

OLMSTEAD CONSUMER TASKFORCE MEETING
May 9, 2014
Pleasant Hill Public Library, 5151 Maple Drive, Pleasant Hill

MINUTES

Handouts

Agenda

Minutes of Previous Meeting – March 14, 2014

Executive Committee Minutes April 30, 2014

Legislative and Strategic Priorities 2014 Update

DHS HCBS Settings White Paper

DHS HCBS Settings Transition Plan (Draft)

Iowa HCBS Settings Analysis – April 24, 2014

Non Emergency Medical Transportation (NEMT) Request for Information (RFI) –
Olmstead Taskforce Comments (May 9, 2014)

Taskforce Members Present: Joan Bruhn; Roxanne Cogil; Paula Connolly; Jackie Dieckmann; Carrie England; Lysie Hanssen; Tracy Keninger; June Klein; Ashlea Lantz; Geoff Lauer; Gary McDermott; Linda Moore; Michele Meadors; Kathleen O’Leary; Mary Roberts; Len Sandler; Jennifer Wolff

Taskforce Members Absent: Rik Shannon

State Agency Representatives Present: Theresa Armstrong, Karen Hyatt Smith and Connie Fanselow (DHS – MHDS); Patrick Clancy (Board of Regents); Deb Johnson (DHS - IME); Karin Ford (IDPH); Kristin Haar (IDOT); Terri Rosonke (IFA); Joe Sample (IDA); Ljerka Vasiljevic (DPS)

Staff: Bob Bacon; Liz O’Hara

Guests: Teresa Bomhoff; Dawn Francis

I. Welcome and Introductions

Chair Geoff Lauer brought the meeting to order at 10:08 am. Referencing the Taskforce bylaws, he reminded those present of the Taskforce’s mission to monitor Iowa’s response to the Supreme Court’s Olmstead decision, to educate Iowans about the decision and to inform policy makers about the needs and preferences of people with disabilities. Also referencing the bylaws, he reminded members of the need to disclose any conflict of interest, and cautioned against taking action on behalf of the Taskforce without authorization.

Members and guests introduced themselves. Geoff welcomed the six new members present, and noted that recruitment of new members will always be a high priority because of the term limit policy adopted in recent years.

II. Approval of the Agenda

Geoff proposed the addition of two items to the agenda: discussion of the Healthy Behaviors initiative of IME, under the Iowa Health and Wellness Plan; and discussion of issues related to special needs trusts to be taken up before or after the update on redesign. Paula Connolly moved that the agenda be approved as amended. Kathleen O'Leary supported the motion. Motion carried.

III. Approval of the Minutes of the Previous Meeting – March 14, 2014

Geoff noted that letters had been sent to the Iowa Hospital Association and the Iowa Primary Care Association, as directed by the Taskforce at the March meeting, urging them to encourage their members to be proactive in determining a patient's enrollment in the Iowa Wellness Plan. The letter was developed with the assistance of IME staff responsible for I-HAWP implementation. Michele Meadors moved to approve the minutes of previous meeting on March 14, 2014. Roxanne Cogil supported the motion. Motion carried.

IV. Executive Committee Report

Len Sandler moved to approve the Executive Committee minutes from April 30, 2014. Michele Meadors supported the motion. Motion carried.

A. Legislative Update.

A number of bills of interest to people with disabilities were passed. The Refueling Assistance bill was not, but advocates, including Taskforce member Gary McDermott, intend to seek the re-introduction of the bill next year.

Although the Legislature approved an additional \$6 million in appropriations to reduce the waiting lists for the Home and Community Based waivers, Geoff stated that he had been contacted by a Joint Health and Human Services Appropriations Committee member who expressed concern about a possible veto. Paula cited the Governor's concern about the on-going "problem" of waiver waiting lists, and noted that creation of a Legislative Study Committee on Iowa's waiver system, (which did not happen this session), was intended to allow for review of long term solutions.

