

OLMSTEAD CONSUMER TASKFORCE MEETING
September 11, 2015
Pleasant Hill Public Library, 5151 Maple Drive, Pleasant Hill

MINUTES

Handouts

Minutes of Previous Meeting – July 11, 2015
Olmstead Plan Committee Minutes – August 10, 2015
Medicaid Committee Minutes – August 19, 2015
Comments on Medicaid Modernization Waivers – August 24, 2015
Comments on 2016 LIHTC Qualified Allocation Plan – August 25, 2015
Comments on Proposed Employment Services Administrative Rule – September 8, 2015

Taskforce Members Present: Joan Bruhn; Roxanne Cogil; Randy Davis; Jackie Dieckmann; Dawn Francis; Ann Gallagher (phone); Kris Graves; June Klein-Bacon; Tracy Keninger; Ashlea Lantz; Geoff Lauer; Michele Meadors (phone); Gary McDermott (phone); Kathleen O’Leary; Harry Olmstead (phone); Mary Roberts (phone); Len Sandler; Bruce Teague (phone); Ingrid Wensel (phone)

Taskforce Members Absent: Rick Samson; Rosana Zamora

State Agency Representatives Present: Kim Barber (IDB); Page Eastin (DHR); Kristin Haar (DOT, phone); Sandra Hurtado-Peters (DOM); Terri Rosonke (IFA, phone)

Staff: Bob Bacon; Caitlin Owens

Guests: Paula Connolly; Connie Fanselow; Deb Johnson; Rick Shults; Jane Hudson; Joe Sample (phone); Peter Schumacher

I. Welcome and Introductions – June Klein-Bacon

The meeting was called to order at 10:07am. A quorum was established.

II. Review, Amendments and Approval of the Agenda – June Klein-Bacon

June Klein-Bacon gave an overview of the agenda. Dawn Francis motioned to approve, and Geoff Lauer supported the motion. Motion carried.

III. Review, Amendments and Approval of the Minutes of the Previous Meeting – July 10, 2015

June opened the floor for corrections or amendments to the March meeting minutes. Randy Davis motioned to approve the minutes, Kathleen O’Leary supported the motion. Motion carried.

IV. Executive Committee Report – June Klein-Bacon

A. Government Accountability Office Request for Interview

June, Geoff, and Caitlin participated in a phone meeting with the healthcare team from the Government Accountability Office. The meeting was initiated by the healthcare team after they received a request for more information on the extent to which states that expanded Medicaid are seeking to waive the non-emergency medical transportation benefit from Senator Ron Wyden of Oregon, and Representative Frank Pallone Jr of New Jersey.

They reached out to the Taskforce to get the consumer perspective, and to discuss the opposition to the waiver based on past public comment submitted. The team asked for background information on the Taskforce and the disability service system in Iowa, and about NEMT and transportation issues. They also spoke with IME to get information on why the state wanted to waive the benefit and to discuss their efforts to evaluate the impact on members, and CMS to gather more information on how many other states have since applied for similar waivers.

June provided background on the NEMT issue in Iowa that the call was in reference to. After passing Medicaid expansion legislation CMS originally approved the state's request to waive their responsibility to provide non-emergency medical transportation for one year (January 1- December 31, 2014) to allow for reevaluation and consideration of impact on access to services before extending the waiver for the entire length of the 1115 demonstration. The waiver was again provisionally extended from January 1, 2015 to July 31, 2015, at which time CMS proposed Medicaid member survey responses on use and need for transportation be compared between those who do have access to NEMT and those who do not. In a July 31st letter to IME Director Mikki Stier, CMS extended the authority to waive NEMT services until March 31, 2016 – IME had requested the waiver through December 31, 2016 (the end of the 1115 demonstration period). In the letter, CMS wrote the state should conduct another survey for them to use to consider the impact on access to care, as the results submitted previously do not entirely support the state's claim that waiving this benefit has no impact on members. June said the Taskforce has been vocal about their opposition to this waiver because of how important transportation is to obtaining healthcare services.

Dawn added that the current company that brokers NEMT is so restrictive and difficult to work with that looking at how many people are using the benefit doesn't say much. Kris Graves agreed and said the process of calling three days ahead of an appointment is a challenge for a lot of people. June said she is not sure the scope of the new data being collected, but plans to ask Deb Johnson. Len Sandler said it could be useful to ask TMS for information as they have to record every call that comes in and collect various other types of data. Paula Connolly said figuring out who has ultimate responsibility for these services under managed care is important, as she has heard from partners in other states that problems that exist prior to managed care are magnified after implementation.

