

OLMSTEAD CONSUMER TASKFORCE MEETING

November 4, 2016 10am-3pm

Pleasant Hill Public Library

5151 Maple Drive

Pleasant Hill, IA 50327

Meeting Minutes

Taskforce Members Present:

Roxanne Cogil

Kevin Dalin

Dawn Francis

Annie Gallagher

Kris Graves

Tracy Keninger

June Klein-Bacon

Kay Marcel

Reyma McCoy McDeid

Gary McDermott (phone)

Michele Meadors

Kathleen O'Leary

Harry Olmstead (phone)

Len Sandler

Bruce Teague (phone)

Taskforce Members Absent: Randy Davis, Paul Kiburz, Ashlea Lantz, Mary Roberts, Ingrid Wensel

State Agency Representatives Present:

Theresa Armstrong *Department of Human Services*

Kim Barber *Department for the Blind*

Deb Johnson *Iowa Medicaid Enterprise*

Linda Kellen *Department of Inspections and Appeals*

Terri Rosonke *Iowa Finance Authority (phone)*

Guests:

Jim Cushing *Iowa Association of the Area Agencies on*

Judy Davis *Office of Consumer Affairs*

Frank Greise *Southwest Iowa CIL*

John McCalley *AmeriGroup*

Kelli Todd *Managed Care Ombudsman Program*

Staff: Bob Bacon, Caitlin Owens

Welcome and Introductions

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

IME/MHDS Update – Deb Johnson and Theresa Armstrong

Waiver Waitlist (Deb Johnson): Individuals are always moving on/off of waivers, and those slots are called attrition slots. If one person comes off and are closed out (move, pass away, etc), DHS is able to pass the slot along to another person. If a person moves into a facility, for example, that slot stays open rather than being released to someone else. Each month IME looks at the number of people who have closed out permanent and they will release those slots. They have also had appropriations that help increase the number of people one each of the waivers, which is what has made the large number of slots released recently possible. They are still working on going through the waitlist to find people to take the slots being released as they only have about 20% uptake, and they continue to release five slots for every one spot on the waitlist. A lot of times people apply for multiple waivers or are unable to be found. If a person who was unable to be found at the time their slot opened and they later come back and want the slot IME is able to give them their original spot on the waitlist back within reason.

Questions and Comments:

Roxanne Cogil asked if releasing five slots for every one slot is a new policy. Deb said that was implemented after the \$6 million appropriation a few years ago because the uptake was so low. She said she doesn't expect the 1:5 slot release to

continue much longer, but is necessary because the application dates they are working through are so old. She said they have been doing the 1:5 release for over a year now.

June asked if there are protocols in place for people who aren't enrolled with an MCO to do additional follow up in addition to a letter if they are unable to reach the person. For fee-for-service members this is handled by income maintenance workers. A letter is sent and they may try to call, but there is no formal process so each area may do it differently.

June asked if there are official protocols for the MCO's process for following up with people when a waiver slot opens for them. Deb said there is no written protocol, but the MCOs have expressed that they have been using multiple methods to reach people when a slot is available.

Certified Community Behavioral Health Clinics (Theresa Armstrong): Iowa applied for and was awarded a no-cost extension from SAMHSA that will allow the state to continue spending the dollars awarded by the grant to build the evidence based practice trainings and continue to provide technical assistance to the three clinics working towards certification. The application for the demonstration program was submitted on 10/31 and they hope to hear the results in December.

Children's Mental Health and Wellbeing Workgroup (Theresa Armstrong): DHS will submit a report to the legislature on December 15th. The workgroup has been looking at what an overall framework and structure to carry forward a children's system would look like. Two RFPs were recently awarded, one for children's crisis services and the other for learning labs. Seasons Center and Youth Services and Shelter were both awarded planning grants for children's crisis services, and had reports due in September which will be combined into a report to the legislature. Four Oaks in Cedar Rapids and the UI Division of Child and Community Health both received learning lab grants. Both organizations had to show that they had some sort of system of care that includes entities collaborating towards positive outcomes for children's mental health. DHS is hoping to get some data and information from those labs to inform a model and replicable framework.

MHDS Redesign Report (Theresa Armstrong): The Department is currently working on a report due to the legislature on November 15th on MHDS Redesign. The report has sections for each region with information on how they are structured, what is working well, finances, and governance; as well as a greater look at where the system is right now and strong suggestions for the legislature to move the progress further.