Geoff suggested that the Governor may still believe that the creation of the I-HAWP program will somehow be able to access waiver-like services. He also may believe that people on the waiting list are already on Medicaid. Len Sandler suggested that staff review the minutes of last year's meetings when DHS Director Chuck Palmer spoke to the Taskforce about I-HAWP, to see if his statements are consistent with the

Governor's. Michele Meadors moved that the Taskforce send a letter to the Governor once again clarifying the difference between services available under I-HAWP and those offered under waivers. Many members supported the motion.

June Klein suggested a letter be sent to IME clarifying what is covered and what is not under I-HAWP. Teresa Bomhoff said it might be worth noting that 47 organizations had signed last year's letter. The letter should ask for a meeting with the Governor. Several Taskforce members expressed interest in taking part in the meeting. Geoff said that individual Taskforce members are of course free to send their own letters to the Governor, or call or email. While people can't state they represent the Taskforce they can mention their membership on it. A vote was then taken on the amended motion and it carried. Kathleen O'Leary asked that the letter be sent out to the Taskforce members as soon as possible.

Continuing the legislative update, Geoff stated that HCBS Waiver Rent Subsidy funding remained level.

There was a significant increase (\$765,000) in Title I state match appropriations, which will help support the creation of more integrated employment options for lowans with disabilities. The increase in state match for federal Title I funds means that Iowa will begin drawing down almost all the Title I to which it is entitled. Geoff was uncertain whether a letter to the Governor asking for his support was really necessary. Paula wanted it noted in the minutes that the situation would continue to be monitored. Deb Johnson stated that IME had been working with Iowa Vocational Rehabilitation Services (IVRS) to make their two employment service systems work better and in tangent to improve employment options. IVRS will probably have a greater focus on youth, and on shorter supports such as career exploration and job training, while Medicaid will be used to fund more long-term supports.

Another major issue was the Legislature's passage of the Medicaid "clawback" provision, which requires the region to return 80% of savings incurred in mental health services due to expansion of Medicaid coverage to many individuals previously served by counties. DHS is working on the methodology for calculating savings. Teresa Bomhoff said NAMI has been looking closely at the details to determine the impact. The new formula may make it easier on regions than previously anticipated but the Legislature did not delay its original timeline. Theresa Armstrong is expected to provide more details in her update.

Roxanne Cogil spoke about the Legislature's cannabis bill, which allows families with epileptic children to purchase cannabis oil out of state without fear of arrest or penalty on returning to Iowa. The national Epilepsy Foundation has some reservations about cannabis as a treatment for epilepsy, and has taken no position on the bill, in the belief that a lot more research has to be done to determine whether it is truly effective. Roxanne stated that on the other hand the Foundation has been working hard to make it easier and faster for doctors to secure prior authorization for drugs not listed in an insurer's formulary. HF 2463 would mandate that insurers use a standardized prior

authorization form that can be submitted electronically by doctors, with a mandatory 72 hour turnaround in the insurer's decisions. This bill is strongly supported by the Epilepsy Foundation, and it would also benefit other disability groups with chronic conditions who experience fluctuations in the effectiveness of their medications. Michele Meadors moved that the Taskforce send a letter to the Governor urging support for HF 2463. Paula Connolly supported the motion. Motion carried.

In the interest of time, agenda item IV.B – Discussion of Olmstead Implementation was deferred.

C. Action Item: Request for approval of Taskforce comments in response to DHS Non Emergency Medical Transportation RFI.

The comments include recommendations that the vendor of transportation brokerage services under a new DHS contract should be required to engage in more intensive Medicaid member education on how to access NEMT, to establish and meet regularly with a stakeholder advisory group, and to maintain and publicly report on its website data on trips, denials of service and service quality. Michele Meadors moved to approve submission of Taskforce comments in response to the DHS Non Emergency Medical Transportation RFI. Kathleen O'Leary supported the motion. Motion carried.

D. Action Item: Request for authorization to submit Taskforce comments on Iowa Health and Wellness Plan.

Iowa Medicaid Enterprise is requesting stakeholder comment on its implementation of the I-HAWP. The letter would include past comments submitted on I-HAWP on various occasions, such as concern for the lack of access to NEMT services. Deb Johnson suggested the comments include notes on what is working well and should be maintained in the program. Paula moved that the Taskforce authorize submission of comments on the Iowa Health and Wellness Plan. Kathleen supported the motion. Discussion followed.

