

**OLMSTEAD CONSUMER TASKFORCE MEETING**  
**January 11, 2019**  
**10:00am – 3:00pm**  
**Pleasant Hill Public Library, 5151 Maple Drive, Pleasant Hill**  
**Conference Call-In: 888-290-7502, Participant Code 29273924#**

**MINUTES**

**Taskforce Members Present:** Jenna Batten, Paula Connolly, Kay Marcel, Mari Reynolds, Lisa Pakkebier, Dawn Francis, Len Sandler, Derek Laney, Mary Roberts, Heather Hanzlick, Randy Davis, Mike Dierdorff, Mari Reynolds, Tracy Keninger, Kathleen O’Leary, Paula Connolly, Gary McDermott

**Others Present:** Terry Rosonke, Kim Barber, Theresa Armstrong, Derrick Willis, Page Eastin, Connie Fanselow, Brooke Lovelace, John McCalley

**Staff Support:** Anne Crotty

- I. 10:00           **Welcome and Introductions**
- II. 10:10           **Review, Additional Items, and Approval of the Agenda**

*No discussion. Motion passed (no nays or abstentions). Agenda approved.*

- III. 10:15           **Review, Corrections and Approval of the Minutes of the December Meeting**  
Kay Marcel noted an incomplete sentence in the December meeting minutes. The item related to the OCTF website needing updates. The minutes were approved, with the understanding that the minutes will be corrected.

IV. 10:20           **DHS / IME Updates** – Theresa Armstrong

- The Legislative Session starts on January 14. Priority Human Services areas of focus are expected to include:
  - Medicaid funding
  - Development of a children’s behavioral health program
  - Progress on the development of complex needs services
  - Funding for the regional Mental Health and Disability Services system.
- Aa legislative interim study committee on the adequacy of MHDS funding met twice and their report is due on January 15.  
Discussion:  
Discussion:
  - Paula asked purpose of committee’s report. Theresa responded that the purpose of the committee is to discuss the adequacy and appropriateness of MHDS regional funding and how it can be sustained.
  - Kay Marcel asked if the purpose of the committee and report is because money has not been spent. Theresa indicated that regions are using their fund balances to build new

services, but at some point they will spent down their fund balances and will need to have an adequate source of funds to sustain the delivery of services.

- Additional discussions about Medicaid and DHS funding will also occur.
- Kay also noted that her son had funding to pay for services, but the agency did not have staff to provide them, so her family could not use the services, even though the money was available.
- Paula noted that dollars are not always a set amount each year.
- Paula requested any updates on Systems of Care and the recommendation to expand statewide. The strategic plan for the development of a children's mental health system recommends expanding SOC statewide as well as a set of mental health core services administered regionally. The plan recommends eligibility for the children's mental health system go up to 500% of FPL, with sliding fee scale. Theresa responded that SOC is not necessarily about providing services, but about coordinating services to make sure kids get to the care they need. The current systems of care programs may pay for services that insurance wouldn't cover, such as respite and intense psychiatric services.

- DHS annual reports are now available at the website below. Use the pull down menu to select Human Services (or other state agency) and select the title of the report. Find reports here: <http://www.legis.iowa.gov/publications/otherResources/reportsFiled?r=true&ga+87&session=2>
- A DHS workgroup completed an Assertive Community Treatment (ACT) Reimbursement Rules Report to determine the adequacy of Medicaid rates and rates for new ACT core services under complex needs rules. There are currently 11 active teams statewide and the complex needs bill calls for the creation of 11 more teams. The report is based on national research and current established provider cost information. The recommendation is to increase the current rate of \$51.07 to about \$67.00. A rate change will require legislative approval.

**ACTION ITEM: Theresa will send Anne the report to send out to the group.**

- Intellectual Disabilities Waiver Supported Community Living Tiered Rates. An actuary reviewed the current tiers and determined that the highest tiers need to be raised and the lowest tiers can be reduced based on cost reporting numbers. Any changes must be cost neutral, so some dollars will be shifted from the lowest tiers to the highest tiers. New tiers will be implemented on March 1 with no phase in.

