

OLMSTEAD CONSUMER TASKFORCE MEETING
March 11, 2016
Pleasant Hill Public Library, 5151 Maple Drive, Pleasant Hill

Handouts:

Minutes of Previous Meeting – January 8, 2016
OCTF 2016 Strategic Priorities
Comments on HCBS State Transition Plan – March 2, 2016
Olmstead Plan Committee Meeting Minutes – February 1, 2016
Olmstead Plan Committee Meeting Minutes – February 12, 2016
Olmstead Plan Committee Meeting Minutes – March 2, 2016
Medicaid Committee Meeting Minutes – March 25, 2016
Olmstead Draft Framework – March 1, 2016

Taskforce Members Present: Joan Bruhn, Roxanne Cogil, Randy Davis, Jackie Dieckmann, Dawn Francis, Ann Gallagher, Tracy Keninger, June Klein-Bacon, Ashlea Lantz, Geoff Lauer, Michele Meadors, Mary Roberts, Kathleen O’Leary, Harry Olmstead, Bruce Teague, Len Sandler, Rosana Zamora

Taskforce Members Absent: Kris Graves, Gary McDermott, Rick Samson, Ingrid Wensel

State Agency Representatives Present: Kim Barber – Iowa Department for the Blind, Brian Dennis – Iowa Workforce Development, Connie Fanselow – Department of Human Services, Terri Rosonke – Iowa Finance Authority (phone)

Staff: Bob Bacon, Caitlin Owens

Guests: Theresa Armstrong, Teresa Bomhoff, Jane Hudson, Reyma McCoy McDeid

I. Welcome and Introductions

June Klein-Bacon called the meeting to order at 10:13am.

II. Review, Additional Items, and Approval of the Agenda

Dawn Francis motioned to approve the agenda, Jackie Dieckmann seconded. Motion passed.

III. Review, Corrections and Approval of the Minutes of the January Meeting

Harry Olmstead motioned to approve the January meeting minutes, Mary Roberts seconded. Motion passed.

IV. Executive Committee Report

Request for Endorsement of HCBS Settings Statewide Transition Plan Comment

June gave an overview of the March 2nd comments submitted during the public comment period for Iowa’s HCBS Settings Statewide Transition Plan and requested endorsement from the Taskforce. The comments were drafted and shared with the Taskforce for input prior to sending. The main comments were regarding the importance of engaging stakeholders and the public in the planning process, as well as regularly reporting progress; the need for MCO staff to be trained on the settings rule and transition plan; paying attention to access to the greater community in addition to physical setting; reducing the waiver waitlist; and changes needed to include assistive devices and modifications on all the waivers. Dawn motioned to endorse the letter, Roxanne Cogil seconded. Motion passed.

Letter to State Agency Partners

June shared her desire to send a letter to state agencies to invite them to strengthen their connections to the Taskforce, particularly those who may have become less active over the last few years. She said her vision is for the letter to be a soft reminder of the role of the Taskforce, and show how state agency participation is valuable to both the Taskforce and the state agencies. Len Sandler suggested that since DHS was designated the lead agency in Executive Order 27, that they could be asked to co-sign the letter. June said she thinks there will be opportunities for further outreach to state agencies with the Olmstead Plan as well. June said she has worked on an initial draft and will share with the Taskforce or executive committee once finished.

June shared that it was Geoff Lauer and Joan Bruhn's last meeting as voting members, and thanked them for their many years of services. June noted that Geoff has served on the Taskforce since 2010, including two years as chair, and the Taskforce has benefitted greatly from his knowledge of Iowa systems and policies that impact individuals with disabilities. Joan has served on the Taskforce since 2013 and been a valuable member in many ways, including one year as secretary. She is a thoughtful and measured advocate who skillfully uses her experience and knowledge to make life better for people with disabilities at the individual and systems level. June said both Geoff and Joan will be missed, and welcomed them to stay involved with the Taskforce in any way they are able to.

V. Nominations Committee Report

Overview of 2016 Nominations Process & Proposed Slate of Nominees

Mary Roberts shared that there were seven seats open during this nomination period, all for three year terms that go through March 2019. She said six of the seven current members whose terms were ending were eligible to serve another term. Five current members submitted applications for reappointment, and 19 applications were submitted by individuals who do not currently serve on the Taskforce during the open application period. The committee reviewed the new member applications with identifying information removed to make the process more anonymous.

