

OLMSTEAD CONSUMER TASKFORCE MEETING

September 9, 2016 10am-3pm

Pleasant Hill Public Library

5151 Maple Drive

Pleasant Hill, IA 50327

Meeting Minutes

Taskforce Members Present:

Roxanne Cogil

Kevin Dalin

Randy Davis

Dawn Francis

Annie Gallagher

Kris Graves

Tracy Keninger

June Klein-Bacon

Ashlea Lantz

Kay Marcel

Reyma McCoy McDeid

Gary McDermott (phone)

Michele Meadors (phone)

Kathleen O'Leary

Harry Olmstead (phone)

Mary Roberts (phone)

Len Sandler (phone)

Bruce Teague (phone)

Taskforce Members Absent: Paul Kiburz, Ingrid Wensel, Rosana Zamora

State Agency Representatives Present:

Theresa Armstrong *Department of Human Services*

Katrina Carter *Department of Corrections*

Lana Comstock *Iowa Veterans Home*

Brian Dennis *Iowa Workforce Development* (phone)

Page Eastin *Department of Human Rights*

Deb Johnson *Iowa Medicaid Enterprise*

Linda Kellen *Department of Inspections and Appeals*

Connie Fanselow *Department of Human Services*

Terri Rosonke *Iowa Finance Authority* (phone)

Jodi Tymeson *Iowa Veterans Home*

Guests:

Nikki Brammer *Managed Care Ombudsman Program*

Jim Cushing *Iowa Association of the Area Agencies on Aging*

Marcia Eighmey *AmeriGroup* (phone)

Frank Greise *Southwest Iowa CIL*

Pam Heagle *Managed Care Ombudsman Program*

John McCalley *AmeriGroup*

Natalie Koerber *AmeriGroup*

Kelli Todd *Managed Care Ombudsman Program*

Kelsey Zantingh *Managed Care Ombudsman Program*

Staff: Bob Bacon, Caitlin Owens

Welcome and Introductions

June Klein-Bacon called the meeting to order at 10:07am. A quorum was established.

Overview of WIOA Section 511 and Limitations on the Use of Sub-Minimum Wage

Handouts (links):

- [Employment First White Paper](#)
- [WIOA Section 511 Cheat Sheet](#)

Page Eastin from the Department of Human Rights shared an overview of Section 511 of the Workforce Innovation and Opportunity Act, which provides limitations on the use of subminimum wage. Page reviewed two handouts (linked above) regarding Section 511 and Employment First.

Page shared that Section 511 imposes limitations on the use of sub-minimum wage on employers who hold special wage certificates, commonly referred to as 14(c) certificates, which must be satisfied before employers may hire

youth with disabilities at subminimum wage or continue to employ individuals of any age at the subminimum wage level. She said currently over 5,000 people in Iowa are employed at sub-minimum wage. Page also shared a white paper on Employment First, which discusses the philosophy that regular and competitive employment in the community should be the first and preferred option for individuals with disabilities. The white paper also lists ways individuals can support Employment First, including those who work in schools, case managers, community rehabilitation programs (CRPs), vocational rehabilitation agencies, parents and families, and community based organizations.

Comments/Action Items:

Dawn Francis asked if there were things Iowa could learn from other states that have made more progress in closing sheltered workshops. Page said one important strategy is making sure that all key players are at the table which includes vocational rehabilitation, workforce centers, case managers, community rehabilitation providers, etc and making sure Employment First is understood and shared widely. Ashlea Lantz added that it is also important to make sure residential providers are at the table because increasing focus on employment should not mean reducing supported community living services, and that it is important all service domains reflect the right of individuals with disabilities to lead self-directed lives. She also said that as these changes take place it is important to keep in close watch on day habilitation numbers because some states that have moved away from sheltered workshop rapidly have seen significant increases in their day habilitation numbers.

