more closely after the states that have been approved.

Deb says they're trying not to disrupt the system as much as possible and to make use of the tools that are already in place. She said they will be expected to go out and view every setting, and will be working with the MCOs to accomplish that.

She said one reason this is so complex is that the community experience different for each person. She said the whole thing has to be based on what the person is doing and what they want; not just where they live or what they're doing based on a set of standardized measures. She said on top that CMS is saying that services that are being provided in segregated settings like sheltered workshop don't really meet the HCBS settings rule. Regarding that last point, she said Iowa has already been pushing for less reliance on segregated settings and encouraging services and supports at home and in the community. She said she knows many

providers have been looking at the settings rule for some time now and determining how they might need to change their business plans to conform.

Deb said a lot of people are worried about residential care facilities, and they have been seeing that the trend is that they're closing down and moving to the model of integrated settings which is good, but residential care facilities can meet the guidelines of the settings rule because again, it's about the person's experience and preferences.
She said the state is currently trying to figure out a way to adequately evaluate the system going forward.

Mary Roberts asked who makes the determination if a setting is in compliance or not? Deb said the state does, and if they determine the setting is not integrated she believes the state would then pass that along to CMS, and together they would come up with a corrective action plan. Deb said they seem to learn something new on every call they're on with CMS, and Iowa has been continuing to ask questions and seek further clarification along with many other states because it is not entirely clear yet what CMS expects from states. Mary added that she appreciates it's not just black-and-white and it's going to be looked at on an individual basis. Deb said it's difficult with nearly 30,000 people receiving HCBS services but they are trying.

Deb said she expects the state will be putting their transition plan into action in the fall and start going out and doing evaluations in order to be in compliance by 2019. She reiterated that she thinks Iowa is a good place, though will continue to push for improvements in the areas where they aren't quite there yet.

Deb noted that it's her understanding most states will have provisional approval because CMS has decided that they have to get this moving and be realistic about how quickly states can enact this level of systemic change. She said IME is going to be reposting the most recent plan and would appreciate any feedback

Waiver Waitlists

June asked Deb if she could share any updates on the $2M appropriation for reducing the HCBS waitlists. Deb shared that IME has given out around 3000 slots recently. Though because some of the application dates are quite old and for various other reasons they usually end up contacting five people just to take one slot. She said they've been doing this for some time but still have not been able to fill what they need to fill. She said they have revised internal practice on how much time a person has to respond, but if they come forward within a certain time after the slot has been offered to someone else they will go back to the top of the list with their original application date.

She said the process was to combine all the people on all of the waiver waitlists and sort by date of application and which waivers they have applied for, and then go down the list. She said the slots stay within the waiver it was originally designated for, so if 50 slots went to the health and disability waiver through this process and five people don't take, those slots still stay with the health and disability waiver. She said there's no way for them to know how to spread that money out in a different way because the average cost of each waiver is so different. Deb said she doesn't have the numbers in front of her right now in terms of exactly how many slots it will be but to remember that $2 million state appropriation equals close to $5 million in total dollars.

Managed Care

Deb said IME's focus has really been on making sure providers are getting paid and working through issues and problems being encountered. There have been some issues or problems through the clearinghouse within the payment systems which is typical of what happens even with fee-for-service; not everyone gets paid for everything on first try, claims do get rejected. IME is working with providers on specific issues they're

encountering. She noted that when they transitioned behavioral health over to Magellan from the fee-for-service model it was a struggle for those providers to understand a new billing system, and this time they are trying to learn three new systems. Deb said IME is encouraging providers to let the MCOs know when these issues are arising because in some cases the provider has been billing, and it gets to a certain point and is rejected and the plans don't even know that the provider been trying to bill. Deb further explained that some providers uses a clearinghouse to handle the billing of the claim with the insurance company, and in some cases that's where the issue is arising. She said she knows many hospitals use those types of services as well as some of the larger providers.

