

**Olmstead Consumer Taskforce Board of Directors Meeting
May 11, 2012
Pleasant Hill Public Library**

MINUTES

Taskforce Members Present: Mark Block; Alexandra Bomhoff; Paula Connolly; Randy Davis; Dawn Francis; Ray Gerke; Alice Holdiman; Teri Lynn Jorgenson; Geoff Lauer; Jennie Salvato; Bruce Teague; Casey Westhoff; Janie Woodhouse

Members Present by Phone: Linda Moore; Teresa Robinson; Doug Sample; Connie Smith; Ingrid Wensel

State Agency Representatives Present: Chuck Palmer (DHS Director); Rick Shults, Theresa Armstrong and Lila Starr (MHDS); Deb Johnson and LeAnn Moskowitz (IME); Karin Ford (IDPH); Doug Keast (IWD); Terri Rosonke (IFA); Kristin Haar (DOT);

Staff: Terry Cunningham, Becky Flores, Liz O’Hara

Guests: Bob Bacon (CDD); Teresa Bomhoff (Mental Health Planning Council); Jane Hudson (Disability Rights Iowa); Jule Reynolds (Senator Harkin’s Office);

Handouts:

Agenda

Minutes of previous meeting on March 9, 2012

Olmstead Taskforce resource binders

OCTF letter of support – DHS Balancing Incentive Payments Program Application

OCTF letters (4/2/12 and 5/1/12) advocating adequate legislative appropriations for redesign

Employment Initiatives for Persons with Disabilities (2/2/12)

Briefing Paper - CMS Proposed Rule Defining “Community” and “Integrated Setting”:

Background and Implications for Olmstead Implementation in Iowa (5/10/12)

Preadmission Screening and Resident Review (Update)

Handout: General PASRR Process

I. Welcome and Introductions

Chairperson Geoff Lauer brought the meeting order at 10:05 am. A quorum was declared. Introductions included five of the seven new Taskforce appointees. The membership roster was routed for corrections. The final copy will be emailed to all. Orientation binders were distributed; they will be mailed to anyone not present. All members are requested to turn in the conflict of interest forms at the back of their resource binder.

II. Approval of the Agenda

Geoff noted that the presentation by Iowa Caregivers Association Director Di Findley has been rescheduled for July. Janie Woodhouse moved that the amended agenda be approved. Dawn Francis supported the motion. Motion carried.

III. Distribution and Review of Taskforce Resource Binder

The binder was prepared as a resource for new Taskforce appointees, but Geoff had asked that copies be made for all Taskforce members. Liz briefly reviewed the contents, which include an explanation of the Olmstead decision and its impact on states, information about enforcement under Title II of the ADA by the U.S. Department of Justice, history and bylaws of the Taskforce, committee structure, recent activities, etc.

IV. Approval of the Minutes of the Previous Meeting (March 9, 2012)

Janie Woodhouse moved that the minutes of the previous meeting on March 9, 2012, be approved as presented. Dawn Francis supported the motion. Motion carried.

V. Executive Committee Report

A. Assignment of Term Lengths: At the direction of the Taskforce during the March meeting, the Executive Committee met on March 20th to assign term lengths to the new appointees, most of whom are filling unexpired terms of individuals who resigned. Dawn read the recommendation from the Committee minutes for the expiration of terms of the new appointees: Mark Block – 2015; Teresa Bomhoff – 2013; Teri Lynn Jorgenson – 2013; Amelia Marchant – 2015; Teresa Robinson - 2015; Jennie Salvato - 2013; Bruce Teague – 2014. Randy Davis moved that the Executive Committee recommendations on term assignments be adopted. Janie Woodhouse supported. Motion carried.

B. Committee Correspondence: At the direction of the Taskforce in March, the Executive Committee approved a letter of support for the application by the Department of Human Services for funding under the Balancing Incentive Payments Program (BIPP). The Taskforce was presented with the letter for endorsement. Dawn Francis moved that the letter supporting the BIPP application be endorsed by the Taskforce. Alice Holdiman supported the motion. Motion carried.

