

OLMSTEAD CONSUMER TASKFORCE MEETING
November 14, 2014
Pleasant Hill Public Library, 5151 Maple Drive, Pleasant Hill

MINUTES

Handouts

Minutes of Previous Meeting – September 12, 2014

Executive Committee Minutes – October 8, 2014; November 4 & November 12, 2014

Balancing Incentive Program and Selection of Core Standardized Assessments:
DHS Powerpoint – November 12, 2014

Taskforce Comments in Response to Application for NEMT Waiver Renewal
under Iowa Health and Wellness Plan – October 13, 2014

Georgetown Public Policy Center Comments on NEMT Waiver Renewal under I-
HAWP - October 23, 2014

Taskforce Comments on EDA Consolidated Plan – October 28, 2014

Taskforce Letter to MHDS Administrator and State Medicaid Director Urging
Progress in Employment Services Redesign – October 15, 2014

Taskforce 2015 Meeting Dates

Nomination Committee Minutes – October 17, 2014

Taskforce 2015 Recruitment Cover Letter, Instructions and Application Form

Taskforce Membership Analysis November 14, 2014

Housing Committee Minutes – October 8, 2014

Employment Committee Minutes – October 3, 2014; November 6, 2014

MHDS Redesign Committee Minutes – September 26, 2014

Legislative Priorities 2015: Preliminary Issue Ranking – November 14, 2014

Taskforce Members Present: Joan Bruhn; Roxanne Cogil; Paula Connolly; Jackie Dieckmann; Carrie England; Ann Gallagher; Tracy Keninger; June Klein; Ashlea Lantz; Geoff Lauer; Michele Meadors (by phone); Linda Moore (by phone); Kathleen O’Leary; Mary Roberts; Len Sandler; Bruce Teague (by phone); Jennifer Wolff

Taskforce Members Absent: Gary McDermott; Rik Shannon

State Agency Representatives Present: Tammie Amsbaugh (CDD/MHDS); Theresa Armstrong, Karen Hyatt-Smith, Lin Nibbelink and Rick Shults (DHS – MHDS); Kristin Haar (DOT); Deb Johnson (DHS - IME); Terri Rosonke (IFA); Joe Sample (IDA)

Staff: Bob Bacon; Liz O’Hara

Guests: Teresa Bomhoff; Dawn Francis; Jane Hudson

I. Welcome and Introductions

Chair Geoff Lauer called the meeting to order at 10:10 am. A quorum was declared.

II. Review, Amendments and Approval of the Agenda

June Klein moved to approve the agenda. Jackie Dieckmann supported the motion. Motion carried.

III. Review, Amendments and Approval of the Minutes of the Previous Meeting – September 12, 2014

Roxanne Cogil moved to approve the minutes of the previous meeting. Joan Bruhn supported the motion. Motion carried.

IV. Executive Committee Report

- A. Non Emergency Medical Transportation Waiver Under the Iowa Health and Wellness Plan. The NEMT Waivers is a one year waiver within the I-HAWP extension of Medicaid coverage in Iowa. I-HAWP was implemented through two Section 1115 Waivers that allow the state to demonstrate different ways to deliver Medicaid services. The Waivers are for a three year period ending 12/31/16, when the state would have to show, through rigorous evaluations, that those changes in Medicaid rules improved the delivery system. However, the waiver of NEMT services within I-HAWP was approved by CMS for only a one year period ending 12/31/14. DHS is applying for a two year extension, and has tried to demonstrate that NEMT is unnecessary to ensure access to healthcare.

The UI Public Policy Center is the contractor for evaluation of I-HAWP. Their study of the impact of the NEMT Waiver concluded that not enough information was available yet to draw conclusions, but their sample survey of I-HAWP members found that transportation was a barrier to healthcare for 20% of the Wellness Plan and 10% of Market Choice participants. Many public comments have been submitted on the NEMT Waiver; all appear to be negative. The waiver drew national attention because of the unprecedented approval by CMS of a waiver that dropped a Medicaid service. The Georgetown Public Policy Center drafted a letter to CMS opposing extension of the waiver, citing extensive research on the critical importance of NEMT in ensuring access to medical care for many Medicaid participants. The PPC invited sign-on from advocacy organizations nationally.

