

**Olmstead Consumer Taskforce Meeting
July 12, 2013
Pleasant Hill Public Library, Pleasant Hill
Minutes**

Handouts

Agenda

Minutes of the Previous Meeting – May 10, 2013

Executive Committee Minutes – May 22, 2013; June 24, 2013; July 3, 2013

Letter from OCTF Chair Geoff Lauer to Governor Branstad opposing Governor's Veto of Funds Appropriated to Reducate Waiver Waiving Lists (July 6, 2013)

Letter from Iowa Health Advocates to Jennifer Vermeer, State Medicaid Director and Nick Gerhart, Insurance Commissioner Regarding Public Outreach/Education on the Insurance Exchange

Proposed ByLaws Revision Regarding Standing Committees

Nominations Committee Minutes – June 13, 2013

Housing & Transportation Committee Minutes – May 30, 2013

Taskforce Members Present: Joan Bruhn; Roxanne Cogil; Paula Connolly; Randy Davis; Carrie England; Dawn Francis; Michele Meadors; Kathleen O'Leary; Len Sandler; Rik Shannon; Casey Westhoff; Jennifer Wolff

Members Present by Phone: Alice Holdiman; Linda Moore; Bruce Teague

State Agency Representatives Present: Theresa Armstrong and Becky Flores (DHS – MHDS); Pat Dworkin, Liz Matney, Andria Seip and Deb Johnson (IME); Karin Ford (IDPH); Kristin Haar (IDOT); Joe Sample (IDA); Ljerka Vasiljevic (DPS)

Staff: Liz O'Hara

Guests: Bob Bacon (CDD); Teresa Bomhoff (MH Planning Council, NAMI); Gerry Bruhn; Robin Christensen and Kelsey Zantingh (ISU); Mazie Johnson (Arc of Iowa); Jule Reynolds (Senator Harkin's Office); Jennie Salvato (DRI); Joyce Wheeler

I. Welcome and Introductions

In the absence of the Chair, Dawn Francis opened the meeting at 10:05 with a welcome and introductions.

II. Approval of the Agenda

Dawn noted that Andria Seip will be presenting information to the Taskforce about the Health Exchange and Medicaid Expansion. One additional item under the Executive Committee report is endorsement of the Taskforce's signature on a letter to the Iowa Medicaid Enterprise and the Iowa Insurance Division, from Iowa Health Advocates, asking the state agencies to work with advocates on strategies to inform the public on

how to access insurance coverage through the new Exchange to be established. The agenda incorrectly refers to Tammie Amsbaugh as Tammie Armstrong, reporting on state employment initiatives. Moved by Len Sandler and supported by Carrie England to approve the agenda as amended. Motion carried.

III. Approval of the Minutes of the Previous Meeting on May 10, 2013

Moved by Len Sandler and supported by Randy Davis to approve the minutes of the previous meeting on May 10, 2013. Motion carried.

III. Executive Committee Report

- A. Update on Medicaid Expansion. Dawn noted that this was one of the biggest issues for the Taskforce this Legislative Session, involving significant advocacy effort with legislators. An important compromise was reached between the Governor's Office, which was promoting its Healthy Iowans Plan, and the Senate Democratic proposal, which would expand Medicaid under the Affordable Care Act (ACA), for individuals earning up to 138% of federal poverty level (FPL). The compromise will cover everyone up to 138% FPL and will take advantage of the ACA's provision for 100% federal funding of Medicaid expansion. There are still concerns about the compromise, and further advocacy may be needed. Andria Seip will provide further information on the compromise agreement later in the agenda.
- B. DHS Appropriations. There are two important issues coming out of the Legislature's appropriations decisions: (1) Funding for redesign; and (2) the Governor's veto of appropriations to reduce the waiting lists for HCBS services.

Rik Shannon provided information on redesign funding. The biggest concern is the Governor's veto of \$13 million for the Risk Pool, set aside to address the needs of 45 counties in financial crisis, primarily due to their unpaid Medicaid bills. The basis for the Governor's decision was that counties can be expected to incur savings in service costs due to expanded Medicaid, as more individuals become eligible for mental health services previously funded with property tax revenues. Rik quoted counties as saying that the Governor has over-estimated the positive impact of Medicaid expansion on local revenues. If counties cannot provide the non-federal payment due on Medicaid expenditures for their residents, and the state requires that payment, those counties will be faced with the choice to cut services or start waiting lists. Not all counties are affected, but this is a critical issue for some.

