



**Iowa Olmstead Consumer Taskforce 2014 Strategic Priorities
(Adopted March 14, 2014)**

I. Building Community Capacity to Support Independence, Productivity and Inclusion

A. Housing

- 1. Funding of the HCBS Waiver Rent Subsidy Program at the \$1,000,000 level is essential to provide community living options for individuals transitioning from, or seeking to avoid, institutional placements.** This program provides bridge subsidies to Waiver participants who are on waiting lists for Section 8 federal housing assistance. The program is cost-effective: average monthly costs per person are about \$150, or \$45,600 per month in total. Due to funding cuts, the Iowa Finance Authority has had to stop taking applications, creating transition barriers for some Money Follows the Person participants and putting others on the waiver at risk of institutional placement. In addition, to ensure continuity and stability in rental assistance to program participants, unobligated funding should not be subject to reversion to the Treasury at the end of the fiscal year but should remain available for use by the Authority.
- 2. Developer incentives in the Low Income Housing Tax Credit Program to expand the supply of accessible housing for people with disabilities should be preserved and enhanced.** The Iowa Finance Authority has used the incentives to encourage proposals that include higher percentages of accessible units, visitability characteristics, and targeted marketing to disability populations. These incentives should be maintained and strengthened, through the encouragement of such additional Olmstead-friendly concepts as universal design, in the development of the 2015 Qualified Allocation Plan.
- 3. The Iowa Economic Development Authority's 2015 – 2019 Consolidated Plan for Housing and Community Development should fully support expansion of housing for people with disabilities.** The Consolidated Plan is the centerpiece of the state's financial commitment to improving housing, using a number of federal programs, and based on priorities set by the Authority after public comment and participation. The Taskforce will work to ensure that the Plan addresses critical housing needs of people with disabilities.

B. Employment

- 1. The Taskforce will support expansion of integrated employment opportunities for people with disabilities through education of policy makers, employment services stakeholders and the general public.**
- 2. The Taskforce will work to ensure that the Iowa Economic Development Authority's Consolidated Plan is fully aligned with *Olmstead* principles, supporting jobs for people with disabilities.**
- 3. The Taskforce supports increased state appropriations to maximize federal Title I funding.** Iowa Vocational Rehabilitation Services (IVRS) currently does not draw down all the Title I federal funds available to Iowa under the Rehabilitation Act because of inadequate state matching funds. The IVRS non-federal match deficit estimate for Federal Fiscal Year 2014 is \$1,284,000. This would match an additional \$4,745,000 of federal funds. This has meant an even further decrease in funding for VR employment services such as customized employment and skills training, and for Independent Living services for people with disabilities.

C. Home and Community-Based Services

- 1. Appropriations to reduce HCBS Waiver waiting lists, approved by the State Legislature but vetoed by the Governor, should be promptly restored.** The Taskforce urges the Legislature to affirm its historic commitment to address the needs of individuals on the waiting lists.
- 2. The Taskforce supports creation of a Legislative Study Committee to review Iowa's Waiver system and development of recommendations to improve equity, build community capacity, maintain flexible supports, and ensure compliance with *Olmstead*.** Issues that need to be considered include (1) ensuring access to necessary HCBS services for people with DD, brain injury, physical disabilities, and other disability populations; (2) provider reimbursements; (3) retaining flexibility in the Consumer Choices Option; and (4) barriers to community living created by current waiver caps.

D. Transition from Institutions

- 1. DHS should develop a data collection and reporting system for Iowa MDS Section Q and PASRR operations to identify the needs, preferences, appropriate treatment settings of, and barriers to community living faced by individuals residing in or preparing for admission to nursing homes.** Data should be collected in sufficient

specificity to identify unmet needs in Iowa Waiver or State Plan services that result in barriers to transition, and to determine whether the needs of nursing home residents with mental illness or intellectual disabilities are being adequately addressed.

2. **PASRR should be employed to identify individuals with brain injury, and their service needs.** The Taskforce will work with Disability Right Iowa to advocate for a review of PASRR's application to BI by the Legislative Study Committee.
3. **Transition services should be available to the residents of nursing homes, residential care facilities and other institutions who wish to move to more integrated settings.** Helping people move back to homes and communities is cost effective and promotes compliance with *Olmstead*. Transition assistance will require that individuals eligible for HCBS Waivers have access to a robust set of services. The Legislative Study Committee should determine steps necessary to strengthen the Elderly and Physical Disability Waiver in order to support community living for people wishing to transition.
4. **DHS should take steps to build provider capacity and cooperation in transitioning all children from State Resource Centers.** Access to staff training and adequate provider reimbursements are key in encouraging community providers to serve children with serious behavioral issues.

E. Transportation and Assistive Technology

1. **The Taskforce supports state Refueling Assistance legislation that requires service stations to provide increased accessibility to customers with physical disabilities.** Legislation should require service stations and convenience stores to have at least one pump with a large call button accessible from inside the vehicle, that can be pushed with a closed fist, to notify employees that someone needs assistance pumping gas. Service stations should also have signage noting the hours the store has staff available to provide assistance.
2. **Non-emergency medical transportation should be a covered service under the Iowa Health and Wellness Plan.** Research in Iowa has found that lack of transportation is a barrier to healthcare access for many Iowans.
3. **Access to assistive technology should be expanded under the HCBS Waivers.** Assistive devices enable individuals to function independently. Some devices, such as medication dispensers, are inexpensive supports that can help people avoid unnecessary

institutionalization. Examples of assistive devices that are important to the ability of individuals to remain in the community, but which are not now specifically allowed in the waivers, include emergency alarms and doorbell flashers for individuals who are deaf or hard of hearing.

II. *Effective Implementation of Mental Health and Disability Service System Redesign Consistent with Olmstead Principles*

- A. The redesigned system should be supported at a level sufficient to allow development of new core and “core plus” services without delay, providing a continuum of essential services.**
- 1. The benchmark property tax levy of \$47.28 per person for MHDS services should be considered a floor, not a ceiling.** Evidence-based service models, including intensive services such as assertive community treatment, require investments now that will save money later. Full compliance with Olmstead will require significant community capacity building, which will require thoughtful decisions about resource needs.
 - 2. The statutory requirement that 80% of anticipated savings to counties/regions due to expansion of Medicaid services to mandatory populations, should be rescinded, allowing those funds to be used to build core and core plus service capacity.**
- B. Core and core plus services developed by the regions must be designed to advance *Olmstead* principles.** Services should promote independence, productivity and maximum community inclusion. Reimbursement methods, workforce development and consumer/family education should be employed to facilitate a transition over time from facility-based to community based services.
- C. Core services should be available statewide to individuals with brain injury and developmental disabilities.** Denial of supports essential for community living to those at risk of institutionalization is a violation of *Olmstead* principles.
- D. People with mental illness or other disabilities, and their families, should play an active, meaningful role in the development of public policies and programs that affect their lives.** This was adopted as a guiding principle in the state’s Olmstead Plan for Mental Health and Disability Services, and it should be applied to planning for the redesigned system. Consistent with the preliminary report of the Children’s Work Group, there should be both a family and a consumer representative on the policy coordinating body first recommended last year, as a “Children’s

Cabinet,” and again this year, as the Iowa Children’s Interagency Coordinating Council.

III. Education of policy-makers, service system stakeholders and the general public on the Olmstead decision and the importance of compliance with Olmstead principles. The Taskforce should employ technology (the website, webinars on issues, etc.) and collaborate with partners in hosting state or community events for educational purposes.