The committee recommended the reappointments of Kris Graves, Randy Davis, Harry Olmstead, Len Sandler, and Kathleen O'Leary; and Reyma McCoy McDeid and Paul Kiburz for the two remaining seats.

Mary shared a little more about the two new nominees, Paul and Reyma. She shared that Reyma has Asperger's Syndrome and is the Executive Director of the Central Iowa Center for Independent Living. Reyma has professional experience in supported employment, and served as the Interim Executive Director of the Iowa Assisted Living Association. In addition to her demonstrated advocacy on a wide range of issues that impact individuals with disabilities outlined in her application, Reyma wrote that she is interested in raising awareness and addressing the impact of additional layers of diversity many individuals with disabilities experience, and the disproportionate rates of homelessness and incarceration of individuals with disabilities. Mary said the diversity aspect particularly stood out to her as it is a necessary thing to focus on.

Paul is the brother of a 51-year-old sister who has an intellectual disability and said in his application that he has advocated for her to be included in the community his entire life, and that she was the impetus to his career as a special educator. Paul is the Director of Adult Services at the Arc of East Central Iowa, where he has oversight of their Community Integration Program and Project SEARCH, an internationally recognized employment training and placement program. Paul has been involved with many boards and organizations focused on disability issues and described himself as a change agent who believes effective advocacy takes stories and discussion and turns it into action.

Geoff motioned to approve the proposed slate of nominees, Michele seconded. Motion carried.

Taskforce Officer Election

Geoff shared that historically the Taskforce has looked to have continuity between the officer positions with respect to term limits, and also sought people in leadership who have the ability to meet the time commitment and demands of the positions as the Taskforce's visibility has been increasing over the past few years. He said terms are one-year, and people can serve up to two consecutive terms. The officer positions are chair, vice-chair, and secretary. An email was sent to the Taskforce to gather self-nominations from anyone interested in serving in one of the positions. June expressed interest in continuing to serve as chair, and they would welcome nominations from the floor. He said if a position is desired by more than one individual a paper ballot would be created for voting over the lunch break.

Michele shared that though she had initially expressed interest in continuing to serve as vice-chair, she has reconsidered and thinks it may be best for someone else to fill the role. She said she did not feel the communication of expectations for the role of vice-chair were as strong as they could have been, and she was not sure what was expected of her. She said she hopes communication will be stronger with the person who steps into that role. Mary asked if she would be willing to continue to serve as vice-chair if she had a better understanding of what was entailed. Michele said not at this point. Mary said she would be sorry to lose Michele's voice on the executive committee, and Geoff asked if she would be willing to serve in another capacity on the executive committee, perhaps as secretary. June acknowledged that clearer expectations and role definitions would be valuable, and thanked Michele for sharing her concerns.

Geoff made a motion to nominate June as chair, Dawn as vice-chair, and Michele as secretary. June added that Kris Graves had expressed interest in the secretary position after a discussion with June earlier in the week, but was unable to attend the meeting. Harry made a motion to nominate Mary for the position of chair. Mary said she appreciated the sentiment but declined. Geoff revised his motion to approve the uncontested slate of candidates and vote by ballot for secretary during lunch, Joan seconded the motion. Dawn, Michele, and June abstained. Motion passed.

VI. Olmstead Plan Committee Report

Geoff shared that the Olmstead Plan Committee has been meeting regularly and that everyone should have a copy of the Olmstead Plan, which is the most current draft. He said at the development is going slower than the committee would like it to, and when the committee asked DHS recently about the target date for completion, they said July 1st.

He said a big focus has been measurement of progress, and the committee wants to see the data points be as robust as possible, not simple proportions. Another discussion has been on what should be included in the plan. He said DHS envisions including multiple levels of activities in the plan, including those for which DHS is not responsible. He said they made the point that DHS is not the only responsible party for Olmstead in Iowa, which he agrees is true but said the committee disagrees with DHS including activities that are not their own. He said communities and local governments can have their own plans, but DHS should focus on what they are doing at the state level.

