

OLMSTEAD CONSUMER TASKFORCE MEETING
January 9, 2015
Pleasant Hill Public Library, 5151 Maple Drive, Pleasant Hill

MINUTES

Handouts

Minutes of Previous Meeting – November 14, 2014

Executive Committee Minutes – November 24, 2014; December 30, 2014

DHS Informational Letter No. 1468 Regarding ID Waiver Waiting List –
December 30, 2014

Taskforce Letter to Iowa Insurance Commissioner Regarding Proposed Rules on
Prior Authorization under HF 2463 – December 31, 2014

Taskforce Response to Final Report of 2014 Community Integration Workgroup
for Adults with Serious Mental Illness

Employment Committee Minutes – December 18, 2014

Medicaid Committee Minutes – December 5, 2014

Taskforce 2015 Legislative and Policy Priorities Draft – December 30, 2014

Disability Rights Iowa Report: *Stalled on the Road to Olmstead Compliance –
December 2014*

Iowa Program for Assistive Technology (IPAT) Announcement – ICT Accessibility
Webinar Series

Taskforce Members Present By Phone: Joan Bruhn; Roxanne Cogil; Paula
Connelly; Jackie Dieckmann; Carrie England; Ann Gallagher; Tracy Keninger;
June Klein; Ashlea Lantz; Geoff Lauer; Gary McDermott; Michele Meadors; Linda
Moore; Kathleen O’Leary; Mary Roberts; Len Sandler; Rik Shannon; Bruce
Teague; Jennifer Wolff

Taskforce Members Absent: None

State Agency Representatives Present: Theresa Armstrong, Connie
Fanselow and Karen Hyatt (DHS – MHDS); Kim Barber (DoB); Deb Johnson
(DHS - IME); Joe Sample (IDA); Terri Rosonke (IFA); Ljerka Vasiljevic (DPS)

Staff: Bob Bacon; Cherie Buelow; Liz O’Hara; Caitlin Owens

Guests: Teresa Bomhoff (NAMI – GDM); Jane Hudson (DRI); Bob Lincoln
(County Social Services)

I. Welcome and Introductions

The meeting was held via teleconference and webinar due to hazardous driving
conditions. Chair Geoff Lauer called the meeting to order at 10:10 am. A
quorum was declared. Caitlin Owens, the new staff person for the Taskforce,
was introduced and provided some information about herself. She has a

Master's Degree in Social Work and a variety of experience in disability programs.

II. Review, Amendments and Approval of the Agenda

Geoff acknowledged that long teleconferences can become uncomfortable and indicated he would exercise discretion to try to end the meeting by early afternoon. The discussion of Taskforce Strategic Priorities will be shortened; refinement of the priorities and development of work plans will be deferred to Taskforce Committees, which should feel free to continue work on 2014 priorities if they feel that is warranted. Gary McDermott asked to provide a brief report from the Transportation Committee. June Klein moved to approve the agenda as amended. Paula Connolly supported the motion. Motion carried.

III. Review, Amendments and Approval of the Minutes of the Previous Meeting – November 14, 2014

Geoff referred to the report on Taskforce website work and the statement that he would be responsible for responding to comments submitted by visitors to the site. Geoff preferred that it be phrased in terms of “the Chair” being authorized for now, to respond as appropriate. Paula Connolly suggested all questions might be referred to the Executive Committee for comments via email and the Chair would respond to the inquiry based on committee feedback. Geoff said the suggestion was helpful.

Geoff noted the misspelling of Tammy Nyden's name, and Paula corrected the omission of her name from the attendance list. Both will be fixed before the minutes are published on the website.

Roxanne Cogil moved to approve the minutes of the previous meeting on November 14, 2014. Gary McDermott supported the motion. Motion carried.

IV. Executive Committee Report

A. Update on Reduction of HCBS Waiver Waiting Lists. This item was deferred until the Iowa Medicaid Enterprise report by Deb Johnson.