Action Item: Request for Endorsement of Olmstead Taskforce Comments to DHS Opposing Extension of the NEMT Waiver – October 13, 2014.

Action Item: Request for Endorsement of Olmstead Taskforce Sign-On to Georgetown Public Policy Center Comments to CMS on Iowa's NEMT Waiver

– October 23, 2014. Liz O’Hara noted that the Taskforce had directed the Executive Committee to submit comments opposing the NEMT Waiver both to DHS and to the U.S. Department of Health and Human Services. Because the Georgetown PPC letter became such a prominent statement nationally, and included all the important arguments against extension, the Executive Committee authorized Taskforce endorsement of the letter in lieu of a separate one to CMS. Moved by Joan Bruhn and supported by Kathleen O’Leary to endorse both the Taskforce comments to DHS and the Taskforce sign-on to the Georgetown Public Policy Center, opposing extension of the NEMT Waiver under I-HAWP. Motion carried.

B. EDA Five Year Consolidated Plan for Housing and Community Development. The final draft of the Plan shows that the Economic Development Authority has tried to respond to Taskforce concerns, expressed during the stakeholder input period, that the EDA has not focused enough on the needs of lowans with disabilities in its plans for the allocation of Community Development Block Grant (CDBG) funds and the housing resources at its disposal. The draft Plan to be submitted to the U.S. Department of Housing and Urban Development specifically mentioned the use of CDBG funds to support job training for people with disabilities, as well as improvements in housing accessibility. The comments authorized by the Taskforce Executive Committee for submission prior to the deadline for comments (10/28/14) urge the EDA to continue to work with other state agencies to ensure a coherent response to *Olmstead*; the draft continues to reflect lack of understanding of institutional bias in residential services for lowans with disabilities.

Action Item: Request for Endorsement of OCTF Comments to EDA on Five Year Consolidated Plan for Housing and Community Development – October 28, 2014. Ann Gallagher moved to endorse the Taskforce comments to EDA on the Five Year Consolidated Plan. Jenn Wolff supported the motion. Motion carried.

C. Employment Services Redesign. Ashlea Lantz stated that the Executive Committee had been made aware of the need to communicate with MHDS Administrator Rick Shults and Acting IME Director Julie Lovelady about the urgent need to sustain forward momentum in the on-going work to retool Iowa’s employment services system to promote integrated employment options. A great deal of work has been accomplished by state agencies working together with a variety of stakeholders, but progress has recently slowed.

Action Item: Request for Endorsement of OCTF Letter to DHS – IME and DHS – MHDS Urging Progress on Employment Service System Redesign – October 15, 2014. Roxanne Cogil moved to endorse the Taskforce letter to MHDS Administrator Rick Shults and Acting IME Director Julie Lovelady urging progress on employment service system redesign. June Klein supported the motion. Motion carried. Geoff noted that he had received a

response to the letter from DHS, and that he was referring it to the Employment Committee for review. The response indicated some of the work that remains to be done to achieve the desired systemic changes. Geoff noted that due to the good work of its committees, the Taskforce is being heard on a range of issues.

D. Olmstead Website: Disposition of Comments Posted by Visitors. Liz reported that updates to the Olmstead Taskforce website are underway. CDD has contracted with Meredith Field, who now has administrative rights, and who discovered that a visitor to the website posted a comment under the "Leave a Reply" box on the Medicaid Waiver page. How to handle such comments was never discussed, and the Chair is authorized to provide personal responses, as appropriate, for now. However, Liz said that she would appreciate having a small group provide advice and suggestions on how to strengthen the website, citing earlier suggestions that the website might provide more links to information on on-going issues. Jackie Dieckmann suggested one such link might be to the No Wrong Door system once it is operational. Joe Sample of the Iowa Department on Aging stated that the current LifeLongLinks website, which is linked to three information and referral services (aging, disability and Iowa's 2-1-1 systems) is currently being revamped. Jackie, Kathleen O'Leary and Carrie England agreed to meet with CDD to discuss the website.

E. Taskforce 2015 Meeting Dates. Geoff noted that a list of 2015 meeting dates had been distributed so that Taskforce members and interested parties could get the dates on calendars.