An additional issue is the potential impact on urban, service-rich counties of the end of legal settlement, as residents of more service-poor counties are drawn to urban counties. The Governor vetoed a provision that would have

ensured that these “magnet” counties retain their State Payment funding levels.

The Governor also signed language that requires counties to pay back 80% of the estimated savings generated by the infusion of expanded Medicaid funding for services previously supported by property tax. Counties had been led to believe that these savings would be available to help build core and core plus services. Thus, some of the \$29.8 million in appropriations to counties that *were* approved will have to be paid back. Collectively, the impact of these actions on the stability of the system is potentially very serious. The Legislature did set up a Medicaid Offset Study Committee to look at the potential impact of the property tax payback provision.

Rik said that the DD Council and ID Action will post an updated version of their guide to redesign on the website.

The second important DHS appropriations issue is the Governor’s veto of \$8.7 million to help reduce waiting lists for the HCBS waivers. There are currently over 5,000 people on waiting lists, an unknown number of which will be at risk of institutionalization due to the veto. Dawn stated that Geoff met with Michael Boussetot, the Governor’s healthcare policy advisor, who apparently believed that waiver services would not be necessary for these individuals once they obtained healthcare coverage through expanded Medicaid. Unfortunately neither standard Medicaid nor the commercial plans that people might purchase under the Marketplace Choice waiver provide the kind of long term supports and services people need to live independently in the community. A letter was sent to the Governor pointing this out and protesting the veto and warning of Olmstead implications. Mr. Boussetot has agreed that a meeting should be held with Director Palmer on ways to address the chronic issue of waiver waiting lists. Moved by Roxanne Cogil and supported by Randy Davis to endorse the Taskforce letter to Governor Branstad (7/8/13) protesting his veto of \$8.7 million in appropriations to reduce waiting lists for the HCBS waivers. Motion carried.

Bob Bacon commented that if counties are required to pay back 80% of alleged property tax savings due to the infusion of Medicaid funding into their local service systems, it appears that they are continuing to play a role in funding Medicaid services, despite the promise by the Administration that the state would assume full responsibility for Medicaid in FY ’14.

- C. Update on IFA/DHS Decision to apply for Section 811 Project Based Rental Assistance. Dawn reminded Taskforce members that at the May meeting the Taskforce had voted to support an application by the Iowa Finance Authority to HUD for Section 811 Project Based Rental Assistance (PBRA) for people with disabilities receiving services, following an intense discussion of the relative merits of PBRA and Tenant Based Rental Assistance (TBRA). While

some Taskforce members questioned whether rental assistance tied to a physical location was a model that should be supported by the Taskforce, the vote eventually was in favor on the basis that additional affordable housing in Iowa was needed. After the meeting, IFA learned that Section 811 rules might prohibit IFA from tying Section 811 to already-approved LIHTC projects if the developer/applicant had made commitments to target people with disabilities in its marketing for a percentage of the units. There were also concerns that because the Section 811 program does not include adequate compensation for administrative costs, the IFA Board might determine that it needed to cease operations of other rental assistance programs which also do not cover their admin costs.

Dawn referred to the minutes of the Taskforce Executive Committee on 5/22/13, in which the Committee took the unusual step of revisiting the Board decision. A near-majority of voting members were present, and it was an open meeting. The Committee learned from IFA staff of a recent communication from the national Technical Assistance Center suggesting that IFA could develop language in its Qualified Allocation Plan and in its next round of LIHTC applications which would protect the system of incentives promoting housing specifically for people with disabilities while still enabling the Authority to receive Section 811 funds. Consequently, no action was taken by the Executive Committee to call for a reversal of the Board's May decision.

- D. Follow-up to May Meeting Decision on Bylaws Revision – Designation of Standing Committees. Dawn asked Alice Holdiman to talk about the distinction she sees between the role currently played by the Legislative/Policy Committee and the Strategic Planning Committee now established as a standing committee in the revised bylaws. Dawn expressed concern at the challenge of securing volunteers to serve on committees. Alice stated that when people first join the Taskforce, they need to be aware they are expected to serve on committees. She explained that in the past the Strategic Planning Committee did a great deal of work on the DHS Plan for Mental Health and Disability Services, and saw many of its recommendations adopted by DHS. The Legislative/Policy Committee works on legislation, reacting to proposed bills. Alice sees the need for a committee to look beyond the short term to identify barriers that need to be addressed, and to help the Taskforce be proactive in developing strategies to address them. Success may not come right away, and it may only come with building partnerships, as was done with the Disability Policy Summit a number of years ago.