VII. Olmstead Plan Update and Walk Through

Connie began with a walk-through of the current framework to make sure everyone understood the components. She explained the plan is organized into four columns. The far left column contains the goals phrased as statements about where things should be for individuals to be fully supported in all aspects of the community. The far right column relates to those goals, and proposes how progress will be measured through data points to measure progress and survey questions to get the perspective of individuals who are accessing services. The middle columns contain areas of focus and specific activities and initiatives needed to reach the goals. The plan is organized into nine domain areas, each containing a priority area of focus. Connie asked for reactions from the Taskforce regarding the framework.

Roxanne noted that under the “Access to Services” domain there are currently gaps in MHDS regional services for people with developmental disabilities, brain injuries, and other non-mandated populations and asked if the current data points would capture the full picture. Connie said they may not be well covered at this point, but it is an issue that has been discussed and will be given further thought on how to address.

Len thanked Connie for sharing the framework in advance. He suggested it might be wise to update the DHS Olmstead Plan website to let people know it is currently being updated, as the information posted does not reflect the work being done and still contains the previous plan. With regard to the framework he suggested making sure the language being used was uniform, and that he noticed the terms services and supports being used interchangeably. He also suggested not carving to narrow of a niche with language and data at this point in the plan. He suggested instead of proportions, especially where the MHDS regions were concerned, to report actual number, services, and corrective actions being done. Connie said now that the first year of data has come in from the MHDS regions they would be taking a look at how to incorporate it into the Olmstead Plan. He also suggested with regard to the survey questions, that before asking an individual if they are getting the services and supports they need or whether they have meaningful choices it is necessary to first ask what services they are receiving.

Roxanne suggested adding the word “affordable” before Transportation, expanding telehealth beyond Medicaid, and adding core plus services in. Jackie asked how DHS intended to target individuals receiving services and make sure they were asking the right questions. She noted that not everyone has access to the internet or would pay attention to a survey that was sent to them. Connie said that getting the survey to the right people and getting them to respond is a concern, and that it is something they are looking into and open to suggestions on.

Tracy asked how they planned to access the population of people who don’t use Medicaid services. Connie said that is a limitation to their scope, because at this point the population DHS has access to is Medicaid recipients. Tracy suggested finding a solution to that because there are many people who do not receive Medicaid services whose experiences should still be captured. Michele added it was important to capture the experiences of individuals on waiver waiting lists. Ashlea suggested under employment collecting data on how many people are being served in day habilitation settings because often when segregated employment goes down, day habilitation goes up. She also suggested including self-employment under integrated employment, and asking about minimum wage.

June noted that the committee has been pushing for the plan to serve as more than just a report of what currently exists, and more of a future focused plan of what will be done to continue to move Iowa towards *Olmstead* compliance.

Randy said it is important to remember the consumer in all of these discussions, and being aware of using too much jargon about policy, data points, etc. He said as a consumer he wants to be able to do certain things, and if this plan is going to help him have real choices and be useful, it should be more focused on what people actually need. He said, for example, if he has a provider that does not show up he should be able to call a service to have help sent, and that workforce is something that needs to be discussed in real terms with consumers, not left up to the results of a survey. Michele agreed and said as another example, Iowa Home Care is the only provider that will provide two services a day, and she has to both get up in the morning and go to bed at night so that isn’t realistic for most people. Connie asked why they would only come once. Michele said it is because most people have four hours of services and providers don’t want to divide it. Connie said that is a concrete thing they may be able to look at.

Mary asked if there was a reason the language “living in the family home” is limited to children. Connie said it was not intentional, and she had thought an adult living in a stable, integrated environment would be inclusive of that. Mary said she understands the reasoning but warned that it might not be read that way. Mary also suggested adding CCO to the data being collected because a lot of people don’t even know it exists. Kathleen asked what the MCOs are contributing towards the Olmstead Plan and noted that they

should be aware of the plan. Connie said now that they will be responsible for Medicaid services, a lot of the measures will come from what they will be reporting, most of which is outlined in their contracts.

Jane Hudson commented that in its current form, the plan could be much stronger and needs to include more uniformity, concreteness, and accountability. She suggested more consistency with WIOA and the HCBS settings plan. Teresa Bomhoff said she would like to support the earlier comments about the need to focus on workforce.

