

OLMSTEAD CONSUMER TASKFORCE MEETING
March 13, 2015
Pleasant Hill Public Library, 5151 Maple Drive, Pleasant Hill

MINUTES

Handouts

Minutes of Previous Meeting – January 9, 2015

Executive Committee Minutes – February 23, 2015

Employment First Factsheet

Letter to Governor Branstad Regarding MHI Closures

Letter to DHS Director Palmer Regarding the Development of an Actionable Olmstead Plan

National Council On Disability's *Successfully Enrolling People with Disabilities in Managed Care Plans: Guiding Principles*

Taskforce Members Present: Joan Bruhn; Roxanne Cogil; Paula Connolly; Jackie Dieckmann; Carrie England; Ann Gallagher; Tracy Keninger; June Klein-Bacon; Ashlea Lantz; Geoff Lauer (phone); Gary McDermott (phone); Michele Meadors; Linda Moore (phone); Kathleen O'Leary; Mary Roberts; Len Sandler; Rik Shannon; Bruce Teague (phone)

Taskforce Members Absent: Jenn Wolff

State Agency Representatives Present: Kristin Haar (DOT); Terri Rosonke (IFA); Joe Sample (IDA)

Staff: Bob Bacon; Liz O'Hara; Caitlin Owens

Guests: Theresa Armstrong; Kevin Dalin; Dawn Francis; Jane Hudson; Rose Kim; Mary Troupe; Peter Schumacher; Ingrid Wensel (phone)

I. Welcome and Introductions

Vice-chair Carrie England called the meeting to order. Carrie facilitated the meeting as Geoff Lauer was unable to attend in person, but did connect via phone for part of the meeting.

II. Review, Amendments and Approval of the Agenda

Carrie gave an overview of the agenda. Geoff motioned to approve, and Roxanne Cogil supported the motion. Motion carried.

III. Review, Amendments and Approval of the Minutes of the Previous Meeting – January 9, 2015

Carrie opened the floor for corrections or amendments to the January meeting minutes, noting because the call was conducted via teleconference that it was difficult to ensure all who attended were recorded by staff. No corrections or amendments were proposed. Len Sandler motioned to approve the minutes, Joan Bruhn supported the motion. Motion carried.

IV. Executive Committee Report

A. Mental Health Institutes Closures Letter

Carrie explained that the executive committee approved a letter to the Governor regarding the closures of the mental health institutes at Clarinda and Mount Pleasant. The letter acknowledged that closing the institutions ultimately aligns with *Olmstead*, but it is necessary to ensure proper supports exist in the community before such closures occur. Geoff sent the letter on behalf of the Taskforce in late February.

B. Legislative Update

Carrie gave an update of some of the legislative issues that were discussed at the last executive committee call.

ABLE Act: The Achieving a Better Life Experience Act (ABLE Act), which was passed by Congress in December 2014. The ABLE Act allows people with disabilities to establish tax-free trusts where money can be deposited to pay for future disability related expenses that help them maintain their health, independence, and quality of life. People with disabilities can save up to \$100,000 in their account without losing eligibility for other services, including Social Security benefits. To be eligible the disabling condition must have occurred prior to age 26. The Iowa Senate Human Resources committee approved a study bill (SSB 1210) to ensure Iowa is ready to implement the program as soon as federal rules are finalized.

Iowa Telehealth Act (HF 218): This bill recognizes the important tool telehealth is in overcoming geographic barriers to health care in Iowa, and would require the Iowa Medicaid program to reimburse physicians for telehealth services provided to Medicaid patients. This is an important *Olmstead* issue, not only because of the well-known shortage of mental health professionals in the state, but also because access to services can help people remain in the community, including those who live in parts of the state where access to certain services might be especially limited.

V. Employment Committee Report

A. Employment First Factsheet

Ashlea Lantz provided an update on the Employment First Factsheet that was discussed at the January meeting. The Factsheet was included in the meeting materials for review, and has been endorsed by the DD Council, APSE, and ICIE. The Factsheet is intended to educate legislators on E1st in Iowa, and a second Factsheet written for consumers and families will be created based on the current Factsheet.

