

OLMSTEAD CONSUMER TASKFORCE MEETING

January 8, 2016

Teleconference

MINUTES

Handouts

Minutes of Previous Meeting – November 13, 2015

OCTF Olmstead Plan Committee Meeting Minutes – November 23 2015

OCTF Comments on Medicaid Managed Care – November 24, 2015

OCTF Comments to IEDA on Consolidated Plan for Housing and Community Development Draft
2016 Annual Action Plan – November 24, 2015

OCTF Executive Committee Meeting Minutes – December 1, 2015

Taskforce Members Present: Joan Bruhn; Roxanne Cogil; Randy Davis; Jackie Dieckmann; Dawn Francis; Ann Gallagher; Kris Graves; June Klein-Bacon; Tracy Keninger; Ashlea Lantz; Geoff Lauer; Gary McDermott; Michele Meadors; Kathleen O’Leary; Harry Olmstead; Mary Roberts; Len Sandler; Bruce Teague; Rosana Zamora

Taskforce Members Absent: Rick Samson; Ingrid Wensel

State Agency Representatives Present: Connie Fanselow, Terri Rosonke, Ljerka Vasiljevic

Staff: Bob Bacon; Caitlin Owens

Guests: Theresa Armstrong; Jane Hudson; Frank Greise; Peter Schumacher

I. Welcome and Introductions – June Klein-Bacon

The meeting was held by teleconference due to severe weather. June Klein-Bacon called to order at 10:00am. A quorum was established.

II. Review, Amendments and Approval of the Agenda – June Klein-Bacon

June welcomed everyone to the call and gave an overview of the agenda. Harry Olmstead motioned to approve, and Randy Davis supported the motion. Motion carried.

III. Review, Amendments and Approval of the Minutes of the November Meeting

June opened the floor for corrections or amendments to the November meeting minutes. Dawn Francis motioned to approve the minutes, and Randy Davis supported the motion. Motion carried.

IV. Executive Committee Report – June Klein-Bacon

A. Response to Taskforce Comments on Medicaid Managed Care

June shared that per the motion at the November meeting, the Taskforce’s comments to CMS on managed care were revised and submitted to state and federal legislators on November 24th. She shared that in response to the offer to continue the discussion at the closing of the letter, staff

members from both Senator Ernst's office and the Governor's office reached out to talk more about the Taskforce's concerns outlined in the letter. June had a call with Margaret Peterson, Senator Ernst's legislative correspondent for health and labor on December 9th; and she, Roxanne Cogil, and Caitlin Owens met with Nic Pottebaum, Governor Branstad's policy advisor on healthcare, on December 17th.

June shared that both meetings focused on the concerns the Taskforce outlined in the letter, and the need make sure if a delay were to occur it would be used wisely. June shared that her call with Margaret she reviewed concerns around communication with Medicaid members, providers, and caregivers; communication materials not being sent in a timely manner; lack of member involvement and engagement; and similarities between some of the key concerns about the roll out of managed care, and the concerns reflected in the data collected by the Taskforce through the IHH survey. Margaret indicated to June that Senator Ernst's office respects the state's authority to decide how to implement Medicaid, but agreed that access to services is critical. She encouraged June and the Taskforce to reach out in the future with updates or other information. June shared the survey report with Margaret after the call and reiterated the availability of the Taskforce to provide information about managed care and other issues from the perspective of individuals with disabilities, family members, and professionals in the field.

June shared that in addition to talking about managed care, the meeting with Nic Pottebaum from the Governor's Office provided an opportunity to share a little bit about the history of *Olmstead* and the work of the Taskforce, as well as an update about the drafting of a new state Olmstead Plan. Nic encouraged the Taskforce to approach the governor's office with solutions.

Randy asked whether any of the money that the governor projects will be saved through managed care will be used to reduce the waiver waitlists. Geoff Lauer said he does not think that has been addressed, and that the savings predicted by the Governor is likely projecting that the increasing cost to the state over the next several years will be less under managed care than it would have been otherwise, rather than a surplus of money currently in the system. Randy suggested the Taskforce make the point that savings from managed care should be used to address the waitlist, and Geoff agreed.

B. WIOA Unified State Plan

June shared on behalf of Ashlea Lantz, who was unable to join the call. She reminded the group that Ashlea reported on the Workforce Innovation and Opportunity Act and the state's efforts to draft a Unified State Plan at the November meeting. She said several agencies came together to work on the plan, and outline how they will come together to comply with WIOA. An initial draft was shared in October for public comment, and a second draft is expected to be shared in mid-January. The Taskforce submitted comments mainly focused on the absence of focus on supports and services for individuals with disabilities in the plan. Ashlea has been attending workgroup meetings convened by the WIOA planning team to focus on addressing underserved populations in the plan. Ashlea said she was able to provide the group with background on the Taskforce and ICIE, and more about the Employment 1st initiative in the state and nationally. Two main focuses of the group were how to align internal activities and state partners, and how to connect that work with external activities being done by nongovernmental entities and certified rehabilitation providers.