Olmstead Plan (Theresa Armstrong): Theresa shared that there is not a document to share, but the committee was able to look at the document to view the progress. She said currently DHS is working on making sure the information in the Plan is accurate and focusing on where the data is going to come from and ensuring it is accurate.

Questions and Comments:

Dawn Francis said the Olmstead Plan Committee's biggest complaint with the last Plan was that it wasn't actionable enough. She said it is important to remember that it will be a living document, and she thinks the overall Plan is headed in the right direction. She said the new layout is much easier to understand and she is glad DHS is taking time to carefully look at the data points to make sure they are going to capture the appropriate information. June asked if it would be possible to share a copy of the Plan with the Taskforce in January. Theresa said she would try to make that happen, but MHDS has several reports due in the next month.

Managed Care Ombudsman Program Update – Kelli Todd

Handout (link): [Managed Care Ombudsman Program September 2016 Monthly Report](#)

Kelli Todd shared that June invited her to share more about the issues identified in the monthly reports and gave an overview of the September report (link above). The top three issues in September were changes in care settings, member losing eligibility status or denied services, and other issues under access to service/benefits. The main issue under change in care setting is finding appropriate care placement, and example being an individual moving temporarily into a hospital setting after an incident and then realizing that their previous setting no longer meets their level of need.

This has been an issue in Iowa for a long time, but managed care is bringing it to the forefront. The biggest issues have been for individuals leaving hospitals and jails not having appropriate placements in the community. Their office has been working with the MCOs to make sure they understand the issue and the care needs so placement can be found as soon as possible.

Questions and Comments:

Kay Marcel asked if placement includes coordinating services so people can live in the community. She said it is an important issue to the Taskforce and she believed the MCOs were charged to help build provider capacity. Kelli said yes, but they also have to make sure there are providers to provide that care which is a large systemic issue that needs attention.

Len Sandler asked whether the LTC Ombudsman's office keeps track of the outcome of the cases they open. He said it would be helpful in the monthly reports to give examples of the complaints using de-identified information so it is easier for those who read the report to understand what is happening, and from an advocacy standpoint it would help others give better reasons for why someone should contact the LTC Ombudsman's Office. Kelli said their goal is to solve issues to the satisfaction of the members. Dawn suggested adding a page to the report to add additional details on whether issues are being solved to the satisfaction of members. Kelli said it can be difficult to reach people after their cases have closed but they have considered that.

June asked if it is still possible to file an exception to policy to hold a waiver slot for someone who is going to be in a rehabilitation facility for more than 30 days to make sure they don't lose their spot. Kelli said that's something that needs to be brought up with the MCOs. She said people have been getting stuck on the term "exception to policy" because the MCO may say they aren't doing those anymore because that is no longer the terminology, but the process is still to work through your case manager and ask for what you need. Len asked if they could share some kind of rubric or guidance for people because a lot of providers were working within the old system for a long time and need guidance. Theresa Armstrong said it is important to directly tell the MCOs what the need is and what the individual wants.

June said she as a group the Taskforce may not be thrilled about how managed care was implemented in Iowa, but it is a national trend and figuring out what the issues are and how to resolve them is something she looks forward to partnering with the LTC Ombudsman's Office to tackle. She said it's difficult to change things when groups are fractured and focusing on different issues, so she has been thinking about how the Taskforce can partner with various groups to share concerns and address issues. June asked if there were specific ways the Taskforce can work with the LTC Ombudsman's Office going forward. Roxanne added the Medicaid Committee can be a channel for that. Kelli said it was good to know the Taskforce has a Medicaid Committee and she would be happy to participate, share information, and work on some of these large issues with the Taskforce. She agreed that it is important to coordinate on issues, especially with the legislative session coming up, and noted that their office has their own legislative agenda.

Medicaid Committee Report

Roxanne shared that the Medicaid Committee met recently and talked about the benefits of the Taskforce meeting with the upper management of the three MCOs to talk about the Taskforce and how they can support community inclusion. She said they also discussed the waiver waitlist and formulated some questions for Deb. Roxanne said committee members discussed what they are hearing about the ongoing transition to managed care, including providers still not getting reimbursed or the reimbursement coming very late. She said on the consumer end the issues seem to be needing assistance navigating the system and getting answers to their questions and concerns. She said for those Taskforce members who aren't currently on the list, the Managed Care e-News listserv sends out good information in a monthly newsletter including summaries of public comment meetings, MCO contact information, etc.

