

OLMSTEAD CONSUMER TASKFORCE MINUTES

Friday January 13, 2012, 10:00 am – 3:00 pm

Urbandale Public Library Meeting Room A

DRAFT

E-Mails and Handouts

- Agenda
- Membership Roster
- Committee Assignments
- State Reimbursement Manual pages for Boards and Commissions
- OCTF Letter re System Redesign Preliminary Report (11/25/11)
- OCTF Letter to Iowa Finance Authority re Qualified Application Plan
- OCTF Chair Remarks to Iowa Finance Authority at Public Hearing on QAP
- REM Host Home Brochure
- REM Host Home Brochure for Prospective Mentors
- REM Host Home PowerPoint
- Direct Care Work Advisory Council Handouts for Proposed Curriculum
- MHDS State Plan Update to MHDS Commission October 2011
- DHS Mental Health and Disabilities Services Redesign January 2012

Members attending in person: Paula Connolly, Dawn Francis, Steve Garrison, Geoff Lauer, Jerry Mayes, Rik Shannon, Janie Woodhouse, Casey Westhoff. **By phone:** Alice Holdiman, Doug Sample (part of the day).

State Agency Representatives attending in person: Theresa Armstrong (DHS – MHDS), Rhonda Bennett (DIA), Diane Blackburn (Iowa Veterans Home), Patrick Clancy (Regents), Becky Flores (DHS – MHDS), Karin Ford (IDPH), Deb Johnson (DHS – IME), Doug Keast (IWD), Joe Sample (IDA), Rick Shults (DHS – MHDS), Jana Smith (DIA), Anne Turcotte (DOT), Ljerka Vasiljevic (Public Safety) **By phone:** Terri Rosonke (IFA)(in person in the afternoon)

Staff: Bob Bacon, Terry Cunningham, Liz O'Hara, Ann Riley **By phone:** Connie Fanselow

Guests: Teresa Bomhoff (Mental Health Planning Council, NAMI), Pat Costigan and Monica Ravn (REM), Todd Lange (Office of Consumer Affairs)

WELCOME AND INTRODUCTIONS

The meeting opened at 10:05. Acting Chair Geoff Lauer welcomed members and guests and noted a quorum was not yet present. Past Chair Jerry Mayes thanked Geoff for taking leadership of the Taskforce in the wake of Jerry's health issues.

APPROVAL OF THE MINUTES FROM NOVEMBER 2, 2011

The minutes were not available.

TASKFORCE HOUSEKEEPING ITEMS

Geoff Lauer briefly reviewed the Olmstead Consumer Taskforce mission to raise awareness of, advocate for, and monitor compliance with the principles of the U.S. Supreme Court's *Olmstead* decision. This year, the Taskforce's priorities are in the area of accessible and affordable housing, integrated employment for people with disabilities, and development and training of the direct care workforce. The Taskforce may deal with other issues, but these are to be the principal focus.

A roster of Taskforce members was distributed. Please check contact information and notify Becky Flores of any changes.

Jerri Sloan has recently resigned from the Taskforce, and a letter acknowledging her contributions should be sent. The Taskforce now has 19 members. Carrie England, who was unable to attend due to illness, wants to remind Taskforce members of the importance of recruiting new members. Please let Geoff know of any prospective candidates. Each Taskforce member will receive an application to share. Seven members' terms expire in 2012, Jerri has resigned, and one person's status is jeopardized due to his low attendance.

The March meeting is the annual meeting at which officers will be elected. Individuals interested in running should contact Carrie and also let Becky Flores know. (Nominations can also be made from the floor.)

Geoff noted that the bylaw revisions regarding term limits on membership were never adopted last year, so under current bylaws, all members whose terms expire at the March 2012 annual meeting are eligible to apply to serve an additional term. Bylaw changes on this matter will be addressed later today.

Becky Flores stated that the reimbursement information previously emailed to members should be ignored. The correct information was distributed at the meeting and will be mailed to those not attending in person. Contrary to the emailed information, volunteers serving on boards and commissions can get reimbursed for meals regardless of whether they stay overnight for a meeting. Doug Sample stated that he repeatedly fails to get reimbursed, regardless of frequent emails to DHS. Geoff stated that he will try to assist in addressing the situation.