June Klein raised concerns about the new Healthy Behaviors Program associated with I-HAWP, and intended to support the focus on wellness and prevention. The Healthy Behaviors Program creates incentives for I-HAWP participants to take steps to improve their own health by exempting them from premium payments in the first year of enrollment if they complete a health assessment and get a basic wellness exam from their primary care physician. In future years they receive further incentives for yet to be announced healthy behaviors. June's concern is that many people in the eligible population may be ill-equipped to fulfill requirements due to such factors as lack of transportation, child care or even a basic understanding of steps to control their health. June said that assistance should be provided to such individuals, perhaps by community partners with IME. Without such assistance, the program can even seem punitive, when that is not the intent. It was agreed these comments should be incorporated in the document. Deb Johnson said that the intent is to encourage people to have a real relationship with their primary care physician. She asked that the

Taskforce comments include specific ideas about how to overcome barriers to wellness. Paula thought consumer education would be key.

Geoff asked for a new motion incorporating these ideas. Michele Meadors moved that these comments be submitted to Iowa Medicaid Enterprise. Roxanne Cogil supported the motion. Motion carried. Liz was asked to send Taskforce members the date and location of the public hearing being held on I-HAWP.

Paula expressed concern about whether the new Taskforce members were getting enough information on the issues. Geoff said it is likely to take a year before new members will begin to feel comfortable with the range of issues the Taskforce has to deal with. Bob Bacon commented that no one should feel as though he or she has to be an expert on everything.

V. Update on Redesign

Theresa Armstrong (Chief, Bureau of Community Services and Planning, MHDS) stated that in July of this year all counties will be in an approved region, with Polk County's request approved for exemption from that requirement. Mahaska and Marion Counties have interim approval to form a two-county region; there are supposed to be no fewer than three, and Marion and Mahaska will have to demonstrate in the coming year that they can function effectively as a region. There are 15 regional entities in total, including Polk County. The financing sources for regional operations are:

- Property tax revenues (\$110 million in FY 2015) for services not covered by other sources;
- Equalization payments (\$30.5 million for FY '15, an increase of \$1 million over last year) to bring all counties up to a funding level equivalent to \$47.28 per capita; counties levying higher than \$47.28 must bring their levies down;
- Funds previously referred to as the Risk Pool (\$11.5 million) which counties will give to their regions;
- Fund balances – if counties have a fund balance, it must be used to pay for core and core plus mental health and disability services, although 25% of a county's budget can be reserved to maintain cash flow.

The appropriations can support both services and administrative costs, though these must be reported separately. Regions are required to provide an annual budget and service plan.

Theresa provided information on how the Medicaid offset ("clawback") is supposed to work. It is clear that a significant number people previously receiving county services are now getting them through the Iowa Health and Wellness Plan. Medicaid is thus saving money for the counties, and the Legislature has mandated the disposition of 80% of those savings. The remaining 20% stays with the counties. If a county has received equalization payments as defined above, the county must return 80% of its savings to the state. The state must use those savings to pay for services. If the

county did not receive equalization funds, the savings must be used to reduce its property taxes.

The date of the first determination of savings will be October 15th of this year; the savings must be returned by January 1st. Theresa said the fact that the offset amount still hasn't been determined is a concern.

Teresa Bomhoff said that the clawback funds could have gone to develop more core and core plus services, especially since property tax levies for services has been frozen since 1996. The former \$126 million funding level has now shrunk to \$110 million. The clawback could also have been used to serve people above 150% of federal poverty level (FPL) or people with developmental disabilities or brain injury but not intellectual disabilities. Paula questioned whether inequity was being perpetuated, in that whether a person can get services depends on where they live.

