

**OLMSTEAD CONSUMER TASKFORCE MEETING**  
**May 8, 2015**  
**Pleasant Hill Public Library, 5151 Maple Drive, Pleasant Hill**

**MINUTES**

**Handouts**

Minutes of Previous Meeting – March 13, 2015  
Employment Committee Minutes – March 27, 2015  
MHDS Redesign Committee Minutes – April 22, 2015  
Employment First Fact Sheet  
Employment First Fact Sheet for Families  
Integrated Health Home Survey Report  
Letter to Director Palmer Regarding the Development of an Actionable Olmstead Plan  
OCTF Managed Care Questions and Comments  
Managed Care Concerns and Overview of Lessons Learned in Kansas

**Taskforce Members Present:** Joan Bruhn (phone); Roxanne Cogil; Jackie Dieckmann; Dawn Francis; Ann Gallagher (phone); Kris Graves; June Klein-Bacon; Ashlea Lantz (phone); Geoff Lauer; Michele Meadors (phone); Tammy Nyden (phone); Kathleen O’Leary; Mary Roberts; Len Sandler (phone); Rick Samson (phone); Ingrid Wensel; Jenn Wolff (phone)

**Taskforce Members Absent:** Tracy Keninger; Gary McDermott; Bruce Teague; Rosana Zamora

**State Agency Representatives Present:** Page Eastin (DHR); Karen Hyatt Smith (DHS); Terri Rosonke (IFA)

**Staff:** Tammie Amsbaugh; Caitlin Owens

**Guests:** Theresa Armstrong; Jane Hudson; Peter Schumacher; Rick Shults

**I. Welcome and Introductions**

Chair June Klein-Bacon called the meeting to order at 10:10am. A quorum was established. June welcomed new members and briefly talked about the goals of the Taskforce to remove barriers to community living and promote compliance with the *Olmstead* decision and principles in Iowa.

**II. Review, Amendments and Approval of the Agenda**

June gave an overview of the agenda. Mary Roberts motioned to approve, and Kathleen O’Leary supported the motion. Motion carried.

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

June opened the floor for corrections or amendments to the March meeting minutes. Geoff Lauer moved to approve the minutes, Kathleen supported the motion. Motion carried.

#### **IV. Executive Committee Report**

##### **A. Work of the Taskforce**

Geoff gave an overview of the work of the Taskforce since the March meeting. He discussed a document he shared on behalf of the Taskforce outlining challenges encountered after the roll-out of managed care in Kansas and some concerns that need to be addressed. Geoff discussed the recently passed Senate Health and Human Services Appropriations Bill which includes language calling for a Managed Care Oversight Committee as well as establishing a Children's Mental Health and Wellbeing Workgroup. Due to limited time the legislative update discussion will be continued in the afternoon.

##### **B. Olmstead Plan**

June gave a brief overview of the Olmstead Plan. The Plan is dated 2011-2015; the initial 18-month action agenda expired in June 2012. States that do not have actionable plans can be more vulnerable to *Olmstead* related litigation and Department of Justice investigations. She reported that in a meeting earlier in the week Rick Shults indicated support for the need of updating the plan and making it actionable. Geoff added that what exists now is more of a DHS plan, and a state plan that engages all agencies is necessary. He also reported that he has had conversations with staff of the governor and the Older Iowan Legislature about the need to reauthorize Executive Order 27, and while the governor's office is open to the discussion, it is a matter better left until after the conclusion of the legislative session.

##### **C. Managed Care**

June provided some updates on managed care since the March meeting. Four amended RFPs have been published, two involving the "scope of work" and two involving the capitation rate data book. The deadline for managed care organizations (MCOs) to submit bids was extended from May 8<sup>th</sup> to May 19<sup>th</sup>. DHS plans to move forward with concurrent 1915(b) and 1915(c) waiver authority to get approval for the state's managed care contract. This means a new 1915(b) waiver application will be submitted to include physical health, behavioral health and long-term care services in the Medicaid managed care program. In addition, existing Section 1115 Demonstration waivers (Iowa Wellness Plan and Family Planning) will be amended to move service delivery to MCOs. The seven 1915(c) home and community-based services waivers will also be amended to move service delivery to MCOs. CMS requires states give public notice of these waivers before they are submitted. The application and amendments will be posted on the website by the end of June 2015, and likely submitted to CMS by the end of summer.

June reminded the group that questions and comments regarding managed care were compiled at the March meeting and submitted to IME. Caitlin added that two "Frequently Asked Question" documents have been published, as well as several "Answers to Bidders Questions" updates, but it does not appear that the questions submitted by the Taskforce were addressed. This was mentioned to Theresa Armstrong and Rick Shults in anticipation of this meeting.