- B. Action Item: Request for Taskforce endorsement of the Employment First Factsheet. Michele Meadors motioned to endorse the Factsheet and Len supported the motion. Motion carried.

C. Advocacy Concern

Ashlea gave an overview of an issue that was called to the Taskforce's attention regarding employment and individuals receiving disability benefits. The Taskforce was contacted by Mary Lynn Revoir regarding a specific issue she was having with a client, and concerns about the overall interpretation of Iowa's Medicaid Buy-In Program. Ashlea followed-up with Mary Lynn who explained she was working with a client who was a Social Security Disability Insurance (SSDI) and Consumer Directed Attendant Care (CDAC) recipient and worked their way off of SSDI due to exceeding the substantial gainful activity threshold. Ashlea provided clarification that someone can roll on to Medicaid for Employed Persons with Disabilities (MEPD) to continue receiving CDAC or other SCL services.

Ashlea suggested the Taskforce consider bringing additional awareness to this issue in order to make it more recognizable and clear to people, as it is an issue that continues to come up. Michele suggested speaking to someone at Iowa Workforce Development. Ann Gallagher added that people do not know what services and supports are out there, and that Mary Lynn does a good job of helping people navigate the complex system, which is so important because it is overwhelming especially if you are in crisis. Ann added the education component is especially important in rural areas- people need to know what is available and how to get it. Ashlea suggested this as a topic for follow-up for the Employment Committee.

VI. Nominations Committee Report

A. Report on Member Recruitment/Selection Process

Because Jenn, the chair of the Nominations Committee, was unable to attend the meeting, Carrie reported on the new member recruitment and selection process.

The Taskforce received 21 applications to fill 10 open positions. Two of the open seats were for one year terms as they were filling vacancies. The Nominations Committee met twice to discuss the applicants and used a scoring system to assign points based on target characteristics, strength of application, and advocacy experience. At the first meeting the Committee narrowed the list down to 13 candidates to reference check. Caitlin Owens conducted reference checks for the top candidates using a list of questions developed and approved by the Committee, and sent a summary of the results prior to the second meeting.

B. Action Item: Recommendation for Appointment of Ten Candidates to Membership on the Olmstead Consumer Taskforce

Carrie reported that the Committee was impressed with the caliber of applicants, and very pleased with the finalists. Carrie read a brief biographical description of each individual. Moved by Paula and supported by Jackie Dieckmann (1) to approve appointment of the following individuals to the Olmstead Consumer Taskforce: Dawn Francis, Kris Graves, Tammy Nyden, Rick Samson, Ingrid Wensel, and Rosana Zamora; and (2) to approve the reappointment of Roxanne Cogil, Ashlea Lantz, Mary Roberts, and Bruce Teague. Motion carried.

VII. Election of Officers

Carrie reported that Geoff's term as Chair is up and he is not eligible for re-election, though he will remain on the Taskforce and will sit on the Executive Committee as Immediate Past Chair. Carrie also reported that both she and Paula's terms on the Taskforce are ending, leaving the Vice Chair and Secretary positions open. Carrie reported that prior to the meeting June Klein-Bacon put her name in for consideration for the Chair position, and Joan Bruhn put her name in for consideration for Secretary. Carrie called for nominations from the floor, particularly for the position of Vice Chair.

Jackie asked for an overview of what the roles entailed, and Carrie provided an overview from the Taskforce bylaws. She noted that from her experience the role of Vice Chair does not require a large time commitment, but has been a good way to feel more connected to the Taskforce.

Michele Meadors put her name in for consideration for the Vice Chair position.

Moved by Mary Roberts and supported by Paula to elect June as Chair, Michele as Vice Chair, and Joan as Secretary. Motion Carried.