**ACTION ITEM – Theresa will send report to Anne to send out to group.**

**Discussion:**

- Lisa asked whether they will they look at day habilitation rates, in addition to rates for supported community living? Theresa responded that they may look at habilitation tiers, but were not planning to look at day habilitation. When changes are made, letters are sent to providers to notify them.
- Derek commented that there are no immediate plans for addressing day habilitation rates, though the Iowa Association of Community Providers has a letter.

- Kay requested information on whether there was there an analysis that that the lower tiers for supported community living is enough to support taking dollars away from the lower tiers to transfer to the higher tiers.
- A workgroup has been meeting regarding mental health and substance use disorder commitments. Recommendations include increasing the length of time for emergency holds from 48 to 72 hours, and allowing the deterioration of a mental illness to be included as a qualifying condition.

The new Chapter 25 Administrative Rules for intensive mental health services will be subject to final review by the Administrative Rules Review Committee at their next meeting and are scheduled to become effective March 1.

Community mental health centers, Abbe Center and Seasons Center, had planning grants from SAMHSA to develop plans for becoming Certified Community Behavioral Health Clinics (CCBHCs) and have now been awarded 2 year grants to implement those plans

The Office of Disability Employment Policy (ODEP) selected Iowa as one of 11 states to receive technical assistance and training under the Employment First State Leadership Mentoring Program. Previously Voc Rehab (IVRS) took the lead. This year is leading the project. The focus is on building capacity. Technical assistance and training will be provided in the Southeast Iowa Link and East Central MHDS Region for their chosen providers to get the Individual Placement and Support (IPS) model of supported employment started.

#### V.11:15 **Legislative Priorities**

- Dawn – Reintroducing the Disability Integration Act on Jan 15. Mandates that people can get services in community rather than an institution and a holistic view of a person. Kay Marcel made a motion to allow the Executive Committee to draft a letter for federal legislators; Kathleen O’Leary seconded. Motion passed.
- Several people mentioned the shortage of home care staff and factors that contribute to the issue, including low wages and staff turnover. Suggested studying worker compensation and provider rate/compensation.
- Small grants to do home modifications so people don’t have to move elsewhere. Grants for home modifications are often limited to homeowners but would be more helpful if there were broader eligibility criteria.
- Pharmaceutical substitutions by managed care companies. Managed care companies may want people with Multiple Sclerosis to try cheaper medications first, but that medication may not be the best for that person.
- Managed care oversight (generic case management), including system issues, reimbursement rate, consumer experience

- Iowa hospital Association having trouble serving high need population and getting appropriate reimbursement. Kay noted that a budget amendment was offered last session but failed by one vote.
- Providers get a rate and need to take a percentage out to operate their business, though the amount differs by the organization's ability to fundraise. With a consumer direction model, the individual had same amount as agency in LA. Consumer and fiscal agent managed most of it. Individuals also having trouble getting reimbursed from MCOs. MCO comes in and reassess about once/year; people advocate, but there are some people that may not know the intricacies of the system.
- The Case for Inclusion is a report that recently came out showing statistics of people with disabilities in supported or competitive employment, families receiving support, length of waiting lists, etc. Many neighboring states use four core assurance items, but Iowa does not. Iowa's ranking is 45, compared to neighboring states in 20s. Heather expressed interest in determining whether Iowa could use the four core assurance items to offer easier comparison with other states.
- There are currently no registered apprenticeship programs. Program with guidelines and assistance that direct support professionals not accessing that could be explored.
- Continue to advocate for inclusion. United Way looking at analysis of economic impact of direct care workforce on state budget. Lisa Pakkebier asked if there is a way to determine of the direct support professionals, how many use extra funding? Also suggested asking about awareness of state programs.
- Need for taskforce to connect with consumers. OCTF previously did outreach and education. For example, on 10<sup>th</sup> anniversary of Olmstead decision they held events statewide and got legislators involved, though it was done with funding from SAMHSA. Meetings were organized by DHS and only supported by taskforce. Randy recommends that we talk to governor on her position on Olmstead.
- Need for more oversight on case management in MCOs. Much different case management under managed care the independence, competence, and number of cases reaching case managers. Lisa noted that a Supports Intensity Scale (SIS) assessment being administered through one agency vs another determines the tier rate and the amount of funding. There is a concern that if an assessment is done internally, it is may be conflict of interest. Providers and MCOs have reports on DHS website. They cannot link data back to the individual and are unsure if the data exist to compare number of contacts before MCOs. Kathleen O'Leary suggested that legislation relating to oversight should include incentives to respond to suggestions and complaints.
  - Which other groups may be advocating for oversight? The Executive Committee could draft options and send out to the group.
- Day on the Hill for Olmstead Committee and invite constituents? Dawn – unsure if DHS would be able to reimburse for mileage and hotel. Many other organizations have their own Days on the Hill.