Dawn thanked everyone for their input and said if there are others who would like to participate in the Olmstead Plan Committee they are welcome to, and meetings are usually held over the phone. Connie thanked everyone for sharing their suggestions and specific information about barriers they experience. Roxanne asked if the Olmstead Plan Committee could help identify gaps and action plans during the life of the Plan, and Dawn said yes. Connie said she would expect DHS to give regular updates on the Plan, possibly every few meetings, as well. She encouraged people to feel free to send suggestions or comments anytime, noting that it is especially useful to get the perspectives of those with lived experience while forming the plan.

VIII. Mental Health and Disability Services Update

Theresa shared that DHS has been following SF 2236, a bill related to property tax levies that help support the MHDS regions. She said the bill would give more flexibility to county board of supervisors on what the levy would be, but doesn't give them the ability to raise it wherever they want to. Per Iowa Code has the levy to support the finding needed is \$47.28 per capita within the counties, but currently there are counties that are below that amount and counties that are above it, and the ones who are above would have to bring it down, the ones who are below can raise it. Teresa Bomhoff added that if this bill does not pass Polk County will have to cut off services, and will be the most severely impacted region. She said that have a \$7 million gap in their budget, and likely the first to lose services will be the non-mandated populations. Roxanne said that the Heart of Iowa Region has seen a significant increase in population over the past few years, but would be unable to raise their levy because rates are still frozen, which could mean a waitlist in the next few years.

Theresa shared that the Medicaid Oversight legislation did not pass the House. Dawn encouraged individual Taskforce members to contact members of the Ways and Means Committee. Teresa Bomhoff shared a handout with the names of those on the Committee.

Theresa said another bill of interest is HF 2366, which relates to mental health advocates. She said she has talked at past meetings about the rules the MHDS commission was working on, which passed. She said the rules focused on mental health advocates as county employees, what their qualifications should be, workforce coverage, etc. She said the bill is saying that county board of supervisors could not have unnecessary say over mental health advocates. Jackie asked how that would be enforced. Theresa said it would be in code, which sometimes does not provide the "how" but it would protect the mental health advocate if they made a decision that would require the county or region to fund services, and protect them if something in their employment was impacted by a decision they made.

A bill that did not pass that might be of interest to the Taskforce is HF 2112 and its companion SF 2072, would have required group health insurance to pay for ABA services for kids with autism. It was written similarly to the requirements of the Autism Support Program. Roxanne noted the federal government is now providing ABA for federal employees. Mary asked if they could share how many people utilize the Autism Support Program. Connie said last month the number was 15. Mary said relative to the number of children who are on the spectrum that is a very small number. She said income limitations contribute to that low number, as does the age limit of 9, which is not supported by research.

IX. Medicaid Committee Report

Geoff reported that the Medicaid Committee met recently and discussed the need to have a presence at managed care oversight meetings and focus groups being convened by the MCOs, as well as those being convened by other community groups around the state. He said having Taskforce representation on the advisory groups themselves would be good, and people interested in volunteering for that should let him or Roxanne know. He noted that the Medicaid oversight bill did not pass the House yesterday, which makes the need for advocate involvement even greater. He said he and Roxanne communicate regularly, and one thing that is clear is that there is a lot of misinformation out there, including inconsistent information being shared with people when they call the MCOs or speak with DHS. He said working to gather those challenges and trying to help solve them at the systems level will be a continued focus of the committee. He said the MCO Watchdog Facebook page has been a good resource for people to share issues and brainstorm solutions.

Geoff said the idea of putting any savings realized from managed care towards reducing the waiver waiting lists has not gained much traction. Randy said the legislature has supported individuals with disabilities in the past by putting money towards the waitlists but noted that the Governor has not always been supportive of those measures, including when the appropriation was line item vetoed a few years ago. Randy asked whether it was necessary to begin to put pressure on the Governor to be more supportive of reducing the waitlist and increase his awareness and support of *Olmstead*. Geoff said that raises an issue that may apply to both the Olmstead Plan Committee and the Medicaid Committee. He said if DHS is not able or willing to include robust and actionable measures in the Olmstead Plan it would be his recommendation that the Taskforce not approve the plan, and that would likely garner the attention of the Governor's office, the media, and could even be shared with CMS. He said he hopes tangible progress is made regarding both Medicaid oversight and the Olmstead Plan in the next few months.