VIII. Transportation Committee Report

A. Refueling Assistance Bill

Gary McDermott reported on the Refueling Assistance Bill that he has been working on closely with Senator Hart. Gary reported the language is currently

being reworded because the petroleum marketers are unhappy with the wording of “call buttons” and wanted it to be changed to “refueling assistance device” which is a direct call system. The definition has been written for the device and can be operated with a closed fist. Gary reported the new draft should be finished shortly, and that the legislation did make the funnel and is headed to Ways and Means.

B. Non-Emergency Medical Transportation

Gary gave an overview of a new TMS policy for providing members rides through Paratransit, when the members are already approved to ride. For paratransit agencies who charge fares, the member will be required to pay the fare and submit a request for reimbursement to TMS, which is concerning to consumers and advocates. DRI has heard from clients and providers that certain individuals cannot afford the up-front cost of multiple fares per month due to low income, and these concerns were echoed at a NEMT Member Advisory Board held on March 12th. Paula moved that the Taskforce voice opposition to the new TMS policy and Ann supported. Motion carried.

Michele brought up another transportation related issue she thought the Taskforce should be aware of. Michele reported that she is a member of the Transit Riders Authority Committee (TRAC), which is a group of 13 individuals who advise DART staff and the DART commission. She reported paratransit busses in some areas are being replaced with different busses that are narrower, have more steps, and are not as smooth of a ride. Of additional concern, more staff training seems needed on how to operate the busses, and because of the new design a bus driver would have to exit the bus and go around the side in the event of an emergency. Carrie suggested this as a topic for further discussion at the next Transportation Committee meeting.

Michele also noted that she is working on a sidewalk survey in Polk County with the Des Moines Area Metro Planning Organization (MPO). Once the survey is complete in Polk County they plan to expand to rural areas. Michele asked if anyone has any sidewalk issues to email her, particularly if they are near medical facilities, as those are the highest priority.

IX. MHDS Redesign Committee Report

June noted that while the MHDS Redesign Committee has not formally met recently, she has been working on compiling the results of the Integrated Health Homes (IHH) survey that the Taskforce distributed last fall, the purpose of which was to get feedback from consumers, families, and providers on the roll-out, implementation, and early phases of the IHH programs in Iowa.

June reported that as of March 9 of this year, 22,086 Iowans have enrolled in the Magellan IHH program. Magellan, a behavioral health managed care company,

operates both adult and children's models of the program statewide, serving 11,944 adults and 10,142 children respectively. June explained that the goal of IHH program is to provide team based, patient-centered, coordinated care for adults with serious mental illness (SMI) and children with serious emotional disturbance (SED). The roll out of these programs came in three stages across the state, in hopes of allowing for training, ease of enrollment, and a smooth transition.

June said the Taskforce, along with other advocates across the state, began hearing feedback, both positive and negative, about the programs in early 2014, at which point some programs had rolled-out, while others were still preparing for the transition. In an effort to meaningfully collect and process the feedback, the Taskforce created an online survey that collected responses from July 15, 2014 through September 30, 2014. These dates ensured that the survey was available until the final roll-out phase had been operational for three months.

June noted that she hopes the feedback collected will be considered carefully by advocates, policy makers, providers, and others. She said in particular the forthcoming Medicaid Modernization initiative could encounter some of the same challenges, and will impact the children, families, caregivers, and service providers who so recently experienced the transition to the IHH service model.

June summarized the survey results, explaining that the survey collected both narrative responses and answers to multiple choice questions about satisfaction with services and wait time for services. The responses to the narrative question "please share a positive or negative experience with your affiliated IHH" were roughly 70% negative or challenging experiences. Some comments listed specific problems they were experiencing, while others listed more general challenges like a lack of communication, confusion with the process, caseloads too high, staff need better training, the process takes too long, unfulfilled needs, and a lack of choices.

June said the report would be sent out as soon as it is finalized.