The Executive Committee approved two letters to the Legislature (dated 4//12 and 5/1/12) advocating for adequate appropriations in support of MHDS service system redesign. The Taskforce was presented with the letters for endorsement. Alexandra Bomhoff moved that the letters advocating for adequate appropriations for redesign be endorsed by the Taskforce. Alice Holdiman supported the motion. Discussion: Doug Sample said that he had seen letters sent to the Legislature supporting funding of the system through property tax levies. He proposed that future letters stress that low income people shouldn't be hurt by such funding mechanisms. Alice responded that this could be looked at in future letters. Motion carried.

Dawn stated that with the consent of the Executive Committee, the Olmstead Taskforce was named among the 25 organizations signing on to a similar letter on system funding by the Iowa

Disability Advocates Network (IDAN), and that these same organizations, in turn, supported the Taskforce letter. This accomplished a consistent message to legislators by advocates for people with disabilities and mental illness, and she thanked Teresa Bomhoff for helping to generate this united voice through her research of the issues.

C. Review and Refinement of Taskforce Committee Functions: Geoff referred members to the list of committees in the bylaws, and expressed the hope that people would take time before the next meeting to identify committees where they would like to put time and energy. He suggested that the Taskforce revisit the function of the Strategic Planning Committee. The Legislative Study Committee identifies priorities in legislation and policy and develops positions on those issues. The Strategic Planning Committee might be charged with planning for and monitoring Taskforce progress in implementing priorities.

Geoff also noted that there is an unresolved issue of how many consecutive terms a Taskforce member can serve. In part because of concerns that the Taskforce would be unable to recruit new members, the number of terms has been left unlimited, which can result in stale leadership. Geoff said that especially in light of the high interest in the most recent round of appointments, now would be a good time to review the issue. He asked for volunteers to serve on an ad hoc work group. Alexandra Bomhoff said she was willing to chair the group. Alice Holdiman and Janie Woodhouse will also serve. Geoff will also attend.

D. Upcoming ADA Celebrations. Dawn will compile a list of celebrations and send them out to Taskforce members. She encouraged members to attend any in their community. She is aware that celebrations are planned in the Quad Cities, Cedar Rapids, Iowa City and Des Moines. Mark Block suggested this might be referred to the Public Information Committee to publicize. Dawn said that while in 2009 the Olmstead Taskforce was active in organizing celebrations of the tenth anniversary of the Supreme Court decision, this year the Taskforce is simply encouraging individual responses to the anniversary.

VI. MHDS Update

Theresa Armstrong and Rick Shults spoke briefly about the DHS Balancing Incentive Payments Program application. It was submitted to CMS in early April. There has been one teleconference since that time between DHS staff and CMS, just to answer a few questions. DHS hopes for approval by July 1st. Theresa estimated that the amount of the award would range from \$11 million to \$15 million per year between now and 9/30/15. Rick stated that he finds the BIPP exciting as much for the principles that it stands for as the funding it provides. He considers approval of the application very likely because this is the direction CMS wants states to pursue.

VII. Redesign Update – Rick Shults

The legislative session is over. The redesign bills (SF 2247 – Use of the term intellectual disability; SF 2312 – Improvements in the commitment process; and SF 2315 – Redesign policies) are broad and far-reaching, amending many sections of Iowa Code (which makes the

legislation difficult to read). Redesign is built around three core elements: local service delivery; regional management of services; and financing.

Eligibility for non-Medicaid services: The regional system will be responsible for managing non-Medicaid services and coordinating them with Medicaid services. The law states that adults over age 18 with ID and mental illness would meet income eligibility requirements if their incomes are at or below 150% of federal poverty level (FPL). Higher income individuals could access services if they pay fees on a sliding scale. DHS will analyze the fiscal impact of serving people with DD but not ID; if eligibility were extended to this group now, it would double the service population, which is too big of a challenge right now. Another factor is the Supreme Court's consideration of the constitutionality of the Affordable Care Act, which expands eligibility for Medicaid services to 133% of FPL and thus provide access to services a great many more people. In the next six months, the Children's Workgroup will be developing recommendations on what a children's system should look like.