Roxanne suggested anyone who is not signed up to receive updates from Iowa Medicaid should do so, as they send out important updates to the entire list. Dawn noted that regarding the waiver waiting lists, they will still be managed by DHS, but the services will be provided by the MCOs. She said they often hear from DHS that there are a lot of people on the waitlist that are not actually eligible. Geoff said he would like to know whether that means DHS will give an additional dollar amount to the MCO as people are moved off the waiver to cover the waiver cost, or if that would be covered by the MCO.

Roxanne said the Medicaid Committee also looked at the strategic priorities that relate to the committee and began to develop some action items regarding those priorities.

X. Iowa Medicaid Enterprise Update

Geoff asked Deb to explain how funding to the waitlists works under managed care, and what the process would be if the legislature appropriated money to reduce the waitlist. Deb said the funding for the waitlists comes from the legislature; the state is still responsible for that and it does not fall to the MCOs. Many of the people who are on the waiver waitlists are not currently eligible for Medicaid, and become eligible once they receive a waiver slot, which means it is new funding and increases the number of people DHS is paying a capitated rate for. She said if they received money to reduce the waitlist it would be similar to what they have done in the past, they would go through the waitlists as far as they could until they reached the dollar amount, and then those people would then begin receiving services from an MCO.

Deb said before she addressed the rest of the questions she would like to go through a few things first. She said as everyone likely knows, the transition to managed care will happen on April 1st, and people can continue to change their MCO for any reason until June 16th. After that changes can only happen for good cause. She said insurance cards should be mailed over the next few weeks. Important things to know for providers is that MCOs have to contract with any interested provider for a set period, and prior authorizations have to be honored for the first 90 days. She said for residential services the continuity of care will need to be honored for a year, realizing that people's needs may change or be reassessed in that

time which is fine. She said on the IME website there is a communications toolkit with a lot of social media, brochures, and other tools for sharing information.

Deb went through the list of questions sent by the Taskforce ahead of the meeting.

If you are on CCO you can hire your own provider, but they cannot be with a home health organization. Randy is asking why won't they let you use an agency? You might not have a choice or be able to find an individual. Why is this not allowed? The program is designed for members to select their employees, and it is also connected to rate setting. IME looks at both rates and utilization. They also take into consideration that Medicaid rules say you cannot charge one Medicaid member a different rate than everyone else, those two rates cannot be combined. Another issue is quality oversight over enrolled providers, and if they were to go through CCO they would not have that same level of oversight and could become a workaround for enrolled providers. Randy said he has a problem understanding that explanation. He said when an organization sends someone to him they are often making low hourly rates, and often aren't prepared to offer him the level of care he needs. He asked for a simple explanation of why the rules were set up to make this process so difficult. Deb said that CCO dollars cannot be used to pay providers, and that was an intentional decision. Deb said that is possible to hire a home health agency and have them bill fee-for-service, and whatever a person doesn't use in their beyond that can be used in the CCO budget. Randy clarified that he can hire a service and an individual and pay for both of them through CCO. Deb said no, CCO is not set up to pay providers, but he can split his plan and designate a certain part of his budget to CCO and part of it to CDAC. Deb said his case manager should be able to help with that and a lot of people currently do this. Randy thanked Deb and said that was the answer he has been looking for.

Can an MCO open up a waiver slot for someone they are serving who is on Medicaid and on a waitlist to receive waiver services? Deb said MCOs cannot open waiver slots. They can offer services if they want to, but if DHS would not consider it to be a Medicaid service if they are not eligible for the waiver. Roxanne asked if people who are on the waitlist who have primary health insurance, what is the process. Deb said nothing has changed, a person on HIPP would initially fill out an application for that program, just as they do today.

What is DHS going to do to determine eligibility of those on the waitlist? Will they change their current operations to triage the list to make sure people are at least eligible at the time they apply? Deb said at this time they are not changing the process. She said they do not have the resources to do a level of care assessment at the time of the application or financial eligibility, and they would have to redo it when the slot opened anyway. She said it is a difficult problem and she is not sure how to solve it because things change all the time, and they do not want to tell people they are eligible when that may change in a year when the slot opens.

Is there a way to find out if there are people on the waiting list who ended up having to move to an institution? Deb said the only way they would know is if DHS was paying for those services. Geoff asked if that data is tracked for people Medicaid is serving and whether the Taskforce could request that data. Deb said yes, and that information would need to be officially requested.