Geoff briefly reviewed some significant Taskforce correspondence sent since the last meeting. Per the recommendations of the Taskforce, a letter was sent to the Interim Legislative Committee on Mental

Health and Disability Services Redesign, supporting the final report of the Department of Human Services with one important exception: the Taskforce believes that the array of core services that should be available to all Iowans should be confined to best practices that are fully consistent with Olmstead principles. This would not include older service models like facility-based employment and intermediate care facilities for people with ID.

The second set of communications pertained to the Iowa Finance Authority's draft 2012 Qualified Allocation Plan for the disbursement of low income housing tax credits. The draft as first published omitted important scoring incentives to developers to pledge that 100% of units in their proposed projects would be fully accessible. In past years such incentives have resulted in the development of hundreds of units accessible to people with disabilities. The Taskforce sent a strong letter of protest to IFA, reminding the Authority of the State's obligation to foster compliance with the Olmstead decision, and of the important role that publicly assisted housing plays in community integration. Geoff planned to testify in person at the public hearing on 11/22/11, but was unable due to the imminent birth of his baby daughter.

HOUSING PRIORITY PRESENTATION

Expansion of housing opportunities for people with disabilities is a priority for the Taskforce, and two guests from REM Iowa were invited to share information on a program innovation related to housing. Pat Costigan, Regional Director of HCBS Services for Central and East Iowa, and Monica Ravn, who coordinates the new Host Home program, presented information to the Taskforce. REM's parent company, Mentor Network, has operated host home programs for foster children and children at risk in other locations, and this was seen as a workable model for people with disabilities as well. MOSAIC also has a host home program and is encouraging people from MFP to explore this model. One MFP person has utilized a host home for over a year now.

At the foundation of the program is the importance of human relationships and the home environment. Host Home matches the individual with a disability with an individual willing to serve as caregiver ("mentor"), in the caregiver's home. There are few specific requirements for mentors—the important principle is that he or she needs to be a good match in terms of lifestyles and personal interest. There is no age limit. Choice is also important; both parties have to make many decisions. REM considers a wide array of factors, including the community environment. The host home model stands out from others in the consistency of care it provides, in a natural setting. It is not diagnosis-based, working well for people with ID, brain injury, and mental illness. The ID and BI Waivers as well as Habilitation Services provide funding for host homes. As with Supported Community Living services, Quality Assurance standards are followed.

REM is in the early stages of program development. A few families are considering mentoring roles. REM screens mentors, engages in due diligence, contracts with them and provides follow-up support. Home modifications are funded, if necessary. While mentors are compensated, this is not likely to be their main motivation. The consumer's family and network of natural supports are not replaced, but

augmented. REM also consults closely with other members of the caregiver's household to identify and address concerns. Crisis planning might include substitute mentors or crisis intervention professionals. Host homes may work well for individuals who have been living with their aging parents, who may be uncomfortable with the idea of supported community living services. More information and a video can be found at www.remiowa.com.

DIRECT CARE WORKFORCE PRIORITY PRESENTATION

Ann Riley of CDD presented information on the College of Direct Support (CDS) and the Direct Care Workers Advisory Council initiatives. CDS, which provides a comprehensive web based curriculum for direct support workers, is funded by the Money Follows the Person program. Meredith Field, also of CDD, is the administrator of CDS for Iowa. Both Meredith and Ann have been very involved in the Direct Care Worker Task Force and then the DCW Advisory Council. The Iowa Association of Community Providers recently received funding to register its provider members at no cost so that employees not serving MFP clients can access CDS training modules.

A recommendation of the Mental Health and Disability Services Redesign's work group on ID was that Iowa expand access to CDS statewide for all HCBS and facility-based providers. DHS accepted this recommendation in its final report. CDS uses adult learning principles, can link users to state-specific resources, provides pre- and post-tests, and allows providers to track employee training and results. The CDS curriculum is based on national skill standards and core competencies. The National Association of Direct Support Professionals has developed a national credentialing system. The ID Work Group recommended that Iowa align with the system, which requires the acquisition of competencies, mentoring, and letters of support from supervisors.