#### **V. Transportation Committee Report**

##### **A. Refueling Assistance**

Gary McDermott was unable to attend the meeting but provided Dawn Francis with some information to share. She shared that SF 396, the Refueling Assistance Bill that Gary has worked very hard on, is currently in front of Ways and Means and he requests people submit comments in support of the bill.

B. NEMT

Dawn said Gary suggests the Taskforce update and resubmit concerns regarding IME's application to CMS to continue waiving non-emergency medical transportation (NEMT) services for Iowa Health and Wellness Plan beneficiaries.

Caitlin provided more background on the NEMT waiver. A key piece of the compromise in passing Medicaid Expansion legislation was that the coverage would look more like a commercial benefit than traditional Medicaid, thus IHAWP benefits are less extensive than State Plan Medicaid benefits, and NEMT was one of the excluded services. In order to exclude or "waive" this service Iowa had to get permission from CMS. CMS proposed in order to demonstrate NEMT services were not needed for IHAWP beneficiaries, survey responses on difficulties with transportation for IHAWP members be compared to the survey responses of persons who have access to NEMT services through State Plan Medicaid, and if there were no statistically significant differences in the two groups that would be sufficient evidence. In December CMS indicated concerns with the initial data collected and extended Iowa's waiver through July 2015 pending results of additional data collected. The Taskforce submitted comments urging CMS not to approve the waiver request last October. Iowa is now seeking to extend the waiver through the rest of the IHAWP demonstration period.

Dawn asked whether DHS technically has a choice about offering NEMT services at this point if it was part of a compromise between legislators. Caitlin said she didn't think the legislation specifically excluded NEMT, but she would look into it for more information.

VI. **Olmstead Plan Discussion- Rick Shults and Theresa Armstrong**

Rick Shults, MHDS Division Administrator, joined the meeting and shared that DHS Director Palmer was unable to attend. He started with a legislative update stating that currently the critical issue is appropriations. The Senate passed their Human Services Appropriations Bill, which includes DHS as well as several other agencies. It will now move to the House, who will put their ideas into the bill and hopefully act upon it early next week. Once the House passes their version the formal reconciliation between the House and Senate will begin. He said the bill in its current form is likely to change substantially and the key time will be when the two chambers come together to work out differences between bills.

A. Development of an Actionable Olmstead Plan

Rick started by saying it is clear that it is time to update Iowa's Olmstead Plan. He said he envisions several steps needing to occur. An initial step will be considering all of the guidance that has come out about what should go into an Olmstead Plan, including that which has come out since the development of the 2011 plan. The second piece is working with the Taskforce and other advocacy groups to make sure that input is collected from stakeholders. He said it is important to consider how to engage the broad participation of the state and DHS would take responsibility for engaging the necessary state agencies and bringing key people together. Rick noted that the environment at the local, state, and federal level is significantly different now than it was when the initial plan was developed and pointed to the opportunities made available by Mental Health Redesign, Medicaid Expansion, the growth and development of mental health services, and the HCBS Settings Rule. He said the Settings Rule in particular is a big piece, and it will be important to ensure the Olmstead and HCBS Transition Plans are complimentary to one another. He said with regard to engaging other state agencies, DHS would take responsibility for making contacts and bringing key people together.

Rick said he would hope to chart a course for the development of the Plan in partnership with the Taskforce, and whether that means the group as a whole or through a workgroup is up to the Taskforce.

Dawn suggested the formation of a workgroup that is specific to the Olmstead Plan. Kris Graves agreed. June asked for individuals interested in participating to let her know.

Geoff asked how the plan will be made actionable. Rick said it will be necessary to weigh guidance on what to include while also keeping in mind that some of that guidance isn't consistent with how state's actually operate. He said it is important to remember that the Legislature appropriates funds and neither the plan nor DHS can dictate that process. It will need to be discussed in the planning process how to balance that and a serious commitment to the movement on *Olmstead* compliance.

B. Olmstead Related Employment Concerns

Ashlea Lantz shared that the Taskforce is concerned about the delay in implementing the recommendations of the Employment Services Redesign Workgroup meant to rebalance Iowa's employment services in order to offer more competitive, community-based options. The current rates and definitions make it nearly impossible for providers to offer integrated employment services, which in turn creates an over-reliance on facility-based services. The current Olmstead Plan calls for "establishing the leadership, necessary partnerships, and infrastructure for a service system that can expand the opportunities for competitive employment." She said while Iowa is making progress on establishing leadership and partnerships, it is failing when it comes to the much needed infrastructure. She said with the implementation of managed care coming, failure to move ahead with the new rates and definitions would have the effect of freezing both current rates and Iowa's progress on *Olmstead* compliance.