F. Status of Olmstead Plan. Geoff cited the U.S. Supreme Court's decision under *Olmstead*, that people have a right to receive services in the most integrated setting appropriate to their individual needs, and commented that few decisions are so frequently misunderstood. He said that people with disabilities need to be aware of what is contained in the decision, and that the Taskforce should return to interpretation over and over. For example, the Court did not order closure of institutions. Especially now with the Department of Justice enforcement action in Rhode Island, people are wondering if sheltered workshops are illegal. Geoff said that a Linn County Supervisor had written Senator Grassley about the possibility of getting an "exception" to *Olmstead* which would allow the county's sheltered workshop to continue operations. Senator Grassley forwarded the inquiry to the DOJ; the department's response is not yet known. In the meantime the prospect of closing the workshop is creating fear among its clients and their families.

Olmstead poses many challenges, and Geoff said that the Taskforce needs to take the time for "thorny discussions" of what it means for consumers. Jackie Dieckmann said that she sees a need to discuss sheltered workshops, which she feels can be very appropriate for some people with high anxiety disorders

or psychoses. The workshop can be a safe place, offering people a sense of community. She expressed awareness that workshops are not appropriate for everyone, however. Jackie also felt that supportive housing, where larger clusters of people live together with services, can serve the same purpose. She cited the example of her son, whom she wants to live in the community but who can frighten people with his behavior. It is a comfort to her when providers understand her son's condition. Joan Bruhn commented that some people can benefit from sheltered workshops but some people receive such services because they can't find employment in the community. She has seen the importance of appropriate responses to people with mental illness in the community—by a bus driver, for example, who thus provides a powerful example to onlookers.

Geoff interpreted the DOJ's action in Rhode Island to mean that sheltered workshops may be permissible for people who make that fully informed choice, but that states may not rely on that service model excessively. He does not see *Olmstead* as an "A, not B" proposition. Jenn Wolff said she views the issue as a need for a continuum of choice. There is little available for hard-to-serve people with mental illness, who are then marginalized by the system. Geoff said that *Olmstead* cannot be used as justification for putting such individuals in inappropriate settings such as homeless shelters, using the excuse that nothing else is available. Sufficient funding must be made available to provide meaningful options. Jackie said that she is aware of instances in Iowa where acute care patients were in fact discharged to homeless shelters. Geoff said that a letter to the state, or collaboration with Disability Rights Iowa, might be an appropriate response to these situations. Karen Hyatt-Smith said that DHS gets calls about such situation.

Ashlea Lantz said it bears repeating that Employment First work in Iowa is not about closing sheltered workshops, but about creating more choices. Currently 80% of employment service funding is being spent on facility-based services, which means that in many areas there is no other choice. She cited the case of her sister, who has a disability and who was presented with only one option upon her graduation. June Klein said that everyone needs help with something, and that supports should be individualized to keep people in the least restrictive environment. We should be thinking outside the box, and talking about this with all the people in our lives, rather than thinking of people with disabilities as less than full members of our community.

Jane Hudson commented that the *Olmstead* decision should not be misinterpreted. It is an integration mandate: people are to be part of their communities. The idea of "choice" is not part of *Olmstead*, only what treating professionals determine that people need. Len Sandler stated that the *Olmstead* decision and the principles derived from it need to be distinguished from Medicaid and CMS regulations; compliance with one is not necessarily compliance with the other. The new CMS regulations do not focus on the

number of beds in a residential setting but on how the program in that setting is run. Medicaid funds can't be used to pay for services in a highly regimented setting. The question is what Medicaid funds can pay for; other non-waiver funds might well be used for those services. Len has a chart contrasting Medicaid regulations, *Olmstead* principles and best practices.

Bob Bacon stated that he visited with someone who was instrumental in bringing suit in Rhode Island, and the individual described unintended consequences from the settlement. Sheltered workshop operators gave up their Section 14(c) certificates allowing them to pay sub-minimum wage, and now their clients are at home during the day, or in day habilitation. The Transition Institute which was set up to provide technical assistance to providers wishing to develop supported employment services has been underfunded. Bob concluded that we need to keep building provider capacity. Ann Gallagher stated that Magellan's new reimbursement methodology for behavioral services will also ultimately keep people at home or in day habilitation.