Randy expressed support for Alice's position. Dawn asked if there were Taskforce members willing to serve on the Committee. Kathleen O'Leary and Randy volunteered to serve with Alice. Joan Bruhn volunteered to participate in preliminary discussions. Bob Bacon volunteered CDD staff support,

including Terry Cunningham. Alice said interested state agencies should participate as well. Paula said that a problem for the Committee when she served on it was how to undertake strategic planning as a standalone group, without broad input.

- E. Action Item. Request for endorsement of Olmstead Consumer Taskforce signature on communication from Iowa Health Advocates to Iowa Medicaid Enterprise and the Iowa Insurance Division, asking them to work with advocates to develop public outreach and education strategies for people seeking coverage on the new Health Insurance Exchanges. Moved by Alice Holdiman and supported by Carrie England to endorse the Taskforce signature on the letter. Motion carried.

V. Nominations Committee Report: Presentation of 2013 OCTF Ray Gerke Systems Advocacy Award

Carrie England reported that the Committee had met and, as charged, had selected the winner of the Taskforce's second annual Ray Gerke Award for Outstanding Systems Advocacy: Teresa Bomhoff, President of NAMI – Greater Des Moines and Chair of the Iowa Mental Health Planning Council. Casey Westhoff offered the following resolution:

Whereas, people most affected by discrimination and lack of community support are the most effective advocates for the rights and dignity of people with disabilities; and

Whereas, effecting systems change requires persistence, close attention to detail, and a grasp of policy and program complexity; and

Whereas, the Iowa Olmstead Consumer Taskforce seeks to recognize those champions of independence and equality for Iowans with disabilities who exhibit the courage and commitment modeled by lifelong advocate Ray Gerke; and

Whereas, Teresa Bomhoff brings intimate knowledge of the disability experience, quiet competence and burning desire to remove systemic barriers to a life in the community for Iowans with disabilities and mental illness; and

Whereas, Teresa has used her knowledge, skills and reputation for outstanding leadership at the Mental Health Planning Council and NAMI – Greater Des Moines to provide generous support and a spirit of collaboration in Iowa's disability rights movement; and

Whereas, her endeavors have encompassed the campaign against the stigma attached to mental illness, best practice in service delivery, mental health parity, equitable access to quality services in a redesigned system, opportunities for

diversion from incarceration and involuntary commitment, and expansion of healthcare coverage for all uninsured and underinsured Iowans;

Now, therefore, be it resolved, that the Olmstead Consumer Taskforce calls upon all Iowans to join in honoring Teresa Bomhoff with this 2013 Ray Gerke Award for Outstanding Systems Advocacy and in extending gratitude and appreciation for her leadership.

The motion was supported by Carrie England. Motion carried. Theresa was presented with a plaque and a framed copy of the resolution, and received the thanks of the Taskforce for her commitment and her collaborative spirit.

VI. Presentation on Medicaid Expansion and ACA Implementation in Iowa

Andria Seip, DHS – Affordable Care Act Project Manager, Iowa Medicaid Enterprise. Andria presented a power point (attached) explaining both the newly developed Iowa Health and Wellness Plan (IHAWP) to ensure health coverage to individuals with incomes up to 138% of federal poverty level (FPL), and the Health Exchange through which Iowans are to access their health coverage.

Jennifer Steenblock directs the effort at IME, which is working with the Iowa Insurance Division and with the U.S. Department of Health and Human Services to develop the infrastructure for Affordable Care Act implementation in Iowa. The state agencies want to partner with organizations in ensuring that consumers get adequate information on how to use the exchange. There will be trained and certified application counselors helping people review options, as well as navigators who are actually authorized to help people select the plan best for them. There will be both a call center and a website.

The Iowa Wellness Plan, expanding Medicaid coverage to individuals with up to 100% of FPL, will be administered by IME. It differs in some ways from traditional Medicaid; wellness and prevention activities will be required, or the member will be charged premiums. Members can choose their primary care physician from the network of Medicaid providers; if they do not choose, they will be assigned to one. They will have the benefits of coordinated care similar to the Integrated Health Home initiative. Teresa Bomhoff pointed out that it violates current Medicaid rules to charge premiums to people at less than 150% of FPL. She asked about the consequences if CMS does not approve this provision.