Roxanne shared that she serves as a family member representative on the Heart of Iowa MHDS Region board and has been enjoying going to those meetings. She said it is interesting to see how all of the planning on redesign trickles down to her rural community and encouraged people to get involved in their local region advisory groups if they are able.

Roxanne said the Medicaid Committee also discussed the DRI strategic priorities, particularly how happy they were to see that transportation was added.

Questions and Comments:

Kay asked Roxanne how she suggests people find out about the MHDS regional boards. Roxanne suggested contacting the region's CEO for details.

Dawn said she thinks the advocacy community has been struggling with developing a list of key issues people are experiencing related to managed care. She said it's a good idea for the Taskforce to meet with upper management from the MCOs, and added that IDAAN will be meeting with a small group of legislators after the election to discuss this issue as well. She said there will be representation from the Taskforce at that meeting as well as other key disability and aging organizations. Dawn said there is a public meeting planned for November 14th in Coralville that will have representation from all of the MCOs. Len said the planning committee for that event is meeting soon and Taskforce members are welcome to send him issues or comments for the MCOs so he can pass them along to the committee.

Afternoon Managed Care Discussion

John McCalley from AmeriGroup said when talking about the MCOs' charge to build capacity it is important to remember they are operating under the same administrative rules as the previous system, as well as the same amount of funding, and same rate and waiver caps. He said those rates and caps are the building blocks for expanding the provider network. He said their provider network has as many HCBS providers they possibly can, based on how many exist in the state. He said when he lobbied for the AARP 15 years ago it was an even bigger issue and about 70% of older adults were being served in nursing homes compared to 30% now. He said the build is happening but it is gradual.

John said he is interested in working with some of the more progressive nursing facilities and ICFs/ID who are interested in moving people back into the community and looking at how it would be possible to incentivize providers to do so, and if it helps them save money, how can that savings be shared? He said he believes this was the vision the state had in mind when they brought managed care into Iowa; not to deny services, but to figure out different and better ways of providing them. However, without additional funding it isn't as straightforward as that.

He suggested in addition to the Taskforce working with the Ombudsman's Office to look at opportunities to work with DHS to reformat the whole LTSS state plan amendment. He said the current plan is in place until the end of 2017, and the MCO contracts with the state say that they can't do anything to change the fundamental structure of Medicaid services in Iowa until 2018. He said at some point DHS is going to have to put together a state plan amendment and that would be a good venue for the Taskforce to offer suggestions on how to better serve individuals with long term care needs.

Questions and Comments:

Kay Marcel asked about providers threatening to pull out of managed care if they aren't adequately reimbursed and what MCOs and the state are doing to address that. John said AmeriGroup is working everyday on addressing a large list of systemic issues and issues with how AmeriGroup is configured to respond to the issues providers are having. He said it is easiest for consumers who are having problems to go right to an AmeriGroup case manager who can work to resolve the issue directly with providers and it is easier to work on each specific issue as it comes up because all of the cases are different and will go through the system differently.

Dawn said she attended a meeting a few months ago and it was discussed that the claim that 88% of providers were paid included partially paid claims. John there is a subset of providers who have decided not to go through accreditation but want to contract anyway, but because they decline to pursue accreditation they are only reimbursed 90% of the rate per the contract with the state.

Michele Meadors said she recently attended a summit for direct care workers that was hosted by IDPH and John was the only representative from an MCO in attendance, which was noticed and appreciated. She asked how the money appropriated for Medicaid is divided among the MCOs, and how the large influx of people hired by the MCOs several months ago are being funded. John said all of the MCOs are paid a capitated rate based on the mix of enrollees and IME manages who is enrolled in each through an auto-enrollment process. He said initially the enrollment was roughly equivalent and their capitated rate is based on that, however in the last few months membership has shifted so the

rates are a little different. He said it's the same money that funded the system before and case management, HCBS, etc are all paid out of the same funds they were previously. He said the MCOs were given latitude on how to structure case management but there are still guidelines and ratios. AmeriGroup structured their case management on the rates the state required with money that would have previously gone to county case managers.