B. Health Consumer Ombudsman Alliance

The HHS Appropriations Bill (SF 505) directed the Office of the State Long Term Care Ombudsman to collaborate with various entities, consumer advocates, and consumer assistance programs to develop a proposal for the establishment of a Health Consumer Ombudsman Alliance. The purpose of the alliance is to provide a permanent coordinated system of independent consumer supports to ensure that consumers, including consumers covered under Medicaid managed care, obtain and maintain essential health care, are provided unbiased information in understanding coverage models, and are assisted in resolving problems regarding health care services, coverage, access, and rights. Several meetings have been scheduled through November to allow the group to draft a report due to the Governor and Legislature by December 15, 2015.

June was invited to attend on behalf of the Taskforce. The first meeting was on August 12th and largely spent discussing what the legislation actually means, and where the Alliance should focus. She said it was unclear to many whether the legislation intended the group to serve all people asking questions about insurance, including those with private coverage and already have consumer protections in place, or whether it is just intended for Medicaid managed care members.

Paula asked whether the Alliance will have the jurisdiction to review the grievance process through MCOs and the state, and whether the group itself will set the process and procedures. She said this is one of the most important areas for advocates to be involved and have a voice; people need to know their rights and the process when they do not agree with a decision made. Geoff said those questions and others are emblematic of the questions many people have about accountability and authority. He said Disability Rights Iowa did not get the funding to be in this role, but stand ready to provide support and systems change with the limited resources available. Jane Hudson said they have created a Medicaid Rapid Response team to provide advocacy for grievances. Len asked whether DHS has created a flow chart for who is going to oversee each of the four bidders, and if so it would be helpful to see a copy.

June said anyone with feedback regarding what the Alliance's function should be, or other input should let her know so she can share it as part of her role representing the Taskforce.

Randy suggested articulating these concerns in a letter. Geoff said he agrees the problems need to be addressed, but at this point it is somewhat unclear who the letter should be sent to. He said it might be wise to put the idea on hold until it is determined where it would have the most impact. Randy suggested the letter could go to the Office of the State Long Term Care Ombudsman, Governor, media, and key Legislators.

C. Call with Magellan to Discuss Integrated Health Home Survey

June shared that she, Geoff, and Caitlin had a good call with Magellan to discuss the IHH survey put out by the Taskforce in the spring. Kelley Pennington reached out to arrange the meeting, which also included Todd Lange and Dave Klinkenborg from Magellan. Kelley shared that they appreciated the feedback, especially overview of pros and cons and the specific member comments, and they think they have addressed some of the issues identified, but acknowledge they still have room to grow. She said an early lesson they learned is it isn't enough to just pull together a team. Many people needed more support in that area than they had expected, and it took a lot of work to figure out how to do that piece well so the patient was actually benefitting from having all of those people involved in their care coordination.

Kelley said they are addressing some of the concerns through continued coaching, and possibly adding providers so consumers have more choices regarding where, and from whom, they receive IHH services. It was noted that currently participants can choose to receive services through whichever IHH they would like, but that needs to be better communicated to members and providers because the current structure leads people to assume they have to seek services within their county.

June shared that she has been in touch with Kelley since learning that Magellan was not selected as an MCO, and it sounds like some staff from Magellan will be working for the winning bidders. June said she hopes this will be positive since they already know the landscape. She said Kelley encouraged the Taskforce to reach out candidly and informally with any feedback they hear or wish to give, and hopes this will still be the case as they shift to new positions.

V. **Olmstead Plan Committee Report-** Dawn Francis and Geoff Lauer

Dawn provided background on the committee that was formed to work with DHS on developing a new Olmstead Plan, as the current one expires at the end of 2015 and hasn't been updated in several years. She said the committee was surprised when DHS presented them with a draft at the first meeting on August 10th, and expressed their desire to be part of the development, not just provided updates on the work DHS is doing. Most of the meeting was spent brainstorming data the committee would like to see to assess the impact of the 2011-2015 Plan, and inform the priorities of the new one. She shared that DHS had planned to present the current draft at this meeting, but June wrote an email requesting DHS not present the plan to the full Taskforce until it has been presented to the committee. A committee meeting has been scheduled for September 22nd.

Dawn said she thinks the committee needs to review Executive Order 27, which names DHS as the lead agency on Olmstead implementation in Iowa, and while she understands they can't direct other agencies, the Plan needs to encompass the state agencies named in Executive Order 27, not just DHS. Geoff added that the Plan needs to be concrete and actionable, not simply an aspirational list of future integrated options

for people with disabilities. The plan needs to be written in such a way that it can be used as a tool to look back and identify what was done and when, as well as what was not done, why, and what changes need to be made to accomplish the activity.