Iowa's Marketplace Choice Plan assists individuals with incomes between 100% and 138% of FPL, by using Medicaid funds to pay the premiums on commercial plans of their choice purchased on the new Exchange. Only Arkansas has taken this approach to Medicaid expansion at this point. Two plans have been approved thus far to offer plans. Wellness and prevention activities will also be required for these individuals if they want to avoid having to pay premiums; this too may be disapproved by CMS.

The timetable for implementation includes submission of two Section 1115 Demonstration Waivers by the following week, at which point Iowa will begin negotiations with DHHS. Public hearings on the waivers are scheduled for July 29th (Des Moines) and 30th (Council Bluffs). The deadline for public comments is August 15th. IME hopes to have all comments compiled and the final draft of the waiver submitted by October 20th. There is at least a 30day federal comment period. Outreach and education will begin in late summer or early fall. Andria encouraged people to check the IME website frequently for information. (<http://www.ime.state.ia.us/iowa-health-and-wellness-plan.htm>)

An important provision in the IHAWP relates to people who are deemed “medically frail.” This would include many people with disabilities and chronic conditions such as mental illness; they would have the option of enrolling in traditional Medicaid. People with an SSDI determination who are in the waiting period for Medicare coverage would also be covered by Medicaid.

Teresa suggested that a chart be developed that shows clearly the services available under each Plan, side by side, as well as the costs, so that people understand the difference. It’s her understanding that the premium assistance under the Marketplace Choice Plan will actually cost more in Medicaid dollars than would simple inclusion of those individuals under traditional Medicaid. She also suggested the department develop a clear one page document on where people can go for help. Teresa asked if people in the community corrections system, most of whom are uninsured, could participate in the Marketplace Choice Plan. Andria thought they were, but she was asked to verify this. Kristen Haar asked if transportation to medical appointments would be covered under IHAWP. Andria replied that Iowa is requesting a waiver from this standard Medicaid requirement because it was not provided for in the legislation, but that it was unclear if CMS would approve the waiver.

VII. Update from Ad Hoc Workgroup to Review Pending Changes in Administrative Code Related to Medicaid Cost Containment.

Paula Connolly and Randy Davis reported on their teleconference with Deb Johnson on pending changes in Code, referring Taskforce members to the written notes from the meeting. The changes, which were called for by the Legislature, include implementation of the Integrated Health Homes Initiative providing care coordination for adults with MI and children with Serious Emotional Disturbance (SED). This can be a difficult concept to explain to the individuals and families affected, and many people become very concerned when they learn that the case management function will be replaced by care coordination, even though the latter is more comprehensive and likely to lead to positive health outcomes. The Taskforce has been asked to work with Magellan Behavioral Health on outreach and education.

VIII. Housing & Transportation Committee

Len Sandler reported that he met with IFA architect John Kerrs, who is very knowledgeable about access and visitability and believes in promoting them. Len was seeking a better understanding of new provisions in the Low Income Housing Tax Credit Qualified Allocation Plan (LIHTC QAP). He also wanted to talk about how the QAP might be further strengthened in the future, and how the Taskforce might assist IFA in accomplishing that. The QAP will be put out for public comment, and he believes it should be reviewed by the Housing and Transportation Committee.

Len's recommendations touch on three general areas: (1) the terminology in the QAP (the need to eliminate the word "handicapped"); (2) the threshold requirements for LIHTC applications; and (3) the incentives offered to developers to create accessible, "Olmstead-friendly" projects. An important new threshold requirement is that 10% of all units applied for must be fully accessible and set aside for and marketed to people with disabilities. An applicant will not be required to participate in Section 811 PBRA, unless IFA's application for the funds is successful and that applicant's project is chosen to receive the PBRA funds. These threshold requirements take the place of the previous incentive for applicants to set aside 25% of units for people with disabilities getting services. Karin Ford commented that IFA might consider provisions to build accessibility features into every unit, so that they could be easily retrofitted if a tenant had the need.

Len said that marketing plans for accessible units are key, and not always successful. However, the lease agreements for accessible units will require non-disabled tenants to move (at the property owner's expense) to another unit if the accessible unit is needed by a person with a disability.

