

**OLMSTEAD CONSUMER TASKFORCE MEETING**

**July 14, 2017 10am-3pm**

Pleasant Hill Public Library

5151 Maple Drive

Pleasant Hill, IA 50327

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**Meeting Minutes**

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**Taskforce Members Present:**

Jenna Batten  
Roxanne Cogil  
Kevin Dalin  
Dawn Francis  
Annie Gallagher  
Frank Greise  
Tracy Keninger  
Paul Kiburz

June Klein-Bacon  
Ashlea Lantz (phone)  
Kay Marcel  
Kathleen O'Leary  
Harry Olmstead  
Len Sandler  
Bruce Teague

**Taskforce Members Absent:** Randy Davis; Kris Graves; Reyma McCoy McDeid; Gary McDermott; Mary Roberts; Ingrid Wensel

**State Agency Representatives Present:**

Theresa Armstrong *Department of Human Services*  
Kim Barber *Department for the Blind* (phone)  
Katrina Carter *Department of Corrections* (phone)  
Deb Dixon *Department of Inspections and Appeals*  
Page Eastin *Department of Human Rights*

Connie Fanselow *Department of Human Services*  
Kristin Haar *Department of Transportation* (phone)  
Deb Johnson *Iowa Medicaid Enterprise* (phone)  
Terri Rosonke *Iowa Finance Authority*

**Guests:**

Marti Anderson *Iowa State Representative*  
Alexandra Bomhoff *NAMI Greater Des Moines*  
Teresa Bomhoff *NAMI Greater Des Moines*  
Leonard DeVries *Community Member*  
Ruth DeVries *Community Member*

Natalie Koerber *Amerigroup*  
Liz Mathis *Iowa State Senator*  
John McCalley *Amerigroup*  
Norman Nikkel *Community Member*  
Teresa Nikkel *Community Member*

**Staff:** Bob Bacon, Caitlin Owens

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**Welcome and Introductions**

Dawn Francis called the meeting to order at 10:00am. A quorum was established.

**Review, Additional Items, and Approval of the Agenda**

Harry Olmstead motioned to approve the agenda, June Klein-Bacon seconded, motion passed.

**Review, Corrections, and Approval of the Minutes of the May Taskforce Meeting**

Kathleen O'Leary noted in writing to Caitlin Owens ahead of the meeting that her attendance was mistakenly recorded as present when she was not at the meeting. Harry Olmstead motioned to approve with noted corrections, June Klein-Bacon seconded, motion passed.

**Managed Care Discussion – Representative Marti Anderson and Senator Liz Mathis**

Liz Mathis thanked the Taskforce for inviting her to discuss managed care. She shared that she sat down with the Executive Committee prior to the meeting to discuss managed care and the possible repeal of the Affordable Care

Act and threats to Medicaid. She shared a brief overview of the history of managed care, including legislative actions related to managed care:

- **2015 Legislative Session:** When the legislature reconvened in January, Micheal Bousset, a policy advisor for Governor Branstad, communicated to Senator Amanda Ragan and Representative Joe Bolkcom that the Governor was going to move Iowa Medicaid services to managed care. Initially both policy makers responded that in order to do so he would need legislative approval, but that was not the case. Senate democrats proposed several pieces of legislation during the 2015 legislative session aimed at stopping or slowing the roll out of managed care; proposed amendments to the MCO contract language; and heightened oversight.
- **Fall 2015:** Senators Mathis and Ragan visited DC in attempt to slow down implementation of managed care. CMS did intervene and moved the deadline from January 2016 to March 2016, and later to April 2016.
- **2016 Legislative Session:** Introduced legislation to sever the contracts; released 20 page bill with suggestions on how to better implement managed care and reimbursement structures. Bill was unable to get through House.
- **2017 Legislative Session:** Democrats lost the majority but continued to focus on shining a light on the issue to ensure the right things were being addressed, the relevancy was fully explained to policy makers, and personal experience stories were shared. Senator Mathis noted she met with Governor Reynolds at the end of the session to ask her to talk with providers, patients, and hospitals and consider the business side of the issues experienced under managed care.