B. Rules Governing Prior Authorization of Medications under HF 2463. Geoff asked Roxanne Cogil to provide an update on the issue. Roxanne reminded Taskforce members that the Legislature had passed a bill putting a 72 hour limit on the decision processes used by insurers regarding prior authorization of medications, but the Governor vetoed that particular provision, leaving the question of time limits to rule-making. The Insurance Commissioner issued a proposed rule providing a 15-day limit on non-urgent requests for prior authorization and a 72-hour limit on urgent requests. Roxanne stated that the Epilepsy Foundation provided comments at the Insurance Division's public

hearing on January 6th. Rule-making on the issue has been delayed. People with epilepsy are one group affected by the rules. For example, Banzel, a newly approved medication that treats severe seizures, requires prior authorization, and families have had to wait as much as five weeks for approval. Approval for some medications can take even longer. Roxanne stated that the legislation also requires standardized forms for the process, and that electronic applications be allowed.

Action Item: Request for Endorsement of Olmstead Taskforce Letter to Iowa Insurance Commissioner – December 31, 2014. Moved by Paula Connolly and supported by Carrie England to approve the Taskforce Letter to the Insurance Commissioner (12/31/14) regarding the prior authorization process. Motion carried.

C. Discussion of Status of Iowa's Olmstead Plan. The recent report of the Community Integration Workgroup for Adults with Serious Mental Illness refers to the significance of the *Olmstead* decision and the need for states to develop an actionable Olmstead plan if they want to avoid legal action. Geoff stated that an actionable plan will specify responsibilities, timetables and the intended outcomes. Iowa has no such plan at this point. He noted that Director Palmer had stated at a recent public meeting in Coralville that he believed Iowa was in compliance with Olmstead, but that if the department is required to develop a plan it will do so. The Executive Committee has drafted a letter to Director Palmer asking for the current DHS plan to be updated and to include responsibilities, timelines and outcomes.

Action Item: Request for Approval of Olmstead Taskforce Letter to DHS Director Chuck Palmer Urging Development of Actionable Olmstead Plan. The draft letter was posted on the webinar screen. Paula Connolly suggested proposing a timeframe for a reply from DHS, and it was agreed to add a request a response by the next Taskforce meeting, as well as to extend an invitation to Director Palmer to attend. Jane Hudson asked that the letter be sent out to Taskforce members. June Klein expressed concern that DHS would develop an actionable plan without consulting advocates; the draft will be revised to urge consultation with advocates in the development of the plan. Moved by June Klein and supported by Tracy Keninger to approve the draft Olmstead Taskforce letter to Director Palmer, as amended, urging development of an actionable Olmstead Plan. Motion carried.

V. Nominations Committee Report

Jenn Wolff reported that 10 applications for new Taskforce membership have been submitted for the 10 seats to become vacant. (Four current members are eligible to reapply for their seats.) The volume of applications is less than last year's. She called for members to send application materials and information to contacts in hopes of generating more submissions before the January 16, 2015

deadline. She also stated that the Taskforce would be seeking a new chair, vice-chair, and secretary. Liz O'Hara added that in the past some personal outreach has been useful in generating new applicants; Jenn said that prospective applicants need to know that the Taskforce is not a huge time commitment but it does make a big impact on consumers in Iowa. The process for those interested in leadership is informal; they should notify Jenn or CDD if interested. A roster of candidates will be presented and voted upon at the March meeting.

VI. MHDS Redesign Committee

June Klein attended three Community Integration Workgroup sessions on October 5, November 6, and November 20, 2014. She referenced a handout summarizing the work of the Workgroup and containing a link to the its final report and recommendations for serving individuals with Serious Mental Illness in integrated community settings. The handout also contained a list of comments from the Olmstead Taskforce, some of which are reflected in the report. June noted the inclusion of a statement affirming *Olmstead* and Title II of the ADA as being "overriding frameworks." NEMT is addressed, and though it has been acknowledged that there is some disagreement about this being recognized as an issue by DHS, the workgroup feels transportation is a barrier in terms of getting to medical appointments, etc. June encouraged Taskforce members to review the report in its entirety.