Regional plans must be acted upon by DHS no later than 6/1/14. They are not yet posted on the DHS website, because they haven't been approved. In response to questions about how people could comment on the plan for their region, Theresa said DHS would be the only place in some cases. Some regions are giving them to the public but most do not yet have websites. Jackie Dieckmann moved that the Olmstead Taskforce make a formal request to DHS for copies of the regional plans and budgets. Michele Meadors supported the motion. Len Sandler strongly encouraged Taskforce members to get involved in their region's planning advisory groups. The regions could also use the Taskforce for feedback on plans. Motion carried.

Geoff asked Theresa about the status of work on outcomes and performance measures, now that regions are beginning operations. Theresa said that development of a data dashboard is a long term goal. However, MHDS has shared the recommendations of the Outcomes Workgroup with the regions. The starting point for regional accountability will be a review of Medicaid and county claims data. This information is not on outcomes, strictly speaking, but it is still useful in getting a sense of penetration rates. The next step will be to look at data from providers (number of jobs, wages, etc.), and then at data from service users. There is no timeline in place for this yet. Geoff expressed the desire for that timeframe. Paula also expressed concern that families would not have an opportunity to speak publicly about issues without providers present, which can be intimidating. Paula tried to help a family going through a SIS assessment, and she saw inconsistencies in the use of the SIS when the family moved from one county to another. Theresa did not want the impression created that assessments will not be uniform and standardized. A presentation to the Taskforce on SIS implementation would probably be helpful.

X. Presentation on HCBS Settings Transition Plan

This agenda item was moved up because Deb Johnson had time constraints. She noted that it would be helpful if everyone signed the attendance sheet, as IME is trying to track everyone to whom they're presenting on the transition plan. She referenced three documents which had been sent to Taskforce members: a white paper providing

an overview of the impact of the rule on HCBS and how the state will approach implementation; an analysis of current service setting types; and a plan for transition of Iowa to full compliance with the rule, along with a timeline. The CMS rule applies to all Section 1915(c) waivers and the 1915(i) Habilitation Services waiver.

Deb briefly described the background and purpose of waivers, which actually had their start in Iowa in the 1980's. Newborn Katie Beckett had significant disabilities and health issues and was unable to leave the hospital for two years. In order to maintain her eligibility for Medicaid, she had to be in the hospital, even though her mother was certain that she could provide Katie with what she needed at home better and more cheaply, as long as Katie remained eligible for Medicaid. Deb commented that most people don't want to be in institutional or congregate settings in order to get the services they need. Katie's mother brought her crusade to Congress, which authorized creation by states of HCBS Waivers, which provide services in the home or community. An important condition is that the individual has to require an institutional level of care (i.e., hospital, nursing home or intermediate care facility (ICF)). Iowa's seven Section 1915(c) waivers can serve people with incomes up to 300% of federal poverty level (FPL); the Section 1915(i) Habilitation Waiver can only serve people up to 150% FPL.

The new rules from the Centers for Medicare and Medicaid Services define what is meant by the "integrated setting" requirement. They arose partly because some states allowed a switch from what was an institutional setting to an HCBS Waiver setting without changing the setting itself. Draft rules were first published in 2009, so these final rules were long in coming. Thousands of comments were submitted. The rules, which first focused on physical features of the setting, now deal more with the nature and quality of the person's experience and the extent to which they interact with the community and with people who don't have disabilities. Some settings are clearly identified as institutional, including hospitals, nursing homes, ICFs, and institutes for mental disease, and are not eligible as sites for HCBS services. The fundamental purpose is to provide a range of meaningful choices about where to live and work. Choice entails the risk of poor choices, e.g., in the selection of roommates or friends.

The rules will mean a change in the way IME does business, in such areas as more rigorous person centered planning. The first focus is Medicaid but Deb predicted that the rule will impact regional service delivery as well. She would like to give the Taskforce regular updates on implementation of the plan, and would like suggestions for quality indicators. Once the rule was published, IME had 17 days to submit a preliminary plan, in light of the immediate need to see a renewal of the ID waiver. A great deal of public input will be sought; Deb noted that many providers are worried about the impact of the plan on their operations, including providers who own the homes their clients are living in. These providers are subject to added restrictions. Iowa cannot afford to drive providers out of business, as there is insufficient provider capacity already, which is often the reason for waiting lists. IME will do presentations to any interested groups of people.