Senator Mathis noted that the Executive Committee discussed the value of looking at other states for guidance, particularly Kansas who implemented managed care about two years before Iowa and have experienced a number of serious problems. She said other states show examples of how collaboration results in better results, citing Oregon convening a 40-member workgroup that met weekly for a year to discuss and design a managed care framework, and ultimately decided to carve out the long term services and supports population.

Representative Marti Anderson added that no state rolled managed care out as quickly as Iowa did, nor so many populations at once. She said most started with more stable populations and added the long term services and supports populations in later, or not at all. She said at least one state she knows of, Connecticut, actually got rid of managed care after seven years and transitioned back to a state managed system. She said before managed care Iowa Medicaid had administrative costs between 4-8% of the total Medicaid budget, and other states actually looked to Iowa as an exemplar of how to run a state Medicaid program. Senator Mathis noted that the administrative costs currently are at 12% which needs to be addressed, and should be lowering not escalating over time. Representative Anderson said Medicaid is entirely funded by state and federal tax dollars, and it is her opinion tax-payer money should not be used to make profits. She said the government is able to do complex and innovative things to deliver quality care because it is not seeking profit, and that it is not profitable to investigate child abuse, run prisons, or do state patrol so it shouldn't be profitable to run Medicaid either.

Senator Mathis said she thinks Iowa needs to consider carving out the waiver populations from managed care at least for enough time for IME to address the infrastructure for that program and cost containment that doesn't compromise care. Representative Anderson added that there is a precedent for that in how Iowa carved out the family planning program, and that it might give the MCOs more of an opportunity to survey and do well if they can first focus on more stable, predictable populations.

Senator Mathis shared that she is concerned about the impact of a repeal of the Affordable Care Act on the Medicaid expansion population. Additionally, she said if CMS does not approve Iowa's stop-gap measure to address the loss of insurers in Iowa's insurance marketplace 11,000 children could lose their insurance. She said a group of policy makers asked the Governor recently if those 11,000 children could buy into Hawk-i insurance, and she expressed willingness to consider it. She said Director Foxhoven was also at that meeting, and she had a pre-meeting with him to discuss how Medicaid block grants could impact the state.

Senator Mathis ([liz.mathis@legis.iowa.gov](mailto:liz.mathis@legis.iowa.gov)) and Representative Anderson ([marti.anderson@legis.iowa.gov](mailto:marti.anderson@legis.iowa.gov)) asked for their contact information to be included in the meeting minutes and shared with the Taskforce, and encouraged individuals to contact them with issues. They both noted the importance of letting them, and other policy makers, know

what issues people are encountering, and also what is working well. They both said they keep de-identified files of personal stories because examples are very useful when discussing these issues with policy makers and the public.

*Questions/Comments:*

Kay Marcel shared that the Taskforce reviews the monthly reports from the Managed Care Ombudsman Program and the majority of the complaints seem to be around denials of service. She asked if a reason has to be given when an MCO denies services. She added that she is asking because she comes from a state that did managed care for the general Medicaid population, and after years of planning and discussion have still not included individuals with disabilities. She said one of the reasons that population has not been included yet is the extensive process to be evaluated for services and identify a level of care. She said most states use a field-tested instrument that identifies a person's service needs, and the results inform the care plan. She said in Iowa those results used to go to the state, but now go to the MCOs who either approve it or don't. Kay said if services are based on anything other than that assessment, a person's health and safety are jeopardized. Senator Mathis shared that individuals usually get a reason for service denial once they go high enough up the chain. She said she thinks one reason for service denials is because of the direct care workforce shortage. Representative Anderson said it is imperative in her mind that people receive clear communication about why a services is being denied and how to appeal that decision. Kay added that the state contractor who conducted the assessment for her son did a wonderful job, but she is still concerned about what the people making decisions about services are doing with that information. Bob Bacon added that the MCO contracts contain several references to *Olmstead*, including the statement that "for members who require individualized, enhanced staffing patterns to support them in a less restrictive setting, the Contractor shall not reduce the enhanced staffing arbitrarily."