VII. MHDS/Redesign Update

Theresa Armstrong provided updates on the regions, including a few new regions that became effective January 1, 2015. Cherokee County left Sioux Rivers to join the Rolling Hills region, which then had to revise its 28E agreement. The Rolling Hills region (Cherokee, Buena Vista, Ida, Sac, Calhoun, Crawford, and Carroll Counties) and the revised Sioux Rivers (Sioux, Plymouth and Woodbury Counties) were approved. The regions must seek DHS approval for new management plans. DHS will consult with the MHDS Commission prior to making its decision.

All management plans consist of service plans and budgets, as well as policies and procedures. DHS asked for changes in many of the plans' policies/procedures. Those have almost all been approved, and the regional plans are available online. The exception was Mid-Iowa (Marion and Mahaska Counties) which was given a provisional license until they submit all necessary paperwork. Regions are required to submit reports to DHS every December 1st, however this was waived for 2014 because they just began full operations in July. They did, however, have to submit their claims data by December 1st which DHS is currently reviewing and cleaning-up.

Theresa said that negotiations are underway with a candidate for quality improvement analyst. This person will be responsible for analysis of data on claims and consumer outcomes. Geoff asked if the data would be available to stakeholders by March, to which Theresa replied that if DHS has it at that time, it will be made available. Paula Connolly asked if DHS meetings with advocates would resume, since DHS had said it wanted their input. Theresa said the intent was that the meetings be held quarterly but they have not been scheduled recently; Geoff said he would like to make a formal request that this be done. Paula also requested an updated regional map be sent out when available so that consumers know whom to call about services.. Theresa said that can be found on the DHS website along with an updated list of regional CEOs.

Geoff took note of the establishment of an Intellectual Disabilities Waiver waiting list by DHS. He asked Bob Lincoln, CEO of the County Social Services region, about their policies on supports to potential waiver-eligible individuals on the waiting list. Bob replied that CSS saw their role as filling that gap, helping people get through the waiting period with the regional services for which they may be eligible. He inquired if it was mandatory for regions to do this if the individual on the wait list has an intellectual disability. Theresa thanked Bob for adopting the policy. She said regions would be expected to follow the processes in their management plan to determine if individuals qualify for services, and if so for which ones. Geoff acknowledged the importance of services being available under these circumstances. Paula pointed out that other populations are potentially eligible, and people therefore ought to make their needs known to regions. Theresa agreed that this was a good idea even if an individual did not fall into a mandatory population.

Theresa reported that MHDS is in process of filling another position, for a specialist in ID/DD issues to engage with stakeholders and funders. An announcement is expected soon. She stated that a number of reports have been submitted to the Legislature, including one on autism services, the Community Integration Workgroup's report and the MHDS Commission's annual report. She will send a link to Taskforce members.

VIII. DHS -- IME Update

Deb Johnson, Bureau Chief of Long Term Care, provided an update on the November Taskforce meeting discussion of progress in reducing the HCBS Waiver waiting lists. She reported that DHS is releasing slots on the Brain Injury, Children's Mental Health, Health and Disability, and Physical Disability Waivers, with the \$6,000,000 appropriated by the Legislature. DHS looks at who is on the waitlists and how many people they have the capacity to serve at a given time. The funding is projected to be sufficient for about 1,776 slots, but because typically 50% of people on the waitlist end up not using waiver services for various reasons, they are initially releasing double that number. Deb said the concerns voiced at the last Taskforce meeting were heard and DHS field staff are

working hard to get the appropriations spent. DHS is planning on releasing 81% of the slots by the end of January. Not all can be released at once; DHS evaluates the rate of uptake by consumers and adjusts as necessary to live within the budget. There is also a time lag between the time someone on the waiting list is informed of slot availability and the time they access services. Deb explained that when a slot is released a person has 30 days to respond, and of course some respond quickly while others do not. Once they have responded some have to become eligible for Medicaid if they are not already, and they have to get a level of care determination to establish waiver eligibility. DHS hopes to have all of the slots released by the end of May.