In addition, states are waiting for the additional guidance CMS has promised on HCBS employment services and day services, which are often located next to nursing facilities. Geoff stated that the Taskforce should meet with IME before the next legislative session to see how it could be helpful in promoting Olmstead compliance. Jackie Dieckmann suggested a central site where consumers can rate providers on the basis of the consumers' experience. Geoff asked if individuals on waiting lists might be directed by IME to other sources of assistance. Deb replied that this has been done with the counties and would now be done with the regions. Joe Sample of the Iowa Department on Aging said that Aging and Disability Resource Centers can also refer people to available disability services; efforts are underway to link ADRCs to regional operations.

Deb had to leave the meeting at that point but would like to come back and finish her presentation in the afternoon.

VI. Nominations Committee Report

Carrie England reported that an orientation session for new members was held in Altoona. She was encourage by the level of energy and advocacy experience. New members are encouraged to call other Taskforce members for help, and they are also encouraged to join one of the committees.

The Taskforce still has a vacancy to fill. The Nominations Committee met with Geoff to discuss candidates. A review of the rankings showed a clear front runner, Ann Gallagher from northeast Iowa. She has personal experience with disability, and serves on the board of her regional Office of Consumer Affairs as well as the PAIMI Advisory Council at Disability Rights Iowa. She has organized legislative outreach events. Paula moved that the Taskforce approve Ann Gallagher as a Taskforce member. Gary McDermott supported the motion. Motion carried. Ann will be potentially eligible for two terms.

VII. Housing and Transportation Committee

Committee members reported on a teleconference several members had attended, to provide input on the housing needs of people with disabilities to an Iowa Economic Development Authority consultant. The consultant is assisting the EDA in the development of the next five year Consolidated Plan for Community Development and Housing. The Plan establishes priorities for the use of Community Development Block Grant (CDBG) funds and for several HUD housing programs which can provide housing for people with disabilities. The funds administered by EDA serve areas outside the metropolitan areas of Iowa. Taskforce members sensed that the consultant and the EDA were not familiar with either employment of housing issues related to disability. They did not seem to be knowledgeable about visitability or universal design, for example.

Len Sandler commented that the survey disseminated by the consultant for stakeholder input on the Plan was extremely difficult to understand. The first paragraph was written

at a college reading level. Len had a number of “testers” take the survey and they could not understand the technical language. At this rate they are likely to miss not only people with disabilities and those with low educational attainment but also non-English-speaking minorities. Under-reporting on the number of people who need accessible housing is already an issue. Len cited a Senate Resolution filed in 2005 recommending creation of a multi-generational, sustainable housing taskforce. Len will send information to Taskforce members on housing advocacy carried out over the last ten or fifteen years. Len also stated that he thought it would be advantageous for Iowa to have a State Housing Authority.

Geoff suggested that these issue be taken up again at the next Taskforce meeting.

Michele Meadors stated that the Iowa Department of Transportation is hosting a summit on May 15th in Marshalltown. People with disabilities who want to attend have to find their own transportation, which can be very difficult. There is also a statewide Mobility Managers meeting in October. Roxanne Cogil and Michele are both members of the Des Moines Transportation Advisory Group. One topic frequently discussed is NEMT services and the new contract for brokerage services.

Liz explained the purpose of the NEMT brokerage, which is supposed to simplify access to NEMT for Medicaid members who need to a doctor’s appointment or to a drugstore and do not have their own transportation. Determining eligibility for the ride based on the person’s enrollment in Medicaid and the legitimacy of the trip was formerly the responsibility of DHS Field Office Income Maintenance workers. The worker also had to verify that the trip was taken, and that it was done using the least expensive mode of transportation appropriate to the person’s needs. Overworked IM workers often lacked the time to follow up, and as was the case in many states, errors have been made and consumers have been extremely frustrated and confused. State Medicaid programs began to contract with brokers who would have a call center, access to Medicaid enrollment data, and subcontracts with a robust enough network of ride providers that they can ultimately provide more rides, at less cost to the state, than was possible before. Iowa has had a brokerage for four years, but many concerns and complaints have been raised about the quality of service, about the fact that there is no formal mechanism for consumer input, and about the lack of published data on outcomes and performance. That was the purpose of the Taskforce comments approved earlier in the meeting.