Legal Settlement. The legislation ends, in July 2013, durational legal settlement, which requires that people who move to a different county must wait a period of time before becoming eligible for services. Responsibility for services will now rest with the county where people reside (other than those referred to another county in order to get services they need, such as ICF/ID services).

Core and Core Plus Services. SF 2315 identifies core service domains which must be available in every region. The core service domains include emergency crisis and crisis stabilization services. There will also be pilot subacute service projects as described in the legislation. SF 2315 also recognizes the importance of HCBS such as Assertive Community Treatment (ACT). Expanded core services can be added as funding becomes available. This could include services that are evidence-based practices, an expansion of the subacute pilots, peer support, and/or services for people with brain injury.

Regional Management. SF 2315 requires counties to form regions, unless they demonstrate to DHS that they can properly carry out the responsibilities that regions are assigned. DHS can then provide them with waivers. SF 2315 sets 12/31/13 as the deadline for regions to form; they must be fully functional by 7/1/14, six months earlier than what had been set in last year's legislation. Based on the positive feedback Rick has been getting from counties, he believes that all counties will eventually regionalize.

Workgroups. SF 2315 calls for on-going work by a number of workgroups, and also creates new ones. Rick suggested this was a tribute to the very participatory process launched by DHS. Workgroups include: Children's System; Data and Statistical; Outcomes; and a Transitional Committee including legislators and county representatives to monitor progress.

Financing. Currently, county property taxes contribute \$125 million towards financing the service system. Non-Medicaid services are largely supported by these funds, along with the non-federal share of Medicaid services. Last year's SF 525 sunsetted county authority to levy property taxes for this purpose as of 7/1/14. In recognition that these funds were crucial to adequate funding, the Legislature reinstated the levy. In addition, however, the state will assume responsibility for the non-federal share of Medicaid, which will free up funds for non-Medicaid

services. Rick referred to the “cannibalization of non-Medicaid services through the increasing costs of the non-federal match. This creates particular difficulties for people with mental illness, who are often ineligible for Title XIX. The state takeover halts the erosion of funds available for non-Medicaid services. It also reduces “transactional friction” resulting from current county-state funding transfers.

A Transition Fund is established for FY 2013 for one time assistance for counties who are experiencing a fiscal shortfall in funding non-Medicaid services. DHS and the MHDS Commission will be developing rules to establish eligibility for the funds, and DHS expects to work closely with counties to determine the extent of the shortfall with accuracy, and will make recommendations to the Governor. Counties are allowed to borrow funds from other county sources to sustain services until the Legislature formally appropriates the Transition funds. To provide additional assistance, the legislation wipes out billings in dispute by the state and counties in favor of counties. Geoff asked about possible unintended consequences—some counties will start cutting services out of uncertainty whether they will actually receive transition funds. Rick said the funding shortfalls are not unique to this year or to redesign. A number of counties such as Linn had to cut services last year. The amount of shortfall won’t be known until DHS and the counties work together to identify it.

Beginning in July 2013, a new method of equalizing funding among counties goes into effect, with appropriations based on per capita spending of \$47.28. The impact of per capita funding varies among counties; some counties will see an increase in revenues for services while other counties will have reduced funding.

Teresa Bomhoff commented that Senator Hatch would like to reinstitute the Interim Legislative Committee to look at the issue of equalization among counties. Rick said that the equalization affects non-Medicaid services. If a county’s current levy raises less than \$47.28 per capita, the gap will be filled by state appropriation. If a county levy would raise more than \$47.28 per capita, it would be required to lower their levies to set funding levels at that cap. It is not clear to what extent services would be cut. Counties may not be spending all that they have raised. The average amount raised currently is \$41.28 per capita. The study committee will look at the equalization process this year, and next if necessary. Teresa expressed doubts about the \$47.28 cap. Paula Connolly asked if future Legislatures could nullify this process. Rick said that the redesign policy on financing is in place and Iowa is moving forward.