June Klein-Bacon noted that it isn't necessarily services being denied, but that they have to be provided under a certain rate, so there is a reduction in reimbursement and providers cannot sustain the necessary services within the rates that are being offered. She said the caps for each waiver are in code, and before managed care if there was clinical documentation that said a person on the brain injury waiver needed daily services like a group home, staff would write an exception to policy and submit to IME because all of those services cost more than the cap and they were routinely approved.

Annie Gallagher noted that all of the issues being experienced under managed care are heightened in rural communities, and she is particularly concerned about increases in ER visits, and weakened supports provided by MCO case managers to individuals with mental health challenges.

Dawn Francis shared that Senator Mathis expressed to the Executive Committee that an issue they may want to focus on is developing a strong, adequate mental health and direct care workforce. She said issues that need to be looked at are how to recruit and train people, possible collaborations with universities to admit more individuals into programs like social work, working with community colleges to increase their awareness of the issue and promote direct care courses and certifications, and advocacy around increasing pay.

**Department of Human Services Update – Theresa Armstrong and Deb Johnson**

Mental Health and Disability Services Update (Theresa Armstrong): Theresa Armstrong shared that progress is being made on the workgroups that were to be convened per legislation passed last session focused on addressing the service needs of the most challenging individuals so they can avoid hospitalization, and if they do require hospitalization that they are able to return to the community quickly. Each regions was required to form their own workgroup to discuss strategies specific to their own areas and service needs, and a statewide workgroup has also been formed that includes members from the regional workgroups and state agency representatives to concurrently address the issue from the state level.

She said a statewide workgroup will likely have its first meeting in August to allow time to orient the new Director to the project and get his input, and the regional workgroups are already meeting. Theresa shared that each region must submit a plan in October, and are looking at how to address the issue from multiple angles; including braiding funding and services to make sure that the supports available are less fragmented. Issues that have been discussed at regional meeting include the need for direct care providers to be well trained in de-escalation and crisis prevention to alleviate

some of the behaviors from happening in the first place; and plans for law enforcement and healthcare providers to get involved more quickly in order to avoid presenting at the ER when possible.

Theresa shared that DHS and the regions are discussing several data points to use to measure the outcomes that come from the work of these groups. She said they know they do not want people going to jail because of mental health issues, or waiting in ERs for long amounts of time and will be looking at how to measure and report on those outcomes.

Theresa shared that the statewide workgroup meetings will be open to the public and information will be shared through the usual channels DHS distributes information. She said individuals can also email Julie Maas ([jmaas@dhs.state.ia.us](mailto:jmaas@dhs.state.ia.us)), who will be providing staff support to the workgroup, if they would like to be added to the distribution list to receive information about the workgroup and scheduled meetings. DHS will submit an initial report to the legislature in December 2017 outlining how the state and regions plan to address the issue, and a second in December 2018 to report on the progress made.

Theresa shared the Children's Mental Health and Wellbeing Workgroup will be reconvening, in September or October. They will be revisiting the work they have done previously related to the children's crisis services planning grant put out last year and the children's learning labs. She said she cannot give details on the children's wellbeing collaborative because DHS is in the process of releasing an RFP and contractual procurement, but the Department will be releasing that RFP in the next week or so and it will be available for viewing online. The appropriation and requirements for the children's wellbeing collaborative were set forth in HF 563.

Theresa shared that she and Rick Shults had a meeting with Director Foxhoven to bring him up to speed on the Olmstead Plan, and have shared the draft plan for him to review. She said they will be moving forward as quickly as possible with his feedback. She shared that Connie Fanselow also presented the Olmstead Plan to the MHDS Commission at their May meeting.

*Questions/Comments:*

Teresa Bomhoff asked if Broadlawn Medical Center would be required to submit a service plan on addressing the needs of individuals with complex needs. Theresa Armstrong said yes.