Kay Marcel said though she is relatively new to Iowa, having moved here two years ago, she was and still is encouraged that Iowa claims to be an Employment First state and has policies and procedures in place reflecting that. However, she said her son who is 38 has not been employed since they moved here, despite the fact that he was employed in their hometown in Louisiana from the time he was 18 until the move. She said her son and her family chose not to accept a sheltered workshop placement as a hold over until her son could find competitive employment and instead supplemented it with volunteer opportunities.

Kay said in addition to the items Ashlea said are important to monitor, she thinks it is important to also look at the employment rate of individuals with disabilities because if sheltered workshops are closing but people with disabilities are not finding employment elsewhere that is problem. She said she has also wondered what impact the push to raise the minimum wage might have on employers in the community being amenable to hiring people with disabilities, particularly those with intellectual disabilities. Dawn said if that is a concern advocates need to educate employers and reach out to make sure that that doesn't happen. Page said she doesn't have any information about minimum wage increases, but another part of WIOA (Section 503) requires businesses that hold federal contracts to employ to ensure at least 7% of their workforce are individuals with disabilities.

Tracy Keninger asked Page if she knows if or how the movement of those 5,000 individuals currently working for subminimum wage is being tracked, and what tracking is taking place to ensure that the career counseling and referral services are actually being provided by the case managers. Page said that's a good question and noted that not everyone who is employed in a sub-minimum wage position has a case manager. Page said she is not sure how the movement of people currently working for sub-minimum wage is tracked. Tracy motioned that the community access committee address and determine next steps per the issues discussed. Dawn Francis seconds. Motion carried. Kay Marcel added that the committee should think about how they can empower family members and individuals to mobilize around this issue.

Randy Davis said he would like to hear from Iowa Workforce Development regarding the work they are doing on this issue.

Iowa Medicaid Enterprise Update

Deb Johnson from Iowa Medicaid Enterprise shared that IME has posted the HCBS Transition Plan online for the public to view. She said it has been approved by CMS and they will be starting to implement it soon, which means conducting reviews of the HCBS settings throughout the state. She said they will be required to go to each setting outlined in the document. She said CMS have not solidified what they are going to require stated to do regarding adult day services and assisted living, so they are still in the process of discussing and learning what will be required.

She said IME has also been releasing HCBS waiver slots, and their uptake has been less than 20% because people have either moved, started receiving services from a different waiver, are not interested anymore, or are unable to be located. She said they are allowing people to take their original slot back if they were not able to locate them and moved down the list, provided that they contact IME within a certain timeframe. She said they have given out 4,000 slots so far and are still working down the list.

Deb shared that the managed care quarterly report has been posted to the IME website. She said she's aware there have been issues raised regarding processing and payment and they are continuing to work on each issue that arises. She said they have not seen an established pattern and there are a lot of different reasons those issues are coming up.

Comments/Action Items:

June asked about clients she works with who have moved, but because they are on the waitlist and not yet receiving Medicaid they weren't able to change their address. Deb said she has not heard that issue in the past but will check on it. Deb said they should be given a state ID at the time they are put on the waitlist, which means they should be in the system. Kay Marcel asked where the date of application is currently after the slots they have given out so far, and whether there is a prioritization process for urgent need. Deb said she does not have that information in front of her regarding application dates but it is located on the website and updated frequently. ([Link to HCBS Waiver Waitlist Document on IME Website](#)). Regarding the prioritization process, she said currently the only waiver with a process in place is the ID waiver, though they attempted to put a similar process in place for the other waivers but did not get any traction with the legislature.

Mental Health and Disability Services Update

Olmstead Plan: Theresa Armstrong from the Department of Human Services shared that DHS has been taking the Olmstead Plan Committee's comments to heart about making sure the plan is understandable and easy to read, and Connie has been working hard on reworking the document. She said the other major focus has been working on the background documents that describe activities and initiatives that will be linked in the document, and they are similarly working to make sure those are concise and understandable to a wide audience. Theresa said she would like to have the updated documents approved and ready to share at the November Taskforce meeting.