Geoff stated that the discussion had been helpful, and that the Taskforce needs to be prepared to provide a vigorous response when new policy or practice has unintended consequences.

V. Nominations Committee Report

Jenn Wolff reported that recruitment of new members was underway. The application form and cover letter with instruction have been revised to help the committee get more precise information about people's backgrounds. Ann Gallagher recommended a strong effort to recruit veterans, Roxanne Cogil encouraged a focus on rural areas, and Kathleen O'Leary on individuals with advocacy experience.

VI. Employment Committee

Ashlea Lantz expressed appreciation to the Employment and Executive Committees in their quick action in sending the letter to the MHDS Administrator and the Acting IME Director. She discussed the role for the committee in educating stakeholders, including the creation of a fact sheet or possibly a webinar. The fact sheet would be a way to develop consistent language about what Employment First means to Iowa in order to minimize confusion. She discussed the idea with the Iowa Coalition for Integrated Employment, and received a favorable response. She will take the same message to an upcoming meeting of the Employment First Leadership State Mentor Project.

VII. MHDS Redesign Committee

June Klein reported that the committee had met in September to discuss children's mental health issues. Tammy Nyden, who leads the NAMI Children's Mental Health Committee, is working on a survey to learn more about the gaps in children's services. The committees are also continuing to look at the Integrated Health Home (IHH) initiative and wraparound services to see how well they are accomplishing their objectives.

June's survey regarding IHH received 320 responses from 27 counties. Over half the responses were from professionals in the adult service system. The level of respondent satisfaction with IHH ranged across the board. About a third of respondents cited positive experiences and about half shared stories of negative experiences. This was also true across the MHDS regions. June will provide the Taskforce with survey results. Geoff commented that the IHH rollout seems to have been a difficult transition for some people, and that the Redesign Committee survey could serve as a baseline for follow-up surveys. June said that Magellan staff mentioned using the survey for that purpose. Jackie Dieckmann said her impression is that the rollout got off to a slow start, but that the situation is improving. June agreed that problems may have just resulted from implementation issues, especially since the MHDS regions were also getting started.

VI. DHS - MHDS/Redesign Update

MHDS Division Administrator Rick Shults provided the update. Regarding Taskforce concerns about the Medicaid "clawback," or the savings to counties due to new Medicaid coverage for mental health and disability services that must be returned to the state, he said he had spoken the previous day to county supervisors. Determining the amount of savings to counties, now that Medicaid pays for services previously covered by local revenues, has been the focus of a great deal of work. MHDS and the regions have discussed which specific services, to those most likely to benefit from coverage under the Iowa Health and Wellness Plan, are to be included in the development of the baseline, and Rick felt that people are satisfied with the consensus decision.

The expectation of the Legislature was that the savings to counties due to the I-HAWP would be identified, captured and used for a variety of purposes. The rules for the process were based on legislative language. The counties' charts of accounts recording local expenditures were reviewed for specific population groups, for the first half of FY 2014 and compared to the identical line items for the second six months, to determine the amount by which spending had been reduced. The counties, assisted by the Iowa State Association of Counties (ISAC), prepared reports to DHS by the 10/15/14 deadline. The difference was \$10.1 million for the six month period.

Rick stated that I-HAWP now has an enrollment of 110,000. In an average month, 82,000 people receive behavioral health services, an indication that I-HAWP is working very well.

The regions can keep the savings for the second half of FY 2014. To develop the estimate of annual savings for FY 2015, the \$10.1 million would be multiplied by two. Of the \$20.3 million, the legislation states that 20% (\$4 million) is to be retained by the regions. Disposition of the remainder depends on whether a given county has received equalization funds to bring the revenues available for services up to the level of \$47.28 per capita. This year 55 counties received equalization funds. They will return the amount of those state payments by January 1st to a state fund, from which the Legislature will make appropriations next year for mental health and disability services. DHS has made recommendations for the use of those funds: first, to ensure that all regions are providing core services to people with mental illness and intellectual disabilities (although Rick does not believe that any region is having problems fulfilling this obligation); and second, to support the regions' development of comprehensive crisis services and services for people who are justice-involved. These are core plus services. Finally, of the \$20.2 million, about \$6 million will be used to reduce the levy rates of the 50 counties which have traditionally levied in excess of the \$47.28 per capita cap. Counties would identify the dollar amount in excess and work backwards to calculate the reduction in their levy rates. Reduction in rates is mandatory.