Ashlea asked if DHS is planning on involving the workgroup in implementation of the recommendations around employment rules and definitions. Rick said yes, the plan is to involve the workgroup. Ashlea asked when he anticipates bringing the workgroup back together. Rick said the reality currently is a significant budget challenge which they are trying hard to resolve. He said part of the challenge is that the implementation of employment services must be budget neutral and in doing so there is a concern there could be unintended consequences and the potential of adversely affecting services if things move too quickly. He said they are trying to figure out in the budget process how the Medicaid shortfall will be addressed, as it is substantial this fiscal year and will be even larger in the next fiscal year, as well as the extent to which they have to maintain cost neutrality in these new services before moving forward. He said these discussions have been had with key policy makers.

Ashlea asked what a realistic timeline is for the new rates and definitions, adding that providers across the states are anxious and also don't want to move too quickly as they need to build capacity for new services in order to ensure they are sustainable. Rick answered that the rates in particular are tied to the appropriations process and DHS will need to see how the Legislature positions them and the Medicaid program before making those decisions.

June asked if it is accurate that rates will be frozen at too low of a rate if this process does not move quickly enough. Rick said he thinks the rates can be addressed, as there are choices and different directions DHS can go, each one with potentially different impacts. He said those choices will not be known until after the appropriations process, at which point it will be possible to sit down and decide how to proceed.

C. Legislative Update and Managed Care

Theresa Armstrong shared that the governor recently signed a bill regarding mental health advocates which changes how they are appointed and supervised, and directs DHS to develop rules, including guidance on required qualifications. Another recently signed bill will make it possible sub-acute facilities

to be used for involuntary commitments, and increases the number of sub-acute beds in the state from 50 to 75.

Rick shared that a critical issue for those not on Medicaid involves the MHDS regions. He said the governor's budget contained a recommendation to establish a funding level, how to come up with money for the funding level, and how regions could use their fund balances for now to make up the difference. What came out of the Senate recently was \$4.5 million to go to two regions that are projected to be below their expected fund balance at the end of state fiscal year 2016, with most of that going to Polk County. He said there is also a Senate bill that would allow counties to fund their MHDS region with a county levy in order to meet their needs, but he is not sure where that bill currently stands.

Geoff asked whether the anticipated January 1, 2016 date for the implementation of managed care is still a realistic target. Rick said because the RFP has already built in several phases for the roll-out, some aspects of the managed care program will take a while to be fully implemented, and realistically the magnitude of the change in January 2016 will be less than many seem to fear. Geoff asked whether there is an overview or "cheat sheet" that outlines the various phases of implementation. Rick said that is a good idea and he will share it with his partners at DHS. Other Taskforce members echoed the usefulness in addressing some of the questions and concerns people have about managed care.

Roxanne asked for the status of the questions the Taskforce submitted in March regarding managed care. Rick said he would work with the Taskforce to find the answers to those questions. Roxanne shared two concerns she had which were not included in the document. Her first concern was for individuals who have access to services through waivers, but hold Medicaid as a secondary insurance. She said some families are worried about specialty services and doctors as primary insurance covers the bulk of those insurance bills but Medicaid still covers a very small amount. Secondly she said her family participates in HIPP and receives waiver services, and HIPP is in the excluded category for managed care while waivers are included. She said it is unclear what that will mean for her family. Rick said he would get those questions answered with the rest of the Taskforce questions. He added that there is a misperception that providers can only enroll with one MCO, but that is not the case. They can and frequently do enroll with all of them, just as they do with other types of insurance providers.

## **VII. Legislative Update (continued)**

Roxanne shared an update on prescription drug prior authorization legislation. She said in the last session prior authorization legislation was passed, but the governor vetoed language requiring the authorization of prescription drugs within 72 hours. That language has been put back into an insurance bill which has passed the House and moved to the Senate and cannot be line item vetoed.

Geoff shared information about a bill that would allow Pediatric Medical Institutions for Children (PMICs) to offer stipends to support psychiatric positions in an attempt to address the shortage of such professionals in Iowa. To be eligible PMICs must offer outpatient services and at least 50% of their outpatient clients must be covered by Medicaid. Currently this stipend program is only available at community mental health centers and hospital psychiatric units.

June shared that the Senate's HHS Appropriations Bill establishes the Iowa ABLE Savings Plan Trust program that would allow people with disabilities to establish tax-free savings trusts in which money can be deposited to pay for future disability related expenses without impacting their eligibility for disability benefits. Qualified expenses could include home modification, education, transportation, assistive technology, health services, etc. Federal guidelines have not yet been finalized but are expected to be published this summer.