The system under development by the Advisory Council is in its early stages. The Council was preceded by a Task Force set up by the Legislature to develop recommendations on credentialing and training for all non-licensed paid workers in all long term service settings, except individuals providing services only to a family member. This includes everyone paid to provide support to someone with a disability, of any age, from a CNA to a transportation provider. The Task Force evolved into the Council. Two grants are supporting development of an Iowa standardized direct care curriculum. One grant from the Health Resources Services Administration helped develop the Home and Community Based curriculum and the second from the Department of Labor to community colleges is to develop and deliver modules on health monitoring and maintenance. Ann reviewed handouts with the Taskforce on the proposed curriculum. A mandatory "Core Training" of six hours provides a basic foundation. People can then choose to seek one of several specialty endorsements, each with a required set of training modules. They may also pursue advanced training and certification as Community Living, Personal Support and Health Support Professionals.

The Council is working with six HCBS providers to test the HCBS training modules. It also hopes to reinstate provisions for a credentialing board in this session's IDPH appropriations, which were line-item vetoed by the Governor last year. A crosswalk has been done on content of CDS and Council modules

and many of the core competencies are met in various lessons in CDS. Iowa's mandatory "Core Training" which introduces workers to Iowa's credentialing system and provides an overview of career settings is not in CDS but could be linked to the CDS system. Certified workers will pay \$30 every two years to be entered on a state Registry. Although current workers may be grandfathered, they would have to take the six hour orientation within two years. CDD has suggested consumer representatives on the credentialing board, but the proposed administrative rules call simply for people from the general population. Direct care workers are represented because they are viewed as the end users of the credentialing and training process, not consumers.

Paula Connolly expressed general support for the idea of credentialing and provision of a career path, but is concerned that the process will drive up the cost of care, which would hurt people currently spending up to their waiver cap. She also had practical concerns for the impact of rigorous training requirements on the supply of workers available to families who do not really need someone with that level of skill. She cited the example of her child, whose only medical need is tube feedings, but she can't find a home health agency willing to send a nurse out to do only one task. Families need greater flexibility. Ann Riley expressed the hope that IME can expand the availability of nurse delegation services, allowing nurses to train and supervise non-licensed workers assisting families in their homes. She stated that she thought the DCW Council has gradually come to understand more of what is needed in HCBS services for people with DD.

Dawn Francis expressed concerns about whether the \$30 registration fee is a burden on direct support workers. She also worried about increasing pay for workers at a time of budget constraints. Paula pointed out that under the Consumer Choice Option, individuals can set their own pay rates for direct support. Deb Johnson stated that all pay rates are frozen now. Doug Sample cited low pay as a major factor the ability to access direct support, when people make more and have more regular hours at McDonald's.

While the Council initiative does entail costs to direct support professionals who want to access training, they only have to pay if they are attending community colleges for the training. Providers can also provide the training, at no charge, if they have a certified instructor. Under the Council proposal, the six hours of training could be considered part of orientation and thus part of someone's work hours. The cost of training to providers is significant and can't be billed as a direct service. The ID Work Group recommended that the state review HCBS cost reports and find a way to compensate providers for training costs. Ann stated that there is no consensus on who should bear the costs of training, or how it is to be sustained—only on the need to professionalize the workforce. CMS is interested in the idea of financial incentives to providers to get staff trained and credentialed.

Pat Costigan noted that REM is participating in the Council pilot. He sees a positive shift from the medical model orientation towards community-based. He cautioned that any barrier to employing workers needs to be considered carefully, though. Providers are already responsible for ensuring that their employees are equipped to do the job. His concern is whether credentialing requirements would

make it harder for him to meet the needs of a particular service area, such as Iowa City, where REM hires a lot of students with no interest in direct support as a career.