Comments/Action Items:

June asked if there will be a committee meeting scheduled before the November meeting. Theresa said it is up to the committee, and if they would like to meet that can be arranged.

Certified Community Behavioral Health Clinics (CCBHC): Theresa gave an update on the Certified Community Behavioral Health Clinics (CCBHC) grant, which is a one-year planning grant awarded to DHS by SAMHSA in October 2015. The grant is intended to assist states in improving the behavioral health of their through high-quality, coordinated, community-based mental health and substance use disorder services built on evidence-based practices (EBPs) and the integration of physical health care services. The clinics selected through an RFP process earlier this summer are Heartland Family Services (serving Pottawattamie, Mills, and Harrison Counties), Abbe Center (serving Linn County), and Seasons Center (serving Buena Vista, Clay, Dickinson, Emmet, Lyon, O'Brien, Osceola, Palo Alto, and Sioux Counties). As the clinics are working on becoming certified DHS is writing a request for a demonstration program to follow the planning grant year. Only eight states will be awarded demonstration projects, though 23 currently have planning grants. The demonstration grant is due in October, and SAMHSA will announce the states that have been awarded in early 2017. Theresa said it has been a little more challenging for states that haven't expanded Medicaid and that a few states have dropped out, not because they don't think the model is going to work, but because of the additional costs. Some of the required services aren't currently Medicaid eligible, but the clinics will be getting reimbursement for providing those services.

Comments/Action Items:

Dawn Francis asked if DHS is running the CCBHC clinics and whether there are plans to expand beyond the three clinics currently being certified. Theresa it will depend on what happens with the demonstration grant application and to apply Iowa had to have at least two clinics certified, one rural and one urban. She said this is the starting point and will certainly be something they monitor closely for replication if we awarded the demonstration grant.

June said she works for the Brain Injury Alliance of Iowa, and is also passionate about the framework of “multi-occurring” issues, instead of limiting the concept to co-occurring issues between substance use disorders and mental illness. She asked what kinds of supports are being built for people through this program who have multiple and complex needs. Theresa said her comment is very well taken, and she agrees that it is necessary to take into account the whole person when planning for and providing services. She said she will make sure to take June’s comments into consideration.

Children’s Mental Health System: Theresa shared that this fall DHS is released an RFP for Children’s Mental Health Crisis Services Planning Grants, and will be announcing who has been awarded those grants during the week of September 12, 2016. She said there will be a report to the legislature submitted later this year regarding the plans to implement crisis services and DHS will be getting reports from the entities that are awarded the grants that will be incorporated into the report.

Theresa said DHS released an RFP last week, also driven by the legislature, for learning labs to look at the data and information about where kids are served, how they get their services, what the outcomes are, gap identified, and next steps. She said those contracts should be in place around the beginning of October.

Department of Corrections Statewide Recidivism Reduction Strategy

Handouts (link): [Statewide Recidivism Reduction Strategy Presentation](#)

Katrina Carter from the Department of Corrections presented on Iowa’s Statewide Recidivism Reduction Strategy (presentation linked above), which is made possible by a federal Second Chance Act Grant. She said the DOC is mainly focusing on processes and quality assurance/improvement with the grant. She said they are looking very closely at all of the programming they currently provide and have a justice data warehouse where they see all of the programs being offered to people and are examining how are they performing. If they are performing like they should, there should be fewer victims. She said they are also looking at model fidelity to make sure staff are properly trained and groups are being run as the curriculum intended. Finally regarding programming the Department is paying close attention to whether they are being responsive to needs including learning disabilities, literacy levels, etc within these treatment programs. Katrina reported that the Department recently made some significant changes to their substance use disorder treatment services, and will have trained trainers sit in on those groups to monitor fidelity as well.