Geoff expressed appreciation to Deb for discussing the issue with the Taskforce, and acknowledged that while she finds herself dealing with vigorous advocacy, it is understood that she is constrained in what she can do by both policy and funding.

Geoff Lauer asked whether the Intellectual Disability waitlist will also be included in the \$6,000,000 budget. Deb said that DHS has reached the cap on the number of ID Waiver slots approved by the Centers for Medicare and Medicaid Services (12,912), and covered by annual appropriations, so individuals on the ID waitlist will be assigned spots based on attrition. Of the total number of slots, 125 are reserved for people coming out of ICF/IDs, and 73 are for kids who are need 24/7 services in Residential Based Supported Community Living (RBSCL). The remaining slots are for the general ID population.

Deb indicated that people on the ID waiver waiting list will be prioritized based on the same process as is used in other waivers (except for the Elderly Waiver, which has no waiting list due to high turnover). Prioritization will be based on risk (homelessness, sick or deceased caregiver, etc.). Those at high risk will be placed at the top of the list, but they cannot get a waiver slot as long as Iowa is at its limit for federally approved slots. A prioritization form will be sent out by Monday January 12, 2014, and the regions have been informed of the situation. An FAQ will also be released, and Deb will send this to CDD to distribute. Deb said the ID waiver has had a waitlist in the past but it has been several years since that was last the case.

Joan Bruhn asked for further clarification of the waiver set-aside for children in RBSCL. Deb said these are children whose home setting simply wasn't working for them. They may or may not have gone through the Child in Need of Assistance (CINA) process. They receive waiver services while living in either a residential care facility or a group home, but they continue to go to school.

Deb asked Joe Sample of the Department on Aging (IDA) to provide an update on the development of a No Wrong Door (NWD) system of access under Iowa's Balancing Incentive Program (BIP). DHS contracted with IDA for this work. IDA, in turn, is working with the office of the Iowa Chief Information Officer in the

Department of Administrative Services. Joe reported that work is being done on a searchable database for the NWD model, building on the one currently accessed through lifelonglinks.org. The software they have chosen is Harmony, currently used in 30+ states for this very purpose. In the next 90 days there will be significant changes in appearance and navigation at LifeLongLinks. The Department on Aging was awarded a sustainability grant to engage consumers and others to identify methods to make NWD more sustainable over time. A consulting firm will be holding meetings to draft a three year plan, which should be completed by September 2015, the deadline under the BIP for the NWD model to be functioning. Joe said IDA will continue to work with CDD on the role of the COMPASS database and its on-going maintenance in the NWD system. Iowa 2-1-1, the information and referral service for the general public, is not a state-run entity and Joe had no information on how that fits into NWD. He said it might be a matter of developing partnerships at the local level with 2-1-1 operators. Geoff reported that Director Palmer had stated at the Coralville meeting that he thought “No Wrong Door” was misleading, in that it is inevitable that people will go through many “doors” that will not connect them to the service system.

Geoff Lauer reported he had been told by the Governor’s Health Policy Advisor, Michael Boussetot, and the DHS legislative liaison, Jan Harbison, that there will be departmentally sponsored legislation that would expand the risk criteria for all waiver applicants on waitlists. Deb Johnson said she is aware of this legislation and referenced a report done by Mathematica, focused specifically on Iowa, on the impacts of waiting periods on waiver applicants. She said most states employ prioritization but Iowa does not; the proposed legislation is seeking to align with states which are targeting the individuals on waitlists who are at the greatest risk of institutionalization. She suggested the bill may stir up concerns for many people but she encouraged people to read the Mathematica report. Geoff stated that he had, and supports the legislation. Deb said Taskforce comments are welcome. There are issues to be worked out, such as how to pay for the risk assessments. If someone on the waitlist is not yet Medicaid eligible, an assessment by a case manager is not an eligible expense. Basic communication with consumers, which might have been handled by counties in previous years, now needs to be rethought.