Len said that the incentives for additional accessibility could be significantly strengthened from the current Type C accessibility, which Len feels is a minimal standard, to Type A – full accessibility. He has sent IFA staff the requirements used in other state QAPs, one of which assigns additional points for each additional accessibility feature built into the project. IFA could be assisted in promoting these concepts by giving people the opportunity to tour Universal Design homes, and by providing checklists of universal design features to make homes adaptable to owners and tenants with a wider variety of physical characteristics. Len also recommended that IFA make a graphic available showing the location of accessible housing in the state.

Dawn asked that the Housing and Transportation Committee review and propose comments on the forthcoming QAP. Len will ask Bruce Teague to set up a meeting. Karin Ford expressed concern that accessibility standards receive scant attention in housing development, in light of the growing aging population.

IX. Update on Redesign and MHDS

Theresa Armstrong, Bureau Chief, Community Services and Planning – MHDS Division, provided an update on the rules, shortly to be posted, giving definitions of core services under the redesigned MHDS system, as required by Senate File 2315. The rules also cover access standards and provider qualification. The rules have been developed and approved by the MHDS Commission and approved by the Legislative Rules Committee; Theresa expected the notice to be posted on 7/24/13, with public comment until August 13th. Theresa welcomed comments at the meeting but also invited written comments.

The rules clarify SF 2315 but may not change it. Len said that the organization of the rules makes it difficult to follow, due to all the cross referencing.

“Family support” will be available not only for people with MI but also other disabilities. Because the regions will be allowed to offer core plus services before they are technically required, core plus services are also defined. Casey Westhoff asked how regions would be held accountable; Theresa said that will be done through approval and monitoring of regional management plans, draft rules for which will be released in the following week. Paula Connolly asked how people should bring information forward when services are not provided as required; the regions, as government entities, will be subject Open Meetings, and DHS will also take complaints. Teresa Bomhoff pointed out that a definition for family psychoeducation, which has just been accepted as an evidence based practice (EBP), has been developed by NAMI; she will send it to MHDS.

The map of regions has almost been finalized; Jefferson and Carroll Counties’ applications for exemption from the requirement to join a region were rejected. Teresa suggested that each region should be given a name, appearing on the regional map. Robyn Wilson has now retired, but Teresa said Julie Jetter could work on that project.

Becky Flores commented that permanent supportive housing is required to be provided, but is not in the list of core services; Theresa responded that it is an EBP to be developed as funds allow. Teresa Bomhoff commented on the challenge of developing performance evaluation. Services cannot be developed overnight, and DHS will work with regions on their planning. Regarding regional performance, Paula commented that consumer surveys should include not just people known to be getting services, but the general population, in order to learn what barriers to service people have encountered. Teresa also suggested that DHS develop a mechanism to chart the progress of the regions in making key benchmark decisions. Theresa said that all regions are working on their 28E agreements, and getting technical assistance funded by state appropriations.

X. Update on State Employment Initiatives

Tammie Armstrong, Program Consultant, MHDS Division, provided an overview of work on employment initiatives. In 2011, a legislative forum was presented with the Employment 1st vision statement, that competitive employment is the first priority and expected and preferred outcome of employment services. Key to achieving the vision is to align funding with employment service policies. People need a better array of service choices. Currently 80% of service expenditures are spent on facility based services. The HCBS Waiver is the source of most funding for services. Work has begun on service definition and the rates for waiver-funded employment services. IVRS, the Department for the Blind, and the Department of Education expect to coordinate their service programs to maintain consistency with the direction of the Waiver services.

Community listening sessions are being held. A small group of willing providers has worked hard on service definitions for supported employment; the group will meet at least a half dozen more times. Supported employment is defined in Code now as a core service. The effort is coordinated with the DD Council's ICIE (Iowa Consortium for Integrated Employment) project, which is directed at improving transition services for youth as they approach graduation. The Employment 1st mentoring program on which Iowa Workforce Development is working is also linked to these efforts via communication feedback loops. Progress updates for all interested parties will be provided through monthly webinars. All work should be completed by July 2015.

Services will be evaluated on the basis of outcomes—not only jobs, but also whether they are integrated, wages earned, etc. Dawn mentioned that some states have eliminated all sheltered workshops. Tammie confirmed that Vermont is one such state; the State Employment Leadership Network is helping Iowa review the experiences of successful states. The Department of Justice letters laying out settlement agreements with states on these issues provide further guidance.