Len asked how the exception to policy will work when someone is assigned to an MCO. Deb said DHS will still have an ETP for the fee-for-service population, and the managed care organizations will have their own processes. She said they have more latitude than DHS has traditionally had, and they don't have to pay attention to waiver caps. Len said he is curious if it is a medication issue, for example, can an individual petition DHS directly. Deb said an individual will still have to work with their MCO, and if they are not satisfied with what the MCO says there is a grievance and appeals process. Len asked why an ETP wouldn't be in place to expedite the process when the likelihood is that in certain cases, like an individual who is transgender being prescribed hormones that are on the preferred drug list but not approved for that type of use, denial is almost certain. Deb said the MCOs are running their businesses and DHS will be overseeing them to make sure they are providing required services, but beyond that DHS will not be telling them how to operate.

Geoff asked whether the MCOs would be expected to cover the brain injury waiver at the cap of \$2,300 or the the average utilization of \$5,000 that has essentially become the policy through using ETPs. Deb said that was set by their actuaries so she is not sure at this time, but she can check and see when that information will be available.

Len said he wanted to give an example of what he was talking about before. He said currently cosmetic surgery is not approved under Medicaid rules unless it is needed as the result of some kind of accident or need for facial or bodily reconstruction. He asked if MCOs would be allowed to approve something like that even if it is not currently allowed under the state plan. Deb said there are value added services MCOs are allowed to offer that are in addition to what they are required to cover, and she is not quite sure how far they will end up taking those extra services. Deb said what Len is talking about are unique situations that will most likely need to be reviewed case by case.

Walk through the process of an individual applying for a waiver under managed care- how will it work when someone applies for a waiver? Who is responsible for each part of the process? Deb said someone would apply as they do today, if there is a waitlist they would go on the waitlist, and if not IME would determine financial eligibility and if they are not on Medicaid do the level of care assessment. If they are on Medicaid and with an MCO, DHS would still do the level of care assessment once a slot becomes available. Deb said if a person is enrolled in FFS Medicaid, the process remains the same. She said the state still controls the reserved capacity slots. Jackie asked where online you can find the actual providers signed up with each MCO. Geoff said there is a geographic search tool that contains that information.

Deb asked the Taskforce if from their perspectives things seem to be settling down. Geoff said he thinks the wait times for the call centers are getting better, but there is still a need for consistent information and a lot of mixing up terminology. Geoff said the consensus in the room seemed to be that things are not settling down yet. Deb said she agrees that being clear with communication can be a challenge. Dawn commented that there are several Facebook pages on Medicaid managed care and she is still seeing many posts from people who are not getting the information they need. Bruce Teague said his experience as a provider is that MCOs do not know Iowa terminology, and was even told by one MCO representative that he didn't really know what was happening in Iowa.

XI. Presentation on the Prepare to Care Direct Care and Support Training Program

Di Findley and Amy Wallman Madden thanked the Taskforce for the opportunity to present. Di said the main purpose of reaching out to the Taskforce was to keep lines of communication open, share concern regarding access to services and workforce, clarify the intent of Prepare to Care, and seek input on how to better integrate *Olmstead* principles into their work.

She said Iowa Care Givers focuses on serving those who provide direct care and services so Iowans can receive the care they want and need when and where they want it. Di said she is aware that there are differences in some of the language used and she appreciates the feedback she has received in the past from stakeholders and advocates regarding disability language in particular. She said it is an evolving process, and she is open to continuing to improve. She said they have similar issues with terminology with the direct care workers they work with, many of whom do not like to be called aides or unlicensed assistive personnel, and continue to be sensitive to how language can demean people. Di shared that the direct care/service workforce is one of the largest in Iowa, though the numbers are dwindling despite the high demand. She said the term direct care or direct service workforce is used as an umbrella term to cover the many titles individuals with these jobs hold.

Di shared that in 2002-2003 they received a three year, \$1.3 million grant called "Better Jobs Better Care" that focused on looking at policies and practices to bring stability to the direct care workforce. That grant led to legislation that created a Direct Care Worker Taskforce to focus on issues impacting the direct care workforce, including actual representation of people who work in the field. She said she feels strongly that the voice of the individuals actually doing the work should be present at the table. She said the Taskforce

focused on training principles, including the need for the training to be competency based and standardized, based on the needs of individuals rather than the setting, transferable and easily accessible, and provide opportunities for growth. The main recommendation of the Taskforce was to develop and test a competency based curriculum, and IDPH applied for, and was awarded, a grant called the Personal and Home Care Aide State Training Grant (PHCAST). This grant made it possible to develop and test the Prepare to Care curriculum.