Deb said the next step for IME will be focusing on value-based outcomes for members, but they first need to get over this hump to make sure this system is running smoothly and that providers are getting the money they need to continue to provide services.

June asked Deb if she could talk about whether there is a process for getting approved for out-of-state services with the managed care organizations, and whether it is going to be different for each MCO. Deb said each MCO will have their own structure for how they choose to do it, and it would probably yield the most helpful information to ask them directly. June said she is aware of individuals who are getting the runaround being told by the MCOs to talk to IME, and vice versa. Deb asked June to send the specifics to her so she could address it with the MCOs because it is their responsibility to address.

V. <u>Mental Health and Disability Services Update – Theresa Armstrong</u>

Certified Community Behavioral Health Clinics

Theresa gave an update on the Certified Community Behavioral Health Clinics (CCBHC) grant, which is a one-year planning grant awarded to DHS by SAMHSA (the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration) in October 2015. The grant is intended to assist states in improving the behavioral health of their through high-quality, coordinated, community-based mental health and substance use disorder services built on evidence-based practices (EBPs) and the integration of physical health care services.

Theresa said the planning grant year ending in October provided funding to certify at least two clinics and provide them with technical assistance on the five EBPs chosen by the state that all must provide, as well as other aspects of the required services. The five required EBPs are medication assisted treatment (MAT), motivational interviewing (MI), trauma-focused cognitive behavioral therapy (TF-CBT), assertive community treatment (ACT), and psychiatric rehabilitation approach (PRA). This is a new type of clinic for the state because it requires integrating outpatient substance use disorder services and other mental health services. Many of the services the clinics are required to do themselves but some of the more intensive services they can contract out. She said they put out an RFP earlier this summer, and recently selected three clinics to certify. The clinics selected are Heartland Family Services (serving Pottawattamie, Mills, and Harrison Counties), Abbe Center (serving Linn County), and Seasons Center (serving Buena Vista, Clay, Dickinson, Emmet, Lyon, O'Brien, Osceola, Palo Alto, and Sioux Counties). She said SAMHSA requires each state to certify at least one clinic that will serve rural communities and one that will serve urban, and it worked out that one of the selected clinics covers a rural area, one an urban area, and one covers both.

Theresa said the RFP laid out the expectations for the clinics, including the required services and that that they must develop any services that they don't already have in order to be certified, along with many other requirements. they have to provide certain evidence-based practices List evidence-based practices. Said it's a

really big undertaking and shared a one pager that has a concise overview. She also shared a handout with all of the upcoming trainings for the selected EBPs, which are also open to other providers around the state. Both handouts are also available on the DHS website. (Link to CCBHC one-pager; Link to CCBHC training schedule)

Tracy asked if there is any funding criteria for persons to access the services. Theresa said the funding model will be different for these clinics, and they're expected to provide all of the services to anyone regardless of their insurance or ability to pay. She said it is a prospective payment model, and clinics will get a daily rate for the services provided. She said the clinics are currently working on cost reports to determine those rates, and will be getting some TA on that process. She said if awarded the demonstration grant, which is the final step of the planning grant, there is no actual funding attached but the state will get an increased F-MAP and the clinic will have this different reimbursement structure.

Dawn asked how MHDS plans to connect the MCOs with this. Theresa said these clinics will be service providers for the MCOs and they will also need to understand the payment model since that is different as well. She said the clinics will also need to work with the regions, and there have been several opportunities for them to learn more about this project over the last several months.

Tracy asked whether people who do not have Medicaid would be able to access the services. Theresa said they have to serve everybody regardless where they live, ability to pay, or what their insurance status is. Tracy added that she's really pleased that they've looked at how this would look differently in a rural area and an urban area.

Theresa acknowledged that there will be some challenges like implementing ACT in a rural area, but the University of Iowa is providing technical assistance for the one provider without an existing team on that.

Kevin asked how intense is the peer support services will be. Teresa said she's not sure how intensely they're currently providing them but they are all integrated health homes so they are currently providing that service at some level. She said regardless of where they are now there will be an expectation for where they will need to be in order to be certified. For example, if they aren't providing peer support services to individuals outside of the integrated health program they will be required to do so, including peer recovery coaches for SUD services.