Roxanne Cogil asked about the prospects for services to people with developmental disabilities; Rick said a number of regions are already serving this population. Roxanne asked about the prospects for core plus services. Rick said he has the preliminary budget documents from the regions, which he will share with the Taskforce, showing what services are included in their budgets, including core plus services. The document is also on the ISAC website. He said the regions are working very hard on core, crisis and justice-involved services. Jackie Dieckmann asked if the regions will be looking for input on core plus services. Rick affirmed this and suggested she find out when her governance board was meeting. Geoff asked what happens if counties do not spend all their money by the end of the fiscal year. Rick responded that there is an expectation that no county will have a fund balance in excess of 25% of its budget. If it does, it needs to develop a plan to deal with it. The money doesn't default to the Treasury, however. The intent of the Legislature is to stabilize funding for the system, although lowering taxes was also an important feature of the new system to many lawmakers. The 25% cap was set to allow counties to maintain the necessary cash flow, including during the first three months of the fiscal year before tax revenues come in.

Rick acknowledged that there is no equalization funding, but that it was time to look at the regions' needs. Teresa Bomhoff stated that she hopes DHS does not back off from this obligation, as this was the rationale for establishment of the across-the-board per capita funding calculation. If equalization funds are unavailable, sustainability becomes a major issue.

Geoff asked about the status of the data reporting and outcomes development efforts. Rick acknowledged that the department had not made as much progress as originally intended. DHS expects to get analysis of claims data completed this year. The next step will be to reach out to groups of consumers for input. The department currently lacks the personnel needed for this task. Bob Bacon added that he has just been notified by the University of Iowa that CDD can begin the interview process (with MHDS) for the quality assurance analyst who is to work on outcomes.

Rick closed by saying that in general the regions are doing well, and he asked Taskforce members to participate in the meetings of their governance groups. The governance bodies are bringing in national experts to assist in development of evidence-based practices. Geoff said that he and other Taskforce members are cautiously optimistic.

IX. DHS – IME Update

Deb Johnson, Bureau Chief of Long Term Care, provided the update.

Five Year Transition Plan – HCBS Integrated Settings. Deb provided a brief background on the new CMS rule defining community settings for purposes of Medicaid eligibility under the HCBS Waivers. The rules do not focus on physical characteristics, such as the number of beds, but rather on the consumer's experience of independence, choice and community participation. Deb said the rule evokes the original purpose of the waivers. Iowa has been working on adherence to these principles for some time, and is a little ahead of other states, though much remains to be done. States must come into compliance with the rule by March, 2019. This may seem like a long time, but the effort involves a change in culture.

Len Sandler commented that it is hard to understand the technical language in the Transition Plan. The Technical Assistance Center has a very simple five-page paper that explains the rule and provides a lot of information.

The ID Waiver is in the process of renewal; application was submitted on July 1st. IME had to have a preliminary transition plan in place 90 days in advance, very soon after the rule itself was published. Stakeholder engagement is required in the renewal process, and IME will be holding more forums in November. IME would like to have essentially the same transition plan for all of Iowa's waivers. She urged to Taskforce to continue to make

comments, which can be submitted via email, at any time. The next waiver requiring renewal is the BI Waiver, which expired October 1st.

Jane Hudson asked what the enforcement strategy was for providers not in compliance. Deb responded that that needs to be defined, but would likely involve the same procedures currently used, including putting the provider on probationary status, establishing sanctions, up to and including termination of their Medicaid certification. Jackie Dieckmann asked how long it would take to terminate a provider. Deb responded that this would depend on such factors as the number of consumers served by the provider and how hard it would be to transfer them to other providers. DHS has a crisis team to deal with such situations.

The HIV/AIDS Waiver expires in March 2015. It serves about 50 people.