Geoff asked if the Taskforce wanted to consider a communication to the Legislature or to the two departments. He cited as possible recommendations: 1) Increased collaboration between the departments on the two initiatives; 2) support for the redesign recommendation that providers be financially incentivized to raise competency levels; and/or 3) that funding for the proposed credentialing board be appropriated. **MOTION:** Jerry Mayes moved that the first two recommendations be conveyed. Paula Connolly supported the motion. There was further discussion. Deb Johnson stated that while there has been collaboration between DHS and IDPH, she was not certain there was a common understanding as such issues as the importance of flexibility. She had supported the compromise language exempting caregivers working for just one individual, but that was later removed from the draft administrative rules for the credentialing system.

The motion was amended to send a letter (1) to IDPH and DHS thanking them for their efforts in workforce development, supporting enhanced collaboration, and stressing the importance of flexibility in a training and credentialing system; and (2) to the Legislature supporting the Redesign recommendation to provide financial incentives to providers to raise staff competencies and increase compensation for direct support staff. The motion carried unanimously.

Deb Johnson, IME, stated that we need to pay attention to recent action by the Office of the Inspector General in New Jersey, requiring that CMS be reimbursed \$145 million in Medicaid funds for inadequate documentation of direct care services, failure to secure prior authorization, and lack of nursing supervision. Ann Riley pointed out that CDS has a training module on documentation responsibilities and specific links can be added to Iowa requirements. A general overview of the worker's role and responsibilities regarding documentation is also addressed in one of the modules for credentialing.

Terry Cunningham said that consumers, as end users of direct care, have a different perspective, and are acutely aware that many workers are part time and will quit if compliance with the mandates becomes too hard and the pay too low. He fears that those who *are* willing may be very undesirable characters. He believes that if direct care workers are professionals, they will be willing to pay for their initial training.

BOARD COMPOSITION AND OFFICERS

Geoff stated that currently the bylaws state that 50% of the board must be people who are not state employees or providers of long term supports/services. They put no term limits on members, contrary to the general practice of consumer organizations. Alice Holdiman stated that this was dealt with in the last discussion of the bylaws, but there is no record of final action on proposed revisions. She said this should be referred back to the Bylaws Committee. She suggested that a member could serve a maximum of two three-year terms, and then would have to leave the board for at least a year. Geoff suggested this be considered a first "reading" of a recommendation like that, but Alice said it could not be retroactive and thus would not affect the March election. Dawn said such an action needs to be on

the agenda anyway. **Geoff said he will put the item on the March agenda and ask the Bylaws Committee for recommendations.**

PROPOSAL FOR OCTF TO ACT AS MONITORING BODY FOR MHDS REDESIGN

Jerry Mayes has spoken to Senator Jack Hatch and Representative Renee Schulte about the Taskforce assuming the role of monitoring the mental health and disability service redesign implementation in Iowa. He stated his belief that the legislators are interested in the Taskforce taking on this role, and Senator Hatch has raised the possibility of a small appropriation to provide support. **Jerry will get more information on this and bring it to the Executive Committee.** Dawn asked that more detail be provided on what their expectations of the Taskforce would be, since members would have very limited time to devote to this. Paula suggested that the funds could be used to provide staff support. Geoff stated that the final decision on whether to take this on would be up to the Taskforce.

UPDATE ON DHS OLMSTEAD PLAN AND MHDS REDESIGN EFFORTS

MHDS Administrator Rick Shults stated that the redesign process is moving quickly. He and DHS Director Palmer spoke to the Legislative Human Services Committee on the first day of session. One third of the 21 members have been actively involved in redesign discussions but two thirds have not. He believes it's important to communicate that we are not moving forward with redesign because we don't support the people who have been doing good work in the current system, but rather we're trying to give them the tools they need. We also need to move from 99 different systems to a statewide system.

Although the process is often referred to as "mental health redesign," it is really "mental health and disability redesign." The vast majority of spending (most of which is Title 19) is on people with disabilities and brain injury, though a much small amount goes to people with brain injury. Medicaid provides 61% of the funding in the system, and Iowa has to provide match funding for Medicaid before it does anything else. This means that in the short term there will be a huge drop in funding for non-Medicaid services. We need to develop a rational financing system.