Teresa Bomhoff asked for clarification on issues related to billing codes that have been expressed by service providers and regions. Theresa Armstrong said there are new services that need codes and services that have been modified that need new codes, and IME is working hard to move the new codes forward, but it is more complicated than it might seem. Examples include modifications to mobile crisis response that now allow bachelor's level professionals to provide those services, and new services like residential crisis services, both of which require new codes. She said MCOs should still be able to reimburse for these services while the codes are being developed, and she talks frequently with providers to help walk them through how to do that.

Iowa Medicaid Enterprise Updates (Deb Johnson): Deb Johnson shared that IME has been working on extending procedure codes for crisis services like Theresa mentioned.

Deb shared that CMS is now allowing Medicaid to pay for stays of up to 15 days in qualifying Institutes for Mental Diseases (IMD), whereas previously they were excluded from the Medicaid program. In Iowa the two remaining mental health institutions are the only qualifying facilities. She said IME views this as a positive because they will be able to serve people short term in mental health institutions instead of only inpatient units in hospitals, and draw down the federal Medicaid match for stays less than 15 days. She said Medicaid eligibility would not be impacted by a 15 day stay either, which is also a positive.

Prior to the meeting the Taskforce asked Deb to provide more information about the charge to the MCOs to provide training and role clarification to Independent Support Brokers (ISBs). This issue was discussed when the Taskforce met with Amerigroup leadership in late June. John McCalley provided additional detail from that conversation saying he shared with the members of the Taskforce who were able to meet with Amerigroup in June that there was a requirement for all three MCOs to collaborate to develop and implement a training for ISBs. He said prior to managed

care a small number of ISBs were relying on case managers to do part of their work, and the training is partially meant to clarify roles. He said there were a small number of ISBs who had objections to the training because it was more regimented than what they were used to doing, and they have also seen a natural attrition of ISBs retiring or moving to other positions and had new ones come in. Deb added that the roles for ISBs and case managers are in Iowa Code, but they are also directed by the member and ultimately IME wants the member to be doing as much as they can. She said she sees how the relationship between the ISBs and case managers can get confused at times.

The Taskforce also asked Deb to speak about issues with waiver caps and exceptions to policy, which she said she was not able to directly address because of the class action lawsuit that was filed by Disability Rights Iowa.

Deb shared that IME is currently working on a big project focused on tiered rates for supported community living services provided under the ID waiver. She said in the past providers have been paid a daily rate for those services, and they calculated a rate floor which was the minimum the MCOs could pay. She said this was based on a model that was built when the counties still paid the non-federal share of Medicaid. She said it was an administratively difficult methodology that served its purpose, but it is necessary to look at a different model that is more compatible with the current service delivery model. Deb said the new system will use the information collected through the standardized assessment process that is conducted by people who are reliably trained, and create tiers rates based on identified needs. She said providers will need to meet service needs within the global dollars they receive, which is different from what providers are used to. She said the new rate system will be phased in and IME has been focused on supporting providers as best as they can within the timeline the legislation gave them to implement. She said her message to the Taskforce is that those assessments are very important, and it is important for members needs to be met and for people to understand what is happening before they sign off on the assessment.

#### *Questions/Comments:*

Roxanne Cogil asked if fee-for-service ISBs can attend the training created by the MCOs. John McCalley said any ISBs who are working exclusively with individuals on fee-for-service Medicaid would go through IME for training, and Deb added that she is not sure there are actually any ISBs who only serve fee-for-service individuals.

Roxanne added she was glad to hear about this training because she has experienced a lack of follow through with ISBs in the past. John McCalley said that is an issue the MCOs have identified, and they want to recruit more qualified individuals who can help people self-direct. He said Amerigroup is trying a program called “My Support” to help recruit people across the state. He said recruiting ISBs is especially challenging, and asked if the Taskforce might be able to help get the word out that CCO members or others who would like to self-direct their care could benefit from having more ISBs available county to county. Dawn said the Taskforce could certainly get information out to people, but would need more details. Deb said people can contact HCBS specialists around the state, and there is a map online, as well as information on the DHS website explaining what ISBs do, and a CCO handbook. Dawn said the Taskforce would be happy to get something put together and share with Deb before sending out.