Another focus of the SRR is quality assurance, which Katrina says is an area where the DOC knew they had room for growth. As part of the grant they are training trainers on the various risk assessments conducted, and in turn those trainers will disseminate that information in their various areas of work to ensure the assessments are being conducted, scored, and followed up on as intended and as uniformly as possible across the system. Another component of the grant is workgroups, which includes the Offender Reentry Taskforce, made up of several state agency directors and staff, law enforcement, people with lived experience, and others. The Department is conducting its first ever caseload study with funds from this grant, which means they will be able to accurately assign caseloads based on offender risk levels and the realistic time staff needs to adequately serve the individuals they are assigned.

Katrina shared that the grant has recently contracted with Nancy Hale, recently retired executive director of NAMI Iowa, who will be working with them to expand the peer-to-peer program to all nine of Iowa’s institutions. She said they are also doing work with DHS and the Center for Disabilities and Development on a training called Community Connections Supporting Reentry. The goal of the trainings is to bring together staff from corrections and the many different types of community providers who work with people who have been justice involved, in an effort to help them connect with one another, better understand the processes and services the different service areas provide, and ultimately better support individuals during reentry by increasing cross systems collaboration. The first round was conducted in February and March 2016, and the next round will be in October 2016. There will be one training in each of Iowa’s eight judicial districts, and the trainings are free of charge and open to anyone.

Comments/Action Items:

Roxanne asked how disability service providers can enhance disability education to DOC staff beyond mental health. Katrina said they are certainly open to receiving more information from any community provider, and the Iowa Corrections Association has a spring and fall conference each year, which might be a good place to start. Caitlin Owens added that one of the components of the CCSR trainings is that participants have a chance to talk about their area of the service system and during the first round she saw several connections made between corrections staff and community providers interested in further collaboration, training, or information sharing.

Roxanne asked if Katrina could talk about access to medical care and medications after release. Katrina said In 2014 DOC started a pilot program with DHS that is now implemented where approximately 30 days before a person is released there is a system in place for them to apply for Medicaid if they are eligible. She said now many people who leave are either leaving with a Medicaid card in their hand, or have a card waiting at residence in the community. She said they also work to have as many appointments for continuing care in the community set up before they leave.

June asked if the DOC collects information on disability and recidivism. Katrina said she doesn't have it with her, but generally speaking they have a very robust data system and can usually get any information someone requests. She suggested June follow-up with her.

Managed Care Ombudsman Program - Kelli Todd and Lynsey Kenworthy Handouts (links):

- [August 2016 Managed Care Ombudsman Program Cover Letter](#)
- [August 2016 Managed Care Ombudsman Program Report](#)
- [Managed Care Ombudsman Quarterly Report - 2016 Quarter 1](#)
- [Introductory Member Letter](#)
- [Managed Care Ombudsman Program Bookmark](#)
- [Managed Care Ombudsman Program Consumer Flyer](#)
- [Managed Care Ombudsman Program Grievances, Appeals, and Fair Hearings Brochure](#)
- [Managed Care Ombudsman Program Overview Brochure](#)
- [Managed Care Ombudsman Program Resource Sheet](#)

Kelli Todd, Nikki Brammer, Pam Heagle, and Kelsey Zantingh from the Managed Care Ombudsman Program provided an overview of the services and supports their office provides and shared several handouts (linked above).

Kelli Todd shared that the Managed Care Ombudsman Program stemmed out of the transition to managed care, and CMS requires states to have a designated advocate for that population. The state ended up choosing the Office of the Long Term Care Ombudsman to expand their existing oversight authority to include individuals enrolled in managed care who are served by one of Iowa's HCBS waivers and those who receive services in facilities. She said because that is just a small portion of the Medicaid population, they do receive calls from others, and it is their goal to make sure the people who call their office get the care they need so they do not turn calls away. She said the office has two Managed Care Ombudsmen, one of whom started last October, and the other just a few weeks ago. She said the office is open Monday- Friday from 8am-4:30pm.