Link to CCBHC One Pager
Link to CCBHC EBP Training Schedule

Sub-Acute Facilities

Theresa said the Department has noticed some rules regarding sub-acute facilities, and the Department of Inspections and Appeals (DIA) it is responsible for licensing those facilities but DHS has the responsibility to review applications and basically approve DIA moving forward and licensing facility. DHS is also responsible for geographically dispersing those beds, as specified by the legislature. The MHDS Commission held a special meeting recently regarding those rules and adopted the rules that will guide DHS on how they will work with DIA.

Theresa said the general sense of what that process will be is if a provider or facility is interested in providing sub-acute facility services they will apply to DIA, who will then send that application to DHS, who will review the application, share with the MHDS regions and take into consideration any feedback they give, and finally DHS will search the Medicaid data base to make sure the provider isn't on any watch lists or no referral lists.

Theresa said that those rules will be noticed soon, and then go to the administrative rules committee in August, and they should become effective September 7th.

Dawn asked whether the Governor, who has been in the news again recently regarding closing the remaining two mental health institutions, has reached out to DHS to determine what that would mean for the people who reside there. Teresa says she does not know the answer that question. Dawn said the Taskforce remains vigilant regarding this issue and whether there will be a plan put into place before anymore closures happen.

Theresa said some other rules going forward are for the autism support program, to reflect the changes in legislation that increased the age limit from 9 to 14, and raised the income limit from 400% FPL to 500% FPL. She said this program is for kids who are not on Medicaid and their parents' insurance denied the services or they do not have the means to pay for it. She said she hopes to be able to present those rules to the MHDS commission at their meeting next week, though because this legislation went into effect July 1st they were able to able to start approving eligibility under the new guidelines even before the rules are finished.

Theresa said they have also done some work on the rules regarding mental health advocates, which the Theresa has previously discussed with the Taskforce. That rule package mainly focuses on job requirements and training, and went into effect on May 1st. Theresa said they are working on a revision to one of the sections that troubled legislators regarding reporting requirements, but those amendments won't impact the other aspects of the rules.

VI. MHDS Regional Dashboard Presentation – Rose Kim

Rose Kim shared two handouts, one an example of the Regional Dashboards that will soon be available online, and the other a copy of the MHDS Outcomes and Performance Measures PowerPoint she presented to the Taskforce.

Link to MHDS Outcomes and Performance Measures PowerPoint
Link to Draft Regional Dashboard

Questions/Feedback

Michele asked if any of the accessibility or proximity standards include transportation. Theresa Armstrong said transportation is not a required core service, and the accessibility standards are related to the core services but many regions to provide transportation. Rose said they will be collecting information on transportation under the community access domain and that it will be addressed, just not as part of the access standards.

Tracy asked if she is correct to understand that this all based on self-report. Rose said at this point because the regions are collecting this information differently they can confidently report what the regions are telling them, but the level of detail available varies. Tracy asked if she was a provider providing one of these evidence-based practices would she be able to ask what are the other agencies providing these service across the state so they could possibly collaborate or work together, especially because with most evidence-based practices there is some continuing education requirement evaluation and they could be working together to build capacity to serve more people. Rose said they have aggregate numbers of providers served in the region she said in their annual reports some other region did list out individual agencies. Theresa added if someone requested that information they would would look at what they have an then turn to the region and ask them give more information about who is providing those specific services.