Dawn shared the concern that DHS wants to have the Plan completed by the end of the year, and suggested that needlessly hurrying will compromise the thoughtfulness and impact. Geoff added the development process should be slow enough that it is comprehensive, but fast enough to get it going. He said they have reviewed some federal guidance for Olmstead Planning and are trying to align the process with best practices, and if done correctly the plan will be one of the most important tools that Iowans with disabilities have to ensure their rights are being attended to and addressed.

June added that in her correspondence with DHS, Rick expressed he is committed to the process and amenable meeting more frequently with the committee. She said an ongoing concern for her is involving other state agencies and making sure the Plan is for the state, not just DHS.

Tracy Keninger asked if there was a framework to look at the progress made on the 2011-2015 Plan. Geoff said there is not as much available on the progress of the 2011-2015 Plan, but there will be more data collected over the next few years because of MHDS Redesign, as well as requirements for MCOs to submit data. He said looking at what specific data will be collected and how it can be incorporated into the Plan will help ensure accountability to outcomes. Tracy thanked the committee for their efforts to make sure the planning process remains transparent, as well as emphasizing the importance of accountability.

Len asked if there is a clear idea of how DHS is planning on structuring the new Plan. He said outlining what is going to be achieved and how it will be achieved is important, and though money will always be an issue, it would be good to know what issues are in our sights, and what we are working towards. Rick said his vision, which he has shared with the committee, is that the Plan be about the lives of people with disabilities. He said first identifying what life should look like (example: individuals should have access to safe, affordable, integrated housing); then working backwards to determine specifically how progress will be measured and tracked; and finally what activities or policy changes are needed to have an effect on achieving that outcome. Len said making the outcomes more tangible would be good. He said data has been collected since the *Olmstead* decision in 1999, but asked if anyone has looked at all of it to identify where the shortfalls are. For example, what do we consider affordable housing? Does IFA track the number of people with disabilities who move into units? He agreed that vision is important to include, but said it would be immensely useful to actually start by tracking one discrete effort- how much money is going towards it, and carefully tracking it to see whether it had the intended impact. He said he isn't sure how to do that, and it is certainly too much for the Taskforce to take on, but there are likely state agencies or others who would be willing to volunteer.

Joan Bruhn said when she worked for an independent living center they worked with the city to increase curb cuts, and at least locally there are data available on things like that. She said it is important to remember the more local, grassroots issues to make sure people have as much of a chance as possible to be able to successfully live in the community.

Geoff said he hopes the Taskforce will have the opportunity to review a draft soon, and carefully review it and add comment based on the various levels of expertise around the table. He said monitoring progress should be an ongoing focus for the Taskforce, as well as strategically engaging state agencies, including those who have not been active on the Taskforce, and asking them to report on how they are supporting Olmstead. Paula said there had been talk about having some kind of educational event about the Olmstead Plan, and it would be good for the Taskforce to be involved. She said there is a lot of information out there and the Taskforce should not be trying to do this by themselves, nor should this be thought of just at the state level. She said getting information in the hands of people with disabilities so they can see how this could impact their own communities and how to advocate for that change is very important. Page Eastin suggested reaching out to state agencies and giving an assignment, specific way to be involved, or way to show impact might help them participate more and improve engagement with the Taskforce.

Dawn commented to Rick and Connie that she realizes the committee listed a lot of data they are interested in seeing at the last meeting, and acknowledged it would take some time to get that information. She asked if there was data available at this point, whether DHS would consider relaxing the timeline, and if there were ideas on how to pull in the other state agencies. Rick said they are already working with MHDS Regions on ways to track what is occurring in each region by gathering data on things like access and service delivery, and looking at ways to present that information in a way that is meaningful. He said he has been impressed with the regions, and they have been giving positive feedback about the process. He said the DD Council is also contributing with their work on measuring the extent to which people are working in integrated settings. He said at this point he sees everything as being on the table for discussion, including the timeline, but he also does not want to see the process lag. He said the Taskforce is an important partner, but there are other stakeholders who need to be involved, and he wants to keep them informed and engaged as well.

VI. IME Update – Deb Johnson

A. Managed Care

Deb shared that before the Taskforce meeting two toolkits were posted on the Medicaid Modernization website, one specifically for providers and the other for stakeholders. She said they have information on the transition, timelines, and how managed care will work. The hope is that they will help people share information and spread the word about managed care. She suggested everyone sign up for updates from IME because the toolkits and other information on the site will be updated frequently. She said there

will be a lot of changes coming up and they want to make sure information is shared as quickly as possible.