Teresa Bomhoff asked if the point of the tiered rate system is to drive costs down. Deb said it is not meant to bring spending down, but to make sure the dollars are spread around the way they need to be, and when it was individualized it was not standardized. Teresa Bomhoff said she wishes IME would have been more transparent when developing this system and make it easier for people to understand because it is very complicated. Deb said they have convened workgroups of providers and really listened to their feedback because there are different models out there. She said they will be doing trainings and targeted communication before rolling the new system out, and agreed that reimbursement is incredibly complicated.

Bruce Teague said a lot of the assessments for clients he serves were done 2-3 years ago and might not reflect current the needs of the member. He asked if there are protocols in place for when there are changes to a members’ needs and they may move to a higher or lower tier. He added when Iowa started using the SIS a lot of the questions were answered with the supports a person was currently receiving in mind, rather than what they could do without the support of staff which means that they weren’t truly capturing a person’s needs. Deb said she has heard that from other providers as well, and it is important for providers to know that the SIS has to be done every three years, but if there are significant changes it can be conducted again. She said there are a range of needs within each tier, so it would take quite a bit for a

person to move from one tier to another. Bruce added that there seems to be a conflict of interest when the assessment results are determining which service tier a person will fall under. John McCalley said the MCO contracts make it clear that they have to conduct conflict free case management, and provide services and supports according to assessed need. He said they encourage members to invite family members, providers, and others to be part of the assessment process. He said Amerigroup is distinct among the MCOs because their assessment team is trained and licensed to administer the SIS. Deb added conflict free case management was a requirement before managed care and the model has not changed. Harry Olmstead said he was unaware of the concept of conflict free case management and would guess other members are too.

### **Appreciation of Service – Dawn Francis**

Dawn shared that Bob Bacon is retiring after 39 years working for the Center for Disabilities and Development, and the Taskforce wanted to take a few minutes to acknowledge the impact he has had on the lives of countless Iowans and the disability service system. Bob's passion, knowledge, and ability to be persuasive yet inviting has been a driving force of Olmstead implementation in Iowa since the Supreme Court decision was handed down almost exactly 18 years ago. Bob has been a steady and guiding leader, who has a gift for bringing people together and conveying his knowledge and passion in a way that makes others want to get on board. Dawn shared that Bob has been a champion of the Taskforce and its members since its start, and he will be greatly missed, but the Taskforce will carry on his legacy and keep working towards a life in the community for everyone. As a gesture of appreciation for Bob's impacts on disability service system and countless individuals, the Taskforce is planting a tree in his honor at Systems Unlimited in Iowa City.

### *Questions/Comments:*

Bob thanked the Taskforce and shared that he has traveled to Des Moines thousands of times throughout his career, and it holds symbolic significance to him that his final trip as an employee of CDD is for a Taskforce meeting. He talked about getting involved with the Taskforce in the early 2000s as a contractor for DHS, and suggesting to Governor Vilsack that he mimic at the state level the executive order put out by George W. Bush requiring federal agencies to respond to Olmstead, which he did in issuing Executive Order 27. Bob said he is retiring from CDD, but not the disability movement. Bob shared that he believes community integration and disability rights are not partisan issues, and said he believes the most important thing when trying to influence someone is how they feel when they are with you.