Frank Greise asked if AmeriGroup has case managers assigned to each facility and whether those case managers explore other options for community living with people. John said AmeriGroup's case managers do work with people in facilities and have the same contact someone in the community would. He said they have to work together with the facility staff so they aren't duplicating effort or interfering, and part of setting up the plan of care is determining the level to which a person is interested in transitioning out and setting up services in the community.

June asked about people who are in a facility for so long they lose their waiver slot. John said that is a level of care determination that rests with IME and all AmeriGroup can do is make sure their case managers get in there with the paperwork and that gets to the maintenance care workers so the process can be as seamless as possible. He said that is all set up by the level of care process IME has established. He added that there is a standing weekly meeting between the three MCOs and IME that is focused on trying to unwind that issue and a few other level of care issues controlled by IME.

Disability Rights Iowa Voting Site Accessibility Monitoring – Katie Vande Vorde

Katie Vande Vorde from Disability Rights Iowa said DRI hasn't focused as heavily on voting site accessibility this year and explained there is a waiver program for places that can't meet the accessibility requirements put forth in the Help Americans Vote Act but in 2012 there was only one application and this year there were none. She said they do still respond to issues. She said they will be sharing a post-election survey to collect people's experiences voting. She said DRI focused more on caucus accessibility this year as they feel it is a bigger issue, and worked with a few clients looking for interpreters and responded to other accessibility issues. She said DRI sent letters to both parties on accessibility and processes for requesting accommodation. She said caucuses are difficult because they are considered private clubs by the parties so are not required to adhere to the same accessibility standards.

Katie shared that they have also been focusing on specific voter rights issues and have been hearing a lot about guardianship and voting. She said there is a misconception that if you have a guardian your right to vote has been taken away, but that is not the case. She said they wrote a letter to the editor and an educational letter to members of IACP on this issue. She said they see this issue come up a lot when people are in facilities. Katie said they have a meeting with the Secretary of State's office after the election to talk about the accessibility of the online voter registration process. She said they think absentee ballots should be available electronically so people can receive and fill out with assistive technology, and then print, sign, and submitted by mail. She said Louisiana recently passed legislation to do this in June and it is based off a system that is already in place for overseas military to receive their ballots electronically.

Katie shared that the Long Term Care Ombudsman's Office did a great packet on voting for people in facilities and the Secretary of State also has good information on voting for people with disabilities. Katie shared she will be working the polls on election day and was disappointed that the Polk County training didn't include accessibility issues. She said another issue they will be talking to the Secretary of State about is poll worker training as they have been hearing from the national DRI network that poll workers sometimes don't know how to use the accessible voter booth.

She added another worry is voter assistance in Iowa. She said an individual can have anyone help vote aside from their employer or union representative. She said in Iowa there is a rule that they have to sign an affidavit and that seems a little intimidating of a process.

Katie said they encourage people to share issues with them if they arise on election day.

Executive Committee Report

Hospital Issue: June brought up an issue she and Mary Roberts have been in contact about and have brought to the attention of the LTC Ombudsman's Office. Mary brought to June's attention that there are people in the hospital who social worker's etc are having difficulty discharging because the family and/or provider they live with were not able or willing to take them back because of behavioral concerns. Mary provided a few de-identified scenarios about the issue to June and in some cases individuals were residing unnecessarily in the hospital for over a year. The other side of the issue is a business one because Medicaid was denying payment to the hospital because they no longer met the level of care for that setting. June said they have also connected with DRI who communicated they would take on individuals cases if people contact them.

Strategic Priorities: June said the Taskforce has typically finalized priorities in January and emphasized the importance of coordinating with other groups who are working towards similar goals. She said in the past the Taskforce has come up with priorities as a large group and then tried to fit them into committee work, and proposed this year the committees first discuss what priorities they would like to focus on based on the interest and expertise of the members instead and filter back up to the group rather than the other way around. Dawn suggested Taskforce members send other groups' priorities they come across to Caitlin and suggested the executive committee discuss further so there is a starting point for the discussion in January.

Questions and Comments:

Linda Kellen from the Department of Inspections and Appeals shared that on September 1st rules went into place for 150 subacute beds and they have had one provider apply though they were expecting way more. Dawn asked if that could be because of the difficulty providers are having with reimbursement. Bob Bacon said he knows of at least two people who were staying long term in a hospital setting who were transitioned through MFP. He said it's important to make sure there are appropriate behavioral supports available to help people in the community. He said it's absolutely a systemic issue that needs urgent attention.