C. 2016 Legislative Session

June shared that the 2016 legislative session opens on January 11th, and that the December 11th issue of InfoNet contains a good overview of the budget concerns going into 2016. June encouraged everyone to remember when making comments to policy makers that the suggestion from the Governor's office to be solution-focused is a good one, and that the Taskforce stands ready to be a resource people. She said getting issues that align with *Olmstead* is important, whether is is personally or formally through the Taskforce. She asked whether anyone had issues they are already paying close attention to, particularly outside of managed care.

Gary McDermott shared that he had a conversation with Senator Rita Hart, and they will again be attempting to pass refueling assistance legislation. He said it is now up to the House, and she will be putting together a video to gather support in favor of this legislation. He requested others support it as well, and spread the word that it will be an issue the House takes up. June said transportation emerged as an issue many Taskforce members were concerned about when drafting the strategic priorities, including the refueling assistance legislation.

V. Nominations Committee Report – Caitlin Owens

Caitlin shared on behalf of Mary Roberts, Nominations Committee chair. Caitlin shared that the application was made available in mid-December, and will be open through February 1, 2016. She said five applications have been submitted through the online system, but encouraged Taskforce members to spread the word to increase the applicant pool. She shared that the nominations committee would review the applications in early February, conduct reference checks, and propose the nominees to the full Taskforce at the March 11th meeting.

VI. MHDS and Olmstead Plan Updates – Connie Fanselow and Theresa Armstrong

A. Olmstead Plan

Geoff shared that the overarching goal of the Taskforce representatives participating in the drafting of the Olmstead Plan is to have a comprehensive, statewide, cross-state agency plan that takes into consideration compliance with the ADA and how all of the state agencies names in Executive Order 27 will work towards community integration. He said at this point the plan resides exclusively within DHS, and more specifically the Division of Mental Health and Disability Services. He said the current plan is more of a template a this point; a high level, who is going to do what by when. He said he would like to see goals set by each state agency that align with DOJ guidance.

Connie Fanselow gave an overview of the changes to the plan incorporated after brainstorming sessions with the committee. She said most recently they have been reviewing the areas of focus, and how to work first from a DHS perspective to incorporate the activities they have control over, and then expand to include other areas that involve other state agencies or partner organizations who are involved in, or contribute to the goals of the Olmstead Plan. She said they have taken feedback from the committee and are looking at how to start deciding what activities belong in the plan, and what might be good ideas but do not necessarily need to be in the plan.

Connie gave an overview of the framework grid, and noted that since the last Taskforce meeting more focus has been given to the middle two columns: areas of focus; and programs, initiatives, and policy changes. She said she has been working with Caitlin to find time for the committee to meet again later this month, and that if any members of the committee or Taskforce have comments or questions on what has been done to this point she is happy to accept input at any time. She also suggested looking at the Taskforce's strategic priorities and how they could inform or align with the Olmstead Plan.

Len Sandler asked what major steps or changes DHS has contemplated since the last meeting so the Taskforce can get a better idea of the direction the plan is taking. Connie said the version shared in November had the first and last column filled in, and from that there haven't been significant changes made, aside from wording. She said when the committee last met they had started to look at filling in the middle two columns. Len said people from the Johnson County Taskforce on Aging and others in the aging community are interested in connecting with Connie to make sure their needs are reflected in the plan. Connie said she welcomes their input.

B. MHDS Update

Theresa Armstrong shared that the MHDS regions have submitted their first reports, which is exciting because they contain the first data that have been submitted out of the regions, whereas all of the other data has been from counties. She said they were due December 1, 2015 and the two MHDS staff are working with the CEOs to finalize the reports by the end of January, at which point they will be put on the DHS website. She said DHS has also been working with the regions on dashboards, and really looking at how they can take the data and other information and lay it out in a form that gives a people a picture of how the specific regions are doing, as well as the state as a whole. Regional CEOs have seen initial drafts of the dashboards, but up until now the example dashboards have used county data.

June asked if there is a projection of when the dashboards will be publicly available. She said she expects pieces of them to be released rather soon, and that already charts are out about crisis services. Theresa gave an update on administrative rules MHDS is responsible for. Last legislative session legislation was passed that made mental health advocates employees of the counties, which also came with guidance for DHS in developing administrative rule regarding that changeover. They worked with a stakeholder group that included advocates and county personnel, and they have recently been noticed. The rules relate to qualifications, data collection, and reporting requirements. She said they don't really change any of the specifics of the role of what mental health advocates do, but will bring some consistency statewide regarding how they operate.