Alice Holdiman asked if the amount is fixed or whether it could go up in time. The current limit on levies dating to 1996 has created a major problem for counties. Rick replied that the statute recognized the need to consider growth in revenues over time. Growth can be related to a number of factors such as inflation in service costs, an increase in the number of services people are receiving, a growth in the service population, or covering additional populations. Finding a magic annual percentage increase may be impossible.

Geoff asked about assessments for people with mental illness and brain injury. Rick stated that DHS is moving forward on developing standardized assessments.

Geoff thanked Rick for taking the time to inform the Taskforce. He said Taskforce members need to watch for the impact of redesign, including whether some people are put at higher risk of institutionalization.

Chuck Palmer thanked Taskforce members for their service on the workgroups, and for their advocacy on redesign. He likened the long redesign process to a dog running after a car, catching it and then being confronted with the question of what to do next. He was certain there will be unintended consequences to redesign and he asked the Taskforce to keep him informed of what members were hearing.

VIII, Committee Reports

A. Legislative Study Committee

OCTF Priority: Employment. Geoff asked LeAnn Moskowitz to make her scheduled presentation on current employment initiatives in Iowa. Her handout showed the alignment of the initiatives with each other and with the goals of the Olmstead Plan. She stated that DHS is asking for OCTF assistance in outreach to self-advocates, who may be interested in helping the Employment First initiative remain responsive to the needs of people with disabilities who want to work, and to help identify needed supports. The Iowa Medicaid Enterprise (IME) and the Mental Health and Disability Services Division (MHDS) are working closely together on these issues. The contract with the State Employment Leadership Network (a project of the Institute for Community Inclusion (ICI) in Boston and the National Association of State Directors of Developmental Disability Services (NASDDDS) is helping to guide Iowa in restructuring the employment services system to incentivize providers to offer integrated employment services, and to identify systemic barriers.

LeAnn briefly reviewed several initiatives. Iowa's Medicaid Infrastructure Grant (MIG) helped to develop the Medicaid for Employed Persons with Disabilities option. MIG is currently funding a study of rate restructuring, as well as workshops for people with disabilities on available work incentives, and a study of the feasibility of offering benefits planning to Money Follows the Person participants who want to work. Iowa Vocational Rehabilitation Services (IVRS) was awarded an Employment First grant, in which states receive the benefit of mentoring by other states with good experience in getting people with disabilities into the workforce. LeAnn stated that DHS and IVRS have settled some policy differences and are working together with a statewide coalition to promote integrated employment. The \$103,000 EDI grant will provide technical assistance to educate mental health administrators on the Ticket to Work incentives, and encourage consumers to explore self-employment. Finally, the DD Council is spearheading the Iowa Coalition for Integrated Employment (ICIE) initiative, which is focused on competitive employment as the preferred option for youth transitioning to adult living in the community. A survey of parents found that 80% of respondents expected their children to be fully employed in integrated settings.

All the project managers are working together to stay focused on the same objectives, but more self-advocates are needed. Anyone who is interested can let LeAnn know. LeAnn expressed the hope that the \$34 million currently spent on facility-based employment can be a source of

funding for more integrated service options, helping to keep the shift in service model cost neutral. In response to a question, LeAnn stated that MIG does reimburse consumer participants for travel, and she believed the ICIE project will as well.

Teresa Bomhoff asked if the number of people who become employed will be one of the outcome measures. LeAnn replied that during an April SELN TA session, it was agreed that employment service providers should report on hours worked, wages, and the work setting (facility, enclave or community). A data dashboard will be developed. One area that has been a challenge has been “business to business” relationships. Dawn stated that the CEO of Walgreen’s, which has approached employment of people with disabilities very creatively, is a candidate for the federal Rehabilitation Services Administrator position. LeAnn closed by noting that self-employment trainings will be held on May 22/23rd.

Doug Keast of Iowa Workforce Development asked to make his state agency report because he needed to leave. He wanted to add that the Iowa Work Incentives Planning and Assistance (WIPA) program grant is ending, and that due to a “comedy of errors” in Washington, the need to reauthorize the program was overlooked. There was no apparent opposition to it. Julie Reynolds of Senator Harkin’s office commented that she hoped the program was not dead, because people needed to understand the complex rules on work incentives if they were to overcome their fear of losing benefits. Misinformation is the biggest barrier. Doug commented that he hoped that program could be rejuvenated in early winter 2012, but that about \$100,000 in funding is needed to maintain a level of service until then. Doug Sample expressed concern about the impact of employment on the benefits critically needed by low income individuals, such as Food Stamps. LeAnn said that issue will be examined when benefits planning is taken up.