Deb shared that four MCOs were selected, Amerigroup Iowa, AmeriHealth Caritas Iowa, United Healthcare Plan of the River Valley, and WellCare of Iowa. She said soon IME will be mailing an introduction letter to members that gives general information about the upcoming changes, and then in October and November actual enrollment packets will be sent. Both mailings will be staggered, with people who have long-term care needs receiving the first round of mailings. She said they are expanding the capacity of the member services call center so they are prepared to take calls from people who have questions or need assistance.

She said it is important for people to understand the enrollment process and deadlines. Members will all be auto-assigned to an MCO, and that information will be in the enrollment packets. Members can change MCOs, but if they do nothing they will be enrolled with the auto-assigned MCO. Members who do want to choose will need to do so by December 17th for coverage beginning on January 1st. If they do not meet the December 17th deadline they will have to stay with the MCO they were assigned to through the month of January. Members will be allowed to switch for any reason until March 18th, and after that they will only be able to switch for “good cause” reasons. Deb emphasized that if people want to change MCOs beyond that deadline, IME always has and will allow changes for good cause. Examples of good cause reasons include moving to another city, providers leaving the MCO network, etc. She said encouraging people to communicate with their MCOs about concerns they are having is really important, and they also encourage people to submit grievances and appeals when needed.

June asked whether the grievance and appeals process is outlined anywhere. Deb said each MCO will have their own plan and process for that, but the state is in charge of overseeing the process, which is why it is important to first work with your MCO if you are unhappy, and then continue on to exhaust the grievances and appeals process if that is not successful. June asked if there are people identified to assist people with this process. Deb said not specifically, but care-coordinators currently do this and can continue to do so.

Len expressed concern about how a consumer is supposed to make an informed choice or compare plans when information is neither easy to get nor to understand. He asked how people will be able to compare networks early in the process. He said some of the companies have bad reputations, but he would also like to know what they do well. Deb said the companies are new in Iowa so the reputations are from other states, and given how differently each state structures their programs it is hard to compare what is happening in Iowa. She said there will be more stakeholder outreach, and soon the MCOs will be going out with the Department and holding meetings around the state. She said there will be more mailings coming from the MCOs, contacts for people to call, etc. She said this is a big learning process for everyone.

Len said there is a meeting scheduled for September 21st in Johnson County and he would like to ask each MCO what distinguishes them from the others and what are they going to do in the first 30-90 days to set themselves apart. He asked if the Department can urge or require them to answer specific questions at the various meetings. Deb said if people have specific questions they can pass them along.

Geoff asked when the MCOs will be signing the contracts with the state. Deb said in the next few weeks. Dawn asked what would happen if none of the MCOs contract with all of an individuals' providers, and whether they would have to change providers if this happened. Deb said that MCOs will have the ability to contract with outside providers for special reasons.

A. HCBS Waiver Waitlist

Deb shared that IME put the \$6 million appropriation in their waiver budget and have put out thousands of slots. She said they open more slots than they have opportunities because people end up not taking slots for various reasons like moving, passing away, being on multiple waitlists, or not being eligible. She said typically about 40% of people end up not being eligible, but this time it was closer to 20% or 30%. She said they go by the date of the application, so the ID waiver is lower on the list because its waitlist is newer. They hope to use the \$6 million by the end of the state fiscal year.

VII. Medicaid Committee Report – Geoff Lauer and Roxanne Cogil

A. Action Item: Request for Endorsement of Taskforce Comments to DHS

Geoff noted that people had an opportunity to look over the document before it was submitted, and asked if anyone had questions or comments. Dawn moved to endorse, Randy supported the motion. Motion carried.

B. Discussion

Geoff said Deb's report on waiver dollars was encouraging. Roxanne said she had several more questions for Deb that she would like to follow-up on. She said she and others have repeatedly asked about how HIPP will work with managed care, and the answers have been inconsistent.

Geoff said it remains to be seen what will happen with the appeals that have been filed by several of the MCOs that were not selected. He said the toolkits will hopefully be a good resource to share with colleagues to help spread the word. He said BIA is going to start sharing the information on Facebook and through mass mailings, and that hopefully with the combined efforts of advocates around the state people will at least have heard of managed care.

Geoff said the Taskforce could consider reaching out to managed care companies and giving them feedback on what advocates are hearing and seeing. He said this could be

done through the Medicaid Committee, or if time and schedules allow they could be invited to upcoming Taskforce meetings. Paula agreed that reaching out to the MCOs and finding out how they are setting up their advisory committees, and letting them know that there are advocates who are concerned and will continue to monitor this issue should be done as soon as possible.