Theresa reported that for some time MHDS has been wanting to update Chapter 24 of Iowa Administrative Rule, which pertains to mental health and disability service provider standards and accreditation. She said one reason is to meet the desires of the providers who are accredited under Chapter 24, as some of the requirements were quite outdated. She said they also wanted to streamline them to relate more closely to other codified standards. DHS has been working with stakeholders over the last year, and are just starting to work with a MHDS commission committee to take a close look at the rules. She said the standards are all about laying down the standards for providing quality services and best practice, which is important to MHDS.

Connie gave an update about the Autism Support Program, which was created by the legislature a few years ago and went into effect in 2014. It is a funding stream for families who need applied behavioral support services for a young child with autism but don't have coverage through Medicaid or a private insurance provider. Families can apply, though there are limits on income and age of the child, etc. This program was administered by Magellan, but their contract with the state expired at the end of December 2015. The program was to be turned over to the MCOs at the end of December, but the delayed roll out for managed care left no one to administer the program. Since it is not a Medicaid program it didn't go to IME, so it came back to MHDS to provide administration during the transition period. Connie has been working to prepare to take applications, provide funding, etc, and is still in the process of making sure everything is in place to ensure people continue to receive services, and new applicants are provided services in a timely manner. There is an annual report due to the

legislature each year, and according to the December 2015 report to date there have been 21 children found eligible for the program and able to access services. She said the numbers ebb and flow, but have been steadily growing since the beginning as people have been hearing more about the service.

Jane Hudson asked if there were any funds left from the Autism Support Program from the last fiscal year. Theresa said no there were not any funds left over because they ended up being re-appropriated. She said the numbers remain low on how many are actually being funded by the Autism Support Program, so it will remain to be seen what will happen with those funds that have been ear marked once the legislative session begins. She added that there are so few people who can provide ABA services in the state that even when they accept people into the program, they are often facing waitlists with providers because there are only so many providers who can provide those services. Jane asked what the credentials are. Connie said a person has to be a board certified behavior analyst, or supervised by a board certified behavior analyst. Theresa said there was money appropriated last year to help fund eligible students in becoming a BCBA.

Roxanne noted that the upper age limit of nine has also been a barrier for applicants, which Theresa agreed with. She said the Regional Autism Assistance Program has echoed that, and MHDS included that in their report to the legislature as an obstacle to accessing the funds. Commie said another reason the numbers are so low is because while people have applications in for this program, they are approved for Medicaid so no longer need the services. Jane asked if this program can be used to supplement Medicaid if Medicaid is not providing the ABA services. Theresa said no, if someone is eligible for Medicaid they are to receive the services through Medicaid, and that DHS is aware of reported obstacles of Magellan not approving services, but DHS will continue to monitor and address. Jane said that she has heard that people are being told by member services that the service is only covered if it is provided by a licensed social worker or psychologist, not a BCBA. Theresa said if people are being told that, it is incorrect and to contact DHS if that happens in the future. Tracy asked if the plan is still for the Autism Support Program to be transitioned to the MCOs, and if so are there any anticipated changes when that occurs. Theresa said the program will be transitioned to the MCOs and they do not anticipate changes to the program.

VII. Medicaid Managed Care Discussion

June shared that CMS delayed the implementation by 60 days until March 1st which means members now have until February 17th to change or select their MCO for coverage beginning on March 1st. Also in December Wellcare's contract was terminated by the state, which was a decision based on an administrative law judge's recommended because of Wellcare's failure to disclose fraud. This leaves AmeriGroup, AmeriHealth, and UnitedHealthcare. CMS outlined some of their findings and concerns in a letter, and 16 actions that are needed for the state to show readiness to launch on March 1st. CMS has requested to review the written response and summary of actions taken in response to their recommendations by February 15th.

Deb Johnson was unable to make the call, so a follow-up call will be scheduled and Caitlin will compile and send Deb any specific questions the Taskforce has.

VIII. Review and Amend 2016 Strategic Priorities

June shared that the priorities on the draft document shared with the meeting materials rose to the top based on the discussion and polling at the November meeting, and the follow-up afterwards. The Executive Committee also discussed making priorities more actionable and worded in a positive, solution-focused manner. June shared a proposed action agenda for committees to use to focus their

work. The action agenda includes the priority, committee responsible, areas to monitor, and space for current and planned action. She said the document is still open for refinement and input. She asked for feedback on the draft priorities and action agenda, and noted that people could send input to Caitlin after the meeting as well.

Harry suggested the wording “dependable” be added to the transportation priority. He also suggested adding something about transportation in relation to community access when looking at housing priorities. Len suggested adjusting the wording of the housing priority to “advocate for increased opportunities for individuals with disabilities to rent or own housing in rural and urban communities that is affordable, safe, accessible, and livable. Consumers should have sufficient support across their lifespan to maintain housing in settings of their choice that promote maximum community participation and integration.”