This process is not just about money but also about redesigning and realigning services to achieve greater efficiency. For example, there is a lot of "transactional friction" in the handling of the State Payments Program, as revenues are generated at the county level, conveyed to the state and then re-conveyed to the counties. This wastes time and money. Redesign will result in health homes for children, making it more feasible to bring them home from out of state, the development of a crisis and sub-acute service system, more peer support, positive behavioral supports, improvements in the mental health commitment process, including pre-screening, etc. Redesign will be consistent with *Olmstead* principles. The three key areas are regional management, services and funding.

Teresa Bomhoff pointed to the difference between the Governor's budget recommendation for state fiscal year 2013 of a \$20 million increase in services and the \$42 million recommended in the redesign report. Rick stated that this will be resolved in the Legislature. The Senate Human Services Committee meets the following week, and a joint House/Senate committee on redesign will be meeting on

Thursdays at 7:30 am. OTF members can check the Legislature’s web site for more information. Rick pointed out that the redesign process has to be done incrementally.

Although DHS is still internally checking its financing data, he projects that \$30 million can be generated for redesign through:

- State General Fund: \$17.75 million
- Balancing Incentive Program: 11.25 million
- Magellan Claims Recovery: 1.0 million
- One-time CHIP contingency: .5 million
\$30.5 million

The Balancing Incentive Program (BIPP) offered by CMS provides states with an enhanced federal Medicaid match if they change policies and practices in order to shift spending away from institutional services and towards HCBS. The current spending ratio in Iowa for HCBS is about 40%, but Rick expects a continuing upward trend.

The additional funds would be spent as follows:

- State assumption of some county spending on Title 19: \$26.1 million
- Standardized functional assessments: 3.0 million
- Technical assistance to regional management entities: .5 million
- Health homes for children (at 90% federal match): .5 million
- Limited staffing for Redesign/other admin costs: .4 million
\$30.1 million

The state would take over county responsibilities for the non-federal match for Medicaid and for 88% of the funding responsibilities they have for community ICF/MR placements. Counties will be responsible for all match for State Resource Center placements. The high expense associated with this will serve as a disincentive for such placements. Counties will thus retain \$26.1 million in property tax revenues, which can also be used for non-Medicaid services, and to serve people not eligible for Medicaid.

The functional assessment to be used for people with intellectual disabilities is the Supports Intensity Scale (SIS), and for people with mental illness, the LOCUS. A tool for BI has not yet been identified.

Teresa Bomhoff repeated her concerns about how far short this falls from the Redesign recommendations of \$42 million, stating that advocates have always been worried that a state takeover of system expenditures will result in cuts in services. Rick acknowledged the funding gap, but stated that the Governor has to submit a balanced budget. Without the state contribution the gap would be even bigger. Some county participation in financing is still needed. The state does not propose adding new services until 2014, with the exception of health homes. There is a concern in FY 2013 for people and services that aren’t Medicaid eligible. Implementation of healthcare reform in 2014 will expand Medicaid eligibility. In addition, implementation of the BIPP should lead to reduced reliance on institutional placements and save money. Deb Johnson commented that the Legislature has also appropriated \$5 million to eliminate waiver waiting lists in FY ’13.

Todd Lange asked what the department's vision is for incorporating individuals and families in the service system, e.g., through peer support services. Rick said that peer support has an important role to play in addressing workforce shortages. Jerry asked if part of the \$400,000 in administrative expenses could be used for data collection, and Rick said this was the case. Geoff said that the Brain Injury Work Group had tried to communicate its service priorities clearly but that this had apparently not happened. Rick stated that the report may not have been specific enough on some points.

Theresa Armstrong provided the update on implementation of Iowa's Olmstead Plan for Mental Health and Disability Services. The handout had been distributed to the MHDS Commission in December in fulfillment of the requirement in Code that MHDS provide them with an annual update on implementation of the State Plan. (The Olmstead Plan is that State Plan.) Theresa said that Redesign was able to build on the good work of the Taskforce and others on the Olmstead Plan.