Teresa Bomhoff raised a concern about the previous discussion of expectations that the regions will provide people on the ID waiting lists with any services for which they might be eligible under the management plan. Her concern is that if those individuals are getting services, they may be less likely to be prioritized for waiver services. In that case, the region is on the hook for the costs of those services indefinitely. Geoff said he had heard similar concerns from some regions about the possible impact of this shift in responsibility on their overall ability to provide core and core plus services.

IX. Life in the Community Award

Geoff noted that this was Liz O'Hara's last meeting. He said the Taskforce had created a new "Life in the Community Award" to thank her for her years of service to people with disabilities in Iowa and beyond. The weather regrettably prevented the award from being given with Taskforce members present, and Geoff suggested Liz attend the March meeting so that this would be possible. Liz said it had been an honor and a pleasure to work with the Taskforce

X. Employment Committee Report

Committee chair Ashlea Lantz reminded Taskforce members that at the November meeting she had pointed to the need for development of a consistent message, using short fact sheets, to address the confusion about the purpose of E1st initiatives. Ashlea referred to the draft fact sheets created for consumers and legislators. The biggest misconception seems to be that E1st is meant to close sheltered workshops, which is not the case. The draft fact sheets will be circulated among the E1st partners for review and endorsement. Ashlea noted that Disability Rights Iowa released a report in December on their visits to 37 employment services providers, using either sheltered workshops or the supported employment model, or in some cases both. Although Ashlea felt that the report might not have taken into account the extent of work that has been done to retool employment services, she nevertheless commended DRI for its work.

XI. Presentation on Current Employment 1st Initiatives in Iowa (David Mitchell, IVRS; Doug Keast, IWD; Amy Desenberg-Wines, ICIE)

Ashlea introduced three guests who spoke about current Employment First initiatives in Iowa. David Mitchell is the Director Iowa Vocational Rehabilitation Services (IVRS) and is managing the Employment First State Leadership Mentoring Program. Doug Keast is an Iowa Workforce Development (IWD) Program Coordinator and manages the Disability Employment Initiative. Amy Desenberg-Wines manages the Iowa Coalition for Integrated Employment for the Developmental Disabilities Council and its many partners in the project.

Employment First State Leadership Mentoring Program (EFSLMP). Dave Mitchell reminded Taskforce members that he had attended a Taskforce meeting a year ago to discuss the need for additional non-federal match for Rehabilitation Services Administration Title I funding. Title I funds important IVRS work in areas such as employer development, job training and placement. IVRS has been working with IME and MHDS to coordinate services to individuals on the ID and Brain Injury Waivers, so that as IVRS clients they can access long term supports to help them remain employed. Additional Title I funding could support these efforts. Dave Mitchell acknowledged the Taskforce's formal support on the issue and the role that played in increasing legislative appropriations for the state match.

Dave summarized recent work by IVRS:

- In the past year IVRS collaborated with IDA to place six employment specialists in area agencies on aging to work with individuals aged 55+ who want employment.
- IVRS is partnering with school districts to help young people with disabilities get employment. For example, under Project SEARCH, IVRS has collaborated with the Des Moines school district and local hospitals to get youth, including youth with significant disabilities, into the workforce. The project has a 90% success rate. IVRS is highly focused on real world work experience for Iowa sophomores and juniors.
- “Discovery” is now a feature in all VR services plans. The additional Title I funding, aligned with HCBS Waiver funding, is supporting customized employment for youth aged 23 and younger.