Discussion:

It was asked whether there would be a follow-up survey now that the program has been operating for longer to see if opinions and experiences have changed. June said that is a possibility and something the Committee will discuss further. A question was asked about the demographics of the respondents. June reported that about 64% of the respondents were professionals in the human services field, 18% were people with a disability, 14% were family members, and the remainder identified as either a caregiver or a friend.

X. Medicaid Modernization Overview (Liz Matney and Deb Johnson, IME)

Liz Matney and Deb Johnson from IME presented on the Iowa High Quality Health Care Initiative. Liz provided the following overview:

- Medicaid in Iowa currently provides health care assistance to around 560,000 people and has an annual budget of approximately \$4.2 billion. A key budgetary challenge has been the costs of providing services increasing while the federal funds needed to provide those services has been decreasing. The cost of delivering Medicaid services has increased by 73% since 2003, and is projected to grow by 21% in the next three years.
- Currently Iowa enrolls a portion of its Medicaid population in managed care plans, but aside from PACE none of the plans provide a comprehensive benefit plan. Most Medicaid enrollees are served by a fee-for-service model, which incentivizes volume rather than quality and outcomes.
- One of the challenges of the current model in Iowa is that it does not adequately manage care for the most expensive members, which in turn drives up costs to Iowa's taxpayers. The top 5% of high-cost, high risk members account for 90% of hospital readmissions within 30 days, 50% of prescription drug costs, and 75% of total inpatient costs.
- A snapshot of how managed care works is Medicaid agencies contract with managed care organizations (MCO) to provide and pay for health care services. The MCO establishes an organized network of providers, as well as guidelines to assure appropriate services are provided at the right time, in the right way, and in the right setting.
- Currently over half of Medicaid beneficiaries nationwide are enrolled in comprehensive risk-based managed care plans. Under comprehensive risk based managed care, an MCO receives a fixed monthly fee per enrollee and assumes full financial risk for delivery of covered services.
- The goals of Medicaid Modernization include improving quality and access, greater accountability for outcomes, and creating a more predictable and sustainable Medicaid budget.
- The Department of Human Services will contract with 2-4 MCOs to provide services to Iowa Medicaid, Iowa Health and Wellness Plan, Healthy and Well Kids in Iowa (hawk-i) programs, long term care and HCBS waiver recipients, and the medically needy.
- The projected savings in the first 6 months is approximately \$51 million, which is expected to be achieved by reducing unnecessary and duplicative services, not by cutting services or rates. Services are set to begin on January 1, 2016.
- MCOs will be expected to develop strategies to integrate care across the system, and will include physical health, behavioral health, and long-term services and supports. Dental services will not be included because the Dental Wellness Plan has been successful, and dental access is an issue in Iowa.
- Care coordination must be delivered in a person-centered manner and address client need through individualized care plans.
- Eligibility for Medicaid, Iowa Health and Wellness, and hawk-i will not change, nor will services or benefits. Members will have the option to choose their MCO, and will be auto enrolled if they do not. Current provider networks and rates will remain the same through June 2016 for behavioral and physical care, and through December 2017 for long term care providers (including facilities, HSBS Waiver, and CMHC). Providers can be part of more than one MCO network.

- MCOs will pay providers directly within a similar timeframe as Medicaid currently does, and they will authorize services based on state policy and administrative rule.

Liz concluded the overview by acknowledging that the timeline for implementation is aggressive, but they have been talking with states who have implemented managed care in various forms in hopes of leveraging their experience and looking at best practices. Liz encouraged anyone with questions or comments to formally submit them to DHS by March 20th, as an amended RFP is expected to be released on or around March 26th. She said they will continue to read comments after March 20th and it is possible for additional amendments to be made to the RFP. She said weekly FAQs will be published on the Medicaid Modernization website.

XI. Managed Care Discussion

Carrie led a discussion of the morning's managed care presentation. Taskforce members and guests shared questions and comments to be compiled and submitted to DHS.