## **VIII. MHDS Redesign Committee Report**

### **A. IHH Survey Report**

June shared that the report summarizing the findings of the survey of the experiences of consumers and providers with the integrated health homes program (IHH) has been finalized by the MHDS Redesign Committee and is ready to distribute. She said the committee discussed sharing the report with DHS, Magellan, bidding MCOs, and circulating among advocates. Caitlin summarized the report, which included feedback from consumers and providers that communication was lacking before and during the roll-out, a few individuals reporting the challenge of ending their long relationship with their targeted case manager and transitioning to an IHH, and confusion on the benefits of the program. Positive feedback included individuals reporting being connected with resources in their communities. June added that many of the challenges identified parallel concerns around the roll-out of managed care which highlights the need for clear communication and outreach. June asked if anyone had any feedback on the draft sent out with the meeting materials.

Dawn asked if it would be possible to add a simple and clear summary of concerns and major takeaways that would be accessible to a broad audience. Caitlin suggested a simple executive summary could be added to the beginning of the document. Dawn said that would be useful and Geoff seconded.

### **B. Action Item: Review and endorsement of revised IHH Survey Report.**

Dawn motioned to endorse and include an accessible executive summary. Rick Samson seconded. Motion carried.

## **IX. Employment Committee Report**

Caitlin provided a short update on behalf of Ashlea who was unable to call-in for the afternoon portion of the meeting. She reported two versions of the Employment First fact sheet were finalized and circulate widely, and that Ashlea has received positive feedback from several people. One fact sheet was written for policy makers and another for families and were included in the meeting materials.

## **X. Discussion of Taskforce Committees**

June opened up a discussion of current Taskforce committees by saying she would like to help members feel more connected to the work of the Taskforce and hear what is or is not working with the current structure. She gave an overview of the committees for new members, and noted that several of the absent Taskforce members are committee chairs so it may be necessary to continue this conversation with the executive committee or at the July meeting. The current committees/ad hoc workgroups are employment, transportation, MHDS redesign, Medicaid, and housing; and the standing committees are nominations and executive. As discussed earlier the Taskforce will be adding an Olmstead Plan workgroup.

Mary asked if it is possible to change committees. June said yes, she would hope people participate in committees that highlight the variety of skills and interests that brought each person to the Taskforce. Roxanne noted that there seems to be a lot of committees and asked if any are lacking in members. Ingrid asked how the committees were identified and whether they are meeting their mission/intent. She said it might be wise for the committees to have less niched topics rather than trying to force the current structure. June acknowledged that managed care has recently diverted attention away from other areas.

June suggested continuing this conversation with the executive committee and broader Taskforce.

## **XI. State Agency Reports**

Terri Rosonke from Iowa Finance Authority shared that IFA is in the process of drafting the 2016 Qualified Annual Plan (QAP), which governs the Low Income Housing Tax Credit program. She said the QAP goes through the administrative rules process, and currently is still being worked on internally. The deadline for the first round of comments is today, but there will be more opportunities to commend down the road. She said of particular interest to the Taskforce is the scoring section on *Olmstead* goals. In this section an applicant can commit to having all on-site staff complete Mental Health First Aid training, which has been so popular among applicants that they are considering making it a threshold requirement rather than assigning points to it. There are also 10 possible points available if a builder commits to at least half of the accessible units being two, three, or four bedroom units. IFA is considering either reducing the points available for that item or eliminating it entirely. Terri shared that 10 points is a lot of points on this application, and it is not clear whether the need still exists for these types of units. It is already required that accessible units are dispersed across size and location, but many builders are finding the larger accessible units are not in demand. She welcomed comments or questions on any aspect of the QAP.

Terri also shared that the HCBS Rent Subsidy Program, a state funded tenant based program for people under 1915(c) waivers, currently has no waitlist. She said historically this program has had more applicants than it could handle, but in the past few months the waitlist has been eliminated. She said they are hoping to receive additional applications to repopulate the waitlist. Applications are accepted continuously so people should not be waiting for a particular time to apply. She said the appropriations for this program have been steady, but they will continue to be asked about the need for the subsidy and being able to show demand will support the case for continued support.

## **XII. Taskforce Member Reports**

Roxanne shared that she has recently been appointed as a family member to the Heart of Iowa MHDS Regional Advisory Board.

Dawn shared that the Illinois Iowa Center for Independent Living named Gary McDermott the 2013-2014 advocate of the year in December.

Geoff shared that Tammy Nyden was named ID Action's 2014 advocate of the year for her work on children's mental health redesign. He also noted that he heard managed care companies will be hiring over a thousand staff in Iowa, with existing disability providers are likely to be on their list, and therefore there are likely to be additional transitions in the coming months.

Kathleen shared a blog post she wrote about managed care that included a link to a MoveOn.org petition she created and would like to circulate. Caitlin will send to the Taskforce mailing list.

## **XIII. Public Comment**

No public comment.

## **XIV. Adjournment**

Geoff moved to adjourn and Dawn supported. The meeting ended at 2:09pm.