### **Disability Rights Iowa Update – Cyndy Miller**

#### **Handouts (LINK): How to be Your Own Best Advocate: A Guide on How to Navigate Managed Care in Iowa**

Advocate's Guide to Managed Care: Cyndy Miller from Disability Rights Iowa shared information about the recently published guide "How to be Your Own Best Advocate: A Guide on How to Navigate Managed Care in Iowa" (linked above). The guide was a collaboration between DRI, the Managed Care Ombudsman's Office, and ID Action. Cyndy said most of the work DRI does with managed care is related to appeals and grievances, but they realized there was more people needed to know. She said the goal was to provide necessary background information, definitions, resources for further information, and other information people need to understand their rights, while keeping the guide a manageable length. The guide covers managed care enrollment; member rights and responsibilities; grievances, appeals, and state fair hearings; important topics for members such as person-centered planning, case management, medical necessity, prior authorization, level of care, emergency care, and second options; where to go for further assistance; and guidance on how to advocate in a healthcare setting. The guide also includes a sample appeals letter, sample member request for a state fair hearing, and service plan criteria for waiver members. Cyndy said the guide is available online, and they welcome feedback on its content and usefulness.

Medicaid Managed Care Class Action Lawsuit: Cyndy provided a brief overview of the recently filed class action lawsuit against the Iowa Governor's Office and Department of Human Services, and said she can answer general questions but cannot go into great detail. She said the lawsuit alleges that ending or reducing home and community based services that the plaintiff's rely on in order to live in the community violates the ADA, Section 504 of the Rehabilitation Act, and Medicaid Act; and the failure to give legally required notice of terminations or reductions and the opportunity to contest violates the Due Process Clause of U.S. Constitution. The six plaintiff's utilize services on three of Iowa's seven home and community based waivers (brain injury waiver, intellectual disability waiver, and physical disability waiver), which means that anyone in the state who also utilizes services on one of those waivers automatically fits into the class.

She said DRI feels strongly that if an issue is coming up over and over again it is important to address it, and encouraged the meeting attendees not to be afraid to join with others to address the issues they, and others, are experiencing. She said often issues are addressed in silos, but coming together is a more effective way to address systemic issues.

#### *Questions/Comments:*

Harry Olmstead asked what reading level the guide was written at. Cyndy said it was written at a sixth grade reading level.

Frank Greise said he has heard that one of the MCOs is not notifying people when services are cut, and asked if DRI is aware of this. Cyndy said yes, they have been hearing that for the last six months across all three MCOs. Kay Marcel asked if notice of termination or reduction of service has to include the reason why. Cyndy said there are federal regulations on what has to be in the response, which is explained in the guide, and there can also be partial denials which are all important to understand, as well as how long a person has to appeal. She said if someone wants to continue their benefits they have ten days from when they get the letter to appeal in order to maintain the pre-termination/reduction rate throughout the appeals process. Kay noted that schools can't decide not to provide a certain level of therapy because they don't have the money thanks to the Individuals with Disabilities Education Act, so it seems like the state and managed care organizations should not be able to do what they are doing. Cyndy said that Medicaid is an entitlement program, and an argument they are making is that funding cannot be used as a reason to cut services.

#### **State Agency Reports**

Iowa Finance Authority (Terri Rosonke): Terri Rosonke reported that IFA is working in collaboration with Senator Mathis and other local partners to hold a series of community conversations related to supported housing in the state. She said supported housing is rental housing with wrap around services, usually targeted to people who have disabilities and/or are experiencing homelessness. She said the first one will be in Dubuque on July 25<sup>th</sup>, and the tentative plan is to hold additional meetings in Carroll and Des Moines this fall.

Terri shared that the draft Qualified Allocation Plan (QAP) for IFA's Low Income Housing Tax Credit (LIHTC) program was recently approved by the board of directors and will be out for public comment through August 22<sup>nd</sup>. Of note to the Taskforce were some changes to the Olmstead scoring section, and elimination of the targeting plan.

Regarding the targeting plan she said IFA has received a lot of push back for several years that they are too heavy in terms of incentives to create fully accessible housing and that there is more supply than there is demand, which has been a struggle for the agency. She said she believes the intent of the eliminating the targeting plan requirements was to focus more on the fully accessible units. The federal requirement is that 5% of units have to be fully accessible, but IFA has required 10% for years. The 2018 QAP is proposing to focus on 10% and try to make sure those are actually leased to people who require the features of those units. She said she doesn't think eliminating the targeting plan is necessarily a bad thing, rather a change that will allow them to focus more on the accessible units and make sure people who need them get connected with them. She said she welcomes feedback on that, and she will also be thinking a little bit more about how those changes will play out.