XII. Presentation on Sustainability Grant and Opportunity for Taskforce Feedback (Joe Sample- Iowa Department of Aging, and Gary Broils- Consultant)

Joe Sample from the Iowa Department on Aging, and Gary Broils, a consultant with McGladrey, LLP gave a presentation on the transformation of Iowa's LTSS programs and functions into a "no wrong door" system.

Joe provided background on the grant from the Administration for Community Living. It is a Title IV discretionary grant, and the goal is to identify strategies to create a sustainable no wrong door system. The key components of the grant are a statewide toll-free communications system/network, single searchable LTSS database, website integration with LTSS database, as well as local coordination centers and access points. Gary is working with IDA to build the three year sustainability plan by conducting an environmental scan of what services are currently being provided in Iowa. The purpose of presenting to the Taskforce was to seek information and feedback from the consumer perspective.

Gary gave an overview of the action plan for the information collection. On the state level they want to understand what the funding is, and how it impacts the state budget. They are researching what other states do, either by reviewing publicly available information or by reaching out to individuals in those states. At a local level they are interested in current funding sources and expenses, what goes into providing direct services, and other information from local partners. Initially they will collect information through surveys, but plan to conduct in-person sessions to get more in-depth information. Finally, to gather more information from the consumer perspective they will use information already collected by IDA through their consumer experience surveys and expand to collect more targeted information.

Discussion:

Concerns were voiced regarding the status of Iowa COMPASS and how current systems will be incorporated into NWD. Joe said currently there are wrong doors, and the goal of this model is to create a backbone network that allows multiple agencies and partners to plug into one system, rather than the current landscape of several databases but no single one everyone can count on. Regarding how the database will be updated to ensure information is timely, Joe said an RFP will be created to get one vendor who will be the last touch for all data, rather than multiple sources being responsible for their own data. It was mentioned that the NWD operation has been framed in terms of aging, not people with disabilities.

A Taskforce member asked how the database will be updated to make sure people are getting timely information. Joe reiterated that they are planning on getting an RFP out for a vendor who will be the last touch for all data, versus multiple sources being responsible for their own data. How this is sustained goes back to the three year plan.

XIII. State Agency Reports

Department of Transportation: Kristin Haar discussed the 2015 Passenger Transportation Summit, which will be held on May 14th in Marshalltown. The information for the Summit will be sent to Caitlin and distributed via email to the Taskforce.

Center for Disabilities and Development: Bob Bacon introduced two new staff members, Rose Kim and Peter Schumacher, who work at the Hoover Building. Rose will be working on outcomes and performance measures for MHDS redesign, and Peter will be providing staff support to the MH Planning Council and the MHDS Commission. Bob also commented with regard to the earlier discussion, that Iowa COMPASS--which has served as a core part of the "D" in Iowa's Aging and Disability Resource Center (ADRC) model—is at serious risk for dissolving. He said it has been around since 1986 and, while it is not perfect, it is particularly strong in assistive technology and has an exemplary collaboration with the UI College of Law.

XIV. Taskforce Member Reports

Michele talked about a grant she is a part of at Mercy which helps people with transportation for 30 days after being discharged from the hospital. This is a service for people who cannot afford or otherwise secure transportation. She said it is starting small, but hoping to expand.

Ann Gallagher said she is going to a workshop on mental health and rural at-risk populations in St. Louis. She said as a member of Olmstead and some other groups she is hoping others might take a look at the list of sessions and give her feedback on what might be useful or interesting to attend, and she will report back on what she learns. Ann will send the list of breakout sessions to Caitlin to forward by email.

Liz O'Hara acknowledged the good work of outgoing Taskforce members Paula Connolly, Carrie England, Linda Moore, and Rik Shannon.

XV. Public Comment

Kristin Haar made a comment that as a mom she wanted to mention that ChildServ is doing public meetings for parents regarding managed care.

XVI. Adjournment

Moved by Paula Connolly and Carrie England to adjourn. The meeting ended at 2:45pm.