Update on Waiver Waiting Lists. Regarding the \$6 million appropriation to reduce waiver waiting lists in FY 2015, Deb noted that it is usually difficult to get the entire appropriation spent in one year. For each waiver, IME looks to the individual who has been on the waiting list the longest. IME has found that only about half of applicants contacted end up eligible for a slot, for a variety of reasons. Geoff asked what happens to unspent appropriations at the end of the fiscal year. Deb replied that they become part of the DHS general budget. Rick Shults commented that there is generally no problem getting the money spent. Deb said that a separate issue from the waiting list is the rising cost of ID Waiver services, which have increased 13%.

There was some temporary confusion about DHS's waiver waiting list website, and staff was asked to send the correct link to Taskforce members. Paula suggested that people on the waiting lists may not understand the significance of their place on the list, and that DHS might provide a clearer explanation of how they are progressing through the lists on the website. Teresa Bomhoff asked if there would be a report at the end of the year on the number of people on the waiting list who had begun to receive services. Deb said that there would be, but that it was not likely to show as much progress as people would like. She will send the report to CDD to distribute to Taskforce members. She explained that the process can move slowly due to difficulties in locating people on the list, determining their continuing interest in and eligibility for the waiver, and locating a provider to serve them. Geoff said that a Legislative Study Committee could look at ways to speed the process.

Co-opportunity Withdrawal from I-HAWP. Deb said that individuals who have been covered by Co-opportunity will now be seamlessly transitioned to other coverage. Teresa Bomhoff suggested that Co-opportunity customers have their options clearly explained to them, i.e., what is available under the Wellness Plan versus the Coventry Plan. Teresa believed that their clear choice would be the Wellness Plan.

X. Update on Employment Service System Redesign

Linn Nibbelink (DHS – MHDS) and Tammie Amsbaugh (DHS – MHDS/CDD) provided a background and update on current work by state partners to promote integrated employment options for people with disabilities. Tammie stated that in 2009, CMS had issued guidance for states providing employment services under their Section 1915(c) Waivers. For the first time, the goals of those services were clarified: individualized employment in the community at or above minimum wage. Pre-vocational services were required to be time-limited, with a job as the intended outcome. Career exploration was added as an optional activity in day habilitation. Services were to be more individualized. States renewing waivers since 2009 have worked to align their services with the CMS guidance, although Tammie noted that states still have wide latitude within that guidance. Adding career exploration as a service is optional, for example, and states have latitude on time limits for pre-vocational services.

Tammie said that the Department of Justice has been working aggressively on compliance with *Olmstead* since 2009. In addition, CMS has just issued its rule on integrated settings for HCBS services, including employment. Under the Workforce Innovation and Opportunity Act (WIOA), there will be significant changes in vocational rehabilitation services, especially for youth in transition from school to work. WIOA begins to address the issue of Section 14(c) certificates allowing payment of subminimum wages. Before a young person can be referred into a subminimum wage job, he or she must have the opportunity for fully informed choice among other alternatives. WIOA rules will take effect in July 2016.

Tammie discussed the DOJ settlements with the State of Rhode Island and with Providence. There was an interim agreement in 2014 affecting school districts and some Providence providers, and there was an April 2014 consent decree with Rhode Island. The state did not try to contest the DOJ findings, that 80% of consumers were in segregated settings, often for longer than 15 years, and earning an average wage of \$2/hour. Rhode Island stopped providing funding for sheltered workshops, and under the decree set a goal of supported employment for all consumers, at or above minimum wage, at an average of 20 hours per week. In addition, the state was required to provide a total of 40 hours per week of employment supports plus meaningful daytime activities. The state Department of Education was required to adopt the Employment First policy of competitive employment in the community, at or above minimum wage, as the preferred and intended outcome of employment services. Services leading to employment would have to begin at age 14, to include outreach, benefits planning, and work experience. A total of 1250 youth were affected.

A “Conversion Institute” was to be set up to provide training and technical assistance to sheltered workshop service providers in transitioning to a supported employment service model. An \$800,000 trust fund was to help with startup of the institute.