June said she sent the IHH survey report to all of the bidding MCOs in May and received several responses thanking her for sharing the information. She said it is still the hope that the MCOs will avoid some of the difficulties Magellan experienced with the IHH roll out, and that a letter to the MCOs with an introduction to the Taskforce and discussion of some of the questions or concerns that have come up could be a good place to start. She said she wouldn't want correspondence to be negative, but more of an outline of Olmstead principles and how the Taskforce hopes managed care organizations will support those principles with their policies and practices.

Len suggested another good question to ask all of the MCOs at the Johnson County forum is how they will avoid the difficulties encountered by Magellan when they roll out their own programs. He also said encouraging individuals to directly ask their providers whether they intend to enroll with all of the MCOs, and if not which ones they plan to enroll with would be a good way for individuals to get the information they may need to make the choice of which MCO to choose.

VIII. Community Access Committee Report – Tracy Keninger and Ashlea Lantz

A. Action Item: Request for Endorsement of Taskforce Comments on Proposed Administrative Rules

Ashlea shared that the Taskforce has done a lot of advocacy on the issue of employment, and should consider the positive impact they have had on the employment services administrative rules finally being noticed. The rules don't say that sheltered workshops have to end, but she emphasized that public dollars should be promoting integrated employment.

Ashlea said the workgroup that helped inform the rules was pulled back together before the rules were released to go over the proposed changes. She said the funding has shifted towards supported employment, and there were positive changes to definitions that will make integrated employment more of a viable option for providers. She said a lot of the comments that she has heard about the rules have been about direct staff qualifications, and while it is good that the new rules add requirements for training, there is only one training specified which is unnecessarily restrictive. She said there are similar concerns about certifying staff. She said another issue is that the rates for prevocational services dropped, but there was no client ratio specified. She said the Taskforce suggested adding a ratio to make sure integrated employment is incentivized.

Geoff moved to endorse the comments, Roxanne supported the motion. Motion carried.

C. Action Item: Request for Endorsement of Taskforce Comments to Iowa Finance Authority

Tracy gave an overview of the comments submitted by the Taskforce regarding the 2016 Qualified Allocation Plan for the Low Income Housing Tax Credit program. Kathleen moved to endorse, Joan supported the motion. Motion carried.

XII. State Agency Reports

A. Iowa Finance Authority

Terri Rosonke reported that staff are reviewing comments submitted regarding the 2016 Low Income Housing Tax Credit Qualified Allocation Plan, and it is expected to be presented October 7th with revisions. Terri also reported that IFA's HousingIowa conference in Coralville had a good turn out, and included a few well attended training sessions on affirmative fair housing marketing planning. Terri said the HCBS rent subsidy program continues to have virtually no waitlist. She said IFA recently put together a one-page brochure to educate people about the program. Terri will forward the brochure to Caitlin for distribution to the Taskforce.

B. Department of Transportation

Kristin Haar reported on a new program available to public transit agencies that could help people with low or moderate income. The Iowa Economic Development Authority is making the program available through Community Development Block Grants to areas with population under 50,000 to provide transportation for employment, job training, or adult education. She said DOT is not involved directly but encouraged people to talk to their local transit offices if interested.

C. Department of Human Rights

Page Eastin reported that Monica Stone has been hired as an administrator at DHR. She said the Department has three divisions and Alba Perez from the Office of Latino Affairs recently left. She said the Division of Criminal and Juvenile Justice, which carries out research, data collation, and analysis to assist policy makers and others address areas of concern was recently awarded a planning grant.

D. Center for Disabilities and Development

Bob Bacon reported that the situation with Iowa COMPASS has become more serious since the discussion at the last Taskforce meeting. The meeting of stakeholders to discuss a sustainability plan with IDA has still not been scheduled. DHS is concerned that the BIP requirement of having a disability component to the No Wrong Door system will not be robust enough without COMPASS, so they are going to continue to fund COMPASS through June 2016 with a six-month contract extension. He said a new

strategy is to encourage MCOs to recognize the value of having a statewide disability database. Wellcare, for example, promotes their focus on social determinants of health and connecting people to services. Their current database functions more like a directory, as opposed to a detailed resource lists services in addition to basic contact information.

XIII. Taskforce Member Reports

Dawn reported that IDAAN met yesterday, and discussed sending a simple guide to use for submitting comments to CMS.

Roxanne shared that she was appointed to the board of the Heart of Iowa MHDS Region, and that they now have a short-term crisis care facility.

IX. Public Comment

None

X. Adjournment

Dawn motioned to adjourn, Randy seconded. The meeting adjourned at 2:16pm.