June asked if IFA had any feedback from developers or others on why units are not getting used, whether it was because of rent prices, criminal records, or other factors. Terri said they don't have any hard data and have found it to be relatively difficult to capture. Anecdotally she said she thinks it is a combination of factors, and even though low-income tax credit properties have "affordable" rent, it may not be affordable to someone who is at an SSI level of income especially if they don't have some form of rental assistance. She said advocates continue to say that finding accessible rental properties is an issue, and they would like to better understand the discrepancy between their experience and what developers are reporting, but the targeting plan does not seem to have been making a meaningful difference since its inception three years ago. She said she thinks the held for occupancy rule, which requires properties to hold accessible units upon initial occupancy and an additional 30 days after it is turned over for individuals with disabilities.

Terri shared that IFA is proposing some language to clean up administrative rules for the HCBS subsidy program in August that would not take effect until late November at the earliest. The HCBS rent subsidy is currently available to individuals who are receiving services from one of the waivers, and they are suggesting adding individuals who receive

habilitation services as a qualifying group. She said they typically have a waiting list with just the waiver population, but currently there is no waitlist.

Kristen Haar (Department of Transportation): Kristen Haar from the Department of Transportation shared that they had a very successful passenger transportation summit on May 18th, and received positive feedback from attendees. A total of 115 people attended. She said there were panels dealing with riders, technology and transportation, mobility, etc. She said they have begun planning for 2018.

The DOT is continuing to encourage public transportation organizations to reach out to agencies who are going to be impacted by the HCBS settings rule so they are prepared when those changes go into effect. She said they are asking their human services partners to filter that information down to the local level so the transportation piece is all in place when those rules go into effect.

Roxanne noted she attended the summit and thought it was fantastic. Michele Meadors thanked Kristen and the DOT and said the summit was fantastic.

Center for Disabilities and Development (Bob Bacon): Bob shared that he appreciates that the Taskforce has always been so supportive of Iowa Compass, and is pleased to report that Iowa Medicaid is going to continue to fund it through June 2018 with rebalancing dollars. He said Deb Johnson has been a strong supporter of Compass and has helped keep the funding going because she recognizes that having a functional “no wrong door” was a requirement of the Balancing Incentives Program. He said he is not sure what will happen a year from now, but they will be looking into other funding like foundations and other sources that will promote the integration of disability and aging.

### **Taskforce Member Reports**

Frank Greise shared that he recently encountered a situation where he hadn't been paid by an MCO in a few months so he sent an email to IME, his democratic representative, and his republican senator. He said he talked about the payment issue and also the variety of issues he hears from consumers. He said the newly elected republican senator got back to him right away and said he should expect a check in two weeks and he did receive a check within that time. He said he wanted to mention it to build on what Bob Bacon shared earlier about the importance of working with people from both sides of the aisle. He said he has a meeting with the senator in a few days to discuss, and noted that new senators don't have a skin in the game; they didn't vote for this and they seem to be open to hearing about it and addressing it.

June shared that the Central Iowa Community Services region is having a conference next week, and that they are going to start funding some brain injury services. She also shared that there is a concussion awareness event in August and she will send out information to share with people who work with youth about concussion management. She said BIA also just put out an action alert related to the healthcare reform bills.

Roxanne Cogil said she encourages Taskforce members to be a voice at the table in their local MHDS region, and workgroups they are convening around complex behavioral needs are a good way to do so. She said it would be great for those meetings to have more consumer representation.