Dawn motioned to approve the 2016 strategic priorities and move the work on the action agendas to each committee. Roxanne supported the motion. Motion carried.

IX. State Agency Reports

Terri Rosonke from the Iowa Finance Authority shared that the HCBS Rent Subsidy Program is still taking applications on a continuous basis and the waitlist has grown to 68; and 552 currently active participants. An average of \$62,000 is spent a month on active participants.

X. Taskforce Member Reports

Geoff shared that a number of issues are on the radar of the Brain Injury Alliance, and MHDS Commission. He said the Commission has made a recommendation for the state to allow, through legislation, counties to increase their MHDS levy rates, which are currently capped at \$47.28. He said the cap makes it so counties cannot increase the funding they may want to direct to the regional MHDS system. He said there are counties and regions that are interested in expanding core services available to populations that are not mandated to be covered, like individuals with developmental disabilities or brain injury. He said the Commission has heard from counties/regions that to sustain and grow current services, additional funding may be needed. He said this is an issue to be aware of, especially as it may be overshadowed by focus on managed care and oversight. Roxanne said she was happy to hear of the Commission’s recommendation, and knows the initiative is also supported by the Iowa Association of Community Providers.

Geoff added that from the perspective of the Brain Injury Alliance, the waitlist for the brain injury waiver, as with many others, are continuing to grow and that is something they are acutely feeling. June added that BIA did a survey and spoke with each region to hear about their brain injury services, and found that only five were funding brain injury services. Of those, not all were taking new referrals, but rather if the region contained counties that funded brain injury before regionalization, some were continuing to fund those services but not taking new referrals.

Dawn shared that the State Independent Living Council (SILC) is in the process of gathering input towards their new state plan. She said she sent out a survey in December to get input from Iowans with disabilities and encouraged everyone to participate and share. She will be sending the link out again, and have already received about 70 responses. She reminded everyone about the Governor’s Conference on Disability and Aging in May. Dawn said Liz Sherwin will be facilitating a workshop on independent living history and philosophy, and hopes many will attend.

Len Sandler asked if Geoff could provide an update on the Home Motivation Tax Credit proposal the Commission has been working on. Geoff shared that last year the legislature considered some

legislation that would provide funds for lowans with disabilities for home modifications to make it possible for more people to remain in their homes in the community. The legislation did not pass, but was referred to the aging community and MHDS Commission to review and put together a proposal for the legislature to consider. Geoff is the designee from the Commission and worked with Mike Isaacson and Peter Schumacher to craft a recommendation that included both a proposal for a grant and a tax credit, depending on level of income. It was proposed that grants be available for those at a lower income and a tax credit available for those with higher incomes, which would be part of the consideration for the program in addition to need. He said other states have done this with some success, while other states have tried it and not had success. Geoff said he would share the proposal with the Taskforce.

Ann Gallagher said after four years of working on a project, she has been able to get NAMI affiliate status for five very rural counties in the northeast corner of the state and is looking forward to being able to reach out to and serve more individuals. She said they are training trainers and facilitators. She said donations have been coming in to help move forward, as the initial grant money that helped this project get off the ground has run out. She said making sure individuals in rural communities have a voice and access to information is one of her main passions, and continues to be a struggle in Iowa. She said they have received a lot of inquiries about when the programming will begin.

XI. Public Comment

Randy Davis shared that he would like to get input on a personal issue. He said he is in a position where he needs an individual provider and a Medicaid provider at the same time. He asked if anyone had any suggestions for how he could encourage DHS to follow through on their promise on the CCO program to allow for individual providers and Medicaid providers at the same time. He asked if anyone knows of this already happening anywhere. He said according to the CCO guidebook says this can happen, and it is a conversation he has had with IME several times. When this issue was taken to a judge, it was decided that he could not blend the funding but he could shift between the services. Randy said it takes weeks to transfer the funding source, which continues to be an access issue. Geoff suggested looking into the administrative rules to see if this is allowed, as the brochure may contain an error. Geoff suggested continuing this conversation after the meeting to think about a possible solution and path forward.

Joan Bruhn said at her post-polio group a member brought up needing a new wheelchair, and the one he got doesn't really fit him or work well for him. He was advised to try to quickly get a wheelchair before managed care begins, and asked if there is any advice anyone has to help him get a better wheelchair or have his current one fixed to work better for his needs. Tracy Keninger said she would welcome an opportunity to have a conversation with Joan or the person she is talking about to discuss possible solutions.

Randy said he appreciates this public comment period as an opportunity to bring up personal issues and utilize the group's expertise to brainstorm solutions.

XII. Adjournment

The meeting adjourned at 12:41pm.