Theresa touched briefly on some of the major topics in the update, such as Preadmission Screening and Resident Review (PASRR) implementation. CMS is pleased with Iowa's progress in implementing Level II screenings under PASRR, which determines whether a prospective nursing home placement of an individual with ID or mental illness is appropriate. Implementation by the contractor, Ascend, led to the conclusion that Level I screening would be more effective if it is done by hospitals prior to discharge rather than by the nursing homes. **PASRR will be discussed at the next Taskforce meeting.**

Children's systems of care are being advanced through a Request for Proposal (RFP), which will be funding projects in Cerro Gordo and Linn Counties. The RFP was designed on the basis of the work of the Redesign Children's System Work Group. Teresa Bomhoff asked if the effort to build the capacity of primary care physicians to address the mental health needs of children would be extended to adults. Theresa Armstrong responded that this is the hope eventually.

Dawn Francis asked about whether the controversy regarding the move to competitive employment for people with disabilities had been resolved. Theresa said it had not, but that *Olmstead* principles support competitive employment, and so does DHS. Deb Johnson said that there are numerous employment initiatives underway in Iowa, and efforts are underway to get all entities involved in a collaborative effort to push competitive employment. Although this is a very high priority, it will take time to achieve the changes needed. **This will be on the agenda of the next Taskforce meeting.**

Geoff stated that Olmstead implementation and Redesign implementation are not synonymous and that after Redesign is complete there will still be work to do on Olmstead. Theresa stated that Redesign is a vehicle for moving Olmstead forward. It was agreed that the Taskforce needs to decide what outcomes it wants to track, decide on baseline data and project what milestones need to be achieved over time. Rick stated that there is a short and long term component to improving data collection and outcomes reporting. MHDS will start with the data currently being collected, to develop dashboard indicators. The data are disappointingly scarce, and there's a problem with accuracy, but it will be put out in a report, acknowledging its flaws, in order to begin to improve.

In the long term, MHDS will be putting a group together (which will include a representative of the Olmstead Taskforce) to work on data and outcomes, to produce something meaningful and reflective of people's lives both quantitatively and qualitatively. What is important is to make the system as efficient and genuinely useful as possible. **Geoff pledged the support of the Taskforce for this effort.** Bob Bacon pointed out that in the 2011 Department of Justice technical assistance paper on Olmstead compliance, data is noted as an essential component, to show progress in ensuring choice.

MAINTAINING THE OLMSTEAD FOCUS ACROSS STATE GOVERNMENT

Geoff reminded Taskforce members of DHS Director Palmer's statement at a recent Taskforce meeting that he would like to ask the Governor's Office to send a representative to Taskforce meetings, as a way of promoting Olmstead compliance as an inter-agency responsibility within the Executive Branch. Liz O'Hara has provided him with a table showing that almost all of the agencies listed in Governor Vilsack's Executive Order 27 conducted self-assessments and developed strategic action plans to eliminate any barriers to community living presented by some aspect of their policies or programs. These documents were drawn up as far back as 2004, however. **Geoff said he intended to follow up in future Taskforce meetings by asking individual agencies to present reports on their progress in eliminating barriers.**

STATE AGENCY REPORTS

Iowa Finance Authority – Terry Rosonke stated that the communication to IFA by the Taskforce regarding the removal of incentives for 100% accessible units in the 2012 Qualified Allocation Plan for low income housing tax credits (LIHTC) had been effective in restoring at least some of the scoring point incentives. Proposed projects which are to be 25% accessible (as defined by chapter 11 of the National Building Code) will get an extra 5 points, those which are 50%, 10 points, and those which are 75% will get 15 points. There has been a problem with developers not telling architects about these pledges in their applications, so IFA now requires an architect's acknowledgement of the commitment.

Terri reported on the emergence of another problem. The boarding home registration law passed in response to the Atalissa situation (where men with ID who were working at a turkey processing plant were housed in substandard conditions) seems to have led to a reduction in the number of LIHTC proposals targeted at people with disabilities. Developers are reluctant to develop projects which must then be registered as a boarding home, because of the additional responsibilities they assume for the welfare of residents. Attorneys and accountants also fear that the projects will be designated a licensed healthcare facility by the IRS. IFA had sought unsuccessfully to exempt LIHTC projects from the law. IFA is seeing a major shift to other special needs populations such as victims of domestic violence. The Department of Inspections and Appeals obtains certifications that property owners/managers understand the boarding home law and requirements, but DIA is not doing inspections.