Randy stated that asset limitations make many people with disabilities on Medicaid fearful of losing benefits if they work. Tammie agreed; this is a federal issue, and not something that Iowa can address through the rule-making process, though benefits planning could become a reimbursable service. Iowa's Medicaid for Employed Persons with Disabilities does help. Tammie said that Taskforce advocacy for policy changes at the federal level would be welcomed. Roxanne Cogil added that people with disabilities who don't qualify for the waiver are going to be on their own, and can "fall through the cracks."

It was agreed that the Taskforce needs to activate an Employment Committee. Liz will set up a teleconference for interested Taskforce members, and invite Tammie to help members become grounded in the issues. Len said that as regions hold meetings on services, advocates need to know what to recommend. Paula asked what would happen when someone who has been getting employment supports is promoted and has to move to a different county. Bob

Bacon commented that this adds to the negative aspects of the 80% Medicaid offset provision, as this money could have gone to expanded services. He said this is an important advocacy issue for the Taskforce. States have missed an opportunity to ask for waivers from current asset limits. PROMISE grants have been offered to states to develop models for keeping young people from lifetimes of dependency on Social Security, but grant requirements made it essentially impossible for Iowa and many other states to apply. He hopes that the Social Security Administration reopens the grant program and broadens eligibility for participation. Chuck Palmer, who has experience in asset development programs, is a natural ally.

Teresa Bomhoff emphasized the importance of benefits planning to people interested in applying for peer specialist positions. Asset limits have been a powerful disincentive. Applicants need help with the paperwork in applying for MEPD.

XI. State Agency Reports

Department of Public Safety - Ljerka Vasiljevic noted that DPS has standards defining Type A, B, and C accessible units to which Len referred in his earlier report. She will send the standards to CDD to make available to the Taskforce, as well as state-required minimum standards in the building code. In addition, Ljerka wanted to inform Taskforce members that the State Fire Marshall has a project to provide smoke detectors in all homes, and Ljerka has access to 300 detectors to make available specifically to people with disabilities in need. She asked for the Taskforce's help in getting the word out. Dawn asked that she write up a brief paragraph to send to CDD, who will assist in information dissemination. Ljerka also plans to work with IFA staff.

Department of Transportation – Kristen Haar reported that people in central Iowa should be aware that the Des Moines Transportation Advisory Committee is doing a study of transportation barriers within the public transit system. Also, planned for May 15th of next year in Marshalltown is a summit on transportation and its effect on healthcare, veterans, etc. Speakers are needed. Dawn asked Kristen to email contact information for the IDA listserv. The new DART Central Station in downtown Des Moines will have a kickoff event on 7/15. Michele Meadors commented that many people would be interested but there should have been better outreach; Roxanne suggested contacting the Mobility Manager.

Iowa Department on Aging – Joe Sample reported that as of July 1st, the number of area agencies on aging has officially dropped from thirteen to six. Under legislation just passed, they are designated as Aging and Disability Resource Centers (ADRCs), but no funding has been specifically provided, and options will have to be explored. IDA wants to consult with the disability community on how best to incorporate the Independent Living perspective in their operations, as this

is one of the designated “pillars” of ADRCs. Joe also stated that IDA is still working with the Department of Transportation to implement the one call-one click grant to improve veterans’ services. Funds will be used to consolidate the key Information and Referral databases and to set up a toll-free number. Finally, IDA Director Donna Harvey has been appointed chair of the Long Term Care Workgroup set up under IME’s Systems Innovation grant.

Department of Human Services - Becky Flores stated that Robyn Wilson, one of two state liaisons to the counties, has recently retired. There are no plans to fill the position.

XII. Taskforce Member Reports

Randy Davis stated personal concerns with the Central Iowa Center for Independent Living in Des Moines, which had received a report of its federal site review containing numerous findings. Randy questioned the management of the CIL.

Len Sandler expressed the wish that DHS and the Taskforce Executive Committee work together to ensure that Taskforce members sit on the workgroups which are developing regional infrastructure under redesign. He asked that the Executive Committee seek to have Taskforce members recognized as a consumer voice.

Roxanne Cogil expressed concern that IowaCare has stopped enrolling new members as of 7/1/13, leaving some people without health insurance pending implementation of the Iowa Health and Wellness Plan. Dawn pointed out, further, that although people can begin to enroll in health plans on October 1st, coverage will not begin under the Affordable Care Act until January 1st, leaving a three month gap.

XIII. Public Comments

None

XIV. Adjournment

The meeting adjourned at 2:55 pm.