The Office of the Long-Term Care Ombudsman is housed within the Iowa Department on Aging, though they are separate and independent. There is also an Office of the State Ombudsman, which is charged with oversight of state agencies. The two offices work closely together, but their functions are distinct. In addition to the Managed Care Ombudsman Program, the Office of the Long-Term Care Ombudsman has two other programs housed within their office:

- Local Long Term Care Ombudsman Program, whose authority/charge is to serve residents of long term care facilities and assisted living facilities, regardless of how that service is funded. There are eight staff throughout the state who go into those facilities for routine checks, and field calls from residents and loved ones.
- Volunteer Ombudsman Program: This is a sister program to the Local Long Term Care Ombudsman Program, and is meant to complement their services by using volunteers to field calls when one of the eight staff members are not available.

Kelli shared that IME will tell members to always start with the MCO, which is what the Managed Care Ombudsman Program suggests as well. The MCOs are the ones authorizing, not authorizing, etc, but if for some reason a member is not able to get in touch with their MCO, or isn't getting an adequate answer, they should contact the Managed Care Ombudsman Program. Reasons people contact their office include: assistance working with their MCO; services are reduced or changed; changes to waiver services; waiver renewal process; etc. She said sometimes people contact their office just for information on who to contact for specific needs or to learn more about their rights. In addition to Medicaid members they also work with caregivers, family members, and guardians. She said they can also be called upon to help people breakdown the complex information contained in member handbooks, letters, etc. They also play a role in grievance, appeals, and fair hearings, though they always strive to resolve issues informally when possible.

The services they provide are complaint resolution, and advocacy on behalf of members. She said they are eager to share their work and services with the community by speaking with groups like the Taskforce. They issue a monthly report to IME, which then goes to CMS, and the August 2016 report was included in the handouts. Though not required they have just issued their first quarterly report, which is meant to discuss systemic issues they are encountering and report on information beyond what is required in the monthly reports, which was also included in the handouts. The Office does get calls from providers regarding their own issues, and though they are not advocates for providers they do see that provider issues are usually issues that do or could impact members, and they pass that information along to IME when possible. They reported their average resolution time is seven days, which is generally because there are multiple contacts that need to be made to providers, the MCO, etc for the calls they receive. They reported that operationally they attempt to have open cases resolved before the weekend when possible, and when not possible to ensure that the member knows the status of their work on the issue and that they don't have any emergent needs.

Comments/Action Items:

Dawn Francis asked if the monthly data reflects if a caller needed assistance across several of their reporting categories, and whether provider issues are reflected in the monthly data. Kelli responded that each issue is counted, thus the total across the contact categories may be larger than the total number of contacts. She said provider information is not included in the monthly report data, but is included in the quarterly report.

Roxanne commented that it is not widely known that their office will field calls from anyone. She also said that it would be useful for them to include what complaints they are able/unable to resolve so those can be monitored and tracked over time by members of the public.

Annie Gallagher asked how the program works with Disability Rights Iowa. They answered that they work with DRI closely and often; and also with the DD Council and Iowa Legal Aid. Additionally they are in close contact with the State Office of the Ombudsman, whose charge is to oversee state agencies. They receive many of the same types of calls and work together to resolve them.

Frank Greise asked for additional detail on how they define "resolution" of complaints. Kelli said they work to resolve issues to the member's satisfaction. June asked if the Managed Care Ombudsman Program follows up to find out if people's issues have been resolved. Kelsey said it is not uncommon for people to let them know how things resolved, but once the issue has left their hands it may still be going on, so their definition of resolution is between them and the member.

Tracy Keninger commented that LifeLongLinks is listed as a resource for remaining in the community, but they primarily work with people who are over the age of 18. She suggested adding IOWA Compass as a resource as well.

June asked if Taskforce members, advocates, or providers get calls on an issues that might not pertain to just one specific member if they can call their office to talk through those. The staff responded that they would welcome that, and they appreciate any information they can get regarding what people in the community are seeing, hearing, and experiencing beyond the content of the calls they receive from members. They said it is helpful when they have a specific member situation to work towards a resolution, but they are always open to talking about how they would address an issue and how they might approach it together.