Other Legislative Study Committee Matters. Dawn and Casey reported that the committee has been focused on redesign. The committee will be updating its priorities for the coming year and invites new members. Casey noted that SF 2315 includes a reference to the establishment of a workforce workgroup. Teresa commented that this workgroup will be directed by the Iowa Department of Public Health. Rick Shults stated that DHS will be getting the workgroups operational over the summer.

Dawn asked Terri Rosonke to explain a provision in SF 2336, the DHS appropriations bill, that redirects funds from the Iowa Finance Authority’s Revolving Loan Fund (RLF), which is supposed to support community housing for HCBS participants who are hard to serve (including people currently served out of state), to the construction or rehabilitation of Psychiatric Medical Institutes for Children (PMICs). Terri stated that this provision had been put in just before passage. The RLF was created by last year’s appropriations, and IFA had been working with DHS into 2012 on administrative rules and application materials when it learned that the provision was being negotiated, and the internal process was suspended. It was Terri’s understanding that Four Oaks had requested the provision. Several Taskforce members expressed objections to dollars being diverted from HCBS to the support of institutions.

Geoff proposed that if the Governor has the option of a line item veto, the Taskforce should send him its objections and ask for one. Janie Woodhouse moved that the Executive Committee be

authorized to send a letter to the Governor requesting a line item veto of the amendment diverting IFA RLF funds to PMIC construction/rehabilitation. Alice Holdiman supported the motion. Motion carried. Terri said that she will keep CDD updated on the issue.

Geoff noted that the bill to establish a credentialing board for direct support professionals was not passed, but that this was viewed simply as a “delay” in implementation, with another attempt at implementation next year. Dawn commented that the Direct Care Worker Advisory Council has lacked sufficient disability representation, and that some previous disability advocates had withdrawn because of the orientation of the Council towards the medical model. Randy Davis expressed support for creation of a pool of personal attendants, making it easier to find the help you need. He supports more equitable treatment of worker among service settings, and the attempt to professionalize workers. Alexandra Bomhoff expressed support for professionalization, but is concerned where this would limit the supply of workers. She would like to see more training. Teresa Bomhoff recommended that the Taskforce develop a list of things they would like to see in direct care workforce development, and engage in a dialogue. Paula expressed concern about the loss of flexibility when job descriptions are too restrictive.

Geoff said that all of these issues will be taken up at the July meeting, when Di Findley of the Iowa Caregivers Association is expected to attend. Bob Bacon asked if the Taskforce would like CDD to develop a list of the pros and cons of professionalization and credentialing, that acknowledges the shared goals of people of good will on opposite sides of the issue. Di could then be given an opportunity to respond—for example, to concerns about the proposed requirement that workers have to assume the financial responsibility for training and fees, rather than the provider/employer. Doug Sample noted that there are people with intellectual disabilities who are capable of employment but who might not be able to pass the credentialing test.

OCTF Priority: Housing. Geoff asked Jane Hudson to introduce herself. Jane is the new director of Disability Rights Iowa (DRI), and she was invited to the meeting to take part in the discussion of the integrated setting issue. She is anxious to learn about *Olmstead* in Iowa. She has a background in teaching, law, and disability. While at an Arizona law firm she found that she most enjoyed her *pro bono* work for Protection and Advocacy, and eventually joined the P & A staff. Her specialty has been abuse and neglect issues. She said that DRI has only one attorney at this point, and she plans to build staff capacity in that area. Two DRI priorities are the investigation of abuse and neglect, and the enforcement of disability rights. She has instructed staff to pick a project area for the remainder of the fiscal year. Taskforce member Jennie Salvato will be monitoring residential care facilities (RCFs), looking at incident reports to the Department of Inspections and Appeals and interviewing residents. Other staff are looking at sheltered workshops. Bullying and ADA non-compliance are other areas of interest.