VII. Managed Care Discussion – John McCalley, AmeriGroup

John McCalley thanked the Taskforce for the opportunity to present and encouraged them to offer the same opportunity to United and AmeriHealth. He shared some of AmeriGroup's experiences over the first few months of Medicaid managed care, some of the challenges they are addressing, and the opportunities they are looking towards in the near future. John shared that the CMS delay gave AmeriGroup more time to develop partnerships, work with providers, get to know the Iowa system, and work on building their network of services and supports. He said AmeriGroup has about 350 employees, about half of whom work from home, and most of the staff who work from home serve in some kind of community case management capacity. A lot of the community case managers have been recruited from within the state and are already familiar with various aspects of the Iowa service system. He said that person centered planning was a core value in the MCO contracts, and AmeriGroup feels that it is a useful and powerful tool, and they try to recruit people who already have those same values when they start the job.

John shared that the continuity of care period of 6 months for case management has had varied results in terms of member experience. He said members can keep their current case managers for that time period if they would like to, but some have chosen to switch right away, while others have been transferred by their current case management organization because the agency either declined to contract with AmeriGroup or the program requirements were beyond their level of capacity. John shared that AmeriGroup is in daily contact with IME and DHS, and they expect data and accountability from each of the MCOs, as does the legislature. He said data is a powerful tool for advocates as well, and the legislation from the most recent session add additional reporting requirements on top of what the contract already requires, which will all be public.

John said one point he wanted to underscore is that there have been imperfections, but each time an issue has been raised with AmeriGroup they have been able to solve the problem collaboratively with the provider and IME in a way that doesn't interfere with services and supports being provided. He said AmeriGroup recently hired an ombudsperson for the entire plan to be a point person for members who have issues with the services they are receiving, and she would be willing to come to a Taskforce meeting if an invitation is extended. He said he recently had the opportunity to participate in a round table discussion with the MHDS Regional CEOs, and there is a commitment between the CEOs and the MCOs to meet on a fairly regular basis to discuss collaboration.

He said he has been meeting with other groups like the CILs, and the AAAs and AmeriGroup have a formal workgroup. He said outreach efforts will continue to look at gaps in services, services that need to be rolled out, initiatives that are in the works, logical partnerships to address gaps, and what membership data is showing the greatest needs are. He said the outreach will be an ongoing process, but the initial phase will end this July so they can take a look at the whole state and start laying out a strategic plan.

Questions/Feedback

Dawn asked if consumers can contact the ombudsperson directly. John said yes, if they are an AmeriGroup member. He said information typically gets to her in one of three ways: through the state long-term care ombudsperson, through IME, or through a community based case manager. He said she has not been on staff for long, but they are looking into doing more outreach to members to explain the program and procedures for reaching her.

Michele asked if they think one ombudsperson will be enough, or if they anticipate hiring more. John said they are thinking about it, but they need to have more experience to figure out what the volume is.

June asked if the ombudsperson serves any member, or if it is limited to the long-term care population. John said she serves the whole member population, but the vast majority of issues have been regarding long term services and supports.

Annie Gallagher asked John if AmeriGroup plans to continue supporting the IHH system. John said it is in their contract that they are required to do so, and that many of the people who worked on that program with Magellan are now employed by AmeriGroup.

Di Findley asked how their ombudsperson will work with the state and long term care ombudspersons. John said that their staff member now has a series of regular conversations with the office of the state LTC

ombudsperson and they have met and discussed roles and responsibilities. There is a commitment both parts that they meet at least monthly face-to-face, and biweekly by phone. The difference is as an internal ombudsman Natalie is able to take on issues people have brought to the state ombudsperson, and issues the they bring to her.

June asked about AmeriGroup's consumer advisory council structure. John responded that they do have one, and it was pretty well laid out in the contract. They had their first meeting at the end of April, and Sue Brown, AmeriGroup's quality lead staff coordinates that. John said he would get additional information about structure and other details from Sue. June said she would be interested in knowing how often they meet, whether there is an option to call in, whether it is open to the public, who sets the agenda, and any other details she wanted to provide.

June asked if AmeriGroup is collecting data on the types of calls their ombudsperson and others are receiving. John said yes, and their national call center is the primary collector of that, though some of the calls go in directly to Natalie. The oversight legislation requires them to report out the call-in information, characteristics of those calls, stats, etc.