Geoff Lauer commented that Disability Rights Iowa (DRI) will be watching the NEMT issue over the next 12 to 18 months, and that the Taskforce should support DRI’s work in this area. Len pointed out that Peer Action Disability Support (PADS) in Cedar Rapids has also been working on transportation issues, including NEMT, for years.

Dawn suggested that the Taskforce remind state agencies that when they are planning an event in which they hope to involve people with disabilities, they might find the Taskforce a useful resource. Michele moved that the Taskforce send a letter to the Iowa Department of Transportation regarding the Marshalltown summit, expressing

concern that people with disabilities were not tapped as a resource. Len Sandler supported the motion. Motion carried.

VIII. Discussion of Taskforce Committees

Geoff explained that the bylaws provide for two standing committees—the Executive and Nominations Committees. Ad hoc workgroups are to be set up as the need arises to address issues. Currently the Taskforce has a Housing and Transportation and an Employment group, or committee. There are many other kinds of issues, such as Medicaid expansion, that can be so volatile that the Executive Committee frequently has to take action on behalf of the Taskforce in between meetings. Technically, the Taskforce has had a Legislative Study Committee which was co-chaired for many years by Dawn Francis and Casey Westhoff, but because of the frequent need to act quickly, Dawn and Casey simply participated in Executive Committee discussions. Both Dawn and Casey have now left the Taskforce due to term limits. Two inactive committees are Public Information and Strategic Planning.

Geoff noted that many of the Taskforce’s new members are already experienced advocates, and this is an opportunity to recharge committees. One idea that has come up is splitting the Housing and Transportation Committee because there are major issues in both areas. There was consensus that this should be done. Mary Roberts also suggested that at some point the Taskforce may want to set up an Education Committee. It was agreed that AT is an important issue that is relevant to most other committees, and AT discussions should be a part of those committee’s policy discussions. Geoff recommended that an MHDS Redesign Committee be set up to follow those complex issues.

Committees were set up as follows:

Housing

Mary Roberts
Jackie Dieckmann
Michele Meadors
Len Sandler
Tracy Keninger
Chair Bruce Teague will be contacted to determine his continued interest.

Transportation

Gary McDermott, Chair
Kathleen O’Leary
Joan Bruhn
Michele Meadors
Len Sandler
Tracy Keninger
Roxanne Cogil

Employment

Ashlea Lantz, Chair
Joan Bruhn
Roxanne Cogil
Kathleen O'Leary

MHDS Redesign

June Klein
Mary Roberts
Jackie Dieckmann

X. HCBS Transition Plan (cont'd)

Deb Johnson had rejoined the meeting and continued her presentation. Jackie Dieckmann asked about providers as landlords. Deb responded that under the new CMS rules there will likely have to be adjustments in the formal relationships between most providers and their tenant/clients. She said IME will engage providers in a conversation about such issues as tenant rights. Some providers may become upset with the changes, but their continued eligibility for Medicaid reimbursements depends on compliance with the regulations. The transition plan is geared to achieve compliance by March 17, 2019, the five year deadline set by CMS.

Deb said IME would like to explore changes in Iowa waivers, such as the addition of personal assistance other than CCO, and to include assisted living in the Elderly Waiver. However, the Medicaid budget is facing a \$29 million shortfall this year, which will take some hard thinking. She asked for ideas and recommendations from the Taskforce.

Geoff said that the Taskforce needs to support IME in its transition efforts, in anticipation of pushback. Advocates need to educate families and other stakeholder on the reason for the transition. He would like Deb to meet with the Executive Committee to discuss how the Taskforce could help with stakeholder education, and to explore how to achieve the desired outcomes without driving providers out of business. Deb said several public meetings are already scheduled throughout the state and webinars are also planned. The input of advocates will be needed. People should call Deb (515 256 4662) if they need a group presentation.