Roxanne Cogil asked if the Managed Care Ombudsman Office serves the 3% of people excluded from managed care who are on Medicaid waivers through HIPP. The response was that those members can call them, but they are not technically required to serve them. Roxanne said that this is an LTSS sub-population that is experiencing residual effects from managed care because of the disruption to the service system from managed care, like fewer Medicaid providers.

Taskforce Committee Reports

Olmstead Plan Committee: Dawn Francis shared that she does not have an Olmstead Plan Committee Report because DHS and CDD are working on revisions. She said she spoke to Connie over lunch and she is going to try to have something done the first week of October so the committee can review and give any feedback they might have for DHS to consider ahead of the November Taskforce meeting.

Medicaid Committee: Roxanne said the biggest thing recently was the Health Policy Oversight Committee meeting on August 29th. She said the morning session was run by the Senate Democrats and consisted of a listening post for consumers, providers, and advocates. Some of the issues raised included: loses of transportation, speech/hearing services being cut, long waits for basic services and supplies, and administrative burdens for providers. The afternoon session was the actual Health Policy Oversight Committee, and a major focus was the provider reimbursement issues. She said all of the MCOs had people present, and they fielded questions for an hour and a half. Liz Matney from IME also presented for an hour on the comprehensive first quarter report on managed care.

Roxanne asked if anyone had suggestions for the Medicaid Committee's agenda. Kay Marcel suggested looking into how the waitlists are managed.

Taskforce Member Reports

Dawn reported that there is a call on Monday 9/12 with CMS which presents an important opportunity to tell CMS how managed care in Iowa is going. People who would like to register a comment will be given three minutes to speak.

Reyma McCoy McDeid shared that 9/17 has been designated Early Voting for People with Disabilities Day, and Iowa Disability Votes Counts is asking people to reach out to a person with a disability in their neighborhood to let them know that early voting is an option, get the early voting paperwork if needed, and then follow up. She said more info on their Facebook page, which is their main tool for disseminating information. She said on 9/27 Iowa Disability Votes Count and DRI will be leading a talk on voters with disabilities at Simpson College from 4-6pm, and on 10/12 they will be leading a webinar on voters with disabilities with the BIA at 5pm. All links on their Facebook page.

Michele mentioned that the IFA conference was really well done and she thinks the Taskforce should make sure Terri Rosonke receives the positive feedback and a thank-you for making Olmstead and disability issues a priority. Terri, who joined the meeting by phone, thanked Michele for her kind words.

State Agency Reports

Maggie Ferguson from the Department of Public health shared that they are currently working on their strategic plan and asked Caitlin to share the link for public input with the Taskforce.

Connie Fanselow shared that she spent the last two days at the IFA conference which was a very well put together conference. She said sessions and speakers addressed issues such as substance use disorders, human trafficking, and

others. She said one session featured Sue Jamieson, lead council on the *Olmstead* case, and it was really cool to hear her experiences and the work she has been doing throughout her career to make life better for individuals with disabilities. She said the session also featured Brooke Lovelace, who coordinates the Money Follows the Person program in Iowa, as well as an individual who spoke about his experiences as an MFP participant who moved from an institution to the community.

Public Comment

Frank Greise said it seems the state will go for a full 12 months without a functioning Olmstead Plan, which he finds unacceptable. He also said regarding waiver waitlists, if you pull up the waiting lists on the DHS website you will find that many people are on the pending status and there has been very little movement for people who are on waiver waitlists despite the money added to it. He said there is currently a lawsuit in Ohio saying waitlists may violate the ADA and the DOJ recently issued a statement of interest, which he encouraged you to read.

Adjourn

Dawn motioned to adjourn, Roxanne seconded. The meeting adjourned at 2:49pm.