Lin Nibbelink said that Iowa is already taking some of these actions. She noted similarities in target populations between the two states. She said the purpose is not to close sheltered workshops but to create meaningful choices; if people have no knowledge or experience beyond workshops, they will naturally choose workshops for services. The vision of Iowa’s Employment First initiative is that Iowans with disabilities will be employed at the same rate as people without disabilities. State partners envision a system that is individualized, person-centered and flexible over a person’s life cycle. In order to achieve compliance with CMS guidance, Iowa needs to build provider capacity and create uniform expectations for provider qualifications

Teresa Bomhoff raised a concern about the shortage of certified employment specialists, who are required to pass a national exam. Lin said that 30 people sat for the exam at the recent APSE conference. The Iowa Association of Community Providers (IACP) is in charge of testing and certifying in Iowa.

Jane Hudson stated that by December 2015, Iowa Vocational Rehabilitation Services (IVRS) and DHS are to have an intergovernmental agreement in place governing their collaboration in the provision of employment services. She said that a taskforce had been set up to work on the components of the agreement, and asked what the taskforce’s recommendations were. Rick said that they are still collecting feedback, in order to avoid unintended consequences. Lin added that there is a great deal of detailed work that has to be done, and that the Memorandum of Understanding will cover a broad range of issues. She said the input being collected is not best described as recommendations, but as material to inform the process. Rick said that the Legislature’s increase of the IVRS Title I match was a major step forward, and will have a significant impact of people’s ability to access employment.

Jackie Dieckmann commented that if the effort is to be successful, willing employers will be needed. Lin responded that the IVRS Employment First Leadership State Mentor Program funded by a Department of Labor grant serves the same function as Rhode Island’s Conversion Institute, providing access to experts in the field to interested providers. The EFLSMP experts worked with fourteen providers who were able to place more than 400 people with disabilities in community employment. One third of these jobs were customized, based on the interests and abilities of the consumer and then on the needs of employers for those skills. These fourteen agencies accounted for 44% of pre-vocational service recipients in Iowa in 2013. The EFLSMP grant has just been renewed, and IVRS hopes to double the number of participating providers. Success requires provider staff who are good sales

people. Geoff asked how employers can be assured that these consumers have real skills, and that employers are not going to be asked to take on the job of providing long term supports. Lin responded that the partners are currently discussing uniform messages. The focus of employment service is no longer charity but finding ways to meet the needs of business. People with disabilities are loyal employees.

June Klein said that flexibility is important, i.e., if a job doesn't work out for someone they should not be stuck there for the rest of their lives. Lin agreed, saying that people tend to have many jobs over a lifetime. Paula Connolly said it is important to make sure that effective services are available statewide in case people have to move. Geoff asked how the kind of unintended consequences Rhode Island experienced could be avoided in Iowa. Bob Bacon responded that change has to happen over time; it can't be accomplished with the flick of a switch. Many providers at the table in Iowa provide both sheltered work and supported employment; some provide only sheltered work. The fact that the 14 providers who got 400+ people into jobs serve such a large percentage of Iowans with disabilities is significant; Bob believes we are at a tipping point with disability and employment. However, he noted that sheltered work providers are tired of being demonized for doing what the service system paid them to do, and a consensus statement should be developed that honors their work, acknowledges people's fears, and provides reassurance that the system can change in a win-win way.

XI. Strategic Priority Setting

A. Survey Results: Report and Discussion. Taskforce members had been sent a preliminary ranking of legislative and policy issues, based on an electronic survey they had filled out. Liz stated that it was hard to determine top priorities because people's responses varied so widely. Once responses were weighted, however, assigning more points to an individual's first choice, and lesser to their second and third choices, there were clear favorites: expanding integrated employment; core services for people with BI and DD; funding for core and core plus services, Waiver appropriations; and expanding transition services to additional populations in nursing homes. Geoff asked members if there were additional priorities that they wanted considered, and the following were added to the list: use of MDS Section Q and PASRR data to identify people who want to transition from nursing homes; Non Emergency Medical Transportation (NEMT) services; building provider capacity; and creating affordable, safe community housing, such as Project Now housing pilots—one in each MHDS region.

Liz was directed to get the votes of those not able to attend the meeting in person, and to compile the results for review and final action in January.