Kathleen O'Leary shared that on July 29th there will be a Women's March at the Iowa State Capitol in Des Moines starting at 2pm. She said the focus will be on health care and some people will be sharing their successful health care stories under the current system. She said she thinks it would be a good venue to tell the public about health care services, general services, for persons with disabilities like HCBS, independent living, etc. She shared that thought with the march organizers and they thought it was a good idea. She said individuals who have information, materials, or questions can contact her at koleary38@gmail.com.

### **Public Comment**

Leonard DeVries introduced himself, his wife Ruth, and Norman and Theresa Nikkel. He said they are from Pella and their adult children are served by the Christian Opportunity Center. He said last fall there was a meeting called for parents and caregivers to inform them that the sheltered workshop would be closing. He said they were devastated. He said it was explained at the meeting that it was mandated by Olmstead v L.C. and federal law. He said when he reads the



federal law it says people already doing this work can continue their jobs, so he confused and wondering why the state says the sheltered workshops have to close. He said he feels that it denies their children and will force them to go into day habilitation. He said their son goes to day habilitation one day a week and it is basically glorified babysitting, whereas right now he is able to work and receive a paycheck. He said even though it is not minimum wage he is proud of the paycheck. He said they reached out for support to a group in Minnesota who said the Olmstead Consumer Taskforce is a great advocacy group and recommended they come a meeting.

Dawn Francis thanked them for coming and asked Page Eastin if she wanted to respond. Page thanked them for coming and said she appreciates their input, and expects there are many families who are feeling the same thing they are. She said the federal legislation that is making the rules he referred to is the Workplace Innovation and Opportunity Act. She said it doesn't eliminate subminimum wage but it does place requirements on it that make it harder for children to be funneled into sheltered work, and also requires services be provided to help adults who are doing sheltered work think about the possibility of community employment. She said the law doesn't close sheltered workshops, and there is no state law doing so either. She said there is also the HCBS settings rule, but it doesn't take effect for a while. She said there is a movement called "employment first" and currently they are seeing a lot of providers shift their service model to be more community based, which means they might help with job coaching and other services. She said another reason for the shift is that there is a workforce shortage, and there is a need for more people with and without disabilities. She said she would be happy to give them more information about these rules, who is making them, and answer any questions they might have. She said she would be happy to help if their children would like to explore jobs in the community and follow up with any other information that would be useful.

Leonard shared that he worked at Vermeer for 25 years and they want their children to be safe; they don't want them out on a manufacturing floor. He said the sheltered workshops provide wages for what they do, and they like what they do. Ruth DeVries said her son was employed in the community at one point but he was teased and mocked so every year when they ask him if he wants to explore jobs in the community he says no. Norman Nikkel said they need the workshop back; their daughter has been there for 30 years and is happy.

John McCalley shared a reflection from the meeting the Taskforce had with Amerigroup. He said he first wanted to thank the Taskforce for reaching out and having a candid conversation. He said the meeting mainly focused on LTSS. He said they talked about community based case management and how many case managers they have in the field, which is more than adequate. He said their case loads are lower than what is required by the state, and he can't speak for the other two MCOs on that. He said they also talked a lot about CCO and Independent Support Brokers, and identified some areas where the Taskforce can collaborate with Amerigroup to get the word out, and he is looking forward to more information on that. They also discussed exceptions to policy and how that has been phased out as it was not something spelled out in their contracts. The process they are using is more like a single case agreement, so if something more is needed they do, and will, continue to that as it is outlined in their contracts. They also discussed transitions to the community and the mandate to assist with that, and Amerigroup's value added benefit that provides people with assistance getting started when they relocate to the community.

He reiterated that he was pleased to have the inaugural conversation with the Taskforce, and they do see it as the first of many conversations. He said when the Taskforce is aware of providers having issues with Amerigroup to have them contact their payment and claims officers. If people are having issues with members having their services reduced or denied that member will automatically be getting a letter about that decision with language prescribed by the state, but community based case managers also reach out directly to provide more information, including about the appeals process.

### **Adjourn**

Harry Olmstead motioned to adjourn, June Klein-Bacon seconded. The meeting adjourned at 3:00pm.