The process to develop the curriculum was led by the University of Iowa College of Nursing, and included input from a variety of stakeholders as well as representatives from the Center for Disabilities and Development. The curriculum was reviewed by a committee of direct care workers to make sure it was written in a way that worked for the people actually using it.

Amy Wallman Madden gave an overview of HOPE. She said the organization adopted Prepare to Care early on because they recognized there were a lot of challenges faced by people working in direct care. She said they continue to use the curriculum and see the value in training when trying to obtain and retain staff. She said the curriculum has several modules that can be selected based on what providers need to focus on. Each year her organization holds a conference for staff to come together for training, which has increased retention and are well received by staff. While they do online modules, they find the face to face training to offer value beyond the curriculum because of the opportunity to interact with others.

Bruce said he understands as a provider that there is a shortage in direct care providers, and at one point the state was going to mandate training for providers. He asked who provides the training and how it is funded. He said many people don't have the opportunity to take this level of training at the average level of pay they receive. Di said a few years ago they did try to get legislation passed to create a board certification for direct care workers, but it did not pass. She said personally she doesn't care what it is called, but believes that something is needed that focuses on this area of the workforce. She said investing in the workforce is something they believe strongly needs to happen, and this program has never been promoted as a single path to certification. She said the Taskforce worked hard to align the curriculum with the College of Direct Support, and other similar trainings. Regarding who is going to pay for it, she said a lot of what they have been doing is covered by grants, and the 6-hour core training is being covered by the state and is free for anyone who would like to take it online. It is the only module that is required in order to take the others. She said sustainability of the program is important, and they are working with some community colleges who are interested in integrating it into their programs, and other opportunities to supplement the training. She said she also hopes there will be opportunities through the MCOs to supplement this because of the critical role of a well-trained direct care workforce.

Brian Dennis from Iowa Workforce Development said the Prepare to Care curriculum is vital to addressing a huge skills and workforce gap that exists in the state of Iowa. He said IWD has funds through WIOA to pay for training for people to help them get on a pathway towards an in-demand career. He said that is available statewide, but there is variation across the state about what careers are in-demand based on the characteristics of that particular area. He said in some areas they are able to pay for people to go through the Prepare to Care curriculum. He said the majority of individuals with lived experience with a disability or receive certain types of funds automatically qualify for a lot of those funds and could access trainings free of charge. There are also funds that go along with that to pay for supportive services like childcare and transportation if that is something necessary for a person to successfully complete training. He said smaller, more rural areas of the state often have fewer funds, and larger areas tend to have more.

XII. Taskforce Member Reports

Harry reported that he and another advocate in Iowa City made the press aware of a restaurant in Iowa City that opened recently with a rooftop lounge that is inaccessible to individuals in wheelchairs because there is no elevator. He said an article was written, and about three months ago he got a call from an attorney with the Department of Justice in Washington D.C. who found the article and wanted to know more. The end

result was that yesterday he received a letter that the Department of Justice was going to seek legal action or settlement in the matter. Taskforce members applauded Harry for his advocacy work.

XIII. State Agency Reports

Kim Barber reported that as a program administrator for independent living they continue to serve individuals of all ages across the state. She said their director went before the legislature and presented their budget for the operational year, which included a request included funds to support information services like the national news line which can help individuals access newspapers over the phone, and the Iowa Reading Information Service (IRIS), and increases in other valuable independent living service provided to people across the lifespan. She said the governor recommended level funding so it is not expected they will get an increase to support expanded independent living services.

She said they are proud of their partnerships across the state and eager to increase public awareness of their services and supports. Kim said she also wanted to publicly thank partners like Dawn Francis and the SILC for supporting their work and strengthening their services, as well as many other partners including the Veterans Administration and Department of Human Services. She encouraged Taskforce members to reach out to her at any time with questions or concerns.

XIV. Public Comment

None.

XV. Adjournment

Dawn motioned to adjourn, Roxanne seconded. The meeting adjourned at 3:15pm.