Frank Greise asked if AmeriGroup has been getting Section Q referrals, and if so if they are to a level John thinks is reasonable, and how those supports are being provided. John said they are not at the level we expect or want. He said there have been a few cases where they have been able to get people enrolled on the elderly waiver, but overall they have received far fewer referrals than expected.

Jim Cushing said the number of Section Q referrals has decreased greatly. He said part of the root cause is when DHS decided to pull that service internally they were wanting to continue it with their staff and he doesn't think they have been able to do that with all they have going on. He said the AAAs have been getting calls still, and it was a billable service until September of last year, so they are in a bit of a quandary because the staffing and funding are both not there. June asked who that issue needs to be address with. She said she used to do transition counseling and the dissemination of how the process works has been poor for awhile. She said it is a hugely important Olmstead issue since it is entirely focused on getting people back into the community. Jim said he thinks it is going to take a collective effort of different groups including the CILS, AAAs, and Olmstead, and a little bit of respectful pushing from the MCOs to the state. He said the groups need to figure out how to come together to make people aware that this is an issue. John McCalley agreed and said to Jim that using people like him the MAAC to raise the right questions in that venue with Mikki Stier and Chuck Palmer is very powerful.

Bob Bacon asked John if some of the challenges MFP is having are on his radar. John said yes; he is aware there is not enough money, the need to figure out the right balance with the transition specialists and assurances the waiver is set up appropriately and the person is well served. He said he thinks there needs to be more creative thinking about work opportunities on the front end instead of towards the end of transition. Bob suggested talking with Brooke Lovelace for more information. He added that the Taskforce has always monitored the success of MFP, and one of the issues they are encountering now is that exceptions to policy have always come into play, and that is a big challenge right now. John said ETPs are now supplemented by single case agreements, which are being one more and more. He said the transition has not been without its bumps, and there have been issues around the provider reimbursement rates with MFP that they are trying to deal with as well.

John asked that his email address be included in the minutes: john.mccalley@anthem.com.

VIII. Executive Committee Report – June Klein-Bacon

State Agency Reengagement

June shared that a letter was sent to most state agency partners listed in Executive Order 27, aside from a few very active agencies- Department of the Blind, Iowa Finance Authority, Iowa Workforce Development, and Iowa Department on Aging. The letter was sent to directors of agencies and for those we had someone who has been coming or a contact listed, included them as well. She said responses were received from several agencies, and she and Caitlin are in communication with several of them to get them on the agenda in the next

several months. Want to talk about how to work more collaboratively. Also been talking about opening committee meetings to those partners if they want to join in any of those discussions.

Older Iowans Legislature

June also shared that each year the Older Iowans Legislature assembles in the House Chambers at the State Capital and they have invited the Olmstead Consumer Taskforce to send two or more delegates to their 2016 session which will convene on Monday, September 26th and adjourn mid-afternoon on Tuesday, September 27th.   Those attending will have the opportunity to introduce debate and vote on issues that impact Iowa's seniors.

June asked if anyone would be interested in attending. Dawn suggested also inviting OIL representatives to this meeting, as it would be good to hear from them as well.

Mental Health Institutions Closure

Dawn motioned for the executive committee to send a letter to the Governor letting him know the Taskforce is opposed to closing additional MHIs until there has been a good study done on whether that is the right thing to do and a plan put in place for where the people there would go and how and future services would be provided. Harry seconded the motion, motion passed.

John McCalley said on a similar note he would strongly encourage the Taskforce to send a letter to Rick Shults strongly encouraging DHS to begin writing Iowa's new State Medicaid Plan now. Tracy made a motion, Michele seconded. Motion passed.

Olmstead Plan

Tracy said she noticed the agenda didn't have any updates on where the status of the Olmstead Plan. June said there haven't been an significant updates to report.

Connie Fanselow said she had hoped to have an update this month and has been working with CDD staff to get the framework updated as well as background information on the activities listed. She is also working on an overview to help explain what the framework for when the plan is ready to go out to a bigger audience. She said the hope is to take it out in September. She noted that the information Rose reported on today is also going to be incorporated; and one struggle has been making sure all of the content is expressed in the most simple, meaningful, and understandable way.