This year's round of applications, which are due February 3, may demonstrate the full impact of the boarding home law. Thus far, all applications for special needs populations have been for victims of domestic violence. **Geoff stated that this should be on the agenda for the next meeting.**

Terri stated that the HOME program, often used to fund affordable housing for people with disabilities, has had a 38% cut at the federal level. IFA can offset these cuts with state funding. Flat funding has been proposed for Iowa's HCBS Rent Subsidy Program. The Housing Trust Fund is targeted for a cut from \$3 million to \$2 million. Terri also noted that the Des Moines Public Housing Authority's annual plan will again be posted soon. Terri also said that if the Taskforce is interested in promoting universal design, as opposed to handicapped accessibility as a criterion for grant proposals, they can send comments to the IFA Board. Ann Riley said that training is available for developers interested in universal design.

Department of Public Safety - Ljerka Vasiljevic, representative to the Taskforce, stated that she was not clear what the Taskforce wanted to hear from her department. She went on to say that Terri's citation of the National Building Code for the definition of accessibility did not mesh with state law. She also commented that all Iowa developers know what universal design is, but are afraid to employ those principles for fear of costs. They think they can sell marble countertops but not accessibility features. Iowa Administrative Code gives the Fire Marshall authority to set standards for buildings of four or more units. All units have to be adaptable, and a portion has to be accessible. **Geoff commented that this was exactly why Public Safety is represented on the Task Force, and asked her to get with Terri and bring a report back to the Taskforce.**

Department on Aging (IDA) - Joe Sample reported that IDA has drafted a bill to bring redesign of the area agencies on aging network in line with federal law. IDA expects to issue a Request for Applications in February, and to have AAA service areas in place by July 1st. Work is continuing on integration of the I-4A, COMPASS and 2-2-1 data bases. A committee is trying to determine what is needed in the data "file cabinet" from the perspective of the users, as well as the needs of partners. Then they will discuss financial support, marketing and sustainability. IDA is also working with The Arc to revive the Lifespan Respite Coalition. Casey Westhoff is playing a lead role. The concept is not just expanding the populations to be served but also to extend services across the lifespan. Casey stated that the coalition has to be put together before the end of February, and a meeting is scheduled on February 24th. Thirty states already have lifespan respite programs, and advocates want to bring one to Iowa.

Department of Public Health – Karin Ford had no report.

Iowa Workforce Development – Doug Keast reported that IWD is becoming smaller as an agency. IWD has been working to develop its virtual access points for job seekers, which has spurred development of new partnerships in the state, as other organizations serve as virtual access points. This is appropriate because helping people get jobs is not just IWD's responsibility. There are now 16 integrated workforce centers, down from 60. Their work plans lay out how they will serve all who come through their doors, and not just make referrals to other agencies. Doug serves on the Iowa Transportation Coordination Council, due to the importance of transportation to people who need services and who need to get to work. **He suggested that an ITCC representative be invited to present to the Taskforce.** Angie O'Brien is the Statewide Mobility Manager. The program helps transit-dependent individuals with problem-solving. IWD would like to draw them into the effort to get to work.

Doug commented on the earlier discussion of credentialing direct support professionals. He stated that to address quality and consistency requires something like credentialing but that the system should be kept simple. Regarding the data discussion, he stated that too many demands for data reduce the quality of services. He would like to see less paperwork and more focus on the people being served.

Regents – Patrick Clancy said that he has tried to engage with the Taskforce when appropriate, though he is not always sure when it is. He asked Taskforce members to consider whether serving 110 students at the School for the Deaf is in conflict with Olmstead.

PUBLIC COMMENT

Ann Riley suggested that the Taskforce invite the board responsible for issuing Certificates of Need for residential facilities like ICFs/MR to attend a Taskforce meeting.

The meeting adjourned at 3:00 pm.