Liz summarized the handout on the CMS proposed rule defining “community” and “integrated setting.” CMS proposes to prohibit the delivery of HCBS services in some settings, including hospitals, ICFs/ID and nursing homes. For other settings, including residences on the campus of or next to such institutions, and “disability-specific” housing projects, CMS will only set up a “rebuttable presumption” that they are not integrated settings. States will be expected to present their own definitions in their applications for waivers, and if HCB services are provided in these

settings, states will have to demonstrate to CMS that they have the characteristics of “home and community based” that are spelled out in the proposed rule. While the purpose of the rule is very consistent with Olmstead principles, there are a number of problematic aspects. One is that the burden of overcoming the rebuttable presumption is on state Medicaid agencies, which is likely often to put them in the middle between CMS and providers. CMS originally had a more definitive statement about the ineligibility of such settings, but withdrew from that position after hundreds of comments were submitted. On the other hand, if the proposed rule were to take immediate effect, hundreds of Iowans currently receiving HCBS services would be at risk of suddenly losing services, which is also unacceptable.

Terri explained that Section 811 has been the traditional vehicle for creating disability-specific housing projects. Until recently all residents (100%) had to have a disability and the provider had to have written agreements in place with HCBS providers. Although Iowa projects tend to be smaller (16 to 20 units), they still would not qualify as integrated settings under the proposed rule. Section 811 is entirely HUD-financed. IFA also has programs that can provide housing for people with disabilities, such as the low income housing tax credit (LIHTC). The LIHTC is for the general public, but some projects are entirely occupied by clients of the service providers that built the projects.

If tenants are forced to relocate in order to keep their HCB services, this will be a major hardship. It would take time for the managers of these projects to come into compliance by marketing most units to people without disabilities as vacancies occur. Some HCBS providers also have arrangements with owners of privately financed apartment buildings, where as much as 50 – 100% of the units are occupied by that provider’s clients. Terri said that IFA has worked hard to provide housing opportunities for people with disabilities, and the Authority collaborates with DHS as needed. Now it appears that the tools IFA has been using are not the right ones. IFA at this point would just like some policy guidance—it is not clear at all what the Authority is supposed to do.

Jane Hudson said that it is important to find a definition of community at the national level. Advocates were excited when the original rules came out in 2008. The Missouri Protection and Advocacy organization was able to halt construction of housing for HCBS clients on the grounds of institutions, and there has also been a major settlement in New York. She believes it is important that IFA receive guidance on what is needed to comply with *Olmstead*. Alice Holdiman stated that CMS and HUD need to collaborate in developing standards like this for their programs; otherwise, we will end up with disability ghettos. Teresa Bomhoff said she used to work for the US Department of Agriculture, which also finances housing for the elderly and people with disabilities. It is important to make comments on federal rules; each of them has to be reviewed and a response provided.

Geoff said that we have an institutional legacy in Iowa created in part by state and federal agencies. He does not believe we can shut down overnight the residential structures that are not in compliance, forcing people to find new homes where none exist. Terry Cunningham commented that often a new policy can’t be implemented without someone getting hurt. He thinks that requirements for housing accessibility in large apartment complexes are very weak. Becky Flores asked Jane if she could provide the Taskforce with a list of community based

characteristics from the New York case. Jane agreed but also suggested that the Taskforce look at the Department of Justice letters to states on its finds. Paula said that agencies like larger apartment complexes because of the economies of scale in service delivery.

Geoff invited a motion to develop a brief position paper based on the Department of Justice findings letters, and also to draft comments to CMS. Dawn moved that the Executive Committee be so empowered, and Alice supported, but a quorum was no longer present at the meeting. Geoff stated that the Executive Committee would nevertheless take up the issue.