B. OCTF Committees. All Taskforce members were encouraged to join at least one committee. In response to a question about the Transportation Committee, Geoff stated that Gary McDermott has been unable to spend time on Taskforce work due to health issues, but that he hoped to begin again to become involved in the next couple of weeks.

Geoff stated that the Executive Committee, which has handled major Medicaid issues in the past, now sees the need for a separate Taskforce Medicaid Committee because of the increasing urgency and complexity of the issues. The committee could be composed of both Taskforce and non-Taskforce members. Casey Westhoff is willing to serve on the committee and could be asked to take leadership. Paula Connolly will also serve. Frequent overlap with other committees is to be expected. Asheia Lantz, June Klein, Roxanne Cogil and Carrie England would also like to sit in.

Bob Bacon suggested the committee pay attention to the current and upcoming shortfall in the Medicaid budget--due in great part to declining federal match (FMAP) for Iowa. In 2004 Iowa received two federal Medicaid dollars for each state dollar spent; today it receives \$1.25, and a further decline of \$34.4 million is expected next year. Teresa Bomhoff pointed out that on a positive note, all expenditures on I-HAWP are covered by federal funds. Some people are proposing that a floor be negotiated with the federal government, to avoid a disastrous drop in revenues. Teresa said the problem was made worse by the Legislature's failure to fully fund Medicaid this year.

Geoff stated that advocates always hear there is no money for services, whether in good times or bad. He views it as a values question. The state has a surplus, and the MHDS regions also have funds to allocate. The Taskforce needs to use its visibility to draw attention to important issues.

XII. State Agency Reports

Iowa Department on Aging (IDA). Joe Sample had no report.

Iowa Finance Authority (IFA). Terri Rosnke reported that she had served as IFA's representative to the Community Integration Committee developing recommendations for services to people with serious mental illness. The third and final meeting will be held shortly. It is possible that one recommendation will call for rent subsidies. Len Sandler asked if the committee discussed community housing; Terri responded that housing was discussed only at a high level. June Klein added that the major focus was on crisis services and services for justice-involved people. Regarding the Low Income Housing Tax Credit program, Terri said that 75 developers had attended a recent training and that Terri was given time to discuss the need to target the disability market. The FY 2015 LIHTC Qualified Allocation Plan has been finalized; there were no changes in the requirements related to *Olmstead*.

Regarding the HCBS Waiver Rent Subsidy program, there are now 109 people on the waiting list, which has remained stable. There are upcoming trainings on the HousingIowa website; Terri will pass on information to Liz on dates and times. The site now lists 38,000 vacant units from 572 landlords.

Terri also reported that on November 3, a U.S. District Court vacated HUD's "Disparate Impact" rule, which held that practices which had discriminatory effects violate the Fair Housing Act, whether or not they are the result of intentional discrimination. The Supreme Court is scheduled to hear a separate disparate impact case involving the Texas Housing Finance Authority.

Department of Transportation. Kristin Haar said she had read Doug Sample's comment submitted with his strategic priorities survey, regarding people's inability to get cards to access para transit outside their communities, even when they are eligible. She asked CDD to get further information from Doug so she could follow up, since public education on the issue may be needed.

XIII. Taskforce Member Reports

Paula Connolly asked when there would be a discussion of the need to update the Olmstead Plan. Geoff said the November agenda was too full to accommodate a discussion and it would be put on the January agenda. He said it may be time to have the Executive Committee write a letter to DHS about the need to update the Plan. Paula recommended talking to the Governor's Office.

Roxanne Cogil said she had not official update on the rules for prior authorization of medications by insurance companies, but that the prospects did not look good for a 72 hour limit. Insurance companies are holding firm in demanding a two week time limit. Teresa Bomhoff added that if the insurance plan is sold on the Health Insurance Exchange, the company must respond to urgent claims in 24 hours. She expressed concern about a forthcoming rule limiting plan members to one anti-psychotic drug at a time.

Jenn Wolff said that advocates hope to bring up the Complex Rehab Technology Act during the Congressional lame duck session. Geoff said the Executive Committee could send a letter to the Iowa delegation urging action.

XIV. Public Comment

None

XV. Adjournment

The meeting adjourned at 3:00 pm.