Geoff asked that if people with brain injury are on the waiver waiting list, they be referred to IDPH for neuro facilitation services.

IX. State Agency Reports

Iowa Department on Aging – Joe Sample commented that he has been attending Taskforce meetings for three years, and sees a level of excitement and energy today that he has not seen before. Joe described his work on the Aging and Disability Resource Center concept. Work began in 2004, leading to a web portal, LifeLongLinks.org, which helped people access Iowa’s three major Information and Referral networks: I-4A for aging services, Iowa 2-2-1 for general information on available services and help, and Iowa COMPASS for disability services. The “ADRC” was virtual for years, but IDA recently began to explore how it could be incorporated into communities and regions. The concept has evolved into a No Wrong Door approach, where regardless of the point of access (area agency on aging, the region, etc.) a person should be able to get accurate current information. ADRCs have now been designated throughout Iowa, and are operated by area agencies on aging. For the last six years, only two were piloted, in Cedar Rapids and Waterloo, and with ADRC expansion, the department is still trying to figure out what they should look like.

The only funding available for ADRCs has come from the Older Americans Act, to support information and assistance, and options counseling. The intent is to help people avoid having to spend down all their resources in order to get long term services and supports (LTSS). The lack of funding is leaving the department hamstrung.

Currently, IDA is working on “re-imagining LifeLongLinks, on the provision of HCBS services to veterans, and on its Lifespan Respite grant. With respect to veterans assistance, IDA is working with the Veterans Administration Medical Center in Iowa City, but the hope is that services can be made available statewide to other veterans’ centers. Gary McDermott, who is a veteran, has been an advisor on this project.

Regents – Patrick Clancy was thanked for his participation as the Regents’ representative to the Taskforce, as he is retiring at the end of June. He noted that the School for the Deaf and the Braille School are working to deploy resources to regional academies. The hope is for eventual creation of five academies.

Iowa Department of Public Health (IDPH) – Karin Ford reported that the IDPH disability and health needs assessment is now posted on the website. Data collected in the survey could be helpful in grant writing. Karin is conducting ADA accessibility surveys of facilities such as mammography clinics. The intent is to improve services to people with disabilities, including cognitive issues. Karin had high praise for the clinic at Mary Greeley Hospital. IDPH is providing resources to clinics help serve these populations. The last year of the Disability and Health grant ends in July. The Department is looking for resources to continue work on emergency management planning, including its effort to get a weather radio in everyone’s home. Karin was recently appointed to the Iowa Council on Homelessness representing IDPH. She hopes to be able to bring awareness of the homelessness issues of people with disabilities.

XI. Member Reports

Kathleen O'Leary commented on how hard it was for people to find out about and access NEMT services. She has a friend who did not know about the availability of the service, and paid \$80 out of pocket to keep an appointment. That money is not reimbursable. Geoff said that the DRI and the Transportation Committee will continue to work on this issue.

Gary McDermott said an effort is underway at the federal level to draft refueling assistance legislation.

Geoff noted that the Governor has until June 2nd to take action on appropriations bills. The Executive Committee will follow up on today's legislative issues per the Taskforce discussion.

The issue of Special Needs Trusts will have to be deferred.

XII. Public Comment

Bob Bacon wanted to echo Joe Sample's statements about the increased energy level and capacity of the Taskforce. This is a period of unprecedented change in Iowa, with expanded Medicaid, Accountable Care Organizations and Integrated Health Homes, and MHDS redesign. However many issues are being encountered, he believes the situation would be so much worse if redesign had not occurred. For example, the state has taken responsibility for the non-federal match for Medicaid, which was becoming an unsustainable burden for counties. Bob took note of how full today's agenda was. He asked if in light of so many issues and new developments, it were not time to re-examine the DHS Olmstead Plan, which has become out of date.

XIII. Adjournment

The meeting adjourned at 3:20 pm