XII. Update on Pre-Admission Screening and Resident Review (PASRR) Compliance

Lila Starr, program manager of PASRR implementation at MHDS (as well as specialist in the mental health needs of aging Iowans), provided an update. The goal of PASRR is to reduce the inappropriate institutionalization of individuals with mental illness, intellectual disabilities and related conditions. The PASRR statute has been in place since 1987, but CMS did not signal its serious intent to begin enforcement until about five years ago. All Medicaid-certified nursing facilities (97% in Iowa) are required to comply with the requirements for both Level I and Level II screening. Level I assessments, of all individuals seeking admission to a nursing home, is intended to identify individuals who may need services related to either mental illness or intellectual disability. Level II focuses just on those individuals and confirms a diagnosis, identifies the appropriate placement, and determines whether the individual would benefit from specialized services. If a nursing home cannot provide the services indicated in the assessment, arrangements must be made for the consumer to receive the services elsewhere. Nursing homes are not reimbursed until both assessments have been completed.

Lila stated that implementation Level II assessment has proceeded very quickly over the past year. No data are available yet on whether any individuals have been diverted from nursing homes as the result of PASRR. The report of the mental health subcontractor goes to the nursing home, specifying the services to be provided. Geoff asked when outcomes data would be available. Theresa Armstrong said MHDS can ask Ascend, the contractor doing assessments, to provide a report. Geoff asked if the “related conditions” PASRR screens for includes autism, cerebral palsy, etc. Lila said that it can mean that, but the reports do not break down the category. Only four out of the 70 individuals assessed to date have related conditions. Iowa is now 100% compliant, but there are significant challenges to implementation. A qualified mental health professional has to make the diagnosis, and there are not enough available in Iowa. Ascend has trained 36 Level II assessors.

Jennie Salvato asked if there was a process for getting people out of institutions if they had been inappropriately placed. Lila said that this would be the “resident review” process alluded to in the name of the program. It could very well identify someone who does not need a nursing home level of care, but that part of the program has not yet been well developed. Jennie asked what provision there is to help people with other disabilities such as spinal chord injury. Lila said that the new MDS Section Q requirement on nursing homes requires an annual survey asking if people want to leave the nursing home. However, Iowa’s Physical Disability Waiver offers very limited resources. Geoff asked Lila if she would be willing to return in six months, and she agreed.

XIII. State Agency Reports

Iowa Department of Transportation – Kristin Haar, who was taking Anne Turcotte’s place, said that she works at IDOT’s Office of Public Transit, which does both compliance and training activities. Kristin also chairs the Iowa Transportation Coordination Council (ITCC). Public transit is available in all 99 counties. All vehicles are ADA accessible, and the Office is working to upgrade all transit facilities to make them ADA compliant.

Iowa Department of Public Health – Karin Ford reported that IDPH has applied for a Disability and Health grant to continue work on ADA compliance, emergency preparedness and wellness activities. If the application is approved, Karin will be working with counties to ensure accessibility of emergency shelters.

Iowa Finance Authority – Terri reported that longtime Olmstead partner Carla Pope has been transferred to the Title Guarantee Division. The most recent round of LIHTC applications have been reviewed, and of the 46 approved, 33 proposed to work with special needs populations, and of those, 16 intended to provide housing for people with disabilities. Terri concluded that her worries about the impact of the new boarding home regulations on developer interest in serving people with disabilities who have service plans were apparently groundless. Apparently the Department of Inspections and Appeals is taking a less restrictive approach on the issue than anticipated. Karin Ford suggested that DRI be asked to train developers. Terri also stated that IFA will soon be updating its scoring system for LIHTC applications, looking at what other states are doing. One change to will to cap the percentage of units that can be reserved for people with disabilities to make it consistent with HUD Section 811 regulations.

XIV. Taskforce Member Reports

Doug Sample asked for information on the upcoming state conference of Iowa Advocates for Mental Health Recovery in June. Liz will send out an email to the Taskforce with further information.

XI. Public Comment

Teresa Bomhoff noted the upcoming joint meeting of the Mental Health Planning Council and the MHDS Commission on May 16th at the United Way building in Des Moines.

XVI. Adjourn

Dawn Francis moved to adjourn the meeting. Jennie Salvato supported the motion. Motion carried. The meeting was adjourned at 3:00 pm.

Next Taskforce Meeting: July 13, 2012 at the Pleasant Hill Public Library