June asked Connie if she could share any hard timelines on when the plan will be shared with other state agencies. Connie said she has drafted several timelines, but they require approval to move forward. She said she is going to try to have a firm timeline before September so you will see what the progression will be in terms of public meetings, other state agencies, etc.

June said she is trying to find a balance because the Taskforce asked for the timeline to be slowed down in the first place, but she is very concerned about now being nine months into an expired plan. Connie said while the date on the last plan expired, the work is not on hold and continues to go forward. She said more time is being spent to make sure what we are doing is going to work for people in a way that can be measured.

Dawn said she is frustrated too, but does agree that it needs to be understandable to a wide audience. She said she thinks DHS would agree that the format it is in now isn't one that can be understood widely, and it is important to keep working on that. She agreed that is is very complex, and noted that the information Rose presented earlier shows how difficult it is to take all of that and put it in concise format. Dawn also noted that while the plan does need to move forward, she wanted to remind everyone that DHS has been going through 1.5 years of mandated upheaval with the announcement, preparation, and implementation of managed care, and she does believe they are doing their best.

June asked anyone with additional concerns, suggestions, or questions to touch base with her or Dawn.

IX. State Agency Reports

Iowa Finance Authority

Terri Rosonke reported that during this last legislative session a bill was passed related to IFA's HCBS rent subsidy program which is available to people on 19159(c) waivers who are paying more than 30% of their income towards rent, and on a WL for permanent rental assistance. She said there has been an annual allocation for the past few years, which has not been sufficient to meet demand, and they do keep a waitlist. She said the changes went into effect July 1st , one such change being that MFP participants are moved to the top of the list instead of having to wait their turn which can sometimes be up to 8 months. Nancy Wallace in our office does that program and said there are currently 7-8 participants on the waitlist who moved to the top of the list, though they do still have to wait for the money to be available.

Terri shared that IFA is also recommending lowering the points in the Olmstead section of the Low Income Housing Tax Credit Qualified Allocation Plan from 19 to 13. She said she still thinks 13 points will be a sufficient incentive, and relative to the rest of the application is a significant number of points. She said those points are mostly related to meeting additional accessibility requirements beyond the requirement that all applicants ensure 10% of their units are accessible. She said IFA will be looking for some feedback related to the HCBS rent subsidy program and what they are hearing

Tracy motioned for the Community Access Committee to review the QAP and submit comments to IFA. Dawn supported the motion, motion carried.

Department of Inspections and Appeals

Catie Campbell from the Department if Inspections and Appeals said she is attending the meeting on behalf of Linda Kellen, a new Bureau Chief for the DIA Health Facilities Division, who intends to participate on the Taskforce from here on out. She said Taskforce members can reach out to Linda with any questions or concerns anytime.

X. Taskforce Member Reports

Dawn shared that she recently sent out an announcement for all of the ADA celebrations happening around Iowa that she is aware of, so if there are any Taskforce members who don't get her global emails to let her know. She said she also sent out a save the date for a series of discussions happening around the state on August 10th for consumers and other advocates from the Iowa disability and aging communities. Five sites will host simultaneous conversations and will all be connected via the internet information from each meeting can be shared with others.

Reyma McCoy McDeid said next week is National Voters with Disabilities Week, and there will be a proclamation at the State House, followed by the first board meeting for *Iowa Disability Votes COUNT*. She encouraged all to attend.

Michele shared that on July 20th there will be a meeting at the YMCA for a group she and a fellow advocate started for people with spinal cord injuries. She said the first meeting was in June and it was a great opportunity for people to get together in person, discuss issues, and socialize. She said the group began as an online Facebook group, which she and her co-leader administer.

XI. Public Comment

None

XII. Adjournment

Harry motioned to adjourn, Dawn seconded. The meeting adjourned at 3:04pm.