Regarding the Employment First State Leadership Mentoring Program (EFSLMP), Dave noted that the program, now in its fourth year, employs a team approach. The leadership team includes representatives of state agencies, the private sector, the Iowa Association of Community Providers (IACP), and key individuals such as Ashlea Lantz at Candeo. The EFSLMP is funded through a grant from the Office of Disability Employment Policy at the U.S. Department of Labor. The main goal is to increase integrated, community-based employment for people with the most significant disabilities. The guiding principle of the past four years has been that all people are capable of full participation in integrated employment and community life. To fulfill that vision, service practices need to be revised and reimbursement realigned to support those practices.

EFSLMP activities thus far include:

- Fifteen community rehabilitation providers volunteered to begin the process of service model transformation, with technical assistance under the grant. This resulted in 427 people securing integrated employment.
- Technical assistance is on-going to seven pilot projects undertaken 3 ½ years ago.
- EFSLMP supports “community of practice” webinars on the second Tuesday of every month. Iowa experts, including several from the pilot projects, shared their experience in moving to an integrated employment orientation. IVRS uses the webinars to explain current work in reorienting employment services. Subject matter experts have been invited to present, including Ellen Condon on the importance of the Discovery process, Abby Cooper on customized employment, and Mike Callahan on organizational issues and staff development.
- The State of Washington is serving as a mentor to Iowa. Val Morgan has been providing technical assistance on job and employer development through a marketing approach.

Dave stated that ODEP recently extended the EFSLMP grant for 2015. The goals for the coming year are:

- Doubling the number of the community rehabilitation providers participating in service model transformation, from 15 to 30. IVRS is working with the Iowa Association of Community Providers, the E1st team, and the Iowa Coalition for Integrated Employment (ICIE).
- Continuing the community of practice webinars. Dave said that those wishing to participate should contact either Ashlea or himself (david.mitchell@iowa.gov). Subject matter experts participating include Doug Crandall with Griffin & Hammis, who will address employment and mental health, and Rachel Pollack on pre-vocational services. The webinars will also be used to gather information from parents on unmet needs in youth transition to employment.
- Continuing work on rate realignments and definitions of reimbursable services under Medicaid and IVRS.

Dave said the monthly meetings with the E1st leadership team are expected to continue, and that he is excited about the possibilities under this effort.

Disability Employment Initiative. Doug Keast also reminded the Taskforce of a previous presentation, when Iowa Workforce Development first received the Department of Labor Disability Employment grant. While there is overlap with the work being done by IVRS, IWD's work is focused on the vision of the Workforce Investment Act and, more recently, the Workforce Innovation and Opportunity Act (WIOA): the inclusion of *all* communities in the workforce. The grant targets the one-stop centers in five regions in Iowa (Sioux City, Spencer, Des Moines, Waterloo and Burlington). Strategies to strengthen the ability of one-stops to respond to the needs of people with disabilities include enhanced local partnerships, use of integrated resource teams to support individuals, and asset development supports.

"Enhanced local partnerships" includes engagement of the one-stops with other community agencies. The integrated resource team functions in a manner similar to person-centered planning, involving diverse expertise in helping people achieve their career objectives. Asset development strategies can include exploration of self-employment options, strengthening benefits planning and other financial strategies. The grant period will expire in September, but Doug expects the leadership teams to continue their activities under the Ticket to Work. Lessons learned in the five regions will be pulled together for possible replication in the other ten. Doug mentioned in particular the increased emphasis on coordination locally in building relationships with employers.

Iowa Coalition for Integrated Employment (ICIE). Amy Desenberg-Wines, who manages the Developmental Disabilities Council grant from the Administration on Intellectual and Developmental Disabilities, said that the collaboration and coordination among Iowa's employment initiatives is very beneficial, and that

federal agencies are watching what is happening in Iowa very closely. Like other E1st partners, ICIE's focus is not on closing sheltered workshops but on creating more options for competitive employment throughout the state. She indicated she would speak "globally" on what she is learning and seeing.