- Could OCTF create a list of Days on the Hill for different organizations and send to the Taskforce? ID Action sponsors small grants to allow people to come to Des Moines for advocacy.

VI. 12:00           **Lunch**

VII. 12:45           **Review Committee Assignments**

Dawn provided overview of each committee:

- Community Access committee oversees issues such as transportation, housing, employment.
- Nominations Committee does outreach to get people to apply to committee. Provides recommendations to full taskforce.
- Medicaid committee addresses all issues related to managed care.
  - **Nominations Committee**
    - Co-Chair: Mary Roberts
    - Members: Harry Olmstead, Gary McDermott, Mari Reynolds, Mike Dierdorff
  - **Community Access Committee**
    - Co-chairs: Jenna Batten and Tracy Keninger
    - Members: Sean Goedken-Abramowitz, Kris Graves, Mary Roberts, Renee Speh, Heather Hanzlick, Len Sandler, Randy Davis
  - **Medicaid Committee**
    - Co-chairs: Harry Olmstead and Bruce Teague
    - Members: Paula Connolly, Dawn Francis, Kathleen O’Leary, Kay Marcel, Lisa Pakkebieer

VIII. 1:00           **Taskforce Committee Reports**

- Executive Committee Report  
No report
- Medicaid Committee Report  
No report
- Community Access Committee Report  
No report

IX. 1:30           **State Agency Reports**

Iowa Finance Authority – The Governor announced appointment of Debbie Durham to be IFA’s new director and the Director of Iowa Economic Development. The IFA office has moved to 1963 Bell Avenue, Suite 200 in Des Moines. The rent subsidy program was successful in getting new participants. They currently have 77 people on the waiting list, or about a 6 month wait. They will continue to add people from the waitlist as funding allows.

X. 2:00           **Taskforce Member Reports**

## **Mary R.**

- Update from Mary Roberts on the petition to the Iowa Board of Medicine – The Board approved adding severe autism to the list of covered conditions, but to limit their decision to only to pediatrics. They felt that they could not change the language that came from the Iowa Medical Cannabidiol Board. Mary Roberts and other families formed a non-profit group Families and Autism Advocates for Cannabis Treatment that is planning to submit a proposal to cover adults.
- Discussion of whether the Taskforce will submit a public comment on changes to the rules for use of seclusion and restraint in schools. Mari Reynolds will draft a response and send to the Executive Committee.  
**ACTION: Mari send draft response to group.**
- Kathleen noted that a resource person to use is Kim Weaver – Frisch, the Long-Term Care Ombudsman. She is a good resource for issues such as long-term care, Medicaid, and MCOs.

## **XI. 2:40 Public Comment**

- A. The Iowa Developmental Disabilities Council believes that there will be a bill with work requirements for Medicaid. If it is introduced, it is expected to pass.

## **XII. 3:00 Adjournment**

**Meeting adjourned at 1:22 pm.**

***Next Meeting: Friday, March 8, 2019***