Michele Meadors said there is not only a shortage of providers, but there is an issue with licensure of CNAs where they can only be certified if they work at least 8 hours in a nursing home. Linda Kellen said she was not sure about that but would check and get back to Michele.

State Agency Reports

Kim Barber, Department for Blind: Kim shared that the Iowa Commission for the Blind selected Emily Wharton as director of the Department effective October 1st. She said the three qualities the Commission believes she will bring to the position are that she has personally experienced living successfully as a blind person in the community, has successfully used the Department's resources to achieve her goals, and she made a commitment to provide a positive outlook and can-do attitude for Iowans experiencing vision loss. She said the Department looks forward to the positive results Emily will achieve as a state leader. She added if anyone would like to tour the Department they would be welcome to do so anytime.

Kim shared that the Department's independent living program currently has four teachers statewide, which is a significant reduction due to budget constraints. She said they are expecting to get level funding from the legislature this year and will do their best to provide quality services with what they have. She said their field staff currently have about 100 people on their caseloads and travel a significant amount to cover the whole state. She said they serve individuals with severe vision loss or who are blind with both state and federal funding. Kim shared that last year their independent living program served 675 individuals. She said feedback is solicited from all of the people served and last year about 100 individuals responded to a survey about the services they received. 91% of 100 of the respondents said they maintained or gained independence as a result of the services and 92% reported they do feel better about their future since taking their training. She said they were glad to get this candid feedback, and hope in the future to get higher response rates.

Taskforce Member Reports

Harry Olmstead shared that Iowa City received an ID Action Grant to help individuals with disabilities access voting stations and they have received strong support and press in the community and solicited quite a few volunteers.

Kevin Dalin shared that he was concerned about the email June shared from the Governor's Office stating Iowa is a top 10 state for mental health care. He said the information contained in the press release was not factual and asked if the Taskforce was planning on responding. June said she appreciated Kevin bringing that up and that several people responded to her after she shared that. Dawn made a motion to respond with a letter to the press, Kathleen O'Leary seconded the motion. Motion passed.

Kevin asked for further clarification on the Olmstead Plan planning process. Dawn gave a background on the Taskforce's involvement in the draft of the new plan over the past year. She said initially the Olmstead Plan Committee thought they would be more involved in the actual drafting of the plan, but DHS used the committee more as a group to share drafts with and collect feedback. She said the committee gave a lot of feedback including on how it was laid out, its clarity, and needing more measurable outcomes. She said some of the outcome issues are what they are looking into now to make sure the managed care outcomes match the outcomes they have listed in the current draft of the plan. Dawn said at this point it is a DHS Olmstead Plan not a State Olmstead Plan but DHS has said they plan to bring other state agencies into the fold but have yet to do so. June said she struggles to call the Olmstead Plan a "plan" because it stops short of outlining specific policy and programs that are going to achieve the goals outlined in the document. She said many of the things discussed in the plan at this point already exist, and she understands DHS' position that putting in aspirational policies and programs isn't possible because much of that is dependent on appropriations and legislation, and as a state agency they can't bind the legislature or other state agencies to the contents of the plan. Dawn said the Taskforce has discussed developing a Plan internally because of all of the parameters DHS has that limits the effectiveness of the plan they are drafting.

Roxanne shared that longtime advocate Jim Paprocki passed away and his family requested that if people would like to honor his memory they consider a donation to an advocacy organization of their choice.

Public Comment

Jim Cushing said he was unable to join the meeting in person earlier in the day but did listen to portions on the phone and wanted to weigh in on earlier discussions. He said he thinks it is human nature to identify problems but it is even more important to offer solutions. He said anyone the Taskforce or other advocates engage with from an advocacy standpoint is going to want to know the solution and how much it is going to cost to solve, not just what the problem is. He suggested the Taskforce focus on what they want to champion and what they want to support. He said the Taskforce may find more success in championing a few issues and supporting others that are being championed by other advocacy groups.

Jim also shared that the LifeLongLinks website was updated recently and he will share information with June and Caitlin on how to access and how to make changes or request listings.

Adjourn

The meeting adjourned at 3:03pm.