There are about 124 Coalition members, examining what needs to happen to move Iowa forward in policy, practice and funding. Conversations across stakeholders are making the biggest difference, building a shared vision that people with significant disabilities are able to work in the community. ICIE is involved in youth transition projects as well as projects with adults. Creative approaches responsive to employer needs may produce jobs that look different from those in traditional placement services. ICIE members have had an opportunity to meet with lead attorneys involved in the negotiations with the Department of Justice related to the Rhode Island school districts decree, to hear what they learned. Amy stated that Rhode Island and Iowa have some similarities, suggesting we can learn from that experience.

Amy stated her belief that the Olmstead Taskforce is in a unique position to assume some leadership in integrated employment, because all of the projects described today are time-limited, and advocacy will need to continue in order to build on the work of E1st. She suggested specifically that:

- The Taskforce continue to encourage cross-agency collaboration and accountability—all state agencies need to be engaged.
- The Taskforce should track outcomes data on employment.
- The Taskforce should encourage IME to move forward with the rate restructuring process, as the failure to implement a new rate system is hurting providers working on transforming service models.
- Providers will continue to need support in shifting from facility-based to integrated employment services, and all interested stakeholders should be working together to address those needs.

Jane Hudson expressed appreciation for the three presentations, saying that it was good to hear about the progress being made. She said that updating the Olmstead Plan would help build accountability for outcomes. She also stated that people were expecting to hear a report on rate realignment and common service definitions from IVRS and IME on December 15th, and she inquired what the barriers were to its issuance. Dave Mitchell responded that the two agencies have a Memorandum of Agreement (MOA) covering transition services for youth aged 23 or less, but was unable to comment on the work in progress at DHS, though he knows it has been accelerated. Jane asked what the funding source was for the services to youth, what services are covered and how much money is available this year. Dave responded that IVRS pays for the "front end" services--there are twenty that IVRS can buy, including Discovery, job shadowing, site assessment, customized employment and employer development. Funding is tied to the service codes. IVRS works with youth to develop and implement appropriate employment plans, and after 90 days, Waiver funding picks up the

long term supports. Natural supports may also be available. This agreement stretches Medicaid funds to support long term supports for people.

Dave noted that the Workforce Innovation and Opportunity Act will require vocational rehabilitation agencies and schools to shift from reliance solely on sheltered workshops and day habilitation to the new service models.

Geoff praised the collaboration among the initiatives and asked how the Taskforce could encourage more state agency collaboration. Dave Mitchell said that the fact sheets presented to the Taskforce would be helpful in providing common talking points, and communicating the need to continue moving forward. Paula asked how to reach out to families so that they have the information they need to bring to IEP meetings. Dave replied that the E1st partners have had numerous community conversations across Iowa. IVRS is also using its website. He acknowledged that the community of practice webinars tend to be attended more by community providers than families, but in his view the more people from all sectors know what is going on, the better the level of understanding.

Geoff thanked the three presenters. Due to the time he saw a need to shift some agenda items to future meetings. He asked state agencies and Taskforce members who had information to share to send their reports via email. Regarding the Strategic Priorities discussion, he recommended that the work of refining and finalizing priorities be done at the committee level. This can include adding priorities that the committee feels are appropriate.

XI. Medicaid Committee Report

Geoff asked Roxanne, as co-chair of the Medicaid Committee, for her thoughts in light of Deb Johnson's earlier presentation. Roxanne said that the Committee met on December 5th, and agreed that the focus of its work should be on topics of greatest concern to the Taskforce, such as the Medicaid shortfall, and its implications for compliance with *Olmstead*. Geoff is following up with key legislator to get their feedback on this. Roxanne said that Deb's report covered many issues and she was not clear on where the Committee should head next. Geoff said the Executive Committee could explore this with the Medicaid Committee. He also invited other Taskforce members to weigh in on this, based on any stories coming from the local or regional level.

XII. Public Comment

None

XIII. Adjournment

Moved by Paula Connolly and Joan Bruhn to adjourn. The meeting ended at 1:00 pm.